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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

ARGHAVAN SALLES; ABIGAIL HATCHER; ANDREA ROSSO; ANN D. COHEN-WILSON; DOLORES ALBARRACÍN; HEIDI MOSESON; JADE PAGKAS-BATHER; JONATHAN KYLE DAW; KATIE EDWARDS; KELTON MINOR; MICHAEL D. GREEN; SARA JACKSON; SUZANNE BELL; JORDAN DOE 1; JORDAN DOE 2; JORDAN DOE 3; and JORDAN DOE 4, *on behalf of themselves and all others similarly situated,*

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH; JAY BHATTACHARYA, *in his official capacity as Director of the National Institutes of Health*; UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES; ROBERT F. KENNEDY, JR., *in his official capacity as Secretary of the United States Department of Health and Human Services*; and UNITED STATES DOGE SERVICE,

Defendants.

Case No. 3:26-cv-10510-SK

DECLARATION OF ANN D. COHEN-WILSON

* Application for *Pro Hac Vice* Admission Forthcoming
** Out-of-State Licensee Renewal Pending

(Additional Counsel on Behalf of Plaintiffs)

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* Application for *Pro Hac Vice* Admission Forthcoming

I, Ann D. Cohen-Wilson, declare:

1. I have personal knowledge of the facts set forth in this declaration, and if called to testify as a witness thereto, could do so competently under oath.

2. I am offering this declaration in my individual capacity and not on behalf of my employer.

3. I am employed by the University of Pittsburgh where I am a tenured Associate Professor and Co-Director of the Molecular Biomarkers in Psychiatry Program in the Department of Psychiatry, the Director of the Neuroimaging Core in the Alzheimer's Disease Research Center, the Director of Collaborative Clinical Studies in Alzheimer's Disease and Related Dementias in the Department of Psychiatry, and the Co-Director of the Alzheimer's Disease Research Center. My research interests are early detection of Alzheimer's disease, neuroimaging and biomarkers of neurodegeneration, and the social determinants of health.

4. I earned my PhD in Neuroscience from the University of Pittsburgh in 2006, and completed my postdoctoral work in Geriatric Psychiatry at the Western Psychiatric Institute and Clinic of the University of Pittsburgh Medical Center in Pittsburgh, PA.

5. I have published widely in my field, including nearly 150 original peer reviewed articles in publications including *Annals of Neurology*, *Alzheimer's & Dementia*, *Journal of Neuroscience*, *NeuroImage*, *Archives of Neurology*, *Journal of Neurochemistry*, *JAMA Neurology*, and *Brain*.

6. In 2025, I received the Christopher Clark Award from Human Amyloid Imaging as well as the Diversity Equity and Inclusion Award from the Department of Psychiatry at the University of Pittsburgh School of Medicine. I have also served in elected leadership roles on national committees including as Chair of the Steering Committee for Neuroimaging Cores of the Alzheimer's disease Research Centers and the Advisory Committee of the International Society to Advance Alzheimer's Disease Research and Treatment.

7. I have been a continuously funded National Institute of Health Researcher for over 25 years and have served as the Principal Investigator, Multiple Principal Investigator, or Co-Investigator on 10 grants from the National Institutes of Health, specifically from the National Institute on Aging and National Institute of Neurological Disorders and Stroke. These grants include:

- R01 AG072641: *Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework*;
- R01 AG052446: *Role of Midlife Cardiovascular Disease on Alzheimer's Pathology and Cerebrovascular Reactivity in the Young-Old*; and
- RF1 AG052525: *Subclinical Vascular Disease and AD Pathology in the Transition from Midlife to Old Age*

8. Health equity is important in my work ethically and especially important scientifically. The different experiences that people have impact the brain in different ways. If scientific research does not recruit participants across different demographics, especially including those demographics who have a higher incidence of the disease being studied, such that not all people have access to biomarker studies, scientists will not have the information necessary to treat members of all communities effectively. This issue has been one that has consistently challenged the Alzheimer's disease and brain aging fields, particularly in relation to biomarker studies. Frequently, individuals at highest risk for Alzheimer's disease are those who are the most understudied, particularly individuals from racial and ethnic minorities and those from underprivileged backgrounds. Indeed, the National Alzheimer's Project Act (NAPA) (Public Law 111- 375) mandated that NIH continue to establish new cohorts that include participants across diverse racial, ethnic and socioeconomic backgrounds (milestone 1c) and reduce disparities in individuals at greatest risk for Alzheimer's disease, including racial and ethnic minorities. Finally, as the Alzheimer's disease field has entered a new era of biological detection of the disease and disease modifying treatments, the necessity of understanding such differences in pathology and treatment response is even more critical. Without research data that is representative of the population at large, a significant group of individuals will be left without the ability to trust that approved biomarkers or therapies will work in their communities.

9. In 2022, my institution was awarded a five-year R01 NIH grant from the NIA for which I am the principal investigator titled *Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework*. This grant was supposed to run through November 30, 2027.

10. This grant is a longitudinal study that continues a broader project I launched years ago to investigate the role of structural and social determinants of health in the development of Alzheimer's

disease. The project proposes that racial inequities in the development of cognitive impairments in the context of Alzheimer's disease are driven by structural inequities. The underlying premise is that there is heterogeneity in the pathology of Alzheimer's disease, and that the expression of cognitive dysfunction in the elderly is the result of two independent processes—neuropathology associated with Alzheimer's disease, and also what we have historically considered modifiable individual risk factors, which may be environmental, behavioral, and sociocultural. The project examines a group of White participants and a group of Black participants, using blood tests and imaging to detect brain changes, and documenting neighborhood factors that may be stressors to determine which factors confer a risk for Alzheimer's disease. The research links socioeconomic factors with cognitive decline.

11. NIH grant applications are incredibly demanding. Preparing one can take months or even years. Proposals are lengthy and must make a compelling case that the health issue being studied is urgent and scientifically significant. Applicants must prove that their proposed methods are the best possible approach to solve the problem. They must also demonstrate that their team is uniquely qualified. Every application undergoes rigorous peer review by experts, and funding rates are low—especially for R01 grants, where many researchers apply multiple times before ever being funded. Securing a grant is not just about money—it indicates a project's scientific importance, methodological rigor, and real-world potential to improve public health.

12. In the case of this application, after approximately 12 months of planning, analysis, and drafting, the initial application was submitted in July 2020 and underwent peer review but was not accepted. After extensive review of the suggestions made by peer reviewers, discussions with our program officer, and significant revision, the grant was resubmitted in March of 2021. These changes included improvements to the scientific rigor and adjustments of the descriptions of our measures and statistical analyses. After another round of now favorable peer review, the application was awarded in February of 2022. The overall time investment of this award prior to funding was nearly 3 years.

13. Attached hereto as **Exhibit 1 is a tru**e and correct copy of this grant's initial Notice of Award (i.e., NOA).

14. We have published over 40 articles both funded by and related to this research in scholarly journals including *Journal of Neurochemistry*, *Journal of Cerebral Blood Flow and*

Metabolism, *The American Journal of Geriatric Psychiatry*, and *Journal of Neurochemistry*. The data from this project have also been shared with the scientific community around the world and uploaded to the National Alzheimer's Coordinating Center data repository and has provided data for training of PhD students, postdoctoral researchers, industry partners, and junior faculty.

15. Data from this study have also been presented at a variety of prestigious research conferences in the fields of brain aging and Alzheimer's disease, these include the American Academy of Neurology, the Alzheimer's Association International Conference, Human Amyloid Imaging, and the Gerontological Society of America.

16. On December 4, 2025, we received a renegotiation request from my NIH program officer (PO), who informed me that "NIH funds may not be used to support any Diversity Equity and Inclusion (DEI) related activities that were proposed in the application, or for any other DEI-related research or training activities, or programs." I was further advised that I would need to revise the current annual progress report to remove any aims not aligned with new priorities and adjust the budget of the program to ensure that no NIH funds would be used to support these types of activities. Our PO told us that a notice of grant award for year 4 would not be issued until these modifications were made.

17. I spoke to my PO on the phone about this on December 5, 2025. At this time, we discussed the need to revise the aims and whether those revisions would be feasible and meet the necessary and expected thresholds for scientific rigor in our field while still meeting the mandate from leadership at NIH.

18. Although I had misgivings about making the language changes required by NIH, because I wanted my research to continue given both its timeliness and importance, I modified the language. Specifically, I removed language regarding structural racism and health inequity (such as the statements that Black communities experience racism and more adverse social determinants of health, that I would use a health disparities research framework, or that I would collect information about measures of inequity including poverty, neighborhood segregation, and mortgage redlining) and instead focused on the idea that different people have different risks of a variety of stressors both psychological and biological that can be caused by individual experiences and that this may be the result of neighborhood disadvantage.

19. On December 15, 2025, I sent modified aims and narrative for the project, and I sent a modified abstract on December 17, 2025.

20. Even after I modified the language of my grant, I did not receive a NOA for months until late June 2026. Attached hereto as **Exhibit 2** is a true and correct copy of this grant's updated NOA. In the interim, I repeatedly asked my PO about the status of the NOA and if further changes were needed, and they would invariably tell me it was "in progress."

21. On August 7, 2026, I was formally notified through a new NOA that the grant had been terminated on the following basis:

> This award is revised to reflect a project period end of August 7, 2026, and is hereby terminated in full, because the grant, 5R01AG072641-04, "Predictors of Altered CNS Structure, Function, and Connectomics in the Elderly using a Health Disparities Framework", is not in alignment with the August 15, 2025, NIH Priorities Statement, as it relates to "Promoting research focused on scientifically valid, measurable health outcomes". The award is terminated in accordance with the terms of award and 2 CFR 200.340(a)(4), which states that a federal award may be terminated "by the Federal agency….pursuant to the terms and conditions of the Federal award, including, to the extent authorized by law, if an award no longer effectuates the program goals or agency priorities."

Attached hereto as **Exhibit 3** is a true and correct copy of this termination NOA.

22. The termination NOA references a letter from Dr. Jay Bhattacharya dated August 4, 2026, that neither I nor my institution ever received. The termination NOA does quote this apparent letter to argue that my grant could not be brought into alignment with agency priorities:

> NIH feels that this award cannot be renegotiated to bring it into alignment with agency priorities. The overall hypothesis of the grant is "that neighborhood inequity will modify the risk of cognitive decline and AD risk." As described above, the reliance on racism and other imprecisely measured and non-actionable factors as key drivers of the hypothesized effects does not align with the NIH's priorities. Removing this central hypothesis and its underlying concepts from the grant, would remove the entire

framework for the study and would not be a viable approach. Because of this, NIH does not believe that the grant can be renegotiated to bring it into alignment with agency priorities.

23. NIH's assertions do not make sense to me as a scientist. It is incorrect to argue that neighborhood inequity is "imprecisely measured and non-actionable." Indeed, the Area Deprivation Index used in the proposal is a rigorous measure of neighborhood inequity utilized broadly in my field. Similarly, the termination NOA's focus on "Figure 1 of the application" as a reason for terminating the grant (purportedly because of its focus on individual and institutional racism as drivers of AD inequities) is nonsensical because Figure 1 describes the factors that NIH itself uses for the National Institute on Aging's (NIA) Health Disparities Framework. The application includes Figure 1 to explain how the research will fit within the framework published by NIA; structural racism was never a proposed measure in this grant. It strains credulity that use of a framework published by NIA no longer effectuates agency priorities. Taken together, these inconsistencies, particularly rejecting a well validated, gold-standard measure as "imprecise," and mischaracterizing a figure drawn directly from NIA's own published framework as evidence of an improper focus on racism, suggest that the stated rationale is not a genuine scientific or methodological concern, but a pretext for terminating research perceived to communicate a viewpoint that structural racial inequities can contribute to disparities in health outcomes.

24. The grant termination has had an enormous negative impact. Without this funding, my team has had to suddenly cancel imaging appointments for our participants. Our team has spent years building trusted relationships with the community—these relationships are now at risk. The termination also means that our scientific work is unlikely to continue, and that may mean our prior work is weakened, too. We have spent over a decade building relationships in communities that do not traditionally participate in research. And we have learned from our research during the COVID pandemic that this trust is lost much more rapidly than it is gained. This means that as we endeavor to engage these communities in other clinical trials and research studies, we will have great difficulty in ensuring our research cohorts are appropriately diverse to ensure our findings can be generalizable to the population writ large. Our longitudinal study built upon a previous study from eight years ago and our

participants came back every 18-24 months for follow up testing. Because I can no longer conduct those follow-ups, we will be unable to track changes for those individuals or disclose results to participants (such as biomarker results and cognitive test results). Additionally, the chaos and scientific loss from this disruption cannot be understated, since science relies on careful and thoughtful timing and collection of data, and these delays will result in a tremendous loss of data and knowledge.

25. The termination of the grant also raises ethical issues. For example, participants gave their time, effort, and specimens (including brain images, blood samples, and DNA), making a calculation that the risks they were exposing themselves to were worth the benefits resulting from the study. Terminating the research midstream has meant that participants had unnecessary exposure to radiation and blood draws without the expected benefits of their participation. In addition, the funding termination could put the samples we have collected at risk, as we may ultimately no longer be able to maintain the freezers or the staff.

26. My team and I have already done a huge component of the baseline analyses for the project. Further, after submission of the grant, new biomarkers for Alzheimer's disease became available and FDA approved but many of these markers have not been examined in diverse, more generalizable populations representing an urgent need in the field. Our study had begun to examine these biomarkers in the last two years but given the termination, we will likely not be able to complete this analysis of additional biomarkers, a huge loss of important data that would have immediate impacts on research and clinical practice. My staff members, including 7 individuals in my lab and 5 individuals supported from this grant from collaborators' labs slated to conduct data analysis will now have to shift to other projects or be laid off.

27. Even if we are able to complete our analysis and publish our findings, I am fearful of negative impacts on my ability to secure NIH funding in the future. If I speak or write about my work or present my findings using a title that refers to any of the concepts to which NIH objected, such as neighborhood inequity or health disparities for racial and ethnic minorities, and list that title on my biosketch for future NIH grant applications, that could well doom the prospects for those applications' success. Indeed, I have previously removed publications from my biosketch that NIH found problematic

because of references to racism. But omitting such a title would obscure my scholarship and make my application less competitive.

28. Additionally, if we were unable to reinstate funding in the next few months, the time gap of our longitudinal data will become too large to continue data collection. At some point, the time gap will become so large that the research field will have moved on. Further, based on our experiences with Covid, I know that a sustained absence from the community of greater than a year will do tremendous damage to future recruitment efforts for clinical trials and other studies.

29. To date, I have spent over $5.2 million on this research. Without the rest of the funding, I will have wasted millions of dollars without being able to finish the study. Further, the time and effort of world leaders in dementia research on these projects now has to be shifted to focusing on closeout of a grant in a chaotic and unscientific manner, a tremendous waste of time and intellectual resources during a time where advances in the field are still desperately needed. Finally, the loss of support for trainees and staff undercuts the ability of our large and successful research program to continue its work into the future.

30. Sustained NIH funding has been the lifeblood of my research program and has contributed substantially to our understanding of early detection of Alzheimer's disease pathology and how risk factors shape the relation between this pathology and cognitive decline in those at highest risk for the dementia. NIH policies of disfavoring research that addresses health disparities will prevent me from applying for future NIH funding to expand our work and findings from this grant to understand how to identify strategies to reduce risk of dementia in these communities that could be quickly integrated into clinical practice. Our plans for a renewal of this research program in 2027 have largely been scrapped given this termination, a loss to not only our research program and community but also to the field.

31. I understand that, as a class representative, I represent the interests of everyone in the class, and not just myself. I am prepared to stay informed about what is happening with my case and stay in touch with my attorneys to give them information they need. I am committed to being a class representative because I do not want other researchers to be subjected to the same unlawful policies and actions that I have experienced. I have never served as a class representative in any prior action.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed at Clairton, Pennsylvania this 18th day of September 2026.

Ann D. Cohen-Wilson