Via email and USPS certified mail (return receipt) Jan 4, 2022

Re: UUCB vaccine mandate

Dear Beth Pollard, Helen Tinsley-Jones, Bill Brown, Randall Hudson, Elaine Miller, David Roberts, Kerry Simpson, Cordell Sloan, and Ariel Smith-Iyer:
(cc Rev. Michelle and Opening Task Force)

This letter serves as a reminder and notice (for the written record) that, as a scientist, I have informed you of my concerns about vaccine mandates; I have tried to engage the board and the task force, both in writing (see, for example, my letter in the Oct 25, 2021 meeting materials) and via phone calls with some individuals; but, for the record, I have received no substantive response.

As an observer, I'm wondering why the board is embracing such a large responsibility (liability), effectively sailing into uncharted waters best left to governments. Why not simply state an intention to honor applicable city and county health regulations (especially since our local governments have some of the most restrictive COVID policies in the nation)?

Please note that your decision supporting vaccine mandates sends a coercive and perhaps inaccurate message to the community — that you have reviewed the safety and efficacy of the vaccines and that you approve of this mandatory health intervention (notwithstanding the ill-defined, rocky path of applying for an exemption). Larger stakeholders have obtained liability shields to protect against lawsuits regarding this product — has UUCB?

In clinical trials, the vaccines have not been shown to reduce rates of transmission or infection (references available upon request)**,** but have merely been shown to reduce symptoms:

> The impressive "95%" relative risk reduction of the Pfizer vaccine (against the original strain, not new variants) as reported in the clinical trials is derived from an absolute risk reduction of ***less than one percentage point***, as follows: the risk of symptomatic COVID infection for the placebo group was 0.88%, while the risk for the vaccinated group was 0.04%, yielding ***a net benefit of 0.84%*** — and this is during the optimal protection period of 2–3 months post vaccine. (References available upon request.) Furthermore, during the clinical trials, rates of COVID-19 were dwarfed by the 20-fold higher rates of COVID-like illnesses, which were about 9% in the placebo group and 7% in the vaccinated group. (References available upon request.)

Lower-quality lines of evidence (i.e., studies other than clinical trials) to date have shown mixed results on whether the vaccines may affect rates of COVID transmission or infection. (References available upon request.) This question remains open yet difficult to study, especially as new variants arise. We can hope for the best, but do we really want to *mandate* a product whose popularity is based less on science and more on a manipulative sales pitch? If our larger goal is to be good citizens, shouldn't we engage in an active search for truth?

Regarding implementation, will the vaccination credentials required by UUCB expire after three months, as the scientfic evidence suggests they should? Will each vaccine brand/formulation have a specific expiration (duration)? How will new vaccines and strains be addressed? Will members be prohibited from in-person attendance during the one-to-two-week period of increased susceptibility after each vaccine/booster? (Is there a way to extricate the church from this can of worms?)

To reiterate the main point from my previous letter, the vaccine risks have not yet been well-characterized. Shall we all just hope for the best? The reported vaccine injuries of greatest

concern are **heart damage** (particularly to young people, for whom preliminary evidence suggests a rate of 1 in 3000, in a subgroup that incurs virtually no benefit from the vaccine, excluding those with severe preexisting conditions), miscarriages, and reduced immunity to other pathogens and cancer. (References available upon request.) Susceptibility to vaccine injuries cannot always be determined ahead of time; the first sign can be sudden death.

In trying to understand our situation, my guess is that the board is faced with a membership that has been isolated into silos by the shutdown and has been inundated with one-sided media coverage, in which infection fears are encouraged and vaccine risks are ignored. Such folks may have adopted a convenient but false narrative that offers a simple solution (as well as a feel-good, group identity) — defer to trusted authorities (no matter how untrustworthy), accept a health intervention allegedly for the public good, and target as enemies those who decline — even if we must, in the process, **sacrifice both our covenant and our fourth UU principle of a free and responsible search for truth and meaning.** (These challenging times demand a level of moral courage and generosity that may be rare among mere mortals; I would not want to be in your shoes.)

Incidentally, the last thing I want to see is another delay in the church's reopening. A lack of in-person gatherings surely exacerbates misunderstandings and polarization. Regarding UUCB, I see the extended closure as a formidable barrier pushing us down the slippery slope toward decay, when we could have grown into a treasured beacon and respite within the larger community, at a time of great need. (I'm also puzzled about how the church can afford to squander this unprecedented opportunity for membership growth; do we really have enough resources to ensure our long-term health despite the closure?) In case the church is already circling the drain, I will omit from this letter the issue about what role the church could be playing in standing against censorship as well as hate and "other-ing" by public officials and the media against a new, despised minority.

My offer to assist in an advisory or review capacity still stands. Meanwhile, I will keep my sanity in these crazy times by continuing to analyze and document policy issues like this for the record, via academic journals, in hopes that future historians might seek to understand when and how we as a society began to lose our way. Incidentally, ten years ago, I fought a similar, unsuccessful battle against mercury dental amalgam; the orthodox white-coats prevailed at that time, and mercury dental amalgam is still deemed "safe and effective" in this country, despite ample scientific evidence to the contrary (although last year the FDA finally acknowledged its risks to sensitive subgroups). I take comfort in knowing that scientific truth cannot be thwarted indefinitely, and I'm glad to be taking the long view — aiming to be on the right side of history. After all, "the arc of the moral universe is long, but it bends toward justice." Where is UUCB on that arc?

Sincerely,

Kris Homme

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- Contributing authors on several peer-reviewed scientific papers on vaccines (available on PubMed and ResearchGate);
- Currently drafting the scientific prerequisite documents for a legal challenge to the city of Berkeley's vaccine mandate