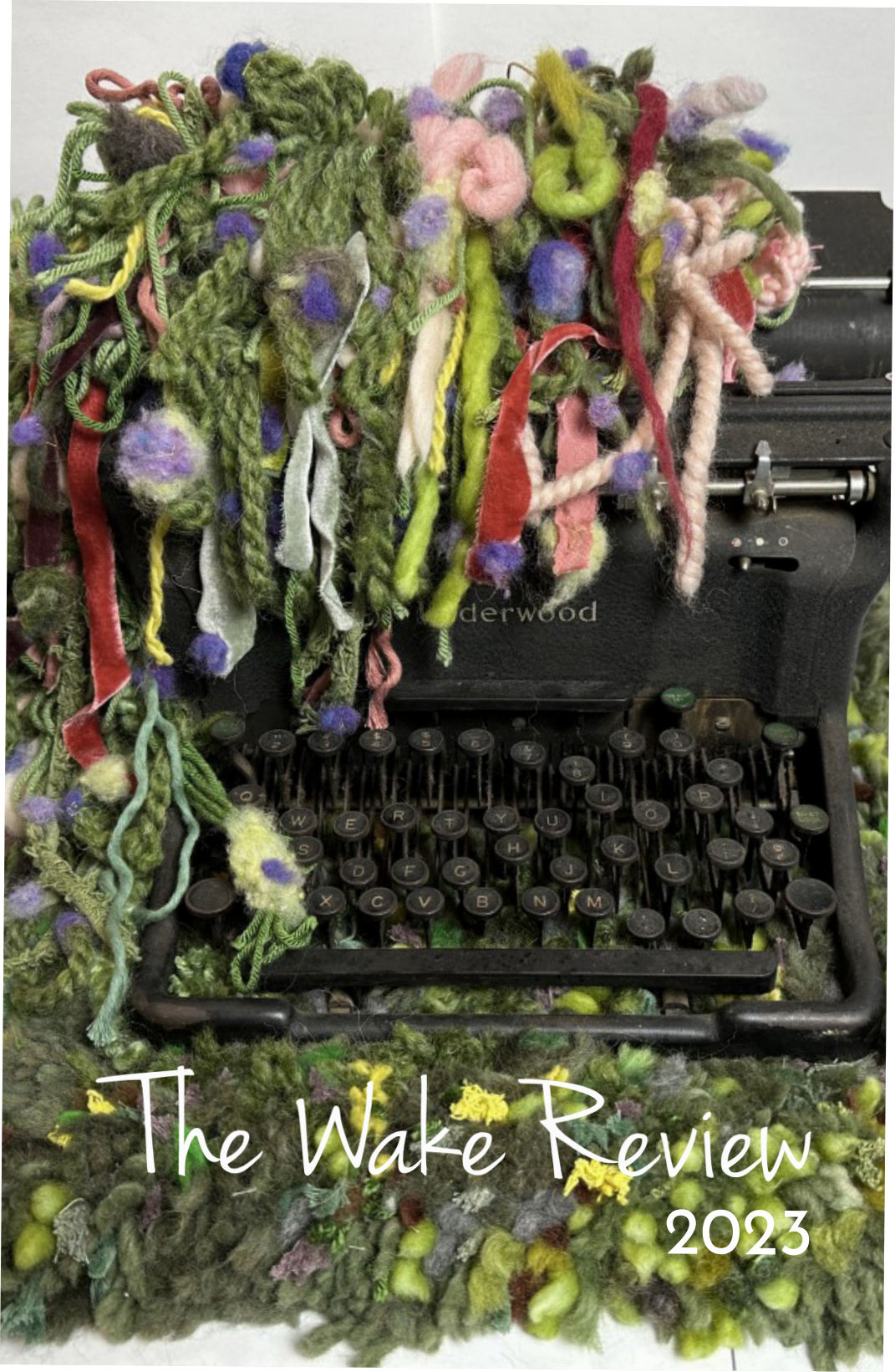
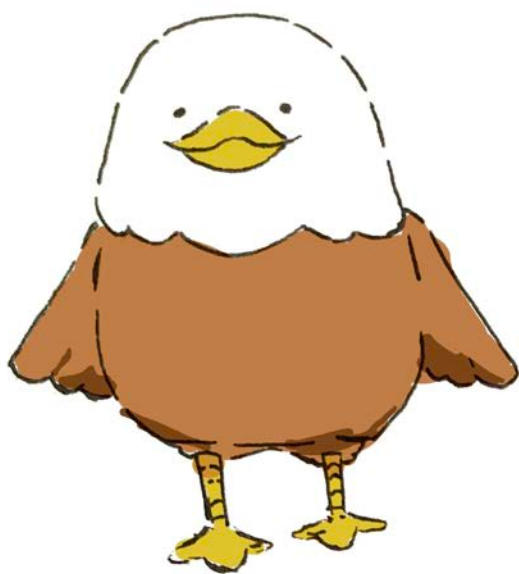




The Wake Review

2023



The Wake Review

literary magazine and club

Mission Statement: The *Wake Review* is a student-run creative journal at Wake Tech Community College which seeks to provide a forum of the students, faculty, and staff of Wake Tech to express themselves through literary and artistic means such as poetry, fiction, non-fiction, and visual or audio arts. At the *Wake Review*, we believe Wake Tech should always have a place for its creative voice.

Submission Policy: The *Wake Review* accepts content in the following categories: fiction, non-fiction, poetry, photography, and multimedia arts. Example submissions include short stories, essays, poems, screenplays, pictures, sketches, paintings, computer design images, videos, music, and more. If you are interested in submitting your work to be published, visit our website at <https://www.waketech.edu/divisions/liberal-arts/wake-review>.

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Only a small portion of the quality writing and art submitted by the students and faculty members of Wake Technical Community College can be selected for publication in the physical edition of the *Wake Review*.

The online version of the magazine allows us to display the works of students and faculty that were not chosen as finalists but still deserve exposure.

To view the online edition of the *Wake Review*, visit the following website:
<https://www.waketech.edu/divisions/liberal-arts/wake-review>

Cover photo: "*Tools of Our Hands*" by Karen Hester

Letter from the Editor-In-Chief



Henri Matisse once said that “Creativity takes courage,” and I couldn’t agree more. The act of creating something from scratch, whether it be a piece of writing, a photograph, or a work of art, can be a vulnerable and brave experience. It requires us to share a piece of ourselves with the world, to open ourselves up to criticism and feedback, and to be willing to learn and grow from our experiences. Through the act of creation, we can connect with others, share our

experiences and perspectives, and explore new ideas and ways of thinking. And through the act of sharing, we can inspire others, build community, and create a sense of belonging.

With this quote in mind, I am delighted to present the latest issue of our Wake Review Literary Magazine, showcasing the creative talents of our students, staff, and faculty. This magazine is a testament to the courage and creativity of our community. We are proud to feature a range of works that celebrate the diversity and richness of human expression. We hope that these works inspire you, challenge you, and move you. And we hope that they remind you of the power of the arts to connect us, to help us understand one another, and to bring us together.

Thank you to our club advisors and our editors, whose hard work made publishing this year’s edition possible. It was a joy to work with each of you, and I am so grateful to have been a part of a team that valued creativity, courage, and community. And thank you, the reader, for supporting our magazine and the creative endeavors of our community. We hope you enjoy the 2023 edition of the Wake Review Literary Magazine.

A handwritten signature of Hannah Nelson in black ink.

Hannah Nelson
Editor-In-Chief (2022-2023)

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FIRST PLACE POETRY

Bedside Manner

Tess Ashford-Lavy

my mother's family sits at bedsides
receivers of flowers and well wishes
we convene, a council
of errand runners and small talkers

it's important that the talk is always small
the room is made crowded by our bodies
and the sickness takes up space
earnest words have nowhere to go,
bumping awkwardly against jaw and wrist bone

sit in the habitual sense
we are made for bedsides
pragmatists at heart
absence becomes its own presence
the call starts with i have bad news
and ends with scalpels being drawn

forming perfect skeletal bodies
we cut our tongues, speech stilted
we cut our hands, fitting only around pots, pans, and dog leashes
nerves are struck often, their hollow melody reverberates for
hours against the rafters

FIRST PLACE FICTION

Le Luxe Deluxe

Brenden O' Dell

Le Luxe Deluxe was what the tag underneath Todd Tadwell's fifteen-year-old reclining—as well as materially declining—armchair would have read had he been the kind of guy to climb under there and read it, which he was not. Todd was the kind of man that only sat in chairs, never worried about where they came from or how they worked, and if one ever broke, he'd be damned if he was going to be the one upside down on his back, taking responsibility for fixing it. He preferred things the other way around. Made a habit out of it actually, passing the responsibility of his discomfort off onto others. This insistence had only grown as the years trickled away. The temporal tide taking with it his shame, remorse, and sanity.

Despite his having no interest in the recliner's mechanics, Todd had a real predilection for the *luxury of luxury*. The chair was where Marie would often find him whenever he was feeling anxious or agitated. He believed it was a calming place for him to be, though one can imagine an outside observer politely disagreeing upon seeing the thin-skinned man locked into a fully-forward lurching position, yellowed eyes bloodshot, chair leaning with him, appearing as if it were trying to dump his fat and bones out onto the floor, all the while Todd rubbing both cloth armrests until his hands became too hot from friction and he had to stop. The chair used to have thin, washable, carpet-like arm protectors, but Todd lost them years ago, and ever since, the sides of the recliner had been building up a hard wax-like substance over them.

Nearly completely smooth now, Todd thought while continuing to hound each side of his chair with frictional fervor.

Marie believed the waxy buildup was due to the cloth melting down

from all the heat mixed with dirt and oil from Todd's sweaty palms. "It's my chair and my problem," he would snap if she tried to make helpful suggestions, like cellophane, which reminded him too much of his own increasing translucence, or stress balls, which felt to him like an admission of stress; a trap.

Todd's palms had always been extraordinarily sweaty. Dripping-faucet sweaty. One time when he was twelve or so, his mother made a rule for dinner: Todd was to keep his hands flat on the table whenever he was not using them to eat. That was because she had realized, after an embarrassing incident involving a dropped fork, that Todd would compulsively rub himself over his shorts as the family ate. Not wanting the embarrassment to spread further, she told his father and sister the new rule was because of his impolite, incessant fidgeting. It did not take long, however, for the flooding salty sweat of Todd's palms to begin eating right through the oak's veneer. Subsequently, his mother did away with the rule, and Todd went back to touching himself slowly and nervously through his shorts underneath the table; him trying to be more discrete, his mother trying not to notice, putting it out of her mind with a single word that Todd never forgot: *phase*.

Marie never minded Todd's sweaty palms. She was the first and only woman who ever held his hand in spite of it. A few brave girls had tried before her but wilted from the clammy clasp. When Todd and Marie became a couple, she began carrying Kleenexes in her purse to clean up the spots where he would drip. She didn't even mind his rubbing himself under the table during dinner, though it did keep her from ever expressing a desire to have children. Over the phone, Marie told her mother, "Everyone needs someone to love them, and Todd needs me. It's just... we're still working through some things, and it's not a good environment for kids right now." A defense of her and Todd's sub-nuclear family. After some odd years of this, the aspiring grandmother eventually gave up on asking. She died when Marie was thirty-five. Having secretly held out hope, she left an attic full of dusty wooden toys meant for the grandson or granddaughter that Marie and Todd would have as soon as they came to their senses and felt the biological imperative of self-replication. Though soon after her death, tick went the tock, and time ran out the

clock.

Todd streaked the sweat from his overheated palms across his shorts. *Where is she, where is she, where is she?*

In most modern American homes, nearly all chairs, couches, recliners, beds, futons, beanbags, ottomans, coffee tables, bar stools, driver and passenger seats, even some people's toilets and outdoor furniture, faced screens. Todd's chair, however, did not. Instead, it faced two very large floor-to-ceiling windows overlooking his plain, not-so-special backyard. Of course, Todd did not believe this. He believed that his two very large floor-to-ceiling windows *were* actually screens, and that plain not-so-special backyard was only one—admittedly boring—nature show amongst many other fascinating viewing programs that he could observe from his materially declining recliner. That was, he *could have viewed* if he had not already lost the remote along with the carpet-like arm protectors.

That's the last time I'm buying that bit about the store, Todd said to himself while carving another curious mark into the side of the table leg by his chair. Once he decided the scar was sufficiently deep, he folded up his dull pocketknife and hid it again beneath his *luxury*.

And it wasn't only the two very large floor-to-ceiling windows in front of his materially declining recliner with the crusty wax-like substance covering the armrests that he thought were screens, but also the doors. To Todd, every window and door was an electronic device fit for displaying any and all viewing material. And "Yes, yes, the garage door too," Todd responded once to Marie's inquiries into the details of his psychosis. He had gradually convinced himself of all this sometime during the fourteen years since his involuntary early retirement due to a—more embarrassing the second time in his life—workplace incident involving a dropped pen during a department meeting. His mother's word had failed them both. Todd's compulsive rubbing had turned out *not* to be a *phase*.

He believed this bit about the screens so completely that he would walk around the house completely naked, curtains open, cock dangling, singing show-tunes loudly, and when his wife asked him to cut it out, he'd simply respond in a sickly verse, "Screens only work one waaay, Marieee. The little people in there can't seee or heaar you from the

ooother siiide.”

A baritone if ever there was one. Though, Todd didn't often belt out tunes while alone and would be here sitting quietly, lurched forward in the den, when Marie came home.

Silence was dredged out of the hallway by the sound of the front door shutting, the waves of it wafting disturbance throughout the stillness contained there before.

“Marie, is that you?”

“Yes, Todd. Who else would it be?” Marie showed herself in the den's doorway.

“It could have been one of the channels changing.”

“Dear, we don't own a TV. That's just our yard you're watching, and our neighbors. Ya know, I was talking to Dr. Stevenson, and he said I should try to get you to come out with me, just to the store or anywhere out of the house. We both think it would be good for you to get some air and not be so cooped up all the time.”

“So that's it, huh?”

“What's it?”

“That's where you were? With Jim, not at the store.”

“No. Honey, you know I went to see Dr. Stevenson last week. I just didn't mention what we talked about is all. I was worried you might take it the wrong way. And I did go to the store. I even got more of those instant pancakes you like.”

“Why do you do that?”

“Do what?”

“You call him doctor all the time. His name's Jim. For Christ's sake, Marie, we went to school with him.” Todd breathed deeply and sighed. “Little Jimmy grew up to be a doctor. What a world we live in.”

“Maybe I should make you something to eat. You get so hostile when

you're hungry."

"I don't need anything to eat. What I need is the remote and to know where you keep disappearing to all the time," Todd grunted.

"Honey, I'm not disappearing. I'm going to the store. One of us has to. You haven't left the house in over a year now other than your doctor's appointments. Did you know that? Dr. Stev— *Jim* asked me about it last week, and I had to think for a long time, but the last time you left the house with me was when we went to dinner with the Parnells. You remember that, right? I hadn't realized how long it had been 'til he asked."

A short silence ensued.

Marie dropped her hands as if they suddenly weighed five times their norm, pushing out a whiff of exasperated breath. "Come on. You remember, right? You were very anxious that day. You sweated right through the tablecloth after the waiter brought you the wrong salad. You said, 'A Waldorf is what I asked for, and a Waldorf is what I expect to get.' Ya know, Dr. Stevenson said maybe you're feeling—"

"Dammit, stop calling him that!"

"What?"

"Stop calling him Doctor. It's Jim. Little Jimmy from high school."

"Oh-kay. I'm going to put away the groceries now and bring you some pancakes, all right?"

"Bring the remote too."

At first, Marie had thought of Todd's five-years-too-early retirement as a godsend. She had deluded herself into believing that the majority of his aggravation and anxieties were attributable to the long hours, heavy workloads, and compounding responsibilities of middle management in the fast-paced modern world of corporate America. It wasn't until Todd came home for good and resolutely refused to change one bit—unless you counted his downward slide into himself as change—that Marie had finally come to know the man she was married to. He had been there the whole time. On nights and weekends, that is. But it was as if nights and

weekends had only been fleeting glimpses, while her moments during weekdays and dreams were spent imagining new hopes for the shape of her husband to become something, well... *more*.

But Todd was not something *more*. And what a fine time for Marie to find this out, her gazing forward into the golden glints of years lying ahead. It seemed to her now that his early retirement had done nothing but indefinitely delayed her own. She was the one currently pulling long hours, with heavy workloads and compounding responsibilities, all of which were owed solely to Todd's increasingly dependent lifestyle. Even so, she still held on to hope for more, while also hoping that *hope for more* would be like the toys in her mother's attic. Bequeathed. Bemoaned. Belittled by Marie. Their reckoning of reality—a grand-childless future—coming only posthumously.

In the kitchen, Marie was taking out individually wrapped pancake servings and placing them on a plate when she noticed that the sleeve of her tightly knit cardigan had risen halfway up her forearm. She stared for a few seconds at the dark-brown blotches on her skin, the slight purple outlines around them, and the veins showing through. A memory played inside her, something visceral, implicit, a blurry echo of the youth she had once inhabited, as if her liver spots and bruises were eviction notices stapled one on top of the other, left on the front door of her body through decades and rain until water stains showed on each age-yellowed and wrinkled page; *hope for more* and *reckoning of reality* slowly amassing a final battle scene, their armies of notices and denials brimming past her sweater's hem. Marie pulled her sleeve down then plated the pancakes. Once they were buttered and microwaved, she carried them, along with syrup, to the den, where Todd was still rubbing his hands back and forth across the arms of his chair.

"Did you bring the remote?"

"No, Todd. There is no remote."

Todd gruffed only air while taking the pancakes from Marie. Set in his lap, he scraped at the plate, both knife and fork clutched upper-handed, elbows pointed backward, tines pointed down, a moderate impersonation of a rooster complete with peckish bites. Marie sat on the

edge of her chair—arms and legs made of chestnut, Victorian, with faded ornate florals on its once-plush cushions. A pain shot through her hand. She held it navel-high and rubbed her palm with her thumb, pushing the blood around in circles. Concentric inner and outer limits, doughnut-like, yeasty web of life. Marie longed for the freedom beyond the outer limit, outside of ego and expectation, while Todd pushed inward for that same freedom, past the inside barrier of identity and flesh, the middle meddling introspection of thought, nirvana on low...

“We need to make a change. You have to start coming out with me.”

“Yeah?” Todd took the last bite. “So where are we supposed to be going? Where is *out*?”

“I told you: the store, to dinner, a movie, anywhere. Dear, we must, must make a change. I can’t stay here, cooped up. And neither can you. You’re not well ya’know. This thing with the TVs. Todd, dear, look. There is no TV.”

Todd said nothing, just stared into his two TV screens, awaiting the next squirrel or bird or neighbor to appear and offer him entertainment.

The sun was beginning to fall, and nothing stirred.

Marie took his plate from the side table. She could not see the ten gashes in its leg from her side, could not know what he had done to her mother’s furnishing. Bequeathed. Bemoaned. Belittled by Todd, who held no sentiment for anything, not people nor memories nor objects. Objects which he did not despise, not always, but used. Used fully and completely without appreciation. Never worried about where they came from or how they worked, as long as they worked and he did not have to. People and devices all the same, irritant or comfort, an equality of everything that was not Todd. Him, the world dichotomized. Even his body belonging to the latter category, which he used unceremoniously, rubbing and wearing himself out. His hands were hot again, worn down from the sides of his chair. His heart was worn too. Worn from worry.

“I counted all the way to ten,” Todd said.

Marie turned around in the doorway.

"I waited till I counted to ten. One, two, three, four—"

"Counted what?"

"Six, seven, eight—"

"What are you counting?"

"And ten."

"I don't understand what you're telling me."

"I want you to know I counted to ten before I said anything about you sneaking out to see Jim. I even marked it each time."

"That's ridiculous."

"You tell me you're going to the store, but I know you're not going to the store."

"I was at the store! Who do you think goes to the store? Makes your food, does your laundry, buys—"

"I've seen it for myself. There's no use arguing about it."

"How could you have seen anything? You only sit around here all day. Todd, you're not well. This isn't you. You're sick. We need to get you out of this house."

"I waited till I got all the way to ten to talk to you. But I knew. I knew for sure at nine. I saw it myself."

"What did you see? Huh? How could you see me at the store, picking up food for you, while you're sitting here in your chair? Can't you see you're sick, Todd? Dr. Stevenson only wants to help you. I only want to help you."

"God-fucking-dammit! Call him doctor one more time. One more goddamn time." Todd looked at Marie for the first time that day.

Marie dug her thumb into her palm. Concentric inner and outer circles. She took a step back when Todd rose, blooming from his chair like a frail sickly weed, sunburst from blood flowing fast cyclically through his face. Round and round, Todd's accusation stirred his insides. An agitation no lower luxury could dull. Unless, of course, he could claw his way

inside, beyond his identity, beyond his flesh.

Todd and Marie did own a TV when they were younger. Todd would sit and watch while Marie talked on the phone with her mother. He fell asleep while watching, only half paying attention to anything he had seen anyway. A viewership in halves. Front halves, back halves, and middle halves. Half *Frontline*. Half *Face the Nation*. Half *Chernobyl*, just the ending bits and credits really. Half the life of Siddhartha, the part before the Buddha, the part about suffering. Half the history of atomic theory. Half the dropping of the bomb. Half the explanation of the half-lives of radioactive elements. Half the story of people's lives cut in half by those radioactive elements, arranged and placed inside the bomb that dropped from halfway between the earth and the imagined luxury that more than half the planet called heaven. His own life was only half of half of half too. A division into the infinitesimal. It was curious to him that men could spend their time digging into the structure of subatomic particles. He envied them, not the physicists but the particles. What a great comfort it would be to move inward, to be only the little bits that make up our insides. Guided by a single physical law, hitherto unknown.

Le Luxe Deluxe. No choice. No worry. No concern.

Marie thought the TV had contributed to his “cuckoo notions.” She told her mother over the phone, “I don’t know how to fix this. He won’t go anywhere or do anything. He just sits watching TV all night. Or sleeps. He comes up with these crazy things. He says he wants to be smaller, less cumbersome. He wants to be inside something. I think he wants to be inside the TV. But I don’t know if they’re dreams or something he watched. I don’t know what to do or how to get him to stop.”

It’s hard to make changes in a stable self-annihilating system. Much easier to leave it alone. Todd always left things alone, and despite the superficiality of their situation, Marie generally left Todd alone too. So when the TV broke, they never replaced it. Instead, Marie subscribed to dozens of magazines, life and culture stuff mostly, hoping to inspire adventure in her husband, to turn him into something more. But he was not something *more*. He was not in a phase. He was stable and unrelenting in his ever-enduring quest for comfort. Todd flipped through the magazines, only looking at the pictures, sometimes rubbing himself, sometimes falling asleep with the open pages in his lap.

"Don't talk to me like that, Todd. I'm trying to help you."

"If you're going to insist on lying to me when I already know the truth, have seen it with my own eyes—"

"Seen what?"

"How do you think I know about the remote still being here? I know it's here because the channel changes when you're gone. You got that? I've seeeeeen it. I've watched other things on our TVs too. You keep saying *we have no TV, we have no TV*, Todd, but I've seen it change. And I've seen you on it."

"You saw me in the window? I'm sure I was just in the yard, dear."

"No! You're not listening to me. I saw you both, you and Jim. Ya'know, Dr. *Stevenson*. Doctor, doctor, doctor, always doctor. Never Jim. Why is that, Marie? You don't want to show me how close you've gotten to him? You may think I'm sick, but I'm no dummy. I know the remote's around here, and I know you've been seeing Jim."

"Todd, you need to calm down. These are only windows. You couldn't have seen anything in them other than outside."

"No! Look. I made marks. I kept count. I *know*." Todd turned to the side table and grabbed it by its carved-up leg. He turned it around and dropped it to the floor for Marie to see. "Ten notches, see? Just like I said. I counted every time you left to go see Jim. I made number nine bigger than the rest because it was the time I saw you with him. It was last week. I know I did."

"I did go to Dr. Stevenson last week. I told you that already. I told you earlier. We talked about you. You need help. We both think so. You need to get out of the house. We can go now. I can take you to the store. You can see for yourself."

"I don't *need* to go anywhere. I can already see it right here." Todd pounded his fist against the window, three times on the beats of "it," "right," and "here."

"Look." Todd went down on one knee, a stance of proposal intended to further propose his stance. He pulled the pocketknife out from under his materially declining recliner, swiped the *blade* upward, and carved another notch into the table. "See, Marie? I cut it each time like this. So I

would know for sure. So I would know I wasn't crazy."

"Todd, stop it. Now! I can see you're upset. You don't have to show me. We can sit down and talk about this."

"No, you don't see. That's the problem. These things aren't revealed to you because you don't look. But I do. I look. I *seeee*." With the baritone note ringing out, Todd stood up again, knife in hand, and began banging his fist against the window. The handle of the knife rapped sharply on each word. "Right"—*bang*—"here"—*bang*—"see!"

Glass has stable internal structures as well. But not all panes are created equal. Some have slight imperfections, exploitable impurities. Weak spots worn from worry. Just as Todd was beginning to break, his own pain too much to bear, so his TV was, too. When he pounded his final word into the glass it shattered, and his hand flew right through. His arm was cut from jagged pieces still protruding from the frame. No longer cyclical, his blood flowed freely. The sunburst redness of both their faces vanished as the whiteness of fear consumed them.

Todd tried to pull his arm back but caught it on another edge, causing him more pain from the retrieval than he'd felt when it went through. When he realized his arm was stuck he let out a guttural moan that languished into a whimper. He was still, then faint. When his eyes glazed, Marie screamed. She dropped the syrup-soiled plate and lunged forward, but the table was between them, and she wasn't able to grab her husband before he fell the half-story from their den to the yard. Limply, he landed on his neck. Marie heard a dampened snap just before the thud of his body hitting the ground.

She screamed once more and not again.

Maybe that was a calming place for Todd to be, out of the house and under the setting sun, among conifers and roses. Though, one can imagine the same outside observer in front of the new scene politely disagreeing yet again upon seeing the old man then, neck crooked to one side, thin skin torn, his fat and bones sprawled in the yard, with yellowed eyes still bloodshot but dull this time. Then again, dull as it may be, death is a final luxury. Perhaps Todd had made his way inside himself or the TV, all his higher functions ceased, no longer bemoaning and belittling, just being or

not being. Either way, a choiceless decision, a comfort. And what's more luxurious than ordering a Waldorf salad only to have a Waldorf salad arrive because that was precisely all that we asked for when we ordered it? Is that too much to expect? A little bit of comfort, in the late-night evenings of our late-life lives?

Once the visceral echo of her scream had subsided, the dredging and disturbance gone and the stillness returned to her blood, Marie went to the phone and dialed seven digits. When the other end picked up, she sniffled and whimpered then collected herself and spoke.

"Yes, dear. It's me... Yes, I'm home... That's what I'm calling about... About Todd...

He fell... No, he fell out the window... Jim, I need you here."

FIRST PLACE NONFICTION

The Causes of the HIV/AIDS Epidemic

Leah McRoy

The HIV/AIDS epidemic remains one of the most controversial health crises in recent history, but many Americans are still uninformed about the specific causes of the epidemic. HIV first caught doctors' attention in mid-1981, in a handful of young gay men from New York and San Francisco, and the virus soon affected thousands of people across the country and abroad. Although many health, political, and gay leaders fought to slow the spread of the disease, the tragic course of the HIV/AIDS epidemic was ultimately furthered by delayed and inefficient action from public officials, a lack of access to life-saving medication, and widespread misinformation purported by mainstream journalists and media outlets.

Delayed action and inefficient policies from health, public, and gay officials contributed to the severity of the HIV/AIDS epidemic. To paraphrase Randy Shilts, an investigative journalist and author, symptoms of HIV were observed as early as 1981, but many doctors did not report their discoveries to major medical organizations. Instead, they submitted their findings to medical journals, which often took years to review and publish new entries. Additionally, most scientific publications maintained strict rules regarding the secrecy of new materials. A leak to an outside source, such as the mainstream press, would cause the entry to be removed from the publication (63). The renown of discovering the root cause of HIV caused many doctors to keep quiet about their discoveries until they could have them published in scientific publications like *Morbidity and Mortality*

Weekly or the *New England Journal of Medicine*. Such secrecy hindered effective communication between health professionals and patients in high-risk communities. Dissemination of crucial medical information also suffered from doctors' unwillingness to sacrifice personal fame for the public's greater benefit. Even after initial symptoms of AIDS were published in 1981 edition of *Morbidity and Mortality Weekly*, the entry was limited to three pages, and did not raise national alarms. The only caveat given was that "Physicians should be alert for Kaposi's sarcoma, PC pneumonia, and other opportunistic infections associated with immunosuppression in homosexual men" (Friedman-Kien et al. 307). However, because doctors were hesitant to communicate their findings to each other, this warning did little to alert medical officials to the nascent epidemic.

Politicians also hindered efforts to contain the growing epidemic by refusing to allocate funding to organizations such as the CDC and the National Institute of Health. Two men, Congressman Phil Burton and Representative Henry Waxman, advocated for spending bills that increased funding for AIDS research and also helped pass several funding proposals, one of which recommended a 3,000 percent increase in AIDS funding. According to Shilts, "Most of the research that would come from the federal government...was financed by these bills and prodded through Congress by [Burton and Waxman]" (187). However, despite the push for emergency funding and congressional action, the congressmen were hindered by the uncooperativeness of the Reagan Administration, which was hostile toward spending increases. To paraphrase Shilts, the proposal method that Burton and Waxman pursued set a pattern for how the Reagan Administration would treat the epidemic – by opposing the omnibus funding bills and sending its delegates to argue against every spare penny. According to Shilts, "The Reagan Administration would never ask for [money] and insist they didn't want it, but the money would be thrust upon the government anyway. It was a ritual of forced feeding" (187).

Additionally, gay communities across America both helped and harmed the effort to slow the epidemic. Although encompassing a high-risk community, many gay leaders were wary to close bathhouses or publicly discourage risky sexual practices. For the gay community, which had historically faced widespread discrimination, the newfound political and sexual freedom of the 1970s and early 1980s was fiercely protected. Any restriction was viewed as a step backward. According to Shilts, “For now, sex was part and parcel of political liberation” (19). However, much of the political advocacy, on both a state and national level, was accomplished by gay activists. According to Mitchell Katz, “The political power of the gay community led to a very proactive approach towards AIDS...[t]he community recognized how serious a threat AIDS was and clamored for the rapid development of services.” Much of the social and medical progress accomplished during the HIV/AIDS epidemic would not have happened without constant pressure from activists within the gay community.

Secondly, the astronomical cost of AZT, as well as a shortage of the drug, contributed to the high number of AIDS-related deaths. Though azidothymidine, colloquially known as AZT, was the first effective drug manufactured to treat HIV, it came at a hefty price. To paraphrase Mark Furstenberg, a reporter with *The Washington Post*, although doctors had been aware of the existence of AIDS since 1981, an effective treatment was not developed until 1985. British pharmaceutical company Burroughs Wellcome, with the help of Dr. Samuel Broder and Deputy Assistant Secretary of Health and Human Services Lowell T. Harmison, finally brought AZT to the market (Furstenberg). However, the price of the drug soon put to shame any celebratory sentiment. According to Furstenberg, “It was a spectacular success – a triumph of public-private effort. But when Burroughs decided to charge \$10,000 per year per patient, the highest price ever attached to a drug, a major controversy erupted – one that raises powerful questions about the tangled relationship between

government and industry.” But despite the high price, government incentives for drug manufacturers were readily supported by doctors and researchers. As Furstenberg states, «[Harmison’s] No. 1 objective was to stimulate development of drugs for AIDS. Our responsibility was to use the federal government to take advantage of expertise in government, in universities, in industry, wherever we could find it.» However, though AZT performed amazingly in clinical trials, and was approved by the FDA within 18 months, the price of the drug remained a political and social issue. Many activists and health officials maintained that it was selfish of the drug companies, volatile market or not, to sell the drug for such a high price per patient (Furstenberg). In the end, many payments on the medication were subsidized by the federal government, but the competitive market conditions surrounding the production of AZT caused many unnecessary complications in the rollout of the new medication, further contributing to the death toll of the epidemic.

Lastly, widespread misinformation and trivialization from media outlets undermined national AIDS education efforts, causing many people to be uninformed about behaviors that put them at risk of contracting HIV. From the outset, doctors had identified specific sexual practices that increased the risk of contracting HIV, with homosexual men being the most vulnerable population. However, many journalists were wary of critiquing the gay community for fear of provoking homophobia from many conservative spots across the nation. According to Randy Shilts, the golden rule in journalism at the time was “[d]on’t offend the gays and don’t inflame the homophobes. These were the twin horns on which the handling of this epidemic would be torn” (69). The unwillingness of news outlets to report accurate and relevant information caused many young homosexual men to underestimate their risk of contracting HIV and assume a «Superman» mentality, convincing themselves they were immune to contracting AIDS (Shilts 377). Some news outlets covered

fringe doctors who claimed they could cure HIV with mega-doses of vitamin C, or promoted the conspiracy theory that AIDS was caused by an “emotional emergency” in the minds of gay men (Shilts 378). Additionally, papers such as the *New York Times* drastically underreported the epidemic. While the *San Francisco Chronicle* printed over 400 AIDS stories between June 1982 and June 1985, the *New York Times* printed half that number in the same time period, and only ever covered the epidemic as a medical issue, not a social one (Shilts 385). According to Shilts, “The extensive nature of coverage by the *Chronicle*, aside from providing a degree of health education not found in New York, helped sustain a level of political pressure on local government and health officials to respond to the AIDS crisis” (385). Indeed, the problem was not how the press covered the issue of HIV, but what they chose not to print. The combination of socially reserivist reporting, gross misinformation, and the reluctance by major news outlets to make AIDS a front-page story caused the American public to draw false conclusions about AIDS, including the falsehood that HIV could be contracted through casual contact or handshakes. The ignorance of the public contributed to the stigmatization of the disease, and hindered AIDS education efforts by activists and health professionals.

The HIV/AIDS epidemic was not caused by one person or organization, but by a complicated web of decisions, policies, and professionals who were tasked with facing down one of the most politically controversial epidemics in history. Inadequate action from public officials, limited access to life-saving medication, and misinformation from the media all contributed to the scope and severity of the epidemic. However, the heroic efforts of doctors, politicians, and community leaders to present AIDS as a fundamentally human issue ultimately triumphed over a decade of adversity and ignorance.

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FIRST PLACE MULTIMEDIA & VISUAL ARTS



Burn and Melt

Rachael Hansen

SECOND PLACE POETRY

Time Hurts

Marissa Hutto

From gentle slumber, I wake the moon and remind her,
While I set the sun – her overshining sister – to sleep;
I beg her, lest she forget: To light the tides and,
In her silent glow, care take precarious night; So
That mere sight of her might quiet, all
Of troubled mind, and heart, below;
That with her grace they might dream,
Again, tonight in peace once more.
For hers, I remind her, is a heavenly visage,
At once similar to the scene,
Of a regal mother in pearls adorned, her gaze soft
But fixed in loving watch over her resting child.

Still, too, I turn the year – and so moves
Its creaking tired wheel, with calm precision
As if to steer along primeval courses charted long ago.
Through looming days and months and years
I weave eternal tapestry; deemed fit in early days –
By no other than the stars and skies and worlds therein, themselves –
To, in dignity, sit atop the mantelpiece where stands
Celestial threshold of the sacred gate, the way to all that is
To be and all that came before.

Devotedly, I keep the cadence
And finely tune the thrum, with stoic patience,
From groaning noise to pleasant music;
With great effort, I harmonize the spheres in chord
With their spinning, clashing world.

Word and lyric of the ages, too, I ink;
For my worn pen is duty-bound to meet, and to face,
The unwritten empty pages that lay open; Wherefore,
Weary earth steps nearer to greet,
Ineludible, the waiting fated hours.

All this given, and I cannot help but feel wretched,
Uncherished; Not that from afar I expect to see
Reverent nod or kneeling decorous;
But no more can I lie, nor hide my hurt, nor
Pretend gladly not to be so deeply wounded as I am.
For every second of their weeping,
For every loss, travail and travesty, they blame me;
Even the stars, pure and sweet, do not dare to contradict
Me, when I declare that I surely know myself to be,
Godforsaken; Time: hated and rejected.

SECOND PLACE FICTION

Web Mentality

Leila Hatter

She's afraid of spiders. That's what she tells her upstairs neighbor at two in the morning. Eyes watering and red around the edges, she recounted the fact steadily in her mind. She is afraid of spiders.

He smelled of sleep. It hung to his thick robe and clung to his mussed hair. It was a warm smell that he tried to rub out of his eyelids as he stood wearily in his doorway. He wasn't surprised though.

Miss Edina's apartment had not a single arachnid occupying it, and yet at this time each morning she took the liberty of knocking on his door. Terrified to her core, as always, of some phantom spider that curls itself up in the corner of her imagination. And there it wove its web.

He already had the tea on and he stepped aside to permit her entrance.

Under thin blue veins and paper blue skin, he could see her bones trembling. However shaken up Miss Edina was, she still made her way calmly across his small living room to what had quickly become her armchair. It was set by a heavy window that overlooked the apartment parking lot. In said lot, one would find no car belonging to him or Miss Edina. She never learned how to drive, and he took the bus whenever he chanced to leave his apartment.

Not that he did that too often as of late.

His parents insisted that a young man such as himself should've

been out nightly with a dame on each arm. They said that he could wait for time to heal things, or he could take matters into his own hands. Matters being the tenacity of his youth that slipped away with every passing hour he breathed companionless. He never liked the thought of that very much. Taking matters into his own hands. He liked the tea though.

Neither he nor Miss Edina knew what flavor it was. He'd found it in an unmarked box on top of his fridge. The steam smelled of cinnamon and the liquid was warm and dark, like his skin. It tasted like flowers. He could find no other way to describe it than that.

He took a deep breath as he poured the scalding water into two delicate cups. His cup was a thick blue mug, more suited for coffee than for tea. The other was eggshell white with gold filigree around the rim. This was Miss Edina's own cup, which she'd insisted on bringing over after her third visit. He kept it on the top shelf in his cabinet, next to his own simple cups with chips down the sides. He prays they'll hold every time he fills them up.

Miss Edina isn't a particularly ugly woman. Despite the fact that her bones show in spots and her twin breasts are flecked with blemishes up her thin collar bone. No. He liked her for the same reason he liked the tea. Unknowing of flavor, she was beautiful and, for the life of him, he couldn't pin down why.

When she took her cup from his hands, she held it like it was her lifeline. Delicately between her fingers, like it would break should she chance to hold it too tightly.

He sat opposite Miss Edina in the other light armchair. They were the only two chairs left in his apartment. And beside a generic painting of a dark purple orchid, the room was otherwise empty. Marking the hardwood floor were the ghost remains of a roomful of furniture, scratches on the wood paneling and couch shaped imprints on the dust. All sold off save for the two armchairs. The only furniture she

hadn't purchased.

As soon as he sat down, Miss Edina began with her shaken "thank you"s. She said it like he'd saved her life when, in reality, he'd just made her tea. No matter how many times he told her that she was no bother. That he was already awake. That he wasn't doing much anyways. She never believed him. She insisted she was a burden until her hands were trembling again and she refused to meet his eyes as she spoke. Instead, she looked down at the floor whispering how she could've seen the shining black body at the edge of her bed. Long legs stretching before it.

For a moment she almost lost hold of her cup. The warm brew rattled over the rim and seeped onto her hands. Then, suddenly, she was still.

She grew quiet as his hands pressed against hers. His head down, he crossed the space between them to hold her hands quiet. Warm tea curled off her fingertips and dripped softly on the hardwood floors.

"I can leave" were the only words that passed through her thin lips. Then she said them again. But even as she repeated the three words, he didn't release her hands.

"No. Please stay," he said in a voice so low she wondered if he'd spoken at all.

For a moment, the dripping of tea on the floor was the only sound in the room. Then even that came to an end, leaving them in silence.

Slowly, he looked up at her with dark sad eyes. He forced a soft smile on his lips as a tear slipped over his eyelid.

"Do stay, it's not your fault. I'm a bit afraid of spiders too."

At this she stared at him for longer than she ever had in one sitting. Usually, her eyes ran over places in space with a consistent waver to their motion. Now, though, she met his eyes clearly. He was

shocked that, set over her thin skin and pink veins, she had deep blue eyes. Blue like the sky after rain. Perhaps the ocean would've been a better comparison. However, he didn't have much time to think about this because she pulled her hands lightly from his and set her cup delicately on the floor.

Hesitantly, she stood and was already talking away again by the time she'd walked to the kitchen for a towel. With a casual air to her voice, she explained how she would drive into town the very next day to procure more tea for the both of them. She discussed it as though she had transportation of her own with which to make the trip. He knew she hadn't been in a vehicle of any kind since her daughter died in an accident two years back. Whiskey on her breath and weights in her thin high heeled shoes.

When Miss Edina returned with a damp rag, he took it from her hand and quickly kneeled to wipe the hardwood floor clean. As he did this, she stepped past him silently to stand near the window. It was a single glass panel set in a thick wood frame with dust heavy on the sill. She pressed her finger to it to feel its cold face on her even colder skin. She sighed.

"I really am sorry."

He looked up at her and smiled softly. "Don't be."

And with that he went to set the soaking rag in the kitchen sink and then joined Miss Edina by the window. His face reflected in the glass.

He wondered, as they eventually returned to their tea, if she knew that he wasn't afraid of spiders. Just like he knew she wasn't. That each night they talked, not because of spiders, but because Miss Edina's twenty-two-year-old daughter had stopped breathing between two hunks of metal, glass, and inertia.

And oh, did they talk.

They talked about the moon at night and different recipes they'd

like to attempt but, in all likelihood, never would. He liked the distraction her voice brought him. He could lose himself in her needless syllables until he almost didn't remember anymore. It was then, when all thoughts of the woman who left faded from his mind, that he was happiest. Even though, in all actuality, he was always thinking of her one way or the other.

Drinking tea she'd bought on impulse in an apartment she'd assured him she loved. Sleeping in a bed he'd first and last made love in, with nothing but sleep to keep him company. Taking the bus to work each day because she'd insisted a car would be "too much fuss" for the both of them.

Those thoughts wove themselves into his mind, strand by strand. Like thin spider's silk, the knots tied tight around his conscious mind. Talking to Miss Edina, he could trick himself into pretending otherwise. Like his wife hadn't taken her own life like it was a weight off her shoulders. And, worse yet, a weight off of his.

With every swallow of tea, he convinced himself that he was afraid of something as simple as spiders. That, in the morning, he and Miss Edina would drive into town to purchase more tea. They'd finally get a new box. Something fruity and cool on their tongues. Perhaps they'd even pick up a record player as well so they could listen to another voice instead of their own for once. But he knew they wouldn't. And somewhere deep down, Miss Edina did too.

They would sit together the next night and, most likely, the night after that as well and they would drink the same dusty tea. Miss Edina would knock on his door, terrified of spiders. Casting little thought to the webs they wove. And he would join her, though, in all honesty, he wasn't afraid of much.

But he was very much afraid of being alone.

And, one way or another, the cobwebs would still clutter his mind. No amount of tea talk would change that. In fact, he didn't think anything ever would.

SECOND PLACE NONFICTION

Trippy Tramua AKA Psychedelic PTSD

Clarissa Redpath

Many American households explain that drug use is a bad path to go down and to never try drugs. “They’re illegal for a reason,” a mother might tell her child. Illegal drugs can lead to severe addiction and possibly death. But some illegal drugs, such as psychedelics, are proven to be nonaddictive and not fatal. There are many different types of psychedelics such as LSD, MDMA, DMT, mescaline, and psilocybin. A mother would explain to her child these psychedelics will make oneself go crazy, which is a common misconception. Prof. Robin Carhart-Harris, a neuropsychopharmacologist and head of the Centre of Psychedelic Research at the Imperial College London, proudly proposes, “What does psychedelic mean? It means mind or soul-revealing” (“Chapter 2” 00:31:43- 45). Users of psychedelics describe them as life-changing and commonly say that everyone should try them at least once in their life. For those brave enough to try psychedelics, most users nowadays try psilocybin mushrooms first because they are natural and known to be a safe psychedelic on the streets. After hearing these statements for years and some trying them for themselves, scientists decided to study the potential medical use of psilocybin. The possible medicinal uses of these magic mushrooms were for anxiety disorders, mood disorders, and addiction. Finally, scientists stumbled upon the possible, everlasting, medicinal use of mushrooms for post-traumatic stress disorder (PTSD). Psilocybin mushrooms have a bright future when looking at their historical

significance, scientific attributes, and PTSD relief.

Psilocybin mushrooms have a bright future when looking at their historic significance. Mushrooms have been used in religious rituals for thousands of years. Michael Kevin Pollan, a Knight Professor of Science & Environmental Journalism at UC Berkeley Graduate School of Journalism, confidentially describes the history of psilocybin mushrooms. Historically, in Mexico, magic mushrooms are administered ceremonially by a curandero. A curandero is a healer or shaman who blesses and gives mushrooms to the consumer during a ritual. The most famous curandero is María Sabina. She was the first to introduce the western world to magic mushrooms (“Chapter 2” 00:20:12- 38:41). Michael Pollan continues to the night of June 29th to 30th, 1955, when an amateur mycologist named Robert Gordon Wasson was introduced to the mushroom ceremony performed by María Sabina (00:18:00-04). He had a life-altering experience that he wrote about in *Life* magazine in 1957 and introduced the lovely western world to psychedelic mushrooms through his article (00:18:33-37). The documentary explores the troubled history of mushrooms. In 1962, Wasson shipped a sample of *psilocybe mexicana* mushrooms to Albert Hofmann, the pharmacist who first synthesized lysergic acid diethylamide (LSD). Hoffmann analyzed, named, and synthesized psilocin. Psilocin is the psychoactive chemical compound in mushrooms (Lowe et al. 5; “Chapter 2” 00:18:59- 19:49). Wasson introduced the western world to psychedelic mushrooms, and people realized that psychoactive mushrooms grew in America. This sparked the hippie culture of tripping on psychedelic drugs (00:18:50-56). All psychedelics were eventually set as Schedule I drugs under the Controlled Substance Act of 1970 due to the recreational use of psychedelics in hippie culture (Lowe et al. 5). Ever since then, psychedelics have had a bad reputation. Just recently, psilocybin mushrooms have been

decriminalized in some cities. In 2019, psilocybin was decriminalized in Oakland, California and Denver, Colorado. In 2020, Washington, D.C. decriminalized magic mushrooms (Lowe et al. 23). In the same year, Oregon became the first state to legalize psilocybin mushrooms for “personal development” and “under medical supervision to treat mental disorders” (Lowe et al. 23; Basky 1741). States are realizing that magic mushrooms can be used for medical benefits, just like how they were originally used. Psilocybin mushrooms have a bright future when looking at their historic significance.

Psilocybin mushrooms have a bright future when looking at their scientific attributes. Different doses give different effects and trips will commonly last six hours. A microdose is any measurement of mushrooms below 1 gram, an average trip is 3.5G, and a heroic trip is 5 or more grams of mushrooms. Psilocin is the psychoactive chemical compound in mushrooms that scientists now study and believe has the potential use to help mental issues such as post-traumatic stress disorder. Psilocin latches onto dopamine and serotonin receptors located in “areas of the brain that are responsible for mood and anxiety disorders such as the pre-frontal cortex” (Lowe et al. 11). Dr. Henry Isaac Clore Lowe, a pharmaceutical and medicinal chemist at Harvard University, and his coauthors happily explain the positive reaction of psilocin with serotonin receptors:

Classic psychedelic (serotonergic) drugs interact with the serotonin receptors (5-HT/5- hydroxytryptamine receptors) and their subtypes [that are] densely located within the brain. These receptors mediate emotions and moods such as anxiety and aggression, cognition, sex, learning, memory, appetite, and along with other biological, neurological and neuropsychiatric processes. (2)

Dr. Caroline Tredway Golden, a neurologist at the UCHealth University of Colorado Hospital, and her coauthor Dr. Paul

Chadderton, a neurophysiologist at the University of Bristol, interestingly observe, “Psilocybin lowers spectra power of the delta, theta, and alpha range, and the transition to higher gamma power in the cortex. Psilocybin increases spiking and alters neuronal ensemble activity in the ACC [(anterior cingulate cortex)]” (5). The ACC “processes negative emotions such as fear and anxiety” (Lowe et al. 2). If the injection of psilocybin increases activity in the ACC, lowers local field potential (spectra power), and increases serotonin, then one must believe it may help process trauma. Some say magic mushrooms allow the user to see a trauma through a different perspective and be processable. Dr. Roland Griffiths, a psychopharmacologist at John Hopkins University School of Medicine, boastfully states, “Psychedelics work on the Default Mode Network [(DMN)], these high-level aspects of the brain. The DMN houses the self and assumptions about the self” (“Chapter 2” 00:32:24-47). He goes on to explain that taking psilocybin disintegrates the DMN and breaks down the self (00:33:10-15). Dr. Lowe and his colleagues “suggest that psilocybin may even influence brain plasticity as confirmed by the persisting positive effect and increased amygdala response to positive emotional stimuli up to one-month post psilocybin treatment” (14). So, the belief that one is seeing events from a different perspective and that it’s easier to process these events is scientifically true. Many Americans are skeptical of any of the hundreds of different magical mushrooms being legalized because of the hypothesis that this illegal drug could be addictive (Lowe et al. 6). Dr. Lowe and his coauthors boldly defend, “Of all psychedelic drugs, psilocybin is reported to have the most favorable safety profile” (2). Some say that tripping on mushrooms is a once-in-a-lifetime experience that changes them forever and doesn’t need to be repeated often, if ever. The science of psilocybin mushrooms shows that this fungus can allow a person to see trauma from a different perspective and process trauma with better brain plasticity in six hours without risk of addiction.

Currently, psilocybin mushrooms have a bright future when looking at their scientific attributes.

Psilocybin mushrooms' future is bright when looking at their PTSD relief. The best way to explain the feelings and outcomes of mushrooms is "it feels like magic" ("Chapter 2" 00:46:30-31). For many, the experience of tripping on magic mushrooms for trauma healing is a long-term cure. Participants encounter acceptance of past events through an out-of-body experience and disintegration of one's sense of self. Losing oneself may sound terrifying, but studies have proven that the experiences felt under the influence of magic mushrooms have positive long-term outcomes. Dr. Griffiths is someone who does not condone the use of illegal drugs, but when asked what he believes about psychedelics, he joyously exclaims, "I believe in the data" (00:26:38-39). Dr. Griffiths and his colleague did a study at John Hopkins University in 1997 on high doses of psilocybin and gave high doses to healthy volunteers who have never taken psychedelic drugs. He and his colleagues cheerfully correlate, "Scores on the Mystical Experience Questionnaire [(questionnaire that measures levels of spiritual experience)] correlate very highly with positive outcomes a year or more later. Enduring positive changes in moods, attitudes, and behaviors" (00:28:00- 30:54). The data proves that psilocybin mushrooms can be done once and have an everlasting positive effect on PTSD patients who take them. Another fear is that the treatment can make PTSD worse. Some have encountered having a bad trip during a dose or more anxiety during microdosing, but later believe it helped their mental health. A bad trip is "an undesired or even traumatic physical and emotional experience" (Lowe et al. 20). Bad trips are uncommon and are caused by the mental perspective and the location of the trip. It is more common to have a bad trip with recreational use than with a licensed psychedelic therapist. Teri S. Krebs, a neuroscientist at the Norwegian University of Science and Technology, and Pål-

Ørjan Johansen, a clinical psychologist at the same university, did a study together on psilocybin mushrooms that concluded with the lack of side effects of the psychedelic. Reports of psychiatric problems are more common with LSD and very few cases of prolonged psychiatric problems have been reported from psilocybin mushrooms (Krebs and Johansen 8). Krebs and Johansen positively declare, “We found no relation between lifetime use of psychedelics and any undesirable past year mental health outcomes” (5). A study at John Hopkins University of Medicine proves a direct correlation to “positive persisting effects on behaviour, attitude, mood, and general outlook on life up to 14 months after [a] follow-up” (Lowe et al. 21). It is very rare to have negative outcomes from magic mushrooms and the positive statistics show mushrooms are a great relief for PTSD. Psilocybin mushrooms have a bright future when looking at their PTSD relief.

Post-traumatic stress disorder affects many people worldwide. If one does not suffer from PTSD, one usually knows a loved one with the disorder. This mental disorder can affect all walks of life and cripple the life experience of those who suffer from it. Other treatments for this disorder involve general cognitive therapy, EMDR (Eye Movement Desensitization and Reprocessing) therapy, electrotherapy, and medication. These treatments can cripple the life of the sufferer even more with addiction and other negative side effects or risk factors. All these treatments require multiple, expensive sessions to just start to notice a difference. Even after all that money and time, the effects of the treatment are usually not a permanent fix. Sadly, it is common that these repetitive treatments fail the clients of peace of mind. Patients who are sick and tired of being sick and tired may look for other alternatives such as psilocybin mushrooms. Magic mushrooms only need one session to have a long-term effect. In most cases, people have a permanent change of mind and do not need to repeat a session. The importance

of magic mushrooms compared to all these other treatments is that they are nonaddictive and in most cases are a permanent solution to a painful disorder. The only negative of magic mushrooms is the outdated stigma related to their use. Dissipating their reputation and looking at the data proves they could be of great medicinal use. It is important for those who have PTSD or loved ones who suffer from this disorder to investigate magic mushrooms and their wonderful benefits to the sufferers of post-traumatic stress disorder. Magic mushrooms have a brilliant potential of being the new therapy and cure for post-traumatic stress disorder.

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SECOND PLACE MULTIMEDIA & VISUAL ARTS





Haunting Chair

Thomas Macarle

THIRD PLACE POETRY

Inheritance

Brenden O'Dell

This ship. It sinks,
into high tides
and lo the masthead
waned, said we in wet
gravel pits, sinking
sliding, joyful crying
for loss of season's
mode.

*Look there, said
girl to her mom.*

*A whale's tale,
no, now two!*

*Yes dear,
put your mitts
back on, deathly
cold. Deathly cold
her reply, only:
Get by. Get by.*

And by the by does the doorman toll
and toil. Loyal at once to all. At least
all in this building. Scuffed shoe makes
presence known. Spit on it, wipe it.
Scuffed shoe makes people scoff. No,
no. Not enough. Do it again.

Can we? Can we come back again, mom?

Oh, and will we see the seals again too?

Please mom, pleeeeeeeeeeasssse.

Alright, alright, keep your hat on tight.

Are your ear muffs warm enough, dear?

She pulled her hat down tight around

her head. *BawArk! BawArk! BawArk!*

she said, then shattered into laughter's

piecemealed stuttering melodious hum.

No I told you already, he took the dog

That god damn dog was mine.

Yes, he just took it. No I told you, told

you fucking idiot. The dog, my

dog. He took it away and you let him.

You let him take it. Stupid. Shut

up. Sh-

O takes me back, ain't heard this song in a long while.

It's a woman singin' it too, makes it sound real good.

My gran'pap, used to play this for us. Always Louie,

on a forty-five. I don't know who this here is though.

Ain't Louie.

My, we used to sit there while Gran knit.

Pap snappin' his fingers havin' a good ol' time. Used

to tell us his daddy never approved.

Of jazz that is.

All that swinging and dancing only leads to one thing.

Voices belong to the lord not to men.

Bye

bye

Black-bird.

No you gotta snap between the byes.

Like this: *bye*

bye

Black-bird.

snap

snap

snap

snap

This ship.

It stinks.

piecemealed

stuttering

malodorous

hum de-dum dum ditty, hum de-dum dum

THIRD PLACE FICTION

The Dead Horse

Sierra Clark

Randy approached the three-sided shelter in the pasture. He could see the kind creature all laid out on its side. It was once a beautiful, muscular animal, with a healthy chestnut coat and a dark black mane and tail. Its coat had still been lovingly brushed despite there being chunks of hair missing. Its mane had still been lovingly braided, despite there not being much left to braid. Where there had once been fat and muscle, there was now just skin and bones. Unfortunately, it still looked heavy to move.

It had always been a quiet horse, but it was especially quiet now. It no longer shifted its weight between its hooves or breathed gently and quietly. Randy had always liked this horse and was sad to see it lying lifeless on the ground.

“Ya ready to do this thing?”

The unexpected question violently pulled Randy from his thoughts. Edith had quietly come up behind him without making a noise, which was impressive considering her size. Edith was not a small woman, but it was all muscle. She had rough, callused hands and a deep tan from working outside all her life.

The two began circling the large horse, trying to determine the best way to move it.

Randy liked Edith, and he liked talking to her. He didn't like to talk to many people and usually preferred to keep to himself. People were confusing, and they often tried to trick you so they could get

what they wanted. But Edith wasn't like that. She was honest but loving. Like a second mama that everyone needed.

"That eye's creepy as hell, ain't it?"

Randy looked to the horse's pale blue eye he knew Edith was referring to. "I find it pretty. It's unique."

"Nah, it's creepy. It's unnatural. And a blind eye makes a horse useless."

"Callie McGee seemed to like him, even with the blind eye."

Edith paused to think, "Ya may be right on that one. This horse did a lotta good for that little girl, what after losing her mama and all. No siree, I don't envy being in Mr. McGee's position at all, having to tell his little girl that her favorite horse ain't living no mo."

Randy nodded in agreement. "So whacha thinking here, Edith. Have any ideas on how we're gonna move this beast? I brought my ATV and trailer to move him, we just gotta get him into the trailer." He paused, thinking, and then agreed with himself. "Yeah, that's gonna be the hard part."

"Well, I brought some rope and a sling we can use. Maybe string it up on over the side of the shelter?"

Randy shrugged. "Okay, let's give it a shot."

Edith bent down to pick up the rope and sling she'd unceremoniously dropped on the ground. "Let's start by working this here sling on under him."

Edith took one corner of the sling and bent down at the rear of the horse by his back. Randy grabbed the opposite side of the sling and bent down opposite of Edith, near the horse's belly. The two managed to wedge the sling's fabric under the horse and then began wiggling it trying to move it further under the lifeless creature. It may have been skin and bones, but that horse was still damn heavy.

“Ok, ok, hold on son.” Edith paused and looked to Randy over the horse’s body. “I’ll pull it to me and then let it go slack and then you pull it. Like a two-man saw.”

Randy nodded and the two ducked their heads back down to continue wedging the sling under the horse. They quickly got into a rhythm where one would pull and then the other, but it was slow going.

They’d managed to get the sling under the horse’s flank when Edith looked over the horse again at Randy.

“I seen your mama at the store the other day and she says yous is thinking about applying for colleges?”

Randy kept his gaze focused on the sling. He was starting to breathe hard and work up a sweat. “Yep.”

“You ain’t gonna stay here and work here?”

“Nope.”

“Why not?”

Randy could hear Edith breathing hard now, too. He shrugged and then realized she couldn’t see it. “I wanna go do something else. It’s a big world, and I’ve only seen from Wayne County to Buckland County, that’s not much.”

Edith didn’t respond. Instead, she suggested they take a break. They’d reached the horse’s chest at this point, so the hardest part was behind them.

Randy could feel his heart racing. He hadn’t expected it to be so hard to get this horse on the sling.

Edith sat back on her heels panting. “What’s the ‘something else’ yous gonna do in the big wide world?”

Randy twisted his mouth and stared out across the pasture. “I

don't know yet. But you know it's a changing world, Edith. And I want to do something more with my life than just shoveling hay and horse crap."

"Yous ain't gonna take over your daddy's farm?"

Randy turned to look at Edith. Her eyes crinkled at the corners as she squinted to see across the pasture through the glare of the setting sun.

"You know as well as I do that the farm isn't gonna make it," Randy said quietly. "I've seen the bills. I've heard my parents' hushed arguments about beef prices. They think I don't know, but I do."

"Yous may be right. Times are a changing. We used to not haves to worry if we got hit by bad prices one year 'cause we knowed we'd make it up the next year. But ya can't count on that no more. Ya can't count on nothing no more."

The two sat in silence for a few minutes, gazing at the string of trees sheltering a small creek that wove around the pastures. Randy remembered playing in that creek when he was little. But now no one was allowed in it because of the contamination. Chemical run-off, they called it. Not even the animals were allowed near it. It had had to be fenced off. Randy turned to the dead horse behind him. Even with a blind eye, this horse should have lived longer than he did. But he'd been eating poisoned grass. More chemicals, more contamination, more death.

"Whelp," Edith slapped the tops of her knees. "We'd better be getting back to it."

Both turned back to the dead horse and continued to work to slide the sling underneath its body.

"Ya know, Randy," Edith grunted as she pulled the sling, "I thinks yous could do a lotta good in this world. And – urg – if it takes a college to let yous do that, then go to college. Oh, my lord Jesus! We

finally got him on the sling.” Edith pushed herself back onto her heels and wiped her brow.

Randy pulled up the collar of his t-shirt to wipe the sweat from his face. “Thanks, Edith.”

“Yeah, yeah, whatever. Stop your yapping and throw this here rope up on over that beam of the shelter there while I catch my breath.” But Edith smiled as she tossed the rope to Randy.

Randy looked around for something he could tie to the end of the rope to give it some more weight and make it easier to toss over the beam. He found a stone just outside the fence and tied an end of the rope around it. It wasn’t a difficult task for him to toss the stone over the beam.

Edith untied the rope from the stone and began to loop it through the eyelets on each of the four corners of the sling. “You think you could getta scholarship with that pitching arm of yours?”

Randy shrugged. “Maybe. I hadn’t really thought about it.”

“Wells I betcha all kinds of schools be wanting ya if theys seen ya play.”

“Maybe.”

Edith snorted. “‘Maybe.’ Humph! Don’t be so modest boy. You got talent, smarts, and skill. Put ya-self out there and colleges will come a running to ya. Now grab hold onto the rope.”

Randy wrapped the rope around his right hand to get a better grip and got in a stance to pull. Edith got behind him.

“Boy! Unwrap your hand! Ya know it’ll burn ya if it slips!”

Randy noticed Edith had also wrapped the rope around one of her hands, but he pretended not to notice and did as he was told.

“Ready?”

Randy nodded and drove his back foot into the ground.

“Heave!”

The horse didn’t budge.

“Heave!”

It may have moved slightly that time. If you squinted your eyes.

“Hold on boy. Switch places with me so when we get this thing in the air you can tie the rope to the post.”

“What if I tied the rope to the back of my ATV and then pulled it and you could tie the rope?”

“See? That’s why you needs to go to college! You is smart! Me?” She rapped on her head with her knuckles. “All I’s got in here is cigarette smoke and jokes that’ll send me ta hell.”

“Jokes that’ll send you to hell?”

“Nah, now don’t be trying that, boy. I’s not taking you down there with me. That’s why I keeps ‘em to myself. Now go getcha ATV so we can finish this.”

Randy grinned and did as he was told.

He unhooked the trailer, tied the rope to the back of the ATV, and lined up with the horse and the sling. He wasn’t sure how much power it’d take to get the horse in the air. He wasn’t even sure he’d be able to get it up. He gave it a little bit of gas and looked behind to see if anything had happened. Nothing. He edged it up a bit. Still nothing.

Edith shouted over the noise of the ATV, “Oh for heaven’s sake boy! Just floor it!”

As he always did, Randy followed Edith’s directions without hesitation. He felt the ATV lurch forward and looked back to see the sling and horse finally rising.

“That’ll do it, Randy! Keep it there!”

Randy turned to see the sling hanging about a foot above where the bed of his trailer would be. Edith was tying the rope to a post of the shelter. Somehow this woman had managed to pull on the rope enough to create slack and tie a knot.

“Okay, boy! Let’s get the trailer under here, let him down, and go home.” She bent forward and put her hands on her knees. “Whew! I’m getting too old for this!”

“Too old?! Why Edith, you can’t be over 30!”

Edith grinned. “Now we both know that there’s a lie. But you’re a flirt! Those college girls better watch out!”

Randy laughed as he finished hooking the trailer back up to the ATV. He expertly backed the trailer to under where the dead horse was hanging in its sling.

“Ok, Edith. You can go ahead and untie it now.”

Edith put one foot up against the wall of the shelter to brace herself, grabbed the loose end of the rope, and yanked. The horse fell into the trailer with a sickening thud.

Randy made a face remembering that the weight that had just been dropped into his trailer was the body of Callie McGee’s blind horse. The horse had always been one of the sweetest creatures and now he was dead and had been unceremoniously dumped into a trailer.

“Whatcha making that face for? He can’t feel nothing! He’s dead!”

“Yeah, I know. It’s just--” He paused. “Callie’s gonna miss him.”

“Well, that’s life. Things end. But then new things begin. You can’t have the new stuff without getting rid of the old.”

“I guess you’re right.”

“Whaddya mean ‘you guess’ I’m right? Honey, I’m always right!” Edith’s booming laugh filled the pasture. “Now get that thing on over to the incinerator and then get home and call them peoples from the colleges.”

Randy grinned. “Night, Edith.”

“Night, Randy.”

Randy drove out of the pasture with the horse in tow. As he turned onto the road towards the incinerator, he could feel the weight of the dead horse being pulled behind him. Not so much weight that it made it difficult to drive. And it wasn’t so close to him that it smothered him. But the dead horse was there all the same.

THIRD PLACE NONFICTION

Metal Bars For Gold Bars: America's Peculiar Problem

Malaak Abuhammoud

Between 1980 and 1990, imprisonment rates increased from 139 per 100,000 residents to 292 per 100,000 (Mahone 9). Currently, the United States has the highest imprisonment rate in the world, with 655 prisoners for every 100,000 residents. The attributions for majority of incarcerations go to the numerous private institutions that the government utilizes to evade its political obligations. Moreover, private institutions are becoming more prevalent in America as school funds decrease simultaneously. As a result, private prisons are a critical contributor to the “school-to-prison pipeline” and the exorbitant pricing of student tuition and fees in America. By forgoing funding for constructing private prisons, the government can prioritize financial investments to raise public education criteria to prevent minorities in schools from being overwhelmingly targeted for incarceration through the “school-to-prison pipeline.”

The ramifications of the excessive sums of money spent on private prisons alone are enough to have negative repercussions on a global scale; however, since schools and institutions compete for the same government funds, the issue of privatized prisons will primarily affect the quality of public schools. Additionally, the budget set for an average prisoner in America is approximately three times more expensive than the budget set for the average student. Between 1980 and 1990, the number of inmates in state and federal prisons increased from 315,947 to 738,894, an increase of 133.9 percent. Author Melvin Mahone found that the cost of constructing new prisons, jails and operating correctional facilities also skyrocketed. The government focuses heavily on establishing new prisons to house

inmates for placement. It is significant to note that the costs of these projects are immensely foolish and unnecessarily high. Furthermore, the government constantly ensures the well-being of inmates, yet merely focuses on maintaining schools for students. For instance, most American schools require that students pay for their lunches and supplies, including textbooks, backpacks, uniforms, pencils, papers, and other essentials for instruction. In contrast, institutions offer inmates free uniforms, three free meals daily, and free access to libraries where they can advance their knowledge. As a result, students are unwillingly paying more money than ever to meet the fundamental requirements to learn and be successful in school. Cutting school funds for private prisons not only jeopardizes efforts to raise educational standards in America but can also intensify school-to-prison pipelines and increase the possibility of violent crime and racial unrest among future generations of kids.

The development of the school-to-prison pipeline directly correlates to strict government policies and violent incidents in the past. Examples include the Zero-Tolerance Policies implemented in the 1980s by Ronald and Nancy Reagan, which Richard Nixon first influenced in the 1970s. Author Thalia González states that zero tolerance can be viewed comprehensively as a composite of perspectives related to punishment, deterrence, and incapacitation. Several factors went into the implementation of zero-tolerance policies in schools. Authors Christina Pigott and others from the University of Louisiana at Lafayette, found that several high-profile school shootings in the 1990s scared the nation into enacting harsh weapon policies in schools. Concerning criminal justice and law enforcement, these policies claim to pursue and end criminal acts. However, these tactics caused the number of persons jailed in the United States to triple, disproportionately affecting African American and Latino people. Many nationwide administrators have endorsed the unfortunate “School-to-Prison Pipeline,” enforcing stringent “Zero Tolerance” laws for minor violations, which stigmatize young minority children in middle and high school. Many children of color drop out of school and enter the criminal justice system due to the zero-tolerance-influenced school-to-prison pipeline, resulting in adverse

outcomes that will radically alter their lives from such early ages.

The extreme sanctions put in place by hundreds of schools across the nation contribute to predestining a life of imprisonment for students victimized by these regulations. Private prisons critically contribute to the school-to-prison pipeline by disciplinary influence. Disciplinary techniques such as suspension, silent lunch, and detention are all derived from tactics used on inmates in prisons, such as solitary confinement, confiscation of items, segregation, and removal of accumulated «good behavior» time. Current disciplinary patterns are closely related to declining academic performance, lower standardized test scores, declining graduation rates, decreased school attendance, and falling educational enrollment rates. Authors Hemez and others of “Exploring the School-to-Prison Pipeline: How School Suspensions Influence Incarceration during Young Adulthood,” note that exclusionary discipline has also been linked directly to higher dropout rates, higher levels of grade retention, missed class time, and extended graduation delays. When including socioeconomic and contextual factors in the mixed-effects model, suspensions during grades 7 through 12 significantly raise the recorded chances of imprisonment in early adulthood by 288% (Hemez et al.). Rather than focusing on the excessive enforcement of harsh discipline on students, schools must utilize education to guide students toward obtaining successful occupations and living valuable lives filled with purpose.

School districts in lower-income areas are more likely to use harsher disciplinary methods in hopes of increasing school performance; however, harsher disciplinary tactics have been effectively linked to an operative and flourishing school-to-prison pipeline. Schools in lower-income areas are more susceptible to falling victim to the school-to-prison pipeline as they are more likely to be exposed to crime and violence early on. Additionally, lower-income areas need a sufficient budget to provide the necessary materials for their schools. The current budget for low-income areas is responsible for poor quality education, low exam scores, and a lousy school reputation. Caroline Veldhuizen, from the Political

Science department at the University of Albany, explains that a Chicago case study found that schools located in areas of high crime result in low standardized test scores among students. Since education funding is typically distributed based on a school's performance on standardized tests and low performance on standardized tests is caused by a lack of appropriate materials to study for exams, schools with low-performing students continue to circulate in low-budgeting issues. Since the Chicago case study identifies schools in high-crime areas as low standardized test performers, it logically follows that school administrators in high-crime areas will be highly likely to employ harsh punishment tactics to remove low-performance students from their classrooms (Veldhuizen 14). Funding schools in low-income locations would not only improve those schools' socioeconomic standing but also their performance on standardized exams, which will reduce the use of punitive measures in the classroom and help put an end to the detrimental school-to-prison pipeline.

In addition to strengthening the "school-to-prison pipeline," prison-influenced disciplinary tactics used in schools can also occur as a result of misunderstandings and a lack of knowledge about other cultures. Exclusionary punishment tactics within schools have a sharp oppressive edge which intends to remove racial minorities from school, denying them equal educational opportunities (Veldhuizen 4). Since teachers believe minority students' actions are defiant against the rules of their schools, they frequently subject them to punishment. Moreover, using data from 2012 to 2018 8th and 10th-grade cohorts of the Monitoring the Future survey, the analyses find that minority students are more likely than Whites to experience suspension/expulsion and office referrals (Lehmann et al.). These discrepancies frequently happen between administrators and male students who identify as members of minority groups because teachers may misinterpret attempts to express emotions as aggressive or argumentative advances. Due to misconceptions arising from a lack of exposure to the students' culture and unfamiliarity with social interactional norms, teachers may exclude students from classrooms (Veldhuizen 5). Teachers must develop their ability to adapt to cultural variations and become knowledgeable about the norms of cultures other

than their own to address this developing problem. Finding ways to prevent future miscommunications between instructors and students will enable classrooms to foster a more inclusive and supportive atmosphere where students from all cultural backgrounds may succeed.

Finding solutions to the myriad issues that contribute to the school-to-prison pipeline will drastically alter the future of public education in America; nevertheless, these solutions must be calculated, achievable, and practical. Harry Wilson, author of “Turning off the School-to-Prison Pipeline,” claimed that the power of schools to strengthen and change society is a core principle of building a democracy. The issues that make up the school-to-prison pipeline range from mild factors like poor environmental systems to more severe factors like lack of governmental funding. Through positive reinforcement, evidence-based programs like multisystemic treatment (MST) may encourage healthy coping mechanisms and behaviors in families and communities. These programs will help decrease negative behavior through the application of efficient problem-solving techniques in order to counteract the adverse effects of inadequate environmental systems on student performance. Moreover, several states have already begun taking the initiative to spread awareness about ending the pipeline. For instance, students in Michigan created a community advocacy group named Youth Voice (2014) which organized student rallies and marched in Detroit and across the state, drawing attention to the school-to-prison pipeline (Wilson 52). Increased government financing would make evidence-based programs more affordable and accessible to low-income families who may benefit from such services.

Furthermore, refocusing the attention on the environment inside of schools is just as important as the services provided to communities and will likewise result in a positive outcome. President-elect Joseph Biden published a lengthy criminal justice reform program during his campaign, outlining many admirable objectives. He pledged to end the “school-to-prison pipeline” by multiplying the number of mental health specialists in schools as one of his presidential priorities. Subpar home circumstances

will more than likely impact the functionality of children at school. Social workers and counselors will actively engage in students' home lives to ensure that they have solid emotional foundations and that their homes are secure and safe. These individuals will respond to the difficulties and worries of the children and look for solutions to their problems. A safe and secure atmosphere in schools guarantees that students will be capable of efficiently learning due to improved physical and mental health.

Shutting down the "school-to-prison pipeline" begins with halting the financing for establishing private prisons. The government must focus on furthering the educational quality of the future leaders of America by prioritizing funds for distribution among public schools. Enhancing the quality of education will be achieved by instituting positive atmospheres in schools by implementing helpful programs and services at the hands of students. Additionally, improving the condition of low-income neighborhoods around schools will favor the destiny of the children who live there, shielding them from avoidable economic issues that may harm their well-being and academic performance. Rather than focusing on harsh punishments to achieve positive results, positive reinforcement will yield consistency and sustainability of positive performance among school youth. Ensuring the safety and security of students as they obtain higher education will guarantee successful graduates who will proudly and confidently look after the future of this nation.

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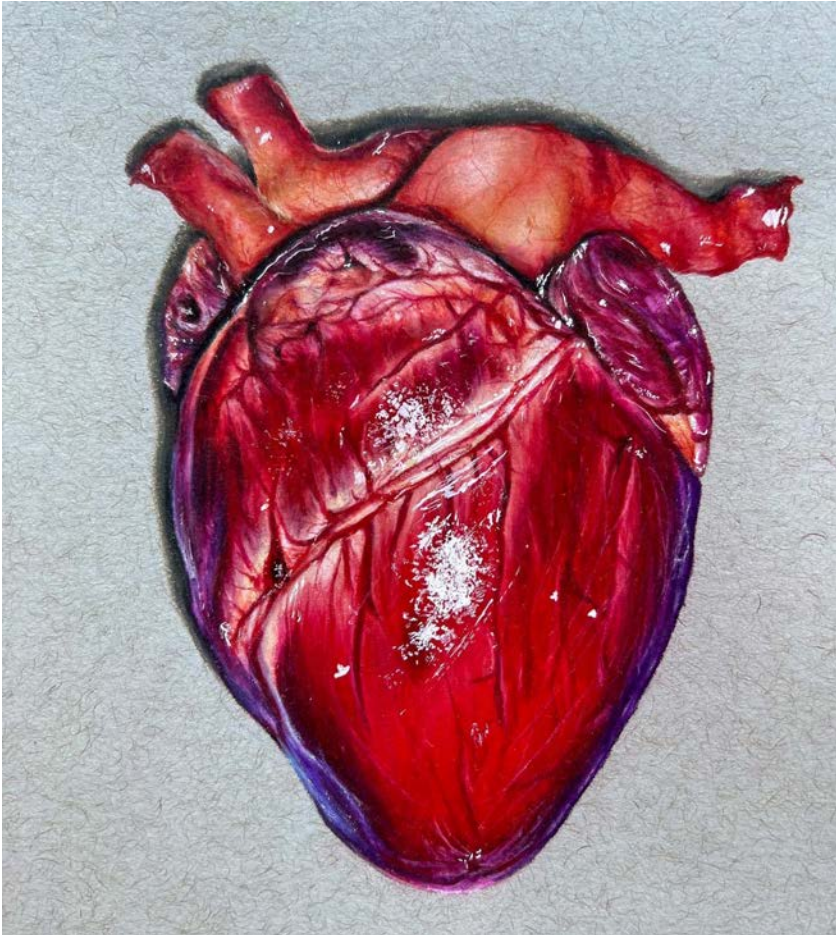
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THIRD PLACE MULTIMEDIA & VISUAL ARTS



Anatomical Heart Drawing

Kaitlyn Crane

HONORABLE MENTION



Balcony Shot

Nathan Browning

HONORABLE MENTION

Blink First

Tess Ashford-Lavy

i'm starting to hate conversations in your car
your skin pulls a sickly blue in the street light glow
rail-thin gaunt look
snapping limbs at the joint to fit old sunday dresses
crude back alley surgery and
you're terrible under pressure
sweat staining the lace

i'm turning up the music
to kill your rank melancholic soliloquies
best impression of your father now
this is how it is,
you have to wail over the wounded crooning pouring from the speak-
ers
your voice raw and dripping blood
all over my shoes

off kilter recitations
eyes reflecting no light
i force your hand to the killing blow
you used to like that about me

you can shrug on the immaculate navy now
always the pretender
but i hold your likeness hostage in a requiem body
still warm to the touch

from memory i draw you

picking organ meat from your teeth
i always told the same joke
we're cannibals, baby
we only consume our own kind

i don't tell it now
you've become a bruise
one more warbled apology and
its premature brain matter on the dash

you're such a hero to tell me you're sorry
really i owe you the apology
you won't get it
i'm picking at bug bites and calling it stigmata
hail-mary mercy crushed and thinned on the windshield

press my hand flat to the cloth ceiling
lay my neck across the console
makeshift pillory for the modern age
it's the kill shot, honey
you want to be a believer?
pray for a clean cut

STAFF SUBMISSION

The Lucky Cake

Kelsey Bell

Some people have rabbit feet as their good luck charm; some have lucky pairs of shoes. But not me. My good luck charm is a slice of chocolate cake.

Now, I'm not stupid. Of course, I switch out the chocolate cake from time to time. I find the fresh slices from my favorite bakery stuffed into the back pockets of my pants to work well. The chocolate also serves as a nice cologne which wafts into the nose of everyone I pass by. When I walk past people, I always hear giggles of glee. I am glad to make people's day with that delicious chocolate scent.

There are also other benefits to my good luck charm. For instance, I sometimes receive free pants. It is always so refreshing to see strangers care about my looks that much.

Sometimes, it is not strangers who buy me pants. My coworkers bring them in for me from time to time.

"I bought you these," said Martha the accountant once. "They are really easy to clean. You know, with your situation and all. Irritable bowel syndrome is so difficult to live with."

"Thanks, Martha," I said. "I don't know what you're talking about, but I appreciate the gesture."

Then I sauntered off to my cubicle and sat on my formerly white chocolate-stained chair.

My favorite color is white. I wear white every day, from my toes to my head. (And, if you were wondering, no, I cannot wear the dark pants I receive. It would just ruin my vibe.) My whole apartment is white. My sheets are white. My walls are white. My cabinets are white. You get it.

But I like to add art to the white. This is where my chocolate cake comes in handy. I smear my cake all over the walls, the chairs, the sheets; pretty much every inch of my apartment to add a little luck to the place. Other people, especially my ten former landlords, don't understand my art and the luck my chocolate cake brings me.

My chocolate cake has also had a profound effect on my love life. One time, I took this woman out for a date to a fancy restaurant. The hostess turned us around and banned us from the restaurant when she saw my chocolate cake-encrusted pants. I took this as a sign from God that the restaurant would have given us both food poisoning.

Anyway, we went home together, but as soon as I opened the door to my apartment, she ran away.

"You freak!" she screamed as she ran down the stairs.

I took this as another sign from God that it wasn't meant to be. I mean, she was nice and all, but she had a wonky eye and lips so chapped they looked like tissue paper.

My lucky chocolate cake is the most helpful in another way, though. People like to keep their distance from me. In fact, they keep more distance from me than ever before. I love my personal space, and I get plenty of it these days. With COVID around, people normally keep away six feet from others, right? Well, people keep at least twelve feet away from me. This is a dream come true to me, and all thanks to my lucky chocolate cake!

HONORABLE MENTION



Tangy Mellow

Marlon Johnson

STAFF SUBMISSION

Soul Catching Blues

Tricia Louise Cason

*My soulmate is a sun-catcher
Delicate glass; thinned twine
Glistening shades of blue
Stolen rays of light;
Soothe pale skin,
Touching porcelain insides
My sun-catcher, will be like no other —
Mine will sparkle in the dawn
Beam while facing the moon
Endure my insomnia of sorrows
Still stand after fortified winds
Trust, there will be no comfort;
Taken of another lover
Because I'm only content
Under the same sky
Where my sun-catcher thrives
Making my air my perfect color
My sun-catcher admires, only my decay;
Taking in every ounce of my beauty
— While I exalt shades of blue*

~February 21, 2023~

STAFF SUBMISSION



Static

Myles Brown

HONORABLE MENTION

ID AND EGO IN THE YOUNG VAMPIRE

Marissa Hutto

“Here beside the fire, to the tune of lilting lyre,
I am at once pulled from the brink – an epiphany!”

“Surely, my friend, my brain—
You have not forgotten, not again,
of the last time we dared to convene,
that night under fuller moon where
I nearly could swear we agreed—”

“But tonight, my reason for being is moved;
I am invigorated, renewed—”

“What reason does one need?
What reason more, than to hunt, to kill, to feed?
Even better, to relish, luxuriate, and revel
atop this hill, behind iron gates,
far removed from the wretched dregs...”

“...‘E-t-h-i-c-s’...
– And humanity, you mean.”

“Precisely, as I said:
The refuse, the rabble, the dregs—”

“Id, tonight I insist to you honestly:
In the years that I have spent, pacing
back and forth behind that granite door –

My footsteps lining up with the etches
in the creaking wood of the library floor –
Not once in that troubled span of time
spent trapped inside my tortured mind
have such revelations found me before!”

“What is the issue? Say what you mean –
Your doddering introspection is tiring; it knows
no bounds. If this spiel was born from
your only flaw but most recurring problem – guilt
– I urge you to remember the words of my master,
by which we live: ‘Do what thou wilt.’”
“Uninspiring words by which you live,
not I: So then, at the time,
driven nearer and nearer the edge, by
the specters of bygone suppers inside my head
– In a moment of weakness, I opened a book.”

“Regarding the hordes of sheep
over which you continue to lose sleep –
for what it’s worth – there is nothing redeemable,
not one worth sparing among them! Guilt – for what?”

“Because... approaching the end of my rope,
I thought myself to be truly without hope –
and I do believe my best conscience slumbers still.
However, since turning through the pages
of dusty old tomes housing great wisdom of the ancients:
For the first time – death does not seem better.”

“The humanity for which
your heart wishes it could bleed –
I assure you, does not care. Why should we?
Aristotle himself, should we dabble darkly
and conjure him up here in this old castle
to meet, would consider you no better than

the lowest of the lowest beast – I assure you.”

“But what you fail to see
is that, for me, cursed to greet
the rising moon and to flee the sun forever –
At last, at least, desiring company of Platonic forms,
I might rise each night eagerly,
breaking open these old tomes to read
of the words and the postulations, and
the essences and the truths transcendent
in the ancient wisdom of the pages
which foolishly I had overlooked, previously.”

“Death sounds better.”

STAFF SUBMISSION



Gods Among Us

Myles Brown

HONORABLE MENTION

SEVER

Tess Ashford-Lavy

I miss you
which parts of me?
you're bitter, in a poor mood
your heart's in a dimly lit hotel room
just outside of Chicago
soggy vitamins on the bedside table
you soaked them on accident
but swallowed them anyways
you couldn't bear to open the curtains
they tried to pour the sunlight right down your throat
she tilts her head
to feign confusion
which parts of me?
you ask again
louder this time
familiar crudity wrapping around you like second skin
licking your wounds with fervor
i'll go down to the butcher shop
have them sever the parts you miss
easier to mail that way
i'll send my hands
my lips
i'll spring for express shipping
they'll be yours before the rot sets in
her eyes track your movements with grave interest
you think i'm squeamish?
you think she might be amused
maybe i miss your insides
maybe i want your organs in a jar

a mimicry of your own vitriol
it shouldn't shock you
it does

*i don't want pre severed parts anyways
the tv dinner of modern day frankenstein love affairs*

*i miss you
all of you
come over
i'll be the butcher
i'll draw the dotted lines with care*

HONORABLE MENTION



Tiggera Panthera

Natasha Fleek

HONORABLE MENTION

Frost

Charli French

Frost covers the windows of the small house, sealing the seam between the outside world and the inside. The air is thin and chilled; despite the lit fireplace, every breath only pulls in the frozen air.

It's in the frigid house that I sit, perched by the window like an anxious bird, a cigarette placed between my fingers. I try to look out of the tinted window, but the thick sheets of ice have made the outside seem an opaque white. I sigh, drawing smoke into my lungs before breathing out. When the gray cloud clears, I see someone before me. He's tall, thin, and lanky with an awkward posture as he stands next to the door. His hazelnut hair is curled loosely against his head, hiding his amber eyes. I cock my head to the side, eyebrows knit together as I study the man in my living room.

"Esther?" He asks. He does not look at me, rather he seems to look through me. The room is silent except for the crackling fireplace. "Esther?" He asks again after a pause. This time I answer.

"Eli." He stands up at the sound of my voice, his eyes snapping up to meet mine.

"I was afraid I wouldn't make it," he rubs the back of his neck, a nervous habit he picked up from his youth, "you know how my car has been lately. I can hardly go a mile without a warning light coming on." Eli laughs softly as he sits down on the chair across from me, his long body barely fitting. He looks at the window, his amber eyes reflecting the white, snowy light. "Wow, it's really coming down out there, huh?"

“I suppose,” I reply, taking another drag, “what brings you here, anyway?”

“I thought you called me,” Eli says quietly as he reaches for his phone, “Damn, must have left it in the car. No matter, you said you had something important to tell me and I wanted to come by.” His smile is genuine, but something about it always unnerved me. The way his lips part and his eyes close looks the same as a predator chasing its prey. “Hm, maybe you never called at all. Sorry, my memory has been faulty lately. I should go then.” He stands up, though something had changed. His skin had grown pale and hollow, his clothes torn and bloody, and his face mangled with machinery sticking out of his cheek. I blink and Eli looks normal once more though for a moment I thought I heard him whisper something else. I watch as Eli walks to the door, and in the blink of an eye—he is gone.

My cigarette finds its way back to my mouth and I draw in another large breath. The fire crackles in the corner, shooting off small sparks every now and then. Despite the lot hearth, my living room grows colder and I wrap myself more into my shawl. I breathe out, carefully pushing the plume of smoke away from my face.

The sounds of a jingling bell catch my attention. My eyes scanning the house, I find a small, furry creature sitting next to the hearth. The cat meows softly as it approaches, its fluffy tail flicking upwards into the air as its collar jingles. I reach down, scratching the sides of his narrow cheeks. Clay looks up at me, her soft, icy eyes staring into mine. She does not say anything—not that my childhood cat ever had—but her expression has changed. She purrs softly, rubbing her body against my leg, and touches my foot with her tiny white paw. She mewls again, as if she has a question, and begins to walk back to her spot next to the hearth. She lays down but looks as if she’s grown. She goes from kitten to adult to senior in a blink, and then—warmed by the fire—she disappears.

I pause, dreading whatever will come next. For a moment, I think about standing up, walking outside, and going somewhere—anywhere—but this house compels me to stay. I'm stuck, trapped inside an unmelting block of ice. The ashes of my cigarette stain my shawl, but I know putting out the flame won't stop more from spreading. I breathe in, no smoke crowding my lungs, and taste the frozen air. When I breathe out, she's sitting in front of me.

I know who she is without looking; I'd know her by her smell, her gaze, her subtle movements. And even though I've known her all of my life, I still cannot find the words to describe her. She lost "mom," "mommy," and "momma" a very long time ago. I called her those things when I still believed in her. I believed in her because she was all I had. Once I lost faith in her, she became simply "mother," but even that was far too much than she deserves. Mothers protect and nurture, they shield their daughters from harm and don't bring danger to their children. This woman did none of those. My grip on my cigarette tightens and I squeeze it as I glare at her, a fire boiling in my stomach. She doesn't even look at me, instead, she looks at my home.

"Awful little place, isn't it? It's so cold you might freeze yourself to death, Esther," she chuckles and produces a slim cigarette from her pocket, lights it, and draws in a small breath, "I see you picked up my little habit," her lips curl around her yellowed death in a caricature of a smile, "and those tattoos. The moment I was gone you got them, didn't you?" She motions towards the tattoos covering my forearms, though when I look down at them they seem to have faded.

"What more do you want from me? Haven't I already given you enough?"

"Oh Esther, are you still mad? I did the best I could for you, you know. You wouldn't be here without me."

"I would be happier without you." For the first time in the entirety of the interaction, she looks directly at me. And despite everything

she's said, everything she's done, everything she let happen to me, I see something soft in her eyes. I watch as she grows older before me—her eyes growing deeper, her limbs shrinking, her voice becoming scratchier—and it pains me to think about it.

“You--” her face contorts into familiar shapes: neck strained, eyes wild, and teeth gritted together. She's the portrait of hatred and anger I saw all of my childhood. As a reflex, I jerk back. She sees me, and in a fraction of a second, I see her heartbreak. “I didn't know how to care for you and it was just easier to let him do what he wanted than leave. But you left me alone too; you left me cold and alone in a home surrounded by strangers. You left your mother to rot.”

I don't hear anything after that as her voice disintegrates into a whisper drowned out by the wailing wind. I look away as I take another drag. When I look back, the wooden chair she was sitting in is still gently rocking. At last, I am alone. I look out the window one more time and see a hint of sunshine, but I know I will not see the sun rise and melt the snow. As I put out my cigarette, I let all of the air out of my lungs. The fire grows quiet and still; the crackling stops and the charred wood sits awkwardly in the hearth. I curl up into my shawl against the couch and close my eyes.

When I open them, only the bleak, sickly sterile white of the stainless hospital room greets me. The soft beeps and coos of the heart rate monitor shake me back into a vague sense of lucidity. The room is freezing, or perhaps it's just me; nearly every ounce of fat has been stripped off my bones. My heart beats slowly as it struggles against the tumors filling my lungs, arteries, and blood vessels. My body gasps for air and I feel my cells slowly die as I can't give them any oxygen. The room is empty. The ghosts are gone. A sudden warmth spreads through my body, and as the machines shriek and cry, I smile for the last time.

HONORABLE MENTION

LUNGS

Marissa Hutto

In grief they keep time,
The tempoed rising and falling
of my aching chest betrays
churning depths kept locked and hidden
under elegiac key.

Sometimes catching, or chanting
at quickened pace; then, again,
slowed as if to punctuate dirges bleak.
The treble breaths of life move
as a mourning bow
across heavy strings.

In a tune of minor scale,
scarred lungs remind me:
I'm still breathing.

HONORABLE MENTION





Reflections

Mykala Marios

HONORABLE MENTION

My Cat Thinks I'm Cool

Atari Elson

I'm not the person I was five years ago,
I don't draw anymore, don't read.
I'm watching my shows again,
grasping onto old threads and
hoping to find a new me.
I'm sewing together pieces,
mending the holes and trying,
and failing and tying knots.
that kid and I are nothing alike,
my healing is a roller coaster.
I'm not me anymore but a shell,
I'm trying to fill myself up.
I'm trying so hard, it's hard.
but my cat still thinks I'm cool.
I have the same heart, gentle touch.
the same fuzzy blankets at night,
and tummy to lay her head.
I'm not me but I am enough.

HONORABLE MENTION

Noncompliant Patients in Clinical Pharmacy

Isaac Lund

Introduction

The purpose of this report is to provide an analysis and outline of mitigation strategies for patient noncompliance in the clinical pharmacy field. Regarding the background information on patient noncompliance, this report highlights the vast scope at which patient noncompliance pervades clinical settings and the negative effects that this has on the field at-large. Beyond this, reading this report will also give one an understanding of prospective, evidence-based solutions for dealing with this dilemma.

What are Noncompliant Patients?

Noncompliant patients are patients receiving healthcare treatment who, either intentionally or accidentally, deviate from their healthcare provider's suggested plan of action for dealing with whatever condition/ailment that the patient has. In doing so, patients are often at risk of compromising their own health despite their healthcare providers' best wishes to provide them with the best care possible (Jimmy and Jose 155) Although all healthcare workers may face this dilemma, clinical pharmacists—with the primary role of working with patients' physicians and other health professionals to design and prescribe medication treatment plans for patients—face this dilemma the most (Nam). As a clinical pharmacist, providing optimized treatment plans for patients is of utmost importance, but facing this dilemma when a patient refuses the optimized treatment plan seems to counteract that goal.

Possible Sources

Noncompliance is very common in healthcare settings worldwide, with associated causes ranging across five primary themes of factors: individual-related, disease-related, therapy-related, healthcare providers-related, and socioeconomic factors (Naghavi et al. 5–6). Individual-related factors are those that center primarily on the discretion/knowledge of the patient. For example, patient misinformation about COVID-19 has caused many patients to refuse vaccination treatment plans. Another example is how Jehovah's Witnesses do not accept blood transfusions as treatment plans since it goes against their religious understanding of humanity (4). Disease-related factors are the details of patients' diseases such as their stage, type, etc. For example, a patient prescribed medicine for minor allergies may be relatively unlikely to comply with the treatment plan (9). Therapy-related factors are details regarding the method of treatment. For example, one common therapy-related factor that often causes qualms among patients is having to do self injections of therapeutics (9). Healthcare provider-related factors are those that deal with the attributes of the patient's provider—such as their experience or fame—which may alter the trust that the patient has in following their advice (10). Finally, socioeconomic factors are the economic and social conditions of the patient/treatment. These factors include items such as the cost of the treatment plan, the patient's job security, and their insurance plan (11). Although there are five specific themes of factors that affect a patient's likelihood of compliance, multiple of these themes often overlap in each individual patient's treatment. In an experiment run by Naghavi et al., ten patients, five specialists, and four health care managers were interviewed to elaborate on the reasons they felt would be most likely to result in treatment non-compliance among themselves and others. Their various responses throughout the interviews were then categorized into each of the five themes for reasons of non-compliance, and a special software called MAXQDA 10

was utilized to determine the prevalence of each theme (2).

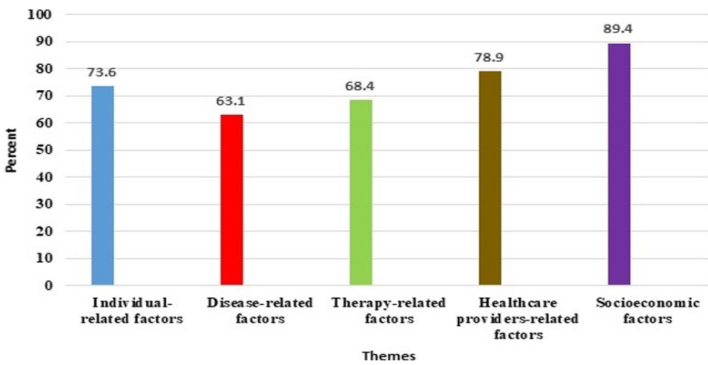


Figure 1 – Frequency of the themes extracted from the interviews

Source: Naghavi, Soheila et al. “Effective factors in non-compliance with therapeutic orders of specialists in outpatient clinics in Iran: a qualitative study.” *BMC health services research* vol. 19,1 413. 24 Jun. 2019.

Figure 1 highlights how patient noncompliance takes place as a result of many different reasons, each of which may occur concurrently with others. Each theme of reason was approximated to play a role between ~60% to ~90% of cases, with socioeconomic factors predicted to play a role the most often. In light of these results, it is understandably difficult to pin down specific problems to attack in order to mitigate cases of patient noncompliance.

Scope of Issue

Patient noncompliance is extremely common throughout healthcare fields, with clinical pharmacists facing the vast majority of the dilemma as the typical prescriber and provider of patient medications (Nam). Rate of compliance is recorded as the percentage of prescribed doses that are successfully taken by the patient (Jimmy and Jose 155). In the pharmaceutical industry, extensive literature review has revealed reports of rate of compliance ranging from 10% to 92%, with the

average rate of compliance to prescribed medication at roughly 50%. More specifically, half of this noncompliance is accidental, and these rates are typically higher for patients with acute conditions compared to those with chronic conditions (Jimmy and Jose 155). In light of this, developing mitigation plans for these noncompliant patients is an increasingly important goal for pharmacy care physicians.

Negative Effects of Noncompliance

Patient noncompliance has two primary consequences that cause it to be a significant problem in clinical settings and professional ethics. The first problem is that patient noncompliance often leads to significant worsening in patient health as a result of the progression of their disease. This often leads to failure in treatments and potentially-fatal reactions among patients, most commonly among patients with epilepsy, diabetes, AIDS, asthma, and high blood pressure (Naghavi et al. 2). Secondly, the refusal of treatment plans also imposes significant financial burdens as a result of having to bolster the treatment plan to compensate for missed treatments. For the patient, this means problems such as reduced incomes, increased time spent in the hospital/home, and increased expenditures for traveling. For the broader health care system, this means more resources wasted as a result of increased hospitalizations and increasingly-complex treatment plans (Jimmy and Jose 156).

Ethical Issues of Noncompliance

As healthcare workers, clinical pharmacists have a duty to try to maximize the health of each of their patients. With this said however, pharmacists also have a moral obligation to give their patients autonomy over their treatment plans. The ethical issue of noncompliant patients lands at the junction of these two obligations: the goal for clinical pharmacists to optimize the treatment plans for their patients without encroaching on the autonomy of their patients to make their own informed decisions on approval or disapproval of

the treatment (Nam). Knowing this, many clinical pharmacists have qualms with confronting their patients about their noncompliance—leading many patients to miss out on otherwise available, effective treatment plans which could have saved them from many physical and financial side effects. In one study, for example, it was found that 38% of healthcare providers believed opening a discussion of quitting noncompliant behavior was ineffective and 22% lacked confidence in their ability to confront noncompliant behaviors altogether (Lee et al. 312). No other career field faces this dilemma more than clinical pharmacists, and it is their responsibility to attack this prospective issue from the first moments of meeting clients.

Possible Solutions

PharmD candidate Stephanie Nam highlights how the Code of Ethics for Pharmacists establishes that advocating for the optimized health of patients is the top priority as a clinical pharmacist. As such, with an understanding of noncompliant patients in mind, it is the role of the pharmacist to not only develop the optimized health regimen for patients, but to also ensure that patients stay compliant with the care plan. Because so many factors can play into causing patient noncompliance, however, this means that leveraging many strategies for streamlining patient compliance is necessary (Jimmy and Jose 156).

Informing the Patient

As discussed earlier, patients are oftentimes noncompliant simply due to apprehension over the efficacy of the treatment plan that their care provider has presented—whether it be due to issues such as misinformation or distrust (Naghavi et al. 7). According to PharmD candidate Stephanie Nam, one way to mitigate this issue is for clinicians to engage in a comprehensive consultation with their patients about their medications/treatment plans before beginning their treatment. She noted that a benefit of this would be that information regarding treatment plans can be presented to patients

in an understandable, effective way—even further allowing pharmacists to assess the patients’ knowledge of their condition/medication as well. According to clinical pharmacists Beena Jimmy and Jimmy Jose, not only would it ensure a mutual understanding between the pharmacist and patient about the nature of the patient’s condition and treatment plan, but it would also help to build trust between the provider and patient as well. Simply holding a private, individualized consultation with patients sends the message that pharmacists are being empathetic and considerate of the needs and lifestyles of their patients. This factor, coupled with the patient’s full comprehension of the physiological benefits/effects of their treatment, greatly improves compliance (157).

Ulterior Treatment Plans

Noncompliant patients virtually always refuse treatment because of fear of side effects, whether it be physical or financial (Jimmy and Jose 156). Thus, another possible solution is to propose alternative treatment plans that are cheaper or with fewer side effects than the plans exactly as they should (Jimmy and Jose 155). To fight against this, implementing regular check-ins on patients in addition to working closely with them to incorporate their medication regimen conveniently throughout their lifestyle can be extremely beneficial (156). Pharmacists can provide tools such as medication calendars, drug cards, medication charts, etc. to make the treatment plan as accessible and simple for patients as possible. Doing so, in addition to monitoring adherence at follow-up check-ins, can help ensure that patients are staying true to the medication regimen while keeping steadfast reminders that their providers are caring for them closely (157).

Conclusion

Overall, patient noncompliance is an issue that continues to pervade the pharmaceutical industry for a multitude of reasons that often work in conjunction with each other. Although it may be uncomfortable for providers to engage in a discourse against noncompliant patients, taking

steps toward mitigating this issue is a necessary step of including overall patient health and the broader healthcare system's vitality. In order to do so, focusing on patient informing, providing ulterior treatment plans, and building behavioral support are highly important. Just as the cause of patient noncompliance is often a combination of many different reasons, focusing on a synergistic approach of these proposed solutions is most likely to yield the greatest alleviation of clinical pharmacist patient noncompliance.

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Eagle II by Jin Young Kim (Esther)