

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

AMERICAN ASSOCIATION OF
UNIVERSITY PROFESSORS,

and

AMERICAN FEDERATION OF
TEACHERS,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF
JUSTICE, *et al.*,

Defendants.

Case No. 1:25-cv-02429-MKV

Declaration of Jamie Daw

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

AMERICAN ASSOCIATION OF UNIVERSITY
PROFESSORS,

and

AMERICAN FEDERATION OF TEACHERS,

Plaintiffs,

v.

UNITED STATES DEPARTMENT OF JUSTICE. *et*
al.,

Defendants.

Case No. 1:25-cv-02429-MKV

DECLARATION OF JAMIE DAW

I, Jamie Daw, hereby declare as follows:

1. I am an Assistant Professor of Health Policy and Management at Columbia University's Mailman School of Public Health.
2. I have a B.H.Sc. from McMaster University, an M.Sc. from the University of British Columbia, and a Ph.D. from Harvard University.
3. I am a member of the American Association of University Professors (AAUP).
4. I have personal knowledge of the facts set forth in this declaration, and if called as a witness in this action, I could and would testify competently to these facts.
5. I am a quantitative health services and policy researcher. I study the intersection of health policy and maternal health, focusing specifically on how policies affect the barriers faced by reproductive-aged and pregnant women in accessing health services. One of the ultimate goals of my work is to inform policy changes that will reduce maternal and infant mortality in the United States.

6. A significant portion of my research portfolio is funded by the National Institutes of Health (NIH). In recent years, NIH's priorities have included funding projects that focus on improving maternal and infant health.

7. In 2023, NIH called for proposals to study integrated models of care that could improve pregnancy outcomes and reduce racial and ethnic disparities in maternal mortality and morbidity and other adverse outcomes. Along with my co-investigators, I submitted a proposal to study the recent implementation of Medicaid-supported doula programs in New York. After a competitive review process, we received a Notice of Award in June 2023. Columbia is the prime awardee, and I am one of the principal investigators on the project.

8. The project aims to study whether doula care during pregnancy, delivery, and postpartum improves recommended maternal health care use and health outcomes. We are conducting this research by evaluating the experience in New York, where the state's Medicaid program recently began reimbursing for doula care. We intended the project to have two main components: (1) an empirical evaluation of the policy's impact on health care use and health outcomes, and (2) a qualitative evaluation of the policy's implementation, including implementation challenges. This work would inform policymaking in New York and the many other states that are considering similar Medicaid policy changes.

9. The project involves a collaboration with several partner institutions and organizations, including Tulane University, New York University, the New York Department of Health and Mental Hygiene, and community-based doula organizations. These kinds of partnerships take considerable time and effort to develop, but they are critical to ensuring that our research evaluates these programs accurately and meets the highest standards of rigor. This project, for example, requires the ability to speak directly with doula providers to understand what is happening on the ground. It also requires the ability to empirically analyze Medicaid data that only the state can provide.

10. Across Columbia and our partner institutions, approximately 19 people were working on the project. Thirteen of those people received at least some salary support from the grant.

11. The project is intended to last five years, and we had just completed the second year working on the project. We just received approval to use the state Medicaid data in April 2025 and were about to begin field interviews with doulas, community-based doula organizations, and hospital staff.

12. On March 10, 2025, I received notice from Columbia that the grant funding this project had been terminated by NIH. I still have not received a revised Notice of Award that reflects the termination, but I understand that both Columbia and NIH consider the grant terminated. Columbia issued a stop-work order directing us to immediately cease work on the project and instructing us to notify all subwardees that the grant had been terminated by NIH.

13. Our partner organizations expressed significant disappointment when we notified them the grant had been terminated. These organizations had contributed considerable time and resources to develop the project, expected to receive financial support from the grant, and are now facing significant uncertainty about the future of the project. This has created particular challenges for the New York Department of Health and Mental Hygiene, which had recently hired a staff member on the expectation that they would be fully funded by the grant for years. That person is very likely to lose their position if the grant is not reinstated soon. Even if the grant were eventually restored, I worry it would be very difficult to reassemble this group of partner organizations and complete the project with the rigor that was originally planned. Further, even if reinstated, the pause of this research will also result in delays in producing timely scientific results that could inform active state policymaking around the decision to reimburse doula care in their Medicaid programs.

14. The consequences of abruptly terminating this grant extend far beyond the project. If Columbia is no longer seen as a trusted partner by community organizations, it will

severely jeopardize our ability as an institution to conduct the community-oriented, collaborative research that is critical in the public health field.

15. These consequences are exacerbated by the fact that some of the same community organizations were also involved in other projects that have been abruptly terminated by the government. For example, the Maternal Health Research Center of Excellence at Columbia had worked to develop relationships with some of the same doula organizations involved in my project, as well as other collaborator institutions. I am a co-investigator on the NIH grant that funded the Center. NIH also terminated that grant, and, to my knowledge, the grant has not been reinstated.

16. NIH funding is particularly important for this type of research and cannot be replaced by private funding. Private sources of funding, such as foundations, generally do not fund research at the scale that NIH does; that scale is particularly important for supporting complex, collaborative team-based research projects which bring together leading experts and key stakeholders to answer important questions relevant to public health. NIH also generally grants longer-term awards, allowing researchers to pursue more ambitious projects than those that can be achieved in a short period of time. NIH funding is also designed to support science at the highest levels of academic rigor; grant applications like mine are peer-reviewed in a rigorous process, ensuring that the agency funds only the best science as determined by the scientific community. Private foundations generally do not have the same peer-review process and typically award grants based on their specific priorities at the time. NIH funding is therefore critical to support research that is driven and evaluated by the scientific community, and thus, which has the highest potential to lead to improvements in the health of Americans.

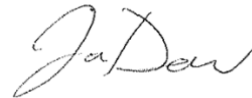
17. I fear the government's mass termination of grants to Columbia will have significant and irreversible long-term consequences for Columbia and for academic research generally. These actions will damage our ability to recruit students and others who have historically come to Columbia to be part of an innovative research and training environment. I have heard that many of those prospective students and researchers are now worried not only

about the future of scientific, medical, and public health research generally, but also more specifically about the risk that Columbia's research funding will continue to be targeted.

18. More generally, I believe the government's actions pose a serious and unprecedented threat to the pursuit of science for science's sake – the pursuit of “fundamental knowledge” that defines the NIH mission. NIH has historically set broad priorities for scientific research and has not been perceived as political. I am aware of the demands the government made to Columbia in March as “preconditions” for Columbia receiving any future federal funding. The government now appears to be using its financial leverage over us as NIH-funded scientists to compel broader changes in the university that have nothing to do with our research. Many researchers are considering whether there are ways to reframe or reorient their work to avoid termination, even if those changes would not be helpful for scientific advancement. This is a profound and alarming shift in academic research.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 8th day of May 2025.



Jamie Daw