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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
CLAIRE ANKUDA**

* 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, Claire Ankuda, 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 Claire Ankuda.

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 at Dartmouth Health as well as the Geisel School of
8 Medicine at Dartmouth College. I am a board-certified hospice and palliative medicine physician and
9 health services researcher. My work examines the role of Medicare Advantage plans, hospice, and home
10 health policy in shaping the care for older adults with serious illness.

11 5. I earned my MD from the University of Vermont College of Medicine. I earned my MPH
12 from the Harvard School of Public Health. I earned my MSc in health Services Research from the
13 University of Michigan as part of the Robert Wood Johnson Clinical Scholars Program.

14 6. I have published widely in my field, including in the *Annals of Behavioral Medicine*,
15 *Journal of American Geriatrics Society*, *Journal of General Internal Medicine*, *JAMA Internal*
16 *Medicine*, and *Health Affairs*. I have received multiple awards recognizing my contributions, including
17 the Terrie Fox Wetle Rising Star Award in Health Services and Aging Research from the American
18 Federation for Aging Research and the American Academy of Hospice and Palliative Medicine
19 Emerging Leader Award. I have just completed a 5-year NIH K76 Paul B. Beson Emerging Leaders
20 Career Development Award in Aging. My work has been cited in Government Accountability Office
21 reports on the Medicare Advantage program, and I served as an expert witness for the Department of
22 Justice around Olmstead Act violations.

23 7. My research work is motivated through watching the difficulties of my patients
24 navigating insurance coverage in the setting of life-threatening serious illnesses such as cancer and
25 dementia. My goal is to conduct research that helps us to understand how the Medicare program can
26 facilitate the best outcomes and highest quality of care for people with serious illness, including those
27 who are at the end of life.

1 8. NIH grant applications are incredibly demanding. Preparing one can take months or even
2 years. Proposals are lengthy and must make a compelling case that the health issue being studied is
3 urgent and scientifically significant. Applicants must prove that their proposed methods are the best
4 possible approach to solve the problem. They must also demonstrate that their team is uniquely
5 qualified. Every application undergoes rigorous peer review by experts, and funding rates are low-
6 especially for R01 grants, where many researchers apply multiple times before ever being funded.
7 Securing a grant is not just about money-it indicates a project's scientific importance, methodological
8 rigor, and real-world potential to improve public health.

9 9. I submitted a grant proposal to NIH in November 2024, titled *The canary in the*
10 *coalmine: Medicare Advantage switches for adults with new onset dementia* (R01AG0126417). I have
11 not yet received an R01 (a major independent research award), and am within 10 years of completing
12 my training, thus I qualify as an early stage investigator.

13 10. This project proposed to investigate when and why individuals change insurance after
14 getting diagnosed with dementia, specifically whether patients switch to a different Medicare Advantage
15 plan or out of the Medicare Advantage program, and what the impacts of these changes are for patient
16 care. This project aimed to understand why patients switch insurance plans to better understand the
17 clinical impact of these decisions, including on particular populations at high risk of negative
18 consequences from a change to Medicare Advantage plans, such as those in rural areas, those in highly
19 concentrated Medicare Advantage markets, and those more likely to have limited financial resources.

20 11. My initial submission of the grant application in November 2024 scored in the 25th
21 percentile. I made substantial edits and resubmitted this grant in July 2025. After this resubmission, my
22 scheduled study section review was delayed due to the government shutdown, from November 2025 to
23 January 2026. Ultimately, this resubmitted grant scored at the 5th percentile. For context, 2024 paylines
24 for a grant such as mine (Early stage investigator, dementia focused) were at 20%.

25 12. Upon my request, in March 2026, I met with my NIH program officer (PO), and they did
26 not indicate that the delays were due to my submission not aligning with current NIH priorities. Instead,
27 they noted the backlog of highly-scored grants that meant my grant might be considered for funding
28 later in the funding year than usual. They also noted that decisions were not as dependent on scientific

1 review scoring as usual. Shortly after that, my status changed on eRA Commons to note that the council
2 review of my grant application was complete.

3 13. After this development, in April 2026, I again contacted my PO but received no response.
4 After further attempts to speak with my PO, my PO told me to email my questions. I did so, asking
5 questions about the likelihood of receiving the grant award and whether new NIH policies were
6 impacting the award. My PO responded that my likelihood of receiving the funding was low as priorities
7 continued to evolve and that the NIH had moved away from prioritizing research involving health
8 policy. My PO also suggested that I submit the project as a brand new submission in the fall of 2026 and
9 revise the title to focus on the benefits of the research to patients and doctors and remove references to
10 Medicare Advantage. However, my existing project title, *The canary in the coalmine: Medicare*
11 *Advantage switches for adults with new onset dementia*, already seems focused on patients. Colleagues
12 receiving similar feedback from POs advised me to remove Medicare Advantage from the title, although
13 this is challenging as this program is the centerpiece of my research.

14 14. Several colleagues with grants that scored worse than mine by 5-10 percentile points but
15 that focused on different areas of policy were funded. I additionally heard about other colleagues with
16 grants scoring as well as at the 1st percentile that similarly focused on the Medicare Advantage program
17 either were not funded or were only awarded after heavy editing to minimize critiques of the Medicare
18 Advantage program.

19 15. Based on feedback I received from my program officer, as well as the experiences of my
20 colleagues, I believe that my grant application was flagged as influencing public policy pretextually
21 because of hostility from the administration to research that might show the negative impacts of some
22 Medicare Advantage plans, which is at odds with the administration's agenda.

23 16. I am planning to submit three additional NIH grant applications in the fall, including one
24 on how Medicare Advantage plans influence cancer care outcomes and another one assessing how
25 people with dementia navigate insurance plan decisions. Given my experience with my current
26 application, I am concerned about drafting these grant applications in such a way as to accurately
27 describe my research projects while also not running afoul of NIH's recent focus on restricting research
28 that may influence public policy or studies the effects of a public policy.

1 17. If NIH were to stop using its priorities-alignment process of disqualifying research
2 projects that shed light on the negative impacts of the administration's favored policies, I would submit
3 these future applications without concern about triggering censors at the agency. Likewise, I would
4 expect that my existing grant application, which scored in the top 5th percentile, would likely be funded.

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6 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was
7 executed at Rockingham, Vermont this 8th day of September 2026.

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Claire Ankuda