DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
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18 Oct 21

From: Chief, Bureau of Medicine and Surgery
To: Deputy Chief of Naval Operations (Manpower, Personnel, Training, and Education) (N1)

Subj: REQUEST FOR RELIGIOUS ACCOMMODATION THROUGH WAIVER OF IMMUNIZATION REQUIREMENTS ICO CDR CHRISTOPHER P. KIMBALL, USN

Ref: (a) CDR Kimball's Waiver Request of 7 Sep 2021
(b) BUMED Memo, Diseases Targeted with Mandatory Vaccinations for U.S. Navy Active Duty and Reserve Personnel of 22 Sep 21
(c) BUMED INST 6230.15B, Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases, 7 Oct 2013
(d) SECNAVINST 1730.8B CH-1

1. Subject matter experts at the Bureau of Medicine and Surgery have reviewed reference (a). Per reference (a), CDR Kimball objects to receiving all immunizations developed or tested using fetal cells based on his religious beliefs.

2. Fetal embryo fibroblast cells are used to grow viruses for multiple vaccines, including adenovirus, varicella (chickenpox), rubella (the "R" in the MMR vaccine), hepatitis A, one preparation of rabies vaccine, two combination vaccines containing the polio vaccine virus, and two formulations of zoster (shingles) vaccine. The FDA-approved Coronavirus Disease 2019 (COVID-19) vaccine did not require the use of any fetal cell cultures in order to manufacture the vaccine, however, early in the development of mRNA vaccine technology, fetal cells were used for "proof of concept" or to characterize the SARS-CoV-2 spike protein. All other vaccines, including tetanus, diphtheria, pertussis, influenza, etc., are not derived from fetal cells. No alternative formulations grown without fetal cells are currently available for COVID-19, adenovirus, varicella, rubella, and hepatitis A vaccines.

3. All vaccines required for maintenance of individual medical readiness and vaccines required for specific overseas deployments meet the safety requirements of the U.S. Food and Drug Administration (FDA), and have demonstrated effectiveness in disease prevention.

4. Per reference (c), Active Duty and Reserve Component personnel will receive or be up-to-date on adult routine vaccinations. Details of required vaccinations are outlined in this instruction and are available at www.health.mil/vaccines.

5. A waiver of immunization requirements would have detrimental effects on the readiness of both CDR Kimball and Service members who serve alongside CDR Kimball. Primary prevention of disease through immunizations is a key enabler for maintaining force health protection and avoiding disease-related non-battle injury, and has been the cornerstone of these efforts for decades. Recent outbreaks of contagious viral diseases aboard Navy ships highlight

the operational impact of low levels of immunity. Diseases such as COVID-19 are highly contagious and can rapidly degrade individual and unit readiness. In the current COVID-19 pandemic, the outbreak aboard the *USS THEODORE ROOSEVELT* in March 2020, resulted in 71 days of unavailability for a forward deployed aircraft carrier. There was an infection rate of more than 26% of the crew as confirmed by laboratory testing within 5 weeks of the initial positive case (including four hospitalizations and one death, according to data published in Journal of The American Medical Association 11 November 2020). This outbreak resulted in crew-wide quarantine, isolation, and repeated testing, and highlights the importance of vaccination to both individual and unit force health protection. Additional information on the potential impacts of vaccine-preventable diseases is provided in reference (b).

6. The scientific and medical communities believe that SARS-CoV-2 will likely remain in global circulation as an endemic virus and a threat to the Force. The emergence of the SARS-CoV-2 Delta variant shows that while some vaccinated personnel may transmit the virus, they are largely protected against severe illness and death. Unvaccinated individuals remain at risk for developing COVID-19 and propagating new variants that may adversely impact the readiness of the Force.

7. Vaccination remains the most effective means to prevent COVID-19 (as well as influenza, pertussis, diphtheria, tetanus, and other diseases). Optimally, vaccination should be coupled with other countermeasures to minimize risk of infections to the Sailor's health, co-workers' health, and to Navy's mission. In large phase III trials, the FDA-approved COVID-19 vaccine demonstrated over 94% efficacy in preventing symptomatic COVID-19. For the same vaccine, against the Delta variant in a real world setting, studies show 88% effectiveness against symptomatic disease, to include hospitalization and death. Additional information on the efficacy of other vaccines is provided in reference (b).

8. Per reference (d), the religious objection of the Service member must be balanced against the medical risk to the Service member and their military unit. The Department of Defense has a compelling interest in mission accomplishment and safeguarding the health of military Service members. In this case, the medical risks of not receiving required vaccines outweigh the religious objection that CDR Kimball has stated in reference (a).

9. A waiver of required immunizations is not recommended due to the aforementioned reasons.

10. My point of contact is CDR (b) (6) MC, USN, Preventive Medicine, who can be reached at (703) (b) (6) or (b) (6) mil@mail.mil.

(b) (6)

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