Capillaries

The Journal of Narrative Medicine

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A special-edition focused on the theme of “listening”

In collaboration with The Center for Health Sciences Interprofessional Education, Research, and Practice (CHSIE) and the University of Washington School of Medicine’s Narrative Medicine Interest Group
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

The book in your hands is the result of a special collaboration between Capillaries, UW’s Center for Health Sciences Interprofessional Education, Research, and Practice (CHSIE), and the UW School of Medicine’s Narrative Medicine Interest Group. Importantly, however, it is the result of students, faculty members, and community members who strove to do what is and has always been most difficult in any culture: to openly share stories of health, healing, illness, and/or grief and to be genuinely receptive to the stories and experiences of those around them.

The genesis of this book can be traced to September 2018, when a four-day long, free-health clinic—the Seattle/King County Clinic—was organized by healthcare organizations, non-profits, private businesses, and volunteers from across Washington State. During these four days, CHSIE sponsored a pilot service-learning project called The Listening Project, in which seventy interprofessional students came to the clinic and simply listened to the stories of patients seeking medical services. The end result: patient responses on issues of mental health and healthcare access and student reflections on health inequities. The main takeaway: the importance of listening.

This idea of listening critically and empathetically to patients, to those around you, and to yourself became the theme of this journal. On our campus and in our community, there are limited spaces to engage in open, accessible, and compassionate dialogue on topics such as mental health, shame, disordered eating, suicide, sexual assault, and our most vulnerable and often silenced experiences. But through this collaborative project, we are striving to work against this stigma and to provide a space for us all to embrace our common humanity and every person’s right to health.

This special-edition journal is organized into two sections. In Part I, we have shared patient responses and student reflections from The Listening Project to uplift the voices of populations marginalized by our fractured healthcare system. Part II features stories and essays written by students and faculty members on health and healing and explores questions such as: What does it mean to really listen to another
person? When do we dismiss and silence others? What are the consequences of our actions?

As you read this edition, we encourage you to engage in deep listening as well. Imagine that the speakers are before you, narrating their stories. Try not to interject immediately with comments, questions, or your own story. Instead, strive to listen fully to the expressions of hope, despair, nostalgia, witty insight, and resilience before engaging in dialogue yourself. It may be uncomfortable at first.

But try anyways.

Best,

The Capillaries Editorial Team

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Part I: Voices from the Seattle-King County Clinic
In September 2018, about 70 student volunteers for the Seattle King County Clinic asked individuals seeking the clinic’s healthcare services what they would like their healthcare providers to know.

How do people who don’t or can’t leave their home access care? Living independently (not in a group home) and need more than a visiting nurse.

Too many laws meant to help the less fortunate have loopholes that allow employers to take advantage and circumvent rules.

I want my doctor to understand my life and my busy schedule with work and family responsibilities.

Decide when it’s going to be a real career about healthcare for people, not a job for money. Put the focus on care. When getting paid is not the focus, healthcare and access are so much better.

I am more informed than healthcare providers might realize. I am skeptical of established medical research and the FDA. I need to know the real benefits of my care.

Answers varied, of course. However, accessing affordable, comprehensive services was a persistent issue for respondents.
Explain medical information in terms I can understand.

People have had bad experiences with healthcare providers in the past. Be conscious of this and make every interaction count.

I may not be a typical homeless person because I seem very high functioning, but have a lot of mental and physical disabilities that may not be apparent.

Think of each patient as an individual, not a group or statistic.

Pay closer attention to patient needs. Offer other forms of treatment aside from opiates. I feel like my doctors haven’t listened to my needs. I am in pain and has not recovered from a major fall during construction work.

I know my body. Listen to me. I have had a lot of trauma in my life; I have a high pain tolerance. When I say something is wrong, it means something is really wrong.

Communicate! We are all equal.

I’m a nice person but they think I’m crazy. They don’t believe my problems are real until they do a test.

Alongside concerns about the material availability and quality of care, the desire to be listened to was at the forefront of patients’ minds.
During their reflections, the student volunteers at the clinic highlighted the importance of listening. They considered what mattered most to their patients.

Being listened to, explanation of care, questions being answered.

Making it easy and being heard.

Being listened to and respected; access to care.

Be realistic with the patient.

Getting treated and follow up if promised; respect, diversity.

Seeing the patient in front of you as a person vs. a broken knee/injury; have much more to learn; everything, not just about business.

Respect. Be caring, kind; See me as a person, not as a piece of your business plan.

While listening with respect and a sincere intent to learn may not fix this country’s broken healthcare apparatus, finding the human element in an often-dehumanizing system is its own act of radical compassion.
Part II: Stories, Poetry, and Essays from Students and Faculty Members at the University of Washington
Storytelling Begins with Story—Listening
By: Aleenah Ansari
Human Centered Design & Engineering Major and Comparative History of Ideas Minor

As a journalist who writes articles to celebrate the work of diverse communities, you’ll usually find me having conversations about the power of representation and highlighting the legacies of educators, mentors, and changemakers who lift as they climb. The act of asking an open-ended question, staying silent for a second longer so the person can think, or validating someone’s experience is enough for a complete stranger to tell me what gets them out of bed in the morning. It’s a reminder that journalism is about creating a sense of trust, and holding the most vulnerable parts of someone else with care. The last time this happened, I was writing an article about how a new director was hired to run a program that prepared underrepresented minorities to be successful in science, technology, engineering, and mathematics (STEM) fields. For the story, I interviewed the newly appointed executive director for this program. We met in his office talked about the usual—what it meant for him to take on a leadership role, the need for greater representation in STEM, and the importance of recognizing the strengths and needs of a community when designing curriculum.

I felt like I had asked all of the questions I needed to write a story, so I decided to ask a follow-up question: “who are the mentors that inspire you?” He went on to tell me about his grandma as a role model, and what it means to create educational opportunity for others through this program. In the moment, I needed to go one step further, so I said, “are you often asked to tell your story?” He paused, looked at me, and said “no, not really.” He told me about how he saw education as a means to break the cycle of poverty. With the money from his summer job as an aircraft electrician trainee, he was able to use the money to buy school clothes and supplies for his siblings. In short, educational equity and diversity were not just research topics, but part of his lived experience that enabled him to pay it forward. When he was done sharing, all I could say that felt like enough was, “thank you for sharing your story with me.”
As I walked away, my mind raced as I thought about how I could have supported him better. What could I have done to support him? Because I’ve never lived in poverty and have been privileged enough to pay for my education, I didn’t know how to offer support beyond active listening and asking questions. This is the question that’s followed me throughout my career: Is listening enough? The question of doing “enough” to contribute to justice is layered and complicated. It reminds me of the time my mentor asked me, “What’s your legacy?” in reference to my work.

Recognizing the power in my identity as a queer Muslim woman has enabled me to believe in my own story and demand respect for every aspect of my identity, but, being a story-listener has enabled me to empower other people to believe in their own story. As a writer, I also challenge dominant narratives about who can be creative, succeed as an engineer, and find themselves represented in media, but listening is the most powerful part of the process. I need to create space for people like that executive director to be vulnerable with his story and tell me his legacy. I didn’t ask him to just tell me about his role – I asked him to tell me who he was. In the process, I got more clarity about his calling as an educator, something that calls me too.
Watching Mom Die
By: Justin Stewart
M.S. in Clinical Informatics & Patient-Centered Technology

I had given the death sentence to others before.
Participated in post-op care to relieve their pain.
Felt bad that their time was coming,
known that it was a natural curse of life.
Listened to their words, offering
my words of comfort in their final days.
Listened to families deal with problems of the system,
helped them navigate final procedures.
Smelt the stench of feces and blood,
watched them take the body out,
watched husbands and fathers cry.
Believed in what they wanted to believe,
wondered if she was in pain in the end,
watched the agonal breaths.
Been with them in the end, wondering
if I had done everything possible,
knowing there was nothing else.

But they were not my Mom.

Reliving all the memories,
glad I was her son.

It was my Mom.

Accepting it happened, hoping
there was a better place.

It was my Mom.

Continuing to move on, knowing
she will always be in my heart.

I love you, Mom.
My Experience with Anxiety Diagnosis and Treatment
By: Kristy Lee
English Major and American Indian Studies Minor

You may have heard about, seen, or experienced for yourself what it’s like to have anxiety and panic disorders. It’s a battle, and it doesn’t stop just because you’ve started going to therapy or taking medication. Being properly diagnosed and figuring out the right treatment can be struggles that few people talk about, which is why I’m sharing my own experience.

I have social anxiety, general anxiety, and panic disorder, all of which are severe and have been affecting me since I was 10. It wasn’t diagnosed until I was 17, and during those 7 years, I had bouts of panic attacks that would come and go, but overall, I was remarkably high-functioning; I participated in a lot of extracurricular activities and even held officer positions in a couple of student organizations. As far as I knew, my anxious thoughts were just normal stress and my panic attacks, which mainly made me feel short of breath, were asthma (which I later figured out I don’t even have, despite taking asthma medications for years). It wasn’t until the second quarter of my senior year of high school that I had a series of debilitating panic attacks and found out exactly what was going on with me.

One of the frustrating things about panic disorder is that its symptoms, while not health issues in and of themselves, are also shared by a lot of serious cardiorespiratory conditions: shortness of breath, chest tightness and pain, heart palpitations, dizziness, and a tingly numb feeling in different parts of the body. I was having all of these symptoms for hours at a time at least once every other day. I was suddenly missing class, so of course I saw my pediatrician, who referred me to get tested for respiratory and circulatory problems. This meant an electrocardiogram (EKG), chest x-rays, and a blood test for anemia. I had been under this pediatrician’s care since my family moved to Washington when I was a baby, and she’s always listened to me and provided excellent care. The extra stress and
exacerbation of my panic disorder that ensued was not her fault, but it was a result of the idea in my mind that my body wasn’t being properly oxygenated. The possibility that I was feeling worn out, weak, and like my life might be in danger every day all because of something wrong with my body – over which I had limited control – was terrifying. It was little consolation that those feelings were actually the result of my body panicking for essentially no reason, but that’s not the main focus here.

After having gone through that experience, a big question I have is why tests for anxiety and panic disorder aren’t high on the list like EKGs, blood tests, and even x-rays. Of course conducting appropriate tests to rule out and diagnose physical ailments is and should be one of the first responses to severe, unexplained symptoms. However, given the physical symptoms of panic attacks, it seems that they should also be checked for early on. In my situation, figuring out the likelihood that my physical symptoms were panic attacks sooner could have saved me from a lot of extra stress. Getting those mental diagnoses early on would have allowed me to start getting a handle on my mental health and be more functional while the physical tests were still in progress.

When all of my tests came back normal, I was sent to a specialist for anxiety and received my diagnoses with severe social anxiety, general anxiety, and panic disorder. I could finally get it all under control with treatment. One might expect this to be the end of the war, but there was another battle ahead. I had to find a combination of medication and therapy that would work well for me.

The first medication I tried was for anxiety. I don’t remember its name, but I do remember my contempt for it. I’m sure it’s changed the lives of many in a positive way, but not mine. It’s not that it didn’t work, because it definitely did. The problem is that it worked a little too well. I was suddenly less afraid in general and after a while, I noticed that I was often acting before even getting a chance to think. I couldn’t stop myself, I would do and say things without a thought until immediately after the fact. For example, my younger brother and I grew up in a PC gamer household. One evening our parents were out, and the two of us were playing *Age of Mythology*. 
Something happened that prompted me to drop an f bomb in front of my brother. I’m perfectly comfortable with swearing, but it’s not something that comes naturally to me because I tend to be very self-conscious. Maybe a month later, after more uninhibited, uncharacteristic incidents, I was off of that medication and worried about what the next one would do to me.

The next and, thankfully, final medication I was put on was Sertraline, commonly known as Zoloft. It’s often used as an antidepressant, but is also used for anxiety and has been an important crutch on my way to taking control of my anxiety and panic disorders. It comes in increments of 25 mg, so there’s a lot of room for dosage adjustment. Another perk is that it’s a good option for people who tend to be sensitive to other medications (as I proved to be with this type of medication).

Meanwhile, I was also going to therapy sessions. The first therapist I saw worked with me from February of my senior year of high school through the end of my summer break. This is nowhere near enough time for a case like mine, but that isn’t the main issue here. At this point, before I had a good handle on my social anxiety, there were certain people who I just couldn’t talk to and my mom would have to speak for me. This included healthcare professionals; I couldn’t even talk to my therapist!

This first therapist did talk therapy and was dabbling in play therapy. While I was there, I barely said anything to her and, on the rare occasions I did talk, I was very uncomfortable. The mere suggestion of my mom waiting outside of the room was incredibly stressful, so she was there for every session. It wasn’t the therapist’s fault; straight talk therapy just didn’t work well for me. Those months of therapy were mostly a bust, but not a complete waste because I was introduced to fidget jewelry and toys, some which I find very useful at times. It also got me started on using puzzles to keep my stress down, a coping strategy I continue to use today.

That September, I started college and stopped my therapy sessions. At that point, I wasn’t getting anything new out of the therapy and
getting in for appointments with my new schedule posed some difficulties.

Things were okay that first quarter of college, but things steadily declined from there and by spring quarter, I desperately needed further treatment. Given the ineffectiveness of talk therapy, not to mention the additional anxiety it had given me, I needed to try something different. This led me to one of the most life-changing experiences I’ve ever had: cognitive behavioral therapy with neurofeedback. Cognitive behavioral therapy is common and requires active participation in different strategies to change the way one approaches the thoughts and situations that they have trouble with. Neurofeedback, on the other hand, is not as widely used and has more skeptics.

At first, I wasn’t sure what to expect. I was very tentative during the first few sessions. There was little, if any, talking on my part as I warmed up to this new therapist. I wasn’t particularly receptive to some of the cognitive behavioral therapy exercises, but my therapist was patient and we tried some where I could write down my thoughts and worksheet answers and bring them to each session. The neurofeedback helped me get to the point where I could talk to my therapist more and more. Eventually, I could read my written responses aloud. Then, I worked my way up to small talk with my therapist; something that might seem small but was a huge deal for me. One day, she asked if I would be okay if my mom left the room, and I decided it would be. And I was fine! I was talking to a therapist, alone. After some weeks had gone by of me being more talkative and less self-conscious than ever before, we started spacing out my sessions. We went from every week to every other week, then every three weeks, and currently my sessions are over a month apart. I’ve been to 41 sessions and might be ready to stop soon, but not just yet. And it’s not just my social anxiety that’s under control now; my general anxiety and panic disorder have also gotten much better.

Now, if I’m worried or stressed about something, I can successfully reassure myself that I can handle things and everything will be okay. I can talk to people without questioning every word I say. I can talk
to people, period. I can even recognize when a panic attack is starting, whether it's creeping in or hitting me quickly all at once, and I can calm myself down and make it stop. I’m not entirely sure how this works, but I do know that it took a couple years for me to get to this point.

A while back, my therapist was preparing to speak at some event and asked if she could talk about my case. She said that she wouldn’t reveal any personal information. She said that my case is her greatest success story. I went from having panic attacks that keep me up all night to stopping them when they start, from being silent to being talkative, from feeling constantly pressured and afraid to appreciating every moment. In my experience, anxiety disorders are constant factors that never go away, and I feel very fortunate to be where I am today. It’s an ongoing struggle, but now I have the tools to work through it.
A Hundred Games of Cribbage

By: Natalie Fuller
Biochemistry and Environmental Health Double Major and Spanish Minor

“Fifteen-two, fifteen-four, and there ain’t no more”
Heard a thousand times, a thousand ways,

Cribbage weaves a conversational rhythm
Playful counting rhymes like a secret code

The language of the game is passed down the generations
I learned cribbage twice:

Once from my mother, at seven
And once from Gene, at twenty

My mother used cribbage to teach me arithmetic
Now I count games to monitor Gene

Hospice uses crude measures of health
“Two games” is more meaningful than “Moderate decline”

I listen for miscounts, missed rhymes, and missed breaths
A hundred games have cultivated a special intuition

I listen through the prickling silence
Hanging stagnant amid the dust

Between hands, Gene tells me wonderful stories
Of bears, and silver thaw, and first dates in Chinatown

Do you know how to catch rainbow trout in the Skykomish?
Go softly at dusk, and bring shiny bait

On Sundays at 6:00 I fish with gentle silence
And a foil packet of cowboy cookies

I create spaces for stories of a life well lived
And small reservoirs for the challenges of the end
Dementia Caregiver Burnout and the Waiting Room Kiss
By: Ellie Schiedermayer
UW Medical Student, Year 4

During my second year of med school, my brother Dan was diagnosed with glioblastoma. I took a leave of absence to be a caregiver for him, towards the end of his life.

There were joyful moments: like watching the March Madness tournament together. Because his tumor was in the left parietal lobe, he had language difficulties—but he was still able to communicate with a few classic catchphrases. When his team would make a basket, he would have a huge lopsided grin on his face, shouting “I agreeeee!”

There were also heartbreaking moments: like when he had a seizure and no one was home. We figure it took him about 30 minutes to drag himself across the floor to his phone, and he was covered in vomit and blood and rug burns when we got there.

So I know a bit of what it’s like to be a caregiver. But nothing prepared me for the stories I heard from folks caring for their loved ones with dementia. Some of their stories haunted me, and I found it difficult to imagine living as they did for up to fifteen years—caring for someone who often did not know who they were.

I met a daughter caring for her mother who was pulling out all of her eyebrows and eyelashes, and stashing dinner forks and those dissolvable detergent pods in her room. The daughter was sitting in our office weeping, saying “Mom is so upset all the time, nothing I do anymore helps...and she has tried to stab me twice!”

I met a wife caring for her husband—a beloved teacher in the community—he had one of those smiles with the crinkly eyes that makes you feel special, like your own grandpa is smiling at you. But
I’ll never forget what she said: “I feel like he comes in and out of his body, so I don’t want to get too attached...because more and more lately he’s not in there, and I don’t know if I’ll ever see him again.” Her husband, still early in his disease, is sitting there—the smile slapped off his face. We all know his dementia progression is inevitable. He reaches out to hold her hand, as if to say *I’m so sorry*. A sense of helplessness fills the room—this sober sadness that clings to you like a wet raincoat—and I can still feel it when I think about them.

Then, during my geriatrics rotation a few months ago, I heard about this couple: 100 year old Sid and his 97 year old, very demented girlfriend, Shirley. They had been living together in an apartment on the west side for the last 25 years.

First, I met Sid. He was a World War II veteran, and Shirley’s primary caregiver until he called 911 three weeks ago when he couldn’t breathe. They’d been separated ever since. Sid was worried about her, because her memory span was only about 20 seconds. He was still dyspneic and dusky, after weeks of diuresis and coordinated medical care. The geriatrician sat across from him with her hand on his knee, and said, “Sid, I’m afraid you’re dying.” He looked down at his hands—thick with arthritis and a lifetime of hard work—and he agreed. When we asked what was most important to him at this point, he straightened up and said “Her.”

In the next room, Shirley was waiting with Kim, Sid’s daughter-in-law and the primary caregiver for the last three weeks. Kim looked exhausted, and opened with “I feel like I’m taking care of a baby again. I have no clue how Sid has been doing this the last few years!” Kim was sleeping on the floor next to Shirley’s bed each night, because Shirley would wake up in a panic every few hours, and Kim was afraid she would fall and break a hip. She described how Shirley hates to be alone, and so follows her into the pantry, up the stairs, and even into the bathroom. She joked, “I’m pretty sure she would follow a creepy bearded guy into an unmarked black van!”
Talking with Shirley, she couldn’t answer the questions Where are you living? How old are you? Who is Sid? On physical exam she had a whiff of aortic stenosis, but was otherwise as healthy as a 75 year old.

At the end of the visit, the nurse came in and told Shirley someone was waiting for her in the lobby. Shirley popped right up, defying the get-up-and-go test, and started zooming down the hallway. She had one of those slick walkers with the built-in seat and hand breaks, and the nurse had to practically run to get in front of her—because Shirley had no idea where she was going.

Speed walking behind Shirley, my fear was mounting. What if she doesn’t recognize Sid? What if she is flippant with the man who has taken care of her for decades? She could unknowingly deliver the final dagger to his fragile spirit—now on hospice for heart failure.

I didn’t want to see what would happen, but just like a Netflix original series, I was too far in to turn back now.

When we got to the waiting room, Sid’s back was to us, his shoulders hunched in the wheelchair, the oxygen humming. Shirley scooted right up next to him, suddenly graceful as a dancer. She swung out her hip and said, “Hi honey!” and swooped down, tilting up his veteran cap to give him a big, wet, longer than expected kiss! From somewhere came whooping and clapping, which spurred Shirley to go in for another kiss! I was standing there like the proud father of the bride, my heart shouting, “I agreeeee!”

I looked out over the waiting room patrons, who were all smiling, tilting their heads, not sure what they were witnessing. Kim was laughing and crying, and you could feel her caregiver spirit lifting, like the sound of a pinball bonus round going off.

We will never know exactly what Shirley was thinking, but for the caregiver, me, and especially Sid, that kiss was everything.
Hey you,

It’s unreal that after a decade you’re still there, in the corner of the room near the stripper pole and line of empty alcohol bottles. Watching me. Reminding me. Your presence bleeds into all of me, every relationship and interaction and synaptic message sent to my leg to bounce. You’re always there.

I’m older than you now, did you know that? Yeah, you probably did, standing there in your messy, Christmas lit corner. Judging what I’m doing here in a house full of guys. Worrying, maybe. Don’t, not about me. I’ll be fine. (Fine as in that Mark Wahlberg movie that I think came out before you... well, yeah.)

You were the first person to show me a PG-13 action superhero movie in the upstairs of your house while you and my brother hung out. It was to distract me but I think of you every time I see that giant red form of Ron Perlman. I always think of you. Especially in the emotional, rough times where I’m trying to figure out what I’m thinking. I miss you though. I know that.

It’s not just me you float around, like a stereotypical angel on my shoulder, it’s my brother too. It breaks my heart. You break my heart. But at the same time, you keep me from doing what you did, so thank you. Same with my brother. Promises born out of the days after you left (but not really) have kept me here. It’s kept my brother here; so thank you.

I’m sorry I never told you that I loved you in person,
That annoying little sister from across the way.
Understanding the Vaccine Denier’s Mind and How We Can Change It with Empathy
By: Abigail Rose Mendoza
Public Health-Global Health Major

When we have a child, we can only hope we are doing everything to keep them safe and healthy. We make sure they are getting the best food, education, and childhood environment to ultimately to ensure they are healthy. Hence, when we take them to the pediatrician for the first time, it should be a no-brainer to give them the necessary vaccinations in order to protect them from disease. So why do some parents still hesitate to vaccinate?

The anti-vaccine movement is alive, and, dare I say, gaining momentum. Even with overwhelming scientific evidence supporting the effectiveness of vaccines, vaccine deniers or “anti-vaxxers” continue to believe vaccines are harmful and don’t actually prevent illnesses. The effectiveness of herd immunity has been proven repeatedly by the cessation of certain diseases after mass vaccination. In addition, outbreaks shed light on vulnerable populations who do not vaccinate. Who made up 94% of cases in the Clark County measles outbreak in Washington in 2019? Unvaccinated children under the age of 18 (“Measles investigation”). And it’s a shame to say that the disease related to the outbreak is measles – back in 2000, it was eliminated in the U.S. Since 2014, it has been making a steadfast comeback due to exposure to unvaccinated communities (“Measles Cases”).

According to the World Health Organization (WHO), deniers fall victim to:

- Conspiracies that accuse the scientific consensus of having a hidden agenda
- Fraudulent “experts” who tell deniers incorrect information
- Information from untrustworthy “scientific” papers that go against the scientific consensus
- The impossible expectations that a vaccine will work 100% of the time or will have zero side-effects
• False logic that causes them to jump to inaccurate conclusions (“Best Practice”).

Although deniers’ beliefs are rightly accused of being incorrect, it has been proven ineffective to ridicule or blatantly correct them. According to an article from the scientific journal *Political Behavior*, these approaches will only make vaccine deniers feel stronger about their anti-vaccine views, creating a “backfire effect” (Nyhan & Reifler 2010). Ostracizing or casting out these populations creates a similar effect as well. If hard facts won’t convince them, what will?

It is our duty to change vaccine deniers’ views by connecting with them through empathy. By creating a conversation rather than simply stating that they are wrong, deniers may feel more comfortable with opening up about their concerns with vaccines and be more receptive to the information we relay back to them. The key to reaching vaccine deniers is to understand where their views are coming from, whether that be from conspiracies, misinformation, or false experts, and gently weave correct information into open conversations by sharing personal stories or finding common ground. As stated earlier, avoid directly debunking the person’s views and bombarding them with facts. During conversation, make sure to remain respectful of the vaccine denier’s ideologies and use sensitive language. Asking plenty of questions can also encourage them to reflect on their thoughts and share personal stories. Listen to what they have to say, empathize with their struggles, and address their concerns with accurate information in a calm manner. The goal is to make sure they are receptive to receiving new information while encouraging them to be honest with you.

Having open conversations can help deniers realize that they not only put their loved ones at risk but everyone else too. By letting vaccine deniers continue to hold their views, we put so many vulnerable populations at risk, including young infants and those who medically cannot be vaccinated (“American Academy”). We must work together to work against the misinformation and lies that mislead so many people. It’s not that difficult either. Make sure you’re vaccinated, and when you encounter a vaccine denier - don’t
resort to berating them about how their ideas are wrong. Remain courteous, and try to reach them through conversation, common sense, and most importantly - empathy.

Works Cited


Keyboard clacks and raindrop splats fill the second floor corner office. Two young eyes opened wide absorb the scene below: through dancing diaphanous silken sheets a river gray forms and flows over darkening yellow speed bumps. What once was trash transforms, twirling and swirling in an eddy, becoming a boat lost at sea with pirates or pilgrims aboard in search of new adventure.

“Mommy, Mommy!” the young girl cries, eyeing the lonely ship as it sways among the great gray waves. “Look! Mommy, look! A boat! A boat!” “Shhhh, sweetie shhhh. Let Mommy work,” a distant voice replies, keyboard clacks increasing.

A faded and crushed plastic bottle bounds down the little river, bearing closer and closer to the bobbling boat. “Oh no!” the girl exclaims, clutching the edges of her floral dress. “The pirates are coming!” The keyboard clacks louder. “Shhhh Honey. Mommy’s got to work. It shouldn’t be too much longer now. If you’re a good girl we can go get some ice cream once I’m done.”

“But Mommy, look!” the girl cries, index finger outstretched in the direction of the imminent collision. Cumulonimbus cackle and clack, letting loose full curtains of clamorous rain, the bottle, broken, bashed, and beaten bears down on the swirling boat. “Oh no, oh no!” With one quick thrust the plundering pirates
pulverize the poor little boat, breaking it in two.

The little girl gasps and covers her gaping mouth, eyes as big as the sea. With the thrust of the bottle, what’s left of the boat is pushed from the little eddy. Three pieces of the child’s play flow down the river, over the gray-yellow speed bump, growing smaller and smaller. Two wide eyes watch as the tiny river consumes them, growing smaller as they do.

“Mommy, you missed it.” The girl says, her small hands pressed against the window.
“Shhhh, sweetie. Just a little bit longer.” The keyboard clacks, the raindrops splat against the window.
In-between
By: Anna Lee
Neuroscience and Dance Double Major

In: she breathes.

On stage, the first click: the lengthening of her spine and hollowing of her arms, as if she’s making room for the tree trunk that’s almost too wide for her to hold. Uncomfortable at first, but, together, they’re making it work. The delicate space begins to grow as the disconnected monologues flow together. Eight notes—a conversation.

Yet they don’t own this stage, the music and her. There’s a special in-between space that the others cannot see. It roots itself firmly and stands with its crown to the sky—a fanfare to the people of the sun and stars. As beautiful as the forest created, the story need not beg for an audience. In seconds, between the music and her, No Man’s Land has become but a shared space, an enchanted forest entangling the audience within its vines.

Nature calls to nurture the space, to savor the taste and smell the blossoming flowers on each limb. Don’t hold your breath in this sweet escape; this is the in-between.

She breathes: out.
I traced the left anterior descending artery along the interventricular septum and felt the calcifications easily through my sweaty latex gloves. I pretended these would keep the smell of formaldehyde off my fingers. While I was entering my 9th consecutive hour in the Health Sciences Building, my grandfather was lying hooked up to an ECG sixteen hundred miles away entering his 9th day in the hospital. Similarly crunchy arteries had put him there two weeks earlier, when I knew nothing about papillary muscles or fossa ovales or left anterior descending arteries. An unsuccessful bypass of those crunchy arteries had kept him there much longer than anyone in my family, including my internist father, had expected.

Maybe it’s that I was bleary-eyed from concentrating for too long, or too focused on inscribing the path of cardiac circulation on my memory before my exam, but I felt much less emotional holding a human heart than I’d anticipated given the circumstances. A week earlier I couldn’t stop thinking that if I’d just known a little more, I’d have been able to help. It wasn’t a logical feeling, but I had it. Then again, sometimes things are both true and illogical. Heisenberg wrote a mathematical equation (logical) that says things might be in two places at once (illogical). I’ve felt a balance between conflicting truths often since starting medical school. Call it dialectical thinking or quantum mechanics, it pops up in the gray areas in clinic when it’s hard to choose one answer. There might be a balance between patient autonomy and patient safety, procedure cost and predicted outcome, thorough assessments and running behind, potential risk and desired benefit.

Immediately after the surgery I knew enough to worry, but not enough to help explain anything. I knew enough to know that it was bad when they suspected an infection in his incision, that the possibility of osteomyelitis was worse, that the culprit was likely a skin-dwelling gram-positive organism like Staph aureus or epidermidis, that the vancomycin they gave him through a picc line—ironically another classic site of infection—was bad for his kidneys,
and that the infection would spike his sugars even higher than the post-op inflammatory state. I didn’t know how worried to be or how common this kind of mistake is, or even if it was a mistake at all. After the initial shock of my grandpa’s re-admission, I spent some time thinking about how maybe this was just one example of the quantum uncertainty that I always thought was the most magical part of physics; the idea that theoretically if you walk into a wall enough times, one of those times the charges will arrange in such a way that you can walk right through. Maybe the fact that this piece of artery used for bypass was now full of thromboses and entirely useless was a chance accident. That wasn’t satisfying.

I know my father is a good doctor even beyond the biased glow my admiration for him casts. Because of this, next I thought about how I (he) wasn’t entirely convinced that the surgery was indicated in the first place, especially right before the holidays when everyone is more stressed—but pretending to be more relaxed—than normal. I was mad the physicians supposedly holding my grandpa’s best interests at heart (pun intended) had suggested the surgery, mad they’d switched his care team nearly every day, mad they couldn’t explain things clearly to my grandma so that she could pass the story on to my parents so that they could pass it on to me, mad that his primary care doctor took 24 hours to call him to say his ECG four days after surgery was abnormal, and mad that his surgeon took another four days after he was readmitted to show up again to explain what the plan was to fix things.

I vowed to always remember the feeling of hypervigilant helplessness I had watching my grandpa in the hospital. It wasn’t quite like caffeine, but made me shaky and prevented me from sleeping in the same way. I vowed to become a doctor who never did something to allow such a communication breakdown or provoke this feeling in any of my future patients or their families. And while perhaps righteous, that wasn’t satisfying either.

I started medical school in August, and although I knew it theoretically, my first eight months have shown me that it’s a profession full of normal people with hopes and dreams and commitments outside of the hospital or clinic. That’s what I admire
about the clinicians who teach us, share pearls about difficult encounters, see their own patients, support kids and families, bake, paint, exercise, sleep and still make time to hold individual meetings so I can ask questions about my future. It’s what I admire about my classmates who study for hours and get excited about the way our hearts grew from puny lumpy tubes into muscles that pump 5 L/min, but also find time to cook, watch TV, call friends, climb mountains, ski down them, drink beer, champion causes, raise children, and support family, friends, and each other. And yet, when I think about the surgeon who operated on my grandfather, who I’m sure is a good person with the same obligations outside of medicine that I admire in so many people I’ve met since August, I don’t have those same feelings. I have a bite-my-lip-so-I-don’t-cry feeling and an ache that asks how he could have possibly thought it a good idea to put my 77 year old diabetic grandpa through hours of open heart surgery for a procedure that didn’t improve his coronary blood flow and instead left him with an infected sternum and two more procedures requiring anesthesia. It probably has nothing to do with the fact that he has a family and interests outside of medicine. It probably has to do with the fact that hospitals aren’t good places for old people and there’s inherent risk in every procedure. It probably has to do with the fact that the human body’s beauty and the challenge it poses is that we can’t predict anything entirely accurately. There’s some quantum uncertainty manifesting at a macro scale. But somehow, instead I’ve invented a story about how he and his team were careless and ready to go home for the holidays, which I suppose is also very human.

Standing in anatomy lab that night, holding a human heart, I felt exhausted. If I was a better person, I would have been focused only on the absolute privilege to get to learn in such a real, deep, personal way, which few people get to experience. I thought about that a little, but I also thought about how there was an itch on my forehead I was trying to avoid scratching with my soiled gloves and how this whole practice of medicine business is utterly hubristic.

Thinking of my grandfather and his infected incision, the idea that any team of normal, imperfect human doctors could minimize the risk of even the most minimally invasive procedures acceptably
seemed impossible at that moment. I know that the consequences of failing to leverage what medical knowledge we do have is even more unacceptable, but suddenly, it seemed different.

This wasn’t the first time someone I love has been sick or in the hospital, but it is the first time it’s happened since I’ve started medical school. It crystalized the ways this training has made me feel both more aware of pieces of myself I don’t want to lose and simultaneously like an entirely different person with responsibilities for which I’m not sure one can fully prepare. I know our best is all we can do, but that doesn’t seem good enough. I feel very far from a place where I could ask someone or their family to put that kind of trust in my best.

Medicine is all about the balance of what we know and what we don’t. The pathophysiology we notice, but can’t explain at a molecular level; the mean or median survival data extrapolated to help predict the future; the gene regulation turned on and off by environment, but whose consequences aren’t fully understood. I thought that this uncertainty would change after my first year, or maybe after clerkships, or maybe after residency or maybe after years of practice, but my seeing my grandfather, sitting in the hospital on an insulin drip with a cracked sternum, has made me rethink that. I trust future-me will be better able to deal with certain uncertainties, but I also suspect that my colleagues and I will never be as sure as we’d like.

And I guess the fact that we still carry on in the face of such uncertainties is the hubris we accept when we dare to think we can learn enough to diagnose and heal. It’s necessary hubris, but hubris nevertheless. I looked around at my classmates standing next to me, also holding hearts in their hands. I already have the utmost respect and love for them. They have been a key source of support during this crazy journey. I know they will be great doctors. I couldn’t quite square that with the feelings that still nagged at me about my grandfather’s providers. I want to be able to refer my family members to my classmates once we all finish training. I trust them and I trust their best. And yet, I have a sneaking suspicion that the
classmates of my grandpa’s surgeon would have said the same thing about him and would want him to do their family’s surgeries.

Maybe all this story says is that in ten years I’ll be managing blood pressure and diabetes instead of performing heart surgeries. And in the end, I can’t help but think, selfishly, if anything good comes of this, it’ll be that I’ll always remember the care that my grandpa received and our reaction to it. It is perhaps the most affecting, personal, and intense reminder that the only thing that’s really certain about medicine is that it’s an entirely human endeavor, which ensures both its amazing power and its imperfect uncertainties.
Hey there,
just me waiting
between folds of steel.

I can help you
I'm sure as hell better
than paint chipped nails
that leave small crescents on your palms;
Keratin shouldn’t cut
especially when I can make things easier.

Rule #9 keeps me around
I know I know,
gotta make the old man proud.
Plus I make you feel
prepared... and look it too.

Break toys
out of plastic cages,
a stray purple string from
that thrifted hoodie. I even
open envelopes and
keep their contents a secret.

I haven’t opened you, yet.
I haven’t sliced through your skin
and let all the toxins flow out.
The tattoo gun helped, when you first got inked,
so why can’t I?

Please let me help
just a little,
just a small incision
on the base of your wrist.
Stop waiting for a surgeon’s blade
to provide an acceptable form of release.

I won’t tell anyone.

It’ll be our secret.
The world breaks everyone and afterward many are strong at the broken places. The text could have risen off the page and taken on a third dimension. My fingers fumbled as I tried to grasp those words and cradle them in my own two hands. The effort was futile, for they were equally as evasive as they were tangible. But over the years, they gradually came back to me, one by one.

I was seventeen when I first met Ernest Hemingway. Our lives collided in the musty, sunlit classroom that housed my high school American literature class. From the moment I first encountered Mr. Hemingway, I was inexplicably captivated by him. Perhaps it was his poetic wisdom and philosophical inquiry that attracted me. Perhaps it was his aura, which I imagine smelled of gunpowder, vermouth, and Cuban cigars. Or perhaps it was his ability to convey the human experience in such a raw yet eloquent manner.

Hemingway, of course, was dead when I met him. He had taken his own life some fifty years prior. His existence was sustained by a legacy codified in the pages of his twenty-two novels. He communicated with me through these literary masterpieces, narratives characterized by artistic prose and melancholic themes. My captivation with Hemingway was not merely motivated by the excellence of his craft. Rather, it had to do with a certain understanding, a familiarity, a discomfort that coursed through me as I turned the pages of his books. As I read Hemingway’s portrayals of uninhibited passion and insurmountable pain, the recognition became unmistakable. In the vulnerability of his text, I saw my own reflection, as if staring into an untarnished mirror.

I live with bipolar disorder, alternatively known as manic depression. In popular culture, this title carries a certain romanticism, one that depicts sufferers as “tormented artists” and “pillars of creativity.” And while bipolar is certainly linked to a more imaginative thought process, make no mistake: nothing about it is romantic. Nowhere on the spectrum of symptoms – from euphoric
mania to crippling depression – is there a single experience worth glamorizing.

Manic depression broke Hemingway. In a way, it also broke me. Over a very short time, it fractured my life as I knew it, scattering the pieces like shards of glass across a limitless surface. It seemed all but impossible to collect the remnants without tearing open my very being in the process. Every part of me cried out in anguish as I wondered how I could ever possibly reconstruct a normal life, how I could possibly fix the relationships I had destroyed, how I could possibly ever feel anything that resembled joy again. I contemplated my own mortality constantly, wondering if my life had any significance in this cruel, awful world. Existential crises weighed on me with a suffocating force. At night I would scream into the endless void, begging some higher being for answers I knew I would never receive.

Recovery has been a long and arduous process, one that has not exactly satisfied my need for resolution. But over time, it has produced a rather profound realization: The world really does break everyone. It can outright shatter those of us with mental illness, but it can inflict comparable damage on those without. The universe also tends to get creative in the ways it chooses to break us; abuse, grief, heartache, and disappointment are merely a handful of examples. Since my diagnosis, I have watched the world inflict horrific pain on my relatives, friends, and acquaintances in a multitude of ways. Through this observation, I have come to learn that brokenness, regardless of how it manifests, is universal. Pain is a fundamental aspect of our human existence. And though our individual experiences of suffering may differ, we can take certain comfort in the solidarity provided by our collective brokenness. I know that I will forever have to contend with the same disease that prematurely stripped Ernest Hemingway of his life. But I also know that I am not alone in my circumstances. And in an unusual, almost nonsensical way, that gives me extraordinary hope. After all, we are all broken – that’s how the light gets in.
"Hey Dad, tell me about Jesus. What does he look like?"

"One time Jesus was begging in the Walmart parking lot," next to some metal shopping cart corrals annealing in the desert sun. He wore ripped and faded blue jeans brindled with dirt and grime. A long gray beard hung over his thin, concave chest, and the skin on his arms was tanned to a leathery crisp.

"He, took the form of a blind homeless man," Dad said, "It was a test."
"Oh yeah, did you pass?"
"I gave him a buck and some water."

I propped my face up with my fist, my elbow resting on the concrete table outside 7-Eleven as he told me the story. I looked into his eyes, through his words, to see his vision of Jesus. I saw pigeons pecking at stray French fries and doughnuts dropped onto the black asphalt of the Walmart parking lot. I saw a man with a long gray beard stretch out his withered tan hands. I saw his arms extend outward, remembering the cross.

We sat in silence for a minute, listening to cars wiz by.

"What else? What about that time you saw him in the sky?"
"He was ten thousand feet tall, all white" a consecrated cloud standing upright through the blue expanse of sky. Crepuscular rays of light radiating circularly around him, filling the sky with angelic streams of sunlight.

"Satan was with him." "Yeah? Why was he there?"
"He was all white too. He wore white sunglasses. One time I saw Satan in my room, he was four feet tall. His name was Oden. There are nine different
Satans, Oden is the Satan of the US and the UK. "Oh yeah? Did you like him?"
"Yeah. He was pretty cool."

"What else?"
"I saw Jesus at the mental hospital once."
"Oh yeah?"
"That was one of the first times I saw him."

"What did he look like?"
"It was just a flash, but he was wearing white, walking past my room."
"Did he work at the hospital?"
"No"
"How did you know it was him?"
"He told me."

"Do you think other people saw him too?"
But only if,
By: Alyssa Kearns
Intended Business Major and Diversity Minor

Let me fold
all the edges of my mind
and slide through this dangling cage
with a view of the misty clouds
and crawling dots
way way
below.

Let me go
tumbling
tumbling
d
ow

drifting gently
like a loose flyer
fluttering through the
wind
waiting
to hit
the earthbound ground
to

and let my skin bubble
on the black concrete
like an egg sunny side up

away from
the cavernous whispers
that tell me silence
is one step
through these gates.

Let me grow
a voice strong enough to
sprout angel wings
that could cut through
the whispers and save me

But only if,

Note: The above piece was featured in Capillaries’ Winter 2019 edition and is re-published here in its full form due to an error made by the publishing team in the Winter edition.
How does one go, from being cared for, to caring for? The Joy, the Pain, the feelings in between, at times, are hard to reconcile. It’s a Privilege, and a Burden. When the pillars you built your life above the rock of your faith, struggle and fall, who is there to pick them up, but you yourself? When it is your Father and You, to care for those who nurtured you, gave life to you, and backed you in all your endeavors, you struggle to take care of yourself. Repast to recompose yourself, is all but too necessary.

When I was a little boy, my Grandparents lived in Tacoma, east of I-5, near the Tacoma Mall. Whenever my Grandpa and I wanted to get away from Grandma and Mom, we would go through the Garage, into the Motorhome Barn he built, and we’d go into the old Pace-Arrow motor home. Grandpa kept a stash of mini-cans of peaches, fruit cocktail, and mandarin oranges. We’d crack open a few cans, eat, and talk about anything and everything. It was the best of times, as it was just me and him; the closest we’d come to just sitting on the edge of a dock-fishing.

When my mother slipped and fell walking to a Doctor’s appointment on a cold and icy day, Grandma and Grandpa came up to take care of me. During that time, Grandpa taught me to eat salad. Grandpa and I have this special bond- as I have been the only grandson really around him. He has been so proud of how far I have come. Still though, I have much to learn from him, and am still learning from him daily. He’s been there from day one, and I don’t know where or who I’d be, without his care.

When Grandma’s dementia grew worse, coupled with a fall on a patch of Ice on my Mother’s 40th Birthday, Grandpa moved her out to Spanaway, to a nice house out in the country. Mom would take me every weekend to their house, and she would care for them both- though mostly Grandma. Grandpa and I would still do stuff
together, but things radically changed. No more walks to the convenience store up the hill for Ice Cream, and long walks back. No more walks to the park. No more riding the big wheel down the hill of a street 42nd was. Though a Shell Station was (and is) a fifth-of-a-mile away, but we never walked down there. Things were completely different, but something developed between me and my Mom in those years, something I’m grateful for.

After Grandpa and Grandma went to bed, we’d stay up for another hour or two. We’d flip through the channels- as we didn’t have cable at home then, we also would talk, eat cans of Pineapple, and Coffee-Cake Muffins. We would get the jar of nuts from the kitchen too. Over those years, the bond we formed, strengthened and has endured. It was this time together, which helped me weather the storm of my Grandma’s slow and long decline; it shielded me until I was old enough to fully comprehend and cope with the reality, of my Grandmother’s slow and long decline.

During the days, I’d work on Homework, or watch TV in the back, while my Mother and Grandfather struggled with caring for Grandma. It took a huge toll on them both. For my Mother, it was Physical. For my Grandfather, it was Psychological and Physical. The pain of powerlessness grew in me, as I got older, hearing my Grandmother suffer, my Grandfather and Mother struggling to cope, accommodate, and handle Grandma- in her declining mental, neurological and physical health. It was just them taking care of Grandma. I wish I could have helped, but I was too young. It was painful to hear the commotions in the Kitchen and Living Room, at the front of the house.

Eventually, Grandma passed peacefully when I was 17 (after a long decline). At age nine or ten, I was diagnosed with Asperger’s Syndrome- a form Autism Spectrum Disorder. It explained a lot about how my mind worked, how I had difficulty keeping focus, my extraordinary memory, and anxiety I had- from stressful situations- and how they’d boil-over into meltdowns. I believe that it was that bond I built with my mother, over muffins and cans of pineapple, which allowed me to come out of the ordeal, relatively unscathed. Grandma was a nurse, and knew there was something different
about my mind. It wasn’t ADHD (the rage diagnosis when I was a toddler), and I’m grateful for her intuitiveness. Even though I didn’t grasp the severity of her decline- until later years, an explanation of what was happening to her- could have helped a lot, instead of being kept in the dark.

*****

It is now almost seven years after my Grandmother passed. It’s unsafe for my Grandfather to live on his own, thus, after a fall he took, in my first autumn at the University of Washington (my third quarter) we moved him in with us. The summer before, I became his caregiver. My mother had her seventh back surgery, after she rushed herself to get back to caring for her father, after her sixth. Her brother was of little help; it was just her. I only intended to relieve her for two weeks, but two weeks turned into Three Months. I now care for my Mother- as she is practically bed-ridden. I now care for my Grandfather, as he lives with us now. It is both my Father and myself, who care for them now. I meet their needs while he works full-time, his own small business. My father co-ordinates their appointments, gets their medication, even assists them with matters of the bathroom, dressing them, and even feeding them (if necessary). I do much of the same tasks, when he is not around. Balancing home life, education, and caring for your family is a struggle; the challenge is daunting for a young man of 23. If anything. It is exhausting. My thoughts scatter many a time, but it’s far from disparity.

To be held in disparity, is but to wallow in destitution, when faced with the adversity of daunting tasks. Do I wallow, withdraw, and cower in fear? If that is what I do, then it is dishonorable to who and how I was raised to be, as well as to those who raised me. My Father gave his blessing to my Mother, to care for my Grandmother and Grandfather. He also promised my Grandmother that he would care for and love her- to his dying breath, only revealing that bond at Grandma’s memorial. I look to them all, and realize I could never turn my back on them- especially in time of need, but also, that I must take care of myself- to be in top form to care for them. Hospital visits mean I must be home to take care of either my mother or grandfather, when the other’s out. On days not at the
University, I must sometimes fight my way to be able to finish Assignments for my courses. The stress of everything could drive a normal soul insane. For a Person on the Autism Spectrum, it is unthinkably grueling - but I'm living it. I live it not by necessity; I live it by choice.

At the end of the day, after even my own father is asleep, I sit back in my office chair. Finishing assignments, working on personal projects, decompressing from the day’s work, I long for ease of the burden that my Father and I lovingly bare. When my Grandfather’s brothers and sisters thought his fall was his end- my Father said “No.” I struggled for months after Grandpa’s fall, to accept it wasn’t my fault, and still do. Grandpa’s more vibrant and joyous; his siblings all rejoice, and praise my Father and me, with respect and reverence for what we do. However, I struggle still hearing my mother’s wincing and shrieks from the pain she’s still suffering from. To see two of your pillars suffering daily, is hard to fathom for a normal soul, but for me, it’s reality- a living, daily reality.

Late at night, I walk from my desk in the corner of the living room, to the kitchen fridge. All alone, I open the lower door of the large white monolith. On a lower shelf, is a little group of cans- steel cans, varying in size and stature, Mandarin Oranges, Pineapple chunks, even the odd glass jar of Peaches, all chilled, all firm, all holding sweet memories. I walk out to my Father’s office freezer, and where vending machine product waits, is a package of coffee-cake muffins- with all their crumbly sweet topping, and strong lines of icing. I grab one, and warm it slightly in the microwave. I grab two cans from the fridge- the oranges and the pineapple chunks. I have my late-night and wee-morn delight of sweet memories, of the bond between caregivers and those they care for, and how now I care- for those who cared for me. The sweet memories of joy, of times in a Motor-Home long gone, of Late Night cable reruns, of talking about everything and nothing, of coffee-cake muffins... Of Love, and Canned Fruits.
I see you with your brilliant smile, laughing at every quotable comment and demanding they be added to the chalkboard.

I see you with your wild black hair, throwing off ridiculous facial expressions every time I glance your direction.

I see you with your sarcastic banter, and relentlessly lewd comments that make my face flush and eyes roll.

I see you with your random song, belting out the lyrics to Josh Groban while driving through Tuesday night’s remnant snow.

I see you with your middle finger, at this point an automatic response so it carries as much weight as chalk in the air.

I see you with your dancing eyes, masking pain no one notices, but I know what to look for in those amber green rings.

I see you with your drinking habits, because partying is a blast and the buzz blocks life’s noise.

I see you with your kind soul, how you care for those around you the best sort of father, brother and friend.

I see you with your carefully constructed façade, and I see the boy behind your walls.

I see you.

because honey, we’re the same.
Listening in 55-Words
By: William R. Phillips, MD, MPH, FAAFP
Professor Emeritus of Family Medicine at UW

I.
Two high-risk children. The mom, just 13, working the streets, living chaos complicated by heroin and spirochetes. I was surprised to see her new baby cared for with confidence beyond her years. The woman stood tall and declared: “Who do you think took care of all my five older sisters’ babies? My Mama and me.”

II.
Running late in clinic, I apologized: Someone that morning needed more time than scheduled. I didn’t say if it was depression, miscarriage or cancer, or all three. My next patient reached for my hand with understanding: “Someday I will come in with a special problem and I know that you’ll make extra time for me.”

III.
I listened from the hall, taking in the four-part harmony. The hospital room was so filled with family and music that I didn’t quite fit. “We’re just helping grandpa cross over,” the eldest son explained. I sat alone until the journey’s end. Chorus completed, fourteen silently filed out, nodding to me as their witness.
Opium vs. The Buddha
By: Lan Remme
English Major

“Religion is the Opiate of the Masses” Karl Marx
In 2017 47,000 Americans died from opioid overdose.

Tsunami Waves of pain rack my body
Aftershocks numb my soul. Waterboarded,
I gasp for air.

“Oh god, make it stop. Lord hear my prayer.”

Lady Opium, Enchantress, siren, serenades “Come to my blue
green isle,
I’ll lavish you in warm fragrant oils,
My lovelies will salve you, cares will wash away.”

Lord hear my prayer.

“I have beauties in abundance.
Morphine, Methadone, OxyContin.
They will serve you. They will win your love.
Joy will return to your house.”

“Lead me not into temptation.”

“I am the answer to your prayers. I am the lost lover of your
dreams.
I will embrace you, clutch to my bosom. Ecstasy will rule your
house.”

“Deliver me from evil.”

OxyContin perfection, eternal peace.
Concise, compact, concentrated,
Potent, pure white angel, heaven sent.

A simple pill to swallow. A potion to heal the soul.
“Deliver us from evil.”

Dear OxyContin, I need you, you are the air that I breathe the love of my life. I can’t live without you,

“O lord hear my prayer.”

My wounds have healed, The ache is gone, I quit you Lady Opium. Your price is too high. You consumed my soul.

“Lord hear my prayer.”

“Fool, I will not leave. I am your your new wound, I am the lesion on your brain. I am the craving of your soul.”

“Have mercy upon me o lord. You betrayed me Lady Opium. You promised eternal bliss. I am shackled in your prison. Is there no escape? O lord show me the way.”

THE BUDDHA SPEAKS

“Follow a perilous road into the trees up a mountain along a narrow precipice. Do not slip and fall. Enter a cave with seven doors. The first will be last and the last will be first. Beyond the final door You will hear the sound of one hand clapping. Throw off your chains and enter. The door does not close behind you.”
Sweet Willow
By: Noah Jacobsen
Japanese Language and Literature Major

I. Oh, sweet Willow
   I have never met
   A Willow as I remember
   You-- massive
   As I have never
   Felt another Soul.
   I fear a thousand
   Dead buried beneath
   You still call to me
   Living in a panoply
   Of voices estranged
   In scarlet capes and
   Gently growing branches
   Like the flowing
   Hair of fair beauty.

II. When I was a kid
    you reached to me
    In a slumber as I
    Slept through the fire
    Of the library at the
    End of the gravel driveway.
    I could not see you, but was it
    You who was my dreams
    Hidden in a cloak
    The shade of nightmare
    And the scent of sweetgrass
    For our horses? Your glowing
    Branches, sweet Willow.

III. You would not believe
     What has happened to
     Me now, Willow. Since
     Our dreams I become
     Unentwined, lost all
Memory of you but
What little lets me recreate
You in a way you
Never existed. Wherefore
Will you choose the chosen
Laughters of tomorrow?
Clouds encumber as we
Waltz with the feet and root
Swift enough to let sad Morning
Sleep with herself.

IV. Oh, sweet Willow
You must have died
Some time ago. It must
Have been when I
Had that lucid dream,
When I heard beasts
Behind every door, and
Walked waist deep in
A swamp in my own home. You have met
Your fate, but I know
We are still entwined
Somehow like the poet
And his mentor’s mentor, or the sea
And the sky on the ocean.
i think that when i turn fifty
the hair on my arms will grow long and dark
until i am sasquatch.

sasquatch,
who lives somewhere inside of me.
sasquatch, who has always reminded me of my father.

if i picture him in his twenties,
close to the age i am now,
he is living in the basement of someone else’s home,
enclosed in a circle of empty bottles.
i wonder if
(back then)
he ever felt the way i sometimes do,
full
of a desire to press my thumbs
so deeply into my skin
that i begin to split open,
into a version
of myself
without memory.

there are some questions i do not trust myself enough to ask.
instead, i say “if you were bigfoot,
would you be lonely?”

somewhere through time, someone
on a far away couch calls back,
“no.”
We need to write more love letters. And we need to send them.
By: Aleenah Ansari
Human Centered Design & Engineering Major and Comparative History of Ideas Minor

I’m lucky to have so many people in my life who have changed me for the better, and I think the most beautiful and vulnerable gift I can give them is a piece of writing where I express all of this and more – that’s why I’m a big fan of love letters. Each one is a chance to express love as vividly as possible – no 140 character limit, no pressure for likes and views – instead, it’s about me and you connecting and reconnecting.

The thing is, I often plan out love letters in my mind or write them in the margins of my notebook but never send them, or even in the aftermath of a lost relationship, but that means that these letters rarely see the light of day. Also, I have a bad habit of forcing myself to move on, which means that I delete every memory and trace of people in my life so I can’t return to them with wistfulness. This often starts with throwing away every polaroid, note, or gift from people who are “part of my past.” In the process, I’ve forced myself to let go of relationships that were fulfilling because I knew that moving on meant forgetting the memories I used to cherish. I thought that “moving on” was synonymous with “deleting everything in existence.”

This all became clear to me when I found this box of letters from high school. I immediately rifled through it and found a letter from someone I loved at a time, and my best friend from all of high school. In that moment, I was struck by how much she loved me and the fact that I let it all go for some half-baked reason about how our lives were going in different directions. I remember almost throwing away this box of letters because she wasn’t in my life anymore.

But in this moment, I realized just how grateful I was that this letter was a tangible reminder of our friendship. I remembered all the
times my friend would drive me all the way back home after football
games and high school dances because I didn’t want to bother my
parents. I smiled at all the inside jokes and nicknames for old flames
that don’t burn so brightly anymore. In this moment, I recalled just
how important my friend is to me - it wasn’t something confined to
the past.

I can’t take a love like that for granted, especially when it comes
from people who have changed me. And I don’t want to do that
anymore. I don’t want to buy into my old mentality that
relationships hold me back, that my career and myself are all I have,
and that people don’t have the power to change me.

We don’t always hear apologies from people who hurt us.
Conversely, we don’t always know that we’re impactful because we
never seem to tell each other until later. I remember seeing all the
artists that posted their condolences for Mac Miller’s death and
wondered if people told him directly about his impact during his
short life. I remember Kehlani writing, “check on your friends, even
the strong ones” and asking myself, when was the last time I made
space for someone to tell me about the things that weighed on their
heart? I think about my teacher who was fired from my high school
and all the love that poured in on his behalf, and how he passed
away a few weeks later in a car accident. I hope that hearing those
words of affirmation from almost 20 years of students was a
reminder of how powerful and transformative force as an educator.

My point is that we have to tell people we love them right now, not
just on their birthday or special occasions. We have to write letters
and send them. We have to tell people that they matter to us
because if we don’t, people will wander this Earth thinking that their
lives don’t make much of a difference. And nothing is more
important than the people who were there for you and me and us
when everything was falling apart.

So do me a favor and text, call, or tell someone that you love and
appreciate them. Tell them how much they’ve changed your life.
Call your high school or college best friend and tell them how much
they still mean to you, and that you hope they’re doing well. Tell
your parent or caregiver or mentor that you’re grateful for their presence. Chances are, it’ll make their day and remind them just how much of an impact we can make by expressing our gratitude out loud or on paper.
Editor Bios

Alice Ranjan is a junior studying Microbiology and Molecular/Cellular/Developmental Biology with a minor in English. When she is not peering at cells under a microscope, she can be found reading, writing, and listening to Rachmaninoff’s Piano Concerto No. 2 on repeat.

Maddy Bennett is a junior studying Psychology and International Studies and aspires to work in conservation. Aside from listening to electronic music, Maddy also enjoys stand-up comedy, knitting, and chilling with friends.

Fleur Anteau is a junior studying Biology (Ecology) and History with a minor in Environmental Science. Passionate about foraminifera (which no one has ever heard of!), she can often be located behind a microscope. When not in the lab, she loves to read, garden, and be nerdy with friends.

Gal Snir is a junior studying biology and dance. Through the lens of movement, she loves to study how folks connect with each other. She hopes that this issue of Capillaries, with all its wonderful submissions, sparks greater understanding amongst its readers.

Ragini Gupta is a junior studying Journalism (Communications) and Creative Writing (English). She is in the process of combining her love for poetry with narrative journalism by exploring topics in mental health, race, and sexuality – to name a few. She loves interacting with artists through poetry and art.