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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
MICHAEL D. GREEN**

* Application for *Pro Hac Vice* Admission Forthcoming

** Out-of-State Licensee Renewal Pending

(Additional Counsel on Behalf of Plaintiffs)

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FOUNDATION OF NORTHERN CALIFORNIA**

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* Application for *Pro Hac Vice* Admission Forthcoming

1 I, Michael D. Green, 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 a postdoctoral fellow in the Department of Health, Behavior and Society at Johns
5 Hopkins University's Bloomberg School of Public Health. My research is in the field of population
6 health sciences, focusing on understanding and eliminating inequities.

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

8 4. My interest in this area of work developed because of the needs of my family members.
9 Many did not feel listened to in medical settings and, because of their lack of trust in traditional
10 allopathic medicine, they forewent care. I saw firsthand how even when there were great medicines
11 available to people in my family, social factors and whether or not they were treated with respect and
12 dignity were major determining factors in management of their chronic illnesses. Because of those
13 experiences, I sought out to become a researcher who studies health at the population level.

14 5. Prior to my postdoctoral fellowship, I earned my Ph.D. in population health sciences
15 from Duke University. Before that, I earned my undergraduate degree from Dartmouth College.

16 6. Although early in my career, I have published in a number of peer-reviewed academic
17 journals as lead author or co-author, in the *BMJ*, *Circulation: Population Health and Outcomes*, *Journal*
18 *of Participatory Research Methods*, and *American Heart Journal*. In November 2025, I received the
19 Person-In-Training Award from the Health Sciences Section of the Gerontological Society of America
20 for the best student paper presented at the Gerontological Society's Annual Scientific Meeting. I am a
21 member of the American Heart Association's Quality of Care and Outcomes Research Council Early
22 Career Committee. I am also a member of several professional organizations including the Alzheimer's
23 Association, and Interdisciplinary Association for Population Health Science.

24 7. Institutional grantees are the entities that host the research and receive the award and
25 funding from the National Institutes of Health (NIH), and are generally universities, hospitals, and
26 sometimes non-profits and other entities. Awards also name one or more Principal Investigators, who
27 are researchers directly responsible for proposing the projects, overseeing the design and
28

1 implementation of studies, and managing the research from the application stage through the end of a
2 grant. Institutional grantees can change.

3 8. In September 2023, I applied for an F99/K00 award, a type of award that supports early
4 career researchers as they complete their Ph.D. dissertation research training (the F99 phase) and
5 transition to mentored postdoctoral career development research positions like postdoctoral fellowships
6 (the K00 phase). Preparing this grant was time consuming and demanding. The process required
7 hundreds of hours of work, from reviewing literature to analyzing preliminary data to working with my
8 mentors and colleagues to constantly revising drafts—all to put together my application materials. As
9 other young researchers do for F99/K00 grants, I applied to this grant to help launch the start of my
10 academic career as a postdoctoral fellow. The main benefit that I perceived for this kind of NIH grant
11 was the dedicated time this grant would provide me to focus on research and career stability at a such a
12 pivotal point of my career.

13 9. The application received a historically fundable score in February 2024, and in August
14 2024, NIH issued the award, which had a beginning date in September 2024. The grant was titled
15 Assessing the Impact of Discrimination in Healthcare on the Cardiovascular and Cognitive Health of
16 Aging Adults, and the first research goal of the project was to understand how discrimination reported in
17 healthcare settings is associated with the incidence of adverse cardiovascular events, as well as to
18 support my predoctoral training. The second research goal of this project was also to understand how
19 reported discrimination in healthcare may contribute to cognitive impairment and decline, including
20 with conditions like Alzheimer's disease and related dementias. That training and research would help
21 shed light on discrimination specifically reported in health care's role in shaping health outcomes, and it
22 would help contribute to my development as an independent researcher in aging.

23 10. The award had a grant number of F99AG088695, and is currently issued as
24 K00AG088695. Attached hereto as Exhibit 1 is a true and correct copy of the notice of award (NOA) for
25 this grant issued in August 2024.

26 11. The first annual progress report for this grant was due in May 2025. I timely submitted
27 that progress report. At the time of initial submission, based on research tied to this grant, I had
28 submitted 2 lead-author conference abstracts, and also had a working draft of the lead author manuscript

1 which was the primary research output I proposed for my grant application. Also, I had begun
2 scheduling my dissertation defense and meeting with my prospective postdoctoral advisor about
3 transitioning from being a Ph.D. student to a postdoctoral fellow.

4 12. On July 22, 2025, I received an email from an NIH program officer regarding my grant.
5 Attached hereto as Exhibit 2 is a true and correct copy of that email. That email states that, “to proceed
6 with funding consideration, the scope of the award must be renegotiated to make it consistent with
7 NIH’s ongoing internal review of HHS/NIH’s priorities and the alignment of awards with those
8 priorities.” Ex. 2. The email went on to state that, “Specifically, NIH funds may not be used to support
9 any Diversity Equity and Inclusion (DEI) related activities that were proposed in the application, or for
10 any other DEI-related research or training activities, or programs.” *Id.* The email went on to state that,
11 “You will need to revise the current abstract, specific aims, grant, and annual progress report to remove
12 any DEI language accordingly so that no NIH funds will be used to support these types of activities.” *Id.*
13 However, the program officer did not provide any examples of what constituted “DEI-related research
14 or training activities, or programs.”

15 13. Like many other young researchers, I had been following the news about NIH’s change
16 in policies targeting certain viewpoints. I was also aware of other researchers whose health disparities
17 research had been either terminated earlier that year, or whose health disparities research had to go
18 through a similar renegotiation process and who had to remove specific terms from their grant
19 applications to receive funding. In line with my impression of what NIH was targeting, and because
20 without this funding I would be unable to continue my transition to my postdoctoral fellowship, I went
21 back to my grant application and removed specific population groups to be studied (such as “Black
22 adults”) and removed words such as “racism” and “discrimination in healthcare.”

23 14. I submitted a revised application for this grant and received a revised NOA in August
24 2025. Attached hereto as Exhibit 3 is a true and correct copy of the revised NOA.

25 15. In September 2025, with my Ph.D. graduation to occur in December 2025 and my
26 postdoctoral fellowship set to begin in January 2026, an institutional official from Duke submitted a K00
27 transition plan for my grant, so that the funding could transition to Johns Hopkins to support my
28 postdoctoral fellowship. Without this transition processed by NIH, I would not be able to start that

1 postdoctoral fellowship. For months, however, NIH did not process this funding transition, despite my
2 repeated requests to NIH for an update on the status of my award.

3 16. As a result of this delay, I was unable to start my postdoctoral fellowship in January
4 2026. And instead of receiving confirmation that the transition had been approved, on January 7, 2026—
5 two days *after* I was supposed to start my postdoctoral fellowship—I received another request from NIH
6 to renegotiate the terms of my grant. Attached hereto as Exhibit 4 is a true and correct copy of that
7 email. In that email, the program officer stated, “to proceed with funding consideration, the scope of the
8 award must be renegotiated to make it consistent with NIH’s ongoing internal review of HHS/NIH’s
9 priorities and the alignment of awards with those priorities.” Ex. 4. The program officer went on to state,
10 “Specifically, NIH funds may not be used to support any Diversity Equity and Inclusion (DEI) related
11 activities that were proposed in the application, or for any other DEI-related research or training
12 activities, or programs.” *Id.* The program officer also stated, “You will need to remove any DEI
13 language from the application that gives the perception that NIH funds can be used to support these
14 types of activities.” *Id.* I was given one week to resubmit my grant materials, with no information as to
15 the timeline for review or approval of my application.

16 17. To better understand what NIH was asking me to change in the grant, I reached out to the
17 program officer, who indicated that another government official indicated that, for this application to be
18 approved, that “DEI” items would need to be removed. The program officer stated that things like
19 “structural racism” were to be removed from grant applications, but did not offer any other specific
20 examples. As noted above, I had been following the news about NIH’s change in policies (including its
21 policy statements in August 2025 and December 2025), and I was aware about research by other health
22 disparities researchers that had either been terminated or was required to be renegotiated to remove
23 certain terms and viewpoints. I thus believed that NIH was targeting certain viewpoints. In line with my
24 impression of what NIH was targeting, I revised my grant application materials to remove words such as
25 “discrimination,” “health equity,” “health disparities,” “race,” and “unequal,” and I resubmitted my
26 materials in February 2026.

27 18. On March 19, 2026, I was informed that NIH issued a revised NOA for my grant.
28 Attached hereto as Exhibit 5 is a true and correct copy of that revised NOA. On September 10, 2026,

1 NIH issued a revised NOA for the grant, stating the revision was “an administrative action to reflect the
2 appropriate Common Accounting Number (CAN) for internal NIA purposes.” Attached hereto as
3 Exhibit 6 is a true and correct copy of that revised NOA.

4 19. Because of these delays by NIH, I was essentially in limbo between my graduate program
5 and my postdoctoral fellowship, as I was unable to use the funding in its F99 form because I had already
6 completed my Ph.D., but without the transition of funds to its K00 form, I was unable to start my
7 postdoctoral fellowship at Johns Hopkins until April 2026—nearly four months after I was originally
8 supposed to start that fellowship. During that time, I was not paid as a researcher and sought outside
9 part-time employment in the hospitality industry. I no longer had employer-sponsored health insurance
10 or dental insurance. Further, I lacked access to institutional resources like scientific journals or services
11 that would have supported my data analysis. I was thus severely limited in my ability to meaningfully
12 work on any research, delaying my career progression and risking my career trajectory because of the
13 lost time and research opportunity at this critical period of my academic career. This early in my career,
14 it is especially important to make meaningful progress on academic research, and I am very concerned
15 that this lost time will detrimentally impact my ability to compete for tenure-track positions in the near
16 future. I am also concerned that, given my research interests generally, I will not be competitive for
17 future grant funding in light of NIH’s stated priorities, and as a result, I am deeply concerned about my
18 prospects in the academic job market.

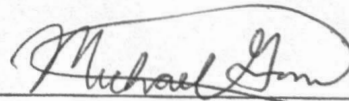
19 20. Further, I am concerned about the quality and scope of the research that is a part of this
20 grant as a result of NIH’s targeting of viewpoints and terms in my research. Our goal is to understand
21 how discrimination plays out in healthcare settings, and if I am limited in what demographic groups I
22 can study or write about, then that will limit the impact of the findings and publications that result from
23 this research. I also believe that, as a result of that limitation, there is potentially less benefit to the
24 public health, as there will be less granular of an understanding of how different outcomes (such as
25 Alzheimer’s disease, dementia, and/or stroke) occur among different demographic subgroups. That, in
26 turn, means we have less meaningful research to provide to, for example, medical professionals and
27 hospitals who care for these individuals. In addition, I am concerned about being able to describe any
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1 work funded by this grant in publications, presentations, or other avenues in a manner that is
2 inconsistent with the language that NIH forced me to adopt in my grant materials.

3 21. I worry most about how this censorship undermines the process of science itself, and
4 especially the professional development of early career researchers like myself. So much of my time
5 spent on writing and assembling my grant application I viewed as worthwhile because of the stability of
6 funding provided through the NIH if the application was awarded. Instead of stability, I had a career
7 gap, health insurance coverage gap, and loss in income. Currently, I am very concerned about my future
8 as an academic given how NIH has recently approached evaluating research in my field, including by
9 targeting certain essential research through its censorship efforts.

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

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16 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
17 was executed at Baltimore, Maryland this 22 day of September 2026.

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21 Michael D. Green
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