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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
ABIGAIL HATCHER**

* 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, Abigail Hatcher, 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 Abigail Hatcher.

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

7 4. I am an independent public health researcher and an unpaid adjunct at the University of
8 North Carolina at Chapel Hill Gillings School of Global Public Health.

9 5. From May 2020 until December 2025, I was a research-track faculty member in the
10 Department of Health Behavior at the University of North Carolina at Chapel Hill. I resigned my
11 position in December 2025.

12 6. I have worked in violence prevention for 21 years, with a focus on HIV and mental health
13 around the time of pregnancy. I lived in South Africa for 17 years and have conducted research there
14 since 2007. Over the course of my career, I have held investigative roles in approximately ten NIH
15 grants and four European grants.

16 7. My research examines violence and HIV in pregnancy and the conditions that shape who
17 benefits from health research and who has the opportunity to conduct it. To do this work effectively, I
18 must be able to identify specific populations, pinpoint and address disparities, and design programs and
19 policies to study the social conditions that produce those health outcomes.

20 8. One example is NIH grant 1R25HD116367, originally titled *Restoring equity to*
21 *measuring and preventing perinatal intimate partner violence (Remap-IPV)*, now titled *Early career*
22 *researchers mentored around perinatal intimate partner violence (Remap-IPV)*. My institution was
23 awarded the grant for which I was a principal investigator in September 2024 by the National Institute of
24 Child Health and Human Development. That R25 research-education grant focused on training a broad
25 spectrum of early-stage investigators to study violence in pregnancy using rigorous measurement and
26 ethical practices. The project combined in-person and online instruction with mentorship so that trainees
27 could draft a peer-reviewed paper with a scientific writing mentor, which serves as a track record of
28 scientific collaboration to improve their future grant funding.

1 9. NIH terminated the Remap-IPV grant on March 21, 2025, because it allegedly “no longer
2 effectuates agency priorities,” including “amorphous equity objectives,” and might qualify as a DEI
3 study. This grant was reinstated on July 4, 2025, as a result of *American Public Health Association v.*
4 *National Institutes of Health*, No. 1:25-cv-10787 (D. Mass.). The injuries I describe and relief I am
5 seeking here are separate from that lawsuit.

6 10. After NIH terminated my grant, I was told by my institution to halt my lines of equitable
7 research. I was also told that if philanthropic grant applications that communicated viewpoints relating
8 to equity were successful, the university would not accept the non-federal award. This prohibition made
9 continued employment as a researcher financially untenable for me. I was a soft-funded scientist,
10 meaning that grant funding was essential to support my salary and my research. I could no longer raise
11 my salary through NIH or non-federal grants, even though obtaining grants was a central condition of
12 my research-track position. I resigned from UNC in December 2025. I am now an independent
13 researcher and retain only an unpaid adjunct appointment at UNC’s Gilling School of Global Public
14 Health.

15 11. When I resigned, and after my grant was reinstated, I relinquished the award so that it
16 could be transferred to a co-investigator at the University of California, San Diego. I continue to work
17 part-time on violence prevention and mental health as an independent contractor.

18 12. The Remap-IPV grant has undergone repeated high-level political reviews. After
19 reinstatement, I was instructed by my program officer to revise the public-facing sections of the grant,
20 including the title, the health relevance section, and the abstract, or else the grant would be flagged and
21 the transfer to my co-investigator might not go through. They told me to change the original title of the
22 grant to omit the phrase “Restoring equity.” We were also told by the program officer to revise specific
23 aims. These proposed line edits removed words and phrases like “underrepresented,” “diverse,” “health
24 equity,” “structural inequity,” “sexual gender minority,” “pregnant person,” and people “marginalized
25 by race, disability, sexuality, and/or poverty.” While I had misgivings about recharacterizing my
26 research, in order to ensure the funding continued, I made the requested changes around the public-
27 facing sections (title and abstract) but opted not to alter the specific aims. The transfer to my co-
28 investigator ultimately took place after a months-long delay.

1 13. Because NIH required us to make these changes, I am fearful that NIH may re-terminate
2 this grant if I speak or write about my work or present my findings in ways that differ from the language
3 that NIH required us to adopt.

4 14. Apart from this, in an application for a training grant, I, along with a co-investigator,
5 proposed a program that focused on training HIV researchers on scientific writing. The original
6 application, submitted in September 2024 before the “agency priorities” were altered, proposed a two-
7 year scientific-writing fellowship for early-stage HIV researchers, divided evenly between investigators
8 in the United States and Southern Africa. The program would provide mentorship, residential writing
9 retreats, online instruction, professional-development support, and training in manuscripts and NIH
10 grant applications.

11 15. Our original application focused on investigators from underrepresented minority and
12 low- and middle-income settings and on research concerning gender-based violence and other social
13 determinants of HIV. Our application posited that disparities in scientific funding and mentorship limit
14 whose knowledge is represented in HIV research. For example, if a review panel includes only scientists
15 with a biomedical approach to treating HIV, the review panel may award lower scores for applications
16 that take a social or environmental approach to HIV. Similarly, if a review panel includes only United
17 States investigators working on domestic research, it may award lower scores to applications that
18 expand or translate African clinical advances. Thus, our application proposed to build a pipeline of
19 United States and African scientists to improve the quality, rigor, and breadth of scientific questions
20 examined by the next generation of HIV investigators.

21 16. After NIH priorities changed, I understood that we would need to change the language
22 and focus of the grant application to have a realistic chance of being awarded funding. As a result, my
23 co-investigator and I substantially recast the application in a revision submitted in September 2025. We
24 removed constructs and terms including “underrepresented minorities,” “gender-based violence,”
25 “racism,” “stigmatized identities,” “intersection,” “particularly women,” “underrepresented,” and
26 “minoritized.” We also removed the list of countries in the relevant region of Southern Africa.

27 17. In addition, we asked core faculty on the second grant submission to remove words from
28 their biosketch that might trigger a flag in the NIH review process. For example, in my biosketch I

1 removed words such as “gender-based violence,” “minority,” “social and structural,” “gendered
2 syndemic,” and “determinants of health.” To deal with my own university limitations on new proposals I
3 applied as a consultant instead of routing the sub-award through my institution.

4 18. This second submission fared worse in peer review due to the noted lack of specificity in
5 the grant. For example, one reviewer noted “Some of the mentors’ biosketches appear to be not targeted
6 to this application, raising slight concerns about their commitment to this proposal.” Naming me as a co-
7 investigator without an institutional home was noted by a reviewer as a weakness in the environment for
8 the training program.

9 19. These revisions made the application less programmatically distinct from general HIV
10 training. The original premise was that the United States research pipeline trains scholars across race and
11 gender through the postdoctoral stage, but loses many of these investigators during early careers, and
12 that targeted mentorship could help to prevent those losses. Not naming the populations most affected by
13 this research loss obscured both the problem and the reason for the proposed intervention.

14 20. In my judgment, that lack of precision also made our application less competitive for
15 funding because it obscured our investigative expertise in addressing the intersection of violence and
16 HIV. This is an area that has not yet been adequately addressed by existing medication regimens or
17 clinical programs. Studying this topic and training new researchers to address it offers us a competitive
18 advantage as mentors. By omitting certain terms or constructs in the second revision in order to obscure
19 disfavored viewpoints relating to DEI, we discarded ideas and scientific approaches known to be
20 persistent drivers of HIV-related health.

21 21. We then resubmitted the grant a third time in May 2026. This final version centered
22 broadly on community-engaged HIV research, communicating with academic and community
23 audiences, and the use of artificial intelligence in scientific writing. It no longer proposed a cohort
24 divided evenly between United States and Southern African investigators. Instead, trainees would be
25 based in the United States.

26 22. Although the third revised application still refers generally to early-stage investigators,
27 we removed the original application’s focus on underrepresented minority and low- and middle-income
28 investigators. In this third revision we omitted additional words from the application including “social

1 and structural determinants of health,” “systemic,” and “sexuality.” We also removed terms such as
2 “Black,” “Brown,” and “African.” The third revision is under review during the month of September
3 2026.

4 23. Several of the words we removed over the course of our multiple revisions were listed in
5 an appendix to a June 26, 2026 article in *Nature*, including “gender,” “racism,” “minority,” and
6 “underrepresented.” The article describes the list of 235 terms as tool NIH uses to screen grants for
7 disfavored language that indicates that grants will likely need to be revised for alignment. Attached
8 hereto as **Exhibit 1** is a true and correct copy of this article, and attached hereto as **Exhibit 2** is a true
9 and correct copy of the appendix. This confirmed for me that NIH was censoring grants that used
10 particular language it associated with gender or racial equity and that we were correct to remove such
11 terms to obtain an NIH grant award.

12 24. Beyond that application, I have chosen not to submit new applications for NIH grants.
13 Preparing a competitive NIH application requires substantial time and effort. I face the sunk costs of
14 writing new grants that may be terminated at any moment, the psychological toll of scrubbing my
15 science of reference to people of color and real inequities, and the moral injury of abandoning ethical
16 principles, including my obligations to participants already enrolled in research that is halted or
17 terminated without notice.

18 25. Prior to NIH’s flagged words lists and censorship policies, I had started developing an
19 R01 application extending findings from my earlier career-development work on reducing violence
20 during pregnancy within primary healthcare clinics. The proposed research planned to test multiple
21 clinical strategies to reduce violence and improve pregnancy outcomes in a clinical trial. It drew upon an
22 efficacious brief intervention to reduce perinatal violence – a social condition that leads to more deaths
23 in pregnancy in the United States than the next three causes of pregnancy-related death (pre-eclampsia,
24 sepsis, and hemorrhage) combined. However, a South African trial is better to test solutions to this
25 particular confluence of health problems due to a relatively higher burden of violence. A South African
26 setting allows for the larger sample sizes required in confirmatory clinical trials. Although this project
27 grows directly out of my longstanding expertise, its South African setting and focus on race, gender, and
28 equity make it especially disfavored under the current policies.

1 26. I continue mentorship of students through F31, D43, and T32 training grants. Those
2 efforts do not cover my salary and do not replace the grants I would submit to advance my own research
3 program. Converting career-development work into independent R-series funding has become doubly
4 difficult because NIH now disfavors both foreign research and research focused on race or gender.

5 27. For now, I am concentrating on completing work supported by the grants and subawards
6 that remain, researching the effects of grant terminations, and trying to stay active enough in my field.
7 This activity is important to resume a full research program when I can again describe my scientific
8 portfolio accurately in NIH grant applications. I am also working under a Mellon/Scholars at Risk
9 fellowship to track terminated scientists and their experience of the curbing of academic freedom
10 nationally.

11 28. NIH is the single-largest funder of public health research in the United States, and R-
12 series NIH grants are career-defining awards for researchers in my field. The monetary value of my
13 Mellon/Scholars at Risk fellowship and the work I do supporting other people's grants is only a fraction
14 of the NIH grant funding I previously received for my research work. My ability to continue my
15 research career is uncertain. Universities prefer to hire candidates with federal research funding to cover
16 a large portion of investigator salary, support salaries of staff, offer training opportunities for students,
17 and provide the university itself with funding in the form of overheads. Without a continued track record
18 of federal research funding, a university job in public health is uncertain. This is personally devastating,
19 as I have devoted over 20 years to public health research and returned to the United States from South
20 Africa for the express purpose of deepening my research career.

21 29. NIH policies have changed not only the words I use, but the research I am able to
22 propose. They have deterred me from submitting the R01 application described above, narrowed the
23 populations I can target, interrupted the progression of my research career, and deprived the public and
24 students of work directed at ameliorating violence in pregnancy.

25 30. I do not believe I can prepare a truthful and competitive NIH application while avoiding
26 the terms necessary to explain my expertise, the populations affected, and the scientific basis for my
27 career. Until NIH's current policies change, I will continue to refrain from submitting applications that I
28 otherwise would pursue.

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

6 I declare under penalty of perjury that the foregoing is true and correct, and that this declaration
7 was executed at Durham, North Carolina this 18th day of September 2026.

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9 

10 Abigail Hatcher
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Exhibit 1

nature

[nature](#) > [news](#) > article

NEWS | 26 June 2026 | Clarification [27 June 2026](#)

Inside the new political screening that's stalling NIH grants

Mandatory reviews by top health officials and checks for 235 disfavoured terms have left hundreds of vetted grant applications in administrative limbo.

By [Max Kozlov](#)

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The US National Institutes of Health has seen grant applications held up by extra layers of scrutiny. Credit: Mark Wilson/Newsmakers/Getty

Hundreds of [grant applications to the US National Institutes of Health](#) (NIH) are being held up at any given time by unprecedented scrutiny after peer review. Some have been flagged by an algorithm for using terms, such as ‘gender’ and ‘climate change’, that have been deemed not to conform with the priorities of the administration of US President Donald Trump.

These new layers of review have delayed delivery of funds to labs and research institutions – and have even resulted in the outright rejection of some applications that had been approved by outside and agency scientists. Before 2025, it was unheard of for grants that had received such approvals to be rejected, says one of six NIH officials who spoke to *Nature* on condition of anonymity. The extra scrutiny ramped up in early 2026 and is conducted by NIH leaders and officials at the NIH’s parent agency, the Department of Health and Human Services (HHS).

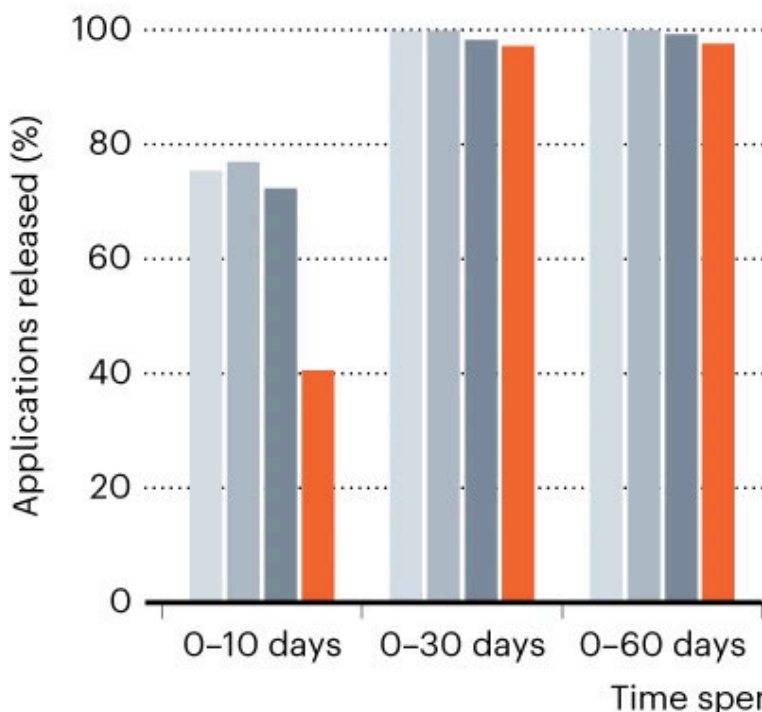
The extra scrutiny has particularly affected researchers waiting for previously approved projects to be renewed. Most applications clear the supplemental review in two weeks, but 10% of the grant-renewal applications that have entered this phase in the 2026 fiscal year have become stuck for more than seven weeks, and some have been held up indefinitely, according to data and internal e-mails that *Nature* has obtained (see 'Holding pattern').

HOLDING PATTERN

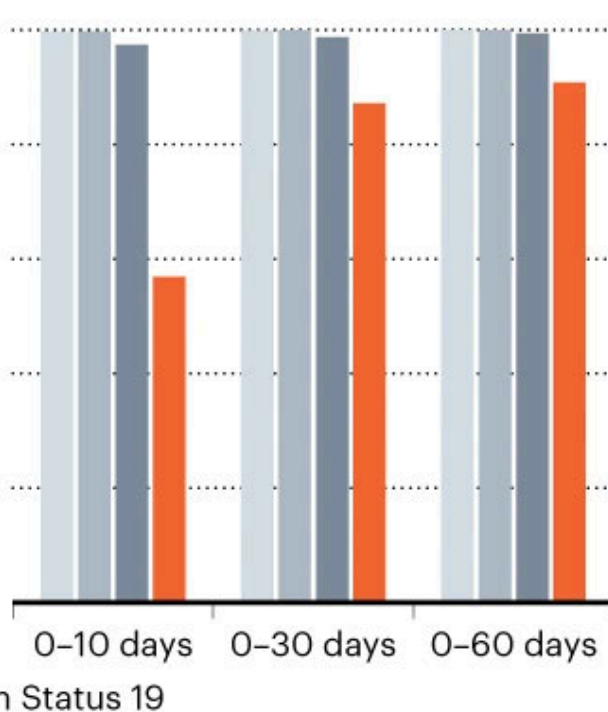
After approval from agency scientists, applications for US National Institutes of Health (NIH) grants move into 'Status 19', the internal designation for an award that has been fully prepared but not yet funded. Over the past year, officials at the NIH and its parent agency have begun additional scrutiny at this stage. Many applications that enter Status 19 are approved after a short delay. But a small fraction — especially applications for 'non-competing renewals' — are still being held back after two months.

2023 2024 2025 2026

Applications for new grants and competing renewals



Non-competing applications



Competing renewals undergo peer review alongside applications for new projects. Non-competing applications concern continuations of existing grants that have already been peer reviewed. Data are shown from the start of the fiscal year (1 October the previous calendar year) to early June.

©nature

Source: US National Institutes of Health data obtained by an agency programme officer.

Similar reviews could be coming to other federal agencies. On 29 May, the White House proposed [rules that would give political appointees unheard-of control over scientific grant-making](#).

“We’re the test case,” says an NIH programme officer. “The new rules would essentially codify the administration’s ability to restrict funding on anything because they don’t like the topics or the words” used in the applications.

The Trump administration has criticized the federal grant-making process as opaque and unaccountable. Grants have been used “to promote a ‘woke’ policy agenda that did not reflect the values of the vast majority of the American public”, [says the 29 May proposal to overhaul grant-making](#).

In response to *Nature*’s queries about the grant-screening process, an NIH spokesperson said that “there are no ‘banned word’ lists at NIH, and funding decisions are not based on specific words or phrases.” Internal documents suggest that the agency does not ban these words, but projects that use them are much more likely to be scrutinized by programme officers who use the tool and by NIH and HHS officials reviewing the project.

Automated check

Weeks after Trump took office in January 2025, [his administration began terminating thousands of grants on disfavoured topics](#), such as diversity, equity and inclusion, climate change, misinformation, vaccine hesitancy and what it called ‘gender ideology’. Billionaire Elon Musk’s [Department of Government Efficiency \(DOGE\) directed these terminations](#), *Nature* previously reported.

As DOGE’s influence in government waned, NIH leaders formalized a screening process by creating an algorithm that checks applications for a list of disfavoured terms (see Supplementary information). As of February, the list included 235 terms, which serve as an “indicator that the grant likely needs, at a minimum, a revision to align its terminology with NIH priorities”, according to one internal document.



NIH grant cuts disproportionately hit minority and female scientists

The tool checks every application's title, abstract and other summary sections for terms including 'racism', 'fossil fuel', 'queer' and 'sexual minority' (referring to all forms of the phrase 'sexual minority').

This algorithm is applied after applications have passed two rounds of peer review, and after programme officials and the relevant institute director have deemed them worthy of funding and in alignment with institute priorities (see 'How an NIH grant is processed').

If the application contains one of the 235 disfavoured terms, it is classified as "not clean". Programme officers are then instructed to renegotiate the language or scope of the proposed project with the applicant, or to scrap it altogether. Officers must also write a 'decision memo' that describes the actions taken.

Grant limbo

After this step, applications enter a phase called Status 19. Historically, the NIH has used this status to give members of the US Congress advance notice of the projects being funded in their districts.

Now, this designation also gives NIH leaders and the "HHS counselor" an opportunity to review all applications, according to internal documents that *Nature* reviewed.

Feedback from both NIH leaders and HHS officials sometimes questions whether the applications should be funded, according to the documents. "Does [the institute] really want to fund this study? Seems likely to end up in a Congressional waste report," reads one comment, referring to analyses that highlight examples of allegedly improper federal spending.



US science after a year of Trump: what has been lost and what remains

In such cases, the application is sent back to the handling NIH programme officer to remedy the issue, often requiring that they renegotiate the scope of the project with the applicant before resubmitting the grant for subsequent rounds of Status 19 review. Sometimes, e-mails reprimand the people who processed the applications: “There were a lot of problematic [National Institute on Aging] grants in the queue this week”, says one e-mail from NIH leaders in March. “Many of them had significant problems that should have been caught by your staff.”

Applications are often sent back because they include disfavoured topics or have [foreign collaborators](#) on projects that do not show a “clear benefit” to the United States. Applications are also bounced back to programme officers for alleged “lobbying activities”, a reference to projects that aim to inform policy; or for containing “vague and non-specific language”, such as the phrase ‘social determinants of health’, which is deemed not to include “measurable concepts”, according to e-mails that *Nature* obtained.

In rare cases, these extra reviews can prevent applications from being funded. *Nature* learnt of two such applications – they concerned research that was on politically sensitive topics but was not, according to NIH staff, in opposition to [the NIH’s priorities list](#), which was published in August 2025. “Just because the topic is something that makes some people uncomfortable doesn’t mean we shouldn’t research it,” says one NIH programme officer, who adds that the studies were deemed scientifically rigorous by multiple panels of scientists before they were shut down.

“It’s demoralizing the number of hours we spend working up a grant that they might kill at the last possible moment”, the officer says. “It’s a tremendous waste of taxpayer dollars.”

Heavier workload

Running the text-analysis tool, renegotiating applications and fielding comments from NIH and HHS leaders has tripled the workload of NIH staff members, they say. The extra steps also delay delivery of money to researchers, sometimes by months.

One NIH official analysed non-competing grant-renewal applications (those that have been peer reviewed in the past and are soliciting their next year of funding) that entered Status 19 between the start of the 2026 fiscal year on 1 October 2025 and early June 2026. They found that only 57% were approved within ten days. By comparison, in the same period over the previous three years, more than 95% of non-competing applications were approved within ten days.

Elizabeth Ginexi, who was an NIH programme officer for 22 years before leaving the agency in 2025, says that renewals might be especially scrutinized because they were originally “approved years ago under different criteria” and “are now being re-evaluated against current political requirements”.

These delays add to others caused by a [staffing shortage](#), [a record-breaking 43-day government shutdown in 2025](#) and a roughly [40-day delay in the White House’s release of the 2026 NIH budget](#) after it was signed into law. As a result, the NIH has allocated about 17% less money so far in 2026 than it did, on average, in the same period in 2021–24.

“NIH leadership is telling staff not to create friction or cause obstruction to get grants out the door, when the reality is, it’s the administration creating the barriers,” one programme officer says.

How an NIH grant application is processed

It can take more than a year for an application for a US National Institutes of Health (NIH) grant to work its way through the system. Numbers in brackets show roughly how long each step takes

Step 1: Submission and referral. After submission, an application is assigned to a specific NIH institute and a study section (a panel that provides peer review).

Step 2: Study-section peer review (6 months). The panel, made up of independent scientists from all over the United States, reviews the application, scores it and sends feedback to the applicant.

Step 3: Advisory-council review (3 months). Each institute's advisory council, composed of outside scientists, reviews the application to ensure that it broadly aligns with the institute's mission. The council's recommendation is sent to institute staff.

Step 4: Institute staff review and sign-off (4–6 weeks). Staff at the institute's branch and division levels develop a funding plan for the proposal. If the branch and division directors sign off on the application, it is reviewed by the institute director. The applicant is notified that their grant is being considered for funding.

Step 5: Programme and grants-management-specialist review (4–6 weeks). Programme staff members check that the application follows NIH's scientific requirements in areas such as the treatment of human study participants. At the same time, grants-management specialists review the proposed budget details, ensure that prospective grant recipients comply with the NIH's financial policies and prepare the formal notice of award. These steps are delayed if the US Congress and president have not approved an annual spending bill.

As of this year, an application in this phase is also screened for disfavoured terms and concepts. If these are detected, programme officers must draft a "justification memo" to defend the award and work with the applicant to revise the application.

Step 6: "Status 19" administrative hold (typically 1–4 weeks but can be considerably longer). The application is put on hold – a step originally intended to allow time for members of congressional staff to get a preview of grants funded in their districts.

As of this year, every grant at this stage is now reviewed by top NIH officials and then by leading officials at the Department of Health and Human Services, which oversees the NIH. If these officials object to anything in the application, it is sent back to step 5.

Step 7: Award issued. The applicant is notified, and their institution gains access to the funds.

doi: <https://doi.org/10.1038/d41586-026-01924-8>

UPDATES & CORRECTIONS

Clarification 27 June 2026: The role of an NIH employee has been clarified in this version of the article.

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SUPPLEMENTARY INFORMATION

1. [Disfavoured words](#)

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How one US scientist is adapting to life abroad after DOGE cuts

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Trump has big AI and quantum ambitions: this scientist’s job is to make them reality

NEWS | 29 JUN 26

Scientists fight back against far-right plans to restrict academic freedom in Germany

NEWS | 29 JUN 26

Nature (*Nature*) | ISSN 1476-4687 (online) | ISSN 0028-0836 (print)

Exhibit 2

Term	Category
changing climate	Climate Change
climate change	Climate Change
climate crisis	Climate Change
climate justice	Climate Change
environmental justice	Climate Change
fossil fuel	Climate Change
global warming	Climate Change
address diversity	DEI
advance diversity	DEI
advancement diversity	DEI
advances diversity	DEI
advancing diversity	DEI
apartheid	DEI
attendee diversity	DEI
bolster diversity	DEI
broaden diversity	DEI
broadening diversity	DEI
broadens diversity	DEI
campus diversity	DEI
center diversity	DEI
cohort diversity	DEI
commitment diversity	DEI
committed diversity	DEI
criminal justice	DEI
critical race theory	DEI
cultural diversity	DEI
cultural equity	DEI
DEI	DEI
DEIA	DEI
DEIB	DEI
DEIJ	DEI
digital equity	DEI
disadvantaged minorit	DEI
diverse applicant	DEI
diverse audience	DEI
diverse background	DEI
diverse biologist	DEI
diverse candidate	DEI
diverse chemist	DEI
diverse cohort	DEI
diverse collaborator	DEI
diverse communities	DEI
diverse cultur	DEI
diverse faculty	DEI
diverse graduate	DEI
diverse inclusive	DEI
diverse individual	DEI

diverse investigator	DEI
diverse leader	DEI
diverse learner	DEI
diverse people	DEI
diverse personnel	DEI
diverse postdoc	DEI
diverse predoc	DEI
diverse researcher	DEI
diverse respondent	DEI
diverse scholar	DEI
diverse scientist	DEI
diverse stem	DEI
diverse student	DEI
diverse talented	DEI
diverse team	DEI
diverse trainee	DEI
diverse undergraduate	DEI
diverse volunteer	DEI
diverse workforce	DEI
diversification workforce	DEI
diversify workforce	DEI
diversity inclusion	DEI
diversity leader	DEI
diversity program	DEI
diversity recruit	DEI
diversity stem	DEI
diversity supplement	DEI
embrace diversity	DEI
embraces diversity	DEI
embracing diversity	DEI
encourage diversity	DEI
encouraged diversity	DEI
encourages diversity	DEI
encouraging diversity	DEI
engage diverse	DEI
engage diversity	DEI
engagement diverse	DEI
engagement diversity	DEI
engaging diverse	DEI
engaging diversity	DEI
enhance diversity	DEI
enhanced diversity	DEI
enhances diversity	DEI
enhancing diversity	DEI
equit	DEI
ethnic diversity	DEI
ethnic equit	DEI
ethnic segregation	DEI

ethnically diverse	DEI
expand diversity	DEI
expanding diversity	DEI
expands diversity	DEI
faculty diversity	DEI
graduate diversity	DEI
graduates diversity	DEI
HBCU	DEI
health equit	DEI
health inequit	DEI
hispanic serving	DEI
historically black	DEI
HSI	DEI
improve diversity	DEI
improved diversity	DEI
improves diversity	DEI
improving diversity	DEI
inclusion diversity	DEI
inclusiv	DEI
increase diversity	DEI
increased diversity	DEI
increases diversity	DEI
increasing diversity	DEI
increasingly diverse	DEI
inequit	DEI
justice	DEI
lack diversity	DEI
latinx	DEI
leadership diversity	DEI
leading diversity	DEI
member diversity	DEI
members diversity	DEI
minorit	DEI
monitor diversity	DEI
need diversity	DEI
office diversity	DEI
openness diversity	DEI
oppression	DEI
PEDP	DEI
postdoc diversity	DEI
postdoctoral diversity	DEI
program diversity	DEI
progress diversity	DEI
promote diversity	DEI
promotes diversity	DEI
promoting diversity	DEI
promotion diversity	DEI
racial discrimination	DEI

racial diversity	DEI
racial equit	DEI
racial segregation	DEI
racially diverse	DEI
racism	DEI
racist	DEI
recruitment diversity	DEI
recruitment plan	DEI
residential segregation	DEI
RPED	DEI
scientists diversity	DEI
staff diversity	DEI
stem diversity	DEI
structural racism	DEI
student diversity	DEI
students diversity	DEI
support diversity	DEI
supported diversity	DEI
supporting diversity	DEI
supportive diversity	DEI
supports diversity	DEI
systemic racism	DEI
talent diversity	DEI
train diverse	DEI
training diverse	DEI
underrepresent	DEI
underrepresented group	DEI
underrepresented minorit	DEI
underrepresented population	DEI
underrepresented student	DEI
URM	DEI
user diversity	DEI
values diversity	DEI
workforce diversification	DEI
workforce diversity	DEI
assigned birth	Gender
assigned female birth	Gender
assigned male birth	Gender
birthing people	Gender
birthing person	Gender
gender	Gender
gender affirm	Gender
gender confirm	Gender
gender confusion	Gender
gender difference	Gender
gender disparity	Gender
gender dysphoria	Gender
gender equit	Gender

gender expression	Gender
gender fluid	Gender
gender identity	Gender
gender minorit	Gender
gender nonbinary	Gender
gender sex	Gender
genderqueer	Gender
lactating individual	Gender
lactating people	Gender
lactating person	Gender
LGB	Gender
LGBT	Gender
neovagina	Gender
phalloplasty	Gender
pregnant individual	Gender
pregnant people	Gender
pregnant person	Gender
puberty blocker	Gender
queer	Gender
sex assigned	Gender
sex gender	Gender
sexual gender	Gender
sexual gender minorit	Gender
sexual minorit	Gender
SGM	Gender
transfeminine	Gender
transgender	Gender
transmasculine	Gender
transphob	Gender
transsexual	Gender
vaginoplasty	Gender
disinform	Misinformation
malinform	Misinformation
misinform	Misinformation
accept vaccin	Vaccine Heistancy
acceptance vaccin	Vaccine Heistancy
refusal vaccin	Vaccine Heistancy
refuse vaccin	Vaccine Heistancy
vaccination acceptance	Vaccine Heistancy
vaccination hesitan	Vaccine Heistancy
vaccination refusal	Vaccine Heistancy
vaccine acceptance	Vaccine Heistancy
vaccine hesitan	Vaccine Heistancy
vaccine refusal	Vaccine Heistancy