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

14 COUNTY OF SANTA CLARA,
15 Plaintiff,
16 v.

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

Case No. 17-cv-00574-WHO

**DECLARATION OF SARA H. CODY
M.D., DIRECTOR OF SANTA CLARA
COUNTY PUBLIC HEALTH
DEPARTMENT**

Date: April 5, 2017
Time: 2:00 p.m.
Dept.: Courtroom 2
Judge: Hon. William H. Orrick

Date Filed: February 3, 2017

Trial Date: Not yet set

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

2 1. I am a resident of the State of California. I have personal knowledge of the facts
3 set forth in this declaration. If called as a witness, I could and would testify competently to the
4 matters set forth herein.

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

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

19 4. The mission of the Public Health Department is to promote and protect the health
20 of the County's entire population. None of the County's 15 cities have a health department. All
21 15 cities, and all the County's residents, rely on the Public Health Department to perform
22 essential public health functions.

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

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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
5 health by preventing and controlling the spread of infectious diseases and planning for and
6 responding to public health emergencies. Programs in this branch of the Public Health
7 Department receive reports on 85 different diseases and conditions, track overall trends in
8 infectious diseases, investigate individual cases of individuals who contract such diseases,
9 provide long term case management for certain categories of patients (e.g. active tuberculosis
10 cases), investigate how patients came to contract diseases, provide immunizations and preventive
11 therapy, identify, investigate and control outbreaks, conduct HIV and other STD testing and
12 education for vulnerable communities, and plan for and respond to public health emergencies.

13 8. This branch of the Public Health Department also operates two pharmacies
14 (including one that provides free, donated medicine to individuals who cannot afford the retail
15 cost of such drugs) and a public health laboratory (a local and regional resource which local
16 health providers, clinics, hospitals, and even law enforcement rely on to test and identify
17 infectious diseases, toxins, biohazards, and other substances that could pose a serious risk to
18 public health).

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

- 22 a. Under the federal government's Ryan White HIV/AIDS Program, the County received
23 \$4.0 million in Ryan White Part A and Part B funds to provide core medical services
24 (including pharmaceutical assistance, early intervention services, home health care,
25 hospice services, mental health services, oral health care, and medical case management)
26 and support services (including medical transportation, linguistic services, referrals for
27 health care and other support services) to low-income individuals living with HIV/AIDS
28 in the County. As of 2015, there were 2,734 persons living with HIV in the County, 44

1 percent of whom were at or below 500% of the Federal Poverty Level and dependent on
2 Ryan White services. The Ryan White HIV/AIDS Program is a payer of last resort, which
3 means that program funds can only be used when Medi-Cal (California's health insurance
4 program for low-income individuals) and all other third-party sources of payment have
5 been exhausted.

6 b. In addition to Ryan White funding, the County received approximately \$2 million in
7 Fiscal Year 2015-2016 for drugs provided to uninsured and underinsured HIV/AIDS
8 patients enrolled in the AIDS Drug Assistance Program. These are patients who were at
9 or below 500% of the Federal Poverty Level and did not qualify for no-cost Medi-Cal.
10 The majority of this \$2 million consists of federal funds, with state funds comprising the
11 remainder.

12 c. Through the National Hospital Preparedness Program and Public Health Emergency
13 Preparedness Cooperative Agreement Programs, the Public Health Department has
14 received federal funding to prepare for emergencies, such as natural disasters, mass
15 casualties, biological and chemical threats, radiation emergencies and terrorist attacks. In
16 Fiscal Year 2015-2016, the Public Health Department received \$2.6 million in federal
17 funds for preparedness.

18 10. Second, in the area of maternal, child, and family health, the Public Health
19 Department provides services for the County's most vulnerable children and families. The
20 following are some of the Public Health Department's federally-funded programs in this area:

21 a. The California Children's Services (CCS) program provides diagnostic and treatment
22 services, medical case management, and physical and occupational therapy services to
23 children under 21 years of age with CCS-eligible medical conditions, such as cystic
24 fibrosis, hemophilia, cerebral palsy, muscular dystrophy, spina bifida, heart disease,
25 cancer, and traumatic injuries. The CCS program serves well over 5,000 children each
26 year, and in Fiscal Year 2015-2016, it received \$4.9 million in federal funds, not including
27 payments from Medi-Cal.

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- 1 b. The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
2 program safeguards the health of low-income pregnant, postpartum, and breastfeeding
3 women, infants, and children up to age 5 who are at nutritional risk by providing
4 nutritious foods to supplement diets, information on healthy eating including
5 breastfeeding promotion and support, and referrals to health care. The program has a
6 caseload of nearly 16,000 individuals each month, and it received \$4.1 million in federal
7 funds in Fiscal Year 2015-2016.
- 8 c. The Child Health and Disability Prevention (CHDP) Program, which received \$1.6
9 million in federal funds in Fiscal Year 2015-2016, ensures that low-income children and
10 youth receive routine health assessments and treatment services. Within the CHDP
11 Program, public health nurses also provide case management for foster care youth to
12 ensure that their medical, dental, mental health, and developmental needs are met.
- 13 d. The Targeted Case Management program, which received \$1.3 million in federal funds in
14 Fiscal Year 2015-2016, ensures that Medi-Cal beneficiaries in specific target populations
15 gain access to needed medical, social, educational, and other services.
- 16 e. The Childhood Lead Poisoning Prevention Program, which received approximately
17 \$88,000 in federal funds in Fiscal Year 2015-2016, provides nursing and environmental
18 case management and follow-up for lead-poisoned children, promotes screening for lead
19 poisoning, and provides community education regarding lead poisoning prevention.

20 11. Third, to create and maintain healthy communities, the Department conducts
21 localized health assessments and planning throughout the County, and works with community
22 partners and County leadership to promote systemwide and environmental changes to reduce the
23 incidence of chronic diseases and injuries in the County. Federal support for this area of the
24 County's work includes a grant from the Centers for Disease Control and Prevention's
25 Partnerships to Improve Community Health, which grant supports the County's efforts to treat
26 chronic diseases and prevent injuries. Among other things, this grant promotes healthy food and
27 beverage consumption, active transportation (e.g., installation of public water stations, use of city
28 bicycle and pedestrian trails, assessments of bicycle and pedestrian safety, and support of safe

1 routes for children walking and biking to school), tobacco-free environments to reduce youth
2 access and exposure to tobacco products, and reduced exposure to secondhand smoke in multi-
3 unit housing. In Fiscal Year 2015-2016, federal revenues from this grant alone amounted to \$2.2
4 million. In Fiscal Year 2015-2016, the chronic disease and injury prevention unit also received
5 \$1.6 million in federal funds to provide nutrition education and obesity prevention activities and
6 interventions for low-income Californians for primary prevention of nutrition-related chronic
7 disease.

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

17 13. The elimination of federal funding to the County would be devastating for the
18 residents of Santa Clara County. It would likely result in a drastic reduction of services and staff
19 positions in the programs providing direct services to clients, as well as other programs integral to
20 protecting and promoting public health. Vulnerable communities would be most severely
21 impacted by a loss of federal funding to the Public Health Department. The Public Health
22 Department's direct services primarily benefit low-income persons, children, people of color, and
23 people living with chronic diseases, such as HIV/AIDS. Many, if not most, of these individuals
24 simply would not get the care and resources that they need without federally-funded services
25 from the Public Health Department. For example, without federal funding for WIC, thousands
26 more women would not have the appropriate nutrition to ensure healthy pregnancies, healthy
27 birth outcomes, and healthy children, and thousands more children would suffer from poor
28 nutrition. This would impact not only their immediate health but also their developmental

1 readiness for kindergarten and chances for future health and success in life. As another example,
2 loss of funding for CCS would result in reduced therapy and other necessary services for
3 thousands of medically fragile and disabled children with expensive and complicated medical
4 conditions. And as yet another example, loss of funding for clients with HIV/AIDS would mean
5 that hundreds of low-income, chronically ill individuals in our community would not receive the
6 health care, drugs, and other essential services they need to survive and enjoy a reasonable quality
7 of life. Patients with HIV infection who are not adequately treated are also at greater risk of
8 spreading HIV to others.

9 14. The impact of any loss in federal funding would not be limited to services
10 traditionally funded by federal dollars. Without federal funding, the Public Health Department
11 would face difficult decisions about how to reallocate its remaining, scarce funds among its
12 programs, which communities to prioritize, and which diseases and health conditions to treat at
13 the expense of others. Rather than being in a position to create and implement strategies to
14 proactively promote health and prevent disease, the Public Health Department would almost
15 certainly be forced to narrow its focus to ensuring reactive services designed to prevent public
16 health crises (e.g., communicable disease control), services that the Public Health Department and
17 Health Officer are mandated by law to provide (e.g., birth and death registration), and a modicum
18 of services for the neediest populations. A withdrawal of federal funding would compromise the
19 Public Health Department's ability and resources to respond to public health emergencies and
20 outbreaks, to implement strategies to prevent chronic diseases caused by obesity and tobacco use,
21 to provide equal opportunity to vulnerable children for a healthy start and optimal health, and to
22 foster healthy families and healthy communities.

23 15. Ultimately, a sustained loss of federal funding to the County would result in a far
24 sicker and less healthy community for generations to come. The collateral costs would be many:
25 greater health care costs for individuals, their families, their employers, and for the County itself,
26 which is mandated by law to provide health care to the medically indigent. In addition to
27 imposing costs on all County residents and institutions, which costs those residents and
28 institutions may not be able to bear, I am familiar with a wide body of studies and literature

1 showing that an increase in incidents of sickness and illness can result in financial instability for
2 families, a less productive workforce, and poorer educational and economic outcomes for
3 children.

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

6 February 22, 2017 in San Jose, California.

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SARA H. CODY, M.D.