

Mission Statement

The Ballard Talisman is an open public forum for student expression, and exists to give a student perspective on issues relating to the Ballard student body and community. Please send signed letters with author's name, class or position (e.g. parent, student, teacher, etc.) to the editor.

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The Ballard Talisman reserves the right to refuse any advertisement deemed unacceptable for publication. The Talisman does not run illegal, libelous, or otherwise inappropriate advertisements. If you are interested in placing an ad, e-mail us at ballardtally@gmail.com.

Letters to the Editor

Letters submitted must be signed. Though, in some cases, the author's name may not have to be printed. There is a 500 word maximum. Anything longer may be submitted as a guest article, subject to being edited for length. Letter will appear on the editorial page.

Editorials

Unsigned editorials represent the majority view of the staff editorial board.

Disclaimer

The staff reserves the right to refuse or edit editorials and letters for libelous content, obscenity or material considered inappropriate for publication. The Talisman staff is aware of sound journalistic practice found in the 'Code of Ethics,' as part of the Society of Professional Journalists.

Corrections

On page 2, the Talisman website, ballardtalisman.org, was misattributed. On page 4, Anders McAllister's name was misspelt. On page 9, a picture was miscredited. Mia Gesinger took this photo.

Pandemic shows how our healthcare system fails disabled people

COVID-19 lays bare the ableism that permeates public health, from the federal to the local level.

Since the start of the pandemic, both the government and the media have treated the lives of disabled and chronically ill people like an acceptable loss. When COVID-19 first began spreading in the United States, leaders promised that the only people who would sicken and die were the elderly, disabled and already ill.

As we all came to find out, this statement was incorrect. But there is another issue at play: the idea that if only disabled people die, there is nothing for the general public to worry about.

Most Americans are not at serious risk, and that fact should be publicized. The issue lies in using the deaths of disabled and elderly people as a tool to reassure the rest of the population.

Last month, Dr. Rochelle Walensky, director of the CDC, recently said it was "really encouraging news" that most people dying of COVID-19 "are people who were unwell to begin with."

Denial of care and quality of life

When non-disabled people began to die of COVID-19, healthcare institutions once again demonstrated their lack of regard for the lives of the disabled. According to NPR, states like Kansas and Tennessee created "crisis of care" guidelines to reduce treatment for people who use home ventilators. In Washington, hospitals decided to reduce care based on factors like disability and age.

This was true in the case of Michael Hickson, a quadriplegic man who, according to NPR, was allegedly denied life saving COVID-19 treatment because his doctors determined that his disability meant he had a "low quality of life." According to his wife, Melissa Hickson, both she and her husband wanted to continue treatment.

The rhetoric reputedly used to deny him care is dangerously common. Harvard Medical School researcher Dr. Lisa Iezzoni found that in a nationwide survey, the "vast majority" of doctors believed that people with significant disabilities have a quality of life that is somewhat to extremely worse than non-disabled people.

The idea that disabled people cannot live full, happy lives is a myth that is often perpetuated in medical education and healthcare at large. Most disabled people who Iezzoni surveyed rated their lives as equally good or better than abled people. Nonetheless, many disabled people's lives are deemed unlivable by the medical establishment, and that is used to justify



Cartoon by Daphne Knox

policies like crisis of care that deny them access to needed care.

Intersecting marginalized identities of race, gender and age compound these issues. According to the Guardian, the rate of COVID-19 death is disproportionately higher among people of color.

Instead of addressing the ways the pandemic exacerbates ableism, state governments have decided to ignore the Omicron surge in favor of lifting mask mandates. Despite that, according to NPR, hospitals are struggling to treat the number of patients that are dying of COVID-19 and other causes.

"The idea that disabled people cannot live full, happy lives is a myth that is often perpetuated in medical education and healthcare at large."

The failure of Seattle Public Schools

Our school district is not innocent in this trend. When winter break ended and cases skyrocketed in Seattle, most schools remained open. According to the Seattle Public Schools COVID-19 dashboard, cases peaked at 1,682 in the second week after break.

Ballard had the highest number of cases in the district, yet we remained open despite rising cases and poor test access.

Schools did close on Jan. 3 to offer free COVID-19 rapid tests, but many people were turned away after waiting in line

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for several hours in the cold. Even on a designated day for testing, SPS could not meet the demand.

If they really cared about high-risk members of their community, they would have had schools go online for two weeks and waited for testing capacity to meet the increased demand before returning in person.

Like the United States, the school district does not care about currently disabled and chronically ill students who were at especially high risk during that period of elevated infection. They also put non-disabled students at risk of becoming disabled since 10-30% of people infected with COVID-19 go on to develop the often disabling "long haul" syndrome.

Failing to implement a comprehensive response to the ongoing pandemic perpetuates ableism, racism and the other forms of oppression. Solely increasing the diversity of doctors or politicians will not rectify these injustices until we thoroughly examine how we educate healthcare professionals and implement equitable access to healthcare, especially during a pandemic.

Disabled people are human, and our lives are just as important, even if the institutions that should protect us instead devalue our existence.