

QUESTIONS AND ANSWERS CONCERNING

THE VACCINE

by Most Reverend Donald J. Sanborn

PREFATORY COMMENTS

It was my original intention to say nothing about the vaccine, the question being politically charged as it is. Because, however, some ecclesiastics are imposing doctrines and rules upon the lay people, I have reluctantly decided to say something about it in question and answer form.

Before passing to the questions, however, I would propose certain rules of thought on the matter.

Rule # 1. Absolute objectivity. The matter is heavily laden with politics, as is practically everything today. Never has this country been so divided politically, except at the time preceding the Civil War.

Hence I am saying that we must lay aside politics in our discussion, and look only at both facts and the moral law without prejudice or emotion. The vaccine, politically speaking, is the product of the Right (President Trump) and the Left (Biden). In fact, it was Trump who rushed it through, giving it one of its most controversial aspects, namely the fact that it has not been tested as much as vaccines in the past.

Rule # 2. Recognition of limitations. In order to understand completely the nature of the vaccine, and how it works, it would be necessary to have, as I see it, a doctorate in immunology. In order to understand the moral aspects of taking it, it would be necessary to be very well trained in Catholic moral theology and even the history of the Church. This brings us to the next two rules.

Rule # 3. The clergy are not competent to make scientific analyses or conclusions about the nature or safety of the vaccine. The clergy are “laymen” in regard to these matters.

Rule # 4. One should not place excessive trust in information found on Internet blogs. For every blog which condemns the vaccine as dangerous, there is another which praises it as safe. There is no possible way that a person who is not well versed in the science is able to make an informed decision.

Rule # 5. Separate the theories concerning the origin and purpose of the vaccine from the nature and efficacy of the vaccine. It may be true that the Covid-19 disease was concocted purposely in a laboratory in Wuhan. It may be true that the vaccine is being used by the despotic and socialist Left to make people obey their iron-fisted rule.¹ Neither of these things, whether true or false, bears on the nature or effects of the vaccine.

Rule # 6. The clergy, even bishops, do not have the authority to pronounce definitively on the morality of taking the vaccine. The clergy, *even bishops*, have no more ecclesiastical authority than your mailman or plumber. It is true that we may know more about moral theology, but we have no authority to bind anyone to our decisions. Only the Holy See may do this.

Rule # 7. Avoid anecdotal evidence. It is insufficient to say, for example, “I know someone who dropped dead the day after he received the vaccine.” The safety and efficacy of the vaccine must be measured by statistical evidence, and not by individual cases.

THE FUNDAMENTAL POINTS OF THESE ANSWERS

The following points will be made: (1) we clergy are not competent to make scientific judgements; (2) we have no authority to declare the vaccine sinful; (3) we can only present the moral rules from the teaching of the Church and moral theology; (4) many factors determine the morality of taking the vaccine, both objective factors (the moral rules) and subjective factors (the convictions each has concerning the nature of the vaccine); (5) each person must make a moral decision for himself concerning the vaccine, and (6) he should not condemn others for not agreeing with him, whatever he himself should think about it.

¹ I saw, for example, a chilling video of a meeting held in October of 2019, in which Bill Gates and other leftist potentates discussed the effects of a pandemic. I do think that there is strong evidence to suggest that the Covid-19 pandemic was indeed a “plandemic.”

These things said, now let us proceed to the questions.

Question 1. Bishop Sanborn, what are your personal thoughts on the vaccine?

I do not feel competent, as I said, to comment on its safety or value from the scientific point of view. In my *opinion*, however, the vaccine has proven safe for the vast majority of its takers.

Question 2. But have not people died from taking it?

Yes, they have. But that is true of every vaccine. In the case of this vaccine, you have a greater chance of perishing on the road than you have of dying from the vaccine. Deaths occurred from the polio vaccine in the 1950's but the good of that vaccine outweighed the evil effects and the risks. Pope Pius XII, in a speech on September 11, 1954, "spoke with warm approval of the millions of children in the United States who participated in the Salk polio vaccine tests."²

Question 3. Bishop Sanborn, have you taken the vaccine?

No, I have not. The reason is that I still have some concerns about the long term effects of it, since it was not tested to the same degree as vaccines in the past. My cardiologist justified that difference by saying that our medical research and technology is far better than in the past, and encouraged me to take it. She said that it would not prevent the disease, but would mean that, in the event that I contracted it, I would not have severe symptoms.

If, however, I had some pressing reason to take the vaccine, that is, either to accomplish a great good (e.g., the apostolate in foreign countries) or to avoid a great evil, I would take it.

Question 4. Have you come down with Covid yet?

Yes. I came down with it in October of 2020. I did not know that I had it, for I lacked the usual symptoms. But in March of 2021, I tested positive for

Covid antibodies in my blood, which is a sure sign of having had it.

Question 5. What is the morality of taking the vaccine?

I see two questions which need to be addressed: (1) the fact that tissue from aborted babies was used in the development of the vaccine; (2) the fact that the long term effects of it are as yet unknown.

Question 6. Would it not be immoral to take the vaccine because tissue from aborted babies was used in its development?

No. The reason is that it would be a cooperation in abortion which is both *material* and *remote*. Catholic moral theology teaches that, *where there is a proportionate reason*, one may cooperate in an evil act, provided that the cooperation is *material* and *remote*. Material cooperation means that you do not consent to the evil act. It is opposed to formal cooperation, in which consent is given. Therefore a pro-abortion nurse in an abortion clinic who helps the doctor murder the babies is giving formal cooperation, since she consents. Remote cooperation means that the act you are positing flows into the evil effect only to a lesser degree.³ So the janitor who cleans up the abortion clinic at night contributes only very remotely to the murdering of babies. But he could not take such a job except for a proportionate reason, e.g., it is the only job he can get., and provided that there be no scandal (a condition required for any remote cooperation).

Furthermore, the vaccines, according to the emphatic statements of their manufacturers, do not contain fetal tissue. It is true, however, that the vaccines were developed by using fetal tissue for research from babies aborted many decades ago. Hence the acceptance of the vaccine is only a very remote cooperation in abortion, if indeed it can be considered to be a cooperation at all. Consequently the vaccine could be taken for a proportionate reason. I say *could*, since someone may opt to refrain altogether from any cooperation, even remote, with

² McFadden, O.S.A., Ph.D., D.D., *Medical Ethics*, Philadelphia: F.A. Davis Company: 1956, page 296. The words of Pius XII are these: (Referring to polio) "The hope, however, of soon attaining success is more alive and justified than ever, as We have recently seen the enthusiasm with which the children of the United States were ready for a new attempt. We hope with all Our heart that incontestable success may crown without delay the tenacity of scholars and that medicine may add to its titles of glory that of having triumphed over so formidable an enigma."

³ The famous moral theologian Merkelbach expresses it this way: "cooperation can be proximate or remote, to the extent that the means provided by its very nature or by circumstances flows more or less and has a greater or lesser connection with the sin of the principal agent, v.g., to hold the ladder for someone who is climbing it, or to give an idol to an infidel is considered proximate, whereas to hand a ladder to a thief, or to sell the material from which an idol will be made, is remote cooperation."

abortion. No one should be obliged to act against his conscience in this matter.

It should be pointed out, however, that every time you pay your federal taxes you are remotely cooperating in abortion, since the federal government monetarily supports Planned Parenthood. But you have a proportionate reason, namely to avoid a jail sentence for tax evasion. The same may be said for your school taxes, supporting in many cases school districts which promote CRT or transgenderism.

Many products and services, furthermore, which you purchase involve a remote cooperation in evil projects, but this is cooperation which is both material and remote. Most of the big corporations are “woke,” and contribute money to evil entities. (Holding stock in these companies, for example, would be proximate cooperation. So look at your portfolio.)

Question 7. What about the long term effects of the vaccine?

The long term effects are not known. I have asked many medical doctors, and the answer is always, “We don’t know.”

Here is where the moral problem presents itself. The individual must make his own decision as to whether or not to trust the medical science behind the vaccine.

If the individual has a *serious* and *well-founded* suspicion that there would *probably* be grave side effects from the vaccine which as yet are not known, then the individual could not take the vaccine, *unless there were a proportionate compensatory good, or the avoidance of a proportionate evil, which would be achieved by the risk of his good health or even life.*

I will give an example. The airlines are now requiring that international travelers be fully vaccinated before boarding the plane. Canada is also requiring full vaccination, even for land crossings. A priest could accept the vaccine, even if convinced of probable bad effects from it, in order to bring the Mass and sacraments to the faithful, who would otherwise be deprived of them for a long time.

Likewise if the individual perceives some risk of bad effects in taking the vaccine, but at the same time sees a proportionate good or the avoidance of a proportionate evil by receiving it, which good or avoidance of evil compensates the unknown risk, then he may receive it without committing sin. An example would be the preservation of your job or career, so that your family can continue to be supported.

If, on the other hand, he has little or no suspicion of grave long term side effects, he may receive the

vaccine without committing any sin, and without any proportionate reason justifying the risk, since he perceives no risk in it.

Question 8. What reasons are there to believe that there are little or no long term adverse side effects?

I would say that there are three reasons (1) the vaccine has been received by many hundreds of millions of people for over a year now, and there does not seem to be any long term bad effects; (2) medical science and practice in the United States and Europe is very reliable and trustworthy. Medical doctors are keeping people alive and in good condition who even fifty years ago would already be dead. I know, since I am one of these people. (3) To date, there has been no evidence of serious side effects from the vaccines, including the alleged side effect of sterility in women.

Someone could certainly conclude reasonably, in my opinion, that the science concerning the vaccine could be trusted.

Question 9. What about people dying from short term effects?

The figures cited for these unfortunate deaths are from something called VAERS, an acronym for *Vaccine Adverse Event Reporting System*. If you look at their website, they will tell you that their information is not particularly reliable, since it is merely collecting reports of bad reactions. The information, they say, cannot be used to establish a death rate from the vaccine. The CDC site says this about VAERS: “*The reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable.*” This is not scientific data.

Question 10. How many people have died after receiving the vaccine?

About .003% of those fully vaccinated (figures from July 2021). Again, however, this figure does not necessarily mean that these people died *as an effect of the vaccine*, but simply that they died shortly after having taken a dose of the vaccine. In any case, the figure is very low. I reiterate that these figures are not scientific. Those who criticize the use of the vaccine, however, are using the VAERS figures. So, for example, to say “thousands of people have perished after taking the vaccine” *may* be true, or *may* be inaccurate. In any case, even if 10,000 died versus the 220,000,000 who have taken the vaccine in this country, it would still amount to a very small percentage (.0045%). There is a much higher chance of dying from the disease (1 in 150 or .6%) which is 133 times greater.

By contrast, your chances of dying in a car accident during your lifetime in the United States are 1 in 107 or .9%, which is 300 times greater than the chances of dying from the Covid vaccine. Yet it is perfectly reasonable to get in your car and drive — even just to go for a ride.

It should be remembered that life is loaded with risks of death, from accidents, from diseases, from murders (800 to date this year in Chicago alone), from weather events, earthquakes, wars, fires, drownings, medical operations, etc. The question is always: How high are the risks? What are the proportionate reasons for taking the risks? The answers to these questions determine the morality of running the risk.

Question 11. Does not the vaccine qualify as an experimental treatment?

An experimental treatment is defined as *treatment, drugs, or surgery whose likely effects are not sufficiently known.*

So the obvious question here is: *Are the likely effects of the vaccine sufficiently known?* If the answer is “yes,” then it is not experimental; if “no,” then it is experimental. Only someone competent in immunology could *authoritatively* answer this question. But let us assume for a moment that it is an experimental treatment, given the fact that it has not been tested for a long time.

Question 12. Is it permitted to take an experimental treatment?

Pope Pius XII stated to the members of the Eighth Congress of the World Medical Association on September 30th, 1954: “*Even though the most noble motives of desiring to help fellow-men are present, no healthy person may volunteer to submit himself to any form of experimentation which would involve a likelihood of serious injury, impaired health, mutilation, or death.*”⁴

The Holy Father also said this: “**Doubtless, before authorizing new methods according to the moral law, the total exclusion of all danger and of every risk cannot be demanded.** This is beyond the

possibilities of human nature, and would paralyze all scientific research, and would often turn to the detriment of the patient. **The appreciation of the element of danger must be left, in these cases, to the judgment of an experienced and competent doctor.** There is, however, as Our explanations have shown, a degree of danger which the moral law cannot permit. **It may happen in doubtful cases, when the new methods have failed, that a new and insufficiently tried method offers, along with elements of grave danger, appreciable chances of success. If the patient gives his consent, the application of the process in question is lawful.** But this method of action cannot be established as a line of treatment for normal cases.” *[[emphasis added]]*⁵

Let us analyze his answer: (1) you cannot receive a treatment in which there is a *likelihood of serious injury, impaired health, mutilation, or death*; (2) total exclusion of danger in new methods cannot be completely excluded; (3) the judgement of a competent and experienced doctor is the manner in which to determine the danger of the method; (4) if the patient give his consent to the new method, the application of the process in question is lawful.

The answer to the question, therefore, rests in the conditions which the Pope has stated in these texts. If the patient, therefore, (1) follows the judgement of a competent and experienced doctor, that the vaccine is sufficiently safe, and (2) consents to the reception of the vaccine, then the use of the vaccine is lawful. If, on the other hand, the patient is convinced that the risk is so great that it would be a mortal sin to receive it, then he must refrain from the vaccine under any and all circumstances.

Question 13. What about the vaccine mandate?

Although it may be a surprise to some, Pope Pius VII (1800-1823) imposed the smallpox vaccine on the residents of the Papal States, then all of central Italy. His successor, Leo XII, suppressed it, but it was reenacted by Gregory XVI (1832-1846).⁶

⁴ Quoted in McFadden, *op. cit.*, page 301. (The author has paraphrased what Pius XII said in the Allocution. Pius XII said: “What pertains to the doctor with regard to his patient is equally applicable to the doctor with regard to himself. He is subject to the same broad moral and juridical principles as govern other men. He has no right, consequently, to permit scientific or practical experiments which entail serious injury, or which threaten to impair his health to be performed on his person; and to an even lesser extent is he authorized to attempt an operation of experimental nature which, according to authoritative opinion, could conceivably result in mutilation or suicide.”)

⁵ Pope Pius XII, *Allocution to the First International Congress of Histopathology*, September 13th, 1952.

⁶ I think that it should be pointed out that a vaccine mandate coming from a benevolent pope, whose solicitousness for the common good could not be called into doubt, is quite different from the mandate which emanates from the current inmates of the White House, in which there reigns a curious combination of stalinism and dementia, as well as a good deal of brainless cackling.

Vaccine mandates are nothing new. I remember that, when preparing to visit Europe in 1971, I had to get vaccinated (I forget for what) in order to enter Switzerland. I remember Fr. Ercoli, in preparation for his visit to Nigeria, had to get a whole series of anti-malaria shots. I remember as a child in the 1950's receiving shots against polio, diphtheria, and other diseases in order to attend the local Catholic school. There are in history many other cases of vaccine mandates.

What argues in favor of reasonable vaccine mandates is the common good of the citizens, since any contagious disease affects not only individuals, but the people around them as well. But it pertains to the State to promote and protect the common good.

What about the Covid vaccine mandate? I am against the mandate for a number of reasons: (1) the fact that the vaccine is not fully tested; (2) the fact that the death rate of Covid is .6%;⁷ (3) that the government does not have the right to deprive you of your livelihood or other necessities of life unless you get the vaccine; (4) The government does not have the right to force you to receive any medical treatment against your will or against your conscience. Furthermore, I think that the government would do better to treat its citizens like human beings, explaining to them the advantages of receiving the vaccine, instead of like a herd of cattle, in typically despotic, socialist, and stalinist style.

I could see it for non-essential travel, such as tourism, but not for business travel and religious travel, obviously, and certainly not to enter a supermarket, as is presently the case in New York City.

I do think that the Left is using the vaccine as a means of repressing personal freedoms in favor of socialism. That alone would justify refusing the vaccine.

Question 14. Do you think that the vaccine is the Mark of the Beast?

The Beast mentioned in the Apocalypse is, according to almost all interpreters⁸, the Antichrist.

But the Antichrist has not yet manifested himself, at least not in a public manner. Furthermore a mark is something visible. But the vaccine is not visible. Therefore there is no basis to affirm that the vaccine is the Mark of the Beast.

Question 15. Is the vaccine a tool for communist world domination?

As I said above, I do believe that the Left is using the present disease as a means of forcing the obedience of the masses, whereby they will have a docile and mindless population upon which to impose socialism. However, I do not think that receiving the vaccine is a cooperation in that project, if it is taken for the motive (1) either of protecting oneself from the disease, or (2) obtaining some proportionate good or avoiding some proportionate evil.

The Left uses many other instruments for the above stated purpose, which are far more efficacious, such as the indoctrination of youth in the educational system, which each taxpayer helps to support, and such as the purchase and use of computer technology and devices⁹, which nearly everyone in the entire world uses, and such as the media, which daily dulls the minds of millions of people, urging them to embrace leftist ideas.

Besides, from the moral point of view, the Left's use of this for the control of populations is extrinsic to the morality of taking the vaccine. By analogy, any good thing, like your car, could be used for transportation or as a weapon of murder. You would not be obliged to not have a car, because some people are using cars to murder people.

Conclusions

Conclusion # 1. The clergy, even bishops, do not have the authority to definitively declare whether or not the vaccine is sinful. This decision could only be made by the Apostolic See, which is presently vacant. The clergy can only explain the moral principles involved, but not impose any magisterial decisions about the lawfulness of the

⁷ The papal vaccine mandates were for *smallpox*, which is a far deadlier disease, and was especially so at that time, than Covid-19.

⁸ Cornelius à Lapide, *Commentaria in Scripturam Sacram*, Vol. XXI, p. 253, col. A (Paris: A. Vivès, 1866). This author, justly considered one of the most solid interpreters, comments: "I say that this Beast is the Antichrist" ("dico bestiam hanc esse Antichristum"), stating, as the ground for this, that "almost all interpreters" ("interpretes fere omnes") say so, among whom he mentions St. Thomas Aquinas, St. Irenaeus, St. Ambrose, St. Ephrem, St. Gregory Nazianzen, St. Prosper, St. Gregory the Great, St. Methodius, and St. Albert the Great, among others.

⁹ The trademark of Apple, for example, is not merely an apple, but an apple which has a bite out of it. Why is the bite out of it? Is it not the flag of Adam's defiant disobedience to God, seeking for himself the knowledge of good and evil, at the suggestion of the devil? Yet I know many traditionalists, including clergy, who have Apple devices and pay for Apple technology.

vaccine. Any decision which any member of the clergy, including bishops, should make, would be simply his personal opinion, and would not be binding on the faithful. What is binding on the faithful are the moral laws which have been given by the Holy Father Pius XII and the general principles from moral theology.

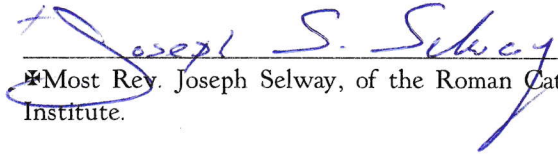
Conclusion # 2. There are many individual factors which determine the morality of taking the vaccine. They are (1) your health history; (2) the advice of a competent and experienced physician; (3) the degree of your certitude concerning either the good or bad effects of the vaccine; (4) the proportionate good to be achieved or avoidance of evil in regard to any risks which are perceived.

Conclusion # 3. When seeking the advice of a priest or bishop, ask *why* he holds to the advice that he gives. Do not receive the advice merely on the basis of a personal confidence you may have in him.

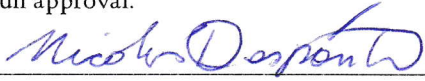
Conclusion # 4. Each person must decide for himself or herself whether or not to take the vaccine. All I, or any member of the clergy, can do is to provide the moral principles. If a member of the clergy should declare it a mortal sin, his judgement must be taken only as his opinion, to which he cannot require the faithful to give assent.¹⁰

¹⁰ The moral theologian Merkelbach says: "In the direction of others, we [clergy] cannot impose but only counsel our own system, or one or the other probable opinion, **because priests are not legislators nor can they give orders**, except in a special case [Latin : *per accidens*], if the other person should consent to it, or if, for some other reason, there would follow some particular danger for him." *Summa Theologiae Moralis*, Vol. II, no. 100. [emphasis added] This rule must also be applied to bishops without jurisdiction, i.e., who are not the bishop of the diocese, since they, as well, are not legislators and cannot give orders. Traditional priests and bishops are not parish priests or pastors, but merely clergy who have assumed, without any appointment and completely on their own, the care of a certain Mass center. While their opinions should be carefully weighed and respected, the faithful should understand that the clergy in charge of their Mass center **do not speak with the authority of the Catholic Church**, and that the laity are not bound to adhere to any pronouncements they may make. The faithful would be bound to the teachings of the aforesaid clergy, if the clergy are presenting to the faithful doctrines or moral teaching already declared by the Church. In this case they are obeying the Church, and not the clergy of the local Mass center.


I have read this document in its entirety and give it my full approval.


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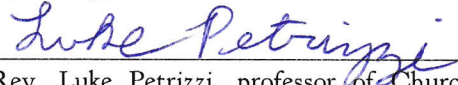
I have read this document in its entirety and give it my full approval.


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I have read this document in its entirety and give it my full approval.


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APPENDIX

EXPERIMENTATION ON THE SICK

*from McFadden, Charles, J. O.S.A., Ph.D. Medical Ethics.
Fifth Edition. pp. 252-253.*

Two basic principles underlie any experimentation which is to be attempted on the sick person: the *Principle of Totality* and the *Twofold Effect Principle*.

The Principle of Totality will be treated at more length later in this present chapter. Suffice for the moment to say that man is the creation of God and, as a result, he has the moral duty to preserve his health and life in accordance with principles already presented. This principle emphasizes that the preservation of man's whole being to the best of his reasonable ability is his strict duty. But, the whole is surely more important than any of its parts; the life itself is more important than any specific organ or power which is normally an integral part of the body. For this reason, man's duty towards his body sometimes compels him to rid himself of a diseased organ or member whose continued presence in the body threatens the permanent health or life of the whole. Sometimes it may even compel him to excise a healthy part of the body when such a drastic procedure is necessary to safeguard the whole being.

The Twofold Effect Principle was explained in detail in the second chapter of this volume. Very briefly, we might summarize its application in this matter as follows: (a) The first condition states that the nature of the act which is done must be morally indifferent or morally good; it must not be an act which is evil in its own nature. Hence, if the incomplete scientific evidence presently available (based usually on animal reactions and laboratory tests) indicates that the "experiment" holds some hope of benefitting the patient, the act would be at least indifferent in its nature. Similarly, if incomplete scientific evidence seemed to indicate that excision of a healthy part of the body might save the whole life (the principle of totality), the experimentation would be at least indifferent in its nature. In contrast, there can be no toleration of any experimentation which present evidence, even though it be insufficient and incomplete, indicates will probably kill or inflict grave injury on the patient, even though increased knowledge for medical science would thereby result. (b) The second condition states that the good effect must come directly, causally, from the indifferent or good act which is done. This condition would be verified precisely because the good effect, the beneficial result for the patient, would have resulted directly and causally from the

"experiment" which had, fortunately, proved successful. (c) The third condition states that the motive prompting the agent to do the act must be exclusively a desire for the good effect; in no way may he desire the evil which may follow. We presume that this condition would be verified in this case, that is, we presume that the physician attempts the experimentation with the sole aim of benefitting the patient (and possibly also to advance medical knowledge) and that he is in no way motivated by a desire to bring about any injury or death to the patient. (d) The fourth condition states that there must be a fitting proportion between the good and the evil which will probably result from the original act. This condition would, along with the first, be most important in evaluating any experimentation on the sick. In other words, the patient's need and likelihood of benefitting from the experimentation must exceed the danger of suffering still greater losses. To put it very briefly, there must be a sufficient reason for undergoing the risk involved, that is, the available scientific evidence, though incomplete, must indicate that the chances of the experiment securing a needed beneficial result for the patient are greater than the chances that it will produce harmful side-reactions and after-effects of even greater magnitude.

The following conclusions follow from the above: (1) If a slight benefit might result for a patient from experimentation, he may submit to it, provided the likelihood of any slight harm resulting is equally or less remote. (2) If the alleviation or cure of a serious condition may result from a certain experimentation (available, established, and harmless remedies having failed to do any good), the patient may submit to it, provided there is no reason to believe that the procedure may have effects even more serious than the condition with which the patient is presently afflicted. (3) But, if the risk involved in an experiment is so great that it seriously endangers the patient's life, the only justification for allowing it would be that all other available and less dangerous remedies have failed and the saving of his life hinges on the success of this venture. If the above requirements are fulfilled, the experimentation in itself is morally permissible, but the free consent of the patient given with a clear knowledge of the nature and risks involved must precede the physician's action.