



April 13, 2018

Timothy Michael Cardinal Dolan
Archbishop of New York
Chairman, USCCB Committee on Pro-Life Activities
3211 Fourth Street, N.E.
Washington DC 20017-1194

Your Eminence:

We are writing to you as the leaders of two organizations dedicated to the proper application of Catholic moral principles in the fields of scientific research and health care. We wanted to share our perspective on the recent FDA approval of the Shingrix[®] vaccine for the prevention of herpes zoster (shingles) and related complications. The availability of this new vaccine that is not derived from cell lines from elective abortion is a significant development for building a Culture of Life in America.

Our organizations have followed the issue of cell lines derived from elective abortion for more than ten years. The utilization of some of these cell lines to produce many of the vaccines used to immunize children has created a substantial dilemma for many parents, physicians, and pastors. On the one hand, our organizations recognize the vast benefits that universal immunization has provided to society, and endorse the responsibility of physicians, health care institutions, and parents to protect children and the general public from devastating diseases. On the other hand, we recognize the problematic issues involved in benefiting, or even appearing to benefit, from elective abortion and those who choose to exploit it. Aware of this history and distress, we believe that the successful development of Shingrix[®] provides a moment for teaching and for action on the issue of aborted fetal cell lines and immunization.

The Pontifical Academy for Life issued important guidance in 2005 when it stated that "doctors and fathers of families have a duty to take recourse to alternative vaccines (if they exist), putting pressure on the political authorities and health systems so that other vaccines without moral problems become available." In the 2008 Instruction *Dignitas Personae*, the Congregation for the Doctrine of the Faith taught authoritatively: "everyone has the duty to make known their disagreement and to ask that their healthcare system make other types of vaccines available." Shingrix[®] makes this obligation not only possible, but even easy, as it is now the preferred option for vaccination for shingles. In 2017, the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP) recommended the use of Shingrix[®] over the only other available alternative (Merck's Zostavax[®], which is produced using a cell line derived from an elective abortion) because Shingrix[®] is so much more effective.

The ACIP's recommendation of Shingrix[®] exposes and refutes the myth that scientists need fetal tissue from elective abortion to create cures. While this myth has been utilized for decades, it has been advanced most recently in three key battles over the Culture of Life. For example:

1. In 2001, a group of Nobel prize-winning scientists attempted to convince President Bush to permit federal funds to be used for destructive research to obtain human embryonic stem cells by appealing to the precedent of using fetal tissue from elective abortion to produce vaccines;
2. In 2009, to help justify the decision of President Obama to provide the federal funding that President Bush had denied, scientists gave public testimony also appealing to the precedent of using fetal tissue from elective abortion to produce vaccines for rubella and varicella (chickenpox);
3. More recently, during the 2015 video exposé of Planned Parenthood's sale of body parts of aborted children, scientists again were sought out by the media to repeat the myth that obtaining tissue from elective abortion was indispensable for curing diseases, pointing to its use in the production of vaccines.

Clearly, there are powerful forces in medical research, politics, and the media that are deeply invested in maintaining the longstanding abortion regime in the United States. And the myth that tissue from elective abortion is necessary for cures is an effective means of convincing people that they need to tolerate abortion. The development and preferential recommendation of Shingrix[®] constitutes a challenge to this myth which should not be ignored.

We encourage the Committee on Pro-Life Activities to share the significance of the new Shingrix[®] vaccine with Catholic bishops, leaders and the people in the pews. Such an effort could include:

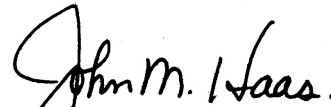
1. Reminding Catholics of their duty to use vaccines not linked to elective abortion when they are available, and to put pressure on pharmaceutical companies to produce more alternative vaccines not linked to elective abortion;
2. Encouraging Catholic health care systems to preferentially purchase and use Shingrix[®] and to use their purchasing power to create the market for the development of more vaccines not linked to elective abortion;
3. Expressing appropriate gratitude to GlaxoSmithKline, the producer of Shingrix[®], what a welcome development this is and encouraging them to develop additional vaccines not linked to elective abortion.

Thank you for your attention to this important issue. We stand ready to assist you in this effort in any way that we can.

Sincerely,



Peter T. Morrow, M.D.
President, Catholic Medical Association



John M. Haas, Ph.D., S.T.L.
President, The National Catholic Bioethics Center