

Lydia Martin

Like millions of high schoolers around the country, I faced significant educational barriers in the spring of 2020—but it wasn't because of distance learning. In March, I developed chronic fevers of unknown origin and was bedridden for weeks. Between the strain placed on the medical system by COVID-19, and the limited medical attention I could receive on my rural island, I was misdiagnosed multiple times before receiving treatment. Months later in August, I was diagnosed with Postural Orthostatic Tachycardia Syndrome triggered by an initial viral infection and treated by a specialist for my remaining chronic headaches and nausea.

Instead of being an inconvenience, distanced learning actually gave me accessibility to schooling while I was stuck in bed. My symptoms interfered with my ability to participate fully in online classes, but I avoided losing hours of education had in-person schooling been the only option. In late spring, I worked with my principal and academic counselor to file a 504 educational plan that allowed me accommodations for my illness. This plan gave me the flexibility to rest and heal. When I began to get better at the end of the summer, I still needed to finish my remaining work and complete my Junior year. My teachers were understanding and encouraged me to go at my own pace. Although I struggled to balance last year's missing work with Senior year's homework, I finally completed my Junior year in late October.

Before I developed POTS, I was a perfectionist, and I often set myself up to fail with unrealistic academic goals. This illness has taught me that the best I can do is enough—it doesn't always need to be perfect. While I will continue to deal with lingering health issues in the years to come, I have confidence that I am capable of facing any academic barriers in my future.