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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 SUZANNE BELL

* 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, Suzanne Bell, 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 Suzanne Bell.

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

7 4. I am an Associate Professor in the Department of Population, Family and Reproductive
8 Health at the Johns Hopkins University. I also serve as the Associate Director of the NICHD-funded
9 Hopkins Population Center.

10 5. I am a demographer committed to improving our understanding of fertility and related
11 behaviors at the population level and to identifying factors that contribute to disparities in reproductive
12 outcomes. Specifically, my work examines patterns of induced abortion, contraceptive use, and
13 infertility. Within each of these domains I conduct methodological work to improve the measurement of
14 these phenomena and generate evidence that informs policy and programmatic efforts to address unmet
15 sexual and reproductive health needs and related inequities.

16 6. I earned my PhD from the Department of Population, Family and Reproductive Health at
17 the Johns Hopkins Bloomberg School of Public Health in 2018, focusing on demography.

18 7. I am widely published in top journals in my field, including *The American Journal of*
19 *Public Health*, *JAMA*, *Social Science and Medicine*, *Human Reproduction*, *American Journal of*
20 *Epidemiology*, and *Studies in Family Planning*, among many others. In 2023, 2024, and 2025, I had
21 first- or senior-authored publications on the impact of US abortion bans that were among the Family
22 Planning articles that received the top 10 most engagement globally (according to Altmetrics), garnering
23 significant media attention from journalist at premier news outlets, including *The New York Times*, *The*
24 *Washington Post*, CNN, and NPR, among others, along with substantial social media engagement.

25 8. I have been funded on multiple NIH awards. I also have one NIH grant application under
26 review and one being prepared for resubmission. And I have other NIH grant applications in
27 development about the impact of recent regulatory and policy changes on reproductive health service
28 utilization and related outcomes.

1 9. I am the recipient of numerous awards, including an award for Outstanding Statistical
2 Application from the American Statistical Association.

3 10. The research I conduct is important to me because I am deeply committed to ensuring
4 people can decide when and whether to have children and to do so safely and conducting research that
5 supports positive reproductive and pregnancy outcomes. As a woman and mother of two small girls, this
6 work is also personal. Identifying barriers or factors that contribute to poor reproductive and pregnancy
7 outcomes is essential public health work, work that is particularly important in low-resource
8 international settings, where the need for improvement is substantial and the potential for impact is
9 large.

10 11. In 2024, my institution was awarded a R01 grant for which I am a multiple principal
11 investigator (MPI). The grant is titled *The fertility, maternal health, and infant health consequences of*
12 *reproductive policy change*. National Institute of Child Health and Human Development
13 (1R01HD114292). The grant has a project term of 9/01/2024 through 5/31/2029.

14 12. NIH grant applications are incredibly demanding. Preparing one can take months or even
15 years. Proposals often exceed 200 pages and must make a compelling case that the health issue being
16 studied is urgent and scientifically significant. Applicants must prove that their proposed methods are
17 the best possible approach to address the research question. They must also demonstrate that their team
18 is uniquely qualified to achieve the proposed aims. Every application undergoes rigorous peer review by
19 experts, and funding rates are low and decreasing—especially for R01 grants, where many researchers
20 apply multiple times before ever being funded. To ensure this proposal was a success, my MPI and I
21 solicited input from several senior faculty with experience receiving NIH funding and/or serving as an
22 NIH study section reviewer, iteratively incorporating feedback over multiple months to strengthen the
23 proposal's explanation of the project's scientific merit and necessity. This effort was rewarded as we
24 earned a 5th percentile score and received funding on the first submission, a difficult feat, particularly for
25 two early career faculty with no prior R01 submissions. This effort took me away from my family at
26 times, a sacrifice I do not take lightly as a parent. Securing a grant is not just about money—it's an
27 indication of a project's scientific importance, methodological rigor, and real-world potential to improve
28 population health.

13. The award examines the impact of the *Dobbs v. Jackson Women's Health Organization* and resulting restrictions on abortion services on fertility, maternal morbidity and mortality, and birth outcomes in states that enacted abortion restrictions.

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

15. My MPI and I have had seven publications resulting from this award so far, all of which I first- or senior-authored along with several co-authors, including "Abortion Bans and Maternal, Pregnancy-Related, and Pregnancy-Associated Mortality in 14 US States, 2016-2023: Estimated Impacts Amid Substantial Measurement Challenges," in the *American Journal of Public Health*, June 2026, and "U.S. Abortion Bans and Fertility," in *JAMA*, April 15, 2025. Additionally, we have presented our findings at academic conferences on six occasions and have been invited to give talks on this work at seven universities and research organizations, including at a large symposium in DC titled, "Finding Common Ground: How Research on Abortion Bans Can Inform Public Health Policy" that involved policymakers, clinicians, and other key stakeholders.

16. My MPI and I received funding for the first year of the grant without incident. During the first year, we made significant progress in data acquisition, analysis, interpretation, and dissemination. We met—and in several areas exceeded—the goals set forth in our original project timeline.

- a. To address the time-sensitive nature of these research aims, we rapidly accessed and downloaded publicly available birth and death certificate data from the CDC Wonder platform. These data were cleaned, compiled, and structured into analytic files suitable for comparative interrupted time series models. We used these models to evaluate the impact of state-level abortion bans on fertility outcomes, including heterogeneity by maternal age, education, race/ethnicity, marital status, and insurance coverage. This work resulted in a peer-reviewed publication in *JAMA*, a high-impact medical journal.'
- b. Across our two companion *JAMA* papers published in Year 1, we estimate that abortion bans in 14 states led to an additional 22,180 live births and 478 infant deaths beyond what would have been expected absent these bans. Subgroup analyses revealed that the increase in live births was concentrated among racially minoritized populations (non-

Hispanic Black, Hispanic, and “other” races/ethnicities); individuals without a college degree; Medicaid beneficiaries; unmarried and younger individuals; and those living in the South. For infant mortality, subgroup analyses (limited to race/ethnicity due to data constraints) showed an 11% increase in mortality among Black infants post-ban, with particularly large increases in Southern states. We believe these were the first national analyses to comprehensively quantify the impact of post-*Dobbs* abortion bans on fertility and infant mortality, including these subgroup-specific effects.

- c. To support future analyses, we successfully obtained restricted-use data from the National Center for Health Statistics (NCHS) for birth and death certificates (through 2023) and from the Healthcare Cost and Utilization Project (HCUP) for hospitalization records (through 2022).
- d. All major Year 1 objectives were achieved. There were no significant deviations from the proposed timeline.

17. In order to receive our second year of funding in the summer of 2025, my MPI and I submitted an annual progress report on the first year of the award. This report is intended to describe progress towards achieving study aims, including grant-related activities conducted in the year prior, and a summary of key findings from recent analyses; it is not intended to be an opportunity to change the substance or language of the funded proposal. Our NIH program officer later informed us that our grant had been placed on a flagged list with other grants that communicate disfavored viewpoints on abortion restrictions and other topics. They told us that in order to get the grant off of the flagged list and thus receive our second year of funding, we likely needed to remove any mention of “abortion” or the *Dobbs* case in the narrative and project summary, which are public-facing portions of the grant, as well as in the aims section of the grant. Without these changes, I understood that the grant would not be approved for noncompeting renewal and could potentially be terminated.

18. I have never heard of a request to renegotiate a grant that has already been awarded. In the initial application process for a competing grant award, it is common for the NIH to share feedback from the study section with applicants to improve aspects of their research plan before they resubmit a grant for a competing award. However, after a grant has been awarded and a researcher is seeking

1 renewal of a noncompeting award, with the exception of budgetary changes, in my experience the NIH
2 historically has not requested changes to agreed-upon research.

3 19. While I had some misgivings about doing this, my MPI and I made the changes the
4 program officer had requested in an effort to protect the research. We shifted the characterization of the
5 work to omit all mentions of abortion or the *Dobbs* decision and reframed the work as being more
6 broadly on the impact of reproductive health policy changes on fertility, maternal health, and infant
7 health outcomes. Once we did so, our noncompeting renewal application was quickly approved, and the
8 second year of the grant was funded.

9 20. The changes we made at the instruction of the NIH made the language describing my
10 grant on NIH Reporter vaguer, such that it is harder for a reader to understand what we are actually
11 studying without also referencing associated publications linked to the grant. Further, the time and
12 resources we spent making our previously clear grant documents vaguer in order to satisfy the censors
13 seemed a pointless exercise that required several people's time both at my institution and the NIH.

14 21. Because NIH required us to make these changes, I am fearful that the NIH may decide to
15 terminate this grant if they come to know about how I speak or write about my work or present my
16 findings. I am nervous that they may identify discrepancies between the language that NIH required us
17 to adopt and how I conduct my research and communicate about it.

18 22. In 2022 I was awarded a K01 grant titled *Advancing Understanding and Measurement of*
19 *Infertility, Related Fears and Stigma, and Associated Consequences in Low-Resource Countries.*
20 National Institute of Child Health and Human Development (5K01HD107172). The grant has a project
21 term of 9/01/2022 through 8/31/2027.

22 23. The award focuses on infertility in Uganda, where I aimed to improve population-level
23 infertility prevalence estimation by evaluating modeling assumptions, to understand gendered
24 experiences of infertility stigma, and to identify particular dimensions of infertility stigma among
25 women.

26 24. Attached hereto as **Exhibit 2** is a true and correct copy of this K01 grant's NOA.

27 25. I have had ten publications resulting from this award, all of which I first- or senior-
28 authored along with several co-authors, including "Measuring non-events: infertility estimation using

1 cross-sectional, population-based data from four countries in sub-Saharan Africa” in *Human*
2 *Reproduction*, September 30, 2024, and “Defining infertility: The varied criteria people in two regions
3 of Uganda use to identify infertility in themselves and others” in *Social Science Medicine*, December
4 2025. Apart from these, I have another article recently accepted, three others under peer review, and
5 more to be submitted in the final year of the award. In addition to peer-reviewed publications, my
6 colleagues and I have presented on findings from this research at academic conferences on 12 occasions,
7 and I have been invited to give talks on this research at two research organizations.

8 26. As I soon enter the fifth year of this award, I have nearly completed all Research Aims
9 and Training Objectives, which were intended to prepare me for a career as an independent, NIH-funded
10 researcher studying (in)fertility in the United States and internationally. This is the result of an
11 incredibly productive four years, during which I took several courses that further my expertise in related
12 methods and content, prepared survey instruments and interview guides and collected quantitative and
13 qualitative data, and developed and submitted NIH proposals with training and support from my K01
14 mentors and new collaborators. The data collection included three different data collection components
15 over the prior four years. First, I developed an infertility module for inclusion in existing population-
16 based surveys in nine sites in sub-Saharan Africa; this involved data collection from several thousand
17 reproductive-aged women. Second, I developed interview guides on perceptions, experiences, and
18 stigma related to infertility for in-depth interviews and focus groups discussions among men (55) and
19 women (53) in Uganda. Third, I used insights from analyses of the qualitative data to inform the
20 development of a psychometrically valid scale to measure domains of infertility stigma at the population
21 level, which I piloted with 442 women in Uganda. Importantly, these data and associated analyses
22 provided valuable insights on infertility, a long-neglected and understudied aspect of reproductive health
23 both in the US and internationally. Results included the first ever population-level estimates of clinical
24 infertility in four low- and middle-income countries, improvement in our ability to measure the
25 prevalence of clinical infertility using readily available cross-sectional data (as well as app data in the
26 United States), advancements in our understanding of the experience of infertility and related stigma for
27 men and women in Uganda, and development of a novel infertility stigma scale for use in a general
28 reproductive-aged female population. Through this work I established new relationships with several

1 researchers doing related work in the United States and in low- and middle-income countries, presenting
2 opportunities for cross-cultural learning and collaborations moving forward.

3 27. Before the fifth year of the project, in the summer of 2026, I became aware that
4 colleagues in my field doing international work were being asked by the NIH to make changes to the
5 public-facing sections of their grants to justify why the research was being conducted in a foreign
6 country and what benefit this would provide the United States. Because of this, I inquired with my NIH
7 program officer if I needed to take similar action.

8 28. On July 13, 2026, my NIH program officer confirmed that I needed to make those
9 changes re-emphasizing the foreign justification to the project summary, narrative, and project aims that
10 had already been included in the foreign justification documentation at the time of the initial grant
11 submission. I then inserted additional foreign justifications in various parts of this grant, emphasizing
12 that even though I was doing the work in sub-Saharan African given that this region has among the
13 highest levels of infertility, it would improve infertility estimation and develop measures to inform
14 strategies to reduce infertility-related stigma and fear in the United States. The noncompeting renewal
15 for year 5 of this grant is still pending.

16 29. In my view, this insistence on inserting additional justifications that international research
17 work benefits American public health is a waste of time, given that there are places in the grant where
18 these justifications already exist; the focus of the proposal components I was required to edit should be
19 on the science. Moreover, the implication that international public health research is not valuable unless
20 Americans directly benefit reflects a blinkered view of public health, which is inherently global. The
21 distinction between domestic health and international health is a false dichotomy; it's all health, it's all
22 interrelated, and findings in each setting have implications for the other.

23 30. In addition to my existing NIH grants, I have also applied for two grants in recent months
24 for which I received instruction from NIH officials to change the language of the applications in order to
25 avoid being flagged as inconsistent with recent NIH priorities and not be reviewed by a study section.

26 31. In June 2026, a colleague and I submitted a grant application as MPIs about the impact of
27 extreme heat on human fecundity. We were instructed by the program officer on an earlier call not to
28 use the phrase "climate change" anywhere in the proposal, and certainly not as a cause of the rising

1 frequency and severity of extreme heat. Although I was uncomfortable with doing so, I made sure to
2 only use “extreme heat” throughout the application before submitting it so that it would not be flagged. I
3 thought the language changes made the proposal less precise. The program officer also discouraged us
4 from using the phrase “pregnant people” and advised us to simply refer to “pregnant women,” even
5 though this ignores the many people who become pregnant who do not identify as women. We are
6 awaiting a decision from NIH on that application.

7 32. Another grant application a colleague and I initially submitted as MPIs in February 2025
8 seeks to study experiences of infertility stigma among men in Uganda, recognizing that the gendered
9 fertility expectations necessitate a focus on men’s experiences, which had been neglected in research on
10 infertility. After reading news coverage about particular words being flagged in NIH grants by reviewers
11 and after discussing the review process with my program officer, we removed the word “gender” and all
12 references to gender and instead talked about differences between men and women. We were also told
13 by the program officer that because the grant review process now disfavors international research, that
14 we should also include extra justifications about the benefits of this work for the United States in the
15 specific aims page and research strategy. We made these changes in our resubmission – which required
16 additional time and input from colleagues about the framing and cuts to other parts of the grant
17 addressing the science – even though we had misgivings about changing the description of the work in
18 order to satisfy censors. However, the application was denied, and we are now deciding whether to edit
19 further and submit as a new grant proposal.

20 33. The NIH’s priorities alignment process requiring changes in how I describe my research
21 makes me feel like I must fit my research interests into a political agenda in order to keep my funding on
22 projects already awarded or to receive funding for new proposals. This censorship makes the application
23 language less precise and minimizes the value of the scientific/peer review process, that is intended to
24 vet research to ensure the NIH is a good steward of public funds that is supporting high-quality research
25 to address critical public health issues. Receipt of NIH funding now feels like it does not necessarily
26 signal good science, but science that fits into increasingly narrow parameters around science that is
27 politically palatable. Trying to secure NIH funding is already challenging and stressful, and this
28

1 Administration's required self-censorship and word policing adds another layer of stress, distracting me
2 from the more important aspect of grant writing, which is being as precise and accurate as possible.

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

8 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
9 was executed at Washington, DC this 18th day of September 2026.

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12 Suzanne Bell
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