

# COVID VACCINATION AND THE CHURCH

## An Ethicentre Briefing Paper

The recent announcement by the Australian government that increased freedoms would be available to citizens who were double vaccinated for COVID-19, or have exemption on medical grounds, has caused significant consternation in the Christian community. Issues of conscience and concerns about exclusion have been raised as reasons why such measures should not be introduced.<sup>1</sup> This paper has been written to consider how Australian churches should respond.

### WHY WE USE VACCINATIONS

There is no doubt that vaccination can be an effective public health strategy to curb the spread of infection. We each have a God-given immune system that constantly protects us against infections. As we are exposed to a disease, our immune system naturally works to both defeat it and provide us with immunisation against a future attack. However, diseases such as COVID-19 can be life-threatening or leave us with serious health problems. Prevention is always a safer option. Vaccination can help us avoid or reduce severity of future infection. Vaccines trigger our immune systems to respond and develop immunity to that disease, without having to actually experience it.

### SAFETY AND EFFICACY

The COVID -19 virus is a new virus with new vaccines. Rare but serious adverse events associated with vaccine use have been reported: blood clots for the Astra Zeneca vaccine and cardiac problems with Pfizer. Early recommendations restricting the use of the Astra Zeneca vaccine were based on a risk-benefit calculation for the individual, a calculus which changed when the Delta variant of COVID-19 appeared. The Delta variant is highly transmissible, estimated to be 60% more transmissible than previous variants.<sup>2</sup> In light of this new situation, COVID-19 vaccines are a safe and highly effective way to avoid serious illness, hospitalisation and death.<sup>2</sup> The revision highlights one of the problems in this conversation – the constantly changing landscape as more is learnt about COVID-19 and its management, leading to changes in health advice, which can be seen as contradictory and confusing when in fact it is a commitment to keep up to date. This has led to some citizens being unsure of which authority to trust when it comes to health advice.

But we now have solid evidence of the impact of COVID vaccines from research involving millions of participants. Double vaccination has many proven benefits.<sup>3</sup> It:

- Significantly reduces the risk of catching the virus

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<sup>1</sup> Grant T, Littlefield M, McKenzie W. (2021). The Ezekiel Declaration. <https://caldronpool.com/ezekieldeclaration/>

<sup>2</sup> Del Rio, C, Malani PN, and Omer SB. (2021). Confronting the Delta Variant of SARS-CoV-2, Summer 2021. *JAMA*.

<sup>3</sup> Antonelli M et al. (2021) Risk factors and disease profile of post-vaccination SARS-CoV-2 infection in UK users of the COVID Symptom Study app: a prospective, community-based, nested, case-control study. *The Lancet Infectious Diseases*, doi: 10.1016/S1473-3099(21)00460-6

- Reduces the likelihood and severity of symptoms if you do catch it
- Makes hospitalisation 73% less likely
- Reduces the risk of developing Long COVID by 49%

However, while the rate of infection among those who are fully vaccinated is low, risk of infection still remains, especially with increasing age.<sup>4</sup> Therefore it is important to know how vaccination impacts transmission of the virus. In fact, vaccinated people are much less likely to pass on the virus: double vaccination reduces the chance of onward virus transmission by 40-60%.<sup>5</sup> The reason for reduced onward transmission is that there is significantly less virus detectable in vaccinated people.<sup>6</sup>

In summary, vaccination protects not only yourself, but those around you.

The goal of community vaccination programs is to achieve herd immunity. Herd immunity works through achieving sufficient population immunity that the transmission chain of a disease is broken. This protects the community from infection. While research is ongoing, it is calculated that 70-90% vaccination will be required to achieve herd immunity.<sup>7</sup>

#### WHY VACCINE PASSPORTS

In a liberal society, restrictions imposed by the state on an individual's liberty are justified only to prevent harm to others (rather than harm to ourselves). Unvaccinated individuals present a risk to society by being more likely to get infected and thereby infect others, possibly overburdening the health system and preventing others from accessing care (as is currently a concern in NSW). In the attempt to achieve herd immunity, incentives and disincentives for vaccination against COVID-19 have been widely discussed.<sup>8</sup> One idea that has been proposed is a system of vaccine passports, similar to those which have been introduced in many countries.<sup>9</sup> The idea behind a vaccine passport is that you cannot justify restriction of a vaccinated person's liberty as they do not pose sufficient harm to others.

#### VACCINE PASSPORTS AND CHRISTIAN GATHERINGS

For Christians a major concern raised by the introduction of vaccine passports is the question of whether double vaccination should be a requirement for attendance at a church meeting.

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<sup>4</sup> Butt AA, et al. (2021). Rate and risk factors for breakthrough SARS-CoV-2 infection after vaccination. *J Infect*, 83(2):237-279. doi: 10.1016/j.jinf.2021.05.021. PMID: 34052241; PMCID: PMC8159711.

<sup>5</sup> Harris RJ et al. (2021). Impact of vaccination on household transmission of SARS-COV-2 in England. *medRxiv*.

<sup>6</sup> Levine-Tiefenbrun M, et al. (2021). Initial report of decreased SARS-CoV-2 viral load after inoculation with the BNT162b2 vaccine. *Nat Med* 27. 790-2. doi.org/10.1038/s41591-021-01316-7; Marks M, et al. (2021).

Transmission of COVID-19 in 282 clusters in Catalonia, Spain: a cohort study. *The Lancet*. 21(5):629-36. doi: 10.1016/S1473-3099(20)30985-3

<sup>7</sup> Kadkhoda K. (2021) Herd Immunity to COVID-19: Alluring and Elusive. *American Journal of Clinical Pathology*, 155(4): 471-472; Fine P, Eames K, Heymann DL. (2011). Herd immunity": a rough guide. *Clin Infect Dis*, 52(7):911-916.

<sup>8</sup> Savulescu J, Pugh J, Wilkinson D. (2021). Balancing incentives and disincentives for vaccination in a pandemic. *Nat Med*. doi: 10.1038/s41591-021-01466-8.

<sup>9</sup> Looi MK. (2021). Vaccine passports around the world. *BMJ*, 374:n2142. doi: 10.1136/bmj.n2142

### *A duty to gather?*

A biblical text frequently cited in connection with this discussion is the exhortation in Hebrews 10:24–25: “And let us consider how we may spur one another on towards love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching.”

Several observations about these verses should be borne in mind as we consider their relevance to the present discussion:

- (i) The situation being addressed in the letter to the Hebrews is not one in which the readers have found themselves temporarily prevented from holding large, face-to-face gatherings. Its challenge is not to believers who are conscientiously minimising health risks by complying with a public health order; it is to believers who are growing slack in their care for one another and shrinking back from publicly identifying with Christ and his people.
- (ii) The reference to “meeting together” in verse 25 is grammatically subordinate to the primary exhortation in verse 24: “And let us consider how we may spur one another on towards love and good deeds.” Its function within the sentence is to unpack what it will look like for the readers to obey the primary exhortation. It would be ironic in the extreme if we were to seize on the words about meeting together and use them as a justification for rushing back prematurely (and without vaccination) into face-to-face gatherings, without giving careful consideration to the “love and good deeds” we are meant to be spurring each other on toward.
- (iii) The kind of “meeting together” that the verse encourages as a vehicle for mutual encouragement does not necessarily require large, weekly, extended, indoor gatherings. There are other ways in which we can fulfil the purpose of the exhortation in this verse.<sup>10</sup>

Nevertheless, it is true that face-to-face presence with other believers is basic to how the Christian life is normally to be lived, and Christians who are physically separated from one another will long to gather in person as soon as the circumstances that prevent it can be overcome. In our current context, this gives us as Christians a further motivation to embrace the opportunity of vaccination, if that will help to create the conditions under which such gatherings will be safe and legal.

### *Conscientious objections*

For a small number of vaccine-hesitant Christians, the objection to vaccination is a conscientious one, arising from the fact that the process of developing some vaccines involved the use of cell lines derived from human fetuses electively aborted decades ago. The use of fetal cell lines in pharmaceutical research is certainly a matter that ought to be of concern for Christians. Nevertheless, there are good reasons why Christians who place a high value on all human life should support rather than oppose the use of the vaccines currently

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<sup>10</sup> This is true even in the case of the word *episynagōgē* that the writer uses here, which probably does imply a communal gathering of some sort for prayer and hearing God’s word. It is even more obviously true in the case of the wider range of daily interactions between believers that the writer speaks of elsewhere in the letter.

available for COVID-19, none of which contain fetal cell tissue or contribute in any direct way to the destruction of fetuses in our own time.<sup>11</sup> The conscience of those who remain unpersuaded by those arguments should be respected, but respecting a person's conscience does not automatically confer on them a right to act in a way that endangers the health and safety of others.

### *Non-conscientious objections*

Other Christians (and other members of the broader community) resist vaccination for a variety of other reasons, including anxiety about the vaccines' extremely rare side-effects or scepticism about expert opinion, government policy or the motives of the pharmaceutical industry. Objections of this nature may be firmly held, but in most cases they are not of the sort that should rightly be described as matters of conscience.<sup>12</sup>

### *Questions for Christian leaders and congregations*

In the COVID-19 era, churches will be aiming to be inclusive, respectful of conscientious convictions, and safe for all those who attend. Given the current state of our knowledge about the vaccine and assuming levels of community transmission and hospitalisation that are within the capacity of our health system, it is reasonable to anticipate that there will soon be a time when opening our churches to those who are double vaccinated will be unproblematic. But what about those who are unable to be vaccinated for medical reasons, or the children in our church communities who are too young to be vaccinated? What about those who object to vaccination for conscientious reasons, or because they distrust the experts, the authorities or the pharmaceutical industry? And what about the frail and sick members of our church family, for whom infection still poses a serious risk even after vaccination?

### *Biblical principles*

What biblical principles apply as we seek to address questions such as these?

1. Love our neighbours (Mark 12:31): In the absence of any convincing argument to the contrary, accepting vaccination should be strongly encouraged as a way to reduce the duration and severity of the pandemic, lessening risk of illness and death, the stress of lockdowns and the strain on our healthcare system. It is an obvious and practical way in which Christians can obey God's command for us to love our neighbours.
2. Obey our leaders (Romans 13:1): Our government has a legitimate, God-given responsibility to protect the safety of its citizens and safeguard the interests of the most vulnerable. It is not overstepping the boundaries of its mandate if it requires

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<sup>11</sup> For a discussion of reasons why Christians should accept the currently available vaccines, see Best M. Does acceptance of a COVID-19 vaccine represent endorsement of abortion? <https://au.thegospelcoalition.org/article/does-acceptance-of-a-covid-19-vaccine-represent-endorsement-of-abortion/>

<sup>12</sup> See Parkinson P. COVID Vaccination and the Common Good. <https://www.eternitynews.com.au/opinion/covid-vaccination-and-the-common-good/>

religious groups to install smoke detectors in their buildings, obtain WWCC clearances for their staff and volunteers, or observe public health regulations to restrict the spread of a pandemic. There are situations in which our duty as Christians to love God and seek the good of our neighbours may require us to stand in civil disobedience against an unjust law, but it would be a rare situation indeed in which conscience required us to disobey the public health measures put in place by a democratically elected government.

3. Respect the consciences of others (Romans 14): Those whose are genuinely convinced that it would be morally wrong for them to accept the vaccine should not be coerced into sinning against their conscience. But conscientious objection usually comes at a cost of some sort and the safety of the most vulnerable members of the church and the wider community should not be held hostage to the desire of others to do as they please, irrespective of government health orders or the risk to others.
4. Prioritise the weakest and most vulnerable (1 Corinthians 12:21–26): In both our duty to the wider public and our care for the congregation with whom we gather, we are to prioritise the needs of the weakest and most vulnerable. This is the case even when (and perhaps especially when) they do not have a loud voice of their own to broadcast their opinions and lobby for their rights.

#### A PATH FORWARD

Given our responsibility to love our neighbours and prioritise the interests of the most vulnerable, there are good and persuasive reasons for us to support and implement a system in which proof of vaccination (or medical exemption) is a standard requirement for attendance at large indoor gatherings such as church services. Because of the high levels of vaccination that would be required for herd immunity, the interconnectedness of the world's populations and the likely emergence of new variants of concern, a requirement of this sort may continue to be necessary for some time into the future (along with other measures such as social distancing, mask wearing, and frequent handwashing).

But this should not mean that we exclude those who have not been vaccinated from the fellowship of the church or from the circle of our ministry. If a regime of vaccine passports is to be with us for some time into the future, then our energy should be expended not on fighting against it but on finding safe, inclusive and responsible ways to gather and minister within such a context. One obvious option would be to advocate for a system that permitted those who remain unvaccinated or incompletely vaccinated to produce evidence of being COVID-negative as a condition for church attendance. Another would be to continue and expand the range of online opportunities for Christian fellowship and online communication. And, as restrictions on outdoor gatherings continue to be relaxed into the future, another would be to take more of our gatherings, both small and large, into suitable outdoor spaces.

With care, creativity and a willingness to pursue the good of others ahead of our own convenience and advantage, it should be entirely possible for us to practise *both* our call to minister the gospel to all people *and* our responsibility to love our neighbours and care for the vulnerable, without requiring one of these commitments to trump the other.

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