

Exhibit 6

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA**

SOUTH WIND WOMEN'S CENTER
LLC, d/b/a TRUST WOMEN OKLAHOMA
CITY, on behalf of itself, its physicians and staff,
and its patients, et al.,

Plaintiffs,

v.

J. KEVIN STITT in his official capacity as
Governor of Oklahoma, et al.,

Defendants.

Case No. CIV-20-277-G

**DECLARATION OF MARY TRAVIS BASSETT, M.D., M.P.H., IN SUPPORT OF
PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION**

I, Mary Travis Bassett, M.D., M.P.H. declare as follows:

1. I am the Director of the François-Xavier Bagnoud ("FXB") Center for Health and Human Rights at Harvard University, as well as the FXB Professor of the Practice of Health and Human Rights at the Harvard School of Public Health. I am offering this declaration on my own behalf and not on that of Harvard University.

2. I served as Commissioner of the New York City Department of Health and Mental Hygiene (DOHMH) from 2014–2018 and led New York's response to the Ebola pandemic. I also led DOHMH as the City responded to a large outbreak of Legionnaires' disease and the Zika outbreak in South America and the Caribbean. Previously, I had been the Program Director for the African Health Initiative and the Child Well-Being Program at the Doris Duke Charitable Foundation (2009–2014). Prior to that, I served as Deputy

Commissioner of Health Promotion and Disease Prevention, for the New York City Department of Health and Mental Hygiene (2002–2009).

3. My awards and honors include the Frank A. Calderone Prize in Public Health, a Kenneth A. Forde Lifetime Achievement Award from Columbia University, a Victoria J. Mastrobuono Award for Women’s Health, and the National Organization for Women’s Champion of Public Health Award. I am an elected a member of the National Academy of Medicine. For over a decade, I served as an associate editor of the American Journal of Public Health. My recent publications include articles in The Lancet and in the New England Journal of Medicine addressing structural racism and health inequities in the United States. My complete curriculum vitae is attached.

4. I am a member of the National Academies of Sciences, Engineering and Medicine Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats, a group of experts established at the request of Office of Science and Technology Policy (OSTP) and the Office of the Assistant Secretary for Preparedness and Response (ASPR), to help inform the federal government on critical science and policy issues related to emerging infectious diseases and other twenty-first century health threats, currently focused on COVID-19. *See* Nat’l Acads. of Scis., Eng’g & Med., Standing Committee on Emerging Infection Diseases and 21st entury Health Threats (last updated Mar. 28, 2020), <https://www.nationalacademies.org/our-work/standing-committee-on-emerging-infectious-diseases-and-21st-century-health-threats#sectionPublications>. My areas of teaching and research include focus on reducing socio-economic and racial inequalities in health. I have written several newspaper perspectives on the COVID-19 pandemic,

including in the Washington Post and New York Times, where I note the racial and economic disparities in vulnerability to COVID-19.

5. I have reviewed the Declaration of Joshua Sharfstein, M.D., in Support of Plaintiffs’ Motion for Preliminary Injunction, and I agree with the opinions set forth therein.

6. My recent service as Commissioner of DOHMH underscores the reasons why Oklahoma’s implementation of its executive order is profoundly misguided as a public health measure aimed at conserving personal protective equipment (“PPE”) and hospital resources, and reducing viral spread. New York City is the current epicenter of the COVID-19 pandemic in the United States, and the public health challenges of the crisis are very real. But for all of the reasons explained in Dr. Sharfstein’s declaration, prohibiting abortion services is not an effective way to conserve PPE or hospital resources, or reduce the risk of viral spread. Even aside from the harm to the patients who are denied access to timely care, patients who are forced to obtain a procedure later in pregnancy are likely to have a procedure that requires the use of more PPE. And if patients travel to another state to try to end their pregnancies, again PPE is not conserved.

7. Implementing a public health policy that increases the likelihood that patients will travel to try to get an abortion elsewhere is particularly counterproductive. The single most effective thing people can do to slow the spread of COVID-19 and “flatten the curve” is to avoid unnecessary contact and travel. Over two dozen states have issued “shelter in place” or “stay at home” orders in order to accomplish this. And if

patients succeed in obtaining an abortion in another state, then of course there has been no net savings of PPE. To the contrary, not only does this potentially expose patients and others with whom they come in contact to increased risk of contagion, the net effect of forcing patients to travel is to deplete both PPE and other hospital resources.

8. In the years before abortion was available in every state, patients who were able to do so traveled from across the country to obtain an abortion in New York City. The prospect of large numbers of patients traveling from Oklahoma to other states during the current pandemic crisis is truly frightening from a public health perspective.

9. Access to health care varies by income and employment status and contributes to longstanding disparities in health status. While inadvisable from a public health perspective to travel to seek care during the COVID-19 outbreak, only patients with the resources required to do so will have this option. This means that resources and not a woman's preference may determine access to care.

10. I declare under penalty of perjury that the foregoing is true and correct.



Mary Travis Bassett, M.D., M.P.H.

Executed on: April 8, 2020