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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
JADE PAGKAS-BATHER**

* 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, Jade Pagkas-Bather, 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 Jade Pagkas-Bather. I am an Assistant Professor in the Infectious Disease
5 and Global Health section of the Department of Medicine at the University of Chicago. I also serve as
6 the Director of the Mother and Child Alliance at the University of Chicago.

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

9 4. I am an infectious disease specialist and HIV preventionist. Specifically, my work
10 examines novel HIV prevention methods among sexual and gender minorities, people who are low
11 income, as well as structural interventions for HIV treatment and prevention.

12 5. I earned my B.A. from Yale University in Anthropology and M.D. from the University of
13 Illinois College of Medicine. Additionally, I completed my residency in internal medicine at MacNeal
14 Hospital and a fellowship in infectious disease at the University of Washington and earned my M.P.H.
15 in epidemiology from the University of Washington School of Public Health.

16 6. I have published widely in my field, including in: *Lancet HIV*, *Nature Mental Health*,
17 *Journal of Acquired Immune Deficiency Syndromes*, *International Journal of STD & AIDS*, and *Current*
18 *HIV/AIDS Reports*.

19 7. Throughout my career I have earned multiple awards including: a Third Coast Center for
20 AIDS Research (TC-CFAR) pilot award, a Bucksbaum pilot award, and a Gilead HIV Research
21 Scholars award. I have also been inaugurated as the first recipient of the EmpowerMED award at The
22 University of Chicago, and been a faculty fellow at the Neubauer Collegium for Culture & Society.

23 8. My institutions have received multiple NIH grants for which I am the principal or
24 multiple principal investigator including:

- 25 • Basic Income Guarantee Chicago: A Trial of Basic Income Guarantee for Young
26 People Living with HIV (R01MH140688).
- 27 • Chicago One Step PrEP: Examining the Acceptability, Feasibility, and
28 Appropriateness of Pharmacy-led PrEP (P30AI117943).

- Examining the association between sleep quality and PrEP adherence among Black MSM (1L60MD015518-01).
- Determine acceptability of Black and Latinx MSM towards a PrEP peer navigator in western Washington (5T32AI007044-42).

9. I work at the nexus of social and structural determinants of health for people with HIV or those vulnerable to HIV who have been multiply marginalized (racially, sexually, socially). My clinical work and research indicate that people who are racially/and or sexually minoritized are more vulnerable to infectious diseases such as HIV and other STIs, as well as poor overall health, given their poor social determinants of health. People who are multiply minoritized are more likely to experience poverty and have less access to healthy food, transportation, a safe built environment, and other health-promoting resources.

10. 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.

11. In 2024, I submitted a NIH grant application to the National Institute of Mental Health as a multiple principal investigator for an R01 grant seeking to examine the impact of basic income guarantee (BIG) on young people with HIV. The hypothesis was that by providing a basic income, we could potentially improve people with HIV’s social determinants of health. Young people with HIV experience many social determinants of health such as poverty, racism, and homophobia, that may be obstacles to clinical care engagement and viral suppression. Concomitantly, I spearheaded a pilot program doing this type of work on a smaller scale. We submitted our proposal in September 2024 and scored at the 15th percentile, which was near the cutoff for funding.

1 12. In the summer of 2025, at the instruction of my NIH program officer, I removed
2 terminology relating to race and gender from the specific aims page, narrative, abstract, and approach
3 section of the grant. This language included a clause about how Black and Latinx people with HIV
4 experience higher rates of poverty. Also, at the instruction of my program officer, I removed language
5 from the Approach section of the grant focusing on sexual and gender minorities, noting that individuals
6 of all gender identities would be included in the study. And throughout the grant, I removed references
7 to the project as a dignity-affirming intervention.

8 13. On August 6, 2025, we secured the grant, R01MH140688, which has a project term of
9 August 6, 2025 through May 31, 2030.

10 14. Attached hereto as **Exhibit 1 is a true** and correct copy of this R01 grant's Notice of
11 Award (i.e., NOA).

12 15. In June 2026, my program officer reached out to me again with additional concerns about
13 the language used in the grant documents. Specifically, my program officer informed me that the public-
14 facing language about my grant should not contain references to basic income guarantee. Apart from
15 that, I was instructed to remove all mentions of policy or suggestions that the research could have any
16 impact on policy decisions in the future.

17 16. Despite NIH officials' newly raised objections to research grants influencing policy,
18 many R01s that the agency still funds do, indeed, impact policies at all levels of governance, from
19 hospital policies to national and international guidelines. Given that NIH still funds research grants that
20 could have an impact on future policy decisions, I understood the objection to my research having a
21 potential policy impact as an objection to the viewpoint expressed in my work—that participants in my
22 research grant—low income people with HIV—might experience health benefits from basic income
23 guarantee, or that such an intervention is worthwhile for this population.

24 17. In August, my program officer met with me again and informed me that I would need to
25 find alternative funding for the basic income portion of my grant. I proposed retooling the aims to
26 support participants' food or transportation or otherwise rebudgeting such that my institution would
27 cover the cost of the basic income portion. The program officer took this suggestion back to her
28 superior, who eventually allowed me to submit revisions to the grant.

1 18. On September 2, 2026, I submitted a revised version of the Specific Aims, Narrative,
2 Abstract, Budget, and Budget Justification to align with the new intervention supporting food and
3 transportation support instead of basic income guarantee. On September 17, 2026, NIH issued a Notice
4 of Award for the revised grant.

5 19. Because of all the back-and-forth with NIH about the nature of the grant, I am fearful the
6 grant may still be terminated for perceived misalignment with agency priorities. Because NIH required
7 us to make these changes to the language of the grant, I am concerned NIH may decide to terminate this
8 grant if I speak or write about my work or present my findings in ways that differ from the language
9 NIH required us to adopt.

10 20. If this grant is terminated, that would be devastating. First and foremost, this will harm
11 participants and violate their trust in the research team. There are research participants who will not
12 receive the funds they were told they would receive during the period they expected to receive them.
13 Participants in my pilot used their basic income guarantee to support basic needs as well as members of
14 their families and social networks. These basic needs will go unmet. It will also mean my team, which
15 consists of a co-PI, research coordinator, research assistants, data analysts, and a medical student, will
16 not be paid. Additionally, any information generated from the trial will be lost given that we will not be
17 able to carry out the aims of the project as written, and will not have robust data on the impact of basic
18 income on the care engagement and viral load of low income people with HIV. Lastly, an R01 is a
19 career-defining award that allows for the generation of a clear path for research that builds on itself.
20 Research generated from an R01 often leads to manuscripts, abstracts, and promotions, in addition to
21 more R01s and other types of grants. This R01 covers 22.5% of my full-time equivalent. A termination
22 will be a setback for my career and my finances.

23 21. I recently applied for a R01 NIH grant focused on HPV prevention that seeks to educate
24 people on how to self-screen for anal cancer and other HPV prevention methodologies through use of a
25 warmline or hotline that links participants to resources and care. This submission scored at the 12th
26 percentile, close to the payline, and was ultimately not funded. Our NIH program officer later instructed
27 us to change the language of our resubmission application to remove references to sexual and gender
28 minorities (even though prior reviewers wanted us to focus on transgender women, and the federally

1 approved HPV screening guidelines reference transgender women, who have an elevated incidence of
2 HPV). My MPI and I decided also to remove the word “vaccine” because we knew that this word was
3 on a list of banned words at the NIH, even though HPV is best prevented through vaccination. This was
4 remarked upon by a reviewer in one of the rounds of peer review organized by NIH—the reviewer
5 clearly did not know that “vaccine” was on the banned words list, despite public reporting and
6 circulation of the list. The resubmission remains pending.

7 22. If NIH were no longer screening grants for priorities alignment, I would continue my
8 work on the basic income guarantee grant as originally submitted when it was awarded, without the
9 revisions I proposed in response to objections from NIH. Likewise, I would resubmit my grant
10 application on HPV screening and keep in references to vaccines and sexual and gender minorities.

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

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

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19 

20 _____
Jade Pagkas-Bather