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11 UNITED STATES DISTRICT COURT  
12 FOR THE NORTHERN DISTRICT OF CALIFORNIA  
13 SAN FRANCISCO DIVISION  
14

15 COUNTY OF SANTA CLARA,

16 Plaintiff,

17 v.

18 DONALD J. TRUMP, President of the United  
19 States of America, ELAINE DUKE, in her  
official capacity as Acting Secretary of the  
20 United States Department of Homeland Security,  
JEFFERSON B. SESSIONS, in his official  
21 capacity as Attorney General of the United  
States, JOHN MICHAEL "MICK"  
22 MULVANEY, in his official capacity as Director  
of the Office of Management and Budget, and  
23 DOES 1-50,

24 Defendants.  
25  
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Case No. 17-cv-00574-WHO

**DECLARATION OF SARA H. CODY,  
M.D., HEALTH OFFICER AND  
DIRECTOR OF COUNTY OF SANTA  
PUBLIC HEALTH DEPARTMENT, IN  
SUPPORT OF PLAINTIFF COUNTY OF  
SANTA CLARA'S MOTION FOR  
SUMMARY JUDGMENT**

Date: October 4, 2017  
Time: 2:00 pm  
Dept.: Courtroom 2, 17th Floor  
Judge: Hon. William Orrick

Date Filed: February 3, 2017

Trial Date: April 23, 2018

1 I, SARA H. CODY, M.D., declare as follows:

2 1. I am a resident of the State of California. I submit this declaration in support of the  
3 County of Santa Clara’s (“County”) Motion for Summary Judgment. I have personal knowledge of  
4 the facts set forth in this declaration. If called as a witness, I could and would testify competently to  
5 the matters set forth herein.

6 2. I am the Director of the County’s Public Health Department, as well as the Health  
7 Officer for the County and each of the 15 cities located within Santa Clara County. I have held the  
8 Health Officer position from 2013 to the present, and I have held the Public Health Department  
9 Director position from 2015 to the present. In these roles, I provide leadership on public health  
10 issues for all of Santa Clara County and oversee approximately 450 Public Health Department  
11 employees who provide a wide array of services to safeguard and promote the health of the  
12 community.

13 3. Prior to becoming the Health Officer for the County and each of its cities, I was  
14 employed for 15 years as a Deputy Health Officer/Communicable Disease Controller at the County’s  
15 Public Health Department, where I oversaw surveillance and investigation of individual cases of  
16 communicable diseases, investigated disease outbreaks, participated in planning for public health  
17 emergencies, and responded to Severe Acute Respiratory Syndrome (also known as “SARS”),  
18 influenza A virus subtype H1N1 (also known as “swine flu” or H1N1), and other public health  
19 emergencies.

20 4. The mission of the Public Health Department is to promote and protect the health of  
21 Santa Clara County’s entire population. None of Santa Clara County’s 15 cities have a health  
22 department. All 15 cities, and all Santa Clara County residents, rely on the Public Health  
23 Department to perform essential public health functions. The Public Health Department’s work is  
24 guided by core public health principles of equity, the value of every life, and harm prevention.

25 5. In the County’s most recently completed fiscal year, from July 1, 2015 through June  
26 30, 2016, the Public Health Department’s expenditures amounted to approximately \$97 million.  
27 Revenues from federal funds in the same fiscal year amounted to \$38.6 million. Most of these  
28 federal funds pass through the State of California to the County.

1           6.       The work of the Public Health Department is focused on three main areas: (1)  
2 infectious disease and emergency response, (2) maternal, child, and family health, and (3) healthy  
3 communities.

4           7.       First, the Public Health Department is responsible for safeguarding the public health  
5 by preventing and controlling the spread of infectious diseases and planning for and responding to  
6 public health emergencies. Programs in this branch of the Public Health Department receive reports  
7 on 85 different diseases and conditions; track overall trends in infectious diseases; investigate  
8 individual cases of concern; provide long term case management for certain categories of patients  
9 (e.g., active tuberculosis cases); provide immunizations and preventive therapy; identify, investigate  
10 and control outbreaks; and plan for and respond to public health emergencies. They also ensure that  
11 all children attending school or child care facilities in Santa Clara County comply with State  
12 immunization requirements; conduct HIV and other STD testing and education for vulnerable  
13 communities; and distribute opioid overdose prevention kits for at-risk individuals. To support of its  
14 communicable disease control function, the Public Health Department has a public health laboratory,  
15 which serves as a local and regional resource which local health providers, clinics, hospitals, and  
16 even law enforcement rely on to test and identify infectious diseases, toxins, biohazards, and other  
17 substances that could pose a serious risk to public health.

18           8.       This branch of the Public Health Department also operates two pharmacies. One of  
19 these pharmacies provides free, donated medicine to individuals who cannot afford the retail cost of  
20 such drugs. The other pharmacy specializes in serving patients with HIV/AIDS, patients with  
21 tuberculosis, patients from the Public Health Department's STD clinic, and patients being discharged  
22 from the County jail. Pharmacy staff also support communicable disease control by procuring,  
23 storing, maintaining, and distributing essential medications and vaccines during outbreaks;  
24 distributing approximately 20,000 state-funded influenza vaccines, annually, to health care providers  
25 in Santa Clara County to administer to low-income and elderly residents at no charge; and  
26 overseeing all enrollment workers in Santa Clara County for the State-sponsored AIDS Drug  
27 Assistance Program, which serves low-income HIV/AIDS patients. In addition, pharmacy staff  
28

1 support the County's emergency preparedness program should there be a need for mass prophylaxis  
2 or rapid response to a chemical incident.

3 9. Examples of Public Health Department programs supported by federal funding in  
4 Fiscal Year 2015-2016 in the areas of infectious disease and emergency response include the  
5 following:

- 6 a. Under the federal government's Ryan White HIV/AIDS Program, the County received \$4.0  
7 million in Ryan White Part A and Part B funds to provide core medical services (including  
8 pharmaceutical assistance, early intervention services, home health care, hospice services,  
9 mental health services, oral health care, and medical case management) and support services  
10 (including medical transportation, linguistic services, referrals for health care and other  
11 support services) to low-income individuals living with HIV/AIDS in the County. In  
12 calendar year 2016, there were 1,267 Ryan White-funded clients in Santa Clara County—  
13 nearly half of all the persons living with HIV/AIDS in Santa Clara County. The Ryan White  
14 HIV/AIDS Program is a payer of last resort, which means that program funds can only be  
15 used when Medi-Cal (California's health insurance program for low-income individuals) and  
16 all other third-party sources of payment have been exhausted.
- 17 b. In addition to Ryan White funding, the County received approximately \$2 million in Fiscal  
18 Year 2015-2016 for drugs provided to uninsured and underinsured HIV/AIDS patients  
19 enrolled in the AIDS Drug Assistance Program. These are patients who are at or below  
20 500% of the Federal Poverty Level and do not qualify for no-cost Medi-Cal. The majority of  
21 this \$2 million consists of federal funds, with state funds comprising the remainder.
- 22 c. Through the National Hospital Preparedness Program and Public Health Emergency  
23 Preparedness Cooperative Agreement Programs, the Public Health Department has received  
24 federal funding to prepare for emergencies, such as natural disasters, mass casualties,  
25 biological and chemical threats, radiation emergencies and terrorist attacks. In Fiscal Year  
26 2015-2016, the Public Health Department received \$2.6 million in federal funds for  
27 preparedness.  
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- 1           10.       Second, in the area of maternal, child, and family health, the Public Health  
2 Department provides services for Santa Clara County's most vulnerable children and families. The  
3 following are some of the Public Health Department's federally-funded programs in this area:
- 4       a.   The California Children's Services (CCS) program provides diagnostic and treatment  
5       services, medical case management, and medically-necessary physical and occupational  
6       therapy services to children under 21 years of age with CCS-eligible medical conditions,  
7       such as cystic fibrosis, hemophilia, cerebral palsy, muscular dystrophy, spina bifida, heart  
8       disease, cancer, and traumatic injuries. The CCS program serves well over 5,000 children  
9       each year, and in Fiscal Year 2015-2016, it received \$4.9 million in federal funds, not  
10      including payments from Medi-Cal.
- 11      b.   The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)  
12      program safeguards the health of low-income pregnant, postpartum, and breastfeeding  
13      women, infants, and children up to age 5 who are at nutritional risk by providing nutritious  
14      foods to supplement diets, information on healthy eating including breastfeeding promotion  
15      and support, and referrals to health care. The program has a caseload of nearly 16,000  
16      individuals each month, and it received \$4.1 million in federal funds in Fiscal Year 2015-  
17      2016.
- 18      c.   The Child Health and Disability Prevention (CHDP) Program, which received \$1.6 million in  
19      federal funds in Fiscal Year 2015-2016, ensures that low-income children and youth receive  
20      routine health assessments and treatment services. Within the CHDP Program, public health  
21      nurses also provide case management for foster care youth to ensure that their medical,  
22      dental, mental health, and developmental needs are met.
- 23      d.   The Targeted Case Management program, which received \$1.3 million in federal funds in  
24      Fiscal Year 2015-2016, ensures that Medi-Cal beneficiaries in specific target populations  
25      gain access to needed medical, social, educational, and other services.
- 26      e.   The Childhood Lead Poisoning Prevention Program, which received approximately \$88,000  
27      in federal funds in Fiscal Year 2015-2016, provides nursing and environmental case  
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1 management and follow-up for lead-poisoned children, promotes screening for lead  
2 poisoning, and provides community education regarding lead poisoning prevention.

3 11. Third, to create and maintain healthy communities, the Department conducts  
4 localized health assessments and planning throughout Santa Clara County, and works with  
5 community partners and County leadership to promote system wide and environmental changes to  
6 reduce the incidence of chronic diseases and injuries in Santa Clara County. Federal support for this  
7 area of the County's work includes a grant from the Centers for Disease Control and Prevention's  
8 Partnerships to Improve Community Health, which grant supports the County's efforts to treat  
9 chronic diseases and prevent injuries. Among other things, this grant promotes healthy food and  
10 beverage consumption (e.g., installation of public water stations), active transportation (e.g., use of  
11 city bicycle and pedestrian trails, assessments of bicycle and pedestrian safety, and support of safe  
12 routes for children walking and biking to school), tobacco-free environments to reduce youth access  
13 and exposure to tobacco products, and reduced exposure to secondhand smoke in multi-unit housing.  
14 In Fiscal Year 2015-2016, federal revenues from this grant alone amounted to \$2.2 million. In  
15 Fiscal Year 2015-2016, the chronic disease and injury prevention unit also received \$1.6 million in  
16 federal funds to provide nutrition education and obesity prevention activities and interventions for  
17 low-income Californians for primary prevention of nutrition-related chronic disease.

18 12. In addition to the programs described above, the Public Health Department received  
19 \$6.1 million in Medi-Cal payments and \$2.4 million in Medicare payments in Fiscal Year 2015-2016  
20 for health care provided to patients with Medi-Cal or Medicare coverage. The payments from  
21 Medicare, which is the federal health insurance program for elderly and disabled individuals, consist  
22 entirely of federal funds. Medi-Cal is financed by the State and federal governments, and the Medi-  
23 Cal payments therefore contain a mixture of State and federal funds. Although the apportionment of  
24 the funding is not readily known to the County, the Medi-Cal payments are dependent on receipt of  
25 federal funding from Medicaid, the federal health insurance program for low-income individuals.

26 13. The Public Health Department's work is undermined by federal policies that attempt  
27 to coerce the County into enforcing federal immigration laws. I am familiar with studies and news  
28 reports showing that the current political climate has already caused immigrants to miss medical

1 appointments, to avoid going out in public, to avoid utilizing public safety services, and to suffer  
2 from increased stress, anxiety and depression. This situation would only worsen with the loss of  
3 federal funding to the County.

4 14. The elimination of federal funding to the County would be devastating for the  
5 residents of Santa Clara County. It would likely result in a drastic reduction of services and staff  
6 positions in the programs providing direct services to clients, as well as other programs integral to  
7 protecting and promoting public health. Vulnerable communities would be most severely impacted  
8 by a loss of federal funding to the Public Health Department. The Public Health Department's direct  
9 services primarily benefit low-income persons, children, people of color, and people living with  
10 chronic diseases, such as HIV/AIDS. Many, if not most, of these individuals simply would not get  
11 the care and resources that they need without federally-funded services from the Public Health  
12 Department. For example, without federal funding for WIC, thousands more women would not have  
13 the appropriate nutrition to ensure healthy pregnancies, healthy birth outcomes, and healthy children,  
14 and thousands more children would suffer from poor nutrition. This would impact not only their  
15 immediate health but also their developmental readiness for kindergarten and chances for future  
16 health and success in life. As another example, loss of funding for CCS would result in reduced  
17 therapy and other necessary services for thousands of medically fragile and disabled children with  
18 expensive and complicated medical conditions. And as yet another example, loss of funding for  
19 clients with HIV/AIDS would mean that hundreds of low-income, chronically ill individuals in our  
20 community would not receive the health care, drugs, and other essential services they need to  
21 survive and enjoy a reasonable quality of life. Patients with HIV infection who are not adequately  
22 treated are also at greater risk of spreading HIV to others.

23 15. The impact of any loss in federal funding would not be limited to services  
24 traditionally funded by federal dollars. A withdrawal of federal funding for the County would  
25 require a countywide realignment of funding and priorities, and money that is currently allocated to  
26 the Public Health Department from the County's General Fund could be reduced to make up for a  
27 loss of federal funds in other departments. A loss of federal funding, combined with a reduction in  
28 the County's general funds for the Public Health Department, would require the Public Health

1 Department to make difficult decisions about how to reallocate its remaining funds, which  
2 communities to prioritize, and which diseases and health conditions to focus on at the expense of  
3 others. Rather than being in a position to create and implement proactive strategies to promote  
4 health and prevent disease, the Public Health Department would almost certainly be forced into  
5 focusing on reactive services designed to address public health crises (e.g., communicable disease  
6 control), services that the Public Health Department and Health Officer are mandated by law to  
7 provide (e.g., birth and death registration), and a modicum of services for the neediest populations.  
8 A withdrawal of federal funding would compromise the Public Health Department's ability to  
9 prevent public health emergencies and outbreaks, to prevent chronic diseases, to provide equal  
10 opportunity to vulnerable children for a healthy start and optimal health, and to foster healthy  
11 families and healthy communities.

12       16.       A sustained loss of federal funding to the County would ultimately result in a far  
13 sicker and less healthy community overall and for generations to come. The collateral costs would  
14 be many: greater health care costs for individuals, their families, their employers, and for the County  
15 itself, which is mandated by law to provide health care to the medically indigent. In addition to  
16 imposing costs on all Santa Clara County residents and institutions, which costs those residents and  
17 institutions may not be able to bear, I am familiar with a wide body of studies and literature showing  
18 that an increase in incidents of sickness and illness can result in financial instability for families, a  
19 less productive workforce, and poorer educational and economic outcomes for children.

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on

August 21, 2017 in San Jose, California.

  
SARA H. CODY, M.D.