

JADE

THE STATE OF HEALTH CARE TODAY

The Fourcast Magazine
The Hockaday School
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ABOUT JADE

In 2017, The Fourcast added a new magazine to its traditional coverage. Named for the stone set in the ring of all graduating seniors, which was designed by Tiffany & Co. in 1917, JADE offers an in-depth look at the most pressing issues to the Hockaday community. Former Hockaday Dean of Upper School Ed Long once remarked that Ela Hockaday chose the jade stone because she considered it to be a symbol of wisdom. In honor of the stone's legacy, JADE hopes to help inform the community and foster knowledgeable conversations about challenging topics.

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Art by Elizabeth McNeil
Design by Zoya Haq and Juliana Blazek, Jade Editors

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Health literacy

Understand the process of making well-informed health decisions, including how to take measures preemptively to protect your well-being.

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Political polarization between conservatives and liberals fueled alternating interpretations of medical data and COVID guidelines. Learn about how those interpretations played out in the political field.

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Student standoff

How much should the government be involved in providing health care? Hear what students think and why.

Achieving health literacy

Solid sources, access important to acquiring information

Kailey Bergstedt, Photo & Graphics Editor and Alexa Munoz, Staff Writer

Since the COVID-19 pandemic began, people have focused on staying healthy and becoming more health literate. Because so little was known about the virus at first, sources popped up daily with new information

and varying levels of accuracy. A helpful resource for those seeking credible information is Dallas' Cooper Institute, which provides information about preventive health.

What is HEALTH LITERACY?

The Department of Health and Human Services defines health literacy as the ability to find information and services needed to make well-informed health decisions.

Amanda English, associate director for community engagement at the Institute for Health Disparities at the University of North Texas Health Science Center, said several resources are available to learn more about being health literate.

"Academically approved websites are a good place to start and even

local public libraries can provide guidance in navigating the plethora of resources," she said.

The components of health literacy include personal, organizational and digital health literacy. Personal health literacy refers to the ability to find information to help with health decisions.

Organizational health literacy refers to access to organizations that help people make health decisions.

"Individuals who work in health care know to explain things in ways that people will understand," English said. "We do this not just in verbal but

also written communication so everything is very cut and dried and people can clearly understand what is happening and what is being asked of them."

Finally, digital health literacy refers to people's ability to find useful information from electronic sources. This aspect of healthy literacy grew exponentially during the pandemic when nearly everything was virtual and information was mainly found and communicated digitally.



disparities in access to health literacy

While Americans have sought guidance on preventive measures and becoming more health care literate, certain communities face difficulties in accessing information.

"Hispanic, African American, Native American and low income communities frequently have a higher rate of health disparities and low

health outcomes," English said.

These groups face barriers related to transportation, education and their environment. Those living in communities far from a doctor's office, especially lower income people who lack transportation, often struggle accessing health care. Similarly, communities with limited access to

quality education lack health literacy.

Although groups and organizations work to overcome health care disparities, creating change takes time and dedication.

"It takes a community," English said. "It takes people in the community asking the right questions and building partnerships with other communities to create solutions together."

Power of preventive medicine

The Cooper Institute, a nonprofit organization, is dedicated to promoting life-long health and wellness through three key areas — research, education and advocacy. The research institute has proven the link between exercise and preventing health problems.

“No medicine or supplement can quite replicate a healthy lifestyle,” said Dr. Kenneth H. Cooper, the research institute’s founder and current Chairman Emeritus. Dr. Cooper founded The Cooper Institute and Cooper Clinic in 1970 and still sees patients daily as a preventive medicine physician at Cooper Clinic.

Cooper Aerobics challenges people to “Get Cooperized™” by adopting a healthy living mindset to live better both sooner and later.

“The most important piece of advice I would give to high school

students looking to maintain a healthy lifestyle is that your health is your responsibility,” Cooper said. “You need to take the initiative to follow these steps.”

Cooper particularly emphasized the benefits of taking vitamin D supplements.

“Low vitamin D levels can be linked to an increased risk for cardiovascular disease, hypertension, diabetes, osteoporosis and even some cancers,” Cooper said. “Vitamin D could also be beneficial in preventing future pandemics.”

Senior Meera Malhotra said the institute encourages its employees to live the lifestyle it recommends.

“When I worked at The Cooper Clinic this past summer, they encouraged me to go outside or use my gym pass to work out during my breaks,” Malhotra said. “I really

learned the importance of physical care and how to find credible healthcare sources.”

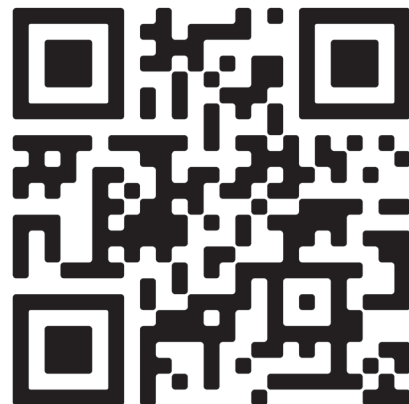
In keeping with the goal of regular and comprehensive physical exams, Cooper Clinic offers a six-part preventive exam. The exam includes a medical exam and counseling with your physician, head-to-toe skin cancer screening, cardiovascular screening via a treadmill stress test, CT scan, laboratory work and analysis with same-day results and nutrition coaching. The cardiovascular screening includes a treadmill stress test to evaluate how well the coronary arteries function and provide blood flow to the heart.

“We pioneered the treadmill stress test in Dallas and have performed more than 300,000 of them,” Cooper said.

preventative measures to take:

- maintaining a healthy weight
- making healthy food choices most of the time
- exercising most days of the week
- taking recommended supplements
- not using tobacco
- controlling alcohol intake
- managing stress
- getting regular and comprehensive physical exams

HELPFUL links:



The Cooper Institute’s website details resources and services in preventive medicine.

The future of patient care

Virtual visits continue after pandemic restrictions lifted

Melody Hu, Editor-In-Chief, Elle Myers, Staff Writer

As COVID-19 numbers dwindle, doctors have continued to use digital health care as a part of their practices. Because of the challenges the pandemic presented, doctors and their clinics needed to find ways to meet with patients safely. Many turned to digital solutions such as telehealth, which allows doctors to meet with patients online. Depending on the doctors and their clinics, they used different tools to meet with patients virtually. Generally, they used video call software so they could see and hear patients in real time, including Zoom, Google Meets or FaceTime

Dr. Alecia Nero, a hematologist who specializes in Sickle Cell Disease at UT Southwestern, said before COVID-19, her weekly routine consisted of scheduled appointments, lab reviews and medication or treatment prescriptions. During the pandemic, she shifted to telehealth to protect her staff and patients, especially before the vaccine was readily available.

“Telehealth allowed doctors to deliver care to patients but then minimize the frequency and length of time you are in physical contact with a patient mostly in the clinic,” Nero said.

Nero does not believe society is completely post-COVID because she is still diagnosing patients weekly. Although virtual visits do not fully replace in-person visits at her clinic, they provide an option for patients who have difficulty



restrictions about social distancing, which left her unable to deliver care as thoroughly as she would have liked. Chamblee said in some instances she was able to offer the same quality of care, but it was difficult to deliver the same level of care to about 60-70% of her patients. She said she believes in the benefits of virtual visits especially for patients who are looking for less-involved visits and those who live out of state.

Telehealth for Chamblee was a way to check up on her patients during the pandemic, and she said she will continue to use this tool as a way to do quick check-ins.

“Telehealth allowed doctors to deliver care to patients but then minimize the frequency and length of time you are in physical contact with a patient mostly in the clinic.”

- Dr. Alicia Nero,
UT Southwestern Medical Center

getting around or have multiple doctor’s appointments.

Dr. Socorro Chamblee, an otolaryngologist who works at UT Southwestern, said she believes in the benefits of telehealth, but the majority of her patients still need physical exams. Chamblee said she tries to involve her patients with their care as much as possible. During COVID-19 there were multiple

Senior Allison Lanners had a virtual visit with her doctor during the pandemic to discuss allergies and asthma. The doctor mainly asked her questions to see how she was doing and looked at her through the screen. Because of the nature of the visit, Lanners’s doctor was not able to use machines to check her asthma, but the virtual visit worked well for a quick check in. “Other than not being able to use the machine, nothing was different,” Lanners said. “I told him that the medicine he prescribed me was working well, and the visit was short.”

Lanners said telehealth was the best way to meet with doctors and health care providers during the pandemic, but as in-person visits are becoming available, she prefers to go to the clinic so her doctors can use machines and devices. Although she said she enjoys in-person visits, she still meets with her doctors virtually if she has a quick question or needs to talk about a prescription change or website.

Tripledemic threat

Three viruses predicted to flourish during winter season

Melody Tian, News Editor, Shreya Vijay, Staff Writer

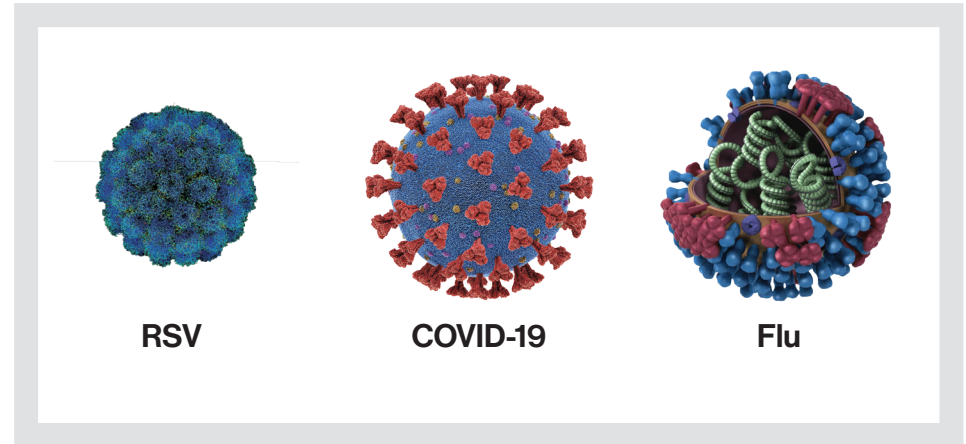
With traveling and socializing back in full swing, the New York Times states an expected winter rise in COVID cases is predicted to collide with a resurgent flu season as well as a third pathogen, respiratory syncytial virus, or RSV. The simultaneous occurrence of these three viruses has now come to be known as the “triple-demic.”

While flu has long been circulating and the past two years have seen the emergence and rapid progression of COVID, RSV is a lesser-known virus.

According to UC Davis Health, RSV is an upper respiratory infection that primarily spreads via respiratory droplets when a person coughs or sneezes. Groups at higher risk are young children, children born prematurely or born with other congenital conditions, and the elderly.

Hospitals in America have already reached full capacity thanks to the tripledemic, particularly in the children’s wards. A nurse in New Mexico reported in a recent article from KOB 4 News that her hospital was operating at 119% of pediatric licensed capacity, as it was treating children with all three viruses. A study from Vaccines Work suggests that the number of cases could be higher due to the indirect consequences of the COVID lockdown. Sleep, exercise and stress are among the factors that could contribute to a lowered immune system. However, Hockaday Nurse Jill Dorman believes the lockdown itself did not impact the growing number of flu and RSV cases.

“I don’t think the physiology that people’s immune systems have weakened over COVID is correct at all,” Dorman said. “I think COVID just made us more aware that there have always been virus-



es that we don’t know how to treat such as the common cold.”

Dorman said another example would be the SARS flu since scientists have not yet gained enough knowledge to know how or why people are affected by it.

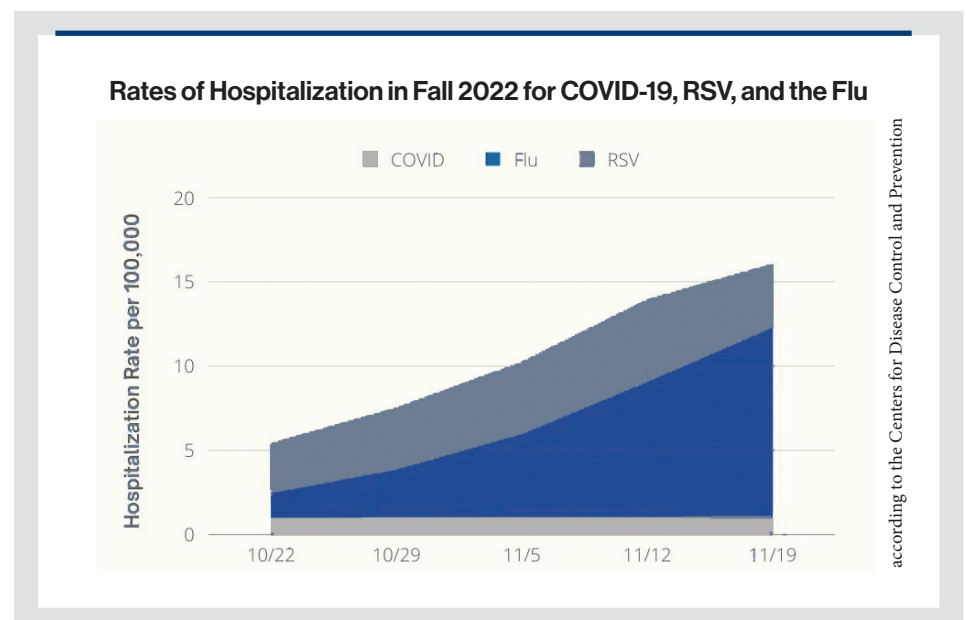
Though they are separate viruses, there is a simple step that could help prevent all of them.

“I know it sounds so simple and silly, but the best advice I can really say works is washing your hands,” Dorman said.

Overall, since the world today is more

congregated than ever and people go to all kinds of places at all times of the day, Dorman said the most important thing to keep in mind is taking care of one’s body.

“I find that at Hockaday it’s hard sometimes for the girls to get a good night’s sleep because they feel so much pressure or they have so much work to do,” Dorman said. “So I think good self-care is one way to keep yourself strong and just really do what you would think is healthy.”



Consumer trust in medicine

How has COVID affected vaccine hesitancy?

Bennett Trubey, Arts & Life Editor, and Elizabeth Truelove, Staff Writer

The first COVID-19 vaccine, the Pfizer-BioNTech (now marketed as Comirnaty), was authorized for emergency use for the general public by the FDA in 2021. Later that year, the Moderna and Johnson & Johnson vaccines received the FDA's emergency use authorization as well.

According to Our World in Data, approximately 80% of Americans have received at least the first dose of a COVID vaccine as of November 2022. The COVID-19 pandemic and vaccines have brought the debate surrounding all kinds of immunizations to center stage and demonstrated the influence media has over consumer confidence in vaccines, according to Dr. Suzanne Wada, medical director at Dallas County Health and Human Services.

Dr. Wada oversaw and worked at the Dallas County vaccination drive-through in Fair Park during the spring of 2021.

"I think we really tried to stress that the benefits of getting vaccinated outweighed the side effects," she said.

According to the CDC, side effects of COVID-19 vaccines are self-limited, and the majority are extremely mild, including fatigue, headaches and fevers.

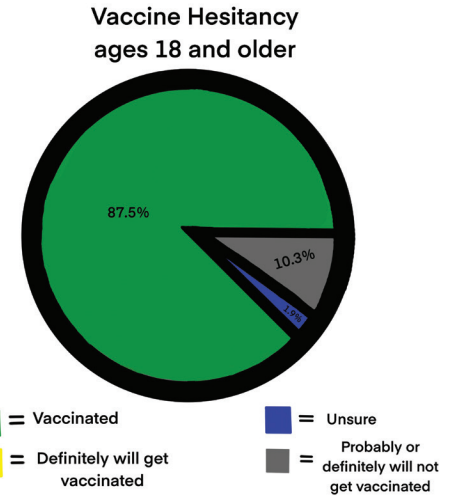
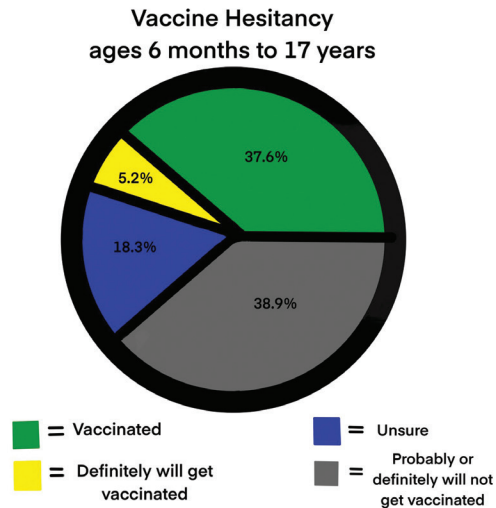
"Obviously, there were some more well-publicized, more significant side-effects with certain vaccines," Wada said, "but the numbers were very, very low."

Sophomore Mae Flanagan received her vaccine in April 2021 but said she had some hesitation because of the varying information she had seen on social media.

"I was thinking of all the things that could go wrong, like 'what if they came up with this too quickly,'" Flanagan said.

However, she decided to get her vaccine early to make traveling easier, especially during her lacrosse season.

"It's a lot less of a hassle to be vaccinated than it is to quarantine



Graphic by Elizabeth Truelove with information from the CDC

every time want to go somewhere or do something," Flanagan said.

In 2021, many restaurants and public spaces required that visitors have proof of vaccination. Flights and other forms of public transportation mandated that all users wear masks to prevent the spread of the disease, beginning Jan. 2021 and ending April 2022.

Contrasting opinions and misinformation about the COVID-19 vaccines spread on social media platforms and news sources, potentially deterring people from getting their doses. According to the Kaiser Family Foundation, approximately 1 in 6 Americans said they will "definitely not" be getting the vaccine.

"Media is a very powerful force these days, certainly social media," Wada said. "I would hope that the media, in general, would portray honest and truthful information on the benefits of vaccination."

In 2019, The World Health Organization declared vaccine hesitancy as one of the greatest threats to global health, even before the pandemic. Wada

emphasized vaccines as an important solution in limiting the spread of preventable diseases. With vaccine hesitancy circling in American culture, the number of deaths caused by these diseases could increase significantly. She said vaccinations in general and people's attitudes toward them have been affected greatly by the COVID-19 pandemic.

"I think that because COVID was so disruptive and people are so tired of it, we're probably seeing much more vaccine hesitancy now," Wada said. "I wouldn't be surprised if that same sort of mentality doesn't carry over to some degree."

As of now, everyone over the age of six months can receive a COVID-19 vaccine, according to the FDA. Wada and Dallas County Health and Human Services have continued their vaccination campaigns, looking to educate the public about the benefits of vaccines and reduce vaccine misinformation.

"We have to continue vaccine initiatives regardless of the negativity out there," Wada said.

Politicization of COVID

Partisan polarization creates controversies in health guidelines

Jane Clark, Fourcast Editor and Amitha Nair, Staff Writer

Guidelines from the Centers for Disease Control and Prevention and the U.S. government to slow the spread of COVID caused divisions between conservatives and liberals. Different interpretations of medical data impacted vaccination, masking and social distancing efforts.

Conservative polarization

Anxiety, mixed signals and false alarms swayed the public toward accepting or rejecting the CDC's COVID-19 guidelines. These stressors, however, came not from the medical world but rather the political.

Conservative politicians, particularly President Donald Trump, were more resistant when it came to the lockdown, masks, quarantine, vaccines and boosters.

News outlets like Fox News and The Federalist promoted shorter quarantine periods and waiting for more trials before getting the vaccine.

By airing stories like “lockdowns during the first COVID-19 wave in the spring of 2020 only reduced COVID-19 mortality by .2% in the U.S. and Europe,” Fox News provided information from a Johns Hopkins University meta-analysis of several studies. As a result, speculation regarding the legitimacy of the lockdown spread throughout the conservative community.

Along with other information provided on these news channels and sites, this coverage directed conservatives to be more hesitant about the technology and science introduced during the pandemic.

President Trump responded to CDC guidelines in his own way, continuing his campaign pre-COVID style: he hosted rallies with unmasked crowds in September 2020, met with people

in close quarters maskless, disregarded social distance and testing rules for the presidential debate and tweeted his opinions.

“The Far Left Fake News Media, which had no COVID problem with the Rioters & Looters destroying Democrat run cities, is trying to COVID Shame us on our big Rallies. Won't work!” he tweeted on June 15, 2020.

While Trump himself contributed to the politicization of COVID-19 on social media, he did say in an interview toward the beginning of the outbreaks, “We have to take it very, very seriously... we are preparing for the worst,” which shows despite his political stance, the government was taking action.

Mask regulations in different parts of the country reflected the same politicization. California, a mostly blue state, still requires masks for people age 2 and older in health care and long-term care facilities, emergency and homeless shelters and jails and prisons. On the other hand, in red-leaning Florida, Gov. Ron DeSantis signed orders in May 2021 prohibiting local governments and school districts from mandating masks, according to a report by the American Association of Retired Persons.

Liberal polarization

News outlets considered to be more left-leaning, such as CNN and The Washington Post, advocated for COVID the vaccine. However, when Neil Cavuto of Fox News urged viewers to get their vaccinations, he received backlash from conservative viewers, while his liberal audience grew. This shows how politics and COVID-19 guidelines went hand-in-hand during the peak of the pandemic and continue to so today.

News stations were not alone politicizing the vaccine; political candidates built their vaccine opinions

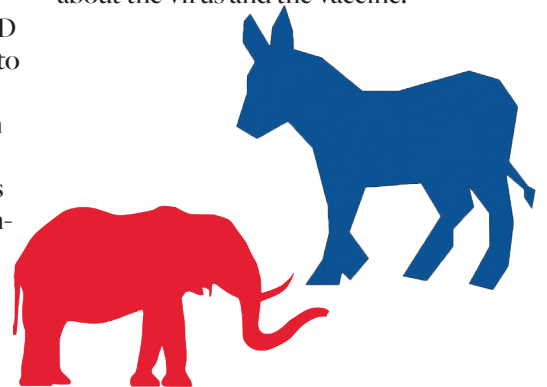
and suggestions into their campaigns. Liberal politicians mostly advocated for the CDC's instructions, thus gaining public support from those who feared the virus the most, according to the Brookings Institution. Most Democratic office holders and candidates, like Kamala Harris, pushed their audience to wear masks in public and get the vaccine as soon as they were eligible.

On social media and other online platforms, President Joe Biden heavily advocated for everyone to wear a mask and get the vaccine. In December 2021, he pledged to focus on testing and vaccinations to prevent the spread of the virus.

“My goal doesn't include shutdowns or lockdowns, but widespread vaccinations and boosters and testing a lot more,” Biden said.

The further the United States gets from the initial lockdown, the more he advocates for medical action and less for shutdowns.

To publicize benefits of the vaccine, Instagram promoted by placing stickers on stories. Although the platform has not openly expressed being liberal, it incorporates ideas and concepts that relate to the liberal viewpoint. Instagram worked with big creators to post these stickers promoting CDC policies and also incorporated a fact check system to prevent the spread of false information about the virus and the vaccine.



COVID impacts medical research

Emergency state of health care leads to research breakthroughs

Juliana Blazek, JADE Editor

In January 2020, the World Health Organization declared COVID-19 as a global health emergency.

The rapid spread of the disease immediately forced countries to implement public health measures including lockdowns, quarantines, travel restrictions and public closures, according to PubMed. With the development of this unknown, life-threatening disease, the public looked to scientists, specifically medical researchers for guidance on prevention and treatments, according to the National Academy of Medicine. According to The Lancet, this was the first time that scientists from around the world came together to combine resources and work on a specific disease, trying to discover the behavior of the virus and form treatments.

"As soon as SARS-CoV-2 was identified, scientists released the genetic code, so global scientists could begin working on vaccines," Dr. Eric Bing, Professor and Director at Southern Methodist University's Center for Global Health Impact, said. "Free and abundant scientific collaboration happens when scientists are at our best, and this is exactly what happened in the early days of COVID-19."

At the beginning of the pandemic, researchers began studying symptoms and risk factors of the disease. As COVID-19 progressed, researchers worked in public-private collaboration. Public-research universities worked with private bio-technology companies to find therapeutics and a vaccine. According to the NAM, the National Institute of Health, the source for the most biomedical research funding in the United States, worked with the government, companies and researchers to develop speed innovations through various technologies, supporting preventive treatment studies, and increasing the public's knowledge about the disease. Most of this funding was given to researchers already working in epidemiology, leading scientists

in other fields to experience a large decrease in resources, according to NAM.

"This collaboration was fueled by the fact that everyone was at risk with COVID-19, regardless of who you were and where you lived," Dr. Bing said. "I believe this common vulnerability helped to create a shared sense of urgency among everyone who could influence the outcome of the pandemic, which was all of us."

With an abundance of funding and focus on trying to stop the spread of COVID-19, researchers developed revolutionary advancements in their approaches to the disease. Although used under state-of-emergency conditions, these technologies will continue to transform the field of medical research, according to PubMed.

mRNA Technology

This revolutionary vaccine technology was used for the first time in manufacturing and distributing the Pfizer and Moderna COVID-19 vaccines. However, scientists had been working on the development of this type of vaccine for around 20 years, according to Johns Hopkins Bloomberg School of Public Health. This type of vaccine is different because rather than injecting a piece of the virus into the body, the mRNA inside the vaccine codes for the protein of COVID-19, so the body produces the protein and induces an immune response.

Scientists had been previously researching vaccines for related coronaviruses, SARS and MERS, which led to them to recognize the need for an mRNA vaccine as opposed to a conventional vaccine, according to Nature.

When COVID-19 struck, the mRNA technology had been refined by nanotechnology to allow it to properly function once injected into the body. Due to the \$10 billion Operation Warp Speed vaccine program, researchers in bio tech companies quickly completed preliminary testing to ensure the vaccine worked, according to Nature.

The phases of vaccine trials were done simultaneously, allowing a vaccine to be approved and manufactured 11 months into the pandemic.

Other manufacturers are now looking into using this technology against other diseases such as the flu, according to Bloomberg School of Public Health. In addition, Moderna is researching its potential use in an HIV vaccine

"Free and abundant scientific collaboration happens when scientists are at our best, and this is exactly what happened in the early days of COVID-19."

- Dr. Eric Bing, SMU Center for Global Health Impact

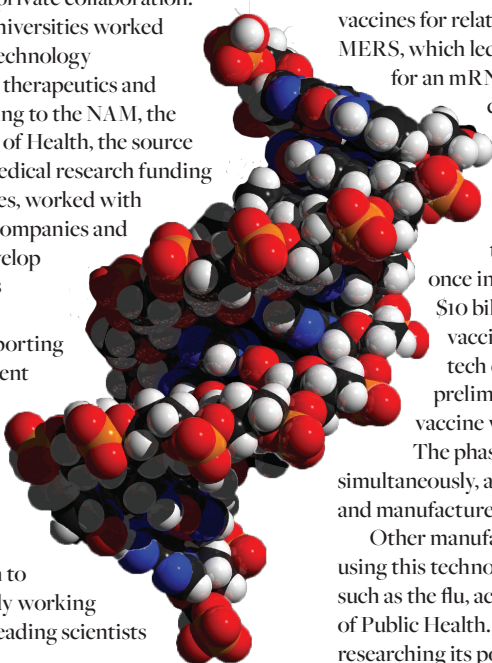
and scientists think vaccine development will be forever changed due to mRNA technology. However, the speed and efficiency to which the COVID-19 vaccine was distributed is attributed to the high number of infections and level of funding, according to Nature.

Clinical Trials

When the focus of the medical/research communities switched to the development of treatments and a vaccine for COVID-19, clinical trials were disrupted across other areas, according to PubMed.

Clinical trial participants became unable to visit hospitals, while research staff were reassigned to work on COVID-19 treatments, according to Nature. Previously started large clinical trials were sometimes allowed to continue, especially those involving cancer treatment, but smaller, newer trials were often stopped. In addition, with the decrease in surgical procedures during the pandemic, researchers faced shortages in terms of human tissue, such as cancer tumors used in research.

The US Food and Drug Administration, however, adapted to the pandemic and altered the regulations for clinical trials. Participants could consent to a clinical trial virtually and get medicines delivered to their home. In addition, they could have more time between doctor visits, use online platforms to speak to doctors, and visit a local doctor rather than a research center for checkups. However, these policies did not





work for all clinical trials in giving sufficient data, especially those that required medical imaging or short intervals between doctor visits, according to Nature.

Dr. Deborah Diercks, chair of Clinical Care and Research at UT Southwestern, conducted several clinical trials during COVID-19 that were specifically about diagnosis and treatment of the disease. One of her largest studies was serial testing for COVID-19 in first responders, investigating the rate of seroconversion and asymptomatic infections.

“COVID-19 research was essential, but as we transitioned into this research the major hurdle we had was gaining comfort from the research staff so we could start safely enrolling a large number of participants early on,” Diercks said. “Processes were streamlined, so we can ensure safe approval of studies in a more efficient

manner.”

The lasting effects of COVID-19 on clinical trials include both positive and negative outcomes with doctors able to start up a clinical trial in less time, but a significant decrease in participants volunteering for trials.

“I think COVID-19 enhanced visibility of the need for collaboration across disciplines and the importance of being able to pivot to performing trials in different areas,” Diercks said.

Innovative Testing

COVID-19 brought new ways of testing to improve detection of disease. People could buy non-prescription infectious disease tests and perform them at home. Pharmacies, doctors’ offices and local clinics offered drive-thru testing. COVID-19 tests included technologies such as mass-spectrometry, artificial intelligence, and machine learning to identify if the virus was

present in a sample, according to PubMed.

Dr. Jeffrey SoRelle and his lab members at UT Southwestern recently developed the testing technology “CoVarScan” that is able to identify which variant of COVID-19 is present, either Delta, Lambda, Mu, or Omicron. In June, SoRelle had tested 4,000 samples of infected COVID-19 patients and successfully reported the variants.

“Using this test, we can determine very quickly what variants are in the community and if a new variant is emerging,” SoRelle said in an interview to WFAA. “It also has implications for individual patients when we’re dealing with variants that respond differently to treatments.”

With the help of this new technology, North Texas public health leaders can track the spread of variants across the county. Doctors also can choose the right treatment for the way a specific variant might react.

Learn more about UT Southwestern COVID-19 medical research projects in the QR code to the right. These projects include different clinical trials, epidemiology research, effects of COVID-19 on different practices, and more!



The price of health

How the COVID pandemic shifted American health care

Hanna Asmerom, Web Editor and Anjy Fadairo, Staff Writer

According to the Center on Budget and Policy Priorities, COVID-19 ended the largest American economic expansion on record.

Kristin Blevins, Hockaday AP Economics teacher, said the economy pre-COVID was in good shape and had a relatively low unemployment rate.

“We certainly had been seeing a lot of growth in GDP,” Blevins said. “We’d be on this upward trajectory since the Great Recession in 2008.”

However, even during this time of American economic prosperity, healthcare access was

difficult to come by for numerous Americans.

Prior to the COVID pandemic, health care access in America was one of the most expensive in the world.

In 2019, healthcare insurance premiums were estimated to cost \$7,188 per year, according to the Kaiser Family Foundation. While in 2019, the average annual cost of Norwegian healthcare was around \$280 per person.

A 2016 report by the Commonwealth Fund said 33% of American adults failed to receive necessary treatment due to costs.

The COVID pandemic caused a steep drop in

economic output, too, according to the Brookings Institute.

Accompanied by inflation and unemployment, by June 2020 the cost of health care quickly exceeded the pre-pandemic cost for many individuals and families, according to JP Morgan Chase.

Because of troubles finding support in the medical industry as well as troubles with receiving necessary care, many have sought alternatives to the traditional healthcare industry such as distributed care and boutique care.

Distributed Care

“Distributed care” is the term used to describe the process of taking medical care to patients instead of patients having to go to doctors’ offices.

According to Phillips, in some instances, distributed care is given in the form of Telehealth - where patients and caregivers communicate via electronic devices.

In other instances, according to Orion Health, distributed care is home-based and focuses on providing hospital level care in patients’ homes as well as providing services to monitor potentially serious illnesses.

Science teacher Carol Taylor particularly draws a connection between distributed care and the elderly.

“I think that is a smart use of our dollars in the health care system,” Taylor said. “A lot of elderly people do need to be checked up on regularly, so having nurses come to the home and check on these people is a great thing.”

Even though it has existed for numerous years, distributed health care — particularly the “telehealth” aspect — grew during COVID and continues to be used.

Because of shelter-in-place requirements and social distancing, several of the barriers that previously existed with distributed care

began to crumble during COVID, according to Matt Cohlmlia, Executive Director of Digital Strategy at Providence Health.

Some believe distributed care is one of the first steps toward fixing the “sick-care” system that prevails in American health care.

While the United States has some medical advancements superior to those of other nations, the current distribution of the services available are not equitable, comprehensive, or cost-effective, according to Physicians for a National Health Program.

This is where distributed care may come in.

According to Orion Health, moving services into a person’s home gives distributed healthcare the potential to better healthcare quality, reduce costs that may result from in-hospital visits, and improve the overall experience for the people who receive the care.

“Having nurses come to the home and check on people is a great thing.”

- Carol Taylor, Infectious Diseases Epidemiology teacher

The COVID pandemic shifted numerous aspects of global economics and health care. In the United States, however, economics and healthcare overlap more often than not. This intersection has monetarily changed medical supply chain and access for many—particularly low income Americans—forever.

Boutique Care

Also referred to as retainer-based care, concierge practice and direct care, boutique medicine is a type of private care where doctors often require direct payment for their care instead of insurance.

This allows doctors to charge for not only a diagnosis and treatment but also for the time spent talking with and caring for their patient.

In an article for Forbes Health, Sequita Richardson, M.D., a family medicine physician said, boutique medicine is often more attractive for doctors than traditional medicine because it allows doctors to avoid many of the complications that accompany insurance.

“Primary care on demand sounds attractive because you can get back to doing what you love to do,” Richardson said.

For patients, boutique medicine allows more time with doctors and easier access to medical services.

While not mainstream or mentioned often in the media, boutique medicine is said to be increasing, particularly amongst doctors.

Even though boutique medicine helps physicians manage their workload, earn more money and provide better services to patients, the system is not perfect, said Russell Phillips,

director of Harvard Medical School’s Center for Primary Care in an article for the Scientific American.

Phillips also said concierge medicine can leave many patients without primary care physicians at a time of increasing shortages in primary care clinicians.

In addition to leaving some patients without a primary physician, the heightened expenses of boutique medicine excludes a large part of society that can’t afford the doctor’s specialized care.

According to Forbes, fees of concierge care can total \$1,200 to \$10,000 a year.

Blevins says boutique medicine can widen economic divides that already exist in medicine today.

“In this situation there is an incentive for good, high-quality doctors to cater to a crowd that can pay,” Blevins said. “I think that it provides different access for people who can afford it.”

Taylor thinks while this system may create disparities, it’s ultimately every doctor’s choice whether or not they choose to work in boutique medicine.

“Some doctors would prefer to pick up a handful of patients who they treat in their homes as opposed to seeing lots of different patients in a hospital setting,” Taylor said.



The pandemic and the environment

Personal health, planet's health interconnected

Harper Harris, Features Editor and Shreya Vijay, Staff Writer

At the beginning of the COVID-19 pandemic, greenhouse emissions were low due to the lack of people using their cars, going on public transit or traveling on airplanes.

Opinions vary on how much this helped the environment.

Chemistry and epidemiology teacher Carol Taylor said the initial lockdown greatly impacted the environment by more people staying home; fewer cars on the road meant less pollution.

"I think one of the biggest changes to come out of the pandemic is companies realizing that they can operate virtually," Taylor said. "There are a lot of people who are still working from home, not using their cars to commute to work every day, and it's because companies have recognized that they could go without paying the large energy bills at their offices."

The initial lockdown gave people more time to experience nature. Genetics and AP Environmental Science teacher Jessie Crowley said this made people appreciate nature even more.

"Going out and immersing yourself in these natural places all the time will make you more likely to make an effort to protect them," Crowley said. "So in that sense, I feel like people want a connection to the natural world and to protect it now after the pandemic."

Crowley said the best way to keep the environment healthy and back to where it

was during the peak of the pandemic is to continue to protect and appreciate nature and wildlife, to watch our everyday energy consumption and to have conversations about climate change.

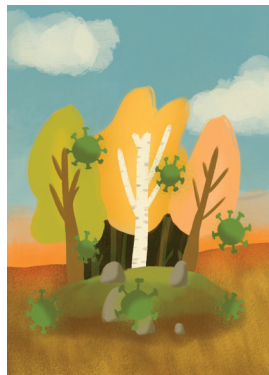
"Think about your day-to-day energy consumption and have those conversations with your family or friends surrounding climate change and the future," Crowley said.

Dr. Joseph Oppong, a professor at the University of North Texas Department of Geography and the Environment, said the effects of the pandemic are complex.

Oppong said due to economic devastation following the pandemic, it is simply not enough to ask for harmful practices (such as poor farming techniques) to be halted, because that results in a lack of resources for the people as well.

"If we can improve the quality of these people's lives, by supporting better health systems there, we can probably do a better job of protecting our health here from global pandemics," Oppong said.

He also said many impoverished countries are forced to export their abundant natural resources, such as timber, to pay off national debt, which thereby leads to the destruction of the environment



Graphic by Shruthi Juttu

via deforestation.

"You can control one thing, but in the process, you are also introducing another thing," Oppong said.

He also encouraged people to consider how they approach these complex issues.

"Normally people just say 'you know, you're doing this wrong, you need to stop'. Nobody realizes what happens if you stop," Oppong said.

To control future pandemics, Taylor said the government needs to put time and money into more research.

"In terms of prevention, it has so much to do with us realizing that we have to put energy and money into planning," Taylor said. "Over the years, the funding that's going towards things like public health planning including pandemic prevention has been very much so dictated by who is in office and how they choose to spend their budget."

Oppong discussed the urgent need for surveillance and said the ability to detect when a pandemic is beginning is a necessity for all countries, regardless of their affluence. The way for this to happen is for developed countries to help other countries create proper health care systems.

"A disease outbreak anywhere in our world today is a threat everywhere," Oppong said.

Myths about preventive health

Experts outline what works, what doesn't

Caroline Bush, Arts & Life Editor and Alexa Muñoz, Staff Writer

When COVID-19 vaccines were developed in late 2020, common myths and misconceptions spurred skepticism about their effectiveness and side effects.

Director of Health Services Erika Herridge said one of the most common myths, especially in an all-girls community, was that the vaccine would affect menstrual cycles and fertility. Herridge said both of these beliefs have been debunked.

Though health care experts have confirmed effective treatments and preventive care for COVID, curious individuals have experimented with alternative treatments. One Dallas boutique markets teas, essential oils and herbal therapies as useful to treat the virus.

Upon entering Soultopia Holistic Boutique in Bishop Arts, Dallas, customers are greeted with

the smell of incense and surrounded by stunning crystals. Employee Brianna Haynie, who credits her Native American roots for her pagan influence and knowledge of holistic healing, said she treated herself with plants after catching the virus.

Haynie said plants were the only thing that worked to clear her sinuses. After studying herbal medicine, she started to make herbal tinctures and said she now uses immunity boosting herbs and essential oils preventively.

People often enter the shop skeptical about the healing qualities of herbs and crystals. Haynie said she is a skeptical person who craves data and numbers to back up her practices. However, she said it is important not to be closed off to anything.

"If you say 'oh, that's not going to work,' then it probably won't work," Haynie said.

Haynie said she continues to educate

customers and friends about her practices despite some research disproving them.

Herridge said while herbal therapies cannot make the virus go away, they might help treat some of the symptoms of COVID-19.

"If you really believe that something is helping you, then it's going to make you feel better," Herridge said.

That said, research from the Mayo Clinic concludes the best way to avoid getting COVID is staying up to date on vaccines. The CDC also continues to recommend wearing a mask indoors in areas with high numbers of hospitalizations or new cases.

Myths

Informed about infectious disease

Senior seminar studies origins, development

Caroline Petrikas, Managing Editor and Elle Myers, Staff Writer

While examining global diseases, Infectious Diseases Epidemiology students analyze outbreaks and pandemics like COVID-19 through case studies, projects and discussion-based lessons, applying their knowledge to real-world situations.

Upper School Dean of Studies Dr. Barbara Fishel introduced the course to Upper School as Microbiology & Public Health. Students used case studies to explore how non-hereditary diseases develop and learned about origins of different diseases, specifically in Asia, Africa and Latin America.

Last year, Upper School science teacher Carol Taylor began teaching the class. This year, Taylor altered the content and changed its name to Infectious Diseases Epidemiology.

Centered on the background, basic principles and methods of epidemiology, the curriculum introduces students to the biological, behavioral and environmental factors associated with the etiology and distribution of infectious diseases.

"This course is designed to introduce students to the background, basic principles, and methods of public health epidemiology," Taylor said. "Students will also develop skills to read, interpret, and evaluate health information from published epidemiologic studies."

This year, Taylor is continuing to highlight COVID-19 in the class, teaching students how to analyze similar outbreaks and apply their knowledge of diseases to real-world situations.



Photo by Kailey Bergstedt

Carol Taylor teaches her epidemiology class.

Through SPARS, an online Johns Hopkins simulation of a pandemic set in the years 2025-2028, students mimicked disease investigators, deciphered pathogens and studied the pandemic in question, noticing that it was a coronavirus even though the project was written years before the COVID-19 outbreak. Currently, the class is reading "COVID-19: The Pandemic that Never Should Have Happened and How to Stop the Next One" by Debora MacKenzie.

"Through both the SPARS project and the book, we've learned a lot about how COVID-19 came to be and what we can do to stop the next pandemic," senior Josephine Ma said.

While discussing the causes of COVID-19, the class also studied the root causes of infectious

diseases more broadly and traced some pathogens back to deforestation.

"When you cut down trees, and animals lose their habitats, those animals become sick and are more likely to develop pathogens," Ma said. "When they create and harbor these pathogens, it's more likely that these zoonotic diseases like COVID will be created and transmitted to humans as well."

In class, students had the opportunity to choose an infectious disease that interested them and present it to the class.

"I did my project on COVID-19, so I was able to delve further into the disease," Ma said. "It was really interesting to learn about the risk factors, mortality rates, and which groups are the most susceptible."

Besides the case studies and projects examining specific diseases and pathogens, Senior Princess Ogiemwonyi described the course as largely centered around statistics.

"I didn't know stats played such a large part in infectious diseases and was surprised to find it was so math heavy," Ogiemwonyi said.

Beyond case studies and projects, students had a guest speaker who is an infectious disease doctor who worked in Dallas during the pandemic.

"We heard from an epidemiologist earlier, and it was super interesting to hear about his journey into epidemiology," Ogiemwonyi said. "I'm excited to see what other speakers will come in and what topics they will cover."



MYTH: Natural immunity is better than vaccine immunity.

The level of immunity from having the disease varies depending on the person's age, severity of the illness and time since having the disease. The vaccine provides the same amount of protection and ensures the recipient will have the same degree of immunity no matter what.

MYTH: Vaccines contain microchips.

The vaccine produces antibodies that train the body to fight the disease. They are developed to prevent the public from spreading contagious diseases, not to track movement.

MYTH: Vaccines contain dangerous ingredients

The majority of the ingredients in COVID-19 vaccines are found in foods. Vaccines do not contain ingredients such as preservatives, antibiotics, tissue, food proteins, medicines, latex or metals.

MYTH: The vaccine can make you sick with COVID.

None of the COVID-19 vaccines authorized in the United States contain the live virus, meaning the recipient can never be infected with COVID-19. Some people feel symptoms after receiving the injection, which is the body's reaction to learning how to fight off the disease.

MYTH: Vaccines alter DNA.

mRNA vaccines never interact with or enter a cell's nucleus, and while the viral vector vaccine does send genetic material to the nucleus, it does not have the ability to integrate genetic material into a person's DNA.

A world online

COVID-19 changed the way humans interact

Caroline Bush, Arts and Life Editor and Alexandra Dassopoulos, Staff Writer

Zoom: One platform to connect.” Before the COVID-19 pandemic, the word “zoom” was nothing more than a verb to describe a speedy action. Two years later, “to Zoom” has a new meaning: to connect without physical contact.

This virtual meeting space has revolutionized the way humans interact with each other on a day-to-day basis. People can now complete all daily actions from the comfort of their own homes: working, buying groceries, and even reconnecting with loved ones.

Although convenient, easy accessibility through Zoom has caused an increase in community seclusion and dip in mental health. Since the onset of the pandemic, anxiety and depression have increased by 25 percent worldwide, according to the World Health Organization. Social isolation has been the biggest stress factor on mental health.

Virtual World

With the move to this “virtual world,” new human behaviors and patterns have emerged that reflect the changing society. Dr. Karen D. Lupo, professor of Anthropology at Southern Methodist University, said lock-downs during the pandemic changed the way everyone lived.

“Social isolation is unnatural for social creatures such as humans,” Lupo said. “People became more aware of those around them and avoided even simple contact.”

While Zoom and other methods of distance communication made meetings and teaching possible, Lupo said it became much more difficult to interact on a natural level. Conversations became more structured and less spontaneous.

Although this online pattern had been present before the pandemic, Lupo said she expects it to be accelerated as a result.

Despite the dips in mental health, accommodations offered during times of social distancing have actually made day-to-day activities much easier.

“Contactless checkout is something that will be with us forever,” Lupo said. “Although food delivery services have been around for a long time, people got used to these services during the pandemic.”

Anthropologists predict that typical ways of greeting people, such as shaking hands or

hugging, will never return fully, Lupo said. While this may seem insignificant, some cultures are forever changed – for instance, the Italian and French who used hugs and kisses as a way of salutation.

*“Technology keeps
on changing the way
we behave.”*

- Caroline B. Brettell,
Professor of Anthropology at SMU

Caroline B. Brettell, University Distinguished Professor of Anthropology at Southern Methodist University, said COVID-19 allowed society to discover and solidify the potential of online interactions. Some people connected with others they had lost connection with, meeting in a more intimate and private space on Zoom rather than on social media.

“It has reinforced old friendships, and families that are scattered have been brought closer together by taking advantage of these online tools,” Brettell said. “But, again, we need to learn to strike a balance between the way we used to interact and these new opportunities – each has its place.”

Brettell and Lupo said the post-pandemic world has been reminiscent of life after the Bubonic Plague in 1352. The number of people who died is comparative to that of COVID-19 deaths. Europe was left in a short supply when it came to labor, similar to how the United States now experiences labor shortages due to the number of work-from-home jobs.

“Technology keeps on changing the way we behave,” Brettell said. “Think of inventions like television, streaming, the telephone, and motor car and air travel – all these huge leaps in technology have fundamentally shifted human behavior.”

Social Skills & Communication

Ring around the Rosie replaced with squirts of hand-sanitizer, alphabet letters articulated through masks and playground games socially distanced, the pandemic lifestyle prevented young students from experiencing the typical

version of school. With a decrease in in-person interactions, studies have shown children’s social and communication skills have been affected.

In a study commissioned by the STEAM brand Osmo and conducted by OnePoll, two in three parents felt their children have become more socially awkward. Eighty-one percent of the parents supported the idea of schools adding activities to develop social skills in this post-pandemic world. According to JAMA Pediatrics in November of this year, screen time has increased by 52%, or around 84 minutes, since the beginning of COVID-19.

COVID’s disruption to routines prevented formative childhood experiences in the development of social behaviors. Kelly Smith, a registered integrative behavioral nurse, said in a Forbes article that school closures, lagging educational progress, increased screen time and isolation among family members are all reasons for this drop in social skills among young children.

Dr. Matthew Housson is the founder of the Housson Center, which provides psychological and education services in Dallas. Like Smith, he has seen social skill problems emerge among children in the wake of the pandemic. Yet Housson has also identified that these decreased social skills are a result from the lack of enlightening, in-person connections during COVID.

“I think connection allows us to listen, hear another person’s perspective, have empathy for their perspective, even though we may not agree,” Housson said. “I think we’re seeing a lot of kids who have differences in their social communication skills, just the ability to interpret body language, the ability to display prosocial behavior.”

Housson said the virtuality resulting from the pandemic has allowed for ease in communication, but ultimately, these types of connections are not as fulfilling.

“We know it’s easier to connect,” Housson said. “We go from social media to video game playing, Snapchat, BeReal, all the different techniques that kids use to connect. But there’s a loss of opportunity to do other things. So people aren’t reading books, people aren’t exercising as much. People aren’t engaging with each other in a more meaningful and typical way.”

Housson described how the pandemic opened eyes to the effects of virtual relationships on mental health.

“I think everyone assumes now there is a mental health crisis,” Housson said. “It’s not the



Mental Health Effects

mental health crisis in question, it's how long will it go on?"

As with the variants of COVID, there have been a variety of reasons mental health has suffered. Housson links this overall drop in mental health to the same cause as decreased social skills: changes in communication.

"I think what happened during the pandemic is, there was just a loss of connection," Housson said. "Even though people were connected through social media, there weren't hubs of connection, and so I think for a lot of reasons people got very disconnected from each other and out of routines. We're still seeing a significant lag and kind of ripple effect that's impacting mental health."

Housson also discussed a podcast he recorded with pediatrician Dr. Early Denison and pastor Dr. Andy Stoker. They analyzed "Future Tense," by psychologist Dr. Tracy Dennis-Tiwary. She raised a term that caught the attention of Housson: "anti-fragile."

Housson said Dennis-Tiwary highlighted the fragility of glass, and how it's impossible to put it back together if broken. Contrarily, mental health, muscles and immune systems may break, but can be put back together.

The term "anti-fragile" identifies this innate human strength. Housson believes that people can confront stress and develop their anti-fragility through in person connection, rather than avoiding their anxiety by staying home.

"What we've learned is when people go out and they reconnect, and they engage, and they identify painful emotions, they name their emotions to tame their emotions," Housson said. "They become anti-fragile, which means they become stronger from a mental health perspective. We've had the tidal wave with ripple effects, but I think the way that we come back is by strengthening our immune systems, our mental immune systems."

Graphic by Emily Lin

Educational outcomes post-COVID

Statistics reflect decline in literacy, socio-emotional development

By Zoya Haq, Jade Editor and Danya Risam-Chandi, Staff Writer

National declines in mental health. A literacy crisis. Exacerbated racial and cultural disparities in educational outcomes.

COVID-19 heightened — and highlighted — the problems with educational systems nationwide. Now, statistics reflecting drops in educational engagement, competency rates and social-emotional development are prompting educators to reflect on how we can make education a more effective and student-responsive institution.

History

Flaws and gaps in national education systems emerged long before the onset of COVID-19, but the impact of COVID brought awareness to those problems.

Kali Woodward is a former educator and the founder of American Youth Literacy Foundation, a global not-for-profit working to expand literacy access through phonics-based learning. He has been working to address gaps in American literacy rates since 2003 and said he hopes to bring awareness to the fact illiteracy is not a new phenomenon.

“There’s been a literacy crisis in America for pushing 100 years now and that’s a really fascinating story,” Woodward said. “It wasn’t like it was a pretty picture before COVID.”

Woodward said beginning in the 1940’s especially, but sooner in some circumstances, the implementation of the ‘Look-Say’ method of teaching reading ushered in a decades-long period of reading disability that has impacted scores of millions of students in America’s public schools.

These literacy problems carried over into the turn of the century—and today, according to the National Assessment of Education Progress, literacy rates nationwide have been dropping for nearly a decade.

In 2019, the NAEP showed a steady decline in 4th-graders’ reading comprehension and proficiency as compared to 2017, the last time the test was administered. Only 35% of fourth

“Hockaday is definitely in line with the national reaction to COVID among adolescents, as the increase in anxiety, just generalized anxiety, nationally has skyrocketed.”

- Ashley Ferguson,
Upper School Counselor

graders were proficient in reading, a 2-point drop from 2017.

In 2021, the first pandemic year the NAEP was administered, the NAEP showed that only 33% of fourth graders were proficient in reading, a two-point drop from 2019. This decline was consistent with the drop between 2017 and 2019, proving that illiteracy is a problem that has been brewing for longer than the breadth of the pandemic.

What COVID-19 did uniquely succeed at, however, was increasing the disparities in educational outcomes between low-poverty and high-poverty schools. According to a report by McKinsey, test-score gaps between these schools grew by approximately 20% in math and 15% in reading during the 2020-2021 school year.

Woodward said COVID certainly had negative impacts on students’ educational preparedness. But it is important not to view those negative impacts within a pandemic void and to recognize they are a part of a larger educational trend in national education systems.

Education at Hockaday

COVID’s effects on children across America have not only been statistical—they are ever-present in the classroom. From having classes on Zoom to being separated from friends, the impact COVID-19 had and will continue to have on young people and children

is significant, according to psychologists and learning specialists nationwide.

“Hockaday is no different than any other school across the country when it comes to COVID recovery,” said Shelley Cave, director of the Dr. William B. Dean Academic Learning Support Program.

While Hockaday has a strong academic program, even students within its walls have felt the impact of COVID.

“One big difference we are seeing is the ability to organize, plan and manage time,” Cave said.

Students might have more trouble planning papers, studying for tests and managing homework after losing some developmental time during COVID, she said.

Ashley Ferguson, Upper School counselor, echoed Cave’s sentiments.

“The pandemic put a lot of academic protective layers in place, and now that some of those are sort of dissipating, it is causing a rise in academic and performance anxiety,” Ferguson said.

Certainly, COVID led to a large rise in anxiety and stress across age groups.

“The little ones, too, might deal with a fear of being separated from home and middle schoolers could feel anxiety in social settings,” Cave said.

Ferguson said the effects at Hockaday were consistent with national statistics.

According to the NCES, 87% of American public schools reported the COVID-19 pandemic had a negative impact on student socio-emotional development during the 2021-2022 school year; and 84% agreed the pandemic negatively impacted students’ behavioral development.

However, Cave said it is important to remember these negative outcomes are disruptions or lags, and students eventually catch up.

These two issues are interconnected, Cave said. When a persistent sense of anxiety clouds everyday life, it will hinder any child’s ability to participate in the classroom, meet deadlines or manage workload.

Disparities in health care

Economic, racial and gender differences affect accessibility

By Ambyr Baker, Sports Editor and Melody Tian, News Editor

When senior Princess Ogiemwonyi learned the maternal mortality rate for black women in America is nearly three times higher than that of their white counterparts, she made it her mission to lower that ratio.

This is just one example of how health care disparities affect women and minorities. According to the CDC, “health care disparities” refers to preventable differences in health in populations disadvantaged by their social or economic status, geographic location and environment. The people most affected are racial and ethnic minority groups, people with disabilities, women and people who are LGBTQI+.

Gender disparities

Though people of all backgrounds suffer from health care disparities, women and girls are disproportionately affected. Women have lower status in most societies, according to the World Health Organization, which means less control over their bodies, exposing them to violence, coercion and harmful practices. Women and girls also face high risks of unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition and depression, among others.

The WHO said gender inequality poses barriers for women and girls to access health information and critical services, including lower literacy rates and discriminatory attitudes of health care providers. These attitudes also can extend to medical trials and research.

As an example, nurse Jill Dorman said the study of cardiology owes women an apology. When she was a cardiac nurse, cardiology was a relatively young area of medicine. However, she said as knowledge surrounding cardiology expanded, it was mainly curtailed to males. This resulted in women not recognizing cardiac symptoms and experiencing heart attacks.

In epidemiology class, students can gain insight into such health care disparities and how and why diseases occur.

“I want to be a doctor so I took the infec-

tious diseases class because I thought it would help me gain a better view of the public health system and health care in general,” Ogiemwonyi said.

She said she wishes to become an OBGYN and attempt to lower the maternal mortality rate.

“Giving birth at all is an intimidating process, so no one should have to worry about not being taken care of due to their identity,” Ogiemwonyi said.

Racial/ethnic disparities

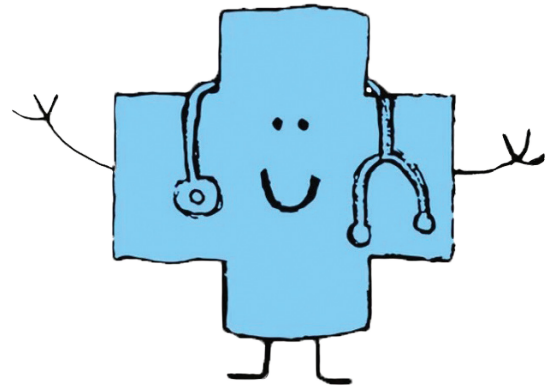
During COVID-19, health care disparities became more significant. The CDC found that housing patterns, work circumstances and other factors put members of some racial and ethnic groups at higher risk of COVID-19 infection, severe illness and death.

According to the Center for Medicare Advocacy, populations commonly underserved in the American health care system include African Americans, Latinos, Native Americans and Asian Americans. A 2011 study estimates that the economic cost of health disparities due to race from 2003 to 2006 was a little over \$229 billion.

In addition, language may threaten the quality of care for those with limited English proficiency. In one study, over a quarter of patients with limited English proficiency who did not get an interpreter reported they did not understand their medication instructions. By comparison, only 2% percent of those who did receive an interpreter did not understand their medication instructions.

Change is needed to solve the urgent problem of health care disparities. The Urban Institute calculated the Medicare program would save \$15.6 billion per year if health disparities were eliminated. Recently, the CDC launched the COVID-19 Response Health Equity Strategy which sought to improve the health outcomes of populations affected by health care disparity.

Student leaders also have tried to combat the disparities. Class of 2022 alum Mina Raj



Don't Wait To Vaccinate Logo

founded a social impact group called Don't Wait to Vaccinate during the pandemic, with a mission to empower individuals and communities to get the COVID-19 vaccine. The group provides easily understandable information and hosts live vaccine registration events.

“Some people do not have the same opportunity and resources that we have so we create events where those people could have access to getting registered or getting their vaccines,” said Macy Moscovice, president of Don't Wait to Vaccinate.

The club goes to areas of Dallas that are less socioeconomically advanced and where people don't have easy access to vaccines. Even though COVID is beginning to die down, the club continues to transform to suit the needs of today.

“Now we talk about the flu and encourage people to get their flu vaccines,” Moscovice said. “We also like to post on our Instagram on anything that's related to viruses.”

Moscovice said even though students may live in a community that is pretty wealthy and does not face disparities, her club aims to provide the same opportunity to people who may not be as privileged.

“Some families have multiple kids and are concerned about whether they can go to school because they have to have their vaccine in order to be enrolled,” Moscovice said. “So even if you don't really see the disparities, when you take yourself out of that position, you see that not everyone has what we have.”

Should the government be involved in health care?

Aadya Kuruvali, Opinions Editor

The state of health care in the United States has been a centerpiece of political conversations for decades. Hear what students think about government involvement in the health care system.



Junior Sanika Agarwalla is an active member of the Young Democrats club and the Student Diversity Board. Agarwalla said she believes the government **should be more involved in health care.**

Should the government be more involved in health care?

I think the government's responsibility is to be involved in health care in the sense that they should protect health care, and that's as far as it should go. However, Roe v. Wade was protected at one time under the amendment that protects the right to privacy. Once health care becomes a very personal thing, for example, trans health care or women's rights to autonomy, the government shouldn't be involved.

What are the pros/cons of funding health care for everyone?

People who are less financially advantaged are at a loss for health care in our current society.

Does the government have any systems in place that you think are working?

Medicare is a big one that has been working. Even without the government having to establish huge programs for health care, the least they can do, which sometimes ends up being the most, is just pass a law that allows people to access health care.

What issues do you see with the current health care system?

It affects financially underprivileged people, and financial status is something that can intersect with a lot of other identifiers such as race and gender.

What could the government do differently regarding health?

The government should pass more laws allowing greater access to health care as well as protect the right to privacy when it comes to personal health care.

Should the government be more involved in health care?

I don't believe the government should be more involved in health care because people need to take more responsibility for their health. If the government gets more involved with health care, we run into the issues of who will pay for it and how.

What are the pros/cons of funding health care for everyone?

A con is that people will be dependent on the government for their health and not themselves, and the pro is that it will help people who have health issues that are outside of their control.

Does the government have any systems in place that you think are working?

Medicare is working for the government because it currently provides retired people with affordable health care.

What issues do you see with the current health care system?

I am concerned that companies are profiting from America's poor health. I think there is a lack of transparency on what health care really costs.

What could the government do differently regarding health?

More transparency on the cost of health care would be ideal. For example, if someone needed a surgery, they would be able to receive transparent information on what the surgery will entail and what it will cost.



Senior Alexa Welch is co-president of the Young Republicans club. Welch said she believes the government **should only be involved in health care to a certain degree.**

Living in a pandemic



Magriet Cordero

When the COVID pandemic first came crashing down on our world in 2020, I never thought my life would change as much as it did.

Unlike most of my peers from my small middle school, I stayed inside from the minute the lockdown was announced until the beginning of my freshman year. My grandma, who had lived with my mom and me since I was born, was still fighting off effects from chemotherapy and radiation, so I never took any chances when it came to going out. Because of this, my introduction to Hockaday was rather peculiar.

The only communication I had with other freshmen was through social media. I met up with one or two people over the summer, but only after my mom basically forced me to. When the school year started and we were all on Zoom, I realized just how difficult it would be to put myself out there if I couldn't *go* out there. Nothing was more awkward than privately messaging people in my classes to ask for their Snapchat or Instagram, but it was well worth it because I got to engage with my classmates and finally make new

Junior Magriet Cordero arrived at Hockaday as a freshman during the pandemic. She said the pandemic transformed her adjustment to her new school, but also provided space for reflection, self-growth and gratitude.

friends. In some ways it was easier, seeing as I could take my time responding to people, and talking to them over a phone was much easier.

Moving past that awkward stage of freshman year, I quickly got acclimated to Hockaday and loved it here instantly. Unfortunately, my grandma passed away in November of 2020 and it hit my mom and me pretty hard. I had never known a life without my Oma, which made it increasingly difficult to get through my classes. Her death made my mom and me even closer than ever, which I didn't think was possible at the time.

When I think of how COVID

changed my everyday life, I immediately think of my physical health. I had a mild case of COVID in December of 2021 and slept most of my Christmas break, but after feeling so worn down I really wanted to build my body back up. I started going to the gym every night, making time even on school nights to go, so I could be strong and healthy. The pandemic made me realize how much I took my health for granted; some of my family still suffers from the lasting effects, like shortness of breath and a weak immune system. I'm increasingly grateful for my health.

As I look back on it, I'm slightly thankful that COVID happened. I spent almost every second of every day with my grandma, seconds I would have lost if I had had a normal summer in 2020. I appreciated all the extra time I was granted with her, through both the good and bad stages of it. I appreciate my health, my mom, my new friends and remaining family more than ever. I feel immeasurably blessed and lucky to live the life I have right now, even during the more difficult times.

“I feel immeasurably blessed and lucky to live the life I have right now, even during the more difficult times.”

- Magriet Cordero, Form III

The COVID-19 pandemic transformed economic, social and political systems around the globe, but its impact also was deeply personal. Hear from students how the pandemic changed their daily lives and influenced their goals, passions and values.



Nina Dave

For me, 2020 marked a period of abrupt change: I attended school through a computer screen, hung out with my friends mostly by texting and stopped greeting passersby on walks. Isolation wasn't just a product of the pandemic - it was the new normal. With isolation came loneliness, but also an opportunity for reflection.

What happens when you suddenly have extra hours in your day to fill? What happens when you're alone with your thoughts and ideas? And what happens when no one is there to encourage or discourage whatever path you take?

For me, this path was delving deeper into one of my hobbies, music. As a classically trained musician, I had mostly played pieces written by other composers. While learning a new piece challenged me musically, it didn't fulfill me creatively. I wanted to be the one behind the music, the one who decided when and how each note was played, but more importantly, why. It fascinated me how composers meticulously crafted each and every note, and each note had its own place in the piece. I spent hours studying different pieces of music, both classical and contemporary, trying to understand the intention behind each work of creative genius.

On morning runs, I listened to my favorite songs and analyzed the lyrics. Eventually, I moved into more unfamiliar territory: figuring out how

Senior Nina Dave said the pandemic motivated her to further explore her passion for music, which led her to launch her music career. She said this opportunity to explore her creativity allowed her to improve her relationship with herself.

a bassline contributed to the build-up of a prechorus, how the reverb of a snare drum captured the emotion of a song, how the melody of a topline complimented the lyrics, and how the frequencies of a synth enhanced the vocals. It was through these "study" sessions that I learned how to write and produce my own songs.

While at first the quality of my songs was far below that of my favorite artists, I slowly started to improve. The added free time of lockdown coupled with the slightly reduced workload of sophomore year allowed me to practice writing songs every day.

Even if I didn't write a complete song, I still tried to write at least a verse every day. I figured that as long as I had the time and energy to practice - which I did - there was no reason not to. Plus, songwriting gave me a much needed break from staring at a screen.

Through songwriting, I was able to process the ever-changing world around me. One of my songs, called "The Epilogue," imagined a utopian world free from society's current issues, such as the anxiety of the pandemic and perils of social media. It compared the idealistic nature of this made-up world to the qualities of an epilogue, in which the story's loose ends are tied up but often a new problem emerges. From writing this

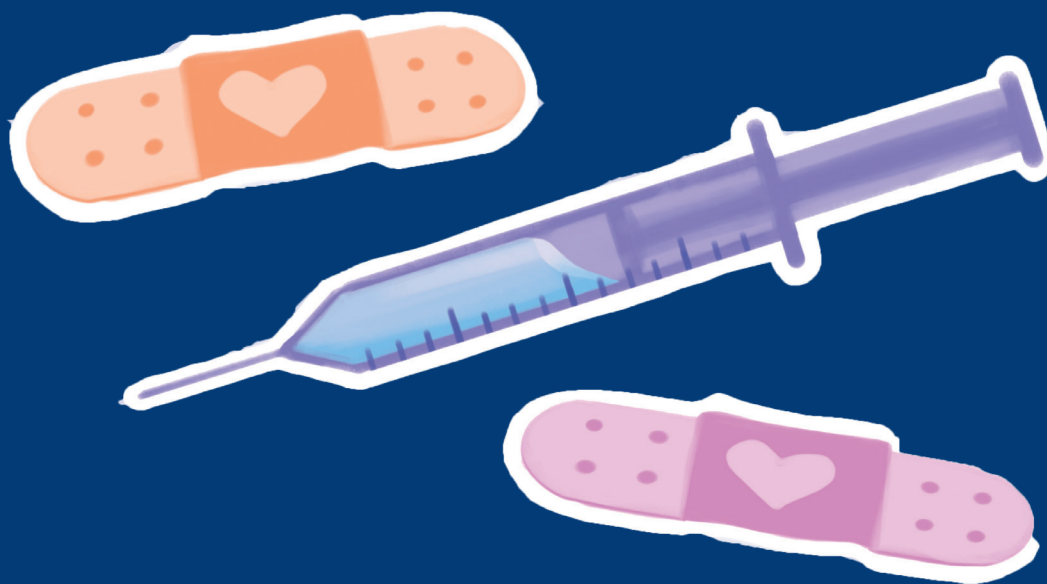
song, I realized that we can never truly solve every problem in the world; instead, all we can do is be kind to others and keep working to better society.

Most of all, creating music helped me improve my relationship with myself. With no one physically there to judge my music or influence my composition process, I developed my own system of critiquing my work. I learned that I can have high standards while simultaneously acknowledging and appreciating the effort I put into each song. Even if a song isn't my best work, the vulnerability I expressed while making it is still worth something. Moreover, while opinions from others are certainly valuable, my own opinion of my work always will and should outweigh them - if I don't love what I create, how can I expect someone else to love it? How can I maintain my artistic identity in the face of inevitable criticism? I came up with a new rule: everything I release has to be something I'm proud of regardless of what other people think.

This new philosophy of appreciating effort over results carried into my academic life. Gradually, I began to notice the moments when I became more confident in solving logarithmic equations, when I was able to speak in Spanish without having to mentally translate the words from English first. Although the isolation of lockdown led to widespread mental health challenges, embracing solitude revolutionized the way I view myself and society for the better.

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