On September 24, 2021, a Catholic Airman in United States Air Force, who graduated from the Academy with Military, Academic, and Athletic honors, was denied a religious exemption from receiving a COVID vaccine because she was told her objection did not constitute a "sincerely held belief"[1] after she admitted taking Tylenol, ibuprofen, and other over-the-counter medications. She was told that those medications, too, had been "tested" on the HEK-293 cell line. When she asked on what basis this testing claim was being made, her superior officer provided her with a single source[2] — an article by Fr. Matthew Schneider, LC, entitled, "If Any Drug Tested on HEK-293 is Immoral, Goodbye Modern Medicine."

Her denial was based on a lie.

Note: Merriam-Webster's dictionary defines a "lie" as "an untrue or inaccurate statement that *may or may not* be believed true by the speaker or writer." So does Webster's. So do others. For the purpose of this article, there will be no distinction made between what some insist on calling an "untruth" and what will be referred to hereafter as a "lie", or, more precisely, lies, as per the definition above, referring to the statements as they exist on paper.

Lie #1: "Everything was tested on HEK"

The lie, as it has been most commonly circulated — i.e., "Everything was tested on HEK" — is easily discredited. There are dozens and dozens of ways of testing medications, and *tens of thousands* of medications on the market. It is simply a lie to claim that all tens of thousands of those medications were tested using one method, and easily disproved. After Fr. Matthew's article was published in January 2021, numerous individuals who had opted against the vaccine for moral reasons contacted this author (a medical doctor who also has a Master's Degree in Theology) privately to ask if they were committing a sin by taking their long-term, often life-dependent medications, since, according to Fr. Matthew, it was "HEK-293 tested". Between January and September 2021, I researched at least a dozen medications for them. By doing extensive searches of the medications' *actual* Medical Testing histories, I found that *none* of their medications were tested on HEK-293, except one: a very recent diabetes medication which the patient stated he could easily substitute with his prior one, which had not been tested on HEK-293. Thus, the statement, "Everything was tested on HEK" — or, using Fr. Matthew's exact words in the article used against the Airman, "…almost every common medication has been tested on HEK-293" — is simply a lie.

Lie #2: It's All Medical Testing

Fr. Matthew stated that his method of researching Medical Testing was simply to "[j]ust [Google] search a drug you take and 'HEK293' to find the testing done on HEK-293 for it."

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This search method will ***not*** give you Medical Testing — not the Medical Testing conducted during these drugs' development — nor will it provide "*all studies, data, and analyses*" for the Medical Testing required by the FDA to obtain approval for use of the drug in patients. Fr. Matthew's simplistic method will give you what is known as basic research, *which his Family Practitioner advisor made clear to him* ("This [HEK-293] is often used in ***basic research***…") and which was confirmed by the Medical Testing professional consulted by this author for this article. Likewise, Jose Trasancos, Ph.D. confirmed earlier this year: "Fr. Schneider asserts that the medications on his list were ***tested in HEK-293 cell lines like the Moderna and Pfizer vaccines*** [emphasis in original]. Unfortunately, ***this assertion falls apart*** when one digs a little deeper beyond the results of a Google search." A proper search for Medical Testing is much more extensive and must be much more specific, and *does not include* the innumerable experiments that are conducted as basic research unrelated to a drug's current use.

A quick example of how Fr. Matthew's method fails, from one of his own examples. TUMS (1928) is a ***medication*** consisting of *calcium carbonate*, **corn starch, flavor, mineral oil, sodium polyphosphate, +/- sucrose. Calcium carbonate, on the other hand, is a chemical compound (CaCO3) found in rocks, eggshells, snail shells, and agricultural lime.**

Fr. Matthew's "just [Google] search a drug" method provided him with two articles, ***neither one of which mentions or addresses TUMS***. One addressed *calcium carbonate* ***combined*** with calcium phosphate and DNA nanoparticles (in other words, *not* TUMS) and the other addressed *calcium carbonate* ***combined*** with protamine sulfate and plasmid DNA (in other words, *not* TUMS). The gene transfection efficiency was improved with both. (Transfection is a process of introducing DNA and RNA into eukaryotic cells [plants, animals] using various chemical or physical methods to study the function of a particular gene or gene product by enhancing or inhibiting its expression.)

Neither of Fr. Matthew's studies have anything to do with TUMS, but this is what you get when you Google search your so-called "testing". Neither study constitutes Medical Testing on TUMS because neither addresses TUMS or indigestion treatment, nor does either study "test" calcium carbonate as a singular active ingredient (both of his studies were performed using non-TUMS combinations). Fr. Matthew has thus provided zero evidence that TUMS was tested on HEK (calcium carbonate, as used in his studies, is simply not the medication TUMS, so equating the two is a lie). Calcium carbonate may be the main ingredient, but it is also the main ingredient in agricultural lime, which is also not a medication.

Unlike what Fr. Matthew asserted, Medical Testing is actually a ***process*** involving multiple steps,[3] the end result of which is boxes and boxes of documentation (now, of course,

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submitted electronically). It is not simply an isolated study published as a single reference, as Fr. Matthew claimed in his article and elsewhere (see "The Testing Lie", Appendix I). Medical Testing is defined as:

The multi-step **process**[4] required by the FDA of pharmaceutical companies to verify the safety and efficacy of a medication (as Fr. Matthew's advisor apparently told him for his article, "safety and efficacy **testing** [is] done in the lab **before medications are given to patients** in clinical trials," which are conducted before drugs get to the market) with supporting documentation (much of which will never get published in the medical literature, much less be searchable with a "just [Google] search a drug you take and 'HEK293' to find the testing done on HEK-293 for it") to obtain approval for the drug to go on the market.

None of Fr. Matthew's references in Appendix I, "The Testing Lie" constitute the multiple steps mentioned above. And his contention that, "Lots of the further testing on HEK293 for drugs was [*sic*] possible adverse reactions or interactions with other drugs not done in initial testing," again shows he misrepresented Medical Testing. As the FDA's own website makes clear: "If sponsors want to further develop an approved drug for a ***new use***, dosage strength, ***new form***, or different form (such as an injectable or oral liquid, as opposed to tablet form), or if they want to conduct other ***clinical research*** or a post-market ***safety study***, they would do so under an IND [**Investigational New Drug Application]." In other words,** according to the FDA**, it does not have to be taken back to the laboratory.** As such, it is *not* part of this process and is *not* Medical Testing. Neither, as some pushing the lie have maintained, is Quality Control, which deals with such things as stability and storage conditions.

It cannot be stressed enough: once a drug is approved and placed on the market, it *never has* to be taken back to the lab to test for new uses, new indications, etc. ***The FDA makes that clear.*** To say otherwise is simply a lie. Physicians are entitled to gain information about secondary indications from their patients directly, and then try medications on their patients for other indications — as was done, for example, with hydroxychloroquine (more about this in Part II next month). If researchers wish a *study* to be done on a previously approved drug (i.e., *already known to be safe for patient use*), the best method to evaluate it for further patient use would be a prospective, randomized, double-blind study *on patients* — not laboratory research. Fr. Matthew misrepresents this:

> "But if your issue is fetal cell lines, just know that before **human trials** were approved for either of those [presumably HCQ and Ivermectin] on COVID, they were tested on HEK293, the same cell line many of the vaccines were tested on, **so cooperation is identical.**"

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This is simply a lie. For the two medications in question (HCQ and Ivermectin), *first* came the *clinical information* from doctors on the front lines treating infected patients, which showed the drugs worked for COVID, and which is exactly *why* some researchers decided to take the drugs back to laboratory (see Part II next month for more details). Second came the HEK-293 studies, which showed they *didn't* work for COVID (*ibid*.). And lastly, the human trials. Obviously, the Catholic *couldn't* gain any benefit from those laboratory studies that showed it *didn't* work; on the contrary, they benefitted from the prior, real-world, front-line information obtained from doctors and their patients — which obviously required no HEK-293 and is therefore perfectly moral (*ibid*.). These two medications by themselves prove that Fr. Matthew's baseless assertion, "I can think of cases where your use ***depends on these HEK-293 tests***," does not apply to hydroxychloroquine and ivermectin, since knowledge about their efficacy against COVID was determined in the clinic. And without the use of HEK-293 cell lines, there's ***no*** cooperation at all, much less "identical" cooperation, as he claimed.

The reason why understanding the proper definition of Medical Testing is so crucial is because, by definition, anyone who takes a medication already available on the market is a *beneficiary* of the testing process done on that medication to get it to the market. So, everyone who is taking Tylenol, for example, is the beneficiary of the early 1950s testing. Everyone taking ibuprofen is the beneficiary of the late 1950s and early 1960s testing. Everyone taking hydroxychloroquine benefits from the early 1950s testing, *not* the November 20, 2020 study referenced by Fr. Matthew. This aforementioned study in no way contributed to the use of the drug in patients. It was a stand-alone experiment conducted only to answer some hypothetical question and has no impact on how the patient uses the drug and therefore does not 'taint' the use of the drug. Any experiments, therefore, which are not part of the drug's Medical Testing (i.e., drug development, etc.) would have to be *proven* to be of some benefit to the Catholic in order to have any moral implication. If the Catholic is *not* a beneficiary, there is no sin. Fr. Matthew's references, which will be addressed in more detail next month, never make any such connection.

Therefore, Fr. Matthew's statement, "I have shown how all those medications were ***tested*** on HEK-293 ***just like the vaccines***," is blatantly untrue. There was no HEK-293 involved in the Medical Testing done in the 1950s, which led to the approval of Tylenol (since the HEK-293 cell line originated in the early 1970s), and no basic science research or experimentation conducted subsequent to that testing can possibly make the Catholic morally culpable *unless* Fr. Matthew can prove they have become beneficiaries of those studies, which he failed to do, as will be shown below. He merely assumes that basic research consisting of *any* study of a drug using the cell line has a connection to the Catholic.

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Here is an example of how Fr. Matthew's method fails. An unknown graduate student finishes a basic research study (what Fr. Matthew falsely calls "testing") on *Monday*, using aspirin (1899) and HEK.

The drug has now been "tested" on HEK. Full stop.

Is the person (opposed to the vaccine on moral grounds) who goes to the drugstore and buys aspirin off the shelf on *Tuesday* guilty of a sin? After all, according to Fr. Matthew, it's been "tested" on HEK, and if the "cooperation is identical", there would be equal moral culpability. Or does the person only become guilty after the study is submitted for publication? Or is it when it is accepted for publication? Or when finally published? Or only if the person actually reads it? At what point does Fr. Matthew's accusation of identical cooperation with HEK-293 testing apply?

The only reason why this hypothetical is an absurdity is because of Fr. Matthew's fraudulent definition of "testing". The truth of the matter is obvious when actual Medical Testing is understood. And Fr. Matthew's claim that his article "is part of a larger *reductio ad absurdum* in that you or I can't live in our interconnected and fallen world without some cooperation in evil" is only a *reductio ad absurdum* for him because his premise — that it all constitutes Medical Testing — is itself absurd.

Clearly, then, true Medical Testing conducted during drug development not only demonstrates the drug's medical benefits, but that those benefits may also constitute a moral culpability. From the standpoint of the pharmaceutical company, the Medical Testing consists of the process: the chain of events required by the FDA for drug approval. But as the beneficiary of that testing upon receiving a tested and approved medication, the Catholic then becomes another link in that chain (in fact, the very last link) — and by accepting the medication knowingly and willingly, the Catholic accepts his connection to that chain.

So, before Fr. Matthew demands that, "If you say no to vaccines tested on fetal cell lines, stop using Tylenol, Advil, etc.," he is required to prove that the Catholic is the beneficiary of this basic research by *documenting* that the article was published in a journal that he *knows* the Catholic's doctor received, *and* read, *and* who implemented the information into his practice, and *specifically* for the Catholic. In the absence of such, there is no chain at all, and certainly no link to the Catholic — unlike the vaccines, which were Medically Tested on HEK-293 during their drug development process and whose link to the Catholic has already been clearly established. But any break in the chain shows no direct connection between Fr. Matthew's basic science research using HEK-293 and the Catholic. Therefore, there is no moral culpability.

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Lie #3: But Everything *Does* Connect to the Catholic

Fr. Matthew's next contention was that all these basic research references do, in fact, connect to the Catholic in some way, although Appendix I shows he offers no proof. This is the very basis of his next lie, published in his article "Anti-Vaccine Catholics Break Moral Theology Principles". In that article, Fr. Matthew has a chart "of the causality for a pharmaceutical" in which all arrows, representing any and all "tests" done on a medication, point ultimately to "you or I as the end-user, using the drugs." *All* of the arrows *always* converge ultimately on the "end-user." As he states, "All the other [basic research] studies have an indirect use." This is blatantly false, and is not remotely how basic science research works. The vast majority of basic science research *never* gets to the user (see Part II next month for more details). After having assumed erroneously that all "studies have an indirect use", he merely insisted that everything links back to the Catholic. He offered zero evidence, was repeatedly refuted, but just kept pushing the lie.[5]

Take his example on Tylenol. This study is *clearly* not Medical Testing. This study was done as a basic science research question to evaluate what effect the reactive metabolites parabenzoquinone (pBQ) and N-Acetyl-p-benzoquinone imine (NAPQI) have on TRPV1 (a capsaicin receptor). The study found that the pBQ and NAPQI activate and sensitize TRPV1 specifically by interacting with intracellular cysteines. In other words, the study merely asked a question about whether reactive metabolites have a specific effect on a normal receptor, and what that effect might be. Not only is this not Medical Testing, but it wasn't even published in a medical journal; it was, in fact, published on a natural science website with a reputation for "junk" science. Since the information has no *clinical applicability*, there is no way that Fr. Matthew can link the study to the Catholic. The person taking Tylenol is not a beneficiary of anything from this study and is therefore not morally culpable. This article is on a natural science website the patient's physician will likely never see and thus will have no effect on his medical practice, and therefore will have no link to the Catholic — all of this, of course, combined with the obvious fact that Tylenol is over-the-counter and a physician's prescription is not required anyway.

Morally, if there is no benefit, there is no link. The purpose of linking yourself to the chain is to gain something from the chain. Taking a medication that's been on the market for 60 years for the same reasons and in the same way does not suddenly make you guilty of a sin because six months ago some guy in a lab somewhere put some drug in a test tube with some HEK to address some question with no clinical applicability, to get some answer no doctor or patient requires, to provide some information doctors may never *even be able* to use on their patients.

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None of Fr. Matthew's references to basic research studies detailed in Appendix I (to be published next month) provide any evidence that the experiment contributed to the drug's development, the determination of safety or efficacy, or that these experiments contributed to the prescribing, dosing, safety, or use of the drug — how they impact the way the physician prescribes or the patient uses the medication. And many of them are nothing other than further studies done to evaluate other information that had already been gained elsewhere.

What's with the Chain?

Why is this chain concept so crucial? When someone takes a COVID vaccine, it is clear and has been well-documented that the pharmaceutical companies' last step is the Medical Testing — done on an aborted baby girl's fetal cell line (HEK-293). If we receive the vaccine, ***we*** become the last link. One of the leading voices on these vaccine's immorality has been Bishop Athanasius Schneider, who from the very beginning has been warning Catholics about not having any "concatenation" (a chain, a link, a series of interconnected or interdependent things or events) with the vaccine. Notice that, in the case of the vaccines, there is no uncertainty about this link, because it is obvious that the chain *ends* with the Catholic.

Once Fr. Matthew's basic research Google search fails to document Medical Testing, if he wants to equate the immorality between the vaccine and the drug, as he did: "most drugs in the drugstore have all been tested [*sic*] on the same cell line from the same fetus. *If one wants to object seriously* [i.e., claim that receiving the vaccine is a sin], *object* ***evenly*** *to a vaccine and Tylenol*". If he wants to prove his point, he has to *show* another, *equal* direct link to the Catholic to support his claim that there would be any sin involved; he cannot simply assert it. But the concatenation to which Bishop Schneider was referring with the vaccines is obvious. *That* linking is what Fr. Matthew has consistently failed to show since he simply quoted basic research — none of which links the research to the final use of the drug product and ultimately, to the patient.

Despite being told numerous times by MDs/PhDs and others that his article was dishonest,[6] Fr. Matthew issued no retraction. In fact, he kept retweeting it. He stated, "Even if these articles [stating that his first article dishonestly represented Medical Testing] are 100% accurate, they [those morally opposed to the vaccines] fail to justify the argument these people are trying to make that Catholics should avoid this vaccine *due to the exceedingly remote cooperation in evil*." This, too, is a lie, given that it has been stated repeatedly by Bishop Schneider and others that remote material cooperation is not the operative principle here:

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> "This statement was written at the advice and counsel of doctors and scientists from various countries…they considered the justification offered for using such vaccines (i.e., 'material remote cooperation') as weak and unsuitable."

And again:

> "… therefore, I repeat, it is most anti-pastoral & counterproductive that in this time, exactly in this historical hour, Catholics will justify their use of abortion-tainted vaccines with the theory of material remote cooperation. It is so illogical."

It is telling that Fr. Matthew acknowledged that his first article was considered dishonest but didn't actually address the article's alleged dishonesty; he just made the same claims about remote material cooperation, which have no bearing on the lie. He simply asserted that "they failed to justify the argument these people are trying to make that Catholics should avoid this vaccine," as if his lies are somehow justified if he claims he is not convinced by an argument he has repeatedly stated he does not understand[7] (and explains exactly why his "5 special cases" argument fails[8]).

Fr. Matthew has insisted repeatedly that remote material cooperation (RMC), or appropriation, ***can be*** the *only* operative principle here.[9] Pope John Paul II and Cardinal Ratzinger stated in *Donum Veritatis* (1990) that this is not Fr. Matthew's call; a second operative principle is permitted by the Church herself:

> "***It can also happen that at the conclusion of a serious study***, undertaken with the desire to heed the Magisterium's teaching without hesitation, ***the theologian's difficulty remains because the arguments to the contrary seem more persuasive*** to him. Faced with a proposition ***to which he feels he cannot give his intellectual assent***, the theologian nevertheless has the duty to remain open to a deeper examination of the question." (*Donum Veritatis*, n. 31)

So, for Fr. Matthew to insist on forcing his "testing" lie into his insistence that the operative principle can *only* be RMC/appropriation only demonstrates how egregious the lie is. *People are now literally losing their jobs over this lie*.[10]

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Lie #4: The "They Changed Their Argument from 'Any Connection'" Lie

After months of being told his argument was a lie, having failed to prove that everything was tested on HEK-293, and having failed to show that every basic research study connects to the Catholic in some way, ***but*** finally conceding that "… obviously ***Tylenol…doesn't rely on HEK293 tests***", Fr. Matthew claimed in October 2021 that it is *those objecting to the vaccines* who have "changed their argument". In response to a doctor's article referring to his January "Everything was tested on HEK" article as "disingenuous and gaslighting", Fr. Matthew alleged in the comments section, "My article and others showed that the standard was untenable so you moved."

To what "standard" was he referring? In his original January article, his thesis was, "They have rejected every vaccine *tested* (not grown on) on fetal cell lines like HEK-293" ("they" was not defined, and in the October article nine months later, "they" was still not defined). In the same comments section just mentioned, Fr. Matthew provided a link to his original January article, in which he indirectly goes after Bishops Schneider and Strickland (in a rather dishonest manner, as well shall see): "***They*** identify 'abortion as an evil which is in a horrendous class all its own, a class that ***excludes the normal rules of moral reasoning***.'" *They did nothing of the sort.* The quotation is not even theirs. Nowhere does it appear in the Bishops' joint statement of December 12, 2020. The quotation comes from an author on CatholicCulture.org *criticizing their statement*. But neither in the statement nor anywhere else did the two Bishops ever exclude "the normal rules of moral reasoning". Fr. Matthew quotes this critic and then adds, "The main rule excluded is the rule that remote material cooperation can be licit." This is clearly a lie. Bishop Schneider himself (whom the critic specifically named) said in the December 12, 2020 statement:

> "The theological principle of material cooperation is certainly valid and may be applied to a whole host of cases (e.g., in paying taxes, the use of products made from slave labor, and so on). However, this principle can hardly be applied to the case of vaccines made from fetal cell lines."

Bishop Schneider never denied that remote material cooperation *can be licit*, only that in the case of the vaccines, it is not *applicable*,and he goes on to explain why. Fr. Matthew continues, "They want nothing that could in any way indicate a *possible approval* of abortion [also a lie: Bishop Schneider specifically mentioned "paying taxes," which can always be interpreted as a possible approval of abortion, a reason given by some to claim we shouldn't pay taxes] or drawing good from abortion" (because any concatenation forms a link, whereas basic research does not).

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Finally, Fr. Matthew finishes with, "If that is the standard, that standard should be applied across the board to all drugs." But the Google-searched-basic-research-as-"testing" standard is not theirs; it is his. It didn't come from the Bishops, and neither did the "approval" / "drawing good" parameters as defined by Fr. Matthew and falsely attributed to Bishops Schneider and Strickland. The Bishops' standard always referred to true Medical Testing.

Having attributed to the Bishops a standard not their own in his January article, Fr. Matthew goes on to address the bishops again in his October 5, 2021 article entitled, "A Timeline Those Now Critiquing my HEK293 Post Miss". In a section entitled "**Before my [January] Article: *Any* Connection**", he states: "in late 2020, we have statements by Bishop Strickland, Bishop Schneider and others that we should reject any vaccine **linked in *any* way to abortion**…This was the kind of argument used by *the leaders of this camp* before I posted the article listing all the medication tested on HEK-293" …[But] After [my January] article…I've not seen anyone who's read and understood this prior article still arguing against any connection whatsoever ***like before***. People have changed their tune." If Fr. Matthew is implying that Bishops Schneider and Strickland have "changed their tune", he has failed to read their many statements consistently condemning any "concatenation", warning us specifically not to be links in the chain. First, Bishop Schneider:

From December 12, 2020: "In the case of vaccines made from fetal cell lines, those who knowingly and voluntarily receive such vaccines **enter into a kind of concatenation**, albeit very remote, with the process of the abortion industry…**benefitting from the 'fruits'** [i.e., becoming a beneficiary]."

Fr. Matthew himself quotes the rest:

> "The crime of abortion is so monstrous that any kind of ***concatenation*** with this crime, even a very remote one, is ***immoral*** and cannot be accepted under any circumstances by a Catholic once he has become fully aware of it. …
>
> Any ***link*** to the abortion ***process***, even the most remote and implicit, will cast a shadow over the Church's duty to bear unwavering witness to the truth that abortion must be utterly rejected."

Bishop Schneider has stated all along that this "process" involves the production and/or testing of the vaccines on the fetal cell lines. In an interview from December 2020, he stated:

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> "…all these crimes of fetal technology and all these **processes** of using cell lines. It's already not only the killing, the abortion moment, but also the **process** of using even for **tests** or other experiments **and so on, and manufacturing** is already horrible as a crime."

Notice that Bishop Schneider does not say "any connection whatsoever", to be defined however Fr. Matthew chooses (based on his own personal "standard" that basic research equals Medical Testing). Bishop Schneider directs his comments to Catholics as moral agents and tells them to avoid the sin of being links in the chain: "[Do not] enter into any kind of *concatenation*". If Fr. Matthew is alleging that "any connection whatsoever" (whoever may have said it) was a claim that a medication "connected" to HEK in some laboratory somewhere forms a chain, and therefore has some moral implication for the Catholic picking up a bottle of Tylenol at a drugstore, such a claim never came from Bishop Schneider.

And Bishop Schneider has been perfectly consistent, despite Fr. Matthew's accusation that the "leaders" have "changed their tune". This, from Bishop Schneider's religious exemption affidavit, **August 2021**:

> "This is to certify that [NAME] is a perpetual member of the Confraternity of Our Lady of Fatima in good standing and as such holds to the following deeply held religious belief that the crime of abortion is so monstrous that any kind of ***concatenation*** with this crime, even a very remote one, such as vaccines that use aborted fetal cells ***for the testing or production, is immoral*** and cannot be accepted under any circumstances by a Catholic."

Note: he specifically states that the concatenation (linking) is not only with production but with the Medical Testing associated with the vaccines' development. He stated exactly what the link is, as he has always done.

From **September 2021**:

> "The fact that abortion is in the causal ***chain*** in the ***testing and/or producing*** of all the current Covid-19 vaccines means that they are gravely immoral."

Lastly, from **October 26, 2021**:

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> "How can we…proclaim to be against abortion when we accept these vaccines…? When at the beginning of that ***chain*** of evil deeds is the murder of a child."

Note again here: the baby's murder was the *beginning* of the chain; the Catholic receiving the vaccine after the Medical Testing of it is the *end* of the chain (there being, of course, no steps after), which is why this concatenation is so certain. Bishop Schneider also used the term "concatenation" consistently in his interviews between December 2020 and April 2021, always addressing Catholics as moral agents, advising them not to sin, using the exact same argument every time. It has *always* been the same argument. Fr. Matthew has no claim otherwise. At no time between December 2020 and October 2021 did Bishop Schneider ever say that the clearly demonstrable linking isn't to the Catholic. In order for it to be a sin, it would have to be. Bishop Schneider's concern is, and always has been, the direct linking of the immoral act to the Catholic as the beneficiary of that which is developed, produced, or tested on the aborted fetal cell line. Fr. Matthew has never once shown that Bishop Schneider was referring to anything else, any more than he has shown any direct link with the medications he mentions (see "The Testing Lie", Appendix I). Thus, any implication that the most vocal leader in this campaign has "changed his tune" is a lie.

Fr. Matthew then moves on to Bishop Strickland, who, along with Bishop Schneider, was one of the co-signers of the statement, "On the Moral Illicitness of the Use of Vaccines Made from Cells Derived from Aborted Human Fetuses" (Dec. 12, 2020), which addressed the concept of the "concatenation" twice. And note what Bishop Strickland said nine days later (Dec. 21, 2020), as quoted by Fr. Matthew:

> "My basic **recommendation to the flock** [that is, moral agents] here **was** to be very **cautious** about [i.e., Don't link yourselves to] **any vaccine that has connection to abortion, whatever that connection is** and really to **wait for ethically produced vaccines**.
>
> … I'm just guiding them to be cautious and look at **ethical questions of vaccines produced with a connection to aborted children**…"

After quoting him in full, Fr. Matthew's analysis consists of nothing more than: "'Again, *any* vaccine that has connection [*sic*] to abortion, whatever that connection is,' and 'vaccines produced with a connection to aborted children.' No nuance." Notice how he obscures the correct meaning of the statements here. In his analysis, Fr. Matthew makes no effort to define exactly what Bishop Strickland might mean by "connection." But Bishop Strickland

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stated his warning "was" (past tense) to his "flock" to avoid immorality by telling Catholics not to link "themselves" to the HEK-293 cell line. He was referring in this interview to the Letter he had just sent out to his flock *13 days before*:

> "Every procured abortion murders an innocent human person. For university, government, or industrial scientists to use materials obtained from the remains of an electively aborted child in ***the research, development, testing, or production*** of any vaccine is immoral… I urge you to reject ***any vaccine*** that uses the remains of aborted children in ***research, testing, development, or production***…
>
> I urge you to reject any vaccine that uses the remains of aborted children in ***research, testing, development, or production.***"

Note that Bishop Strickland does *not* say, "Avoid *anything* with 'any connection whatsoever' (as defined by Fr. Matthew), *including* vaccines." He specifically cautions Catholics to avoid any "*vaccines* with any connection" as in **development, production, and/or testing**, and ***we know that*** because Bishop Strickland ***specifically said that*** in this Letter to his diocese — *twice*.

Those were the topics being hotly debated at that time: whether it is the production that makes the vaccines immoral, or the testing alone as well,[11] which Fr. Matthew knew full well because ***that was the very premise of his January article***: "… in the discussion of COVID vaccines, some have taken this further. They have rejected every vaccine *tested* (not grown on) on fetal cell lines like HEK-293" (emphasis in original). Bishop Strickland's statement addressed vaccines, and only vaccines. It is clear when he refers to no ***"ethically produced vaccines"***, Strickland was addressing the COVID vaccines and was not establishing some vague, no-link "standard" to be applied to some medication studied by someone in some lab in Finland (Aleve, see below). His entire Letter and subsequent interview comments were focused *only* on the vaccines and had no bearing on anything other than vaccines, comments which he made with his Letter to the Diocese in mind. To take "any connection" to "***research, testing, development, or production***" out of Bishop Strickland's clear context and then claim that "any connection" is now defined as anything Fr. Matthew Schneider can misrepresent from a Google search is intellectually dishonest.

And despite Fr. Matthew's accusation, "People have changed their tune", Bishop Strickland has been perfectly consistent elsewhere, voicing his concerns on the vaccines as early as June of 2020, when he said he would "refuse" any vaccine ***produced*** using tissue from

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"aborted children" (mentioned here).

In November 2020, he said the same thing:

> "Moderna vaccine is not morally produced. Unborn children died in abortions and then their bodies were used as 'laboratory specimens'. I urge all who believe in the sanctity of life to reject a ***vaccine which has been produced immorally***."

And again, in December 2020:

> "All of the rhetoric about ***vaccines wanders from the simple truth that children were murdered, their body parts were used & voila we have a vaccine*** that will give us a few more years of life."

And yet again:

"I will not accept a ***vaccine whose existence depends on the abortion of a child***…"

Bishop Strickland was not telling his flock to be "cautious" because the vaccines have side effects. In his capacity as moral leader, he is telling Catholics to be "cautious" about sin. He is not making any determination about the significance of various basic research studies being published in journals he does not receive. "I am just guiding them to be cautious and look at ethical questions…" In other words, "Do not sin." Bishops Schneider and Strickland never once said, "any connection [in a test tube] whatsoever", and Fr. Matthew never quoted any of the other often-quoted priest "leaders" doing so in his articles mentioned above — not Frs. Ripperger, Copenhagen, Wolfe, etc.

Now that the "changed their tune" / "any connection" lie has been discredited, it is clear that not only is "any [basic science] connection" not true, there is also *no* connection to the Catholic, medically or morally — which would be the case if it were *true* Medical Testing, as with the vaccines.

Having reviewed Fr. Matthew's misrepresentation of what Bishops Schneider and Strickland said and meant, while claiming they have "changed their tune" in his "Timeline" article, let's summarize the *true* timeline:

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- **June 2020:** Bishop Strickland comes out against any vaccine ***produced*** using aborted fetal cells.
- **November 2020:** Bishop Strickland comes out *again* against any vaccine ***produced*** using aborted fetal cells.
- **December 2020:** Bishop Strickland comes out against any vaccine in which fetal cells were used for *research, **production**, development, **or testing**.*
- **December 2020:** Bishop Schneider also comes out against any Catholics linking themselves to the chain of abortion, including both ***production and testing***.
- **January 2021:** Fr. Matthew comes out with his "Everything was tested on HEK" article specifically addressing *testing alone* versus *production* using fetal cells.
- **February—May 2021:** Doctors come out against The Testing Lie.[12]
- **August 2021:** Fr. Matthew changes his position on Tylenol, admits it does not rely on HEK-293 testing.
- **September 2021:** Two doctors publish articles against The Testing Lie ("disingenuous", "gaslighting").
- **September 2021:** *Crisis Magazine* comes out against The Testing Lie.
- **October 2021:** Fr. Matthew accuses "the leaders of this camp", mentioning Bishops Schneider and Strickland by name, of having "changed their tune": "In late 2020, they were arguing against any connection whatsoever, but…they have changed it to…accept this much cooperation, but not the tiniest bit more." Yet, he does not quote any of the bishops or priests with the doctorates in theology or philosophy, the true "leaders of this camp", as having changed their minds, or their "standard", since these leaders still reject remote material cooperation as the operative principle, and their standard has always been true Medical Testing.

Lie #5: "I Was Only Recommending Prudence"

Even after being confronted repeatedly about this dishonesty, and even after being shown documentary proof that his article is being used by employers against their employees,[13] including the actual emails from the Airman, Fr. Matthew's latest claim to date is that his "Everything was tested on HEK" article was merely his attempt to "convince people to make a prudent decision", and if someone's "*boss points to my writing to encourage them to make a prudent decision*", and if that someone doesn't suddenly capitulate and claim the vaccine is moral and/or get it, and is subsequently terminated, Fr. Matthew is in no way

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"responsible for the consequences of their imprudence". What he *actually* did in January was write an article misrepresenting Medical Testing, and Catholics' culpability, helping to push the lie that "Everything was tested on HEK", which resulted in a USAF Airman being denied a religious exemption after her boss used that lie, specifically referencing Fr. Matthew's article as the single source of the lie. And no, contrary to his claim, the boss did not point to his article "to encourage them to make a prudent decision." The boss denied the religious exemption outright and only provided the article when the Airman requested the basis for the HEK lie used against her.

There is nothing "prudent" about misrepresenting the truth in an attempt to corner your opponents into accepting a position they have already rejected. That is the opposite of prudence, since even if pushing the vaccines is Fr. Matthew's goal, prudence demands he *choose the right means of achieving it*. And to state "corner them" is not unjustified. He maintained repeatedly that if we rejected the vaccines, then, in order to meet his unsubstantiated Standard of Acceptable Consistency, we would only be left with one choice: to "leave society".[14] As if, having rejected his vaccine premise (which is our right per *Donum Veritatis*, n. 31) and despite his lies, we are still somehow obligated to meet his arbitrary standard of consistency based on his erroneous definition of Medical Testing and fraudulent application thereof.

It's All So Unnecessary

Count the lies:

- "It's Medical Testing" (it's not);
- "Catholics are beneficiaries of it anyway" (they're not);
- "All the other [basic research] studies have an indirect use" (they don't);
- "There's a connection between the test tube and the Catholic at the drugstore" (there isn't);
- The "leaders" (e.g., Bishops Schneider and Strickland; Frs. Ripperger, Wolfe, Copenhagen, etc.) "changed their tune" (they didn't);
- Bishop Strickland wasn't perfectly clear when he condemned any connection to development, production, or testing of the vaccines (he was);
- Fr. Matthew is using the same "standard" (he isn't);
- The United States Air Force used his article merely to "encourage" an Airman to make

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a "prudent" decision (they didn't).

What we have seen here is actually a cascade of lies, each following the previous one, being represented as "Everything Was Tested on HEK". Fr. Matthew's claim that "I've shown how all those medications were tested on HEK-293 *just like the vaccines*" is clearly a lie, based on using the same "standard" (also a lie). He merely provided examples of basic research conducted on already-approved medications, and any claim that this basic research provides some sort of important information, however he views it, is irrelevant if it is not clinically applicable and if it cannot be demonstrated to make the Catholic the link of any chain.

But what makes his lies against his fellow Catholics so egregious is that, by claiming that Catholics simply trying their best to live the most moral lives possible, *if they are to be consistent* (as defined by him), would have to consider themselves guilty of an equal sin by taking, for example, hydroxychloroquine. And those Catholics who failed to recognize the lie might not avail themselves of the only COVID medications that may have benefited them. It is a tragedy, or worse, if they suffered any long-term consequences because an agenda was being pushed at the expense of the truth.

For those like the Airman and others who have been denied exemptions *specifically* by having Fr. Matthew Schneider's article used against them,[15] none of those denials would have been issued had there not been this lie, told and repeatedly circulated by Fr. Matthew, that Catholics are somehow morally culpable, or inconsistent, or lacking a "sincerely held belief" for taking over-the-counter medications tested decades before HEK-293 even existed in the same way they have always taken them.

I would like to thank the Regulatory Affairs professional (who has over 20 years' experience in Medical Testing) who provided information regarding the FDA's drug development process, and who wishes to remain anonymous due to having received her own conscience exemption from the vaccine mandate.

Appendix I: The "Testing" Lie

Notice in this list how Fr. Matthew's claim, "I will list out a sample of drugs *tested* on HEK-293 like the Moderna and Pfizer vaccines," is blatantly false. Remember, by his own admission, Fr. Matthew stated that his search method was simply to type *drug name* and "HEK293" into a search engine, making apparently no effort whatsoever to separate Medical Testing from any and all basic research studies. The articles below may answer a question about the drug or the class of drug but still be an answer totally unrelated to the drug's current use and not even intended to contribute to its use.

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Just because these experiments contributed to knowledge regarding the drug itself does not mean that they contributed to use of the drug in the patient. This knowledge does not impact drug development because it doesn't contribute to how the drug is used in the patient.

The medications listed below from Fr. Matthew's original "Everything was tested on HEK-293" article (published Jan. 28, 2021) are a sampling of the most commonly used by Catholics. Under each medication name are summaries of the two articles Fr. Matthew listed for each, using the same numbering. As you read them, ask yourself: How do any of the studies below affect the person going to local drugstore to buy these medications over-the-counter? We know that the Medical Testing on the vaccines benefits the Catholic because, absent the testing, the Catholic cannot receive them. But in none of these cases has Fr. Matthew shown how these studies have any bearing on the bottle of medicine the Catholic buys at the local drugstore and the way the medication is used once he gets home:

Tylenol (completed Medical Testing and approved by FDA, 1955)

1. Not Medical Testing. Didn't test either efficacy of Tylenol (admitted it as a given) or safety, and merely researched the properties of AM404, an anandamide reuptake inhibitor a metabolite of acetaminophen as an agonist of TRPV1, which had not yet been reported on. Since the macro-complications are already well-established, and AM404 has already been shown to be known metabolite of Tylenol, there are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. Not Medical Testing. Not even in a medical journal. The study's purpose was to explore the effects of these metabolites parabenzoquinone (pBQ) and N-acetyl-parabenzoquinonimine (NAPQI) on the capsaicin receptor TRPV1. No *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

To clarify, although Tylenol is the most commonly quoted example, the same applies to the other medications below: the Catholics who takes the *vaccine* makes the choice to benefit from the Medical Testing done on a butchered baby's fetal cell line. The Catholic who continues to take Tylenol the way he has been doing so for 50 years makes no choice whatsoever to benefit from information that has no impact on the use of the medication — and therefore he doesn't benefit.

Advil/Motrin/Ibuprofen (completed Medical Testing and approved by FDA, 1974)

1. Not Medical Testing. The study merely evaluated the specific effect of ibuprofen on

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particular renal cells, and added to the medical literature the information that renal hyperosmolality has an additive effect on the cytotoxicity of paraquat, ***which is a weedkiller***. Since the renal cytotoxicity of ibuprofen has been known for decades, there are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

2. Not Medical Testing. The study, evaluating OCT-1 activity, an important determinant of **molecular response to imatinib (**a medication used to treat chronic myelogenous leukemia), merely asked *again* what has been known *clinically* for decades:[16] that, in their own words, "caution is required when administrating NSAIDs to CML patients on imatinib". The Catholic cannot gain any benefit from a research project that measured the OCT-1 mediated influx of imatinib in CML mononuclear cells. Since the side effect was already known clinically, there are no further *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

Aspirin (marketed worldwide by Bayer since before 1899)

1. Not Medical Testing. As the authors themselves admit, "…acetylsalicylic acid (ASA) is known for its antithrombotic, antiphlogistic and analgesic effects caused by irreversible acetylation of cyclooxygenase." This study's findings, in fact, only "suggest that ASA increases the tachyphylaxis of rTRPV1 channel activation", but goes on further to state the exact "Mechanisms are unknown." Since this study has no bearing on who takes aspirin and why, or how much, there are no further *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. Not Medical Testing. Not even published in the medical literature (*Scientific Reports*). The authors admitted that, "Despite over a century of research, aspirin/SA's mechanism(s) of action is still only partially understood", so they evaluated *potential* SA-binding proteins. Since this study has no bearing on who takes aspirin and why, or how much, there are no further *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

Aleve/Naprosyn (completed Medical Testing and approved by FDA, 1976)

1. Not Medical Testing. Aleve/Naprosyn have been known to help alleviate migraine pain via cyclooxygenase inhibition since first being put on the market. These authors questioned whether there might be another mechanism for why it works (*but fully admit it does work*). Since this study has no bearing on who takes Aleve and why, or how much, there are no further *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. Not Medical Testing. Question posed by the authors: are the cytotoxic and genotoxic effects of acyl glucuronide of NSAIDs a causal factor in toxicity *in vitro*, given that, to

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date, "there has been no direct evidence that the AG formation was related to the toxicity"? Answer: still no. Since this study has no bearing on who takes Aleve and why, or how much, there are no further *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

Benadryl (discovered in 1940; fully tested and approved by the FDA by 1946 — even before Tylenol, ibuprofen, etc.)

1. Fr. Matthew: "it is used so much with HEK293 that it has a *page* for using it…"
    - First study on the page: Not Medical Testing. It was only performed to investigate which human organic cation transporter, hOCT1, hOCT2 or hOCT3, participates with regard to cation specificity and membrane localization in the intestinal absorption of orally available cationic drugs (like Benadryl). The Catholic doesn't gain any benefit from the study. No concatenation/link.
    - Second study: Not Medical Testing. Without disputing efficacy or safety, it merely looked into the structural elements required for an interaction with the OCT2 transporter, which the authors concede "are not well defined." Since the data simply identify structural determinants for inhibitor interactions with OCT2, there are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
    - Third study: ***The study was not even conducted on Benadryl*. It was conducted on Cimetidine and metformin.**
2. Not Medical Testing, just a study exploring a new mechanism of action. They merely demonstrated that Benadryl can act as a potent KCNQ/M channel blocker. There are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

Dextromethorphan cough syrup (completed Medical Testing and approved by FDA, 1958)

1. Not Medical Testing. The authors fully admit what is already well-known: Dextromethorphan (DM) can cause allergic skin reactions in some cases. This study found that the cause of the skin reactions was the activation of mast cells. There are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. Not Medical Testing. Mechanism of action study which merely showed that dextromethorphan inhibits agonist-stimulated increases in intracellular calcium. There are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

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Hydroxychloroquine (completed Medical Testing and approved by FDA 1955)

1. The authors fully admit that "Chloroquine (CQ) and hydroxychloroquine (HCQ) have been used in treating COVID-19 patients recently." That means they, and by implication, Fr. Matthew, since he linked to the article, concede that *the clinical information was available first* (see "The Hydroxychloroquine Lie" Appendix II, below). And the conclusion that "Both CQ and HCQ have certain cytotoxicity in time dependent manner which indicates the necessity of short period administration clinically" has been known since the 1940's and the 1950's respectively. There are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. Not Medical Testing. This study hypothesized a possible mechanism of action for HCQ, and found that CQ and HCQ inhibit the uptake activity of organic anion transporting polypeptide 1A2 (implicated in retinopathy). Since clinicians have known about the side effect of retinopathy since the 1950's and the need to cycle the drug to prevent it, there are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

Ivermectin (completed Medical Testing and approved by FDA 1981)

Brief history: Invented 1970 (inventors would win the Nobel Prize in 2015), marketed in 1981 first as an anti-parasite, then discovered to be effective against viruses, such as Zika, dengue, yellow fever, West Nile, Hendra, Newcastle, Venezuelan equine encephalitis, chikungunya, Semliki Forest, Sindbis, Avian influenza A, Porcine Reproductive and Respiratory Syndrome, Human immunodeficiency virus type 1, and severe acute respiratory syndrome coronavirus 2 (see here and here).

Over a dozen studies on the various other RNA viruses prior to COVID, ***which is why physicians began using ivermectin on patients long before it was taken to the lab***, most notably in Peru, Brazil, and Chile.[17] Fr. Matthew's claim, "The basic research on P2X4 receptors and ivermectin in **2004** & **2006**, *which is the basis for using it against COVID*, relied on HEK-293…it would not be something a doctor would have suggested had that research not been done," is just another lie:

1. It had already been proven clinically on the above-mentioned viruses, prompting patient use for COVID.
2. There were "more than 20 randomized *clinical* trials [which] found notable reductions in Covid-19 fatalities."
3. This study also referenced the "mass Ivermectin treatments in Peru", mentioned above.

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4. The landmark dengue fever study from 2018 mentioned above (here) did *not* rely on *either* of Fr. Matthew's studies.
5. P2X4 receptors aren't the only way Ivermectin can work on COVID! And the studies forming the basis for *this* research dates back to the 1960s.

Just as with "The Hydroxychloroquine Lie (Appendix II), Catholics aware of this non-abortion-tainted information are doing nothing immoral by using ivermectin, especially given the following information Fr. Matthew provided:

1. (From 2004): Not Medical Testing. A mechanism of action study, *which the authors fully admit*: "The aim of this study was to examine the mechanism underlying the actions of IVM on the human $P2X_4$ receptor channel." Their findings of the effects on the receptor channel have no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.
2. (From 2006): Not Medical Testing. The study tried to identify the receptor-specific residues responsible for IVM effects on channel gating using the wild-type rat homomeric $P2X_4R$, several chimeric $P2X_2/P2X_4$ receptors, and single-point $P2X_4R$-specific mutants in the ectodomain and two transmembrane domains. The results suggested that the transmembrane domains and the nearby ectodomain region contribute to the effects of ivermectin on channel deactivation. There are no *clinical* ramifications. The Catholic doesn't gain any benefit from the study. No concatenation/link.

The list above provides more than ample evidence to prove that Fr. Matthew's claim, "[I]f we reject a medication merely for being tested on a fetal cell line, most of a standard pharmacy would be immoral," is just a lie.

Appendix II: The Hydroxychloroquine Lie

Fr. Matthew Schneider's statements, directed at those who have chosen not to get a COVID vaccine for moral reasons, but who could benefit from the completely moral use of hydroxychloroquine:

> "If you think we should use hydroxychloroquine…to treat Covid as it avoids using vaccines tainted by testing on HEK-293, I've got news for you. Those drugs were also tested on HEK-293."

And:

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> "…almost every modern drug uses HEK293 in testing. It is often used in expanding uses like using…malaria drugs [hydroxychloroquine] for Covid."

Both statements are blatantly false. The use of the "malaria drug" hydroxychloroquine was expanded based upon the clinical information already available on the front lines. That information was available, and known to Catholics, long before the lab testing on HEK-293 was performed — initial lab reports which showed that it *didn't* work for Covid (note the dates):

1. "Assessment of Evidence for COVID-19-Related Treatments: Updated 4/3/2020". American Society of Health-System Pharmacists. Retrieved 7 **April 2020**
2. Yazdany J, Kim AH (**June 2020**). "Use of Hydroxychloroquine and Chloroquine During the COVID-19 Pandemic: What Every Clinician Should Know". Annals of Internal Medicine. **172** (11): 754–755. doi:10.7326/M20-1334. PMC 7138336. PMID 32232419.
3. Meyerowitz EA, Vannier AG, Friesen MG, Schoenfeld S, Gelfand JA, Callahan MV, et al. (**May 2020**). "Rethinking the role of hydroxychloroquine in the treatment of COVID-19". FASEB Journal. **34** (5): 6027–6037. doi:10.1096/fj.202000919. PMC 7267640. PMID 32350928.
4. Hoffmann, M., Mösbauer, K., Hofmann-Winkler, H. *et al.* Chloroquine does not inhibit infection of human lung cells with SARS-CoV-2. *Nature* **585,** 588–590 (**July 2020**).

The Catholic is in no way culpable for any sin using the clinical information (i.e., data from studies on humans) that showed hydroxychloroquine *works* because there were laboratory studies conducted later that showed it *didn't*. One cannot cooperate with nothing.

Here's the full story:

During World War II, soldiers that were sent to the South Pacific died in large numbers from malaria. Scientists began developing antimalarial drugs, some of which had numerous side effects (quinacrine), and therefore other compounds were developed, one of which was chloroquine in 1943. When the soldiers returned from the South Pacific after the war, those with rheumatoid arthritis stated that while taking this medication their joint pain was massively improved and they requested to continue taking the medication after they left the military. Chloroquine, having its own side effects, was later modified to hydroxychloroquine which the FDA approved in 1955.

Notice that the information that the medication worked for arthritis *was not obtained in the lab*. As mentioned above, once a drug is used on patients, it never needs to be returned to lab once real-life experiences show that it works for other indications as well.

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The circumstances are similar for COVID. It became clear in clinical practice that hydroxychloroquine was very effective against COVID in patients in early 2020, as there existed information previously obtained on viruses from studies conducted in the early 1980s, based upon further preliminary research done in the 1960s, long before the HEK-293 cell line was established. Even the study performed in 1981 used Baby Hamster Kidney fibroblast cells and chicken embryo cells, not HEK-293. By the time hydroxychloroquine was taken to a laboratory to study for COVID, it had already been used on COVID-infected patients in Spain, Italy, Brazil, Mexico, France, Germany, Canada, the UK, and Japan as well as United States *and was international news* by the spring of 2020, **which is why it was approved for emergency use authorization in March 2020, *prior* to all the lab studies above.**

It was *this* information that justified Catholics' consideration of hydroxychloroquine as an alternative treatment if they had already ruled out receiving the vaccine. **This information was not connected to HEK cell lines.** As the FDA website states, "If sponsors want *to further develop an approved drug for a new use*, dosage strength, new form, or different form (such as an injectable or oral liquid, as opposed to tablet form), or if they want to conduct other *clinical research* or a post-market safety *study*, they would do so under an IND [**Investigational New Drug Application]." It does not have to be taken back to the lab at all (see here).** It's right there on the FDA website.

As such, the use of hydroxychloroquine as treatment for COVID is completely moral. Once the Catholics had settled on that real world, clinical, doctor-patient information, what happened in the lab after that was irrelevant—especially since the initial laboratory studies showed it didn't work for COVID and therefore the Catholics cannot benefit at all from that lab information. And any later studies which showed it might work were irrelevant since the Catholics had already determined that they were going to base their decision on the earlier clinical information. Therefore, since the laboratory studies were only asking a question that had already been answered through clinical studies, and the results of these studies were immaterial (since hydroxychloroquine had already been proven to work on patients, and the safety had already been demonstrated in 1955), there is no moral culpability.

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[1] Memorandum from Superior Officer to Airman, September 24, 2021.

[2] Email response to Airman, September 27, 2021.

[3] **Step 1**: https://www.fda.gov/patients/drug-development-process/step-1-discovery-and-development;

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Step 2: https://www.fda.gov/patients/drug-development-process/step-2-preclinical-research;
Step 3: https://www.fda.gov/patients/drug-development-process/step-3-clinical-research;
Step 4: https://www.fda.gov/patients/drug-development-process/step-4-fda-drug-review.

[4] Ibid.

[5] See, for example: https://twitter.com/frmatthewlc/status/1354896784984858630; https://twitter.com/frmatthewlc/status/1366492430598602757; https://twitter.com/frmatthewlc/status/1383408007288037381; https://twitter.com/frmatthewlc/status/1425625598723076099; https://twitter.com/frmatthewlc/status/1431796831319638016.

[6] See https://creativeminorityreport.com/blog/2021/09/02/not-so-fast-the-very-misleading-article-by-a-priest-on-drugs-and-abortion-testing; https://cogforlife.org/2021/09/21/14-medicines-fr-matthew-schneider-claimed-use-aborted-fetal-cell-lines-but-do-not; https://www.crisismagazine.com/2021/stop-pretending-the-covid-jab-is-morally-equivalent-to-other-meds; https://twitter.com/mrcasey62/status/1361031399629725696; https://twitter.com/mrcasey62/status/1441597096583331844.

[7] See, for example: https://twitter.com/frmatthewlc/status/1441574079643865090; https://twitter.com/frmatthewlc/status/1441594314858106880; https://twitter.com/frmatthewlc/status/1441596198578790401; https://twitter.com/mrcasey62/status/1441596556604411911; https://twitter.com/frmatthewlc/status/1450853490973085704; https://twitter.com/frmatthewlc/status/1450864836041232390.

[8] See https://www.patheos.com/blogs/throughcatholiclenses/2021/01/if-any-drug-tested-on-hek-293-is-immoral-goodbye-modern-medicine; https://www.patheos.com/blogs/throughcatholiclenses/2021/06/anti-vaccine-catholics-break-moral-theology-principles.

[9] See, for example: https://twitter.com/frmatthewlc/status/1450853490973085704; https://twitter.com/frmatthewlc/status/1450861978117939201; https://twitter.com/frmatthewlc/status/1450864836041232390.

[10] See, for example: https://creativeminorityreport.com/blog/2021/09/02/not-so-fast-the-very-misleading-article-b

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y-a-priest-on-drugs-and-abortion-testing/#comment-96044;
https://creativeminorityreport.com/blog/2021/09/02/not-so-fast-the-very-misleading-article-by-a-priest-on-drugs-and-abortion-testing/#comment-96068;
https://creativeminorityreport.com/blog/2021/09/02/not-so-fast-the-very-misleading-article-by-a-priest-on-drugs-and-abortion-testing/#comment-100170.

[11] See, for example:
https://www.ncregister.com/commentaries/the-morality-of-the-covid-19-vaccines;
https://www.usccb.org/moral-considerations-covid-vaccines;
https://www.vaticannews.va/en/church/news/2020-12/us-bishops-covid-clarification-ethical-use-vaccine.html.

[12] See, for example: https://twitter.com/mrcasey62/status/1361031399629725696;
https://twitter.com/mrcasey62/status/1364570008286760964;
https://twitter.com/mrcasey62/status/1369118038427983873;
https://twitter.com/mrcasey62/status/1368773647985303552;
https://cogforlife.org/2021/05/12/lets-get-a-few-things-cleared-up-testing-cell-lines-and-fetal-tissue.

[13] See note 10;
https://cogforlife.org/2021/09/21/14-medicines-fr-matthew-schneider-claimed-use-aborted-fetal-cell-lines-but-do-not.

[14] See, for example: https://twitter.com/frmatthewlc/status/1383463813316452354;
https://twitter.com/frmatthewlc/status/1420428703708983300;
https://twitter.com/frmatthewlc/status/1424707758234931200;
https://twitter.com/frmatthewlc/status/1439068720169684993;
https://twitter.com/frmatthewlc/status/1441592108041883650;
https://twitter.com/frmatthewlc/status/1441555070592720898;
https://twitter.com/frmatthewlc/status/1453872175858003986;
https://twitter.com/frmatthewlc/status/1454999370760396801;
https://twitter.com/frmatthewlc/status/1456461360854937625.

[15] See note 13.

[16] Deininger MWN, O’Brien SG, Ford JM, Druker BJ (2003) Practical management of patients with chronic myeloid leukemia receiving imatinib. *J Clin Oncol* 21(8): 1637–1647.

[17] See
https://www.the-scientist.com/news-opinion/surgisphere-sows-confusion-about-another-unpr

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