In response to the publication of the article, "The 'Everything Was Tested on HEK' Lie" (Dec. 9, 2021) (hereafter "my CFN article"), Fr. Matthew Schneider, LC, posted a "response" on his blog (Jan. 26, 2022) (hereafter "blog post"). Given that his blog post included new lies directed personally against this author, the editors of *Catholic Family News* have requested that I provide a response.

Disclaimer: There was a lie so blatant in Fr. Matthew's blog post that, for the sake of making it clear on social media, I bet him $1,000 that he couldn't back it up. He couldn't, of course, but instead of having the intellectual honesty to admit as much, he merely went back to his blog post and altered the original statement. A second, similar lie was also called out, and he did the same thing. Given his long track record of intellectual dishonesty, I anticipated something like this might happen, ***so I screenshotted his entire blog post from top to bottom.*** This present article will deal ***only*** with that original screenshotted blog post. His blog post will of course be linked, but neither I nor the editors of *Catholic Family News* are in any way responsible for any further "alterations" Fr. Matthew may choose to make after this article is published.

Lie #1: His Introduction

Fr. Matthew's first obvious lie in his blog post comes in his very first sentence. He claims I argued "that very few medicines had medical testing on fetal cell lines, specifically HEK-293." Nowhere in my CFN article do I make that claim, or even imply it. Unlike this blanket-statement lie, my CFN article was very specific: it only addressed the common medications dating back decades that Fr. Matthew was throwing in the face of fellow Catholics as having been tested on HEK-293 "just like the vaccines" — and that lie was thoroughly refuted.

His second lie comes in his second sentence. Referring to me, he states, "he uses non-standard definitions of terms like … lying." Nowhere in my CFN article is the word "lying" ever used, much less defined — and deliberately so, because a "lie" (an objective falsehood) and "lying" (deliberate deception) are not necessarily synonymous (more on this distinction to come).

His next lie in the next paragraph states, "His whole argument [referring to my CFN article] depends on his claim that something happens at the moment of initial FDA approval and nothing after that is 'medical testing,'" including "dozens of tests afterwards…." This is not only a lie but also nonsensical. As clearly stated in my CFN article, Medical Testing is "a multi-step **process**" and that additional testing *is*, in fact, Medical Testing *if it follows the same process*, which his examples (listed in Appendix I) clearly didn't.

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Lie #2: "Lies"

At the beginning of my CFN article, the Merriam-Webster dictionary definition of the word "lie" was documented: "an untrue or inaccurate statement that ***may or may not*** be believed true by the speaker or writer." That definition will be used throughout this article, as well. There are many reasons why a man puts lies to paper, none of which are relevant. It's not about the man; it's only about correcting the lies. Fr. Matthew's *reasons* for spreading the lies are of no consequence; therefore, assessing whether or not he is *deliberately lying* — whether he is, in fact, a *liar* — is a waste of everyone's time. This Merriam-Webster definition is the most objective one because it eliminates any need to second-guess the motives of the person perpetuating the lies and thus is the most appropriate to be used in this case.

Fr. Matthew, however, spent an inordinate amount of time in his blog post (two full pages out of nine) claiming that the use of the aforementioned dictionary definition did not meet with his approval. As he did with Medical Testing, he insisted that a different definition be used, one that ***does*** call into question his motives — and then takes umbrage that he's been calumniated. By doing so, however, he not only draws more attention to the lies, their motives, and his integrity, but also exposes his rank hypocrisy.

Although nowhere in my CFN article are the phrases "He's lying" / "He lied" / "He's a liar" found, Fr. Matthew states, "Casey claims I lied," and further, "To argue I lied, Casey must prove…." Since his statements have been proven to meet the definition of the word "lie" (see above), he, personally, doesn't need to be addressed. But Fr. Matthew apparently has no problem whatsoever using this exact verbiage himself against a fellow priest when he stated, "He's lying." And even when directly warned by someone that, "*Lying* implies intention to deceive. I guarantee [this priest] believes what he's saying. You may want to rephrase that", Fr. Matthew did not do so. Nor did he have a problem accusing a good Catholic woman hesitant about taking the vaccine (given its connection to fetal cells) of lying when he stated, "Lying is immoral, and you just did that." Apparently, Fr. Matthew believes he can accuse others of lying, but that others shouldn't even use the simple word "lie" in its most objective sense. St. Augustine himself made clear that "lie" and "lying" don't necessarily go together (so, yes, it is traditional Catholic teaching, contrary to Fr. Matthew's claim to the contrary). Hence, Fr. Matthew's insistence that "lie" and "lying" are synonymous — while he goes around publicly accusing others — and then complaining about it is inappropriate.

His hypocrisy manifests in another way when he states, "Part of Christian charity is that if someone writes or says something that has two possible interpretations, we should assume

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the more charitable interpretation unless solid evidence says otherwise." Obviously, the most charitable interpretation of the word "lie" in my CFN article would be to take the use of Merriam-Webster's definition of "lie" at face value, because by doing so, Fr. Matthew's intentions are not even questioned. Had he done so, he would have had no reason to accuse anyone of calumny. Instead, he *chose* to dismiss the dictionary definition, *chose* to dismiss a disclaimer making clear how the word was being used in context by the author, and instead *chose* to impose his different interpretation, the uncharitable one (definitely for him, possibly for me), *chose* to take it in a way that makes everything look worse for him, *chose* to get offended, and then *chose* to accuse me of calumny: "To intentionally use a non-theological and secondary dictionary definition to claim someone else (me) is breaking a commandment definitely seems at least a rash judgment. If done deceptively, it could easily be calumny." All of which just proves he missed, or is deliberately ignoring, the point: the more charitable, non-calumnious use of the term "lie" was ***specified*** — and done so specifically to be ***more*** generous and ***more*** charitable than his definition. If he's inferring that clear specification wasn't there, it's a lie. Which isn't particularly charitable, but perhaps it provides him with some desperately needed objection which wouldn't be available to him had he followed his own directive about charitable interpretations.

But then his hypocrisy gets even more blatant. In order to argue that I claim he "lied", he uses a different definition of "lie", and then claims he's "using the definition in Catholic theology ***which Casey claims to be an expert in***…." This is a patent lie. I have never claimed to be an expert in Catholic theology, and when I challenged him to screenshot or produce *any* instance when I ever did so, he, unsurprisingly, just went back to his blog post and altered it to hide the lie, changing it to "*which he claims expertise in* ***by citing his degree in his Twitter bio***". But that modification is simply pathetic. The very *reason* we have Doctoral degrees is *because* Masters degrees are not the indicator of expertise — Doctorates are. If Masters degrees were the indicator of expertise, everyone would just stop at that education level. I have never, nor has anyone else I have ever known with a Masters, claimed that it was any indication of expertise.

Lie #3: "Casey's Own Situation"

After he finished his long objection to a word's dictionary definition, Fr. Matthew spent a fair amount of time digging into my professional life, apparently in an attempt to find some "gotcha" to use against me, as if that would somehow nullify any of the numerous lies he has told over the last year. On September 24, 2020, he stated in a tweet that "99%" ***of doctors*** "disagree with her [Dr. Jessica Rose, a viral immunologist and biologist, whom Fr. Matthew called a "plastic surgeon"] and agree with me [about the vaccines]", an obvious lie since, after being called out on it, he reworked his argument to, "We can be 99% ***sure*** that 92-98%

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of physicians were fully vaccinated by June 3-8", as if a doctor getting vaccinated to save his job is somehow equivalent to agreeing with Fr. Matthew's take on the vaccines. I responded with, "in the interest of truth, Father, don't misrepresent the facts in an effort to make your point. **BY FAR the majority of MDs I know disagree with you**, and there is no way that you can justify, as controversial as all this has been, this claim of 99%."

This exchange led to the absurd lie referred to in the Disclaimer above. Fr. Matthew stated, "I found his [Dr. Casey's] clinic," but he stated "clinic" (singular). If he is implying that I go to a single clinic, it's a lie. I, in fact, go to four, but he specifically identified this particular "clinic" with one characterized by his description, "the top two hospitals Casey's clinic lists as the ones it is affiliated with announced that by late September, they would have a vaccine mandate." This is another lie. None of my clinics are affiliated with any hospitals, and this can be proven in two ways: first, they are all free-standing private institutions that by their very nature wouldn't be in any way connected to local hospitals; and second, to prove it, this week I went to the manager of *every single clinic* I work in and asked the question, "With which hospitals is this clinic affiliated?" All of the managers, every one, looked at me quizzically and said, "None", followed by some variation of, "Why would it be?" The last manager I asked actually stated that any implication that the clinic would be affiliated with a hospital is "stupid". In his original blog post (now altered), Fr. Matthew referred to "*his* [as in my] *hospital*"**,** but I haven't set foot in a hospital in almost ten years. If he had bothered to do a competent Google search, he would have known that hand surgeons do their surgeries on an outpatient basis and are not required to do their surgeries in hospitals.

It gets worse: "… despite it being only 6 days until those hospitals mandates came into force … how can **the majority of doctors he knows** object to the vaccines yet over 98% of the staff at the first two hospitals his clinic says they work with are vaccinated?" The answer is obvious: Since I don't go to hospitals, none of the doctors that I know are hospital-based either, as they all do their work on an outpatient basis. Therefore, the majority of those I know — exactly 83% of them, to be precise — do *not* agree with him on the vaccines and are, in fact, unvaccinated. Which isn't surprising: they're all, coincidentally, practicing Catholics.

Here's apparently what happened: Instead of having the intellectual integrity or class to simply direct-message (DM) me and ask how I got to that 83% number, Fr. Matthew did one of his now-famous "Google searches" to find what he claimed is my "clinic". In an effort to find out how he could get it so wrong, I did the same. I did my own search using my name, my specialty, and my region. Exactly zero of the first 20 links was one of my present clinics. Every link, all 20 of them, were old clinics and old addresses dating back as much as 15 years. None of my current clinics were even listed searching well beyond those. Fr.

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Matthew, apparently, also found nothing, and the proof of this is that the only link that had "hospital affiliations" mentioned in it was for a ***group***, *not* a ***clinic***. Being a *group*, the site merely listed the hospitals with which the ***doctors*** were affiliated, not Fr. Matthew's supposed "***clinic"*** affiliation. In other words, doctors join the group, and then the hospitals where ***they're*** affiliated are merely put into a list. It's not the "clinic's" affiliation, and just because one of the doctors goes to some of the listed hospitals doesn't mean I go to *any of them*. Ironically, if he'd only been intellectually honest enough to add "hospital affiliations" to his Google search, if that was what he sought, the very first link that comes up states, "Dr. Paul J Casey ***affiliates with no hospital***." So when he claims, "He can't argue against the fact the *hospital associated* with his *clinic* was 98% vaccinated before a mandate was announced," the answer is, of course I can — because none of it is true.

It's a shame he didn't provide the exact name of this "hospital" of mine. Had his lie been that specific, it would have given us the opportunity to document a true incompetence, as opposed to this vague lie which merely demonstrates his lack of intellectual integrity.

Lie #4: "Medical Testing"

First, his definition: Fr. Matthew states in this section of his blog post, "When I wrote the piece almost a year ago, I used testing in a ***broad sense*** along the line of any ***research*** done on a substance used to determine its effectiveness or dangers in medical treatment."

In other words, *not Medical Testing*.

He even admits as much: "The point was **not to use any specific medical dictionary or FDA definition**, but *to look at testing* from a *moral perspective*," which proves his definition was deliberately falsified (neither the FDA nor the medical dictionaries add any "moral perspective" to the definition of Medical Testing). Fr. Matthew had to add that perspective in order to push his agenda: "For a moral theology analysis, our terms need not match FDA or medical dictionary terms." Honesty dictates that he ***start*** with the actual Medical Testing definition, and apply it accordingly. But he has now admitted that he would have been unable to accuse good Catholics of moral hypocrisy if he had used either the FDA's or a medical dictionary's definition of this medical process. Without broadening it sufficiently, it wouldn't have crossed over into his moral agenda. He even admitted it was what he ***had*** to do: "Such a broad definition seemed most appropriate given Bishop Schneider's statement…."

Why would Bishop Athanasius Schneider have any impact on the definition of Medical Testing? Did the FDA consult with him? There would have been no way for Fr. Matthew to accuse fellow Catholics of moral inconsistencies if he hadn't made up his own definition for

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Medical Testing — as my CFN article demonstrated. There would have been no way to falsify the connection between the Catholic and the HEK-293 testing if Fr. Matthew hadn't "broadened" out the definition to include those basic research studies which have no connection to the Catholic. There would have been no way to push the lie that these non-Medical Testing, basic research additions had any further *clinical* ramifications, so the Catholic doesn't gain any benefit, and therefore Fr. Matthew's argument against Bishop Schneider's "concatenation" is worthless. But as the professional Medical Tester consulted for my CFN article made clear, this "research" (Fr. Matthew's own term) that he included, which was proven not to contribute in any way to the use of the drug, is simply not Medical Testing.

Having admitted that he did not use a true definition of the Medical Testing process, he goes on to give various definitions of "testing", apparently hoping no one notices that Medical Testing (the process) is a far cry from any random "testing", which can be applied to anything. According to his preferred definitions of "testing", if a doctor with a patient on Medication A tries the patient on Medication B to test if it works better, that would somehow constitute Medical Testing — as if "Medical Testing" and "testing" are identical. It is as absurd as a physician using the term "pain killer", and then Fr. Matthew finding random definitions of "killer" — in isolation — to use against his fellow Catholics. Clearly, he couldn't use the *actual* definition of Medical Testing, because that would not allow him the latitude to include things that clearly aren't Medical Testing, as Appendix I of my CFN article proved.

Second, the timing: Fr. Matthew states, "His whole argument depends on his claim that something happens at the moment of initial FDA approval and nothing after that is "medical testing," including "dozens of tests afterwards…." That's a lie — I never said that. As clearly stated in my CFN article, Medical Testing is a ***specific process*** and additional testing is, in fact, Medical Testing ***if it follows the same process***, which his examples (listed in Appendix I) clearly didn't.

Also in this section, he again goes on to misrepresent Bishop Schneider's position, as he did in his original HEK article, and then ends this section with a long thought experiment on "moose flu" which clearly shows he doesn't understand the practice of medicine. Briefly, for the sake of completeness:

Scenario A: Doctors don't experiment using medications with no prior rationale.

Scenario B: The minute the doctors know a drug they're already using works, they can try it on their other patients, even for another indication. They are in no way obligated to wait for it to go back to the lab, nor would they, especially in a pandemic like COVID-19. That makes

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Scientist B totally superfluous. The "large clinical trial" Fr. Matthew describes *is already "in the process"*, and the Catholic relying on the doctors' information, or the clinical trial, have no connection to Scientist B's study, which will add nothing anyway. (If it works in the lab, so what? They already know it works clinically. If it doesn't work in lab, nobody will care — ***they already know it works clinically***.) This is a persistent lie with him, namely: Doctors are apparently too stupid to recognize that, say, ivermectin, which had already been proven *clinically* to work on other RNA viruses, would work on COVID-19, but scientists instead just randomly spitball that ivermectin should be taken back to some lab somewhere on some whim to check it.

Scenario C: Immoral, period.

Scenario D: "… would have been unlikely to be considered as a moose flu treatment"; argument only works if the MDs are morons and don't know how their own medications, *which are already on the market*, work (see "Scenario B").

And the very fact that he included hydroxychloroquine and ivermectin in Scenarios A, B, C, and D proves that he didn't even understand my CFN article, much less the medical histories of those two medications detailed in that article (Appendix II, "The Hydroxychloroquine Lie", was put there for a reason).

The fact that he had to resort to absurd, nebulous "thought experiments" to force his case is telling enough, but they have nothing to do with his Medical Testing lies, do not explain them, do not justify them, do not show any legitimate moral connection to the Catholic, but merely demonstrate that Fr. Matthew was unable to substantiate the "Everything was Tested on HEK" lie without his "broad sense" (as in, "anything goes") definition.

Lie #5: "The Circular Argument"

He begins his next section with the following lie: "Casey's whole point is that the only medical testing that counts is the medical testing for initial FDA approval". As my CFN article pointed out clearly, Medical Testing is defined as "the multistep ***process*** required by the FDA of pharmaceutical companies to verify the safety and efficacy of a medication with supporting documentation to obtain approval for the drug to go to market." Nowhere in the FDA's definition does this state that it is ***only*** possible to test the drug prior to obtaining approval, only that it's required ***at that point***. It specifically states that Medical Testing is a process — a long process — which his "broad sense", "basic-research-anything-goes" definition does not represent. The exact Medical Testing done on Tylenol in the early 1950s, for example, could be done again today, and it would still be Medical Testing. It would be a waste of time, but the process could be re-done at any time. It would still constitute true

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Medical Testing, unlike the "broad sense" definition he admits his agenda requires.

But Fr. Matthew stated, "In other words, he's taking the page on what testing should be done before a drug is approved to attempt to prove that the only testing is [*sic*] that is done before a drug is approved." I never said this — not even remotely. He claims it's "circular and illogical." That's because the way he worded it is a lie.

Lie #6: "Other Sources 'Defining Medical Testing'"

This is a short and fairly pointless section in which Fr. Matthew never once gives a definition for "Medical Testing." He merely provides four dictionaries' definitions for "test" *in isolation*, "trial" *in isolation*, etc., none of which has anything to do with the Medical Testing process defined above, and which implies he still doesn't know what Medical Testing is. He keeps bringing up the same red herring over and over — that Medical Testing is simply an issue of timing, or that anyone has claimed that it is, when that has been proven repeatedly not to be the case.

He claimed that "in many cases, Federal Regulations explicitly require that lab tests be done per IND", but merely states his opinion without addressing the IND specifics and without any reference (he does this several times in this section), then claims animal studies can suffice. He claims lab studies "would be helpful", but adds that they're "not strictly speaking required," which proves my point, not his.

The reason he's contradicting himself is that he apparently still doesn't understand that in his HEK article stating that the drugs he mentions, *already on the market*, would be taken back to the lab for a new indication is simply incorrect — because if an IND is obtained for them, the original lab studies can be used in the application; they don't have to be taken back to the lab to re-do any *in vitro* studies on HEK. For example, drugs that had already been proven to work clinically, as in the cases of hydroxychloroquine and ivermectin (the medications specifically addressed in the original article) were *not* returned to the lab before being prescribed to patients for recent indications. His only quoted reference in this section is from a government website: "Adequate information about pharmacological and toxicological studies of the drug involving laboratory animals ***or*** *in vitro*," again contradicting himself that lab studies are required. And nowhere on that government page does it state that the medication has to be taken ***back*** to the lab. The original studies can suffice for a new IND on drugs if one is filed for a new indication on approved, well-established drugs, such as the drugs he mentioned in his original HEK article (addressed in Appendix I of my CFN article) have been. The IND is the FDA's permission to proceed *with clinical studies* before a drug is approved for its initial (or sometimes subsequent) indication. As stated in my CFN article, once the drug is on the market, and the efficacy and

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safety are well-established, even the laboratory animal testing is not required in all cases (as was shown with ivermectin — see Appendix I of my CFN article), and certainly not *in vitro* testing, especially on fetal cell lines. (It should be noted that throughout the process of writing my previous CFN article and this present rebuttal, the professional Medical Tester was consulted regularly. Fr. Matthew apparently didn't consult any professional Medical Tester for either his original HEK article or his blog post.)

He then stated, "As they [basic research articles] are published in peer-reviewed medical journals, that clearly indicates that Casey's definition [that is, the ***FDA's*** definition of Medical Testing] is not the only one used in medicine." Of course, *basic research articles* are published in journals. That's what journals are for. Basic research articles are usually eight to 10 pages long. The Medical Testing process often yields 100,000+ pages of charts, forms, and numerical data. His statement, therefore, argues *against* those articles being Medical Testing. His TUMS articles, for example (see his original HEK article), which alone ***prove*** his premise is fraudulent, aren't even in the same category.

For some reason, he then quotes his own Tylenol reference, which was completely refuted and debunked in my CFN article (as well as in Appendix I to that article). It's funny that Fr. Matthew would even risk quoting it again. Not only is this not Medical Testing, but it wasn't even published in one of his "peer-reviewed journals"; it was, in fact, published on a natural science website with a reputation for "junk" science. He quotes it again, apparently, because it has the word "testing" in it. His entire argument in his blog post seems to be that if a Google search can find the word "testing" somewhere in the article, it must be equal to the 100,000+ pages of documents which support the Medical Testing of a drug. He again highlights in bold, "we tested this hypothesis" — as if that's some sort of clincher — in what in fact is nothing more than a ***mechanism of action*** study, and we know that because it's stated ***in his previous sentence,*** and is in the article's Introduction, ***the stated purpose of the research***. Mechanism of action studies like these are done *to get a better look at something already known*, in this case, the normal metabolites of Tylenol (already known) and their interaction with normal receptors (already known). Since the information has no *clinical applicability*, there is no way that Fr. Matthew can link this information to the Catholic in any way (and the Catholic therefore is not morally culpable) as he attempted to do in his original HEK article, so there's no point in mentioning the article in his blogpost except to claim that the very presence of the word "testing" means it has been part of the Medical Testing process, which it obviously isn't.

And the very fact that this same study also refers to "sensory testing" proves that his "any-use-of-the-word-testing" method doesn't represent Medical Testing. Claiming this *mechanism of action* study is Medical Testing is as absurd as stating that if you buy a high-

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powered telescope to get a better look at the moon, you're somehow "testing" the moon — and then accusing a Catholic astronaut of committing a sin if he goes there.

The phrase "most medical references disagree with Casey's definition of testing" contains two lies, because "Casey" does not have a definition of "testing" (the FDA does), and Fr. Matthew's definitions never show that any of his "medical references" were referring to the actual Medical Testing process at all. Fr. Matthew can present all the "test" or "trial" definitions he chooses from whatever source he wants, but after having admitted that his "point was not to use any specific medical dictionary or FDA definition but to look at testing from a moral perspective," that it does not represent the Medical Testing process is too little too late, and for him to claim it is somehow my definition and not the FDA's is intellectually dishonest. If the professional Medical Tester uses the FDA's definition (which is right there on the FDA's website), and she's been doing this work for over 20 years, it's simply a lie for him to claim that it's mine. And to be clear, it was stated in my CFN article, *repeatedly*, where that definition came from — and it didn't come from me.

Lie #7: "Conclusion"

In his conclusion, Fr. Matthew states that Merriam-Webster's definition of "lie" and the FDA's definition of Medical Testing "aren't the definitions that make the most sense in this case." In other words, Fr. Matthew apparently believes he gets to choose whether the FDA's definition of Medical Testing measures up, and since neither it nor Merriam-Webster's "lie" promote Fr. Matthew's agenda, they "aren't the definitions" he wishes to use. But, in fact, the FDA gets to decide what constitutes Medical Testing, not Fr. Matthew. And Merriam-Webster doesn't need his approval, nor do we. Those definitions don't make sense to him because *they don't work for him*. His "broad sense" definition (in which anything goes) may be "more obvious" to him, but that doesn't make it true. And none of his sources, not one, deal with Medical Testing as defined.

He ends on only two notes: First, he states I should retract the fact that the majority of doctors I know are against the vaccines and are actually not vaccinated, as if I'm somehow required to buy into his lies about my "clinic", my "hospital", and my old group's list of where their doctors have privileges — which only proves he has no idea where I work despite his Google search, or how the practice of medicine works. Second, having dismissed the dictionary definition of "lie", preferring his definition of choice, he implies calumny on my part, which is obviously the exact opposite, since I left his intent out of it (he was the one who insisted on inserting his own choice of word into my analysis).

There is no reason to assume that there will ever be an end to Fr. Matthew's never-ending lies. Fr. Matthew has an agenda, and therefore the definition of Medical Testing, which is

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directly applicable to the topic under discussion, doesn't work for him (which is why nowhere in his blog post could he even provide an actual definition of Medical Testing).

He attempted to use his characteristically biased and misleading methodology to respond to my CFN article, but he refuted nothing. And unsurprisingly, he didn't even attempt to address my article's Appendices — information which proves his entire approach is fraudulent. Nor did he address his lies against Bishop Athanasius Schneider or Bishop Joseph Strickland. Even when he addressed the Airman in the United States Air Force, he claimed that "the Airman's letter seems more like the boss using my article trying to convince the service member to vaccinate," when it was documented to him several times that she was flatly denied her exemption and that the ***only*** reason she was given — ***after*** her exemption was denied — was his article. As was clearly documented in my CFN article, his original HEK article was the ***only*** source they provided to answer her question, "On what basis?" Her superiors provided no additional basis, explanations, or existing policy, because their policy was actually announced long after she was denied (see here — the Airman was denied an exemption on Sept. 24, 2021; the "Department of the Air Force memo" was "issued Dec. 7" [2021]). It is simply a lie for him to keep claiming the Airman had been given his article *prior* to her being denied, as a means of "trying to convince the service member to vaccinate."

Final Thoughts

Someone said recently that Fr. Matthew is never going to change. No one should expect him to. He's already demonstrated repeatedly that:

- He doesn't understand, or want to acknowledge, an accurate definition of Medical Testing applicable to the topic at hand.
- He doesn't understand, or care, that the basic research he referenced is not Medical Testing.
- He doesn't understand our moral premise against the vaccines.
- He doesn't understand how clinics operate.
- He doesn't understand what a hospital affiliation represents.
- He doesn't understand the practice of medicine (e.g., old drugs being used for new indications, etc.).
- He doesn't understand, or acknowledge, that telling a lie to catch an opponent in some sort of inconsistency says far more about him than the opponent.

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- He doesn't understand that he has proven his "Google search" approach is borderline incompetent, *especially* when searching for information in the world of medicine (Medical Testing, doctors' present practices/clinic locations/hospital "affiliations", etc.).

What he *does* know is that if he can dispense with whatever definitions he wants, whenever he wants, in favor of his own definitions, he can continue to spread whatever lies he wants to further his agenda. When he does, we'll be here to correct him.

I would again 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.

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