

AMERICAN CIVIL LIBERTIES UNION FOUNDATION

OLGA AKSELROD (NY Bar No. 4132825) (Appearance *Pro Hac Vice*)

oakselrod@aclu.org

VERA EIDELMAN (CA Bar No. 308535)**

veidelman@aclu.org

RACHEL MEEROPOL (NY Bar No. 4100954) (Appearance *Pro Hac Vice*)

rmeeropol@aclu.org

ALEXIS AGATHOCLEOUS (NY Bar No. 4227062)*

aagathocleous@aclu.org

125 Broad Street, 18th Floor

New York, NY 10004

Telephone: (212) 549-2659

Attorneys for Plaintiffs

(Additional Counsel on Following Page)

**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
ABIGAIL HATCHER**

* Application for *Pro Hac Vice* Admission Forthcoming

** Out-of-State Licensee Renewal Pending

(Additional Counsel on Behalf of Plaintiffs)

**AMERICAN CIVIL LIBERTIES UNION
FOUNDATION OF NORTHERN CALIFORNIA**

GRAYCE ZELPHIN (CA Bar No. 279112)

gzelphin@aclunc.org

CHESSIE THACHER (CA Bar No. 296767)

cthacher@aclunc.org

NEIL K. SAWHNEY (CA Bar No. 300130)

nsawhney@aclunc.org

39 Drumm Street

San Francisco, CA 94111

Telephone: (415) 621-2493

PROTECT DEMOCRACY PROJECT

SHALINI AGARWAL (DC Bar No. 990963) (Appearance *Pro Hac Vice*)

shalini.agarwal@protectdemocracy.org

2020 Pennsylvania Avenue, NW, Suite 163

Washington, DC 20006

KENNETH PARRENO (TX Bar No. 24130477)*

kenneth.parreno@protectdemocracy.org

15 Main Street, Suite 312

Watertown, MA 02472

Telephone: (202) 579-4582

CENTER FOR SCIENCE IN THE PUBLIC INTEREST

LISA S. MANKOFSKY (DC Bar No. 411931) (Appearance *Pro Hac Vice*)

lmankofsky@cspi.org

OSCAR HEANUE (DC Bar No. 90036939) (Appearance *Pro Hac Vice*)

oheanue@cspi.org

1250 I Street, NW, Suite 500

Washington, DC 20005

Telephone: (202) 777-8381

JACOBSON LAWYERS GROUP PLLC

DANIEL F. JACOBSON (DC Bar No. 1016621)*

dan@jacobsonlawyersgroup.com

LYNN D. EISENBERG (DC Bar No. 1017511) (Appearance *Pro Hac Vice*)

lynn@jacobsonlawyersgroup.com

STEPHEN K. WIRTH (DC Bar No. 1034038) (Appearance *Pro Hac Vice*)

stephen@jacobsonlawyersgroup.com

5100 Wisconsin Avenue, NW, Suite 301

Washington, DC 20016

Telephone: (301) 823-1148

* Application for *Pro Hac Vice* Admission Forthcoming

1 I, Abigail Hatcher, 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 Abigail Hatcher.

5 3. I am offering this declaration in my individual capacity and not on behalf of any current
6 or former employer.

7 4. I am an independent public health researcher and an unpaid adjunct at the University of
8 North Carolina at Chapel Hill Gillings School of Global Public Health.

9 5. From May 2020 until December 2025, I was a research-track faculty member in the
10 Department of Health Behavior at the University of North Carolina at Chapel Hill. I resigned my
11 position in December 2025.

12 6. I have worked in violence prevention for 21 years, with a focus on HIV and mental health
13 around the time of pregnancy. I lived in South Africa for 17 years and have conducted research there
14 since 2007. Over the course of my career, I have held investigative roles in approximately ten NIH
15 grants and four European grants.

16 7. My research examines violence and HIV in pregnancy and the conditions that shape who
17 benefits from health research and who has the opportunity to conduct it. To do this work effectively, I
18 must be able to identify specific populations, pinpoint and address disparities, and design programs and
19 policies to study the social conditions that produce those health outcomes.

20 8. One example is NIH grant 1R25HD116367, originally titled *Restoring equity to*
21 *measuring and preventing perinatal intimate partner violence (Remap-IPV)*, now titled *Early career*
22 *researchers mentored around perinatal intimate partner violence (Remap-IPV)*. My institution was
23 awarded the grant for which I was a principal investigator in September 2024 by the National Institute of
24 Child Health and Human Development. That R25 research-education grant focused on training a broad
25 spectrum of early-stage investigators to study violence in pregnancy using rigorous measurement and
26 ethical practices. The project combined in-person and online instruction with mentorship so that trainees
27 could draft a peer-reviewed paper with a scientific writing mentor, which serves as a track record of
28 scientific collaboration to improve their future grant funding.

1 9. NIH terminated the Remap-IPV grant on March 21, 2025, because it allegedly “no longer
2 effectuates agency priorities,” including “amorphous equity objectives,” and might qualify as a DEI
3 study. This grant was reinstated on July 4, 2025, as a result of *American Public Health Association v.*
4 *National Institutes of Health*, No. 1:25-cv-10787 (D. Mass.). The injuries I describe and relief I am
5 seeking here are separate from that lawsuit.

6 10. After NIH terminated my grant, I was told by my institution to halt my lines of equitable
7 research. I was also told that if philanthropic grant applications that communicated viewpoints relating
8 to equity were successful, the university would not accept the non-federal award. This prohibition made
9 continued employment as a researcher financially untenable for me. I was a soft-funded scientist,
10 meaning that grant funding was essential to support my salary and my research. I could no longer raise
11 my salary through NIH or non-federal grants, even though obtaining grants was a central condition of
12 my research-track position. I resigned from UNC in December 2025. I am now an independent
13 researcher and retain only an unpaid adjunct appointment at UNC’s Gilling School of Global Public
14 Health.

15 11. When I resigned, and after my grant was reinstated, I relinquished the award so that it
16 could be transferred to a co-investigator at the University of California, San Diego. I continue to work
17 part-time on violence prevention and mental health as an independent contractor.

18 12. The Remap-IPV grant has undergone repeated high-level political reviews. After
19 reinstatement, I was instructed by my program officer to revise the public-facing sections of the grant,
20 including the title, the health relevance section, and the abstract, or else the grant would be flagged and
21 the transfer to my co-investigator might not go through. They told me to change the original title of the
22 grant to omit the phrase “Restoring equity.” We were also told by the program officer to revise specific
23 aims. These proposed line edits removed words and phrases like “underrepresented,” “diverse,” “health
24 equity,” “structural inequity,” “sexual gender minority,” “pregnant person,” and people “marginalized
25 by race, disability, sexuality, and/or poverty.” While I had misgivings about recharacterizing my
26 research, in order to ensure the funding continued, I made the requested changes around the public-
27 facing sections (title and abstract) but opted not to alter the specific aims. The transfer to my co-
28 investigator ultimately took place after a months-long delay.

1 13. Because NIH required us to make these changes, I am fearful that NIH may re-terminate
2 this grant if I speak or write about my work or present my findings in ways that differ from the language
3 that NIH required us to adopt.

4 14. Apart from this, in an application for a training grant, I, along with a co-investigator,
5 proposed a program that focused on training HIV researchers on scientific writing. The original
6 application, submitted in September 2024 before the “agency priorities” were altered, proposed a two-
7 year scientific-writing fellowship for early-stage HIV researchers, divided evenly between investigators
8 in the United States and Southern Africa. The program would provide mentorship, residential writing
9 retreats, online instruction, professional-development support, and training in manuscripts and NIH
10 grant applications.

11 15. Our original application focused on investigators from underrepresented minority and
12 low- and middle-income settings and on research concerning gender-based violence and other social
13 determinants of HIV. Our application posited that disparities in scientific funding and mentorship limit
14 whose knowledge is represented in HIV research. For example, if a review panel includes only scientists
15 with a biomedical approach to treating HIV, the review panel may award lower scores for applications
16 that take a social or environmental approach to HIV. Similarly, if a review panel includes only United
17 States investigators working on domestic research, it may award lower scores to applications that
18 expand or translate African clinical advances. Thus, our application proposed to build a pipeline of
19 United States and African scientists to improve the quality, rigor, and breadth of scientific questions
20 examined by the next generation of HIV investigators.

21 16. After NIH priorities changed, I understood that we would need to change the language
22 and focus of the grant application to have a realistic chance of being awarded funding. As a result, my
23 co-investigator and I substantially recast the application in a revision submitted in September 2025. We
24 removed constructs and terms including “underrepresented minorities,” “gender-based violence,”
25 “racism,” “stigmatized identities,” “intersection,” “particularly women,” “underrepresented,” and
26 “minoritized.” We also removed the list of countries in the relevant region of Southern Africa.

27 17. In addition, we asked core faculty on the second grant submission to remove words from
28 their biosketch that might trigger a flag in the NIH review process. For example, in my biosketch I

1 removed words such as “gender-based violence,” “minority,” “social and structural,” “gendered
2 syndemic,” and “determinants of health.” To deal with my own university limitations on new proposals I
3 applied as a consultant instead of routing the sub-award through my institution.

4 18. This second submission fared worse in peer review due to the noted lack of specificity in
5 the grant. For example, one reviewer noted “Some of the mentors’ biosketches appear to be not targeted
6 to this application, raising slight concerns about their commitment to this proposal.” Naming me as a co-
7 investigator without an institutional home was noted by a reviewer as a weakness in the environment for
8 the training program.

9 19. These revisions made the application less programmatically distinct from general HIV
10 training. The original premise was that the United States research pipeline trains scholars across race and
11 gender through the postdoctoral stage, but loses many of these investigators during early careers, and
12 that targeted mentorship could help to prevent those losses. Not naming the populations most affected by
13 this research loss obscured both the problem and the reason for the proposed intervention.

14 20. In my judgment, that lack of precision also made our application less competitive for
15 funding because it obscured our investigative expertise in addressing the intersection of violence and
16 HIV. This is an area that has not yet been adequately addressed by existing medication regimens or
17 clinical programs. Studying this topic and training new researchers to address it offers us a competitive
18 advantage as mentors. By omitting certain terms or constructs in the second revision in order to obscure
19 disfavored viewpoints relating to DEI, we discarded ideas and scientific approaches known to be
20 persistent drivers of HIV-related health.

21 21. We then resubmitted the grant a third time in May 2026. This final version centered
22 broadly on community-engaged HIV research, communicating with academic and community
23 audiences, and the use of artificial intelligence in scientific writing. It no longer proposed a cohort
24 divided evenly between United States and Southern African investigators. Instead, trainees would be
25 based in the United States.

26 22. Although the third revised application still refers generally to early-stage investigators,
27 we removed the original application’s focus on underrepresented minority and low- and middle-income
28 investigators. In this third revision we omitted additional words from the application including “social

1 and structural determinants of health,” “systemic,” and “sexuality.” We also removed terms such as
2 “Black,” “Brown,” and “African.” The third revision is under review during the month of September
3 2026.

4 23. Several of the words we removed over the course of our multiple revisions were listed in
5 an appendix to a June 26, 2026 article in *Nature*, including “gender,” “racism,” “minority,” and
6 “underrepresented.” The article describes the list of 235 terms as tool NIH uses to screen grants for
7 disfavored language that indicates that grants will likely need to be revised for alignment. Attached
8 hereto as **Exhibit 1** is a true and correct copy of this article, and attached hereto as **Exhibit 2** is a true
9 and correct copy of the appendix. This confirmed for me that NIH was censoring grants that used
10 particular language it associated with gender or racial equity and that we were correct to remove such
11 terms to obtain an NIH grant award.

12 24. Beyond that application, I have chosen not to submit new applications for NIH grants.
13 Preparing a competitive NIH application requires substantial time and effort. I face the sunk costs of
14 writing new grants that may be terminated at any moment, the psychological toll of scrubbing my
15 science of reference to people of color and real inequities, and the moral injury of abandoning ethical
16 principles, including my obligations to participants already enrolled in research that is halted or
17 terminated without notice.

18 25. Prior to NIH’s flagged words lists and censorship policies, I had started developing an
19 R01 application extending findings from my earlier career-development work on reducing violence
20 during pregnancy within primary healthcare clinics. The proposed research planned to test multiple
21 clinical strategies to reduce violence and improve pregnancy outcomes in a clinical trial. It drew upon an
22 efficacious brief intervention to reduce perinatal violence – a social condition that leads to more deaths
23 in pregnancy in the United States than the next three causes of pregnancy-related death (pre-eclampsia,
24 sepsis, and hemorrhage) combined. However, a South African trial is better to test solutions to this
25 particular confluence of health problems due to a relatively higher burden of violence. A South African
26 setting allows for the larger sample sizes required in confirmatory clinical trials. Although this project
27 grows directly out of my longstanding expertise, its South African setting and focus on race, gender, and
28 equity make it especially disfavored under the current policies.

1 26. I continue mentorship of students through F31, D43, and T32 training grants. Those
2 efforts do not cover my salary and do not replace the grants I would submit to advance my own research
3 program. Converting career-development work into independent R-series funding has become doubly
4 difficult because NIH now disfavors both foreign research and research focused on race or gender.

5 27. For now, I am concentrating on completing work supported by the grants and subawards
6 that remain, researching the effects of grant terminations, and trying to stay active enough in my field.
7 This activity is important to resume a full research program when I can again describe my scientific
8 portfolio accurately in NIH grant applications. I am also working under a Mellon/Scholars at Risk
9 fellowship to track terminated scientists and their experience of the curbing of academic freedom
10 nationally.

11 28. NIH is the single-largest funder of public health research in the United States, and R-
12 series NIH grants are career-defining awards for researchers in my field. The monetary value of my
13 Mellon/Scholars at Risk fellowship and the work I do supporting other people's grants is only a fraction
14 of the NIH grant funding I previously received for my research work. My ability to continue my
15 research career is uncertain. Universities prefer to hire candidates with federal research funding to cover
16 a large portion of investigator salary, support salaries of staff, offer training opportunities for students,
17 and provide the university itself with funding in the form of overheads. Without a continued track record
18 of federal research funding, a university job in public health is uncertain. This is personally devastating,
19 as I have devoted over 20 years to public health research and returned to the United States from South
20 Africa for the express purpose of deepening my research career.

21 29. NIH policies have changed not only the words I use, but the research I am able to
22 propose. They have deterred me from submitting the R01 application described above, narrowed the
23 populations I can target, interrupted the progression of my research career, and deprived the public and
24 students of work directed at ameliorating violence in pregnancy.

25 30. I do not believe I can prepare a truthful and competitive NIH application while avoiding
26 the terms necessary to explain my expertise, the populations affected, and the scientific basis for my
27 career. Until NIH's current policies change, I will continue to refrain from submitting applications that I
28 otherwise would pursue.

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

6 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
7 was executed at Durham, North Carolina this 18th day of September 2026.

8
9 

10 Abigail Hatcher
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28