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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
DOLORES ALBARRACÍN**

* 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, Dolores Albarracín, 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. I am the Amy Gutmann University Professor at the University of Pennsylvania. I am also
5 the Director of the Annenberg Public Policy Center at the University of Pennsylvania. My research
6 focuses on attitudes and persuasion as well as behavioral change. My work seeks to understand how
7 people respond to persuasive communications, the dynamics of misinformation and conspiracy theories,
8 and how to develop effective interventions to change behaviors that are detrimental for individuals and
9 society at large. My research has direct impacts on health including how health risk behaviors can be
10 discouraged, how health and other policies affect behavior, when emotions and past behavioral
11 commitments drive persuasion and beliefs, and whether communities can be brought together to mitigate
12 health threats.

13 3. I offer this declaration in my individual capacity and not on behalf of my employer.

14 4. My research career has been motivated by a lifelong interest in understanding the human
15 mind and behavior, as well as an enjoyment of thinking, solving problems, writing, and conducting
16 statistical data analysis. My academic pursuits around attitudes stemmed in part from growing up during
17 a military dictatorship in Argentina, which limited citizen's expression and the freedom to research
18 particular topics, even firing academics and closing university majors such as psychology. I came to the
19 United States as a Ph.D. student in 1992. Thus, for more than three decades, the United States provided
20 the academic freedom to perform research and write scientific discoveries without the political
21 interference that I had perceived in Argentina during and after the dictatorship.

22 5. Before working at the University of Pennsylvania, I was a professor at the University of
23 Illinois at Urbana-Champaign, where I remain a professor emerita. Prior to that, I was promoted through
24 the ranks from assistant to endowed full professor at the University of Florida.

25 6. I received my B.A. in Psychology from Universidad Católica de La Plata and my
26 Professor in Letters from Universidad Nacional de La Plata, both in La Plata, Argentina. I completed a
27 Ph.D. in Clinical Psychology at Universidad de Belgrano in Buenos Aires, Argentina. I then completed a
28 M.A. and another Ph.D. in Psychology (specializing in social psychology) at the University of Illinois at
Urbana-Champaign.

1 7. To date, I am the author of six books and approximately 250 publications in peer-
2 reviewed journals. I am a member of the American Academy of Arts and Sciences, the American
3 Association for the Advancement of Science, and the American Academy for Political and Social
4 Science. I have been recognized with several scientific awards, including mid-career and senior awards
5 in the discipline of Social Psychology, and the BBVA Frontiers of Knowledge Award in Social Science.
6 I was also president of the Society for Personality and Social Psychology. My career has been greatly
7 facilitated by NIH funding, which has allowed me to pursue my research on basic social psychological
8 issues and applications to health, while training many generations of students and postdocs who are now
9 faculty members at other universities or contribute to public health or industry.

10 8. Institutional grantees are the entities that host the research and receive the award and
11 funding from the National Institutes of Health (NIH), and are generally universities, hospitals, and
12 sometimes non-profits and other entities. Awards also name one or more Principal Investigators, who
13 are researchers directly responsible for proposing the projects, overseeing the design and
14 implementation of studies, and managing the research from the application stage through the end of a
15 grant. I have applied for federal grants since I was a doctoral student at the University of Illinois and
16 NIH has awarded 15 grants for which I was or am the Principal Investigator over the course of my
17 career. I have been involved in approximately 13 additional federal grants as co-investigator and mentor.
18 One of the grants for which I am a Principal Investigator—R01MH132415—was included on the
19 spreadsheet in Exhibit A of the June 23, 2025 partial final judgment in *American Public Health*
20 *Association v. National Institutes of Health*, No. 1:25-cv-10787 (D. Mass.). The other grants discussed
21 in this declaration are separate from that grant.

22 9. At least two of my grant applications—both R01 grant applications—have been subjected
23 to NIH’s policies targeting disfavored viewpoints.

24 10. The goal of the first of those grants—titled *Adaptive, Regionally and Individually*
25 *Tailored AI Based Intervention to Increase HIV Testing and Prevention in Philadelphia*, with a grant
26 number of R01MH140783—is to test the effectiveness and dissemination of a digital intervention to
27 promote HIV testing and linkage to pre-exposure prophylaxis (or “PrEP”). The research project seeks to
28 transform how health promotion campaigns are conducted by combining large language models and

1 community outreach to engage participants in HIV prevention programs. The project is conducted in
2 collaboration with the Philadelphia Department of Public Health. The original plan was to recruit as
3 participants men who have sex with men and transgender women from priority zip codes of Philadelphia
4 country. The sample would be 50% ethnic minorities to reflect the segment with the most risk and public
5 health relevance, and we would develop and test an innovative artificial intelligence (AI) and
6 community consultation process to elevate the effectiveness of the campaigns and programs designed to
7 promote HIV testing and prevention in Philadelphia. In its final form, the project involves randomizing
8 1,000 participants to a standard of care or an experimental condition, testing effects on HIV testing and
9 prevention, gauging implementation outcomes, and performing an economic assessment of cost-
10 effectiveness. The AI component involves automating tailoring to individuals and zip codes, adapts to
11 public health changes in the region, and incorporates the opinions of a community advisory board. The
12 project is based on well-established theory about behavioral change and persuasion.

13 11. I submitted the application for this grant to NIH in January 2025. Developing this project
14 and the application materials for it took years, with my team and I working through multiple iterations of
15 the application to respond to feedback and refine our proposal. Over that time, we spent thousands of
16 hours working on this grant application, including reviewing literature, analyzing data, conducting pilot
17 studies, and drafting and revising the application materials themselves.

18 12. As noted above, originally, the grant application included transgender women as a
19 population to be studied. However, early in January of 2025, I learned that the incoming administration
20 was intending to issue an executive order that would enforce sex-based distinctions across federal
21 policies (which is consistent with Executive Order 14168). In light of this information and my
22 understanding that grants studying transgender women would not be funded, my team and I made the
23 decision to remove transgender women from our sampling plan, despite the fact that the science of HIV
24 prevention identifies transgender women as a priority group affected by new diagnoses. Promoting
25 behavior change and service use in priority populations is central to the evidence-based approach to
26 intervening to curb the epidemic.

27 13. In April 2025, I contacted the program officer assigned to this grant application because
28 the project had received a good score. I met with the program officer virtually, and she informed me that

1 the application was of interest and that she believed it would receive funding. However, during the rest
2 of the year, I received no updates from NIH regarding the status of the application.

3 14. On April 25, 2026, I received an email from the program officer assigned to this grant
4 application. Attached hereto as Exhibit 1 is a true and correct copy of that email. In that email, the
5 program officer stated: “Revisions to the application will be needed to align the study with current
6 agency priorities,” linking to NIH’s August 15, 2025 statement titled “Advancing NIH’s Mission
7 Through a Unified Strategy.” Ex. 1 at 1. The program officer also stated in that email that “[i]t would be
8 best if we could meet to discuss these changes.” *Id.*

9 15. On May 4, 2026, I met with the program officer to discuss potential revisions to my
10 application. During that conversation, the program officer informed me that my application was flagged
11 by the agency because of the substance of my application. More specifically, the program officer
12 indicated that there was specific language that had been flagged in my application, as well as concern
13 over our approach to sampling participants. The program officer informed me that I could make
14 revisions and send an amended application to align with the agency’s priorities.

15 16. Based on this conversation, as well as my concern about topics that were disfavored in
16 light of NIH’s August 2025 and December 2025 policy statements, I proceeded to make the changes that
17 had been recommended by the program officer. Regarding our approach to sampling participants, we
18 had planned to oversample—that is, included proportionally more of these individuals in the dataset than
19 in the general population—ethnic minority men as study participants because they are at a higher risk for
20 contracting the disease and not receiving treatment and, consistent with the science of HIV prevention,
21 focusing on them was an evidence-based approach to intervening to curb the HIV epidemic. However,
22 language relating to our ethnic minority oversampling was objectionable to NIH.

23 17. The changes our team made included removing terms like “health disparities,” “gender,”
24 “LGBT,” “ethnic minority,” “Black [person],” “culturally diverse,” “racial and ethnic minorities,”
25 “vulnerable,” “diverse backgrounds,” and “transgender.” The program officer also told me to remove the
26 term “Hispanic/Latino” and instead use “Latin American.” This was surprising because “Latin
27 American” denotes someone born in Latin America rather than the very large and heterogeneous group
28 of U.S. Americans who identify as culturally or ethnically “Latinx.”

1 18. On July 7, 2026, I received a notice of award (NOA) for this project, titled *Adaptive,*
2 *Regionally and Individually Tailored, AI Based Intervention to Increase HIV Testing and Prevention in*
3 *Philadelphia* with a grant number R01MH140783. Attached hereto as Exhibit 2 is a true and correct
4 copy of the NOA for this R01 grant.

5 19. Although we made these revisions to maintain funding for our team and ensure we could
6 still conduct at least some of the research contemplated under the original application, I am concerned
7 that the revisions to the application will limit the benefit to public health from work on this grant.
8 Because I felt compelled to remove transgender women as a population to be studied, the public health
9 benefit that demographic would get from the findings of the research is diminished. Deemphasizing
10 populations at risk for HIV work undermines the research's scientific value and impact. That, of course,
11 reduces the benefit to those specific demographic populations, but it also reduces the opportunities for
12 publications given the limited scope of the research. Particularly concerning is the ability to train the
13 next generation of psychologists, communication scholars, and college students to scientifically
14 intervene in the health area when terms associated with "ethnic minorities" and "health disparities" must
15 be removed from our grant applications and projects, as those individuals will have much more limited
16 exposure to how these concepts and terms operate in academic research.

17 20. The goal of a second grant application that was subjected to NIH's policies targeting
18 research perceived as reflecting disfavored viewpoints was to increase HIV and Hepatitis diagnosis,
19 prevention, and treatment in rural areas affected by the substance use epidemic (e.g., the "opioid"
20 epidemic). The project also seeks to increase substance use harm reduction, including the use of
21 naloxone—the antidote for an opioid overdose—medication treatment for addictions, and syringe
22 service programs. Moreover, it brings together the community at large and individuals with a history of
23 substance use, seeking to reduce drug stigma and its detrimental effects on disease treatment and
24 prevention. This project builds off work that had been previously focused on some Appalachian and
25 Midwest counties, with the goal of expanding to all rural counties at the highest risk for these diseases in
26 the U.S., testing an intervention and involving local authorities. Our data from the previous eight years
27 provided the basis for the development of this program, which we planned to extend nation-wide
28 incorporating AI for the training of facilitators.

1 21. On January 7, 2026, I submitted this grant application to NIH. As with the other R01
2 grant discussed in the paragraphs above, our team spent thousands of hours conducting work to prepare
3 this application.

4 22. The application received a good score. However, around April 2026, the program officer
5 assigned to this grant and I met to discuss it. During that conversation, the program officer
6 recommended that I delete certain terms—such as “harm reduction” and “substance use stigma”—from
7 the application to have it move forward. As a result of this conversation, as well as my concern about
8 words and topics that were disfavored in light of NIH’s August 2025 and December 2025 policy
9 statements, I removed the following terms from my grant application prior to resubmission: “harm
10 reduction” and “substance use stigma.” This was surprising because my team had gone to great lengths
11 to sanitize the terminology based on the NIH prior directives and my experience with other recent
12 grants. However, we made the changes suggested by the agency so that our team and the training of
13 future scientists would remain viable.

14 23. On June 25, 2026, NIH issued an NOA for this grant, titled *Testing the Effectiveness of a*
15 *Remote Intervention to Reduce Infection Risk in Rural Areas of the United States*, with a grant number
16 of R01DA064602. Attached hereto as Exhibit 3 is a true and correct copy of this R01 grant’s NOA.

17 24. Although I made these revisions because I was concerned about maintaining funding for
18 our research team and ensuring we could still conduct at least some of the research contemplated under
19 the original application, I am troubled that this censorship by NIH will negatively impact this grant and
20 my work. For example, removing “harm reduction” for a study on substance abuse disorders makes the
21 research much less effective, because harm reduction—which includes interventions like syringe service
22 programs and buprenorphine or methadone—is one of the primary interventions used to save lives. The
23 scientific perspective on these measures is that they must be incorporated into evidence-based
24 approaches. This hindrance to studying or even discussing harm reduction thus reduces the ability for
25 our research to have a sizable impact on preventing HIV and Hepatitis C transmission. What’s more, the
26 substance use and harm reduction components of our work would be among the most innovative
27 components of our research. Removing these concepts thus reduces our potential to produce meaningful
28 and impactful publications based on this research. As another example, removing “stigma” limits our

1 ability to implement the project as designed. Specifically, the intervention involves participants from
2 different rural counties in the United States gathering on Zoom to plan improvements to their social lives
3 and health. We include people with a history of substance use and the community at large to increase
4 social support for health behaviors and decrease stigma among all. The removal of the stigma-reduction
5 component of the program substantially diminishes the innovation and potential public health impact of
6 our initiative.

7 25. Beyond just these two grant applications, given the prohibited terms and research
8 perspectives targeted by NIH, as well NIH's August 2025 and December 2025 policy statements, I am
9 also unsure of what to expect for my future grant applications, including because my work also focuses
10 on vaccine hesitancy and understanding misinformation and disinformation. I am especially concerned
11 about funding for those areas of research given that NIH previously terminated one of my grants
12 (R01MH132415, mentioned in Paragraph 8 above). That grant—originally titled *Understanding the*
13 *Regional Ecology of a Future HIV Vaccine*—examined the ecology of vaccination on a future HIV
14 vaccine (as well as the uptake of other vaccines), following over three years a nationwide group of
15 approximately 1500 men who have sex with men to determine how vaccine characteristics, community
16 information and misinformation, social media, vaccination norms, and public health and HIV policies
17 predict intentions to receive a future HIV (or other) vaccines. The grant also included a subsequent
18 experimental component, with the goal of testing the effects of these factors on vaccine choices and
19 intentions. Broadly, a goal of this project was to see how policy—at the local, state, and federal level—
20 interacts with misinformation to affect attitudes towards vaccination (including COVID-19). The grant
21 was reinstated because of the *APHA v. NIH* litigation.

22 26. Even after NIH reinstated this grant because of that litigation, NIH still censored my
23 research. Around the end of July 2025, I spoke with the program officer who was assigned to this grant.
24 During that conversation, the program officer advised me to revise my grant materials to avoid the risk
25 of a second termination of the grant. The program officer also informed me that my grant—which was
26 originally titled *Understanding the Regional Ecology of a Future HIV Vaccine*—had been listed on
27 around 5 or 6 different lists created by NIH in its mass terminations earlier that year, and that some of
28 those lists had been generated even after my grant had already been terminated. The program officer

1 further noted that this grant had been included on these different lists because it related to various topics
2 targeted by NIH, including COVID-19, misinformation, and vaccine hesitancy. In light of this
3 conversation, and aware of waves of NIH grant terminations earlier that year, I revised the grant
4 materials for this grant, including by removing words like “misinformation,” “information circulating in
5 the community,” “reluctance to vaccinate,” “intentions to vaccinate,” “vaccination norms,” “vaccine and
6 HIV policy,” “vaccine,” “vaccinate,” “vaccination,” “public health policies,” “HIV policy,” “LGBT,”
7 and “COVID-19.” The removal of policies included coverage of PrEP, PrEP and HIV testing sites,
8 pharmacy-based PrEP delivery, Medicaid program’s benefits, protection of health care for transgender
9 persons, and syringe possession and distribution laws. The grant materials were also modified to
10 eliminate measures of health behavior and intentions. The elimination of behavior and intention
11 measures was troubling because the grant shifted from studying a consequential outcome to studying
12 knowledge as a way of not appearing to try to “promote” health behavior, which the program officer
13 explained was objectionable. I even changed the title of my grant, further scrubbing the concepts
14 targeted by NIH, to *The Ecology of Health Knowledge in the United States*.

15 27. In light of the above, I am deeply worried about the prospect of future grants in my area
16 of expertise, including work that focuses on vaccine hesitancy and understanding misinformation and
17 disinformation. For example, we would normally be preparing to follow up on our work on the impact
18 of policies, public health information, and public health communication on vaccination, an area where
19 we had worked extensively since 2018. We would also be preparing to continue to study the health
20 impact of government and nongovernment communication on social media, another area that appears to
21 be targeted by NIH. In that sense, potential new research in these areas will be delayed or perhaps never
22 get off the ground because of NIH’s recent censorship policies, and efforts to publish our data collected
23 in these domains are at risk as well. Further, I am concerned about being able to describe any work
24 funded by the grants discussed here in publications or presentations in a manner that is inconsistent with
25 the language that NIH forced me to adopt in my application materials.

26 28. I am among a small group of psychologists in the world who have built a career around
27 making basic research contributions, along with applied discoveries, particularly in the area of health.
28 However, for the duration of my career, this combination was facilitated by academic and funding

1 environments that enabled me to study HIV prevention, healthy lifestyles, and vaccination, along with
2 the mechanisms of belief, attitude, and behavior change. Therefore, the changes in NIH policy affect
3 future prospects of continuing to do what I have freely done for three decades. The changes also affect
4 the prospects of postdoctoral researchers, graduate students, undergraduate research assistants, and
5 postbaccalaureate research specialists for training in my group. And most of all, it affects the quality of
6 our research in these research areas that are critical to public health.

7 29. My work in these areas has also been impacted as grants on these topics have been
8 targeted and no new grant opportunities have arisen. In fact, I have not submitted any new grants
9 associated with misinformation or conspiracy theories, avoiding also the study of the impacts of health
10 policies, which has also been questioned. As another example, I have stopped submitting grants about
11 LGBT populations as a lead Principal Investigator to NIH. Further, I am worried that our graduate and
12 undergraduate students and other early career researchers (e.g., postdoctoral fellows) on our team will
13 miss out on training or work around essential concepts in our field—like harm reduction—at this critical
14 stage of their academic career, given that these concepts have been removed from our grant. Finally,
15 decades of building trust in science among the communities we serve have been and will continue to be
16 severely disrupted by the NIH dictating which viewpoints are acceptable to study and intervene on.

17 30. I understand that, as a class representative, I represent the interests of everyone in the
18 class, and not just myself. I am prepared to stay informed about what is happening with my case and
19 stay in touch with my attorneys to give them information they need. I am committed to being a class
20 representative because I do not want other researchers to be subjected to the same unlawful policies and
21 actions that I have experienced. I have never served as a class representative in any prior action.
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1 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
2 was executed at Philadelphia, Pennsylvania this 20th day of September 2026.

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A handwritten signature in black ink, appearing to read 'Dolores Albarracín', is written over a horizontal line.

Dolores Albarracín