

Capillaries

Journal of Medical Humanities

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A Note to the Reader

The following pieces may contain themes relating to sexual assault, suicide, disordered eating, mental health, and other sensitive topics.

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Letter from the Editor

Welcome to the 11th issue of *Capillaries Journal of Medical Humanities* at the University of Washington.

We would like to acknowledge the time in which we were quarantined from the rest of the world and the struggles that many still face in adjusting to life during the COVID-19 pandemic, even—or especially—as we transition back to in-person school and work. We are humbled to continue to be able to publish the insightful and powerful stories of our community.

Many of the pieces in this issue deal with moments in life that feel surreal: the end of a relationship, experiencing an undiagnosed illness, having a patient code for the first time. Imagine that your eyes are open, but you can't wake up. That your body is moving through molasses while your mind won't stop racing. It's a strange middle ground between fight and flight, because you aren't running but you certainly don't feel present enough to stand your ground. You are stuck, and it can feel like an eternity before your limbs obey your brain again.

Still, our brave writers persist through the uncertainty to become active participants in their lives, not simply waiting until they wake up again, but pouring the cold water themselves. They move past heartbreak, they search for answers, and, in some cases, they ask for help. As you read these stories, may you feel inspired by the strength that these authors show in writing about their experiences, and, of course, in sharing them with us. And if you are feeling stuck, we hope you know that it is not a sign of weakness to need others to help pull you out.

The Capillaries Editorial Team

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We Breathe; To Patch; And Be Patched

By Makena Kathleen Billington

Creative Writing Major; Education, Learning & Societies Minor

I patched the first hole in his pant leg;
Without ever asking where it came from;
If I looked closer I would have seen;
The water-colored bruises on his tender, clouded knee;
If I looked closer I would have seen;
His stumbling stance shifting to the cracks of the sidewalk; Never
quite finding concrete;
If I looked closer I would have seen;
That he needed much more patched than the hole in his pant
leg; But no one noticed;
We say we want to notice;
But when noticing stumbles;
When noticing cracks;
When noticing is inconvenient;
When noticing is messy;
When noticing exhausts;
We stop.
Noticing is not enough.

So now I sew for a living;
I patch people up until they have no rips or tears;
But I also ask about their bruises;
I say I love you often (I love you);
I help them cross the sidewalk;
I hold their hand;
I tell them that no matter the fall they are enough;
I love every stranger like I may never cross their path again;
I hold people like patterned patches hugging the holes of pant legs;
Like denim when it's raining;
I hold them even when their soaking is uncomfortable
or sticky or inconvenient or messy or exhausting;
I tell them that this life is beautifully heartbreaking;
That sometimes it will crumble their legs into concrete reality; But
amidst the greatest pains, patches of love are there;
And they are worthy of a love so wonderful the soles of their feet
tingle;
I start to believe this myself;
I let our legs wrap into strings of yarn that twist from eye, to hook,
To ear, to touch, to stillness;
I tell them that their patches can remind them of their strength;
That they are more than any skylight stain;
Any stumble;
Any fall;

I say all this in the act of patching;
I say the unspoken words through my eyes, through the needle;
In lifting their legs up off the ground again;
In being there when they hem or fall or snag;
Our greatest joy in this life is to patch and be patched;
It's the reason I breathe; and stitch; and write;
I hope you look at your patches more than your holes;
I hope that when you sink to your knees in muddied pain; You
have the courage to rise again;
And I hope you know that simply through love;
You are enough.

the slow descent

By *Sophia Orlando*

2nd Year Medical Student

I can remember the slow descent, the terrifyingly gradual morphing of my body into something I didn't recognize. A corporeal form that strained and forced its way out of its previous cage. I remember there was a mirror in the corner of my room and on its surface I could watch my outer shell balloon, become engorged and inflamed. I was possessed. Some devilish creature or demon was fighting to take its damnable form and winning the battle against my puny human body. The invisible being used my own weaknesses and insecurities as weapons. It had the power to make my clothes no longer fit, to make my skin grow outward in angry, red landscapes. To manipulate my emotions and fill my mind with lies. I tried to outsmart it. If I could no longer will the fabric of my jeans to encircle my growing belly, I wore dresses. If my cheeks were speckled and blotchy, I concealed them with layers of paint and wore sparkles on my eyes to draw attention away. The demon laughed at my attempts to mask what I was becoming and escalated its forced metamorphosis. My feet began to ache so that I could no longer walk. My head began to feel as if it would burst from the pressure building inside. And then, after months of this form of torture, I remember- my mind was slowly sucked under, following my body into a dark and unfamiliar place.

It would have been easier if I was truly possessed. I could have popped down to the local exorcist and been done with it. Instead, I entrusted a cadre of physicians for my salvation. When I reached their doors, I had already begun to separate my body from my mind as some means of survival. I had externalized my pain to some *thing* outside of myself. The severance was complete within the four walls of those doctors' offices. I became an amalgam of parts.

One bloated stomach.

Two twinging feet.

A throbbing head.

Aching joints.

How to quantify the loss of a smile? The overwhelming self-doubt and fear? I couldn't be referred for those "symptoms". I filled the spaces in my calendar with countless appointments only to face continued disappointment. A buoying hope repeatedly crushed by waves of defeat. No one could identify a singular cause of my constellation of symptoms or find a way to release me. I remember the resignation. The helplessness. A bitter resentment grew from an unfamiliar place within my body against the very skin suit that contained me. The hatred I felt towards myself threatened to spill out from the newly formed cracks in what had been a pristine idea of my youth. My youth as protection from illness.

There was an insidious nature to my illness. On the outside I'm not sure anyone around me noticed how I slowly changed over those months. I was all too aware. I literally carried the changes around with me, each one written on the notes app of my phone and easily accessible for every time I had to recount my story to yet another medical professional, never certain which details were important or insignificant. I continued to go to work, to go to school, to find time with my friends and family, to try and do it all just as I had done before. In each space I inhabited, no one seemed to see what was so painfully clear to my eyes. At the end of those long days I would often look at myself in the mirror in the corner of my room and watch tears fall down the face of the *thing* I saw reflected back.

I knew in my soul that all my symptoms were inextricably connected to each other. I knew that it made no sense to separate my head from my belly from my toes. It felt as though no one could hear me. Were my instincts doubted and cast aside? In hindsight, it's hard to say. I know the statistics. I know the stories of countless women ignored and dismissed by their physicians. I remember that at the time I assumed those doctors were as confused and dumbfounded as I was. I was like a medical mystery on one of those overdrawn, dramatic tv shows. I held a reverence for physicians and for the institution of medicine. After all, I was a pre-med student slogging through intro science courses hoping to one day enter this same profession. It never occurred to me to think ill of their approach, their opinions, their action or more often, inaction. It would have meant that what I was working so hard to achieve had failed me.

Whether those doctors intended for it to happen or not, I joined the statistic. My story joined those of the many other women who have been proverbially gaslit by the medical field and bounced from doctor to doctor before receiving an accurate diagnosis.

In the end, it was an invisible creature after all. A living thing, or rather many living things, had quite literally taken ahold of me. In an act of final desperation, I visited the “woo-woo” naturopath. It took five minutes in her office to find the answer. Five minutes. After so much searching and mystery and the agony of uncertainty, the answer seemed so clear to her. It was almost as if she had divined it from the spirits.

Mold.
Millions of tiny organisms
Conjoined in community
A hoard of spores

I wish I could say that I am healed now, but my body has been forever changed. I hate how dramatic that sounds, but I can still feel the change within me every day. I have become attuned to it. I am hyperaware and hypervigilant to the tiniest fluctuations in “normal”, ready to catastrophize at any moment. I force myself to wade backwards through quieted memories to remind myself of how far I’ve come. That perspective is hardest to take on the days when I acutely feel that there is no end to this. It is both comforting and painful to think of healing as a constant process.

It took me a long time to make meaning out of my illness. I decided that I would help others heal and listen to their stories, perhaps with more reverence than I was given and attention to the larger whole. Help prevent the horror of having your body separated and each part handed off from one provider to the next. I pulled the parts of myself back together that medicine left detached. I have integrated what I went through with who I am. My experience has become a part of my identity, permanently inked into my skin.

Dear Stranger

By Will Sanchez

Comparative History of Ideas Major

Its been a while since we talked, what we used to have feels dead
Kinda wish that it was different, but I guess it was not meant
In the end, I still feel grateful for the time that we have spent
It's all good because I've grown; I'm kind of happy that you left

For sure it was not easy, it was actually pretty hard
I thought that we'd be friends but look at what we are
I thought it would be better, we'd somehow keep in touch
Seems like all gone now and it didn't take that much

Ima still keep on going because that's just what I do
Now that I've recovered, Ima give my thanks to you
Not for the recovery, but what you put me through
You told me that you loved me, and I knew that wasn't true

Over time I was convinced that was truly real
To make each other happier, I thought that was the deal
But if that was true, then you would still be here
The person who I was with is dead; that is how I feel

Thought you would cooperate, help each other move along
Thinking that you'd lift yourself, but I was very wrong
I wanted to stay together, but that felt hella dumb
I'm finding actual happiness now that you are gone

Pebbles in the Irish Rain

By Harry Cabalan

Medical Student

Acceptance

I can't sleep.

I toss and turn restlessly in bed.

I can't seem to find the right position

To knock me into the black of nothingness:

The only way to get you out of my mind.

But the scent of you still lingers in my sheets.

A sweet musk that plays the memories of us,

Over and over: the feel of your breath

On the back of my neck,

Your gentle feet rubbing against mine,

And your chest, pressed into the curve

Of my spine. With the most satisfying sense

Of security, it validates all the emptiness

I had ever felt. Because for just a moment,

The blanket of your arms held a certain magic,

that erased any feelings of hurt and loss:

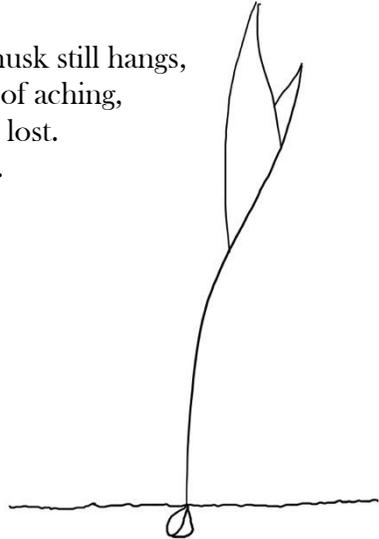
An elixir of refuge. A sanctuary.

So, when I wake up and your sweet musk still hangs,

Sprouting like a bud, of affection, yet of aching,

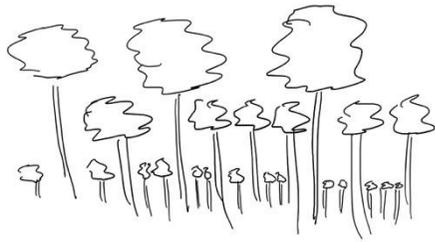
I am reminded of what I had. What I lost.

And, what I so desperately want back.



Longing

A summer without you wasn't what I hoped for.
Whoever said absence makes the heart grow fonder
Must not have had cell phones and facetime.
Because after every call, I was reminded of
All your little things. Like dandelions,
You seeded my field of green.
A disruption in my so perfectly kept meadow.
Your way of guiding me into a fury of frustration.
How you would so perfectly invade,
And turn my escape of sunshine
Into a day of rain. Perhaps, a reminder of the
Spring we had just spent together, dancing,
Like pebbles in the beat of the Irish rain.



Vulnerability

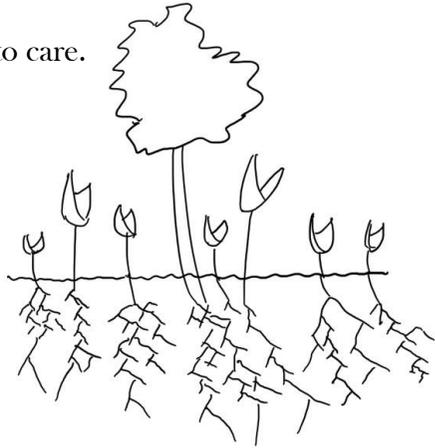
I wish I was the one.
The one that got your heart to skip that extra beat.
Like a ray of sun, strong enough to pierce
The layered canopy of your heart.
The one that made you giddy to wake up.
Like a nervous butterfly, eager to break out of its cocoon,
Enticed by all the world's offerings.
The one you spent all your day thinking about.
And although I tried,
Failed attempt after failed attempt.
I always did know I wasn't the one.

Skin

Being with you was heavenly.
I was transformed into a cosmic stellar
When you plunged your roots into my earthy soil.
My rich pouring of brown silk,
Unearthing centuries of beauty and wisdoms,
Of unmatched ancestral wealth. And,
Of triumphs and losses that paved
The way for my existence.

Expectations

I hung onto your every word
Like a plant in drought,
And you were the droplets of the first rain.
Cold showers of promises,
Fostering my need for someone to care.
And nothing feeds desperation,
Like a promise.



2 weeks

No sleepless nights hoping you were thinking of me too.
No hopes that you would break the fast,
And send me a message of your dying need to see me.
Because clarity was within me.
In the placid reflection of crystal-clear waters,
Undisrupted by ripples of your tide,
I saw that I was whole before you.

Unclench, After a walk with Kara Eagens

By Alex Zhu

MSPH Global Disease Epidemiology & Control,
B.S. Neuroscience, B.A. Comparative History of Ideas

I wrote in my lyric essay of Rome, “we know what to look for now”

By this, I mean: choosing to share experiences

Walking silently to pay attention: to smells

Of cigarette smoke, sounds of our feet on the cobblestone

To stop for a snail in the path and say of it:

If this creature can survive like this: going at this pace

Carrying what it calls home on its back, without a worry like ours

Then **We. Will. Be. Fine.**

To say it's time to relax your shoulders

To allow yourself to feel rather than:

Distracting yourself with Type A work

Diluting your hours with forgettable words

Numbing yourself to those dreams that bubble up

When was the last time you thought of your dreams?

Looked up at the stars and felt small?

Looked at those who care for you most and felt big?

Remember to relax your shoulders

At times: when you can only ask for broader ones:

To carry yourself in this world you call home

When to love the world is to be broken by its suffering

When you know not what to look for now

Remember. **You. Will. Be. Fine.**

You might not know the feeling now, but you'll know it when you feel it.



New Skin

By Trevor Little

English Major; Gender, Women, & Sexuality Studies Minor

Guts

By Plum

Cinema & Media Studies Major

One day, I saw you look in the mirror and say, "I'm going to cut out my guts."

"Okay," we all said. "Okay."

One day, I saw you split like a cell, coughing up your insides through a straw. Entrails, esophagus, kidneys, liver, gallbladder, the works.

"Okay," the doctors said. "Okay."

One day, I saw you emerge from a hill of ash and stand with skin hanging beneath your eyes, beneath elbows, beneath pectorals and groin.

"Okay," your wife said. "Okay."

One day, I saw you crouched before a porcelain womb (~~tomb~~) communing with the dead. Froth bubbled at your lips and set fire to your throat.

"Okay," You said. "Okay."

One day, you approached me, settled at the oak table amidst steaming broth and bread. You laughed and implored I cut out my guts. I am yours, and like you I will be a bloated cadaver.

"Okay," I said. "Okay."

One day, as I listened to your song of retch and strangulation, an emptiness swallowed me.

Oh-so all-knowing, oh-so all-seeing, oh-so no-eating.

"One day, I saw you look in the mirror and say, "I'm going to cut out my guts."

"Okay," I said. It was for you to decide.

Along with the guts, the heart was carved.

Anxiety

By Plum

Cinema & Media Studies Major

There is a serpent
composed of dread,
coiled in the pit of my stomach
and poised to strike
at any given moment.

She entangles in my entrails,
she flaunts her scales,
she taunts and mangles,
she plays with her host.

I am in a constant state
of anticipation, of fear.
A default interaction,
a portrait of confusion
to the enduring world
for which she will hiss
and croon.

Episodically, her venom
sinks in, it taints.
It spreads like a dark, seeping river
and amasses
the tantalizing urge to vomit,
to rid myself of this terror.

I am afraid.
I am tentative.
I am nauseous.

“Wholly Insufficient”: The Deficiencies of Language in Health Interviews

By *Ellen A. Ahlness*

Political Science Graduate Student

“In what ways has your recovery from COVID surpassed the expectations you had about recovery pre-exposure?”

“In what ways has your recovery from COVID met the expectations you had about recovery pre-exposure?”

“In what way has your recovery from COVID failed to meet the expectations you had about recovery pre-exposure?”

“I’m going to stop you right there,” my interviewee, Sandra said. Even through the computer screen she seemed exhausted. “I get that you’re using the same template for all the interviews for consistency and analysis, but knowing that and hearing it aren’t the same. I hear you ask that last question—in what way has my recovery ‘failed to meet expectations’—and I have to keep myself from getting angry. My long-term symptoms haven’t kept me from meeting expectations. They’ve drained me. They’ve kept me from running around with my kids. When you ask me those questions, I don’t hear standardized language. I hear a question that’s wholly insufficient.”

I had interviewed Sandra as part of a project about personal experiences with social networks and mutual aid during COVID diagnoses and possible exposures.

She had been ‘snowballed’ into my potential interviewee pool, and had been eager from the point I first reached out to her to participate in a research study. She remembered being an undergraduate, years prior, working on a symposium project that involved collecting questionnaire answers, and the sheer challenge of trying to get a large enough sample size still burned away at her years later.

Sandra was a woman of conviction, and had a commitment to not mincing language. I took her comments seriously. They were transcribed from the interview, went into my researcher memo and my interview write-ups. Each time I encountered them from among the pile of memos, notes, and color-coded analysis, they engrained themselves a little deeper in my thoughts.

I came to realize they represented not just one woman's concerns and frustrations about her own recovery, the real and manifest frustrations about long-haul COVID. They represented a more serious and systemic issue inherent to qualitative research.

Language Choices and Health: Standardizing the Personal?

Qualitative research emphasizes the 'subjective,' turning a lens to examine individuals' experiences of the world. It is a systematic, subjective, and interaction-focused approach used to analyze life experiences and describe their meaning. Qualitative research is intended to describe and promote a more comprehensive understanding of human experiences. As such, it inherently embraces subjective experiences and topics.

Quantitative research can be spoken down as a mythological system and way of constructing a research design in the social sciences for being less 'objective' or less 'replicable' than quantitative studies. Perhaps that's why in my own training I was pointed again and again to fully and semi-structured interviews, rather than open interviews. Perhaps that's why, when designing qualitative research designs, we are told we should attempt to create questions with explicitly neutral language.

A consequence of these efforts can be more standardized, systemic data that more cohesively responds to a set of inquiries and prompts. But, as Sandra's case illustrates, another consequence of these efforts can be the apparent devaluation of individual experiences through the use of highly regulated, sterile language. As I thought through the implications of a perceived devaluation—and the potential workarounds and strategies that I as a researcher can implement—I identified frustrations that can emerge from both the participant and researcher sides of a project. Regardless of where in the project they originate, these frustrations can stymie efforts to understand and connect with self and patient experiences with health, health care, and health services.

Diminishing and Impersonalizing: The Underlying Frustrations

The contradiction in trying to capture highly emotional and personal information with clinical and standardized language has not

been unnoticed by health care and service researchers and qualitative scholars. Scholars have made increasing efforts to interject intersectional and critical race/indigeneity frameworks to the fields of health services and health experiences. These efforts recognize that an individual's background itself can be an predictor of whether they feel their experiences and concerns are being valued by partners, researchers, or clinicians.

From working with Sandra, I reconnected with three women who I had previously interviewed about their potential exposures, diagnoses, and recoveries from COVID-19. I provided them with an overview of Sandra's comments about the semi-structured interview format (with Sandra's confirmation that I was accurately communicating her concerns, and not revealing personal information), and asked them to reflect on their experiences with the semi-structured interview layout. Like dominos falling, each affirmed that –either during the interview or in the hours or day after—they had particular thoughts about the use of language in the interviews.

“The classifications did come naturally,” Cindi responded, “because they do split up the trajectories of COVID recovery well: you either recover really well, really bad, or kinda in the middle... I think you said the phrase ‘meets expectations’? But the problem is that the two directions, really good and really bad, have such a range of options and possibilities in them. You can be barely sick, or you can have it *bad*.” She noted that as she had a mild case of COVID and an uneventful recovery, she did not feel particularly strongly about any of the phrasing cases, but thought that an interviewer could use their prior knowledge about subjects (or answers from early on in an interview) to tailor the remainder of an interview more to a participant's apparent circumstances.

That particular strategy was met with some discussion and contrasts with other participants. Martha, another interviewee, was concerned about what making assumptions might mean for the trajectory of an interview, or the information collected from it. She also considered how leading questions or structures by the researcher could result in less-than-optimal responses or experiences for patients or participants:

“I get ‘the failure to meet expectations’ language because you don't want to put ideas into people's heads. It's a challenging

balance to recognize that an answer *might* be highly emotional or charged, but also being in the position where you don't want to bias or lead someone into answering more emotionally or strongly than they would have otherwise. Some people don't get as riled up about things. I consider myself to be pretty neutral unless something is exceptionally bad. Or good. I don't have any recommendations or suggestions, which isn't very helpful, but it's a conversation that's worth having, worth thinking about, even if nothing concrete comes out of it right now" (Martha).

While Martha ultimately focused on the importance of choosing language that was less likely to bias the answers of participants or patients, aligning closer to the existing standard of my semi-structured interviews, Jody's position was closer to that of Sandra's. Jody gave the examples of trauma, both through the hypotheticals of an interpersonal loss and of a personal physical ordeal, to consider why neutral or standardized language may feel insufficient or callous to a patient.

"If I had lost a permanent capability because of COVID, any phrasing that sounds like 'less-than-optimal' would almost feel insulting, especially if you knew already that I was going through a difficult time. Or if I had a chronic illness, that would be particularly bad, because the whole idea of what is 'optimal,' 'particularly bad,' or even 'normal' would be so skewed. Perhaps you could keep your questions about how a recovery looked for the individual, or felt for them, if you talk extensively early on about what their vision for a good or average recovery looked like. That way, you can keep that language because the patient *knows* that when you use words like normal, positive, negative, they've played a part in defining it. That would be even more important if you were talking about the loss of a family member. Can you imagine asking 'in what way has your grieving over your child or spouse or parent been not what you expected?' I think, if you're going to have people reflect on expectations, *you need to make sure they know and remember that they played a role in establishing what the baseline for those expectations is* (Jody, emphasis requested).

The general consensus among the participant partners was that there is a fine line that is walked when doing health or personal interviews. On one hand, the researcher wants to make sure that they are not inadvertently imposing preconceived notions of ‘desired responses’ onto individuals. Researchers are wary of subconsciously giving subtle indicators about how they believe the patient or participant ‘should’ respond, act, or feel. On the other hand, there needs to be serious consideration by the researcher(s), their team, and even by the field of qualitative researchers as a whole, about whether there are places where emotional, value-imbued, or strong language would be appropriate or expected.

“When asking about something that might be upsetting, go ahead and use the word upsetting,” Cindi suggested, “if you’re going to ask whether something was uplifting, go ahead and say uplifting. Yeah, you’ll get someone to think of uplifting things, but isn’t that the point? As compared to something that was inspiring or just pleasant? You’ll get accuracy.”

In the end, health is a highly personal experience. Whether we talk about or research health experiences, we must recognize it as an intimate subject that will likely evoke both painful and uplifting emotions. .

Health is a state of being, a quality, a feature of the self that is inherently tied to one’s consciousness and perception of the world. That means when we research health, we need to ensure that participants and partners know that they have the space to be emotional about it, and fully flesh out their experiences. Even when structuring the most controlled, sterile interview, focus group, or survey, there need to be signals and indicators that the participants’ responses *matter*. They should know they are enabled to fully articulate their experiences, even when doing so involves critiquing the structures or methodology.

Moving Forward: Personal Reflections

This narrative initially was heavily drawn from my researcher’s memos for this COVID mutual aid interview project, with just enough transition and contextual data added to make it cohesive. I then fleshed it out more to make it a two-page reflection to be added to the appendix as an article. But even then, it remained

more akin to a personal realization, impacting only myself, with the possibility of being dismissed as a self-pontifying recognition of my own limitations without actionable content. To improve its implications and meaning for a public audience, I considered how to transform these implications and conversations into necessary—if not fully fleshed-out—initial recommendations for researchers who want to ensure the language they use in interviews is more encompassing of real experiences.

Steps to Reconcile Partner Experiences

Months later, I reached out to Sandra to discuss what real improvements toward recognizing and validating health experiences of participants in interviews could look like. We developed recommendations that were influenced by our initial project, which brought us together discussing COVID and chronic health issues. Consequently, the resulting recommendations may require tailoring to be applied to future projects. Still, the sentiment and intent is applicable regardless of the project. After discussing the needs with Sandra, I cross-checked the needs with other participants and partners who had earlier expressed willingness to be contacted again for follow-up questions and conversation. They helped fine-tune what Sandra and I had discussed, and we ultimately ended up with two considerations for future work:

Invite Participants to Offer Phrasing Recommendations

Tell interviewees that you welcome not only their full and unvarnished response to questions, but also that you welcome suggestions to the very questions themselves. In particular, tell them that you welcome wording alternatives, and the thoughts behind their recommendations. This has a double benefit of making research more responsive to real experiences, helping keep it from being too clinical, and giving additional personal insights into what individuals value. This can also be a valuable way to identify your own assumptions about ability, identity, and values that may lurk in your phrasing.

Remain Reachable Beyond Initial Interactions

For this project I had been the one to reach out to prior participants, and made sure to give my contact information to all participants in the event they wanted to reach out to me or follow up with any questions, concerns, or additional information. Staying accessible is part of being a responsible researcher. If any of the participants had wanted to withdraw information, discuss something that had been gnawing at them, or had any questions about how their (anonymized) information would be used, it would be paramount for them to reach me with full confidence that I would respond. When I asked Sandra whether she would have reached out to me if she had not said anything in her interview, she said she was not sure. But, she also cautioned, if she had tried to reach out and had gotten the sense that I did not really care about participants who wanted to follow-up she would have had serious doubts about the project and could have even withdrawn support.

Conclusion

It is not feasible to eliminate standardization from qualitative research or health-focused investigations without undermining it in concerning ways—especially given existing skepticism from quantitative researchers in the social sciences. Instead, researchers need to instead think critically about the scope of their own projects, and how they can ensure that participants do not feel like they are being constrained, censured, or implicitly made to feel that their emotions are not valid, especially because this can disproportionately impact people who are already more likely to have negative interactions in formal health settings, and compound upon their frustrations. It is important to mitigate the risk that participants feel disheartened that a trend of marginalization continues, or is pervasive, outside of formal health settings.

Yesterday is History, Tomorrow is Mystery, and Today is a Gift

By Tamsin Teague

Majors: English Literature and LSJ, Human Rights Minor

My world is a constant change
Never remaining the same

From the time I entered this world
To when it all ended
Never to remain the same

Right from the start
I thought I had it all
I thought I had a place where I belong
I was wrong
That day still came
I'm alone
As I go into the - unknown
For all eternity
No one there
But wait!
You are the one
You have saved me
I'm grateful
May I ask
Please never leave me
And I'll never leave you
You are my soul
I'll always be yours

Is what I think?

....

Why?

You distance yourself
So, we are not the same

Betrayal!

How could this happen?
Was I not the woman you wanted?
Then what did you want from me?

My body?
My looks?
My loyalty?

It had to happen
I expected no less
Watch as my world falls apart
Never was it meant to be
I'm nothing more
Than a whore

Life is lie
I trusted too much
You're the bad guy
Too many of you
I should have -
Listened to my hunch

It will never happen again
Don't say sorry
Don't say my name
I will not entertain

I am going to change
But not for you
It may be too soon
But what do I have to lose?
I know where I stand
In this breakthrough

After all the hard times
I lost my place
I searched for my place
I found my place

We Matter Too

By Tamsin Teague

Majors: English Literature and LSJ, Human Rights Minor

We were seen as different people you and I
 For I am Asian
 And you are White
We were created for a purpose
 We were given a life
Different paths, we have followed
 For you chose power
 While I chose strength
 Away we go
We have chosen our place
Nothing can stop us to this day
Wait! You see me as what?
 I don't understand
 What do you see?
Aren't we the same you and me?
 You are unable to tell?
 You act so cruel
 You only scowl
 You strike us down
 Can't we be free?
 Listen
 This won't stop us
 We'll continue to fight
Till we gain the equality we like
 However long it takes
 We know our place
 It's not what you think
We don't want your place
 No way! Hell no!
 We'll show you where
 It's our world
Look around, can you see
All of us together as a family
 Listen, do you hear?

That beautiful sound!
That's music that sets a beat
We can hear you, tapping your feet
This is us
We offer something new
As Asian-Americans, how about you?

She Will Change the World

By Tamsin Teague

Majors: English Literature and LSJ, Human Rights Minor

I am woman
I have a story to tell
It's not liked any other
Won't you listen to me
I'm a woman with a destiny
A voice
A change
Listen to me well
The beliefs I hold will surely tell
Just how extraordinary
These ideals will foretell
Education for women
Education for all

I am woman
I'll share what I mean
I was an ordinary girl
No different from you
I had hopes
I had dreams
I had everything
Till that day...everything changed

"I can't go to school?"

What did you say?
Why did this happen?
What did I do to you?

"Because I'm a girl"

You won't teach me
Will you even listen to me?
I'm not your enemy
I don't play games

I'm not your possession
You got it all wrong
Don't you see

....

Look past my sex
I'm a woman
And you're a man
What differences do you see?
Let us see
We are the same
We want the same things
Education for you
Education for me

I will be a part of the change

I am woman
A new life begins
Not the way I once knew
That's okay too
We all want change
There's no other way

I'm a woman
I want education

That's wrong to choose
Alright
I see
But that's *not* true
I...no not just me, women
Deserve an education
Like anyone else
I won't let you stop us
We will continue to fight till we gain our rights
This is our story
It will continue on
Education for women
Education for all

Trauma at Bay 2

By *Hannah Vuong*
4th Year Medical Student

A child. Self-inflicted gunshot wound
Fluorescent lights, yellow gowns
Calm, methodical, no signs of life
Nurses, crying
Parents, desperate
Their child is no longer
Peds hopeful, neurosurgery resolute
A reflex
Bones removed; brain altered
Tubes, Monitors
Lives never the same

My First Code

By Andrea Nguyen

MD/MHA, Class of 2022

First case of night call! The hour of twilight has begun.

An ex-lap for unexplained bleeding

You rode in on a stretcher

mouth opened, as if pleading

“Cynara! My friend!

I’m sick of an old passion,”

Yet you confess softly, “I’m doing okay”

as your face turns pale and ashen.

As I went outside to scrub,

each swipe of the sponge swishing away the sins of the day,

baptizing myself in the blood red soap,

a nurse burst through the doors to say:

“Code.”

Seconds later I find myself

on two step stools towards heaven

pumping life into you or is it just blood now?

Eight, nine, ten, eleven...

Then a crack! Snap!

The sound of shears snipping your lifeline

Now I've broken your sternum

and my mind turns toward the divine

Holy Mary, mother of God

pray for us sinners, now and at the hour of death,

we continue for 20 agonizing minutes,

all of us knowing she's already taken her last breath.

The floor is covered in red

from the soap of my dirty hands and blood once living

We take a moment of silence to honor you

as death takes your life away, unforgiving

Your body turns into a corpse

Your skin, underperfused and rapidly cooling

I hear the voices of the OR staff, moving onwards,

yet at the same time I feel nothing.

What will I do in the future?

When reincarnation gives me this patient again?

Once I'm an attending,

Will I witness deaths like these then?

Uncertain what the future will hold

Months have passed, only time will tell

how prepared I will be

to prevent codes turning into living hell

I'll remember you as my first code

my Cynara, now gone with the wind

In on a stretcher, out on a gurney,

I leave the OR, close the doors behind me, and say a silent amen.

.mstd

By Andrea Nguyen

MD/MHA, Class of 2022

I'm sitting at the desktop

dutifully reviewing patient charts

and too often I read about the abuse

of women and their private body parts

Words jump out at me

then a flash! a trigger!

shoves me back in time

my fight or flight response growing bigger

And now I'm back sitting at the desktop

mere seconds have passed

I feel faint with fear

but I try to calm my body down fast

I go in, speak with my patient

dutifully ask the clinical questions

All of me wants to talk about it

but it's not my place to steer us in that direction

So we watch her until delivery

the pregnancy, unplanned

It took 6 grueling years of school

to be able to stand by her bedside and hold her hand

I grow enraged seeing more pain

throughout the labor and contractions

How can people be so cruel and unjust?

It's not her fault this baby happened

But how can I consider a life in helping her

when I still wrongly feel it's all my fault

That I am the sole reason

for my own sexual assaults?

I vow to fiercely care for myself,

to never again push help away

One day I'll treat others with my story too

and feel a little more okay

Some days I'd come home, exhausted
feeling like the walking dead
and all the while subconsciously compounding
these shared experiences stuck inside my head

"Push on!" I now hear
as I type my student attestation
and I realize that is the hardest life lesson to learn
on this six-week rotation

I'm convinced it won't get easier
Some lacerations are too deep
but I will only stop fighting this violence
when I am finally laid in peaceful sleep

This poem is a compilation of my reaction to the patients of sexual assault I had the extreme privilege of caring for on my ob/gyn rotation. They detail encounters I had during my time in the Acute Care Clinic where I first saw survivors of rape weeks after the incident, then in high risk and continuity clinics as they progressed through their pregnancies from the rapes, then on labor and delivery when they were about to deliver. These encounters were complex given the social situation of unplanned and sometimes undesired pregnancies combined with strained relationships with the fathers of these children since they were the assaulters. The challenge here was not providing the medical support that we are so capable of, but also providing the correct emotional support, making sure the patient was capable of moving onward after this traumatic event, and being able to care for her and the child if she chose to keep them. The most surprising aspect of this was my emotional and visceral reaction to it all after having thought that I was more recovered from my own similar experiences and stable to mentally handle these encounters.

This entire poem is a parallel between my own emotional reaction to sexual assault and the experience of birth. To start, the poem's title itself resembles the name of the psychological condition PTSD, a description of its sequel which is highlighted in the second verse. "Chills run down my spine" is similar to the sensation of getting an epidural placed in anticipation of active labor. "Stuck, frozen in time" echoes the paralysis women have as the epidural creeps its way down to numb the pain of labor. "Faint with fear," may depict a hypotensive or vaso-vagal response to the shot in the back. Likewise, the rest of the lines are scattered with parallels here and there, ultimately illustrating birth

and sexual assaults as traumatic events that have lifelong impacts.

Though I did plenty of mental health advocacy work in undergrad and listened to countless stories of rape and sexual assault, I had never encountered people who had become pregnant by it until this rotation. Something about having a living product born out of trauma deeply resonated with me, likely because I kept thinking that it could have happened to me. I came just as close to being one of those women in the hospital beds laboring in both emotional and physical pain and still have the risk of being so. And that instills more fear in me than anything else, but also instills a passion to continuously support these survivors. I saw firsthand my male classmates' reactions to hearing these stories for the first time in their lives while other female providers were unfortunately unfazed. To be able to be the preferred one to care for these patients over my male colleagues because of my gender presentation a few times was an immense privilege. However, to be able to encounter survivors of sexual assault for the first time in their lives as males and be surprised it exists so commonly seemed an even larger inborn privilege. These discussions with my classmates were no doubt educational for us and enlightened us to each other's unique privileges in medicine.

I think the first action step is to make sure I am mentally and emotionally capable of handling these encounters. As stated in the poem, I am able to handle them in the moment, but the long-term effects of constantly ruminating on their traumas takes up mental energy and space in my head that could be better put to use towards building my medical skills. There are many ways to check my mental health such as making sure I am physically healthy and stress management tactics. These have fallen to the wayside since rotations started given the

markedly increased busy schedule. It will be crucial for me to keep up some sort of mental maintenance as the year progresses. Now that I am more aware of my reactions and triggers, I can anticipate the symptoms and work towards having a clearer mind when I encounter such patients so as to not cloud my medical judgement. A little bit of empathy goes a long way when done right and I would like to put my energy from ruminating over their traumas towards building rapport and strengthening the doctor-patient relationship. The experiences overall were very humbling and brought into question/reflection on my capacity to even consider ob/gyn as a specialty given the inevitability of having increased responsibility to objectively care for these women.

Static Stars

By Trevor Little

English Major, Gender, Women & Sexuality Studies Minor

The static stars twinkle in my eyes,
hiding the shape of life behind their shroud.

I can't see them.
I can't see them without your help.
Or so I tell you.

I call you on my phone
as the streetlights shoot past my window
and I ask you where I should look.
You point me to the whispering wind outside the car.

By the side of the road stand battered souls,
their haunted faces telling the story of the memories they hold in
their arms.

A burning book
broken glass
bloodied bandages
a pink slip
warm bullet cases
a snapped lock

The eyes of change stare into my car windows;
they scream out as I speed past.
I never stop,
I just look.
"There's nothing to be done," I tell myself.
"There's nothing I can do."

Yet the roadside memorials build ever higher,
the smiling faces stapled to the wood fluttering in the violent wind.

Fires rage in the forests outside my window,
casting a sickly glow over the steering wheel.

The righteous screams of rebels in the woods penetrate my ears,
drowning out the numbing noise of the car radio.

I sob
and ask for help,
HOW
to help.

“What can I do?”

But there is only static on the phone
as my car speeds further down the road of my complicity.

Your voice cuts into my radio,
silencing the world around me.

You ask me a question:

“Who told you to keep driving the car?”

four a.m. capitol hill

By Fulfillment Associate #103127772

Economics Major, Applied Math Minor

empty city

feels like no one for

light-years

bike to work

neon to fluorescent

new shift

(less customers)

we carried

hand sanitizer

gloves

spray disinfectant

scanners

box cutters

no masks

just bandanas

no tests

just thermometers that always read fahrenheit ninety-three

like a warm corpse

pushing a cart

filling paper bags with

rice bread vegetables fruit

tea coffee waffles diapers

bottled water popcorn paper towels

formula peanut butter jam

frozen pizzas cookies

milk

cans jars jugs

gallons liters ounces pounds

we carried
the common cold the uncommon cold
spike-glycoproteins envelopes nucleocapsids

(i once saw the structure of a sars nucleocapsid

it looks like a flower)

we carried a new world in our hearts

and bouquets in our veins

Team Bios

Miriam Mayhle is a senior majoring in biology and plans to pursue a career in medicine after she graduates. During her almost three years on *Capillaries* she has been an editor, publisher, and, currently, president. Some of her favorite things include reading, cooking and making her friends watch Derry Girls

Nikki Talebi is a senior studying English and political science. She is considering pursuing a pre-law track or a career in publishing. In her free time, she enjoys reading, writing poetry, listening to music, exploring Seattle, and attending as many concerts as she can.

Chelsea Ng is a junior studying biochemistry and is planning to study medicine in the future. When she's not studying or working, you'll find her nose buried in an (e)book, spending quality time with friends and family, and searching for what to eat next.

Michelle Li is a senior studying physiology and is working towards a career in medicine. As a PR officer for *Capillaries*, she loves designing creative advertisements and social media posts. Outside of the journal, she enjoys playing tennis, coordinating bomb fits, trying to become TikTok famous, and drinking milk-based beverages.

Isabelle Chang is a senior majoring in general biology. She plans on pursuing a career as a physician assistant. Aside from college, she loves to cook, food blog, hike, and assemble charcuterie boards.

Neva Crnković Hahn is a senior studying comparative literature and biology. In the future, she hopes to pursue a career in medicine overseas in Croatia. In her free time, she enjoys writing, reading and watching horror movies!

Varuna Ravi is a junior studying Public Health and pursuing a career in medicine. Outside of school and her lab, she loves listening to music, eating all types of chocolate, and reading Reddit posts.

Niki Leshgold is a junior studying English and is hoping to pursue a career in medicine. She loves working as a Public Relations officer for Capillaries Journal. Outside of school, she loves hiking, baking and finding the best coffee shops around Seattle!

Linda Wang is a senior studying Marketing and English. She is considering a career in nonprofit marketing. In her free time, she likes to journal, explore Seattle, try every restaurant on the Ave, and learn new ideas!

Esha Patel is a freshman studying neuroscience and is working towards a career in medicine. She loves designing social media posts as a public relations officer for the journal. In her free time, she enjoys hiking, kayaking and trying new breakfast restaurants with her friends!

Lori Mae Yvette Calibuso Acob is a senior studying Public Health-Global Health. She is on the pre-med track and plans to pursue a career in Family Medicine or Cardiology. When she's not working, she loves spending time in the gym, bouldering, cooking meals from different countries, and spending time with friends and family!

Tisbe Rinehart is a junior studying Comparative History of Ideas (CHID) and Ecological Restoration. Her most cherished simple pleasure is reading a book in the sun while sipping on her morning coffee. She feels the most at home when outdoors and spends her free time hiking, backpacking, climbing, and anything that involves playing in the dirt.

Meena Shanmugam is a junior studying Microbiology and is working towards a career in medicine. When she's not doing anything college-related, she's spending time with friends and family, watching documentaries, and creating niche Spotify playlists.