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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
ARGHAVAN SALLES**

* 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

1 I, Arghavan Salles, declare:

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

4 2. My name is Arghavan Salles. I am a Board-Certified surgeon and a Clinical Associate
5 Professor at the Stanford University Department of Medicine, where I also served as the Special Advisor
6 for Culture and Community Building until July 2026. I have focused my research career on gender
7 equity, implicit bias, diversity, inclusion and physician well-being.

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

10 4. I earned a B.A. and B.S. from the University of Southern California in 2002, an M.D.
11 from Stanford University School of Medicine in 2006 and a PhD in Social Psychology from Stanford
12 University School of Education in 2014 that was supported by a T32 grant from NIH. I completed my
13 fellowship in minimally invasive surgery at Washington University in St. Louis and served on the
14 faculty there for three years before returning to Stanford in 2019.

15 5. I have published research papers in top medical journals, including JAMA Internal
16 Medicine, BMJ, JAMA Network Open, JAMA Surgery, and the International Journal of Obesity. I have
17 published opinion pieces in leading journals such as JAMA and The Lancet, and I sit on The Lancet's
18 racial equity board.

19 6. In 2022 I was awarded an R01 grant, titled Sexual Harassment Training of Principal
20 Investigators (STOP) with a project term of July 1, 2022, through June 30, 2027. NIH grant applications
21 are incredibly demanding. Preparing one can take months or even years. Proposals are lengthy and must
22 make a compelling case that the health issue being studied is urgent and scientifically significant.
23 Applicants must prove that their proposed methods are the best possible approach to solve the problem.
24 They must also demonstrate that their team is uniquely qualified. Every application undergoes rigorous
25 peer review by experts, and funding rates are low—especially for R01 grants, where many researchers
26 apply multiple times before ever being funded. Securing a grant is not just about money—it indicates a
27 project's scientific importance, methodological rigor, and real-world potential to improve public health.

1 7. My award focused on sexual harassment in biomedical research—despite high enrollment
2 in biomedical graduate programs, women remain under-represented in the biomedical research
3 workforce. Although anyone can experience sexual harassment, women, especially those with other
4 marginalized aspects of identity, and sexual and gender minorities are disproportionately impacted. NIH
5 T32 training programs are an understudied yet important contributor to the workforce and a key stage
6 for intervention. As such, my project was designed to explore the impact of an intervention on T32
7 training program Principal Investigators’ and mentors’ confidence in their ability to intervene when they
8 witness sexual harassment and the impact of the intervention on T32 mentees’ experiences with
9 microaggressions and sexual harassment, sense of belonging, well-being, research productivity and
10 persistence in biomedical research careers.

11 8. To complete the project’s research aims, I planned to conduct a randomized, controlled
12 trial of NIH T32 programs to test whether a novel multi-modal virtual intervention incorporating video
13 game elements would address and reduce sexual harassment and allow for a generalizable and easily
14 scalable educational program to improve NIH training environments nationwide which could ultimately
15 increase the diversity of the biomedical research workforce. Attached hereto as **Exhibit 1** is a true and
16 correct copy of this R01 grant’s Notice of Award (i.e., NOA).

17 9. During the first three years of the grant, we 1) developed an evidence-based intervention
18 incorporating novel, custom videos and video games; multimedia content including videos, podcasts,
19 and news articles from external sources; and other interactive exercises; 2) enrolled and randomized T32
20 training programs into either the treatment condition (where they would receive this intervention) or a
21 control condition (focused on research ethics); and 3) tested the intervention with a cohort of several
22 hundred biomedical research faculty involved in T32 training programs across the country.

23 10. I emailed the program officer (PO) on February 3, 2025, after a colleague funded through
24 the same mechanism as mine—Research on Interventions that Promote the Careers of Individuals in the
25 Biomedical Research Enterprise—had heard from her PO. I asked if there was anything I needed to
26 know that might affect the funding of this grant or the grant application I had submitted in the fall of
27 2024 (which was withdrawn from study section in spring of 2025 and then reviewed after a settlement in
28

1 a prior lawsuit and is not at issue in this case). She did not immediately reply. I followed up again on
2 February 18, and again she did not reply.

3 11. On April 2, 2025, I received an email from NIGMS stating that, due to a change in
4 NIH/HHS priorities, the program under which my award was funded had been terminated. I was
5 informed that no future years of funding would be available, and NIGMS would not permit ANY no-
6 cost-extensions. Attached hereto as **Exhibit 2** is a true and correct copy of this email.

7 12. The next day, April 3, my PO emailed to say that my grant would be terminated “no later
8 than the end of the current budget period. However, awards may terminate sooner based on NIH/HHS
9 priorities.” This left our project in limbo, unsure whether we would be funded from day to day. I asked
10 the PO how to appeal this decision. She said the appeals process would be outlined when I received an
11 updated Notice of Award.

12 13. Several months later I received a revised Notice of Award dated June 17, 2025, reflecting
13 my grant’s termination. Attached hereto as **Exhibit 3** is a true and correct copy of this revised Notice of
14 Award.

15 14. Neither the revised Notice of Award nor the termination notice includes any
16 individualized explanation for why the grant was canceled, and both fail to discuss the grant application,
17 progress reports, or other related materials. The project was proceeding well, and the project’s annual
18 progress reports had never prompted questioning or reduction in funds from the NIH prior to this
19 termination.

20 15. Instead, the termination notice contains the following language about its decision:

21
22 Research programs based primarily on artificial and non-scientific categories, including
23 amorphous equity objectives, are antithetical to the scientific inquiry, do nothing to expand our
24 knowledge of living systems, provide low returns on investment, and ultimately do not enhance
25 health, lengthen life, or reduce illness. Worse, so-called diversity, equity, and inclusion (“DEI”)
26 studies are often used to support unlawful discrimination on the basis of race and other protected
27 characteristics ICO’s, which harms the health of Americans. Therefore, it is the policy of NIH
28 not to prioritize such research programs.

1 16. The termination of this grant set off a cascade of events that has brought me to a critical
2 juncture in my research career. In the fall of 2024 I had one funded R01, a pending application for a
3 second and ideas for future awards. Today, I have zero NIH grants and dim prospects for obtaining
4 future grants. My department, which had previously enthusiastically supported my work, has given me
5 an extremely short amount of time to find further funding or else lose my job. Unless my grant is
6 reinstated soon, I do not see how my research career can continue.

7 17. With regard to the STOP project that had been funded by the NIH, I have tried very hard
8 to push that work forward and get our initial data analyzed so we could publish at least preliminary
9 results. Without that, the taxpayer money that supported our work for three years would have been
10 wasted. Unfortunately, due to the grant's termination, I was unable to replace a staff-member who left,
11 and we now have a very small staff which has limited our capacity to continue the work. We had
12 intended to test the intervention we designed on two cohorts, in subsequent years, but since our funding
13 was cut after the first cohort, we had limited capacity to pursue the second cohort. We did so with some
14 modest support from my department. We are doing what we can to try to publish preliminary findings
15 despite being underpowered and understaffed. We will not be able to complete the long-term follow-up
16 that was described in the original proposal, including our planned assessment of the enduring impact of
17 the intervention two years later. Short-term changes in behavior are important and valuable, but the true
18 test of an intervention is whether it results in durable change. Losing the ability to assess the longer-term
19 impact of the intervention limits the utility of the entire project, including the work already completed at
20 taxpayer expense.

21 18. My position at Stanford is dependent on bringing in additional funding, thus I have
22 continued to submit applications for NIH opportunities. In January of 2026, I submitted an application
23 for an R35 award. R35s are "Investigator-Focused Awards." They provide support to experienced
24 investigators for that investigator's research program or lab rather than a discrete research project. They
25 are only available to investigators with R01s in the previous 12-18 months, which is a relatively small
26 universe of applicants, making me a potentially competitive candidate. Based on my qualifications, a
27 program officer at the NIH encouraged me to apply.

1 19. Putting together my application was incredibly difficult. Based on public reporting, I
2 understood that if I included words like “woman” or “sexual harassment” in my grant application it
3 would be flagged as non-conforming to NIH priorities. Because these grants are given to investigators,
4 rather than to support specific projects, a critical portion of the application is describing the
5 investigator’s previous work in a way that demonstrates “clear intellectual leadership” in the proposed
6 research program. I was unable to accurately describe my work because of the widely known list of
7 banned words. Having studied gender equity for over 15 years, with sexual harassment being a key part
8 of that, I somehow had to describe my work without using “gender,” “equity,” or “sexual.” I therefore
9 had to describe my previous research in vague terms, for example referring to “mistreatment” instead of
10 sexual harassment. I then proposed using our previously established methods of novel multi-modal
11 interventions with video games on civility, bullying, and research misconduct. If not for this sudden and
12 drastic change in the NIH last year, I would have been able to describe my previous work in detail,
13 assessing implicit bias, microaggressions, sexual harassment, and other discriminatory behavior that
14 asymmetrically impacts outcomes for professionals based on their gender and other aspects of identity. I
15 would also have been able to propose interventions more clearly in line with that work rather than
16 having to pivot to civility, bullying, and research misconduct. In short, I would have been able to
17 describe work that would advance the research I have been conducting for over 15 years rather than new
18 areas of research that have tangential relations to my past work. That would, of course, make for a
19 stronger application.

20 20. I later learned the R35 application was “not discussed” at study section, meaning it was
21 not considered competitive for funding at that time. Although the application could be discussed at a
22 future study section, this is a bad prognostic indicator for the application’s chances of success.

23 21. Importantly, sexual harassment can and does affect people of all genders and remains
24 illegal. When it funded my work, the NIH understood the importance of addressing this critical barrier
25 that impairs our workforce from doing the best possible science as individuals are pushed out of the field
26 after experiencing sexual harassment. We will never know what cures and advances might have been
27 discovered by those pushed out of science because of these experiences. These days, NIH simply does
28 not care.

1 22. I am at a loss to understand how I will ever again be competitive for an NIH grant if NIH
2 will not consider applications that include the terms that accurately describe my research goals and
3 expertise. Even worse, I will never qualify for an NIH grant if I am forced out of academia due to the
4 sudden politicization of NIH's decision-making.

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

10 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
11 was executed at Redwood City, California this thirteenth day of September 2026.

12
13 

14 _____
Arghavan Salles