

City Reformed Presbyterian Church Statement on Vaccination

March, 2016

Summary

Vaccinations have become a controversial subject in the life of churches, as an increasing number of Christian families have opted not to vaccinate their children. In any given church of 100 or more, there are likely to be five or more families who have not fully vaccinated their children¹. As a Session, we cannot avoid this thorny subject, because there are strong feelings on both sides, on a matter which affects our weekly worship, namely the nursery. Some people are afraid of vaccinations, while other people are afraid of putting their children into a nursery with unvaccinated children. Therefore, with much discussion, thought, and prayer, we have come up with the positions expressed in this paper.

After this summary section, we present a lengthy discussion of our reasoning process, so that members can see in depth the ethical foundations and factual basis that we have taken into account. This summary, however, gives the main points which we wish to express.

- After much study and thought and consultation with experts in the medical field, we believe that the standard vaccinations given in the US are safe. As with any medical procedure, there are always small risks, but we believe these risks are tiny enough that they do not negate the value of vaccines.
- We recommend that all parents in our church put their children on the regular vaccine schedule recommended by the medical authorities of our state. The dangers of a large unvaccinated population are real, and the benefits of vaccinations far outweigh the risks, for the community as a whole.
- We recognize that some parents will disagree and will not vaccinate their children. We want to warmly include these parents and their children in our fellowship, even while we disagree on this issue. At this point in time, after consultation with medical experts, we do not judge it to be a significant risk to have a small number of unvaccinated children in the nursery. To reduce the risk, we developed a policy that minimizes risk from all infectious diseases. That policy is given in a separate document.

Some may find it strange that the Session of the church is speaking on this matter. In general, the following principles come in to play.

- Although the Session is primarily a body for spiritual oversight of the church, we cannot make a sharp boundary between physical matters and spiritual matters. The church also exists as a physical body of people, and our worship and practices involve the physical meeting of people in addition to spiritual instruction and worship.

- Not all ethical decisions are private decisions. The church is not just a set of disconnected individuals, but a community bonded together by a covenant. Therefore, in some areas that affect our corporate practice, we must make community decisions, and the Session is the elected body which by which such decisions are made in our church.
- There is the potential for fear to dominate our actions on both sides of this issue. People may have an unreasonable fear of vaccines, or an unreasonable fear of exposure to unvaccinated people. In general, we cannot control every aspect of our lives, and we all need to seek to have an attitude of rest in the Lord, no matter what he may bring.

Background Context

1. Benefits of vaccinations

In the early 20th century, infectious diseases such as small pox, diphtheria, measles, mumps, rubella, and polio were common, leading to death, deformities, brain damage, paralysis, and other serious maladies². Over the last century, these infectious diseases have been nearly eradicated in the United States resulting in significant reductions in associated deaths and disability. Although other factors (e.g. improvements in sanitation, housing, and the healthcare system) have likely contributed, vaccinations are universally considered by epidemiologists and clinicians to be the central public health intervention responsible for the drastic reduction in the prevalence of these infectious diseases.²

Although advances in sanitation, housing, and healthcare have greatly increased our ability to reduce their spread and impact, the dangers of contracting infectious diseases are real and present when individuals and communities remain unvaccinated or undervaccinated. In fact, the United States has experienced a three-fold increase in measles cases from January-August of 2014 compared to the same time period in the 2013³. These cases occurred across 18 outbreaks and 21 states.

In many ways the risk of the spread of infectious disease is greater now than in the early 20th century due to a rapid increase in globalization. In decades past, this risk might have been minimal, because travel of diseases across national borders was minimal. In these days, however, diseases are known to cross borders frequently. For example, in 2013, 172 of 175 cases of measles could be linked to individuals that were infected overseas or caught the disease from someone who had traveled internationally⁴. In one well-documented case from 2005, an unvaccinated Christian teenager traveled to Romania and came back carrying measles. She attended a church picnic, where she exposed numerous others; 34 people came down with measles⁵; of these, 32 had not been vaccinated and 2 had been vaccinated. Furthermore, given such significant rates of international and intrastate travel to communities with relatively low vaccination rates, families who do not vaccinate cannot rely on “herd immunity” in their own community. Herd immunity which occurs when non-

vaccinated individuals in highly-vaccinated communities receive some protection because the spread of infectious disease is contained by those who are vaccinated.

Not vaccinating poses risks both to individuals that are vaccinated and those that are not. The CDC reports that the majority of cases in the United States occur among children that are not vaccinated but that means that individuals who are vaccinated remain susceptible. In a recent outbreak of measles in California, 19% of children that acquired the disease had been previously vaccinated⁶. The odds of acquiring an infectious disease among those that are vaccinated are much less, but like second-hand tobacco smoke, the decision not to vaccinate puts other people in a position of being exposed involuntarily to an avoidable danger.

It is true that advances in the American healthcare system have contributed to a reduction in case fatality rates among individuals that contract infectious diseases. For example, there have been no reported deaths from measles in the United States since 2003.⁴ However, individuals infected with measles are at increased risk of brain swelling which can lead to brain damage. So, despite reductions in case fatality rates for many infectious diseases, significant risks remain.

The dangers of acquiring vaccine-preventable infectious diseases are greatest to pregnant women and to small infants. Small infants are not vaccinated with all vaccines right away; a schedule of vaccines over the first few years ensure that infants receive appropriate vaccines at the time when the developing immune system is mature enough to mount a productive response. Unborn babies are well known to be at great risk of deformity and death from exposure to diseases like mumps and rubella which affect older children much less.

2. Objections to vaccination

The objections to vaccination come in several different categories, which we treat here separately.

Potential side effects

There are a number of known side effects that result from receiving vaccinations. However, the known side effects are very small and often include nothing more than a sore arm and a low grade fever. Although there are these known side effects of vaccinations, in recent years, anti-vaccination advocates have suggested that vaccines may contribute to a wide range of conditions including autism, attention deficit and hyperactive disorder (ADHD), oppositional defiant disorder (ODD), and sudden infant death syndrome (SIDS). Autism is arguably the potential series side effect that has received the most attention in the press. However, the original study which promoted the link between vaccines and autism has been thoroughly discredited and retracted by the journal in which it was originally published.⁷ This has caused many in the anti-vaccination movement to abandon the link between vaccines and autism while still promoting the potential risk of the other aforementioned conditions. However, in recent months, researchers across multiple

institutions performed the most extensive literature review to date on the safety of common vaccinations, which was published in the highly-regarded academic journal *Pediatrics*. This study demonstrated that the risk of major side effects is negligible^{8,9}. The researchers note that they hope this study will “may allay some patient, caregiver, and health care provider concerns” about the safety of vaccinations.

The “natural” approach to health care

Some of the objections to vaccinations come from the belief that the body’s natural processes should not be contravened. In general, Christians should have sympathy with an approach that says the natural healing processes that exist in our bodies are well made by God and that, as much as possible, medicine should work in accord with our bodies’ natural processes. However, such an approach must be balanced by the fact that we live in a world with real dangers, and we have a mandate to subdue that world, not to be governed by it. In addition, sin has made the world fallen, so that some natural processes are not in balance. By analogy, as it is our duty to protect our family from wild animals, it is our duty to protect our family from wild viruses.

The vaccination process is actually a successful example of using the body’s natural defense systems. Vaccinations work by introducing a small amount of the actual disease (or residual markers of it) so that our natural immune system will be awakened to fight the disease.

Concerns about the origins of cell lines

Some Christians have ethical concerns that cells used to develop some types of vaccines were originally gathered from aborted babies¹⁰. While we could wish this had never happened, the moral issues in the present are the following. First, this practice is no longer happening. The use of cells from aborted babies occurred many decades ago and has not been repeated. It was also apparently only for some regional lines of vaccines. Second, even though using vaccinations now does not encourage such things, does it imply tacit approval of the original acts? The situation is very similar to the fact that much medical knowledge was originally gained by examining dead bodies, some of which were obtained by grave robbing. We believe that as long as safeguards are in place to prevent immoral acts as part of the process now, Christians are not morally required to reject all medical knowledge and procedures that may have originally involved unethical acts.

In general, we do believe that Christians should be vigilant in paying attention to the ethics of present-day medical research, to hold medical researchers accountable to respect human life in all its stages. We are deeply sympathetic to this concern. However, researchers have gone to great lengths in recent years to ensure that vaccinations are produced in ways that do not raise these moral objections.

Concerns about unnecessary vaccinations.

The medical field has in recent years added several vaccines to the standard regimen which are much more debatable than those for polio, smallpox, measles, mumps, and rubella. In particular, vaccines for sexually transmitted diseases are now recommended by many medical professionals.

We do agree that some vaccines have much higher relative priority than others. HPV vaccine, in particular, may be one that Christian parents opt out of, especially as the disease is not transmitted by air or daily contact. But we caution that some diseases which seem to be less dangerous, such as chicken pox, rubella or mumps, may be quite dangerous to some people, such as pregnant women, older people, or small children.

3. Vaccination and Christian Ethics

Given the available evidence and input from church members working in the field of healthcare, we believe that foregoing vaccinations both 1) puts one's own children at risk, and 2) puts others (who may or may not be vaccinated) at avoidable risk. Furthermore, we also believe strongly that the risks of vaccinations are extremely low. Therefore, the Session believes that foregoing vaccinations has significant ethical implications in the life of the Christian.

Sixth commandment

Unless there are other overriding concerns, putting either one's own or other children in unnecessary risk without sufficient reason is unethical; the Westminster catechism argues this as an extension of the sixth commandment (WLC Q#136).

Life in the covenant community

Because foregoing vaccinations has implications both for one's own family but also other families in their community, vaccination is not an individual ethical decision, but a communal one. In our western society we are used to thinking of all moral decisions as individual ones, but some, like vaccination, are not. We in the church should be most open to the idea of communal decisions. As a covenantal church body, we do things together and submit to one another. While many decisions are subject to individual freedom, we often need to restrict our freedom for the good of the body. As very basic examples, adults know that we do not talk loudly to each other during the sermon and wash our hands after going to the bathroom for the benefit of others. One might view these as restrictions on individual freedom, but in the community context, they are things that make life better for everyone. Some people have known conditions that lead medical professionals do advise them not to vaccinate. Because there will always be such people, it is even more important that others with healthy immune systems do get vaccinations.

Self-sacrifice

As discussed above, there is great communal benefit to vaccinations. To someone who has had a bad side effect (despite the very low likelihood), however, the side effect can be devastating. They have, in effect, sacrificed their health for the good of society. Like Christ's self-sacrificial love, we should also be compelled to perform acts that may put ourselves and even our own children at risk in order to care for others.

Furthermore, there is the possibility of a selfish motivation to not vaccinate, namely, to assume that others will take all the risk, keeping the likelihood of disease low, but not taking the risk in one's own family. We assume that no Christian would explicitly promote such a view, since this would be deliberately being a user of other people for one's own benefit. But each person must examine his or her own heart to ask whether this is implicit in his or her thinking: do I assume that the risk is low because I assume that others will vaccinate?

4. General Remarks

In addition to ethical considerations and considerations of fact, there are also general questions of how we think about risks in general in a complex and interconnected society.

Dealing with risk

First, some of the debate on this topic is fueled by fear of risk. This can occur on both sides: those opposed to vaccinations can fear the risks of the vaccinations, while those in favor of vaccinations can fear the presence of unvaccinated people.

In general, we can, and ought to, reduce risk where possible, but we cannot eliminate it completely. Jesus's words in the Sermon on the Mount, "Do not be anxious about tomorrow" apply here. It is a step of faith in God to trust that he will take care of us in the many areas where we have risk and not much control. Fear of risk may lead people to isolate themselves or their families, but Scripture tells us that we are part of communities, and being part of a community means being with other people, even when that means risk to us. Jesus touched lepers and other sick people and spent lots of time in crowds of people with unknown health conditions. Many other Christians over the years have followed his example, including missionaries working with people with diseases in other countries.

Each of us needs to check his or her heart to make sure that we are not living in faithless fear and anxiety, but that we are doing what we can to reduce unneeded risk while trusting God for those risks that are part of being in society and in a church body. Part of accepting risk is the practice of hospitality. We cannot interview every stranger to find out their medical history before welcoming them in our midst. We trust that as we are faithful to God in welcoming the stranger, he will protect our church.

Assessing credibility

In many ways, this whole issue comes down to “whom do you believe?” In recent years, stories on the internet have circulated which have made some parents fear that the risk of side effects of vaccinations is indeed significant. In particular, the story has continued to circulate that vaccinations may cause autism. As discussed above, the original study which promoted this idea has been discredited and retracted. However, the story continues to pop up on the internet, including a recent story accusing the Center for Disease Control (CDC) of covering up evidence of a link.

The ethical issue here has to do with evaluating credibility. Every one of us must get advice from others (“In an abundance of counselors there is safety”—Proverbs 11:14) because we can’t know everything on our own.

Our society has become increasingly cynical about the honesty of the health care system, with accusations of dishonesty by medical people because of profit motive (“big pharma”). While there is much financial interest in the medical field, there is also a broad system of accountability in the medical field, including the threat of expensive lawsuits if they were found to have withheld information affecting public health. Our Session believes that it is wise to listen to medically trained people in our congregation and in other Christian churches. These are people who have devoted years of their lives to being able to evaluate claims of medical risk.

On the other hand, as a Session we wish to advise members of our church to exercise great caution and a degree of skepticism when reading stories on the internet. Not only health care companies, but also others can have their judgment clouded by competing interests. A profit motive also exists for promoters of alternate medicine. Even a simple blogger has a personal interest in increasing readership by publishing sensational stories. But unlike the medical world, which has numerous systems of accountability, there is in general no general system of accountability for internet bloggers and news sites.

The internet is a double-edged sword. While it allows stories to be learned which might not otherwise be known if all news was controlled by just a few organizations, it also allows the proliferation of rumors, conspiracy theories, and unverified urban myths. Even “fact-checking” sites can have a bias and can get some facts wrong. To assess these stories accurately Christians should seek out other Christians who are experts in the field, preferably more than one such person. We are blessed that in our church we have many people with expertise in various fields.

Practicing submission

There is a balance between individual freedom and corporate ethical decisions. In our church, members take a vow to submit to the government and discipline of the church, which in our church is exercised by the Session of elders. The Session does not have authority over every little detail of members’ lives, nor do we want to. But when decisions affect the church as a whole, Session must sometimes make a ruling. Even if we disagree

with a ruling, unless our conscience demands that we object, our vows tell us to submit to the policies of the church.

At this point in time, we have asked very little of our members in the way of policy on this topic, as the risk of a few unvaccinated people in the context of a population which is mostly vaccinated is small. However, we plan to continue to reassess the risk and our policies on a regular basis in coming years, as disease transmission patterns are constantly changing and the fraction of people who are vaccinated may change.

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Appendix: summary of relevant PA vaccination policy

1. This law does not legally apply to our church nursery, because the law exempts child care group settings which care for a child less than 40 hours per month. A typical child would be in our nursery for at most 10 hours per month. The law also does not apply to children over 5 years of age.

2. The law requires written verification from a physician for all children over 2 months of age that the child is on the regular vaccine schedule, with updates as new vaccines are administered. Our church will accept the word of the parents and does not need to see a written verification.

3. If a child misses a vaccine for some reason, there is a 30-day grace period, after which the child should be excluded until the vaccine is administered. Again, our church will accept the word of the parent on this.

4. The law sets the vaccination schedule as that recommended by the ACIP (Advisory Committee on Immunization Standards Practices of the CDC). The 2014 ACIP vaccination schedule is attached to this document. Only vaccines for birth to 5 years are relevant for our nurseries.

5. A child who has been identified as having a contagious disease shall be excluded from the group care setting.