

## Vaccine Fanaticism versus the Common Good

As [Part I](#) of this series showed, even before it reaches the moral question, Prof. de Mattei's "[The Moral Liceity of the Vaccination](#)" (MLV) fails to demonstrate a credible basis for his claim that "the common good of the population requires mass vaccination" with abortion-derived vaccines and that public authorities would "have a right to impose it, according to the principle that the common good takes precedence over the good of individuals..." (MLV, p. 55). Part I notes that not even the government or the pharmaceutical industry claims COVID vaccines will prevent community spread of the virus, as opposed to merely reducing individual symptoms. Quite the contrary, since Part I appeared, Dr. Harvey Risch, Professor of Epidemiology at Yale, has noted that some 60% of new COVID cases requiring treatment have been among the vaccinated according to clinicians' reports he has received.<sup>[1]</sup> His post of that news was removed from Instagram after being labelled "False information" by "independent fact-checkers," meaning leftwing activists promoting COVID hysteria and the medically absurd indiscriminate mass vaccination of every man, woman, and child on the face of the earth.<sup>[2]</sup>

Rushing to stamp out the fire of vaccine dissent, the left-leaning Politifact labelled Risch's statement "Pants on Fire" based on the CDC's report of only 7,157 "breakthrough cases" of infection among "87 million fully vaccinated people."<sup>[3]</sup> But Politifact, whose mission is hiding facts that contradict the Left's official narratives, failed to mention that the CDC has advised all public health, clinical, and reference laboratories that PCR testing for "breakthrough cases" should have a threshold of only 28 cycles of specimen amplification *or lower*, down from the pre-vaccination threshold of 35 cycles of amplifications *or higher*.<sup>[4]</sup> As Alex Berenson [notes](#), at a cycle threshold (CT) of only 28, more than 90% of "cases" of COVID would not even be detected in the United States or anywhere else, which means there would not be even a colorable basis for mass vaccination. Using a high CT before vaccination to maximize the number of "cases" of COVID detected, which are not cases of actual clinical illness, but only a low CT post-vaccination to minimize the number of "breakthrough cases" is but the latest example of the statistical dishonesty that has plagued COVID-19 reporting from the beginning, as shown in Part I, making it impossible ever to determine accurately the true number and lethality of COVID infections.

In any case, even the promised symptom reduction for individuals would appear to be ephemeral, requiring "booster shots." Hence, both government and media sources have insisted that even after vaccination [ritual mask-wearing](#) and "social distancing" must continue, rendering vaccination essentially pointless in terms of provable substantial benefit to the common good. This was shown in Part I by the example of Chile, a world leader in vaccination rates, which has experienced a post-vaccination "surge" in positive PCR test

results misleadingly denominated “cases” of COVID, showing that viral transmission and the development of herd immunity are proceeding despite the vaccine campaign.

As noted in Part I, given the already dubious efficacy of these novel vaccines, the emerging adverse side effects weigh more heavily in the balance when assessing their utility, and thus the purported “grave necessity” justifying their use despite their “remote” origins in abortion. On that score, since Part I appeared the [Vaccine Adverse Event Reporting System](#) (VAERS) has recorded (as of April 23) 86,080 adverse events following COVID vaccines, including 3,544 deaths and 12,619 serious injuries.<sup>[5]</sup><sup>[6]</sup> According to a study of VAERS by Harvard Pilgrim Health Care Institute, which operates as Harvard Medical School’s Department of Population Medicine, “fewer than 1% of vaccine adverse events are reported. Low reporting rates preclude or slow the identification of ‘problem’ drugs and vaccines that endanger public health.”<sup>[7]</sup>

Dr. Peter McCullough, a renowned professor of medicine with expertise in the field of drug safety, has observed that “A typical new drug at about five deaths, unexplained deaths, we get a black-box warning... saying it may cause death. And then at about 50 deaths it’s pulled off the market.”<sup>[8]</sup> When reports of possible COVID vaccine-related deaths stood at only 2,602, McCullough noted that “it’s unprecedented how many deaths have accrued.” Following only 40 sudden deaths and several hundred reports of Guillain Barre syndrome, the swine flu vaccine campaign of 1976 was [suspended](#).<sup>[9]</sup> Even *Sixty Minutes* condemned the government’s reckless recommendation at that time, eerily echoed today, that “every man, woman and child in the nation should get a shot to prevent a nationwide outbreak—a pandemic.”<sup>[10]</sup> The *Sixty Minutes* exposé noted that 4,000 Americans had made claims totaling \$3 billion for death or neurological damage (including Guillain Barre syndrome) attributed to the swine flu vaccine.

No such prudence is evident with the still-experimental COVID vaccines. The FDA “Fact Sheet” for Moderna’s abortion-derived vaccine, for example, listing possible allergic reactions such as fatigue, headache, muscle pain, joint pain, chills, nausea and vomiting, also warns that “[t]hese may not be all the possible side effects of the Moderna COVID-19 Vaccine. *Serious and unexpected side effects may occur.* The Moderna COVID-19 Vaccine is still being studied in clinical trials.”<sup>[11]</sup> Even more alarming is the “Fact Sheet” for the Pfizer vaccine. It likewise warns that “serious and unexpected side effects may occur” and that the vaccine is “still being studied in clinical trials,” but also lists these *known* side-effects: “severe allergic reactions • non-severe allergic reactions such as rash, itching, hives, or swelling of the face • injection site pain • tiredness • headache • muscle pain • chills • joint pain • fever • injection site swelling • injection site redness • nausea • feeling unwell • swollen lymph nodes (lymphadenopathy) • diarrhea • vomiting • arm pain.”<sup>[12]</sup>

Media “fact-checkers” such as Politifact have rushed to explain away all reports of vaccine-related deaths as coincidences or fabricated reports by “anti-vaxxers,” dismissing VAERS as an unreliable “open-access” system to which anyone can contribute false information.[\[13\]](#) Here, too, Politifact hides facts that contradict the official narrative: Reports of apparently vaccine-related deaths and serious adverse events are submitted by health care providers, not “anti-vaxxers,” and those reports — mandatory under federal law — are clearly distinguished from voluntary reports by the general public.[\[14\]](#) Furthermore, as the VAERS portal warns: “Knowingly filing a false VAERS report is a violation of Federal law (18 U.S. Code § 1001) punishable by fine and imprisonment.” The “fact-checkers” have presented no evidence that “anti-vaxxers” have exploited VAERS and committed federal crimes by filing false death reports. Here, as elsewhere, the self-appointed liberal monitors of “fake news” disseminate fake news themselves.

Yet, with unquestioning credulity, MLV brushes aside all concerns about side effects, alluding vaguely, as noted in Part I, to “untold numbers of doctors throughout the world, who acknowledge all the problematic aspects of the vaccines, but assert that, from a health point of view, not vaccinating would be far worse than vaccination.” Part I also noted MLV’s cavalier dismissal of the voices of caution in the medical profession as “doctors with little authority, seeking media exposure...” (MLV, p. 50).

In any case, as Part I made clear, there is absolutely no scientific basis, much less a necessity of the common good, for the unprecedented spectacle we are now witnessing: a relentless campaign by government, the pharmaceutical industry, the media, celebrities, and even talk-show hosts to inject the entire population of the world, regardless of age, preexisting immunity or the risk profile of a given cohort, with novel abortion-derived vaccines approved only for “emergency use” with no evidence of long-term safety, as the government’s own “Fact Sheets” warn.

The campaign for the indiscriminate inoculation of the whole world with COVID vaccines, which is nothing short of medical lunacy, includes newly emergent agitprop agencies, funded by biotech companies and the Bill and Melinda Gates Foundation, whose mission, in conjunction with government, is to suppress all opposition to the vaccines on social media and overcome “vaccine hesitancy” by stoking fear of the virus and instilling shame or a sense of “patriotic duty” in those who decline to be vaccinated.[\[15\]](#) This effort is proceeding exactly as depicted in the [2017 SPARS playbook](#) discussed in Part I, which presents a hypothetical “novel coronavirus” pandemic years before that term ever entered the public mind.

Aside from the [Vatican’s bizarre conference](#) to [promote global vaccine compliance](#) mentioned in Part I, the height of this surreal propaganda thus far has to be the “[Concert to](#)

[Reunite the World](#)” staged at the SoFi Stadium in Los Angeles County on May 8. It should come as no surprise to Prof. de Mattei that the theme of this event was that the world must be reunited by vaccination. Vaccination has become the unholy communion of a veritable mask-wearing cult of Covid, some 70,000 members of which were screaming their lungs out in the stadium for various pop and rock performers — with every member of the audience wearing the requisite ceremonial mask despite being vaccinated. No “social distancing” was required for this writhing mob, however, whereas the performers and speakers, including the Bidens, Prince Harry and the “fully vaccinated Foo Fighters” (as David Letterman introduced them) all dispensed with masks, those being required only for the groundlings.

“One day it will be safe to hug again, to go to work again, to go on first dates, to get on airplanes, to blow out birthday candles,” intoned the narrator during the [YouTube live stream](#) of the event. The pandemic will not be over, Gov. Newsom of California declared, until “all our brothers and sisters across the world are safe, healthy, and vaccinated.” Kamala Harris issued the command, “Roll up your sleeves and get your shot. We can do this. We must do this. It is our responsibility as global citizens.” And the ghoulish Bidens conveyed a message whose essence was that human freedom itself is now conditioned upon universal vaccination. Only with vaccination, said Joe Biden, can the world recover “the loss of our way of life. Graduations, birthdays, and the simple pleasures we have had to forego to keep ourselves and our loved ones safe.” But, added Jill Biden in a faux empathetic tone, “these moments: meeting your newborn grandchild or holding a loved one’s hands through a hard time; gathering with friends or smiling at a stranger without wearing a mask. When you get vaccinated, you don’t have to miss them any longer... So go get your vaccine and help all of us get back to the lives and the people we love.” For his part, Prince Harry warned, “We’ve seen a stark rise in vaccine hesitancy.... Hesitancy is not an option.” The sin of “vaccine hesitancy” is the equivalent of apostasy from the Covid cult, whose mission is to vaccinate all nations, teaching them to observe whatsoever is commanded of them by government and the media.

Not to be outdone in promoting this New World Order of the Vaccinated, Pope Bergoglio delivered a personal video message ([in Spanish](#)) to the vast crowd in SoFi Stadium. Condemning “the virus of individualism,” he called for “an internationalism of vaccines.” God Himself, said Bergoglio, “instils in our hearts... a spirit of justice that mobilises us to ensure universal access to vaccines and the temporary suspension of intellectual property rights; a spirit of communion that allows us to generate a different, more inclusive, just and sustainable economic model.”<sup>[16]</sup> God wills the vaccination of mankind and, with this, a new world economic order.

For those who decline to participate in this universal vaccine solidarity, there is the growing

threat of “medical apartheid” as “vaccine passports” are now being required by various governments and employers as a condition of employment. Given the ephemeral (and eminently debatable) efficacy of COVID vaccines, these “passports” are of limited duration. For example, Israel’s “green passes” for the vaccinated are valid for only six months while those who opt for a negative PCR test as their “health certification” will receive only 72 hours of permission for access to mass events.[\[17\]](#) The EU is preparing to require EU-wide “Digital Green Certificates” that will restrict travel between EU countries to those who have been vaccinated, tested negative, or recovered from the virus.[\[18\]](#)

In the United States, the CDC, which has somehow arrogated to itself authority to “allow” departures from the scientifically baseless COVID-19 regime of masking and “social distancing,” has just announced that, for the “fully vaccinated” only, masks will no longer be necessary in most settings.[\[19\]](#) Here, the utter nonsense behind the COVID vaccination regime is revealed: If the vaccinated must be protected from the unvaccinated, who must still wear masks? What good are the vaccines? On the other hand, if no such protection is necessary because the vaccines are effective, then why treat like lepers those who decline the vaccine?

We are surely witnessing only the first beginnings of an attempt to create a worldwide underclass of the unvaccinated, with vaccines serving as nothing more than otherwise pointless mechanisms for social control — “the beginnings of sorrows,” to quote Our Lord (Matt. 24:8). Of course, governments, the media and the globalist establishment, including the World Economic Forum, are avidly promoting this dystopian nightmare.[\[20\]](#) Yet Prof. de Mattei does not seem troubled by a vaccine fanaticism never before seen in world history, a quasi-religious crusade spreading throughout the world with the aid of the very Pope[\[21\]](#) whose attacks on orthodoxy and dalliances with the globalist Left he has otherwise not refrained from condemning in the harshest terms. This quiescence in the face of what is so clearly a malign enterprise of the worldly powers, [with the assistance of a worldly Pope](#), is inexplicable given Prof. de Mattei’s anti-liberal and anti-Modernist orientation.

Meanwhile, in places not ruled by the COVID dictates of tyrannical Leftists, the fantasy realm in which no one may engage in normal activity again until the whole planet is vaccinated does not exist. As life returns to normal in the Republican states, “vaccine passports” have been rejected, “vaccine hesitancy” is regarded as freedom of choice, masks are not required, schools are open, and sports stadiums, amusement parks, beaches, boardwalks, bars, and restaurants are packed. Yet a senile President, inhabiting the media-created bubble of an imaginary world-ending plague from which only abortion-derived vaccines can save us, risibly assures the American people that if they obey all his commands — above all, the [command to be vaccinated](#) — they might be able to have a small barbecue



by the Fourth of July.[\[22\]](#)

In sum, from the aspect of the common good, COVID-19 public policy has been quite literally insane. That being self-evident after more than a year of this insanity, MLV's uncritical acceptance of vaccination demands by the same government, corporate, and media sources that lie to us constantly is truly astonishing. Nevertheless, this Part II will examine MLV's arguments for so-called moral liceity of abortion-derived COVID vaccines — an argument whose infirmities are numerous.

### MLV's "Arguments from Reason"

MLV begins its argument for "the moral liceity of the vaccine" by alluding to several Vatican documents on the matter of vaccines whose testing, development, and production involve cell lines taken from the bodies of children murdered by abortion: (1) a Note from the Congregation for the Doctrine of the Faith (CDF) on December 21, 2020; (2) a Note from the Pontifical Council for Life on June 5, 2005; (3) the Instruction *Dignitatis Personae*, issued by the CDF on September 8, 2008; and (4) a Note from the Pontifical Academy for Life on July 31, 2017. No sooner are these documents identified, however, than MLV abstains from relying upon them in an argument from authority, presenting instead "arguments concerning right reason, illuminated by the faith, according to the principles of Catholic moral theology and philosophy." (MLV., p. 10).

An argument from authority would have been awkward at best, given Prof. de Mattei's consistent and well-founded theological critique of the disastrous Bergoglian pontificate. And since the cited documents are not traditional expressions of the infallible Magisterium, but only recent (and tentative) advice on a supremely fact-contingent moral question, they are not, as MLV admits, "closed to reform, especially since over recent decades we have seen the ecclesiastical authorities adopt ambiguous and, at times, erroneous moral positions. It suffices to recall the debate prompted by Pope Francis's Apostolic Exhortation *Amoris laetitia* of 19 March 2016." (MLV, p. 9). As we will see in Part III (the final installment) of this series, however, on close examination none of the cited documents imposes what MLV later characterizes (contradicting its abstention from the argument from authority) as a "rule laid down by the Congregation for the Doctrine of the Faith."[\[23\]](#) (MLV, p. 73). On the contrary, in certain respects these documents tend to undermine MLV's entire position, as will be apparent *passim* in what follows.

Arguing from "right reason," MLV justifies recourse to abortion-derived vaccines — vaccines developed, produced, and/or tested with cell lines originating in the victims of murder by procured abortion[\[24\]](#) — on the ground that receiving such vaccines constitutes only remote and passive material cooperation in the act of abortion that can be justified for a sufficiently

“grave” or “proportionate” reason (MLV 23-25). Alternatively, MLV argues according to the moral principle of “double effect”: the effect of receiving an abortion-derived vaccine “is not evil in itself, but... good or indifferent,” whereas the good effect of the vaccine is “immediate to the act” of receiving it and is “not a consequence of the evil effect” of remote material cooperation with abortion (MLV, p. 25). In that case, says MLV, “we can say that the evil effect is not directly desired, but permitted” if there is “a right and proportionate reason” for seeking the good effect of the vaccination (MLV, p. 25). The classic example of the principle of double effect is the removal of a life-threatening uterine tumor in a pregnant woman — the good effect — without directly intending the bad effect of the death of the child, which is caused only indirectly by the surgery.

The argument in either form fails on all counts: (1) the material cooperation is not remote but a *direct participation* in an illicit enterprise whose existence depends upon child-murder; (2) the material cooperation is *directly intended* by the recipient of the abortion-derived vaccines; and (3) even if the cooperation in abortion were remote and non-culpable, there is no grave or proportionate reason to justify recourse to these vaccines, whose efficacy is in doubt and whose harmful effects, both known and unknown, outweigh any supposed benefits for the overwhelming majority of people.

## A Failure to Demonstrate Grave Necessity

It is appropriate to begin with the third point. Just as MLV fails to make the case that the mass administration of abortion-derived vaccines is necessary to protect the common good, so does it fail to show that there is a grave or morally proportionate reason for an individual to receive them.

First of all, MLV attempts to “sanitize” the abominable crimes intrinsic to the creation of the abortion-derived vaccines at issue by noting, “None of the cell lines used in the anti-Covid vaccines currently available, have been derived from abortions deliberately procured to produce the vaccines.” (MLV, p. 28). That is beside the point: the abortions were in fact deliberately procured, and then the victims’ remains were exploited by researchers for the benefit of pharmaceutical companies in order to produce two cell lines used in testing, development, and production of the vaccines. The HEK-293 cell line, developed from human embryonic kidney tissue (hence, the designation “HEK”) is employed by Pfizer and Moderna, while the PER.C6 cell line, developed from primary human embryonic retinal cells (hence, the designation “PER”) is employed by Johnson & Johnson and AstraZeneca, the two vaccines that have caused serious and potentially fatal blood-clotting disorders.<sup>[25]</sup> The HEK-293 cell line, as the number indicates, was the result of 293 experiments, which involved “probably hundreds of abortions.”<sup>[26]</sup> Even more horrific, in order for the cells to

be useful they must be extracted within a few minutes after the abortion, and the abortions must obviously have been late-term in order to obtain kidneys and retinas of sufficient development to be useful.

MLV's curious minimization of the horror involved aside, Prof. de Mattei makes no serious inquiry into the admittedly limited efficacy of these illicit vaccines, nor any effort to distinguish the cases in which they are to be administered: the young versus the old; the previously infected and thus naturally immune versus the never infected; the most vulnerable epidemiological cohorts versus the least vulnerable. Also never considered is the availability of prophylactic and clinical treatments for all that obviate the need for abortion-derived vaccines, even if they were effective.

It will not do simply to presume, as MLV does, that abortion-derived vaccines are the only alternative to serious illness or death and then from this presumption — the fallacy of *petitio principii* — leap to the conclusion that their administration to everyone without distinction is supported by a grave or morally proportionate reason, when that is the very matter to be proven in the moral calculus. Rather than examining the precise factual context that is always essential to deciding more complicated moral questions, MLV simply accepts at face value manifestly dubious official claims of the necessity for universal vaccination, referring only to “untold numbers of doctors throughout the world, who acknowledge all the problematic aspects of the vaccines, but assert that, from a health point of view, not vaccinating would be far worse than vaccination.” (MLV, p. 50). The purported opinion of “untold numbers of doctors” is patent medical nonsense, as the vast majority of the population is at minimal risk of serious illness or death due to COVID, with the death rate among people under the age of 50 being close to zero.<sup>[27]</sup> And it is medical madness to conduct the mass inoculation of healthy children with novel vaccines when they are little affected by COVID, rarely if ever transmit the virus to others, and have no conceivable need for vaccination.

MLV also appears to argue, somewhat confusedly, that grave necessity can arise regardless of whether the vaccines are effective: “For example,” writes Prof. de Mattei, “it would be a contradiction to assert that the vaccination is illicit but if rejecting it results in the loss of a job, or in another serious loss, it would not be obligatory for a married couple with children who are bound by their duty to provide for their family, to abstain from it...” (MLV, p. 31). But such coercion would not make the vaccination as such licit; at most, it might diminish culpability on the part of someone forced against his will to receive an illicit vaccination.

Indeed, as the 2005 Vatican document on which MLV relies makes clear (MLV, p. 9), even if an abortion-derived vaccine were necessary to prevent harm to children, and there were no other choice for avoiding that harm, then “such cooperation occurs in a context of *moral*



*coercion of the conscience of parents, who are forced to choose to act against their conscience* or otherwise to put the health of their children and of the population as a whole at risk.”[28] All the more does MLV’s argument for “the moral liceity of the vaccination” fail when vaccination is not necessary to prevent grave harm but rather is imposed by the illicit coercion of governments or employers. Prof. de Mattei should be denouncing all such coercion, but instead he cites it in support of his argument!

In a further indication of polemical confusion, the same passage of MLV argues thus:

“For example, it would be a contradiction to assert... that the vaccine against Covid is not licit, but vaccines against rubella and poliomyelitis are licit.... [V]accines and modern medications in general... frequently use foetal cell lines in research and development. When infected with Covid, the President of the United States, Donald Trump, was treated with medicines, such as Regeneron, which had been tested with foetal cells. Did he commit an act that was in itself illicit? And are those who take numerous medicines, produced or tested using foetal cells, committing an illicit act?” (MLV, p. 31; *see also* p. 30)

Here, we encounter a surprisingly crude appeal to the mere prevalence of abortion-derived vaccines for various illnesses, as if a multiplication of evils could morally justify recourse to any one of them. The argument that “everyone is doing it” — the classic bandwagon fallacy — is not worthy of Prof. de Mattei. At any rate, for the reasons already shown, a multiplication of evils hardly establishes a grave necessity justifying cooperation with evil, however remote, when it comes to COVID vaccines; for, again, these vaccines are not shown to be either truly efficacious in preventing viral spread (the common good) or truly necessary to protect life (individual good) for the vast majority of people.

As to the other abortion-derived vaccines, here too the 2005 Vatican document undermines MLV’s argument for the morally licit, versus wrongfully coerced, use of such vaccines. A footnote to that document, which MLV fails to mention, observes that there are alternatives to every one of them, except the chickenpox vaccine.[29] There are also ethically irreproachable vaccines for diphtheria, tetanus, shingles, and *Haemophilus influenzae* type B (HIB).[30] Moreover, to the extent that the United States has not approved alternative vaccines (those for chickenpox, hepatitis A, measles, mumps, or rubella), the result is the same sort of coercion that does not render morally licit abortion-derived COVID vaccines as such, but only diminishes culpability in those forced to take them out of fear of death, being fired, or being excluded from social life.

In any case, the availability of ethical alternative vaccines aside, there is no threat of death or serious harm from the mumps, measles and chickenpox, all of which many readers have had in childhood. Nor is there a grave threat of death or serious harm from herpes or hepatitis A, which “usually is mild and self-limited, [with] infection confer[ing] lifelong immunity” and has an overall mortality of only 0.02%.[\[31\]](#) As for hepatitis B, for which there is also an alternative vaccine,[\[32\]](#) given its primary transmission via “unprotected sex” or illegal drug use, recourse to any abortion-derived vaccine against it ought not to be a concern for Catholics or anyone else who observes basic moral norms. And there is no vaccine for hepatitis C, which is transmitted primarily through illicit drug use (sharing of needles).

In sum, MLV fails to make the case of grave necessity for *any* of the abortion-derived vaccines it enumerates in support of its argument from the bandwagon fallacy. MLV declares that “[m]oral science requires a high level of accuracy and does not admit of generalisations.” (MLV, p. 34). But sweeping generalizations, along with the bandwagon and *petitio principii* fallacies, are fatal infirmities in MLV’s argument for the moral liceity of abortion-derived COVID vaccines. MLV fails to conduct the fact-intensive inquiry necessary to establish a grave necessity for recourse to these vaccines, absent which the entire argument for their moral liceity as “remote cooperation” with evil — even if it were otherwise valid, which it is not — collapses.

## “Remote” Cooperation

Nevertheless, turning to the question of “remote cooperation,” which embraces the first and second points of MLV’s “arguments from reason,” one must dismiss at the outset Prof. de Mattei’s suggestion that the only evil involved here is one or more acts of abortion in the past. Insofar as the originating act of child-murder is concerned, Don Pietro Leone[\[33\]](#) has identified the following evils connected with vaccine-related abortions, even before any consideration of the overall evil of the ongoing abortion-derived vaccine industry:

1. Extraction of a child from the womb before birth;
2. Denial of baptism, so debarring him or her from Heaven;
3. Torture;
4. Theft of body parts;
5. Murder of the child;
6. Disposal of the rest of the body;
7. Manipulation of body parts;
8. Marketing of body parts [for use in vaccine development and testing];
9. Desecration of the child in instances (iv), (v), (vi), (vii) and (viii);

## 10. Violation of the child's rights in all instances.

As far as cooperation with the abortion-derived vaccine enterprise as a whole is concerned, MLV addresses the basic contention at issue here: that “those who knowingly and voluntarily receive vaccines derived from foetal cell lines enter into a kind of concatenation with the abortion industry,” meaning an unbroken chain of immoral acts that begins with the murder of unborn children and proceeds through every stage of testing, development, and production of vaccines with the use of cells extracted from the murder victims, ending with the marketing of these vaccine “products” and the consumer purchasing them and having them injected into his body by a medical provider who is paid for this “service.” (MLV, p. 33).

MLV treats this contention with thinly veiled contempt, dismissing it as a mere “paralogism,” meaning superficially plausible but actually illogical reasoning, because “it establishes a concatenation of cause and effect, which exists at a historic level, but does not exist at a moral level, by virtue of which every act must be judged on its direct and immediate consequences, not on its historic links, *even if they are close*.” (MLV, p. 33). In other words, according to Prof. de Mattei, it would be moral in principle to receive or administer abortion-derived vaccines even if the abortions providing the necessary cell lines were occurring contemporaneously. This is the case with Walvax-2, for example, a fetal cell line developed from the lung tissue of a female child murdered *in utero* in 2015.[\[34\]](#)

First of all, ironically enough, what Prof. de Mattei belittles as a “paralogism” is the very basis of religious exemptions from compulsory vaccination in many jurisdictions, including 44 of the 50 states in the U.S. as well as the District of Columbia.[\[35\]](#) Even the far-Left government of Washington, D.C. is more accommodating to religious liberty in this regard than Prof. de Mattei, a Catholic traditionalist.[\[36\]](#)

But MLV's contention that the concatenation of immoral acts is merely historic, so that the abortions involved are remote in time and not part of a currently operative immoral totality, is contradicted by MLV itself ten pages earlier: “The term *remote* does not refer to closeness or distance in time, but to the degree that one contributes directly to the act.” (MLV, p. 23; emphasis in original). Moreover, MLV uses the term “act” equivocally, as if the only issue were the originating act of abortion and not its subsequent exploitation in an illicit process that includes purchasing the vaccines and having them injected into one's body. In another (albeit more veiled) instance of *petitio principii*, MLV presumes the very thing its author must demonstrate: that there is no moral connection, but only a historical one, between the murder of children and vaccines which, but for those murders, would not exist.

MLV's arbitrary distinction between historic versus moral connection to evil — which, again, contradicts its earlier observation that remoteness of cooperation with evil is not a question of "closeness or distance *in time*" — is a mere *ipse dixit*: "the relationship between abortion and the use of the vaccine is very remote, having taken place in the distant past." (MLV, p. 41). And further: "Material cooperation with an evil act committed in the past is metaphysically impossible, however, formal cooperation remains a metaphysical possibility, even if it relates to past acts." (MLV, p. 45). The latter appears to mean that the only possible culpable cooperation with evil involved in being inoculated with vaccines derived from past abortions is formal cooperation by way of present-day "approval of such acts." (*ibid.*). According to Prof. de Mattei, therefore, one can buy and have oneself injected with all manner of abortion-derived vaccines so long as one declares his verbal opposition to abortion, in which case there will be no cooperation with abortion whatsoever, not even implicitly.

Common sense rebels against this notion. It should be obvious that the moral question cannot arbitrarily be reduced to "cooperation with the past." Rather, it involves precisely what John Paul II termed a present-day "structure of sin" in *Evangelium Vitae*, wherein he shows the link between the individual moral conscience and the moral conscience of society as a whole, when society "encourages the 'culture of death', creating and consolidating actual 'structures of sin' which go against life." [37] How can it be said that a vaccine industry that depends on the murder of children for the testing, development, and even production of its lucratively profitable products is not precisely such a structure?

Confronted with this obvious objection, MLV offers the following astounding answer: "Immoral experiments on aborted fetuses must stop, *but it will not stop as a result of denouncing vaccines, which risks undermining our credibility*: they will cease because of our 'no' to abortion, a categorical 'no', without exceptions and compromise, to the 'structures of sin' in our time." (MLV, p. 65). But the abortion-derived vaccine industry *is* a structure of sin in our time, and one can hardly say "no" to it credibly while making use of its products and even defending their moral liceity. On the contrary, *the only effective moral opposition to this industry is precisely to refuse its products*. And, again, 44 of the 50 states recognize this very right of refusal. How, then, can Prof. de Mattei fail to call upon every Catholic to exercise it?

See [here](#) for Part I and [here](#) for Part III of this series.

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[1] See Celeste McGovern, "[An Army of Big Biotech Companies is using psych tactics to 'create vaccine demand'](#)", *LifeSiteNews*, May 7, 2021.

[2] See [https://www.instagram.com/p/CN9uvAXL1Ts/?utm\\_source=ig\\_embed](https://www.instagram.com/p/CN9uvAXL1Ts/?utm_source=ig_embed).

[3] See <https://www.politifact.com/factchecks/2021/apr/29/viral-image/no-vaccinated-people-dont-make-60-new-covid-19-cas>.

[4] See CDC guidance, "[COVID-19 vaccine breakthrough investigation: Information for public health, clinical and reference laboratories](#)".

[5] See Patrick Delaney, "[Judith Reisman, adversary of the porn industry, died 10 days after getting COVID vaccine](#)," *LifeSiteNews*, Apr. 29, 2021.

[6] See "[Highly cited COVID doctor comes to stunning conclusion: Gov't 'scrubbing unprecedented numbers' of injection-related deaths](#)," May 4, 2021.

[7] Lazarus Ross, et al., "[Electronic Support for Public Health-Vaccine Adverse Event Reporting System \(ESP:VAERS\)](#)".

[8] Leo Hohmann, "[COVID Doctor: Gov't Scrubbing 'Unprecedented Numbers' of Injection-Related Deaths](#)," *Harbingers Daily*, May 3, 2021.

[9] Delaney, *op. cit.*

[10] See Sixty Minutes video at <https://www.youtube.com/watch?v=z7WGYZg8cO4>.

[11] See <https://www.modernatx.com/covid19vaccine-eua/eua-fact-sheet-recipients.pdf>.

[12] See <https://www.fda.gov/media/144414/download>.

[13] See <https://www.politifact.com/factchecks/2021/may/06/tucker-carlson/tucker-carlsons-misleading-claim-about-deaths-after> (rating "False" Tucker Carlson's report on the VAERS death statistics).

[14] "Reporting Adverse Events Following COVID 19 Vaccination," <https://www.cdc.gov/coronavirus/2019-ncov/downloads/vaccines/10-things-healthcare-providers-need-to-know-about-VAERS.pdf> at [cdc.gov](https://www.cdc.gov).

[15] McGovern, *op. cit.*

[16] "[Video Message of His Holiness Pope Francis to the Participants in 'Vax Live: The](#)



[Concert to Reunite the World,](#)” May 8, 2021.

[17] [“Health Ministry says vaccinated, recovered to get ‘green passport’ for 6 months,”](#) *Times of Israel*, Jan. 4, 2021.

[18] Tammy Lovell, [“Member states agree on technical specifications for EU-wide vaccine passport,”](#) Healthcare IT News, Apr. 29, 2021.

[19] Berkeley Lovelace Jr., [“CDC says fully vaccinated people don’t need to wear face masks indoors or outdoors in most settings,”](#) CNBC, May 13, 2021.

[20] See e.g. Gayle Markovitz, [“What is a ‘vaccine passport’ and will you need one the next time you travel?”](#), World Economic Forum, May 5, 2010.

[21] Jason Horowitz, [“Pope Calls Coronavirus Vaccinations an Ethical Obligation,”](#) *New York Times*, Jan. 9, 2021 (updated Mar. 4, 2021).

[22] Susan Jones, [“Biden Says You May Be Able to Have a Barbecue ‘in Your Backyard’ by the 4th of July,”](#) CNS News, Mar. 12, 2021.

[23] Emphasis added. All emphases in quotations are added unless otherwise indicated.

[24] In the development of the Pfizer and Moderna COVID-19 vaccines, HEK-293 fetal cells were used to test whether a cell could take up mRNA and produce the SARS-CoV-2 spike protein, or to characterize the SARS-CoV-2 spike protein. The Johnson & Johnson vaccine used PER.C6 cells for vaccine production. The AstraZeneca (Oxford) vaccine uses fetal cell line HEK-293 for development, production, and testing. Source: <https://www.change.org/p/dr-fred-pestello-president-st-louis-university-st-louis-university-vaccine-policy-for-reopening-the-campus-in-fall-2021>.

[25] Bojan Pancevksi, [“Expert says he found why some COVID-19 vaccines trigger clot issues,”](#) *Wall Street Journal*, May 14, 2021.

[26] See <https://www.lifesitenews.com/blogs/the-unborn-babies-used-for-vaccine-development-were-a-live-at-tissue-extraction>.

[27] See [CDC Table 1](#) (select for deaths by age group).

[28] [“Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Foetuses,”](#) Pontifical Academy for Life, June 9, 2005.

[29] “Moral Reflections,” *op. cit.*, note 7: “The only remaining problem is with the vaccine Varivax® against chicken pox, for which there is no alternative.” This note does not discuss whooping cough, but this too is neither life- threatening nor seriously harmful in itself so as to present a grave necessity for recourse to an abortion-derived vaccine.

[30] Ohio Right to Life, “[Vaccines, Abortion and Fetal Tissue](#),” Oct. 27, 2017.

[31] Medscape, “[Viral Hepatitis](#),” Prognosis.

[32] See note 27.

[33] “[Don Pietro Leone: The COVID-19 Vaccination Debate: Chains of Evil](#),” *Rorate Caeli*, Apr. 15, 2021.

[34] “[New fetal cell lines being used for vaccine production](#),” Catholic World News, Sept. 11, 2015.

[35] See “[States with Religious and Philosophical Exemptions from School Immunization Requirements](#),” NCSL, Apr. 30, 2021.

[36] See Code of the District of Columbia, §38-506, which provides no immunization certificate shall be required for school admission of a student “for whom the responsible person objects in good faith and in writing, to the chief official of the school, that immunization would violate his or her religious beliefs....”

[37] Pope John Paul II, Encyclical [Evangelium Vitae](#) (Mar. 25, 1995), n. 24.