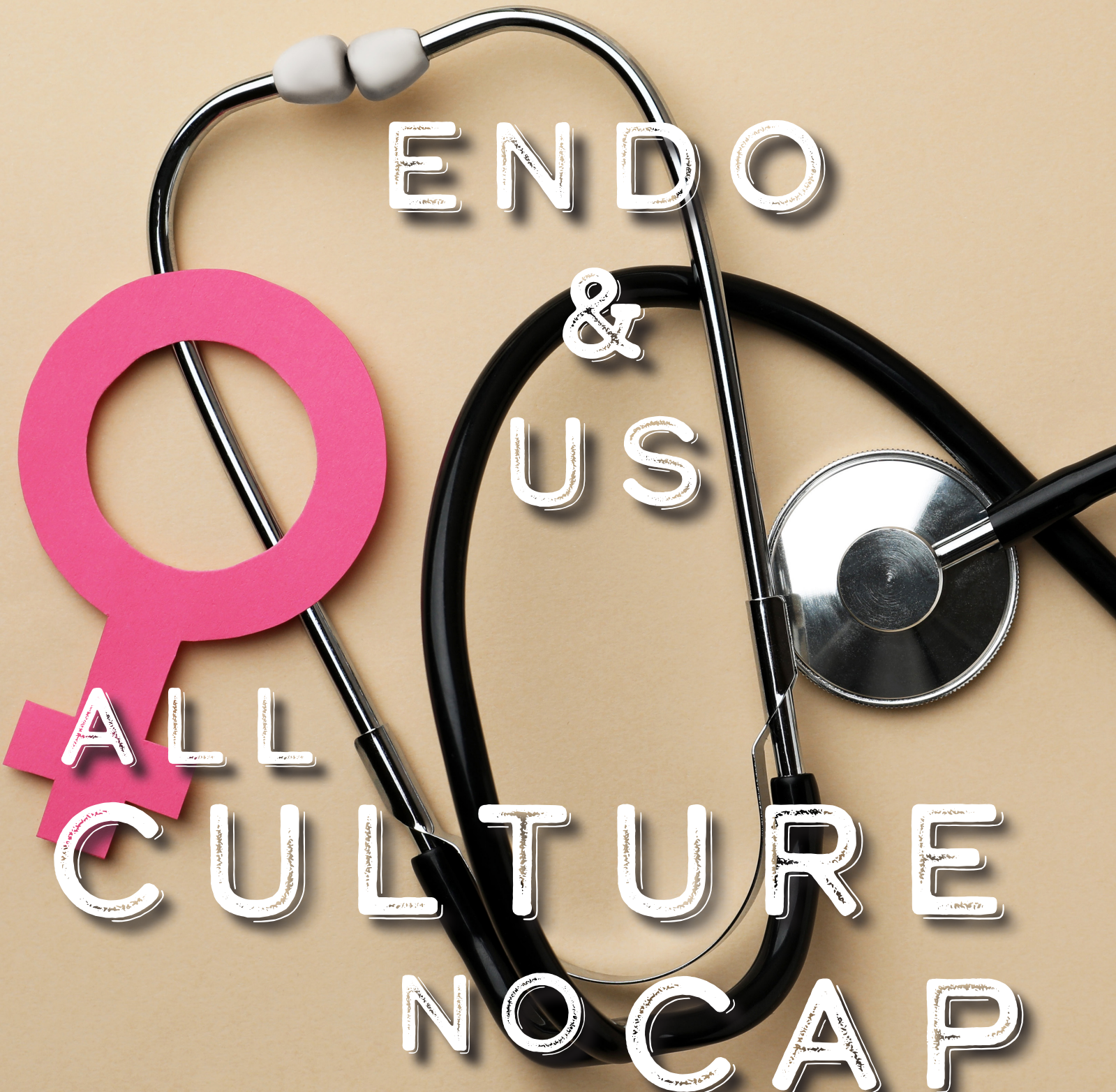


DECAF

PRESENTS



SPRING 2026

ISSUE 2



PRESENTS

ALL
CULTURE
NO CAP

All Culture; No Cap is DECAF Publications' peer-reviewed cultural magazine and scholarly journal. It bridges the worlds of art, design, and academia, inviting readers to enjoy the richness of cultural knowledge and creativity without the hype. Like its namesake, DECAF coffee, it offers the full aroma and depth of a fresh cup of culture without the artificial buzz of today's caffeinated media.

The phrase "No Cap" comes from African American Vernacular English (AAVE) and means "no lie" or "for real." In choosing it, DECAF honors the honesty, innovation, and expressive power of Black and youth culture, the same generation it seeks to serve, educate, and empower.

Each issue blends research and reflection with storytelling, design, and community insight. Articles, essays, and creative portfolios are reviewed by both scholars and cultural practitioners, creating a space where science meets art and where education becomes a cultural act.

At its core, All Culture; No Cap is about truth: truth in research, truth in creativity, and truth in representation. It reminds us that the world does not need more hype; it needs more honesty. No cap.

"A shared passion can do more for communication than a shared language."

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Volume 2

ENDO & US

STORIES FROM THE BODY, STORIES FROM THE CULTURE

In this issue:

What is Endometriosis

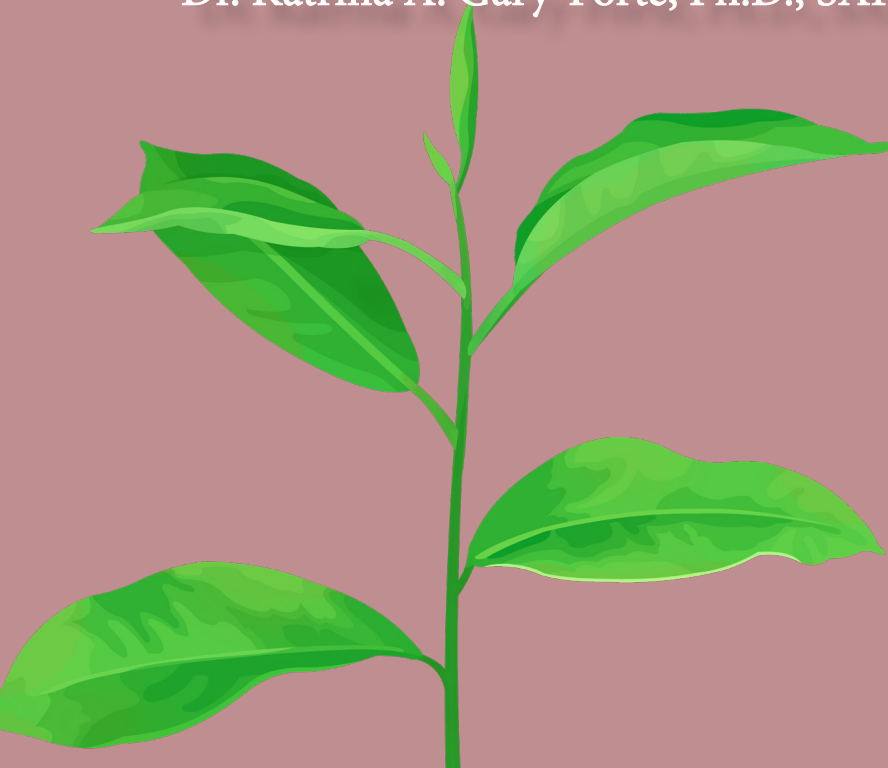
Dr. Shiona Medrano - MD

“The Effects of Endometriosis on Women’s Mental Health”

Dr. Katrina A. Gary-Forté, Ph.D., SAP, LCDC, MAC, CHW, CHW-I

Dear America

- Letter from A white OB/GYN



ENDO
&
US



This special issue of DECAF: All Culture No Cap centers the lived experiences of women navigating endometriosis, with particular attention to Black women and Black communities. Endometriosis affects an estimated 1 in 10 women worldwide, yet diagnosis is often delayed for years. Pain is minimized. Symptoms are misread. Stories are dismissed.

This issue brings together medical insight, cultural analysis, personal narratives, and practical tools. Anchored by a signature report from Dr. Gary-Forte, the edition explores the physical realities of endometriosis, the mental health impact of chronic pain, the racial disparities in diagnosis and treatment, and the ways food, lifestyle, and advocacy can support long-term care.

Through storytelling, research, and community-centered dialogue, this issue creates space for women to speak and for all of us to listen with intention. It is not just about a disease. It is about belief, access, dignity, and the right to be taken seriously.

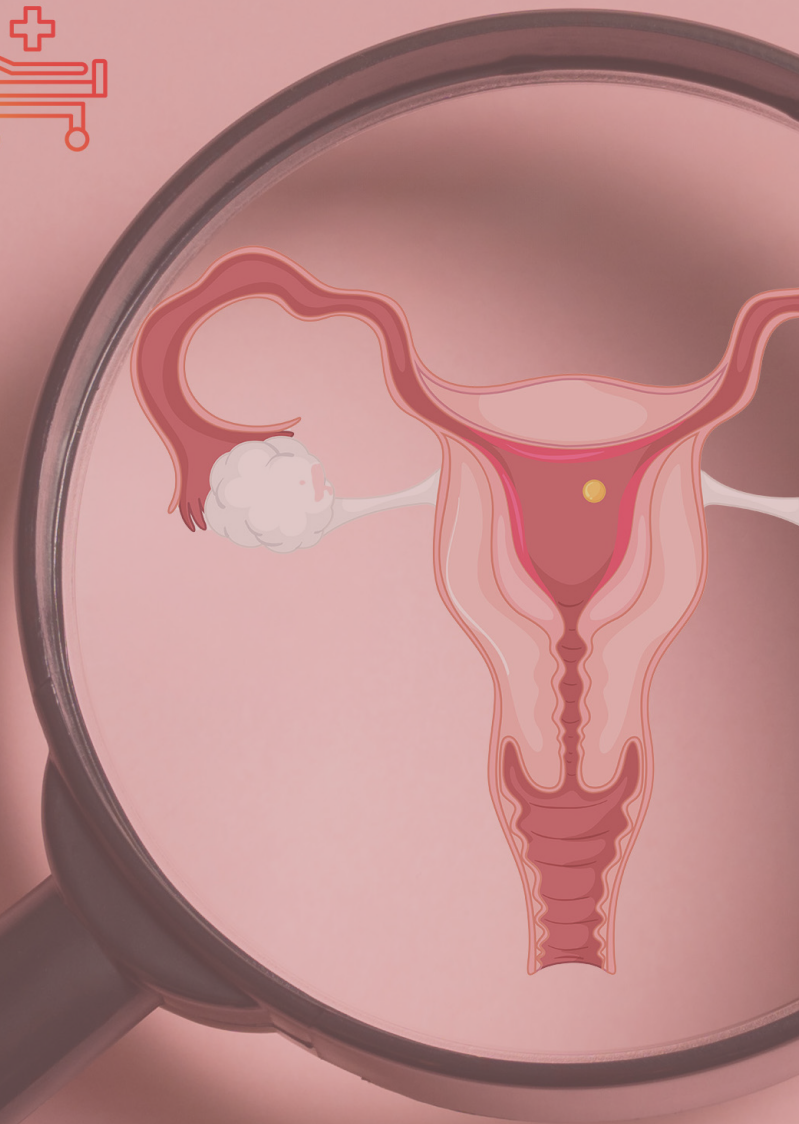
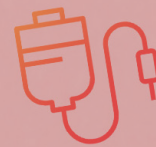
LETTER FROM THE EDITOR

If not for the woman I love, I would be ignorant to the existence of endometriosis.

Words and conditions are often said around us and they go over our heads or in one ear and out the other. We have the luxury of not needing to know. Women do not have that luxury.

After visiting multiple hospitals and emergency rooms in support of my partner, I learned to observe, listen, and ask. I observed medical professionals not take her seriously. I listened as her pain was minimized. I asked questions so I could understand how to help her more effectively.




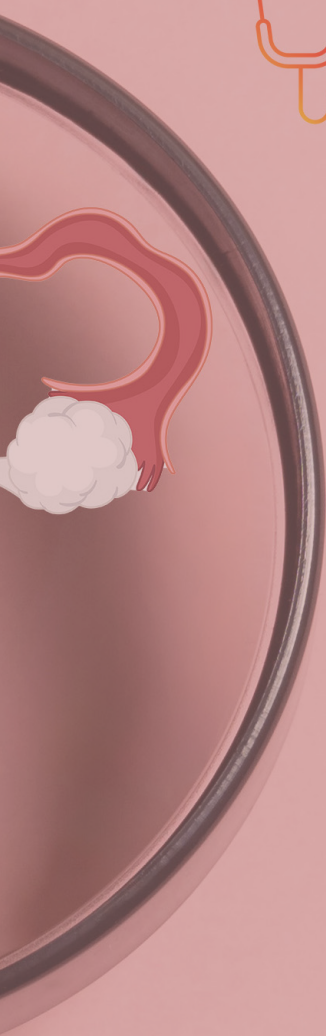
What I learned is something many women already know. The medical system struggles to listen to women. In Black communities, that struggle is amplified.



Pain is normalized. Strength is expected. Silence is inherited. Women are told to endure, to push through, to pray through, to work through. Endometriosis forces a different conversation.

This is not just a medical condition. It is a cultural one. It is about whose pain is believed. Who gets referred to specialists. Who is told to wait.

In this issue of DECAF, we create space where women talk and we listen and amplify.



We center the words of women in medicine, including Dr. Gary-Forte. We share stories of dismissal and survival. We explore nutrition, mental health, fertility, and the systems that shape care.

As an educator and historian, I believe what is not documented becomes invisible. What is not amplified becomes forgotten.

To every woman who has endured the pain, the waiting, the dismissal, and the strength required to survive it, we honor what has been survived.

We hear you.

We believe you.

We amplify you.

Mark T. Williams II

Editor, DECAF: All Culture No Cap






What is Endometriosis

Dr. Shiona Medrano - MD

Endometriosis is a chronic condition in which endometrial glands and stroma grow outside the uterus, most commonly on the ovaries (forming “chocolate cysts”). Endometrial lesions may also occur on other pelvic structures, in the abdomen, in the colon, and rarely in distant sites (pleura, pericardium, CNS).

The exact cause of endometriosis is unknown, but a genetic predisposition has been well documented. It affects young women, with a peak incidence rate occurring in the third decade of life (Huether & McCance, 2019).

Endometriosis affects 10-15% of reproductive-aged women (Tsamantioti & Mahdy, 2023). Endometrial lesions grow in response to estrogen, and behaves similarly to normal endometrium but the this ectopic tissue is notably resistant to progesterone. When lesions have adequate blood supply, they undergo cyclic proliferation, breakdown, and bleeding in sync with the menstrual cycle. This bleeding triggers inflammation and the release of mediators such as cytokines, chemokines, and growth factors, as well as protective factors. The resulting inflammatory process can cause fibrosis, scarring, adhesions, and pain.

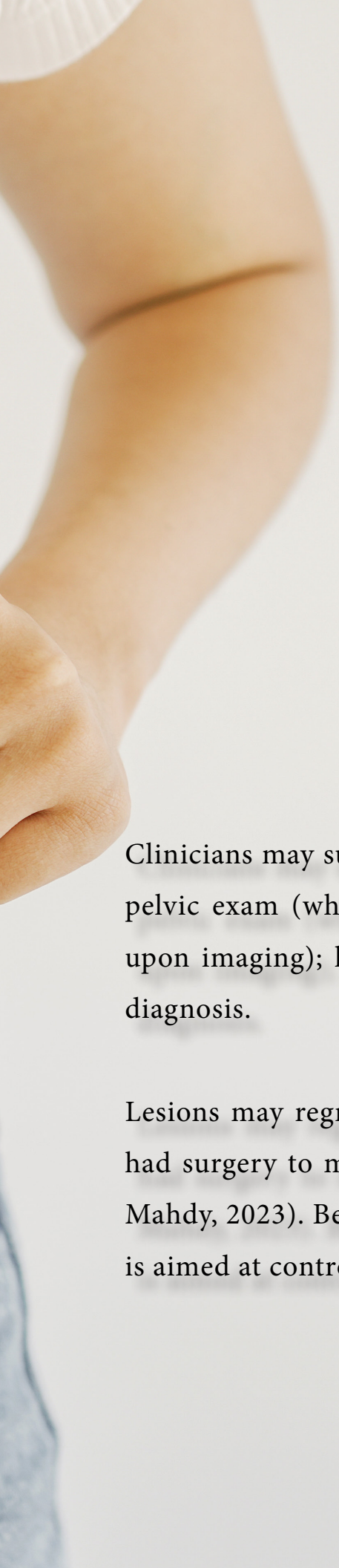


Symptoms may include progressive menstrual pain, painful urination, painful defecation, painful intercourse, constipation, cyclic pelvic pain, and abnormal vaginal bleeding; therefore, endometriosis can resemble conditions such as Pelvic Inflammatory Disease (PID), Irritable Bowel Syndrome (IBS), adenomyosis, fibroids, or ovarian cysts. The severity of pain, resulting from endometriosis, does not correlate with lesion infiltration extent (McCance & Huether, 2019). Pelvic implants may also create an asymptomatic mass with irregular, movable nodules and a fixed, retroverted uterus.

Other consequences may include chronic pelvic pain, bowel/bladder dysfunction, surgical complications, adhesions, a small increased risk of ovarian cancer and infertility (Tsamantioti & Mahdy, 2023).

Endometriosis is present in about 25–40% of women with infertility. Although strongly linked, the severity of endometriosis does not reliably predict infertility. The exact cause of infertility in this condition is unclear, but it may stem from mechanical disruption of ovulation or egg transport due to adhesions, inflammation, or cytokine activity, or from an underlying autoimmune process. Endometriosis may also impair fertility by altering sperm function and by creating an endometrium that responds excessively to estrogen and insufficiently to progesterone, reducing its receptivity to implantation. Even when pregnancy occurs naturally or via IVF, women with endometriosis have higher risks of adverse outcomes such as preterm birth, growth-restricted infants, and placental problems (McCance & Huether, 2019).






Increasing risk factors for endometriosis include: early menarche, short menstrual cycles, heavy menses, and having no history of pregnancy.

While decreasing risk factors appear to include: a history of pregnancy, breastfeeding, oral contraceptives, physical activity, smoking, and tubal ligation (Tsamantioti & Mahdy, 2023).

Clinicians may suspect endometriosis as a diagnosis, based off of history and pelvic exam (which may reveal tenderness, a fixed uterus, or nodules seen upon imaging); however, laparoscopy with biopsy is needed for a definitive diagnosis.

Lesions may regress in some, but in as many as 6-67% of women who have had surgery to manage endometriosis, lesions have recurred (Tsamantioti & Mahdy, 2023). Because endometriosis is not a curable condition, management is aimed at controlling associated pain and improving fertility.



Pain medications, most commonly non-steroidal anti-inflammatory drugs, (NSAIDs), are often used in combination with hormone therapy (such as oral contraceptives). Surgical options may include laparoscopic excision/ablation when medical therapy fails.

Emphasis on adherence to treatment should be provided to the patient, with explanations of associated risks (such as infection after surgery, or pain and infertility risks without adequate treatment). Optimal outcomes require coordinated care among gynecologists, radiologists, pain specialists, surgeons, and primary care providers.

McCance, K. & Huether, S. (2019). Alterations of the female reproductive system. In V. L. Brashers & N. S. Rote (Eds.), *Pathophysiology: the biologic basis for disease in adults and children* (p. 35). Mosby.

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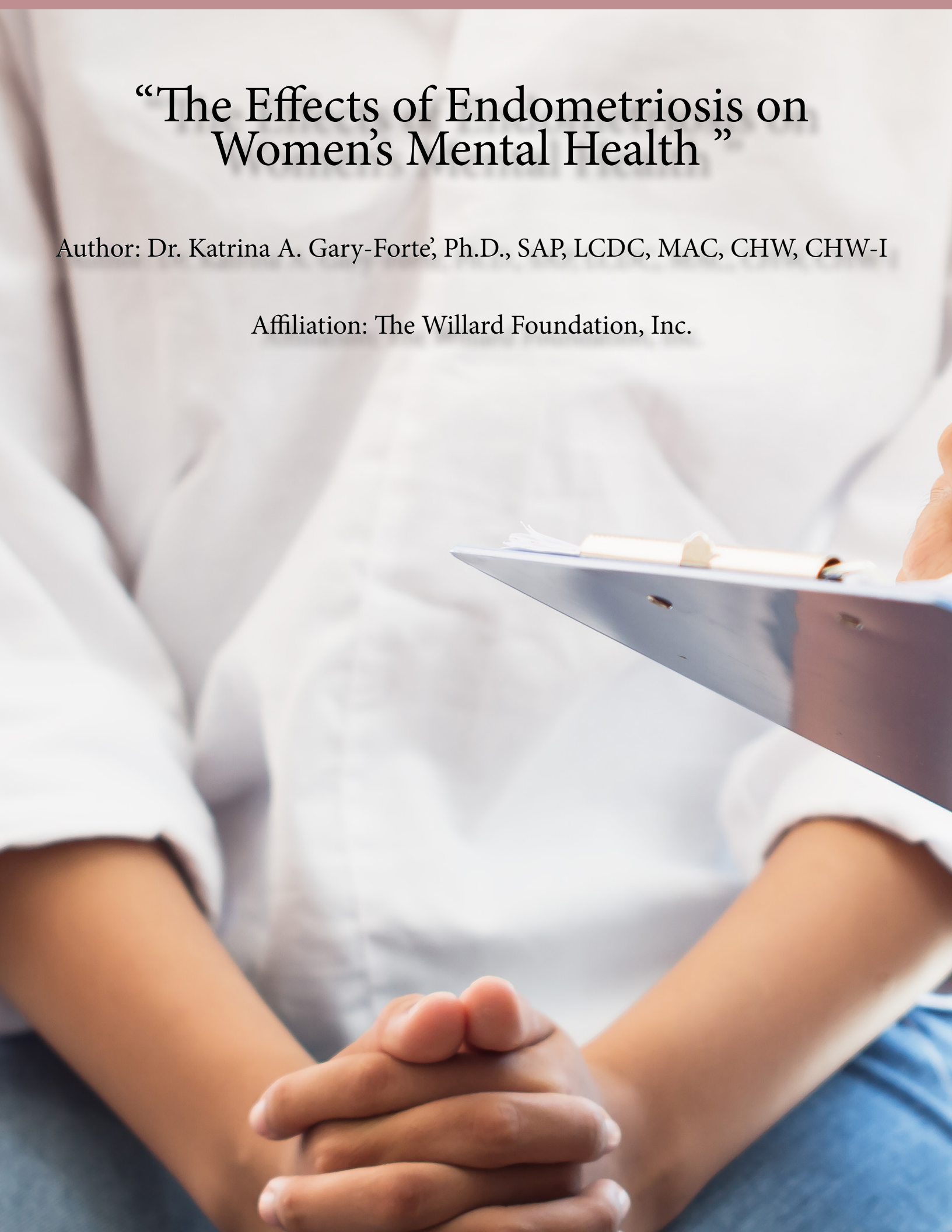
Dr. Shionna Medrano - MD



“The Effects of Endometriosis on Women’s Mental Health ”

Author: Dr. Katrina A. Gary-Forte, Ph.D., SAP, LCDC, MAC, CHW, CHW-I

Affiliation: The Willard Foundation, Inc.



Abstract

Endometriosis—a chronic, often painful gynecological condition in which endometrial-like tissue grows outside the uterus—affects approximately 10% of women of reproductive age. While the physical implications of endometriosis (pain, infertility, fatigue) are well-documented, the psychological and mental health consequences have become a growing focus of research. This paper reviews current evidence on the prevalence and nature of mental health symptoms (particularly depression and anxiety) among women with endometriosis, examines potential contributing mechanisms (pain, delayed diagnosis, fertility concerns, inflammation/genetics), and discusses implications for clinical practice and psychosocial support. Findings indicate that women with endometriosis are at significantly elevated risk for depression, anxiety, impaired quality of life, and self-directed violence compared with women without the condition; the severity of pain, diagnostic delays, infertility concerns, and stigma in care all contribute to this burden. An integrated care approach that includes mental health screening and psychosocial intervention is recommended.

Introduction

Endometriosis is defined by the presence of endometrial-like tissue outside the uterine cavity, commonly in the pelvic cavity, ovaries, or peritoneal surfaces. The condition is chronic, frequently associated with severe pelvic pain, dysmenorrhea, dyspareunia, fatigue, and infertility. Given its chronic and often debilitating nature, it has profound implications not only for physical health but for emotional, psychological, social, and occupational functioning. Research over the last decade has increasingly explored the intersection between endometriosis and mental health. The aim of this essay is to synthesise the empirical evidence linking endometriosis with mental health outcomes, to elucidate mechanisms, and to discuss clinical implications.

Prevalence of Mental Health Symptoms in Endometriosis:

A meta-analysis by Facchin et al. (2021) found that women with endometriosis show significantly more symptoms of depression and anxiety compared with healthy controls. A systematic review by Szyplowska et al. (2023) reported prevalence estimates ranging widely: depressive symptoms from 9.8% to 98.5% and anxiety symptoms from 11.5% to 87.5%. In a large retrospective matched-cohort study, women with endometriosis had rates of clinically recognised anxiety ~1.4 times higher and depression ~1.5 times higher than matched controls; rates of self-directed violence were approximately doubled. An integrative review by Bianchi et al. (2024) underscored the significance of depression, anxiety, and stress as substantial contributors to reduced quality of life among women with endometriosis.

Mechanisms and Correlates

Several interrelated pathways appear to mediate the relationship between endometriosis and psychological distress, including chronic pain, delayed diagnosis, infertility and sexual dysfunction, biological and inflammatory pathways, and impacts on quality of life and cognitive functioning. Chronic pelvic pain and dysmenorrhea are frequent in endometriosis, and pain severity correlates strongly with depressive and anxiety symptoms. The average diagnostic delay for endometriosis is seven to eight years, during which women often endure misdiagnosis, stigma, and dismissal of symptoms, contributing to frustration and helplessness. Infertility and sexual pain trigger grief, anxiety about identity, and relationship strain. Biological evidence suggests shared genetic liability between endometriosis and psychiatric disorders. Finally, fatigue, cognitive difficulties, and social withdrawal further exacerbate mental health challenges.

Clinical Implications

Given the substantial mental health burden associated with endometriosis, women should be routinely screened for depression, anxiety, and suicidal ideation. Integrated care involving gynecologists, pain specialists, and mental health professionals is essential. Cognitive-behavioral therapy (CBT), mindfulness, and self-compassion interventions may improve coping. Addressing fertility concerns, sexual pain, and provider education to reduce diagnostic delays are vital to holistic care.

Limitations and Future Directions

Although the association between endometriosis and mental health burden is well supported, many studies are cross-sectional and rely on self-reported measures. Longitudinal research is needed to clarify causal mechanisms and evaluate interventions. Mechanistic research into inflammation, hormonal axes, and neuroimmune pathways may yield deeper understanding. More intervention trials tailored to endometriosis-specific psychological needs are also warranted.

Conclusion

Endometriosis is more than a gynecological disorder—it is a chronic condition with profound implications for mental health. Women with endometriosis face elevated risks of depression, anxiety, self-harm, and impaired quality of life. These outcomes are shaped by pain, diagnostic delays, fertility issues, biological vulnerability, and social isolation. Comprehensive care that integrates physical and psychological treatment, early diagnosis, and patient validation is essential for improving quality of life and emotional well-being.

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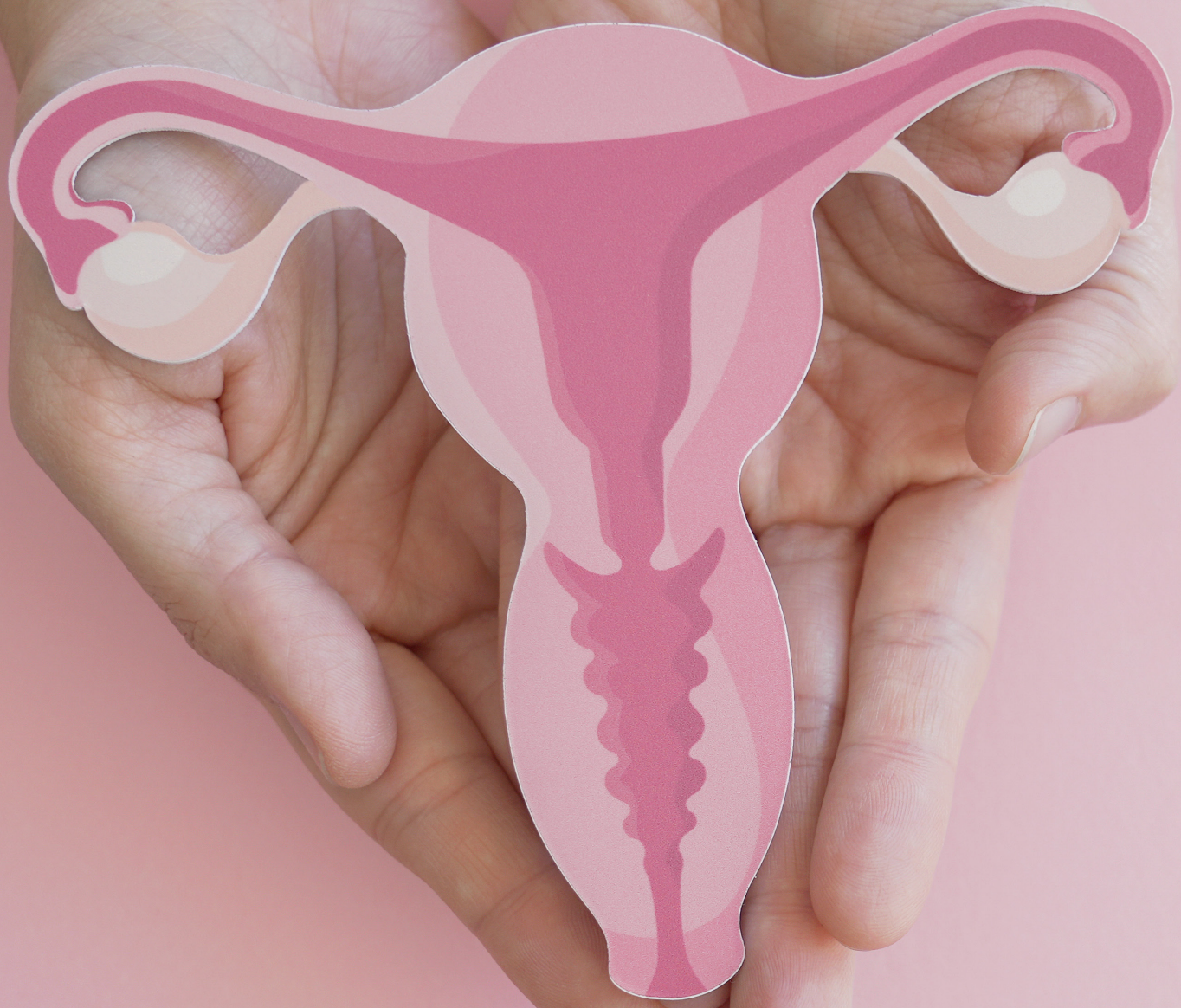
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Dear America

- Letter from A white OB/GYN

Dear America,

I am writing this on behalf of black women, who statistically are three times more likely to die in childbirth compared to white women. First and foremost, I want to say. I love you; I am here to listen and learn from you, and I am here to stand with you. I may never fully understand the pain that comes from a long history of medical exploitation and years of experimentation and abuse, but I am here to offer something different. The kind of care, that says “Even if we don’t look alike, and may come from different backgrounds, I want to help you, and I want to hear what you have to say.”

Secondly, I would like to address the disconnect that is the “Pro Life” argument against abortion. Regardless of your opinion on abortion, making the practice illegal makes no sense from any aspect of “caring for life.” What about forcing unwanted children into foster care and group homes, yet not expanding funding for social programs means for caring for the life of a child? Or, what does forcing a woman to undergo pregnancy which induces many biological stressors, is extremely risky, and even life threatening mean for the life of a mother? Or maybe, what does it look like to restrict access to abortion to save the lives of unborn children, yet not restricting access to guns to limit mass shooting evens that are ever more frequent in this country? Do we really care about life for the sake of quality of a long-term life, or are we just upset about the act of abortion, yet can turn our head when hundreds of children are killed in a school shooting? Because to me, there is a huge disconnect here.

Now consider you take out the humanism perspective and just focus on finances. Restricting access to abortion again makes no financial sense given that without abortion, many women will become pregnant and those without insurance will fall under Medicaid coverage. Then these women will have a child who ALSO will be covered under Medicaid until they are 18 years old. So now us Americans (who just love being taxed) are paying for at least 19 years of Medicaid coverage for this one mother and child for a pregnancy that was not desired and is a considerable financial strain to the healthcare system and to the mother herself. Not to mention that Medicaid expansion is repeatedly on the ballot and voted against.

Now back to our black women, who are significantly affected by the racial disparities present in obstetrics care. What does restricting access to abortion care mean for them? It means that poor women of all races and those without access to healthcare will now likely turn to much more dangerous back-alley abortions, have children they cannot afford to take care of, raise children in unstable homes, and continue the vicious cycle of poverty. Undoubtedly, these misfortunes will affect women from all racial backgrounds, but when it comes to obstetric care, black women seem to always be affected more severely, and for that, I am so sincerely sorry.

Most importantly, I want you to know that I will do everything in my power to fight for your reproductive rights, provide compassionate care, and meet you where the difficult decisions are made—to care for you without inducing shame and without imposing my opinions on how you should take care of your body. As a doctor, I take an oath to do no harm and respect your autonomy, and what that means is to provide you will all your medical options and allow you to make the decision that is right for you...not to restrict your access to live changing healthcare.

Sincerely,

A white OB/GYN



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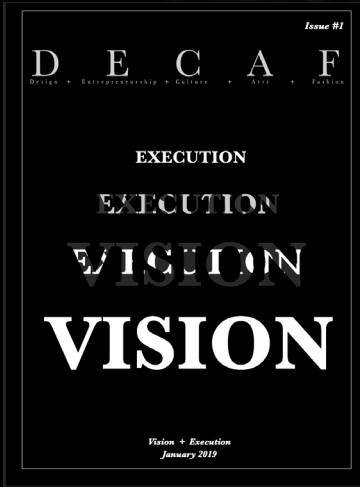


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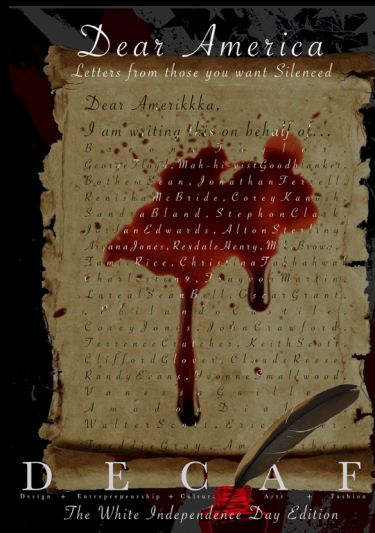
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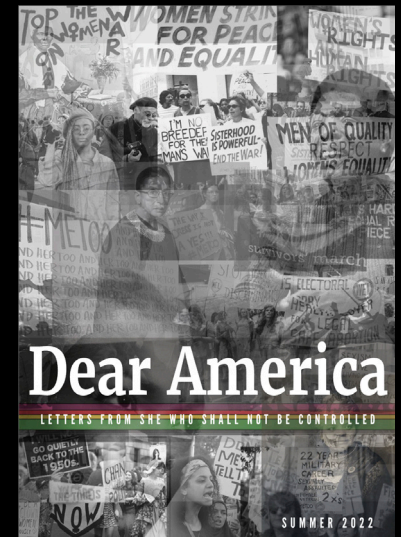
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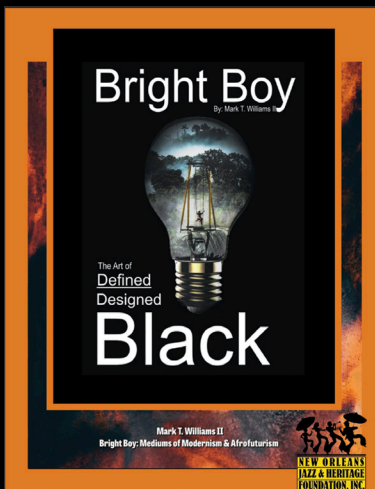
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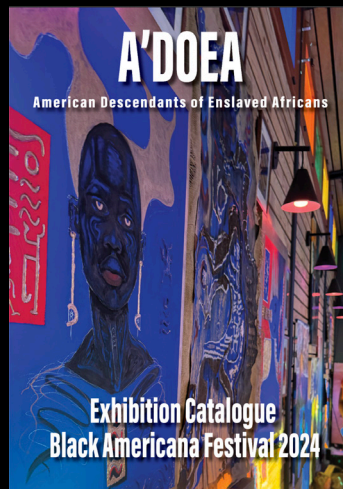
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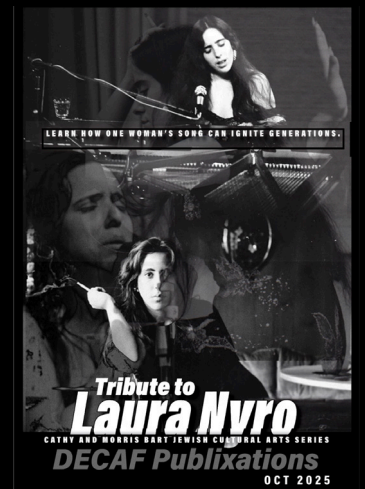
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Providing mental health and addiction recovery resources for artists.

Sponsored by Jazz & Heritage Foundation & The Willard Foundation

Art & Career Resources Series (Oct–Dec 2022)

A 70-day initiative delivering art supplies, career guidance, and funding to over 100 young artists.

BlackAmericana Fest (2024–2025)

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Now a registered nonprofit with growing national reach, a WWOZ broadcast partnership, and over 1,200 attendees in 2025 and over 1500 in 2024.

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Bright Boy Exhibitions (2021–2022)

[Digital walk Through of Bright Boy: a Digital Mind](#)

Inspired by Bright Boy: The Art of Defined/Designed Black, celebrating Black male excellence in digital and visual arts.

CabNoir, Be Your Medium, and Sanctuary (2022–2023)

Cross-disciplinary art experiences blending performance, design, spirituality, and social purpose.

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DECAF's journey in New Orleans is a testament to sustained impact:

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Established in 2024 with the support of Congressman Troy A. Carter, Sr., who represents Louisiana's 2nd Congressional District, the AgriAquaculture Center of Excellence (AACE) is the largest closed-loop aquaponic aquaculture center in Louisiana. Located in Harvey, **the AACE encompasses over 10,000 square feet of operating and greenhouse space dedicated to cultivating fresh, locally sourced vegetation and advancing the AgriAquaculture industry in the region.** This state-of-the-art facility functions as both a business incubator and a workforce training center, aiming to empower small businesses in AgriAquaculture—particularly those owned by residents in rural communities, Jefferson Parish, and the greater New Orleans metropolitan area.

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- **Market expansion:** support for small farmers and local producers including marketing and import/export opportunities
- **Workforce readiness:** training, certification, and hands-on experience for job preparation



The Louisiana Chamber of Commerce Foundation facility funding for the AgriAquaculture Center for Excellence was provided in part by Congressman Troy A. Carter, Sr.



LEARN MORE:



The Louisiana Chamber of Commerce Foundation is a non-profit 501(c)3 organization that was established in 2018, to help **drive the economic growth** of Louisiana by empowering and sustaining the small business community through the development of local chambers.

The AgriAquaculture Center of Excellence (AACE) is the largest closed-loop aquaponic aquaculture center in Louisiana.

