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UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

SACRAMENTO DIVISION

CROSS CULTURE CHRISTIAN CENTER, a California Non-Profit Corporation; **PASTOR JONATHAN DUNCAN**, an individual; **CORNERSTONE CHURCH**, a California Non-Profit Corporation; **PASTOR JIM FRANKLIN**, an individual,

Plaintiffs,

vs.

GAVIN NEWSOM, in his official capacity as Governor of California; **XAVIER BECERRA**, in his official capacity as the Attorney General of California; **ERICA PAN**, in her official capacity as Acting California Public Health Officer; **MAGGIE PARK**, in her official capacity as Public Health Officer, San Joaquin County; **MARCIA CUNNINGHAM**, in her official capacity as Director of Emergency Services, San Joaquin County; **RAIS VOHRA**, in his official

Case No.: 2:20-CV-00832-JAM-CKD

DECLARATION OF JAMES E. ENSTROM IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

Date: March 9, 2021
Time: 1:30 p.m.
Crtrm: 6, 14th Floor
Judge: Hon. John A. Mendez

capacity as Interim Health Officer, Fresno County; **DAVID POMAVILLE**, in his official Capacity as Director of Department of Public Health, Fresno County

Defendants.

I, Dr. James E. Enstrom, declare as follows:

I am a resident of Los Angeles, California. I am 77 years old and I am otherwise competent to render this declaration. I submit this declaration in support of Plaintiffs Cornerstone Church and Cross Culture Christian Center in support of their Motion for a Preliminary Injunction. I have personal knowledge of the matters set forth below and could and would testify competently to them if called upon to do so.

Professional Background

1. I am a Retired Research Professor (Epidemiology) at University of California, Los Angeles and I have conducted epidemiologic research at UCLA since 1973 (https://www.linkedin.com/in/james-enstrom-05953010/) . I have a 1970 PhD in physics from Stanford University under the direction of Nobel Laureate Melvin Schwartz (https://www.nobelprize.org/prizes/physics/1988/schwartz/biographical/) and a 1976 MPH and Postdoctoral Certificate in epidemiology from UCLA under the direction of renowned California public health leader Lester Breslow (https://www.nytimes.com/2012/04/15/health/lester-breslow-who-tied-good-habits-to-longevity-dies-at-97.html). Since 2005 I have been President of the Scientific Integrity Institute, which I established to address research integrity in epidemiology (http://scientificintegrityinstitute.org/). I have been a founding Fellow of the American College of Epidemiology since 1981 (http://www.scientificintegrityinstitute.org/ACE080181.pdf) and I have been a biographee in Who's Who in America since 1990 (http://scientificintegrityinstitute.org/WWAEnstrom090110.pdf).

2. I have published about 50 peer-reviewed articles on epidemiology, physics, and scientific integrity. My epidemiologic research has focused on the relationship of lifestyle and environmental factors to chronic diseases and longevity and I have made several groundbreaking findings. I have published on the health benefits of religiosity and church attendance since 1974 (http://scientificintegrityinstitute.org/MormonWP111874.pdf). A true and correct copy of my 2021 Summary CV is attached hereto and is incorporated herein by reference (EXHIBIT 1). During 1974-1989 I received front-page newspaper publicity regarding my evidence that religiously active

California Mormons have greatly reduced cancer and total death rates and increased longevity (EXHIBIT 2).

3. Because the current COVID-19 lockdowns of churches in California do not consider the many documented health benefits of regular church attendance, my October 16, 2020 Daily Signal OpEd "Ending California's Lockdown on Churches Is Compatible With Science and Good Health" (https://www.dailysignal.com/2020/10/16/ending-californias-lockdown-on-churches-is-compatible-with-science-and-good-health/) makes the case that there is net public health benefit if churches are reopened. For instance, the health benefit of reduced total mortality rate among regular church attenders in California is described in the 2008 Enstrom-Breslow Preventive Medicine article (http://www.scientificintegrityinstitute.org/PM2008.pdf) and in the 1997 American Journal of Public Health article (https://pubmed.ncbi.nlm.nih.gov/9224176/) by UCSF Professor William Strawbridge (EXHIBIT 3).

Summary of Opinions

4. The Plaintiffs in this case contacted me about providing expert testimony regarding the public health benefits of the Plaintiff churches holding in-person church services, and I agreed to provide a declaration based on my professional epidemiologic expertise on these matters. I am not taking any personal payments for my COVID-19 related work, so my work on this declaration is pro-bono, and I am not a party to this case.

5. I am including herein expert evidence from my colleague Duke University Professor Harold G. Koenig, MD (https://spiritualityandhealth.duke.edu/index.php/harold-g-koenig-m-d). He is Professor of Psychiatry & Behavioral Sciences and Associate Professor of Medicine and Director, Center for Spirituality, Theology and Health at the Duke University Medical Center, Durham, North Carolina. Professor Koenig is arguably the world's leading expert on the relationship between religion and health and we agree on the evidence supporting health benefits of regular church attendance. I have attached relevant pages from Professor Koenig's 105-page CV (EXHIBIT 4) and his full CV can be accessed at this Duke University link: (https://spiritualityandhealth.duke.edu/images/pdfs/Koenig_Full_CV.pdf).

6. In order to expedite my declaration, Dr. Koenig has provided me with much relevant evidence that I have included in the attached exhibits and summarized below. He has provided this evidence on a pro-bono basis and he is cooperating with me in lieu of his own expert testimony from North Carolina. Both Professor Koenig and I are native Californians and we want the strong

evidence that supports the many benefits of traditional indoor church services in California to be fully considered in the reassessment of church lockdowns.

7. I have attached Dr. Koenig's August 18, 2020 Expert Assessment "Why Churches Should Not Be Closed during COVID-19: The Health Benefits of Attending In-person Indoor Religious Services" (EXHIBIT 5). Also, I have attached his 2012 ISRN Psychiatry Review Article "Religion, Spirituality, and Health: The Research and Clinical Implications" (Koenig 2012: https://www.hindawi.com/journals/isrn/2012/278730/) (EXHIBIT 6). His review article, which includes 601 references from peer-reviewed sources, cites the two articles, Enstrom-Breslow 2008 (reference 562) and Strawbridge 1997 (reference 295), that I cited in EXHIBIT 3. A comprehensive assessment of all current evidence is contained in the forthcoming (2021) third edition of his "Handbook of Religion and Health," which was originally published in 2001 (https://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953). This Handbook is among the most important of his approximately 40 books. Dr. Koenig and I agree on the evidence in his Expert Assessment, which I summarize below.

Summary of Evidence on Benefits of Regular In-person Church Attendance

8. A massive and growing body of peer-reviewed scientific research literature has accumulated over the past 50 years, particularly the past 30 years, showing that regularly attending in-person indoor religious services is associated with better mental health, better social health, better behavioral health, and better physical health (Koenig 2012: https://www.hindawi.com/journals/isrn/2012/278730/ and Chen et al. 2021: https://pubmed.ncbi.nlm.nih.gov/32793951/). Unfortunately, this evidence has been ignored by the California public health officials who have locked down indoor church services in California based on assumed but unverified risks of COVID-19 among church attenders. The mental, social, behavioral and physical health of people in California is very likely being adversely affected because in-person indoor religious services have not been allowed during the COVID-19 pandemic. A strong case can be made that the adverse health effects due to church closures are substantially greater than the assumed health benefit of reducing the spread of the coronavirus as a result of church closures.

Mental Health Benefits

9. Frequent attendance at in-person indoor religious services is known to be associated with less depression, lower anxiety, lower suicide rates, less unhealthy alcohol use, less illicit drug use, and greater well-being in hundreds of systematic quantitative research studies (VanderWeele et al. 2017: https://pubmed.ncbi.nlm.nih.gov/27367927/; Koenig 2018:

https://www.elsevier.com/books/religion-and-mental-health/koenig/978-0-12-811282-3; Koenig et al. 2020: https://doi.org/10.1192/bja.2019.81). Several of these studies that have been specifically conducted in California (Strawbridge et al. 2001: https://pubmed.ncbi.nlm.nih.gov/11302358/).

Social Benefits

10. Frequent attendance at indoor in-person religious services is associated with and predicts greater social support (emotional and instrumental), less social isolation, and lower rates of loneliness (Koenig et al. 2012: https://www.amazon.com/Handbook-Religion-Health-Harold-Koenig/dp/0195335953). Social isolation has become a serious problem during the COVID-19 pandemic due to stay-at-home orders, and has emotional and physical health consequences (Leigh-Hunt et al. 2017: https://pubmed.ncbi.nlm.nih.gov/28915435/). Religious attendance is associated with greater marital stability, healthier family life, and less adverse child experiences, all of which provide a buffer against societal stressors that adversely affect immune functions, thereby lowering risk of infection (Brown and Brown 2015: https://pubmed.ncbi.nlm.nih.gov/25907371/).

Behavioral Benefits

11. Frequent attendance at indoor in-person religious services is associated with less cigarette smoking, greater physical activity and exercise, and improved diet. Each of these factors is related to a lower risk of developing COVID-19, since cigarette smoking, a sedentary lifestyle, and poor diet increase that risk (by causing underlying health conditions) (Koenig et al. 2012: https://www.hindawi.com/journals/isrn/2012/278730/). Involvement in religious services also helps to form moral standards and behaviors that have positive effects on the next generation (Chen and VanderWeele 2018: https://pubmed.ncbi.nlm.nih.gov/30215663/).

Physical Health Benefits

12. Of all indicators of religious involvement, frequent in-person indoor attendance at religious services is by far the strongest predictor of physical health. Frequency of religious attendance is associated with better physical health, greater longevity and lower all-cause mortality based on multiple longitudinal studies (Chen et al. 2021: https://pubmed.ncbi.nlm.nih.gov/32793951/). For instance, the previously cited California prospective studies found regular religious attendance was associated with significantly longer survival in follow-up periods of at least 25 years (Strawbridge et al. 1997: https://pubmed.ncbi.nlm.nih.gov/9224176/ and Enstrom 2008: http://www.scientificintegrityinstitute.org/PM2008.pdf).

Religion and Immune Functioning

13. A healthy functioning immune system is the only thing that stands between a person, becoming infected by the coronavirus, and the development of COVID-19. The immune system is closely connected with a person's emotional, social, and behavioral health (Brown et al. 2020: https://pubmed.ncbi.nlm.nih.gov/32140685/) . Many systematic scientific studies have now reported a positive association between religious involvement and indicators of healthy immune function (Koenig et al. 1997: https://pubmed.ncbi.nlm.nih.gov/9565726/; Lutgendorf et al. 2004: https://pubmed.ncbi.nlm.nih.gov/15367066/).

Religion and Susceptibility to Infection

14. Religious involvement, particularly attendance at in-person indoor religious services, has been shown to be associated with a lower risk of viral infection and a lower concentration of viruses in blood among vulnerable persons (Ironson 2006: https://pubmed.ncbi.nlm.nih.gov/17083503/; Krause 2019: https://pubmed.ncbi.nlm.nih.gov/31227980/). Research shows that those with compromised immune systems experience better immune function if they engage in religious activity (Callen et al. 2011: https://pubmed.ncbi.nlm.nih.gov/21053840/).

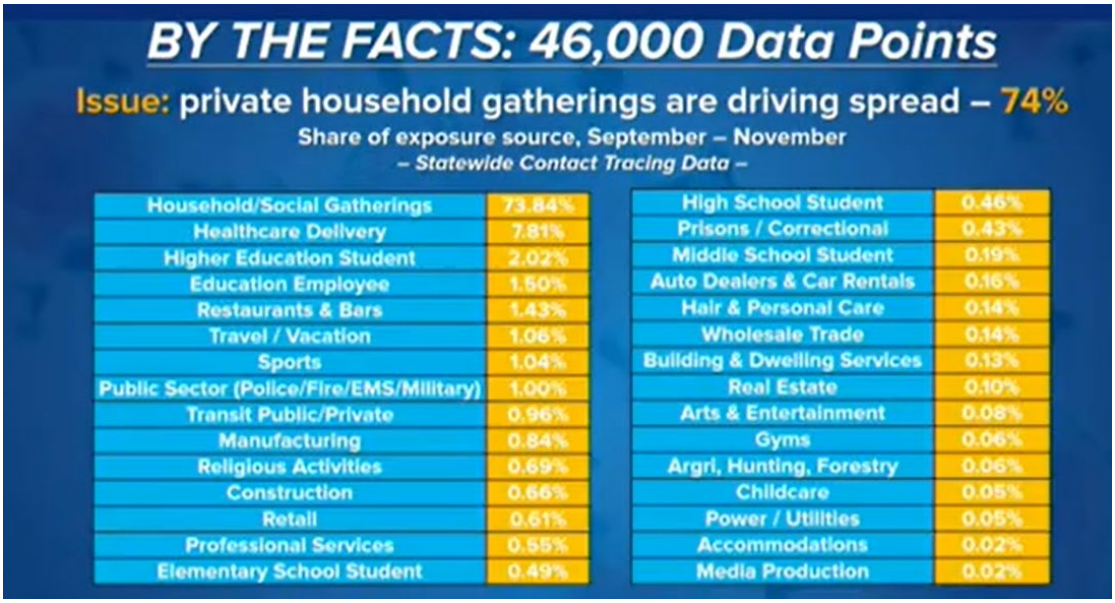
The Uniqueness of Religious Gatherings

15. The mental, social, behavioral, and physical health benefits of religious gatherings go far beyond those from other types of social involvement (Idler et al. 2009: https://pubmed.ncbi.nlm.nih.gov/19214241/). Attending religious services provides more than simply social interaction. Although social interaction is important, it pales in comparison to what happens during in-person indoor religious services. The religious nature of the gatherings appears to be the key factor.

Low COVID-19 Risk from Regular Indoor Church Services

16. No detailed and accurate survey has been done of COVID-19 cases, hospitalizations, and deaths that are attributable to indoor church services in California. However, the December 11, 2020 New York State Contract Tracing Report found that in New York, religious activities accounted for only 0.69% of identified COVID-19 cases, while household/social gatherings accounted for 73.84% of the COVID-19 cases, as shown in the table below (Butler 2020: https://ithacavoice.com/2020/12/state-releases-first-covid-19-contact-tracing-data-emphasizing-household-gathering-problems/). Since New York permitted indoor church services, the small

fraction of cases attributable to religious activities represents a reasonable estimate of the very small impact of indoor religious services on COVID-19 spread in California. Until there is reliable evidence to the contrary, the potential health risks from COVID-19 cases, hospitalizations, and deaths attributable to indoor church attendance can be assumed to be **much smaller** than the well-established health benefits of indoor church attendance, as summarized above.



Conclusions and Recommendations

17. It is well established that regular in-person at indoor religious services enhances immune functioning, lowers risk of infection, and improves mental, social, behavioral, and physical health. Furthermore, recent research confirms that there is an extremely low risk (.69%) of contracting the virus during religious services compared to the transmission risk of other activities. Therefore, the health benefits of indoor church services far outweigh the health risk of contracting the coronavirus. Even if infected with the virus, it is highly likely that the physical consequences (severity of symptoms, hospitalization, ICU admittance, long-term complications, and death) will be much lower for those who are frequent attendees at religious services, compared to those who are prevented from attending such services by the orders of state and local health officials. Therefore, an objective assessment of the health benefits versus the health risks favors indoor church attendance.

18. Whether the same health benefits of regular in-person indoor religious service attendance are conferred by worshiping remotely via streaming over the internet or by gathering for

worship outdoors is currently unknown in that no research studies to date have examined the health benefits of these practices.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed February 8, 2021.

James E. Enstrom, PhD, MPH