

# *The Moral Obligation to Vaccinate*

## *Autonomy and the Common Good*

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*Abstract.* The widespread availability of effective vaccines against life-threatening infections has been one of the greatest public health achievements. Unfounded but widely circulated safety concerns about some vaccines and ethical concerns about the derivation of others have caused a decline in the number of immunized individuals in the United States. Exploring distinctions between formal and material cooperation in evil provides reassurance that, in the absence of alternatives, Catholics may, in good conscience, receive vaccines originally derived from fetal tissue obtained from abortions. Examining Catholic teaching on the individual's responsibility to the common good shows that, in the absence of medical contraindications, each person has a duty to receive currently recommended vaccinations. *National Catholic Bioethics Quarterly* 16.2 (Summer 2016): 245–254.

The decline in childhood vaccination rates throughout the United States and the rest of the developed world is indisputable. In the United States, the rates have fallen so quickly that there are now only twenty-one states with childhood vaccination rates above 90 percent, the critical number for the creation of herd immunity, the ability of the many to protect the few. There are pockets of the country where up to 75 percent of children remain unvaccinated because of parental choice.<sup>1</sup>

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The views expressed in the *NCBQ* do not necessarily represent those of the editor, the editorial board, the ethicists, or the staff of The National Catholic Bioethics Center.

1. "Refusing Protection: The Decline of Childhood Vaccination in the US," Online Masters in Public Health website, 2014, <http://www.onlinemastersinpublichealth.com/>; and

The cause of this dramatic decline is twofold: First, fraudulent research linking the MMR vaccine to a rise in autism instigated a general mistrust in the safety of vaccines. Although those claims, first published in 1998 by Dr. Andrew Wakefield, have been repeatedly disproved, they did lasting damage to the relationship of trust that must exist between health officials and the general public. Second, the falling vaccination rates are partially attributable to the overwhelming success of vaccination programs in the middle half of the last century. Today's parents grew up in a society that never witnessed the devastating effects of the diseases these vaccines prevent. They never saw a sibling live in an iron lung, ravaged by polio. They never buried an infant who died of pertussis (whooping cough). They never knew anyone suffering from measles encephalitis or anyone rendered infertile by mumps orchitis. The success of past childhood vaccination programs makes it difficult for today's parents to accept the minimal risk associated with childhood vaccination, because they have never seen evidence of the tremendous risk they take when they choose not to vaccinate.

If these two developments—a general distrust of the safety of vaccines and the mistaken belief that the diseases they prevent are no longer threats to our health—are the direct causes of low vaccination rates, their root is the pervasive opinion that individuals have little responsibility toward the common good of society. A parent can easily say to himself, “I am not going to vaccinate my child because he is not likely to contract these diseases, and I am not responsible for the health of anyone else.” This opinion is directly contrary to the teachings of the Catholic Church on social justice and to our moral responsibility toward the common good.<sup>2</sup> A careful examination of the Church's teachings and traditions will show that every member of society—whether a parent making a choice about a child's vaccinations or an adult debating the need for an influenza vaccine—bears a clear responsibility to protect their own health and the health of the community in which they live by participating in current vaccination programs.

### **Individual Responsibility for the Common Good**

Through Scripture and Tradition, the Catholic Church has much to offer a society wrestling with questions about the magnitude of an individual's responsibility

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Christopher Ingraham, “California's Epidemic of Vaccine Denial, Mapped,” *Washington Post*, January 27, 2015, <http://www.washingtonpost.com/>.

2. The issue of participation in vaccine programs by Catholics has been previously examined by several authors in *The National Catholic Bioethics Quarterly*. The ongoing debate over this issue and the critical importance of encouraging moral participation in actions that promote the common good of society prompted my desire to reexamine the current ethical concerns and implications of today's vaccine practices. Interested readers can find further exploration of this subject in the following publications: Daniel P. Maher, “Vaccines, Abortion and Moral Coherence,” *National Catholic Bioethics Quarterly* 2.1 (Spring 2002): 51–67; Edward J. Furton, “Vaccines and the Right of Conscience,” *National Catholic Bioethics Quarterly* 4.1 (Spring 2004): 53–62; and Angel Rodriguez Luño, “Ethical Reflections on Vaccines Using Cells from Aborted Fetuses,” *National Catholic Bioethics Quarterly* 6.3 (Autumn 2006): 453–459.

toward the common good. Both the Old and the New Testaments contain numerous exhortations to care for one's fellow man. In Leviticus 25:35, we are reminded that there is an obligation to help our fellow men who are poor. The definition of poor need not be limited to a person's financial situation; it could also be understood to imply an obligation to help those suffering from a poverty of health. And in Matthew 22: 37–39, where Jesus teaches us to see him in our neighbor, especially the weak and suffering, there is a clear reminder of the most basic precepts of moral law: "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind. This is the great and first commandment. And a second is like it: You shall love your neighbor as yourself." Each individual, then, must treat others as he would treat God. And as the greatest moral commandment ever given extols us to love God with our whole being, it is perfectly clear that we bear a very real duty to care for our fellow man.<sup>3</sup>

Considering these lessons from Scripture, the common good can be understood as the reality in which every man treats others in a way that recognizes the inherent human dignity that the individual derives from being created in the image and likeness of God. Or, as the Catechism defines it, the common good is "the sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily" (n. 1906). People of good will could certainly debate some of the ways in which individuals might "reach their fulfillment more fully and more easily," but it is hard to imagine anyone arguing that good health does not contribute to our ability to seek our own fulfillment. Moreover, respect for our health, which is a part of respecting the life that God has given us, demands that we honor the right of others to protect and foster their health as well.

Pope John XXIII addresses this relationship between an individual's rights and duties in his encyclical *Pacem in terris*: "Any well-regulated and productive association of men in society demands the acceptance of one fundamental principle: that each individual man is truly a person. His is a nature that is endowed with intelligence and free will. As such he has rights and duties, which together flow as a direct consequence from his nature."<sup>4</sup> Man has rights, then, because he is created in the image of God. And he simultaneously has duties because he can flourish only when he aligns himself with his proper nature, which is to be God-like in his choices. Therefore, as God cares for the weak and vulnerable, so must we. It is written in our nature to thrive only when we do so.

John XXIII goes on to state, "Men, both as individuals and as intermediate groups, are required to make their own specific contributions to the general welfare. The main consequence of this is that they must harmonize their own interests with the needs of others."<sup>5</sup> Clearly, John XXIII recognizes that there are certain situations in which tensions arise between the desires of one individual and another. In the vaccine debate, there is certainly tension between those individuals who feel they

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3. See US Conference of Catholic Bishops, "Rights and Responsibilities," USCCB.org, accessed May 5, 2015, <http://www.usccb.org/>.

4. John XXIII, *Pacem in terris* (April 11, 1963), n 7.

5. *Ibid.*

are being asked to give up their individual freedoms and those who are concerned with the general health of society. But the principle of solidarity reminds us that we are all responsible for each other, and that “every individual, no matter how high or low, has a duty to share in promoting the welfare of the community as well as a right to benefit from that welfare. If any section of the population is in fact excluded from participation in the life of the community . . . then that is a contradiction to the concept of the common good and calls for rectification.”<sup>6</sup>

A person’s choice not to vaccinate himself or his children excludes certain members of the community from full participation in society by significantly increasing their risk of disease. Therefore, that choice is a violation of the individual’s duty to ensure everyone’s participation in the life of the community. In fact, anything other than the exercise of this duty does not befit our God-given dignity. The Catechism reminds us that “the dignity of the human person requires the pursuit of the common good. Everyone should be concerned to create and support institutions that improve the conditions of human life” (n. 1926). Current vaccine programs, carefully studied and designed to create an environment that fosters the health of all members of society, certainly fall under this imperative to “improve the conditions of human life.”

### **Rights and Duties of Parents**

At the center of any vaccine controversy is the question of parents’ rights and responsibilities when it comes to making medical decisions on behalf of their children. First, can parents make medical decisions on behalf of their children? Certainly there is a long-standing cultural and legal understanding that they can, as long as those decisions are in the best interest of the children. But what of the spiritual implications of those decisions? In his exploration of proxy consent, bioethicist William E. May writes, “Thus the bishops of the United States declare that decisions made on behalf of an individual by a designated surrogate (or responsible family member) should ‘be faithful to Catholic moral principles and to the person’s intentions and values (so long as these are compatible with Catholic moral principles), or if the person’s intentions are unknown, to the person’s best interest.’”<sup>7</sup> So the question becomes, is vaccinating one’s children faithful to Catholic moral principles?

Vaccination of one’s children is indeed faithful to Catholic moral principles, and the explanation for this answers the second central question in the debate over childhood vaccination: should parents choose to vaccinate their children? The affirmative answer to this question is best understood by looking at the Catholic Church’s general understanding of a parent’s duties toward the child. The Catechism provides

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6. Catholic Bishops’ Conference of England and Wales, *The Common Good and the Catholic Church’s Social Teaching* (London: CBCEW, 1996), 5, 19, <http://www.catholic-ew.org.uk/>.

7. William E. May, *Catholic Bioethics and the Gift of Human Life* (Indiana: Our Sunday Visitor, 2000), 205, quoting the National Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Facilities* (Washington, DC: US Catholic Conference, 1995), dir. 27.

very clear instruction on both the sanctity of the parent–child relationship and the enormous gravity with which the Church views the responsibility of parents to raise their children in accordance with the precepts of Catholicism.

The Catechism teaches that “the family is the original cell of social life. . . . Authority, stability and a life of relationships within the family constitute the foundations for freedom, security, and fraternity within society. The family is the community in which, from childhood, one can learn moral values, begin to honor God, and make good use of freedom. Family life is an initiation into life in society” (n. 2207). The family, therefore, is properly understood as the smallest of human societies, and the individual members of that society are called to work toward the common good of both their own family and the larger community within which they reside. Since young children are not yet capable of making their own moral choices, it falls to their parents to form their consciences in such a way as will later allow the children to make their own decisions in accordance with Catholic teaching.

Parents are indeed called, then, to teach their children from the earliest age about their personal responsibilities toward others. The Catechism reinforces this by stating that “the family should live in such a way that its members learn to care and take responsibility for the young, the old, the sick, the handicapped, and the poor. . . . Parents have the first responsibility for the education of their children. They bear witness to this responsibility first by creating a home where tenderness, forgiveness, respect, fidelity, and disinterested service are the rule” (nn. 2208, 2223).

There can be no question, then, that parents must raise their children to be mindful of the weakest among us, including the very young, the immunocompromised, and others who cannot be vaccinated themselves.

As the most immediate caretakers of their children’s health, parents are called to make decisions on their behalf that provide for both their physical growth and the growth of their souls. The choice to vaccinate a young child in accordance with the carefully constructed, standard vaccine schedule fulfills both of these parental responsibilities and is well within a parent’s rights as the primary caregiver. Through participation in the normal vaccine schedule, a child is personally defended against disease and contributes to the general well-being of society by offering protection in the form of herd immunity.

The Catechism reminds us that “the home is the natural environment for initiating a human being into solidarity and communal responsibilities” (n. 2224). To forgo immunizing a child, unless there is a true contraindication to vaccination, places that child at risk and violates the duty to teach one’s child his responsibility toward others.

### **Fetal Cell Use in Vaccine Development**

Many well-intentioned Catholic parents have expressed concern about using vaccines developed through morally questionable means, including the use of cell lines derived from aborted fetuses. The most commonly cited example is the rubella vaccine, which is included in the only MMR vaccine currently available in the United States and was developed from cell lines WI-38 and MRC-5, both of which come

from tissue from aborted fetuses.<sup>8</sup> There is a poignant irony in the fact that the rubella vaccine was designed specifically to prevent damage to unborn children in utero, as the rubella virus is most dangerous to pregnant women and the children they are carrying.

The concern of Catholic parents is understandable, as anyone with a well-formed conscience should hesitate at the idea of being complicit in the evil act of abortion. To fully understand why the Catholic Church does not prohibit the use of the MMR vaccine and others like it, we must first examine the differences between formal and material cooperation as well as the distinction between immediate and mediate cooperation.

Formal cooperation occurs when an individual gives “consent to the evil of a deed performed,”<sup>9</sup> and it is never morally licit. Parents’ decision to vaccinate their children, however, does not constitute this form of cooperation, because their use of the vaccine is intended to protect their children against the dangers of infectious disease; it does not indicate that they wish more children to be aborted so that vaccines may continue to be developed in this way.

Material cooperation, on the other hand, is defined as “actively participating in the deed by which the evil is performed,” even if the person in question does not intend the evil.<sup>10</sup> Material cooperation can be either immediate or mediate. Immediate cooperation occurs when the cooperator participates in an action that he opposes in his conscience. Mediate cooperation, on the other hand, takes place when the cooperator’s actions “are not central to the deed.”<sup>11</sup> One can easily see that the personal use of the MMR vaccine does not constitute immediate material cooperation, since it occurs long after the abortion and in no way allowed its commission. But could the use of the MMR be considered mediate material cooperation? And if so, is that form of cooperation licit for parents facing this difficult decision?

Because of the appropriate concerns of many parents, these questions call for careful examination. The Congregation for the Doctrine of the Faith addresses this very issue in their instruction *Dignitas personae*: “Danger to the health of children could permit parents to use a vaccine which was developed using cell lines of illicit origin, while keeping in mind that everyone has the duty to make known their disagreement and to ask that their healthcare system make other types of vaccines available.”<sup>12</sup>

A different report, written by the Pontifical Academy for Life in 2005, states that “vaccines with moral problems pertaining to them may also be used on a temporary

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8. Pontifical Academy for Life, “Moral Reflections on Vaccines Prepared from Cells Derived from Aborted Human Fetuses” (June 9, 2005), reprinted in *National Catholic Bioethics Quarterly* 6.3 (Autumn 2006): 541–550.

9. Brian Thomas Becket Mullady, “Formal and Material Cooperation,” Truth and Charity Forum, *Human Life International*, October 4, 2012, <http://www.truthandcharityforum.org/>.

10. *Ibid.*

11. *Ibid.*

12. Congregation for the Doctrine of the Faith, *Dignitas personae*, On Certain Bioethical Questions (September 8, 2008), n. 36.

basis. The moral reason is that the duty to avoid passive material cooperation is not obligatory if there is a grave inconvenience. Moreover, we find, in such a case, a proportional reason, in order to accept the use of these vaccines in the presence of the danger of favoring the spread of the pathological agent, due to the lack of vaccination of children.”<sup>13</sup> The Catholic Church, then, recognizes that, in our imperfect world, it is necessary to simultaneously express appropriate sadness and concern over the origin of these vaccines while not neglecting our duty to care for our children and others by leaving them exposed to the ravages of a disease that is easily preventable through vaccination.

It is interesting to note, from an ethical perspective, that the degree of cooperation, and therefore of moral culpability, associated with the use of unethically derived vaccines is different between, on the one hand, persons who use vaccines to protect their own health and the health of others and, on the other hand, the institutions that continue to develop or use these vaccines without seeking alternatives. This issue is addressed in the Academy’s 2005 document: “On a cultural level, the use of such vaccines contributes in the creation of a generalized social consensus to the operation of the pharmaceutical industries which produce them in an immoral way.”<sup>14</sup> Persons in positions of authority and influence in the private sector and in governmental agencies have a strong moral duty to develop ethically sound vaccines that do not place individuals in a position where they face even the possibility of passive mediate material cooperation.

By resolving this issue, institutions would also eliminate the possibility of scandal arising from the use of unethically derived vaccines. The Ethical and Religious Directives for Catholic Health Care Services remind us that “the possibility of scandal must be considered when applying the principles governing cooperation. Cooperation, which in all other respects is morally licit, may need to be refused because of the scandal that might be caused.”<sup>15</sup> It is clear from the mandates of both the Congregation for the Doctrine of the Faith and the Academy for Life that the current situation in the United States does not allow for the rejection of vaccine recommendations for fear of scandal in cases where no alternative vaccine is available.<sup>16</sup> But where there are alternatives,<sup>17</sup> there can be no doubt that Catholics seeking to act in a morally licit manner have the responsibility to seek out the ethically derived vaccines as a way of witnessing to the truth of the inherent and immeasurable value of all human life.

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13. Pontifical Academy for Life, “Moral Reflections on Vaccines,” 548, original emphasis.

14. *Ibid.*, 547.

15. US Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, DC: USCCB, 2009), dir. 71.

16. Right to Life of Michigan, “Vaccines, Abortion, and Fetal Tissue,” *Life Notes*, n.d., [http://www.rtl.org/prolife\\_issues/LifeNotes/VaccinesAbortion\\_FetalTissue.html](http://www.rtl.org/prolife_issues/LifeNotes/VaccinesAbortion_FetalTissue.html).

17. See *ibid.* for a list of vaccines from aborted cells lines and alternative vaccines.

## The Heart of the Vaccine Controversy

When examining whether an individual has the responsibility to perform an action on behalf of the common good, it must first be determined whether that action poses a significant threat to his individual human dignity. For while self-sacrifice can be heroic, it is not necessarily required of us. And no one can be required to perform actions that are directly harmful to our very being, as such actions would not befit our dignity as children of God. Consequently, if the current recommendations for vaccination, either for children or for adults, are truly harmful to an individual, one cannot argue that he is required to submit to such treatment, even for the sake of the common good.

Attempts at immunization date back centuries, but Edward Jenner developed the first vaccination program to successfully battle a smallpox epidemic sweeping across England at the end of the eighteenth century. He noticed that milkmaids who had suffered from cowpox, a viral relative of smallpox, seemed to resist smallpox infection during subsequent outbreaks. Based on these observations, he developed a method of vaccinating individuals against smallpox by inoculating them with small amounts of cowpox. The immune response to the cowpox virus primed the immune system for later exposure to smallpox, so that vaccinated persons were able to immunologically defeat the virus without displaying clinical symptoms.<sup>18</sup> And so modern vaccine science was born.

Interestingly, even in eighteenth and nineteenth-century England, fierce debates erupted over the government's role in public safety and the rights of parents to make decisions about their children's health. The 1853 Vaccination Act in England made the smallpox vaccination mandatory for all infants, but by 1871, enough parental concern about mandatory vaccination had developed that the overall percentage of vaccinated infants began to fall. Alarmed by this trend, public health officials began to fine or even imprison parents for noncompliance. The 1898 Vaccination Act introduced a conscience clause that parents could invoke to escape legal prosecution for failing to vaccinate their children,<sup>19</sup> and in about one century's time, the smallpox vaccine went from being a blessing from heaven to a hotly contested political battleground. A very similar timeline would develop in the twentieth and twenty-first centuries as more and more vaccines became available.

Today's childhood vaccination schedule includes protection against fourteen different diseases, including measles, polio, and whooping cough.<sup>20</sup> The safety of the vaccines has been verified in extensive studies, including ones that examined the purported link between certain vaccines and developmental disorders, such as

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18. Stefan Riedel, "Edward Jenner and the History of Smallpox Vaccination," *Proceedings of Baylor University Medical Center* 18.1 (January 2005): 21–25.

19. College of Physicians of Philadelphia, "History of Anti-vaccination Movements," *History of Vaccines*, updated January 25, 2015, <http://www.historyofvaccines.org/>.

20. Centers for Disease Control and Prevention, "2016 Recommended Immunizations for Children from Birth through 6 Years Old," CDC.gov, last updated January 2016, <http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf>.



autism.<sup>21</sup> Moreover, Dr. Wakefield's original paper in the *Lancet* that instigated this controversy by suggesting a causal relationship between the MMR vaccine and autism has been formally retracted, and he has lost his medical license. Today's news is often filled with one theory after another about the supposed dangers of particular vaccines, but to date, no rigorously conducted scientific study has shown reason for alarm.

The enormous volume of evidence in favor of routinely administered childhood and adult vaccination schedules does not negate the fact that there are certain individuals for whom vaccination is not recommended. Infants below one year of age, for example, cannot receive vaccines containing a live virus, such as MMR or varicella. Individuals with an anaphylactic allergy to eggs may not be able to receive the injected influenza vaccine without taking special precautions. People with conditions that cause significant immune deficiency, such as HIV/AIDS and the majority of cancers, cannot receive most vaccines.<sup>22</sup> These individuals face additional risks, because the treatments they receive for their illnesses almost always alter their immune systems in such a way that prior vaccines are no longer effective. But the fact that there are persons for whom vaccination is not safe is not the basis from which to argue that all vaccines can be rejected outright because their inherent dangers threaten our individual rights. On the contrary, the necessity of protecting those who cannot be immunized makes it even more critical that the general population be vaccinated on schedule.

Despite the proven safety of vaccines for the general public, certain individuals may have adverse or allergic reactions to specific vaccines. This reality is recognized by the governing boards that recommend immunization schedules, which is why any serious allergic reaction to vaccine components is included in a list of contraindications to further vaccination. In addition, one must be careful to distinguish a vaccine's expected side effects from actual adverse outcomes. For example, it is expected that a person's arm will be sore for a few days after receiving a tetanus shot, and that many young infants will run a slight fever in the days following a series of immunizations. These reactions are merely evidence that the immune system is appropriately responding to the vaccine.

Even when an individual truly experiences a negative outcome from a routinely recommended vaccination, one cannot extrapolate from this occurrence to argue against general immunization as a matter of personal and public health. To do so would be to suggest that no one should ever assume any risk for the sake of their own well-being or the well-being of others. Such a position is neither tenable in a functioning society nor realistic as a personal guideline. Individuals assume some degree of risk for their own benefit and the benefit of others on a regular basis.

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21. American Academy of Pediatrics, "Vaccine Studies: Examine the Evidence," HealthyChildren.org, last updated November 21, 2015, <http://www.healthychildren.org/>.

22. Centers for Disease Control and Prevention, "Chart of Contraindications and Precautions to Commonly Used Vaccines," CDC.gov, last updated March 6, 2014, <http://www.cdc.gov/>.

For example, anyone riding in a motor vehicle is legally required to wear a seat belt because it provides protection during the vast majority of crashes. In addition to protecting individual passengers, seat belts provide a societal benefit, because limiting injuries during car crashes lessens the demand on public resources such as hospitals, rehabilitation facilities, long-term-care facilities, life insurance companies, and such. Still, there are rare occasions when, by some fluke of physics, a person in a car crash would have actually fared better if he had been unrestrained. Every person who uses a seat belt, then, acknowledges the reality that it is in his own best interests and the best interests of society if he assumes a small degree of personal risk in exchange for the overall benefit of wearing a seat belt. Similarly, the argument that vaccines are not 100 percent effective has no bearing on whether an individual should or should not receive them. Getting vaccinated against influenza may not prevent all cases of the virus each season, but it certainly prevents more than doing nothing, just as wearing seat belts prevents more injuries than not wearing them.

There are those who argue that a financial conspiracy exists among large pharmaceutical companies, the Centers for Disease Control, and the medical professional organizations that endorse standard vaccination schedules. Fortunately, concerned Catholics can reassure themselves that theirs is a religion that embraces both faith and reason; thus, when it comes to moral judgments, all Catholics are required to carefully examine the available science and make whatever logical conclusions they can from it. The overwhelming preponderance of evidence indicates that current vaccination schedules are safe and effectively prevent numerous infectious diseases, personal illnesses, and public health crises. And while a discussion about the cost of vaccine production and health care delivery in this country is beyond the scope of this paper, there is no convincing evidence of collusion between public health advisory boards and the companies that manufacture these vaccines.

In *Gaudium et spes*, the Church in her wisdom reminds us that “every day, human interdependence grows more tightly drawn and spreads by degrees over the whole world. As a result, the common good, that is, the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment, today takes on an increasingly universal complexion and consequently involves rights and duties with respect to the whole human race.”<sup>23</sup> There are many arenas of societal life to which this quote can be applied, but it is certainly appropriate to reflect on it as it pertains to questions of public health. Vaccination compliance has increasingly universal implications, as geographical distances effectively shrink because of the ease of modern travel. And in the absence of persuasive evidence against the safety or the morality of today’s proposed immunization schedules, it is difficult to draw any conclusion but this: vaccination is both a responsible personal choice and a morally sound and required contribution to the common good.

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23. Vatican Council II, *Gaudium et spes*, n. 26, emphasis added.