Published in final edited form as:

Am J Bioeth. 2017 April ; 17(4): 50–52. doi:10.1080/15265161.2017.1284932.

The Church, the State, and Vaccine Policy

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Vaccination is one of public health's most effective interventions. The considerable decline in the burden of infectious disease observed over the last century is, in large part, due to vaccines. Importantly, uptake of vaccines in the United States today remains high; most parents immunize their child fully and on time. Levels for several childhood vaccines, in fact, exceed U.S. Healthy People 2020 goals of 90% coverage (Hill et al. 2016).

Mandates for vaccination prior to school entry help maintain these high vaccination coverage rates. These mandates reflect the state's interest in promoting public health and have been implemented by all U.S. states. While each U.S. state allows exemptions from these mandates for individuals with medical contraindications to vaccination, some states also allow religious and/or personal belief exemptions to vaccination. These latter exemptions, called nonmedical exemptions (NMEs), are controversial. Some argue for their elimination, (American Academy of Pediatrics Committee on Practice and Ambulatory Medicine 2016), citing recent increases in the proportion of parents claiming NMEs. Others, including some of us, have argued they be retained but be made more difficult to attain (Opel and Omer 2015), citing data that exemption rates are higher in states with easier-to-meet exemption requirements and lower in states with more difficult exemption requirements (Omer et al. 2012). This latter strategy is appealing because, like a policy to eliminate NMEs, it advances public health goals to increase vaccination coverage, but unlike elimination of NMEs, it minimizes the burden on individual liberty.

Carson and Flood take another tack to advancing the public health goal of increasing vaccine coverage. They argue that Catholic social teaching "entails a duty to vaccinate" (Carson and Flood 2017). There are several reasons why their argument, though—however convincing and laudable it may be—lands with a thud. First, their argument may be superfluous to

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Catholics themselves. It is unclear not only that there truly is a “growing trend among Catholics” to refuse or delay vaccines but also that there is even opposition among Catholics to the claim that vaccination is a duty. As they and others point out (Grabenstein 2013), there are no direct religious prohibitions to vaccination in the Catholic faith nor in most other major religions.

Second, the controversy Carson and Flood cite regarding cell lines used for the production of vaccines may not be a reflection of increased opposition to vaccination. It may simply be recognition among Catholics of a conflict between two duties: a duty “to provide for the welfare of one’s own children and of the persons who come into contact with them” through vaccination and a duty to not be complicit in an evil act (Luno 2006).

Third, we suspect arguments to vaccinate based on Catholic teaching are unlikely to be persuasive for those Catholics who refuse or delay vaccines for their children. Many Catholics hold views contrary to official Church teaching, such as on same-sex marriage or contraception (Pew Research Center 2015). To the extent that vaccine refusal reflects a similarly considered choice to depart from Catholic teaching, it is possible that some Catholics will simply not be swayed by arguments based solely on dogmatic teaching.

Most importantly, however, Carson and Flood’s claim of a moral duty to vaccinate based on Catholic social teaching is limited because it lacks relevance to government-level vaccine policy, notably school vaccine mandates. This is not intended as an indictment of Catholic social teaching or of Carson and Flood’s argument. Rather, it is an acknowledgment that government-level vaccine policy needs to remain neutral to specific religions or practices. For instance, it should not be the role of the state to determine which religions offer valid arguments for or against vaccination. To do so would raise a host of other issues, including a de facto endorsement of some religions by their inclusion in vaccine policy and a lack of differentiation between dogmatic teaching and personal religious belief and practice.

There is legal precedent here. When Arkansas attempted to limit religious exemptions to vaccine mandates to individuals who could demonstrate that their objection was based on the tenets of their particular faith, this law was deemed unconstitutional by the U.S. Western District Court of Arkansas, citing its applicability only to members of particular churches as a violation of the First and Fourteenth Amendments to the U.S. Constitution (McCarthy v. Boozman 2002). In fact, current state-level requirements for claiming religious exemptions to vaccine mandates, though highly variable, have the commonality that adherence to a specified faith is not required. For example, in the state of Georgia, parents must affirm their objection before a notary public by signing a statement, which reads in part, “I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience” (Georgia Department of Public Health 2015).

It may be that Carson and Flood intended their argument to inform vaccine practice or institutional-level vaccine policy, not government-level vaccine policy. In this regard, their work has the potential to be impactful. For example, Catholic health care systems or Catholic parochial school systems may have their own requirements for vaccination (e.g., for

health care workers, school staff, or students), and vaccination exemption requests may be elevated to faith leaders or resident bioethicists. In these cases, the work for Carson and Flood may provide a roadmap for communication about Catholic social teaching regarding vaccination.

Carson and Flood deserve credit for wading into the quagmire of vaccines and religion. Work on this topic, however, needs to be positioned within a broader policy context to provide clear recommendations on how, and to whom, it can be applied. Nevertheless, we are hopeful that the work of Carson and Flood spurs additional discussion of other meaningful issues on vaccination and religion: Should religious exemptions be treated differently than personal belief exemptions? Should the strength of a religious belief be a factor in determining the justification for an opposition to vaccination? If so, how should this assessment be made? These questions deserve our full attention to ensure an appropriate balance between public health and individual liberty.

Acknowledgments

FUNDING

Dr. Bednarczyk is supported by grant K01AI106961 from the National Institute for Allergy and Infectious Diseases, National Institutes of Health. Dr. Opel is supported by the Greenwall Faculty Scholars Program in Bioethics.

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