

*Going Jab for Jab*  
**A Defense for Rejecting the Covid-19 Injections**  
*By Rev. Stephen McKenna*

As I was about to begin this article, sitting amid a pile of books, articles and papal writings on Father Cekada's desk, a parishioner, a funeral director, called with a question. She told me that she was returning from picking up a body – normal enough for a mortician – from some distance. She said, “Father, it is crazy what is going on these days. Normally, I would have had a local funeral home do the initial pickup of the body, given the distance...but all my colleagues told me that their facilities were at capacity and they couldn't help.” She went on to explain that most of the funeral homes were remarking the same type of problem, that is, the number of deaths has been abnormally high, as of late, and many under suspicious conditions and illnesses. She informed me that many in the funeral business have noticed this actuality and that a common factor in these abnormal deaths is that the deceased had received the so-called vaccination<sup>1</sup> for Covid-19. Most funeral directors, she continued to explain, are so alarmed that they are refusing to get the injection themselves and warning loved ones against it. Even some, who have received it, now vocally regret doing so because of what they have seen.

An anecdote? Yes, and this despite recent statements made by Bishop Sanborn where he would have us reject “anecdotal evidence” – one of his seven arbitrary rules-- as inconsequential. True, anecdotes are not arguments. Yet they are the real-world experiences of real people. Such observations often play a vital role in our decision making. They are often what even prompt someone to begin sincere research. Too many people have observed firsthand the devastating effects of the vaccine being forced upon us. But their testimony is “fact checked” against mainstream dogma, censored and “shadow-banned” by the media and the powers that be.

During the last twenty months I have found myself having to research areas of science and medicine I normally do not need to concern myself with as a priest. Since the advent of SARS-CoV-2<sup>2</sup>, however, my fellow priests and I have been sought out by the laity and even other clergy for guidance through all these conflicting issues. Weighty things are in the balance, the loss of a job, the alienation of a relative, possible serious illness or injury to oneself or family. I personally am fortunate to have contacts with those who are experts in the fields of science and medicine whose expertise I have heavily leaned upon this last year and a half. A priest is not ordained to practice medicine, but nowadays many medical procedures violate moral principles and we regularly consult experts in order to

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<sup>1</sup> N.B. These are actually technically not vaccinations. Vaccines, were formally defined by the CDC as “A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease.” The new definition from the CDC, post Covid is “A preparation that is used to stimulate the body's immune response against diseases.” The purpose of immunity has been deliberately removed, as the new Covid injections do not actually produce immunity. However, for simplicity, I may, at times refer to these new injections as “vaccines” without implying a literal meaning.

<sup>2</sup> SARS-CoV-2 (Severe Acute Respiratory Syndrome, Coronavirus 2) is the technical name for the novel coronavirus itself. The disease associated with the infection of this virus is what is called Covid-19 (Corona Virus Disease, 2019)

properly and intelligently guide those in our care. Having consulted such experts and researched the pertinent principles of Catholic morality, I cannot see how any Catholic in good conscience can receive the so-called vaccine for Covid-19 and its endless variants. It is this conclusion that has recently been called into question by His Excellency, Bishop Donald Sanborn and which I will now attempt to defend.

**We are not experts in these fields; therefore, we cannot speak about them.**

I certainly understand my limitations in these matters. But those whose advice and learned opinions I have sought *are* experts in the fields of science and medicine and they have helped explain the science to me, point me away from misinformation, and cleared up any confusion I may have encountered along the way. I have been especially assisted by a parishioner with a doctorate in molecular biology and biochemistry, who has worked for the USDA and has since dedicated his entire work to the coronavirus, its treatments, and purported vaccinations. So, while I may not be an expert, those whom I have consulted certainly are. Moreover, just because someone isn't an "expert" in a field, doesn't reduce them forever to silence. Bp. Sanborn, himself, illustrates this by continuing to speak publicly after declaring himself not an expert, both in public video and article forms...even drawing both scientific and moral conclusions. The key is ensuring that

**The clergy are not competent to make moral declarations of sin. Only the pope can do this.**

This is truly a misleading and disingenuous statement. Of course, we can and do make moral decisions. Every man does so. What is necessary for a mortal sin? "To make a sin mortal, three things are necessary: 1. a grievous matter, 2. sufficient reflection, 3. and full consent of the will."<sup>3 4 5</sup> Moreover, priests, trained in moral theology, are entrusted with the souls who come to them for moral guidance and whisper to them in the Sacrament of Penance. It is for this reason such a premium is placed upon training in Moral Theology in seminary. It is why every priest would say that viewing indecent material on the internet is a mortal sin, despite no declarations from the Holy See existing on internet usage. It is why we can say that the extreme risk involved in BASE jumping, proximity flying in a wingsuit, parkour on building ledges, and the like are mortally sinful due to their risk towards life and health, despite these activities not existing in the 1950's. It is why we can say, objectively, attending an *Una Cum* Mass is mortally sinful, despite not having a declaration from Rome about sacraments offered in union with a false claimant to the papacy. Priests regularly inform parishioners that things are sinful, which have no such previous declarations. They apply moral principles and make prudent judgments. Yes, such declarations are not so authoritative that they are beyond the ability to have objections potentially raised against them; for this is the type of authoritative judgment which we do not possess. However, making such declarations for

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<sup>3</sup> Baltimore Catechism #3, Q. 282

<sup>4</sup> Healy, Rev. Edwin F., *Moral Guidance*, pg. 58

<sup>5</sup> McHugh, Rev. John A., O.P. & Charles J. Callan, O.P., *Moral Theology*, Book 1, no. 169

the informing of souls, either personal or those entrusted to our care, are those which we all regularly make and which our people expect to be made by us.

All this being said, we will now consider the reasons behind the foregoing conclusion regarding the so-called Covid 19 vaccination.

### **Serious Risks**

Are there serious risks involved with the reception of the vaccination? Yes. No one can make the claim that Covid-19 has not been responsible for a certain amount of deaths or that no one has fallen ill of that strain of the flu. This would be contrary to the evidence. But statistically, was the risk of Covid so earthshattering as to merit a global shutdown and the devastating effects it has had, and continues to have, on national economies and individual lives? As of this writing, the CDC lists over 770,000 deaths from Covid in the United States since the beginning of the outbreak.<sup>6</sup> A large number, no doubt, but only 0.23% of our population (329.5 million). This averages out, in a nearly two year span, to about 2 in every 1,000 persons.

What the statistic does not explain, however, is that the CDC changed the parameters when declaring Covid-19 as cause of death in those who have died during this “pandemic.” With previous flu outbreaks, deaths were recorded if the person actually died of the flu as his sole cause. With Covid, this was changed to include all who died while testing positive for Covid-19 or were suspected of having Covid-19 at the time of death.<sup>7</sup> This is why stories abound (anecdotes again) of victims of motorcycle accidents dying of the coronavirus.<sup>8</sup> In the last two years, several of our parishioners passed away, having had various serious medical issues. Nevertheless, they officially were listed as having succumbed to Covid-19, to the shock of family members.

After a number of months, the CDC went back to see what the actual number of deaths from Covid-19 would be, if the former parameters for the flu were applied and they concluded the number to be 6% of all recorded deaths. Instead, the average number of co-morbidities, i.e. potential alternative causes of death, for people who died was 2.6 per person.<sup>9</sup> This was a statistic quickly removed from their websites and which the media attempted to explain away, but it was indeed their true finding. So, this means that of the 770,000 deaths thus far, only 46,200 have Covid-19 as their sole cause, or 0.01% of our population, or 1 in every 10,000 people. Now, one could argue that, even if Covid wasn't the sole cause of death, some of these people wouldn't have died without having contracted the disease. But this only would account for a small portion of the total and it is sufficient for this article to point out that the risk from Covid-19 isn't near the “plague” it has been made out to be. It also points out that an average healthy individual has very

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<sup>6</sup> <https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

<sup>7</sup> For the sake of avoiding unnecessary arguments, we will not touch upon the inaccuracy of such testing.

<sup>8</sup> <https://cbs12.com/news/local/man-who-died-in-motorcycle-crash-counted-as-covid-19-death-in-florida-report>

<sup>9</sup> <https://www.wbir.com/article/news/health/coronavirus/cdc-statistic-on-covid-19-deaths-does-not-mean-only-6-percent-died-of-the-virus/51-fa6bcf24-5f2a-44fb-9b2d-5bc9e499242a>

little risk to life from the virus. (As a point of comparison, in the one flu season of 2017-2018, the total number of deaths reported in the United States of having died from the influenza alone is 52,000.).<sup>10</sup>

By comparison, at the time of writing this article, VAERS (the Vaccine Adverse Effect Reporting System), which is the official government run reporting system used by the CDC, has reported 8,664 deaths caused by the new Covid vaccinations and 654,412 total adverse effects reported, of which 122,410 were severe enough to be hospital emergencies.<sup>11</sup> The reported number of deaths and adverse reactions to the Covid-19 vaccine exceeds those of all other vaccine adverse events recorded in the last 30 years by VAERS...**combined**. By comparison, from history, in 1976 a vaccine was manufactured and distributed to combat an outbreak of H1N1, i.e. swine flu. It was pulled from market for being too risky after more than 55 million people were given the shot because 32 people had died and 500 had contracted Guillain-Barre syndrome.<sup>12 13</sup>

VAERS, however, has always been understood to be an indicator of risk, not a comprehensive record of actual vaccine related events. A study made by the CDC from 2007-2010 found that **less than 1%** of all adverse events were actually reported to VAERS.<sup>14</sup> Various studies have been made by which we may more precisely measure the number of adverse reactions to the vaccine. One such study utilizes the very data recorded in the Pfizer/BioNTech product safety tests and indicates that the adverse event numbers reported to VAERS should be multiplied by **thirty-one** (268,584 deaths).<sup>15 16</sup> Another study utilizes seven different methods for estimating vaccine deaths in the United States, based on those reported by November 1, 2021 (7,149) and found that they each fell near the numbers indicated by the Pfizer research.<sup>17</sup>

All this is to say that, while the actual exact numbers of Covid deaths, vaccine deaths, and severe vaccine adverse events, such as strokes, blood clots, Guillain-Barre syndrome, myocarditis, etc., can be debated, it is clear that the risk is a lot higher than a number easily dismissed under the conclusion of “all drugs have potential risks”. Merely using the VAERS statistics, adjusting the numbers in the manner Pfizer’s own study has suggested, we see that the risk of death is about 3 of 2,000 people who receive the jab. For the purpose of perspective, the risk of dying in a skydiving accident is about 1 in 100,000.<sup>18</sup> That’s right, you are about 140 times more likely to die from receiving the

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<sup>10</sup> <https://www.cdc.gov/flu/about/burden/index.html>

<sup>11</sup> <https://openvaers.com/covid-data>

<sup>12</sup> Rose, Dr. Jessica, PhD, MSc, & Matthew Crawford, *Estimating the Number of Covid Vaccine Deaths in America*, Nov. 1, 2021, pg. 28

<sup>13</sup> <https://edition.cnn.com/2009/HEALTH/04/30/swine.flu.1976/index.html>

<sup>14</sup> Lazarus, Dr. Ross, MBBS, MPH, MMed, GDCCompSci, Michael Klompas, MD, MPH, *et alia*, *Electronic Support for Public Health-Vaccine Adverse Event Reporting System (ESP: VAERS)*

<sup>15</sup> Rose, Dr. Jessica, PhD, MSc, *Critical Appraisal of VAERS Pharmacovigilance: Is the U.S. Vaccine Adverse Events Reporting System (VAERS) a Functioning Pharmacovigilance System?*, Volume 3:100-129, Oct., 2021, pgs. 113-115

<sup>16</sup> Based on November 28, 2021 number of deaths reported on VAERS for US (8664)

<sup>17</sup> *Op. Cit.* Rose, Dr. Jessica, PhD, MSc, & Matthew Crawford, *Estimating*, Pgs. 17-19

<sup>18</sup> <https://adventure.howstuffworks.com/skydiving8.htm>

Covid vaccine than you are from jumping out of a plane...and it would be a crime to force someone to jump.

And all we talk about above doesn't take into account the real possibilities of future health problems or death from long term effects. Which brings me to my next point.

### **Are the Covid injections actually experimental in nature?**

Yes, they certainly are to be considered experimental, and this is actually a very important distinction to be made in moral theology. Catholic Moral theology defines experimental treatment as such, "Experimentations are surgical operations, injections, the administration of medicines, and certain foods whose effects are unknown."<sup>19</sup>

Despite Pfizer having received FDA approval, this distinction of experimental treatment is one which can, and in today's politically and monetarily charged circumstances, must be made by the moralist. Again, it isn't definitive proof of wrong doing, but when we see that the current governing body tasked with pharmaceutical oversight (the FDA) receives a majority of its actual funding from the pharmaceutical companies, where two of the three pharmaceutical companies currently producing Covid vaccines, (Pfizer and Moderna), have executives who are former heads of the same FDA, and where each individual submission of a new pharmaceutical product is reviewed and approved *after* the FDA receives an additional "usage fee" from the pharmaceutical company (bribe), we have the right to question the altruism of their approvals. We must at least recognize it for what it is... a potential conflict of interests.<sup>20</sup> But thankfully, as Catholics, we have a definition of what it means to be experimental.

And experimental, they certainly are. There is absolutely zero study regarding potential long-term effects from these injections. The need to assess potential long-term effects is precisely why clinical trials of vaccines typically last 10-15 years before release to the public, and the shortest ever clinical study of a vaccine was 5 years long before release. This is always supposed to be done before ever releasing a medical treatment upon humans. But the study for long term effects has yet to begin, with Pfizer saying that they are planning on starting a long term effect study in Toledo, Brazil, with even this only lasting for a year, after everyone is jabbed. Moreover, since they are planning to have everyone in the entire town vaccinated, there is no explanation of how they can even compare the findings against a control group.<sup>21</sup> However, control groups no longer seem to be important, as those who were initially given the placebo in the original testing of the vaccine were then unblinded and given the real vaccine, thus compromising whatever

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<sup>19</sup> Roberti, Francesco; *Dictionary of Moral Theology*; Newman Press, Maryland; 1962; "Experimentation (ON MAN)" p.489 ; *Internet Archive*. Web. Oct. 12, 2021

<sup>20</sup> McCollough, Dr. Peter, MD, World Review, *Risk of dying of Vaccines appears higher than Covid* <https://www.worldtribune.com/dr-mccullough-risk-of-dying-from-the-vaccine-appears-greater-than-of-dying-from-covid/>

<sup>21</sup> <https://thehill.com/policy/healthcare/576138-pfizer-planning-to-vaccinate-brazil-city-in-study>

scientific findings they may have had with their very limited amount of testing prior to release.<sup>22</sup> So, even their short term studies were contaminated.

In addition to all of this, the rush to market was so great that the pharmaceutical companies cut corners in the testing stage in ways that can only be described as frightening, if not absolutely irresponsible. For example, proper procedure requires testing on animals before human trials are conducted. This was not done. Instead, the two trials were conducted simultaneously, with the animal tests very limited in duration and scope, since human experimentation had already begun.<sup>23</sup>

Another example is that the pharmaceutical companies skipped necessary testing to see where the spike proteins actually settle in the body after injection, not only preventing them from having a full picture for the short term of how these proteins affect other organs, but also potentially preventing an early understanding about what may be expected for long term effects. A Pfizer document obtained under a Freedom of Information Act Request showed that they had done initial delivery system tests, using the luminescent protein, known as Luciferase, however, they never actually tested with the actual spike proteins, as is standard.<sup>24</sup>

Additionally, due to the highly politicized and monetized incentives for quick release, important questions raised by medical experts were never answered. Dr. Robert Malone, MD, a world leading virologist and immunologist, former researcher from the famed Salk Institute for Biological Studies, and the actual *inventor* of mRNA technology, has cautioned that he believes the artificial spike protein created was “cytotoxic” and that the system was dangerous for usage in the vaccine. As stated in a now widely censored and banned video interview with fellow biologist, Dr. Bret Weinstein, he raised a number of concerns to the FDA and CDC, but never received a response.<sup>25</sup> He is merely one of many against whom attempts have been made to silence, ostracize, or marginalize. All over the country, doctors, nurses, medical experts, and scientists are facing the real threat of losing their jobs and even their licenses if they were to speak up and question the main narrative. It is no wonder that so few speak up and why good information is so hard to come by, when the mere questioning if something is safe is immediately censored in such an Orwellian fashion. It, at the very least, helps us to understand that with so many unanswered questions about real health risks it is necessary for the vaccines to still be treated as an “experimental trial”.

### **Why is understanding the experimental nature of the Covid Vaccine important?**

I believe that the evidence of risk, not only to life, but also of severe adverse effects from the vaccine is sufficient to prohibit the Catholic from receiving it, especially when we

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<sup>22</sup> <https://www.npr.org/sections/health-shots/2021/02/19/969143015/long-term-studies-of-covid-19-vaccines-hurt-by-placebo-recipients-getting-immuni>

<sup>23</sup> Broodman, Eric, *Researchers rush to test coronavirus vaccine in people without knowing how well it works in animals*, <https://www.statnews.com/2020/03/11/researchers-rush-to-start-moderna-coronavirus-vaccine-trial-without-usual-animal-testing/>

<sup>24</sup> SARS-COV-2 mRNA Vaccine (BNT162, PF-07302048) 2.6.4: Overview of Pharmacokinetic Test

<sup>25</sup> <https://rumble.com/vipyhd-spike-protein-is-very-dangerous.html>

understand that they are also not at all effective in combatting infection from SARS-CoV-2, creating a “risk without reward” scenario. However, when we see that these new vaccines are also experimental treatments, it becomes clear as to why a definitive conclusion of the sinfulness of reception was unavoidable.

### **Church Teaching on Experimental Medical Treatment**

Bp. Sanborn includes, at the end of his article, *The Vaccine*, an excerpt from Rev. Charles McFadden’s, O.S.A., Ph.D. book, *Medical Ethics*. This is the section titled “Experimentation on the Sick”, and it lays out the principles which govern a sick person being able to participate in a medical experiment. This concludes that “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.”<sup>26</sup>

Bp. Sanborn provides this information as a support for his assertion that a person could undergo experimental treatment. However, in providing it he fails to ascertain that it would not apply for the current inoculations at question for Covid-19. In fact, it actually supports their prohibition.

First, it clearly marks the need for a balance of risk and reward. Point one states that if a slight benefit may result “he might submit to it, provided the likelihood of any slight harm resulting is equally or less remote.” Point two then allows for the taking on of a greater risk of harm, **only if** “Alleviation or cure of a serious condition may result” and **only when** “all established and harmless remedies having failed to do any good.” And the third point indicates that if the risk is great enough to endanger life, it may only be undertaken when **all other remedies have failed and “the saving of his life hinges on the success of the venture.”**<sup>27</sup> With all the information, which we have provided above, about what the actual risk of the vaccine is, that the risk to health or life of the actual disease, Covid-19, is quite remote and small, and that we now know that these inoculations don’t even provide immunity, prevention of spread, or the elimination of sickness or death, we find ourselves squarely with the realization that we have an experimental treatment, which has a high risk to health or life, for a disease, which has a low risk to the individual, thus making cooperation in the experiment immoral.

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<sup>26</sup> McFadden, Charles J., O.S.A., Ph.D., *Medical Ethics*, Fourth Edition, pgs. 297-299

<sup>27</sup> *Ibid.*

Secondarily, McFadden expressly states that if the potential risk provided by the experiment be moderate or high, all other potentially safe remedies must be first exhausted. There are several of these potential remedies that could easily be made available, but because of political agendas, they are more difficult to actually try. Hydroxychloroquine and Ivermectin are just a couple of treatments which have large amounts of research and real-world evidence of success in therapeutic usage in Covid patients. I will not go into all the data here, but you can find some such studies in the footnotes for further reading if you choose.<sup>28 29</sup> Suffice it to say that Hydroxychloroquine has been on the market for decades and widely distributed with extremely low risk of side effects for people traveling or living in areas with Malaria and Ivermectin is such a successful pharmaceutical that the Noble Prize was granted for it. Part of the current demonization of these treatments and the refusal of the government to allow further testing with them against Covid-19 is due to the fact that generic forms are easily available and for low cost. Moreover, the development of the current Covid vaccines would have actually been against the law in America, if it could have been shown that effective therapeutics were already available. Regardless of the rationale, the fact they exist, have little to no risk, and have been shown to be effective would necessitate their usage prior to the experiment.

Thirdly, is what His Excellency fails to point out or provide in the explanation on experimental therapy. The portion of the text Bp. Sanborn supplies explains the rules for participation in experimental treatment **on the sick**. If he had only continued on a little further in the same book...the very next page, actually...he would have discovered that Fr. McFadden continues on dealing with the subject matter with a section on “Experimentation on the Incurable” and then “Experimentation on the Healthy”. He explains in both of these scenarios “Not even with their consent may they be subjected to any form of experimentation which present but incomplete evidence indicates may hasten or produce death.”<sup>30</sup> He goes on to explain the reason for this is that “unlike the case of the ordinary sick person, the principle of totality is not involved in experimentation on the incurable and the healthy.”<sup>31</sup> By the time the vaccines were released to the public, it was already clear that they did not provide immunity, as shown above by their removal of “immunity” from the definition of a vaccine and that they contained an inherent, high percentage risk to health and life. A true case of minimal benefit to be obtained with all the risk for the average healthy person. Scientific studies have shown this reality, from the pharmaceutical companies own risk assessment studies, like those of Pfizer.<sup>32</sup> One study done upon the reported numbers estimates the quotient of risk of death to life saved by the vax as 6 to 1 in twenty year old adults (that is six deaths for one life saved). The rate is even higher for those who are older, as they are more likely to die from serious health complications.<sup>33</sup>

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<sup>28</sup> Gold, Dr. Simone, MD, JD, *White Paper on Hydroxychloroquine*

<sup>29</sup> Kory, Dr. Pierre, MD, Gianfranco Umberto Meduri, MD, *et al.*, *Review of the Emerging Evidence Demonstrating the Efficacy of Ivermectin in the Prophylaxis and Treatment of COVID-19*

<sup>30</sup> *Ibid.* pg. 300

<sup>31</sup> *Ibid.* pg. 301

<sup>32</sup> Vaccines and Related Biological Products Advisory Committee Meeting. December 10, 2020 FDA Briefing Document, Pfizer-BioNTech Covid-19 Vaccine. <https://www.fda.gov/media/144245/download>

<sup>33</sup> Kirsch, S., *Cost Benefit by Age Analysis* (2021)

Because they knew that the new vaccines did not actually promise immunity or even freedom from illness, they created a new narrative to entice people to receive the vaccine. “It is not about helping you, it is to help save others.” Leaving aside that the effectiveness of another person’s vaccine is not dependent upon my having it as well, which is about as illogical and unscientific as it comes; even if it were true, this motive of risk for the sake of “charity” does not suffice to participate in an experimental treatment program. Pius XII clearly strikes this down in his address to the Eighth Congress of the World Medical Association, as McFadden points out; “Even though the most noble motive 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”<sup>34</sup> The reason for this is because, unlike how a man may sacrifice a limb, under the principal of totality, for the saving of his whole being, man does not exist for the good of the community. “The community is not a physical unity subsisting in itself, and its individual members are not integral parts of it.”<sup>35</sup> Instead, Pius XII explains that the community **exists for** the individual, not vice-versa, as it is “the means by which God and nature have intended to regulate the exchange of mutual needs and to aid each man to develop his personality fully in accordance with his individual and social abilities.”<sup>36</sup>

### **The Mandates**

Before closing, I wish to address Bp. Sanborn’s opinions on the vaccine mandates which we are seeing fall upon society today. While he says, personally, that he doesn’t think that the state should be able to impose mandates upon people, he also mentions that they are not without historical precedent. His school required the polio vaccine for students, and he points out that Pius VII mandated the smallpox vaccine in the Papal States. This draws a false parallel to suggest that because it had been done before it can be done again. But the situations are not parallel. Here are some points why:

- 1) There was a true pope (or in the case of his Catholic school, a bishop of the diocese) who ensured that such treatments were not immoral, so the problems of morality raised by today’s Covid-19 vaccines were not present in either the smallpox or later the polio vaccines.
- 2) Both the smallpox and polio vaccines treated diseases with far greater risk to life than Covid-19 in the respected populations.
- 3) Both the smallpox and polio vaccines were properly tested, proved to be effective and generally safe, and, thus, were not experimental treatments.
- 4) The mandates did not impose undue harm. I am not sure what would happen at Bp. Sanborn’s school, but generally speaking, exemptions were always allowed in schools in the United States for vaccinations. Doubtless there were some given for medical or other reasons at his school as well.

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<sup>34</sup> *Op. Cit.* McFadden, Charles J., *Medical Ethics*, pg. 301

<sup>35</sup> Pius XII: *Address of His Holiness Pius XII to Participants in the 8<sup>th</sup> Congress of the World Medical Association*, September 30, 1954

<sup>36</sup> *Ibid.* Pius XII

- 5) As for Pius VII, his mandate didn't rob man of his ability to work and provide for a family. It only imposed a potential deprivation of some "subsidies, benefits or premiums", that is, some additional points of income or privileges. And when Gregory XVI reinstated the mandate, there were no penalties attached, but instead, he attached a financial reward for receiving the vaccination.<sup>37</sup>
- 6) While Pius VII may have mandated an approved vaccine for the Vatican, a subsequent pope, Pope Pius XII has clearly and repeatedly stated that it is absolutely necessary for a patient to give consent for medical treatment. "The doctor can take **no measure or try no course of action** without the consent of the patient."<sup>38</sup> This is only one of many instances where he repeated the same point throughout his pontificate. This necessity is also indicated in every Catholic book on Medical Ethics out there. Even for prisoners, who are wards of the state, it was forbidden to subject them to medical treatment or experiments without their free consent. "The experiments would not, of course, be licit unless the men freely consented."<sup>39</sup>

So, in closing, it is not by a declaration made by supposed juridical power in which we have concluded that the Catholic cannot, in good conscience, receive the current Covid-19 vaccines. Nor is it a decision based on my own personal "medical or scientific expertise or prowess", through which such a conclusion is arrived at. It is, instead, by a careful studying of scientific data with the assistance of several different experts in various fields of science and medicine, a careful study of the moral principles contained in Moral Theology, Medical Ethics, and previous Church teaching, and an application of those principles to the scientific data at hand which brings us to the unavoidable conclusion which the Church gives us...It is forbidden for an informed Catholic to receive the experimental Covid-19 genetic therapy, called a vaccine, and thus, it would be mortally sinful. This conclusion was not an aim to be achieved, but a truth which was unavoidable, and I am fully aware of the potential hardships and difficulties such a reality pose. However, morality is not and cannot be determined on whether an outcome is favorable or not. We do a disservice to the souls entrusted to us if we shy away from difficult moral realities which may impose some hardship. No, we must always have their eternal good as our highest aim and if it means warning them against something sinful, it is our duty to do so.

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<sup>37</sup> Wooden, Cindy, *Papal Vaccine Campaign Offered Punishments, Rewards 200 Years Ago*, May 10, 2021 <https://www.nronline.org/news/coronavirus/papal-vaccine-campaigns-offered-punishments-rewards-200-years-ago>

<sup>38</sup> Pius XII: *Address of His Holiness Pius XII to the First International Congress on Histopathology of the Nervous System*, September 14, 1954

<sup>39</sup> Healy, Rev. Edwin, S.J., *Medical Ethics*, 1956, pgs. 261-262