The Lion's Pride, Vol. 15

WOZNIAKSUE

OPENWA
OLYMPIA
Introduction 1

Realizing My Lifelong Dream Of Building A Library In My Hometown 3
Xiaoling Zhu

Tree Moss 7
Andrew Lee Kaye

Correctional Health: Examining Medical Neglect of the Incarcerated 10
Dalton Parker Blackwell

Burt's Bees 21
Kyle Lorance Redman

Classic Beauty 23
Su Mon Han

Depression in U.S Adolescents during the Pandemic and how it has Affected their Academics 25
Elizabeth Ann Carter

Monarch of the Glen 34
Michael Euan Craig

How Responsible is the Local Government for Homelessness? 35
Mandel D Scott

SAY SOMETHING 40
Su Mon Han

Love and Loss 42
Annie Smith
The Puddle

Andrew Lee Kaye
Notes on This Publication:

Members of the Lion’s Pride committee may make minor edits to submissions in order to standardize spelling, grammar, punctuation, and formatting. However, committee members do not thoroughly edit submissions for students, and the committee’s general policy is to present work in close to its submitted form to preserve the integrity of each student’s voice. Students are encouraged to edit their own work carefully before submission and to get assistance from instructors and campus tutors.

The Lion’s Pride may contain links to third-party web sites. These links are provided as a convenience to readers and are not under the control of The Lion’s Pride. If you access a third-party site linked to The Lion’s Pride publication, you are responsible for guarding against computer viruses or other potential risks of online navigation. The Lion’s Pride cannot guarantee the accuracy and completeness of such links and does not endorse information contained at the third-party web sites.

Lion’s Pride of Lake Washington Institute of Technology (LWTech) is licensed under a Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) license. For the individual, original works contained herein, all rights reserved and revert to artists after publication. The views expressed herein do not necessarily represent those of LWTech or the magazine publication staff.

The Lion’s Pride is a publication of student written and visual works created at Lake Washington Institute of Technology. We attempt to include students representing the diverse populations and programs at the college. The committee takes joy in sharing students voices here.

For information on how to submit your work for consideration, please visit the publication homepage: http://www.lwtech.edu/lp

You may also contact wesley.mantooth@lwtech.edu if you have questions.

Lion’s Pride Committee:
Cover Art: “Light Peeking Through” by Adam Davia Botha

Artist's Statement:
I see paintings and sculptures as a kind of rose-colored glasses...
...photos are much more objective, the image you see is the exact one the artist saw.
Realizing My Lifelong Dream Of Building A Library In My Hometown

XIAOLING ZHU

Personal Statement

My name is Xiaoling Zhu, and I am an international student from Chongqing, China. I am here studying at the Lake Washington Institute of Technology and working towards earning my nursing degree. Studying here in America has always been a goal of mine, and it has really been such an incredible experience so far. I have learned so much already, and through this essay, I am thrilled to be able to share my personal story and journey, and most importantly, my wish to be able to give back to the community where I am from.

I have to say that growing up in a traditional family in the rural part of Chongqing, China, wasn't always the easiest. I am the youngest child with 1 brother and 3 sisters who are at least 12 years older than I am. As far as I can remember, it was always a struggle for us financially, with my parents having to work so hard and long to pay off debt while having hungry mouths to feed. Being the youngest certainly had some benefits, but being a girl in a house full of girls made things harder for me. But as I reflect back on my childhood, I believe my personal experiences then have really shaped who I am today and the values that are still important to me. I learned at a very young age just how important financial stability is and how good health and healthy habits really help to make that possible. And I also learned such an important life lesson that I carry to this day, that education through reading and writing has allowed me to be where I am in a place I could never have imagined. I realize how lucky I am to be able to be here in America as an international student, working my way to earn a college degree.
Coming from my small hometown, I know not many people have the opportunity like I have, simply because they are not able to afford an education or even worse, because they are a girl. In my hometown, we don't even have a public library. So my lifelong goal and dream is to be able to give back and build a library in my hometown to help underprivileged children like I once was and to show how reading can change their life.

As a small child, I was always interested in reading. In our house, we didn't have any novels or even magazines as we couldn't afford to buy them. The only books we had were textbooks that my older siblings had from their schooling. Those textbooks didn't tell any stories, or any that I could remember. But I knew what the textbooks were for, which was to teach. And I realized I wanted to learn and get smarter and if I got smarter, perhaps it could give me a chance to do something more than what I was expected to do at home, which was to be a housewife. Instead, I wanted to study and learn and get an education and hopefully be able to get a job to earn money. So I learned to read and started reading any textbook I could get a hold of with the purpose of just trying to get smarter.

My parents, being traditional, didn't see the value of me wanting to read. As we didn't have a library in our hometown, they would have needed to spend money to buy me books, which they couldn't afford to do. So one day, I asked my mom if I could go to school. I wasn't old enough to go to primary school but I thought at least there were books there that I could read. So I begged and cried to be able to go to school, only to be scolded by my parents that it costs money to go to school and that I didn't need to go. I still remember this very clearly, and I think in some ways, this experience early in my childhood helped me become more inspired to be able to help other children who may want to read and learn but just aren't able to.

As I got older, our family got into more serious financial troubles, which I became more and more sensitive to. When I was about 11 years old, I was outside our house skating on my roller skates and had a terrible fall. I had fallen backwards onto the concrete ground
and landed straight on my tailbone. I knew at that time that I had seriously injured it and possibly my back as well as I couldn't even stand up or walk. I slowly crawled my way back into our house and into my room. I was so scared to let my family know that I had gotten hurt playing on my roller skates and I would get in trouble because we would have had to go to the hospital, which we couldn't afford. So I hid my injury, which never healed properly, and I was in constant pain. And because of the pain, I wasn't able to do very much of anything, including what I enjoyed the most, like reading and studying. I realized then just how important being healthy was and that I couldn't do anything if my body and mind wasn't well. So when my tailbone recovered enough for me to be able to start walking normally again, I did more and more walking and hiking which made my legs feel stronger and helped my injured tail bone feel better. Since then, walking and hiking has become a part of my life. No matter how busy life can get, I always make time for walking or hiking as it's such a great exercise for me, physically and mentally. I have learned through that experience how exercising in general makes me feel so great, and it has become a habit for me that I love to do daily.

Through reading and studying, I was able to graduate at the top of my high school, which helped me to leave my hometown and go to study in Beijing. When I first arrived in Beijing, it was so different and so big compared to my hometown that I felt completely lost and overwhelmed. So I did what was most comfortable for me, which was to read. I read everything I could about Beijing and the more I read, the more natural I felt about being there. Beijing felt like home and where I belonged. And Beijing is where I was able to first start earning money. I discovered what became a passion of mine – healthcare – working my way up to be able to own and operate a beauty and health clinic. From this experience, I realized what I wanted to do, which was to study in America and earn a degree in the healthcare industry. And here I am studying at the Lake Washington Institute of Technology, which is still hard for me to
believe could happen growing up in the countryside of rural China. I am working on earning my degree, but my goal does not end there. My childhood experiences have taught me a few important lessons, that financial situation has a big part in being able to make healthier choices and that good health is needed in order to be able to work on achieving that financial stability. And because of my childhood experiences, I have learned to appreciate the value of reading, and I want to be able to give back to the community that I was raised in. My lifelong dream is to build a public library back in my hometown where all children, rich or poor, boys or girls, will be able to learn to read. I want to be able to share how important it is to get an education and share how reading has really changed my life.
Tree Moss

ANDREW LEE KAYE

Personal Statement

I found that trees are really quite interesting when you think about it. The mutual relationship that moss has with the tree is fascinating. One thing helping another to thrive, neither harming the other. I think this is a lesson that we can benefit from.
Tree Moss
Correctional Health: Examining Medical Neglect of the Incarcerated

DALTON PARKER BLACKWELL

Personal Statement

As a certified nursing assistant, I am currently pursuing the goal of becoming a nurse. For this paper, I decided to focus my attention on a lesser-discussed area of healthcare: that being the varying quality of care provided to the incarcerated.

Abstract

The purpose of this paper is to examine various accounts of neglect that have occurred within the United States’ incarcerated population and analyze its prevalence and plausible causes. Sub-topics covered in this material include preventable deaths, the impact of for-profit correctional healthcare companies, and the repercussions of fear within the work environment. This paper uses various sources such as news reports, scholarly sources, and government documents. To thoroughly examine such a complex topic, an interview with an expert was held specifically for this write-up. The information concluded from such research provided an abundance of evidence regarding the prevalence of medical neglect of the incarcerated, as well as possible courses of action that could prevent it from further worsening if implemented.

“Help” is a common word: one that takes priority in the medical field. It is also a word that fell on deaf ears when Ta’Neasha Chappell repeated the phrase while in custody at the Jackson County Jail. For nearly sixteen hours Chappell uttered the word while being met with skepticism and Tylenol (Martinez, 2022). Those hours consisted of repeated vomiting—which she claimed consisted of blood—insistent cries for a hospital, and others relaying the
Correctional Neglect

In 2021, Washington state paid $3.25 million dollars to the family of John Kleutsch after he passed away; his death was attributed to the poor healthcare displayed at the Monroe Correctional Complex. Seattle Times staff reporter Jim Brunner published three articles detailing the events of Kleutsch’s death. The origin of the untimely loss of life can be traced back without difficulty. Brunner reveals that 26 days earlier, Kleutsch started complaining of “excruciating pain” from a surgical incision that wasn't healing. In return, he was offered Tylenol. As his health deteriorated, his call for help remained unanswered despite the situation being made clear to Dr. Julia Barnett who served as the medical director of the complex. With time, his ability to eat orally was gone. Vomiting became frequent. Kleutsch grew dehydrated, possibly attributed to how “medical staff forgot for more than a day to give him intravenous fluids” (Brunner, 2021, para. 9) Originally, Barnett refused to send Kleutsch to the hospital despite concerns of fluid buildup and by the time he was finally sent, the outlook was grim. “By that point he had a perforated intestine, pancreatitis, and an infection...” (Brunner, 2020, “No plan of care” section). He passed away six days later.

The negligence that Julia Barnett displayed in Kleutsch’s treatment wasn’t new to the facility. In fact, as of 2020, Barnett’s license was suspended due to similar cases of negligence backed up by “…more than 2,000 pages of records [detailing] allegations of poor medical care” for her facility, as reported by The Seattle Times (Brunner, 2020). The Department of Health’s (DOH) statement of charges includes: “failure to adequately monitor treatment; failure to identify and treat medical issues; ...failure to provide appropriate
levels of care, including emergent care.” It appears that those incarcerated under her care had cause for concern: “I don't want to die here” were words uttered by inmate Lee Johnson, who also didn’t receive proper care. In a way, Johnson’s fear never came to fruition: instead, he passed away in a hospital offsite due to Barnett’s and the correctional complex’s inaction. Johnson was another of seven deaths that occurred under the care of Barnett and that have been deemed worthy of investigation (Brunner, 2020). The improvement needed extends further than Barnett herself. In fact, it seems that the Washington Department of Corrections (DOC) has “a pattern of delay that leaves the state's 18,800 incarcerated men and women unable to access basic health services” (Pulkkinen, 2020).

Poor correctional healthcare can be seen throughout the U.S. with such accounts documented by The Marshall Project, which serves as a non-profit news organization centered on prisoner rights. “I would hear him screaming in agony before I even made it inside the building... In some ways, I felt relieved that Farrell was paralyzed. At least he couldn't feel it when nurses went to clean his stage-four bedsore,” said Lois Ratcliff when talking about her late son, who received poor care evident by how “basic cleanliness and medical precautions were absent,” which contributed to his painful deterioration (as cited in Ratcliff & Larteys, 2021). There are many accounts like that of Ratcliff's, events existing state to state, with whole prison and jail systems drawing criticism for their care such as in Arizona and Illinois (Meisner, 2019; Ciaramella, 2021; Denison, 2021).

**Malpractice Exacerbated by Large For-Profit Healthcare Companies**

The poor care provided, even when the best of intentions is displayed, was discussed in a workshop summary titled Health and Incarceration, approved by the Institute of Medicine and National Research Council (2013). Poor screening processes for diagnosing patients, inability to provide timely care, and lack of proper staffing were all noted issues (p. 11). Furthermore, treatment of the incarcerated outside of jails and prisons has also been shown to
be of lesser quality. In a study entitled “Caring for Incarcerated Patients: Can it Ever be Equal?” published in the Journal of Surgical Education, 47% of surgical trainees believed that prisoners received substandard care and 71% said the holding rooms for the incarcerated were substandard (Douglas, et al., 2021).

The complications of correctional health get murkier when considering “for-profit prison and jail healthcare providers” as was revealed in the CNN published exposé entitled “Please Help Me Before It's Too Late” (Ellis & Melanie Hicken, 2019). Wellpath (formerly Correct Care Solutions, often abbreviated CCS) “is the nation’s largest for-profit provider of healthcare to correctional facilities.” (Ellis & Hicken, 2019, section 1). Priding themselves on their affordable care, Wellpath allegedly hires out to the inexperienced who are ill-equipped for the job: “workers shredded medical requests or hid them in boxes because of a lack of staff and resources. In other places, documents and interviews recount how requests had been found stuffed in drawers or ignored for weeks” (Ellis & Hicken, 2019, section 7). Wellpath claims to hire an appropriate level of competent staff, yet whistleblowers have claimed that the understaffing and inexperience of the employees was so severe that nurses had quit out of fear of losing their license (Ellis & Hicken, 2019, section 1). Some healthcare workers have directly noted a drop in quality of care when their facility went from government-supported healthcare to that of a private for-profit company, stating that the lack of care with CCS became concerning (Ellis & Hicken, 2019, section 7). It wasn’t rare to see medications often out of stock and denied, resulting in preventable deaths, and a case of disturbing self-harm from an inmate’s lack of medication for their psychosis (Ellis & Hicken, 2019). Further supporting the accusations of unprofessionalism, a “Director of Nursing jokingly announced in a loud voice in [a] clinic, ‘We had a drug holiday for one week,’ as if it were totally insignificant,” according to a memo from Grace Kingman on behalf of the Pierce County Sheriff’s Department (2016) expressing deep concern for the lack of care the CCS provided in their facility. Other for-profit correctional
healthcare companies have similar reputations. One such company is “Correctional Health Partners (CHP) for their ‘deliberately indifferent policies,’” according to one mother whose son passed away under the care of CHP (Coll, 2019). The nature of providing cheap care in the form of such companies to the incarcerated is lucrative and continues to grow with CCS alone having “seventy percent of the jails that it inspects outsource their medical services...” (Coll, 2019). Granted, issues of negligence towards the incarcerated have existed before private correctional healthcare companies rose in prominence, but their emphasis on cutting corners to save money only exacerbates the issues. In addition to these problems brought up by understaffing, the private-nature of these companies could also potentially allow neglect to occur with less attention or, as David Fathi of the National Prison Project stated, “…government-run prison health care [isn’t] perfect. It’s often appallingly deficient. But, at least when a government is providing the service, there is some measure of oversight” (Coll, 2019, para 24).

The Multifaceted Origins of Poor Care for the Incarcerated

“First off, prisons and jails aren’t looking to provide the Cadillac of healthcare,” said James Ilika, who provided the clear statement a mere few minutes after our interview on correctional health began. With an M.A. in psychological counseling, Ilika served as a Psychiatric Evaluation Specialist for the King County Jail system for 17 years and occasionally saw prisoners while working in community health. My confidence in the information he shared was bolstered not only by his expertise – but also by his seemingly genuine interest in the subject.

Continuing the interview, Ilika first wanted to give needed background on the struggles that affect jails foremost before moving on to healthcare of the incarcerated in general. Ilika mentioned how jails often neglect the seriousness of drug withdrawal, and how due to the acute temporary nature of jails, a large amount of those that come in have alcohol addiction or another form of substance abuse. An adjacent cause of substance-related deaths in jails is the inability to get the incarcerated the
medications that are needed, partially attributed to poor screenings that don't provide the needed information. In other cases, the withdrawals can come from the individual having a dependence on prescriptions that were being used off the record. Those with mental health issues are at particular risk of receiving substandard care. As Ilika brings out in his 2011 article, “Mental Health Professionals and the Jail System”:

Jails however are not designed or staffed to systematically meet the needs of the mentally ill. Incarceration of the mentally ill is an imperfect temporary response to a tragic and complex social problem. Nevertheless, jail staff work with mentally ill inmates 24 hours a day, 365 days a year.

After the discussion of jails, Ilika decided to share what he viewed as the biggest obstacle to proper care: “The biggest obstacle to adequate care is the fear of being manipulated” (J. Ilika. personal communication. February 20, 2022). It was subsequently clarified that he was referring to the fact that no employee, whether correctional or medical, wants to be taken advantage of. Inherently the environment of a corrections facility is one that fosters distrust according to Ilika. And after a while, nurses develop this fear of being lied to, which can manifest as a lackadaisical approach in giving treatment. This, in turn, results in the incarcerated fearing a lack of adequate care, so they must partake in “strategic manipulation” through exaggeration of symptoms to get basic care. Similarly, another report stated that “99 percent of the time the reasons there was unconstitutional care was because there was mistrust and cynicism of what the patient was saying” (Institute of Medicine and National Research Council. 2013, p. 13).

Another source of poor care stems from a culture clash between the corrections staff and the medical department. As Ilika explained to me: The contrast between the corrections faculty and medical faculty breeds an unhealthy environment for medical workers, which in turn hurts the prisoners. The culture of the corrections department is paramilitary and punitive, while the culture of healthcare is non-paramilitary. Often correction officers see
themselves as part of the punishment of incarceration when their job is intended to be one of protection. According to Ilika, it’s not uncommon for corrections to see those suffering under their care as “drug crazy” and just “another addict” undeserving of proper treatment. Nurses and therapists can be indoctrinated and corrupted by this permeating attitude (I. Ilika. personal communication. February 20, 2022). Ilika’s claim seems to be an accurate observation with similar statements made by others, including inmates as found in Crosscut’s research:

When complaints rise about medical care provided through the Department of Corrections, blame often falls on cost controls meant to ensure the department doesn’t blow its whole $1.1 billion annual budget on health services. But in interviews, more than a dozen current and former inmates, their families and their advocates argue the department maintains a culture of callousness. (Pulkkinen, 2020, para 8.)

It would be beneficial to view the punishment of incarceration as the fact that one is removed from society. The care received inside the facilities is not meant to be the punishment. The added punishment given to the incarcerated through mistrust and neglect displayed by the medical team only encourages the incarcerated to remain fearful and bitter. The goal of incarceration for most is to be reimplemented into the world as a functioning member of society. This is made difficult when one has their experience of rehabilitation be that of cruelty. With the surprisingly high number estimated for those falsely incarcerated, not even the innocent are safe from this neglect (Walsh et al., 2017).

Possible Approaches to Repair Correctional Health

The amount of negligence shown in different aspects of the correctional system is not only disturbing, but it also goes against the nature of healthcare itself. In some of the accounts discussed, negligence can go as far as breaking the Eighth Amendment: “Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.” (“US Constitution,” Art. I, Sec. 8). As mentioned earlier, this punishment partially stems
from fear. To counteract this fear that all three parties have (corrections, medical and the incarcerated), changes need to be made to the culture and mindset of the staff. According to Ilika, instead of viewing the incarcerated as possible liars not to be trusted, staff must be trained to see that this lying is no more than “strategic manipulation” to receive the care they truly need (J. Ilika, personal communication. February 20, 2022). The culture of the corrections department needs to move from one of punishment to one of protection. Ilika revealed to me that often those in the corrections department are those with aggressive personalities bordering on antisocial personality disorder. A large reason for this is the pool from where these staff members are picked. This pool often consists of those who failed to become police officers or who are looking for a sense of authority. To counteract this, personality tests and stricter screenings should be given prior to employment, and focus should be given to hiring those who once served in the forces before with a good record (J. Ilika, personal communication. February 20, 2022). With corrections having less of a negative influence on the medical faculty, negligence would surely lower. As for the for-profit correctional healthcare companies, the demonstrated emphasis on cheap care should instead shift towards proper care.

**Conclusion**

The medical field should be one of healing, not one of punishment. The disturbing cases, such as with Chappell’s fruitless pleading for the hospital or Julia Barnett’s willful negligence, are seen too often with little attention given to the victims due to the stigma that comes with being classified as a criminal. Regardless, the incarcerated have a reason to voice concern about their poor medical care, and we need to recognize this concern for what it is – a call for help.

**References**

Brunner, J (2020, February 26). The head at Monroe prison was fired over alleged negligent care. Now seven inmate deaths are under investigation. The Seattle Times. [https://www.seattletimes.com/](https://www.seattletimes.com/)


https://www.newyorker.com/magazine/2019/03/04/the-jail-health-care-crisis


https://www.documentcloud.org/documents/7331335-Barnett-Suspension.html

https://doi.org/10.1016/j.jsurg.2021.06.009


Ellis, B., & Hicken, M. (2019, June 26). “Please help me before it’s too


Martinez, N. (2022, January 17). New jail recordings confirm Ta’Neasha Chappell told officers she was vomiting blood hours before her death. Wave 3. https://www.wave3.com/2022/01/17/new-jail-recordings-confirm-taneasha-chappell-told-officers-she-was-vomiting-blood-hours-before-her-death/


Keywords: Correctional Healthcare, Incarcerated, Incarceration, Malpractice, Neglect, Negligence, Preventable Death, Prisoner Healthcare.
Burt's Bees

KYLE LORANCE REDMAN

Personal Statement

This image was from a assignment in my ART140 class where we were told to take a photo of a everyday object zoomed in.
Personal Statement

I created an art nouveau-style poster advertising a local, body-positive lingerie shop. To carry over the spirit of the shop’s mission, I chose to feature a model of different body type and skin color/race from what is traditionally found in posters from the art nouveau heyday, and created an original vector illustration that treated her with the reverence for her beauty that any of Alphonse Mucha’s “classic beauty” models would have expected for themselves.
By Su Mon Han
Depression in U.S Adolescents during the Pandemic and how it has Affected their Academics

ELIZABETH ANN CARTER

Personal Statement
This paper thoroughly expanded my understanding of depression and its prevalence in the U.S. I learned about how depression rates are measured, what may cause it, and how it can affect daily life. In focusing on adolescent depression during the pandemic and academic performance as a result, I learned more about how myself (being 17) and my peers have been affected by the pandemic mentally. It has given me a better understanding on the toll the pandemic has taken on mental health across America.

Abstract
The COVID-19 virus, which first emerged at the end of 2019 and has since been a very prevalent and life changing worldwide crisis, may have a significant impact on the mental health of adolescents. Various circumstances and dilemmas that the pandemic has made into reality may have caused many adolescents in America and across the world to develop symptoms of depression. This paper's main objective is to discuss the effects that the pandemic has had on depression rates in adolescents in the United States and how depression during the pandemic has affected their academic performance. Present studies demonstrating recent depression rates in teenagers included in the paper largely are recorded through the reports of one or more depressive episodes during a set period of time; they have demonstrated that not only have adolescent depression rates increased from 2019 before the

Depression in U.S Adolescents during the Pandemic and how it has Affected
pandemic to 2020 at the height of the pandemic but have also been increasing for the last 13 years. Additionally, recorded decreases in academic performance in the U.S during 2020 and 2021 indicate that the pandemic has been the cause, likely due to the effect it has had on the mental health of adolescent students.

The COVID-19 virus, emerging near the end of 2019, has run rampant across the world. The pandemic caused America to shut down in March of 2020 and other countries at roughly around the same time. The shut-down of businesses and schools across the country and worldwide confined everybody in their homes. For adolescents, this meant that their developing social lives and learning journey were completely put to a halt, inevitably taking a toll on their mental health. The pandemic not only has infected and killed countless lives globally but has caused an increase in depression rates in adolescents. Although the pandemic may have served as a positive circumstance for the betterment of some adolescents’ mental health, it has served as a major blow for a much greater number. Additionally, adolescent depression during the pandemic is tied to their recent negative academic performance.

**An Increase in Depression During the 2020 COVID-19 Pandemic**

Depression is one of the most common mental illnesses in the world. It is characterized by feelings of sadness, hopelessness, and helplessness (Khurshid et al., 2015). In the past few years, depression rates in U.S teenagers have been steadily increasing. The National Survey on Drug Use and Health, or the NSDUH, records the percentage of adolescents that have experienced a major depressive episode annually. For the survey, a major depressive episode requires that the respondent has had one or more periods of at least 2 weeks in which they felt depressed for the greater part of each day (2020, p. 41). The NSDUH reported that in 2017, about 13% of United States teenagers experienced one or more major depressive episodes during that year, which is an 59% increase from the 8% reported in 2007 (2020, p. 42). During the pandemic, depression rates have increased even further, caused by a variety of
factors that the pandemic has created worldwide. Several national youth mental health surveys were not able to put together normal survey reports in 2020. Thus, data cannot be reliably compared directly from 2019 to 2020. Additionally, the NSDUH’s latest data is from 2019. However, Mental Health America, another database that provides data from their own youth mental health survey, has reliable reports for 2019 and 2021. In 2019, an average of 12.63% youth ages 12 to 17 reported having experienced at least one major depressive episode. As reports were recorded state-to-state, the minimum recorded percentage of having at least one major depressive episode was 9.91% and the maximum was 15.93% (Hellebuyck et al., p. 17). In 2021, the average rose to 15.08% (Reinhert et al., 2021, p. 25). This increase from 2019 to 2021 indicates depression rates in adolescents also increased during the height of the pandemic in 2020. This is further supported by the data that Mental Health America did gather in 2020. The survey measured depression rates in a different manner, screening respondents for symptoms of mild to severe depression. In the 11 to 17 category, 9.38% scored with symptoms of minimal to mild depression and an enormous 90.62% scored with symptoms of moderate to severe depression (Mental Health and COVID-19). Although this data is not comparable to other data, it still clearly demonstrates how high adolescent depression rates have risen in the U.S due to the pandemic. More specifically, the various stressors that trigger symptoms of depression in adolescents have been amplified by the pandemic, which is reflected in the data. Things like overwhelming coursework, a bad home environment, or concerning worldwide events—such as the pandemic itself—increase stress and cause feelings of sadness, hopelessness, and helplessness.

Counterargument: The Improvement of Mental Health During a Global Catastrophe

In the face of the growing rates of depression in adolescents during the pandemic, some have reported that the pandemic has served to be a positive circumstance for the betterment or maintained stability of their mental health. As the pandemic caused
virtually everything to shut down, schools across the United States shut down and put a halt to the education of millions of adolescents nation-wide. Because of this, youth were able to get a long break from their stressful schooling, allowing them time to recharge and pursue hobbies at home. For example, a high school junior named Ella Fredrikson said that being in quarantine served as a nice break from her bustling life. She finally was able to do the hobbies she missed (Learning Network, 2020). The lack of stressors such as overwhelming schoolwork and extracurriculars caused symptoms of depression in some teenagers to subside, overall improving their mental health. The pandemic has also allowed people, including adolescents, time to work on their mental health. Suggested methods to improve and protect one’s mental health at home include exploring goals and hobbies, keeping a journal, maintaining good hygiene and diet, creating healthy sleeping habits, and meditating (Importance of Mental Health, 2021). These methods become much more possible in a nation where everybody is isolated in their houses. Some individuals who faced difficulties because of the pandemic have been able to successfully employ coping mechanisms and avoid a crumbling mentality. A recent study examining depressive symptoms in adolescents during the pandemic described the term “character strengths”. They are defined as “morally valued positive traits that are reflected in thoughts, emotions, and behaviors” (Liu et al., 2021, para. 1.2). The studies found that these character strengths or psychological resources can be utilized by adolescents to successfully cope with their unfamiliar and concerning reality; they promote positive behavior and mentality (Liu et al., 2021). As one example, a boy named Anthony Naranjo thought positively, demonstrating a character strength of his, to see the good of the pandemic. He was glad that his social circle became narrow; he could spend more time with his family and take the time to discover himself while also working on and strengthening his mental mindset (Learning Network, 2020). Similarly, a girl from California named Mieko also demonstrated positivity and encouraged others to practice it to
combat the stressfulness of the pandemic (Learning Network, 2020). Through these psychological resources many adolescents can alleviate the stress derived from the pandemic and therefore reduce depressive symptoms.

The Crippling Effects of the Worldwide Pandemic on Adolescent Psyche

Despite the few youths who felt that the pandemic was good for their mental health, a much greater number found that it had the opposite effect. The pandemic was and still is a dramatic and life altering world event. It has been stressfully unpredictable, caused many deaths, and cast a cloud of fear throughout the world for a long time, causing mental wellness worldwide to deteriorate. Like the data from Mental Health America, another study showed that depressive symptoms increased from before the pandemic to during it, especially in females (Hawes et al., 2021). For adolescents particularly, the transition to remote learning, limited interaction with peers, and confinement to their homes increased stress and had a negative impact on mental health. For instances, a girl named Caileigh Robinson said that she already had depression and that not being able to see people outside her family served to worsen her mental health. She found that she lost motivation and felt fear very frequently (Learning Network, 2021). Caileigh's depression appeared to have worsened due to the pandemic. Although not appearing to have spiraled into depression, another girl described stressors that have been placed on her because of the pandemic. Elysia said that she felt stressed about missing important milestones in her life, like prom and graduation (Learning Network, 2021). While trying to see the positive, Elysia clearly felt the weight that the pandemic put on her mentality. Brenda Kim shared a more detailed account of how she felt when quarantine began. She felt pessimistic about quarantine, experienced helplessness and loneliness, and lost her educational motivation, deeming it pointless as her life blurred before her (Learning Network, 2021). The words she used demonstrated that she was feeling symptoms of depression and likely even experienced at least one depressive episode due to the
pandemic. The New York Times article that collected all these quotes from youths concerning the pandemic also welcomed poems. Ellinor Johansson’s Poem by The Lady Running with Toilet Paper included the phrases, “You make me lose my hope in mankind,” “No one seems to be coughing/But I can feel it in the air/A dull creeping paranoia/Assembling to a scare,” and “All I’m able to think is, ‘Oh god we’re screwed!’” (Learning Network, 2021). Her work showed that she too felt immense pressure and even symptoms of depression. The people who hoarded toilet paper made her lose hope in mankind, she constantly felt that she was in danger of getting infected, and she worried that the world would crumble. Overall, countless adolescents across the United States overwhelmingly suffered mentally because of the pandemic. Such a massive disruption in human life totally upended normalcy and encouraged the festering of feelings of fear, uncertainty, hopelessness, and helplessness.

**Academic Performance Decline as a Result of Increasing Depression Rates During the Pandemic**

Depression in adolescent students during the pandemic has caused a decline in academic performance. Depression interferes with daily activities and causes those afflicted to ignore their successes, instead focusing on their failures. Because of this, depressed individuals struggle to absorb curriculum and spend minimal time on homework (Khurshid et al., 2015). In fact, academic and social pressures not only are affected by depression but cause adolescent depression as well (Geiger et al., 2019). It becomes a never-ending cycle. Either an individual ignores their academics because they are depressed, or their academics causes stress which leads to depression and still ultimately the negligence of academic work. The pandemic initially caused the closing down of schools and then transitioned to online learning, which served as a huge stressor to teenagers and contributed to many individuals’ depressive symptoms. As a result, electronics have been used excessively, sleep patterns have been disturbed, and stamina has decreased (Haleemunnissa et al, 2021). These habits negatively affected
schooling, especially when school became entirely conducted online. Online school was unfamiliar and usually proved to be an ineffective way to teach young middle and high schoolers. For depressed teenagers, interest in school was largely non-existent, so curriculum was ignored, homework wasn't done, and many grades dropped. As grades dropped, stress and therefore depressive symptoms increased and students across the United States became trapped in the cycle.

In conclusion, the worldwide COVID-19 pandemic has caused an increase in adolescent depression rates, which had already been increasing for the past several years. Although a small percentage of youths felt that the pandemic has allowed them the opportunity to improve their mental health, many more found that their mental health was worsened as a result, oftentimes causing them to develop depressive symptoms and even experience depressive episodes. Finally, depression, being caused by the pandemic and exacerbated by the stressful, unusual, and oftentimes ineffective new methods of teaching, have resulted in a decline in academic performance for the past two years. Knowing these things, it appears necessary for the United States government to provide American adolescents with more resources to improve their mental health. Additionally, it may be beneficial for U.S school systems to provide more resources and assistances for academically struggling students and mentally struggling students.

References

COVID19: Understanding impact on the growth trajectory of an evolving generation – ScienceDirect (lwtech.edu)


Mental Health and COVID-19: What MHA Screening Data Tells Us

32 | Depression in U.S Adolescents during the Pandemic and how it has Affected their Academics
about the Impact of the Pandemic. (2020). Mental Health America. 

Depression in U.S Adolescents during the Pandemic and how it has Affected their Academics | 33
Personal Statement

I captured this photo on the Bachnigarn Estate in the Scottish Highlands while serving in the British Army. I would regularly take my camera with me when working in the glen. Our job was to assist the Royal Family on hunting expeditions and provide security during their yearly stay in the Balmoral Castle. The photo shows the Ghillie (a professional hunter) taking a stag off the hill using the traditional method of horseback.
How Responsible is the Local Government for Homelessness?

MANDEL D SCOTT

Personal Statement

My name is Mandel Scott and I’m enrolled in the Digital Gaming and Interactive Media program here at LWTech. I am from Seattle, Washington and I wanted this essay to focus on the unhoused community in the area and look at how responsible, if at all, the local government is for their living conditions.

On February 20th, 2022, Seattle city crew members arrived on 4th Avenue to clear the tents that covered the sidewalk just across the street from Seattle City Hall. Protestors arrived and stood together–arms locked–to prevent the city crew members from proceeding with their encampment sweep. Their efforts succeeded as the city crews left shortly after clearing only a few spaces. However, two weeks later city crews, with the help of the Seattle Police Department, cleared the encampment. According to King 5 News, there were 16 unhoused people present, seven of whom were referred to shelters and nine of whom left voluntarily (Miller). While this was just one of many encampment sweeps that have taken place over the last few years, there’s something extremely poignant about an encampment sweep that took place across the street from Seattle City Hall. It’s as if the location of the encampment itself was a cry for help. A cry that appeared to be answered with callous capitalism.

It’s important to note the process behind encampment sweeps and how they are handled. The City of Seattle website breaks down the Encampment Cleanup Process into seven categories: Outreach, Reporting, Assessment, Prioritization, Scheduling, Notice, and
Storage (United States, City of Seattle, Unauthorized Encampments). Outreach is a step where the Navigation Team, a group comprised of Seattle Police officers and city employees, offer alternative shelter options. According to the City of Seattle website, this takes place both after a cleanup notice has been posted, and on the day of the sweeps. Reporting references how the city learns about encampments. Reporting takes place through the following methods: calls to the Customer Service Bureau, reports filed online through the city’s Service Request Form and/or The Find It, Fix It app, and the Seattle Police Department and other city employees who discover people camping on city property. Assessment is a step that details how city staff will visit the site of an encampment to analyze the area. Prioritization describes how the city determines which encampments get swept first. Health, safety, criminal behavior, and obstruction of public property are considered as the main factors that determine cleanup priority. Scheduling will then take effect for encampment sweeps based on their priority. Notice is regarding how the Navigation Team is to provide 72-hour notice of an upcoming sweep. Lastly, city staff can offer storage for personal belongings before or during an encampment sweep.

Seattle-based community organizers Dae Shik Kim and Guy Oron went into detail on some of the sordid details behind encampment sweeps: “During sweeps, city employees can destroy tents, throw away belongings the city doesn’t want or is unable to store, issue parking tickets or even impound vehicles that unhoused individuals use for shelter, and install hostile architecture that keeps people from coming back to sleep on benches in city parks.” The authors explain how the 72-hour notice that the Navigation Team is mandated to provide doesn’t always take place and states that if an encampment is considered to be a consistent problem that the city is not required to give any notice or provide any outreach. City records indicated that the Navigation Team only provided 72 hours of notice to encampment residents for only 81 of the 1,192 sweeps that took place in the year 2019 (Kim and Oron). It’s bad enough
that there's a systemic failure taking place with these encampment sweeps, but these sweeps taking place in the middle of a pandemic without suitable and consistent shelter options is especially egregious.

A fair question to ask would be, “why don't city officials do more to address homelessness?” One reason why is because many mayors nationwide don't believe they have the power to address the matter. According to a nationwide survey of mayors conducted by Boston University’s Initiative On Cities in conjunction with Community Solutions, 73% of mayors believe that they are held accountable by their constituents for their response to the homeless crisis, but 81% do not believe they have a lot of control over the issue (Abraham, Sec. 1). The primary reasons for this are a lack of funding as well as public opposition to new affordable housing. Jake Maguire of Community Solutions believes that the perceived lack of power leads to police intervention: “What you see there is mayors defaulting to something they're actually in charge of, which is the police force. Most mayors are not in charge of the production of affordable housing, they're not in charge of the federal housing voucher supply that comes down to their community.” (Quoted in Abraham, Sec. 2). Police presence is an insufficient answer to the steadily growing problem of homelessness and it can be argued that police only exacerbate things for the unhoused population.

On December 18th, 2020, an encampment sweep that took place at Cal Anderson Park turned violent when protesters threw rocks at Seattle Police officers who came for a cleanup. The Police then responded with rubber bullets and flash bang grenades (Martin). With tensions still mounting from the Capitol Hill Occupied Protest, the unhoused population was then caught in the middle an ongoing feud between protesters and police. The ensuing chaos resulted in over 20 arrests and tens of people displaced with nowhere to go. There's a duality that presents itself when it comes to encampment sweeps. With inconsistent shelter options, the unhoused are simply displaced instead of being provided with the help that they need,
but does that mean that people should have to just accept the health and safety problems that are a byproduct of the encampments? What exactly is the solution?

A common school of thought is that homelessness in the Seattle area can be attributed in large part to corporations such as Amazon and Microsoft, lack of rent control, and a rapidly rising housing market. While that’s true, there appears to be more to the problem than meets the eye. According to a King County point-in-time study from 2018, only six percent of unhoused people surveyed stated an inability to afford a rent increase as the reason for their situation. The study suggested domestic violence, incarceration, mental illness, family conflict, medical conditions, breakups, eviction, addiction, and job loss as bigger factors than rent increases (Rufo, par. 5). The City of Seattle’s data states that more than half of the unhoused population comes from outside the city limits (Rufo, par. 12). There’s also city data that suggests that up to 63% of the unhoused population refuse shelter when offered by the Navigation Teams (Rufo, par. 13). It paints a sobering picture, especially when it’s taken into consideration that nearly half of the unhoused people at the 4th Avenue sweep left voluntarily instead of being referred to a shelter.

How does a city go about tackling a problem that’s so multilayered? Perhaps the most common argument is to defund the police but that may present its own set of issues. The Seattle Police Department has suffered budget cuts dating back to 2020 where it was $401.8 million dollars to now, where the city council approved a new SPD budget of $355.5 million dollars (Mutasa). Even despite those budget cuts, there hasn’t been an improvement for the unhoused community in the City of Seattle. It appears that the status quo will continue under Bruce Harrell, who was recently appointed City Mayor. I think that homelessness itself is so drastically complex that the issue can’t be pinned solely on the local government – but I absolutely believe that they drastically compound the problem. Allocating more funds would be a huge benefit to the matter and would be a great start towards solving
this issue. Perhaps what would be just as valuable to fixing things is compassion. Something we seem to lack across the board when you consider the state of the world.

**Works Cited**


Personal Statement

I designed this book cover for a class project in which we profiled an artist or designer we found inspiring in a self-made ebook. I liked my resulting ebook cover design enough to reach out to the artist I’d profiled to request permission to display the cover featuring her artwork publicly. Sadly, she declined, but this initial disappointment led to me creating my own original artwork that not only preserved the sensibility of the first piece and fit my design perfectly, but allowed me to discover my own interest in vector illustration.
By Su Mon Han

Say Something

Social Justice in Design

Speak Up Boy!

Speak Up Boy!
Love and Loss

ANNIE SMITH

Personal Statement

Anne Francesca is a late-start college student with a plethora of successes and failures. Whether through personal loss, such as the passing of her grandmother, academic struggles, financial hardships, or within personal relationships, she attempts to find balance between loss and love in life.

As a child, I was a voracious reader. I raced myself to devour the words on the pages as fast as I could. However, despite being consumed with ideas and stories for books I could never quite form the right words. I could always comprehend material, but I was squeezed tightly between being an avid reader possessing the imagination for a story and the struggle of trying to form the right sentence structure to convey my thoughts. As I reader I would become engrossed in a story and transported into a new world. In contrast, whereas when I attempted to write, it was blocky, unconnected and strung loosely together in an unorganized heap of thoughts and emotions. I was so dedicated to books that my local librarians knew me by name for attempting to check over the allowed limit with each visit. I had my library card number memorized and the hold shelf always had a colorful tag, or five, peeking out of the shelves with my name typed out in neat print. Everything of paper became a potential bookmark and book stores became an almost impractical luxury with how quickly I would fly through any new material. I particularly recall being sick in the fifth grade, reading through the dictionary in an attempt to show my mother how badly I needed new reading material.

My grandmother in particular nurtured my love for reading. She would lend me “Encyclopedia Brown” mysteries novels where I would attempt to solve the case halfway through the story. I loved to put together clues and foreshadowing that I picked up on so
easily. I have memories of listening to “Hank the Cow Dog” on audio cassette in her older Toyota Carolla while she drank diet Pepsi, lecturing me on how bad it is for you. I recall the afternoon trips to Third Place Books after being treated to a lunch out I would have never ordinarily received, being one of seven children. She made me feel special, as though we had a secret it was just the two of us in on. I remember biking to the library on the weekdays, loading up my freshly emptied school bag with everything that would fit. This continued for years up until my grandmother suffered her stroke. We both changed after that, mere shells of who we used to be.

It was in my sophomore year of high school when my father sat us down to tell us the stroke had occurred. After that I noticed, my reading had begun to subside. My parents sheltered me from what that type of stroke truly meant. I thought it was something where with a little rehabilitation and physical therapy, she would be back to driving me out and about on our special trips once again. But my grandmother never did end up in the driver’s seat again. She wasn’t expected to live past the first week, or month, or year. However, she was determined to walk again she was determined to succeed and to have me succeed. My grades dropped and spirits plummeted after that year. But not her, she was determined to go back to school and finish her masters. She urged me to apply for the FAFSA and to go into college. Getting through high school was enough of a battle for me, I so declined.

My Grandmother rode horses in her rehabilitation plan, began to work on using a walker, attended physical therapy, but continued to fight a battle she slowly lost over the next five years. I don’t remember how it started exactly, but I remember pushing the doubts aside in my mind. The woman who could do all that was slowly slipping away. She would call at all hours, asking me why I hadn’t arrived for plans we had never scheduled. I was trapped at work for many of these calls. She was trapped in the past. I was no longer her granddaughter. Maybe it was because our names both started with the same letter or maybe it was because I reminded her of my great grandmother: Arlene. But for the last two years of her
life, in these phone calls my grandmother began to believe she was talking to her deceased mother.

It began simply enough. A call here or there to complain about something my father supposedly did to exasperate her. But there was always something that stood out. Why was she referring to him in such a juvenile way? Why would my father choose to kick his adult brother out of his room? It eventually dawned on me that she was stuck in the years she had told me stories about. Except this time, I was part of them, I was her mother guiding her through her son’s troubles in school. I became, to her, the guiding figure she had been for me all those years.

Only later, after the funeral, did I find out that I was the only one who had experienced those calls. Of course, everyone else had their own experiences with her dementia but nothing quite so personal or heartbreaking. In a way, she shared with me a new type of togetherness. We could not have those day trips to the library or the bookstore anymore, but she shared with me snippets of her life she had held onto. She told me the story of her life from her first-person point of view. If time travel is real, I have seen it. To be with someone as they are living their past life in the current moment is proof enough. In all those books I had read, nothing came close to the emotional response I had to her life’s story. No novel could compare to the nights I had spent crying after hanging up the phone because she wasn’t the same person I remembered.

In a way she shared with me her life’s story through an unknown glimpse into her life and I suppose I am doing the same now. I would likely not be graduated from high school or enrolled in this class today if not for her. The day she died was the day I applied for school. The first thing my great uncle spoke to me about at her wake was how proud she would have been of me for starting college. She shared with me the struggles of a mother, a wife and a student I would never have known about if it were not for those calls. I’m not the same carefree person who could check out thirteen books and logically expect to have them completed by the same time next week. I worry about bills—but I read when I have time. When the
chores are done and the work is complete and I won’t have to get up early, I may allow myself the luxury of reading for pleasure. I have grown up.

When we get older, we have responsibilities, bills, car payment, mouths to feed. There isn’t time for reading for pleasure, unless you’ve made it. At least that is what I believed for years. I take time again to myself; I try to schedule those moments I can lose myself in my passions. I have a way to go until I have time to read again without sense of impending dread. I still have the last gift she ever gave me. “The Girl on the Train” a mystery and suspenseful novel of a woman fighting to unravel the answers to questions no one else wanted to face. I loved that book, it brought back the reading-under the-covers while hoping not to be caught up late with a book adrenaline. She got me excited about books again. My grandmother was able to read without schedule, she could do it all. I have only myself to lead now. I may be disconnected from the world of literature I once ran to with reckless abandon. However, now without her I try to make it there when I can.
The Puddle

ANDREW LEE KAYE

Personal Statement

I have always had a fascination with water. I love how it can sometimes be a perfect mirror of an object. In this case, the water is reflecting the object, however, because the object is not in the picture, an air of mystery lingers in the viewer’s mind.
By Andrew Lee Kaye