

Introduction

As we begin to emerge from what feels like three years of relentless challenge brought on by the COVID-19 pandemic, we are still witness to the stark reality that the gulf between rich and poor and various communities is widening. Without great attention and planning, that gulf will widen and many of our most vulnerable will fall within the chasm. We hope that the chapters that follow will provide a framework for attorneys, legislators, and others who want to help regarding how to approach future pandemics and to help us heal from this one. Protecting the health of both people and the body politic will require concrete efforts to promote and protect our civil rights and liberties.

Just as this book discusses the intersection of health care and civil rights, my career has spanned both areas. I became a lawyer to try to help people with their lives and later accepted a position in the health field for much of the same reasons. I am Native American, and I am an enrolled member of the Cherokee Nation. My Native American heritage comes from my grandmother, Ora Mae Pallone. Ora Mae was born in 1905 in Westville, Oklahoma, a little town near the Oklahoma–Arkansas border. My grandmother also grew up in a family of sixteen children, only ten of whom lived above the age of three because of a lack of adequate health care.

Honoring my grandmother was a large part of the reason I later accepted the position of being CEO of the Indian Health Service, a \$6 billion national health care organization that provides health care to more than 2.7 million Native Americans. During my time at the Indian Health Service—long before the COVID-19 pandemic—I witnessed firsthand huge health and economic disparities. For instance, as of 2014, Oglala Lakota County in South Dakota, previously known as Shannon County, and entirely situated within the Pine Ridge Indian Reservation, had the lowest life expectancy (66.81 years) in the country. Native Americans have lower life expectancies than other groups, and the COVID-19 pandemic magnified this stark reality (see Chapter 10, p. 147).

On May 11, 2023, the Biden administration declared the public health emergency over, pointing to the fact that historic investments had been made in vaccines, tests, and treatments. It is true that the U.S. health care system is better able to respond to potential surges

of COVID-19 than in March 2020. Public health experts issued guidance about masking and testing to protect themselves and those around them. We now have better tools to detect emerging variants. Our health care systems are better able to handle the flow of people entering our emergency rooms and in need of beds. The surges in infections are more manageable.

But what is also clear is the fact that many people—particularly in vulnerable communities—continue to be affected by COVID-19 and the aftermath. Inflation has made groceries and rent even further out of reach. Millions are still without adequate health care. People who are immunocompromised, people with disabilities, and many others are more vulnerable than ever before. On March 23, 2023—the last day the *New York Times* tracked daily deaths from COVID in the United States—255 deaths were recorded, despite the declining availability of virus data from state and local health officials. The fact that we have vaccines and a more systematic approach to handling a pandemic does not mean that the threats to our communities have been cured. That is why our response to the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and viruses like it, must remain a public health priority.

To help highlight where we as lawyers and lawmakers can help, we have worked for more than a year with legal experts from across the country about how to better meet the needs of those affected by COVID-19. The pandemic exposed existing vulnerabilities and inequities not only in our health care but in our social fabric. This book's eighteen chapters shine a light on a panoply of important issues to raise awareness and begin to formulate better solutions. The good news is that there is more attention on health equity and racial equity in this evolving pandemic world. And because of the necessity precipitated by the pandemic, we learned that it is possible to move together as a nation to provide needed services and protections for all our citizens.

The bottom line is that the pandemic has exacerbated health disparities rooted in historical structural inequalities that our country until recently chose to mostly ignore. But as we have learned in this recent pandemic time, creating policies that ensure access to health care and protect vulnerable populations must be made a priority. Lawyers and lawmakers need to help ensure that preventive and therapeutic care during health emergencies—and generally—should be viewed through an equity lens so that everyone is treated based on their unique needs.

This book provides a fuller picture of how different populations are affected in times of emergency with the hope that policymakers, elected officials, businesses, and citizens can work together to address inequities, especially where civil rights and civil liberties are concerned. Reducing the devastating effects of the ongoing COVID-19 pandemic on underserved and historically disadvantaged communities should be a high priority in our journey to achieve health equity and social justice.

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