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a dark consort for you, O mighty dragon!
I'm your neighbor from the nearby
land of rose gardens and poems of praise.
I have travelled the silk road, the barbarian
has come empty-handed this time, a beggar,
so poor she falls in love
with anything and you are safe
to love. Like a tourist, I adorn myself
with you, we need have no strings attached.
Exile suits me, convenient
as an affair. Kiss me again,
here I rest my head,
longing for a dreamless night.

Leo Williams

While We're Inside

At first, the sensation was like a light knock on hardwood somewhere between the bladder and kidneys. Tap, tap, the pain went. As the seconds clicked by the knocking grew louder, drowning out the sound of cars and chatter from the street below. It was a sticky August morning, wetting the walls of my bedroom.

"I'm off," said my partner. A quick kiss on the forehead. I could not find the words in time to respond with a bye. I didn't even mention the sudden, strange throbbing somersaulting inside me. Pain is difficult to describe—a one-syllable word capable of eliciting polysyllabic reactions.

I swung my legs over the side of the bed and pulled out clothes from the storage drawers beneath. I selected a pair of red adidas shorts, a black tank top, then put on my dusty, formerly white sneakers for the first time in weeks. I walked down the back stairwell of the apartment building, walked the sidewalk that straddled the elementary school behind my house, and began running along a red clay track. Each bounce kicked up the pain, as though the pain were the pixelated Pong ball knocking from one side to the next. The jogging unfurled the pain into a nausea that affected my vision, braiding the trunks of the Japanese Maples and Catalpas together. A pain that caused me to admit to myself what I had been unconvinced of until then: something was terribly wrong.

I returned to my apartment and set myself down on our velveteen chaise and debated with myself if driving to the emergency room was worth the trouble. The idea of entering a hospital, alone, without a friend or partner was intolerable to me. How do you out yourself as transgender in a medical emergency? Is it safe, even in Chicago? I had no answers then. And I have no answers now.

One week earlier, I had braced myself as I lifted a white envelope out of the mailbox. There it was after months of waiting, a response from Medicaid. I scanned the sparsely worded letter and read: "The top of this page is your Medical Card. The people named on the back qualify for health coverage."

I had been approved for Medicaid because processing my application had taken longer than the legally allowed forty-five days. The card I received had a message printed in clear letters: "Entitlement to benefits lasts until the department either approves or denies your application." It was temporary coverage. And without an expiration date listed on the sheet there was no indication as to how temporary. Bureaucratic congestion had served as my guardian angel. The main problem was deciphering how to access care with the paper-thin sheet. It was austere, listing just my name, an address, a recipient ID, a number to call if I had any questions. But no instructions or parameters to guide the meek. On the back of my card it read, "This Medical Card does not guarantee that you are covered." On the other side of the Medical Card, I read: "This card does not guarantee eligibility or payment for services."

I dialed the reference number on the insurance card. One ring was interrupted with: "We're sorry, this number is no longer in service." Deflated, I googled "Medicaid support number" and dialed what I found. I held my breath as an automated voice told me I was being connected to an operator. The crackly voice on the other end returned: *you are number 98th in line.* I hung up.

I had never been to the ER before, at least, not as a financially independent adult. Another way to say this would be, not as a financially independent transmasculine adult. I was stricken from horror stories of people who went to the ER for CT scans or x-rays, and months later, received an unsuspecting envelope revealing bills for thousands of dollars. There was also the unpleasantness and looming potential of discrimination if you were in any way marginalized or nonnormative.

When I thought about coming out, I thought about my image. The nurses would see a petite broad-shouldered body with hair frosted from bleach, hoop earrings, long eyelashes, facial hair. Would a nurse do what so many had done up until then? Fumble over pronouns, unsure of what to call me? "She, wait, he? Actually, I'm not sure I know," many had said in the past. And if I didn't come out, what if they needed to see me naked? What if they asked to see underneath? Asked to cup the testes I did not have. This was only a procedure I heard about in passing, something I never confirmed. But it was as real to me as the fear I had when I first wore swim shorts and worried those around me would wonder where all of me was. To out myself to a doctor felt like the only way forward if I wanted treatment. I wasn't convinced the pain was worth whatever psychic discomfort was waiting. And additionally, it was uncertain if any of the needed treatments would be covered.

"What should I do?" I whined to my partner.

"You sure as hell shouldn't go running!" they said.

"I just thought the endorphins would help. I was feeling so down."

"Maybe you need better coping mechanisms. This whole exercise thing is so American. You people think everything can be cured through exercise."

"Well, what would your family prescribe if you were in pain?" I asked.

"Tea, rest, broth, naps, a foot bath, more rest."

"I'm worried it's my appendix. Maybe I need to see a doctor."

"I think we should wait just a little longer. Give it one more night and if it's hurting in the morning, we'll strategize over where you should go."

As I went to bed later that evening, I asked my body to heal itself while I slept. *Please* was a prayer I mouthed. The night came and went, but when I opened my eyes, as if it were a song loaded to a playlist, the twisting throb on my side began again.

Despite feeling haunted by the possibility of quadruple digits at the end of a bill, in the morning, I called Howard Brown, a healthcare clinic that promised affirming primary care for the LGBTQIA community.

If you are a queer or trans person living in Chicago, you are likely to find your way to one of the many Howard Brown Health locations. To the everyday heteronormative Chicagoan, they must have had a sense that this was a queer-friendly clinic, a space for *them.* To patients of Howard Brown, loyalty was tied to the clinic's policy—they accepted patients regardless of their ability to pay.

I received an appointment immediately, notable since the clinic was bursting at the seams. Over the last few years, I noticed as wait times became longer, appointments felt rushed, and requests to see preferred doctors were rarely granted. Additionally, it was becoming common that the clinic could only offer appointments three weeks out at a time. Its popularity was understandable—it was one of the only well-known medical facilities where queers could receive fair and affordable primary care in the city. If you couldn't pay, you didn't have to. But the popularity was beginning to make me feel medical care was scarce, that we were just numbers. I felt limited in my choices and suspected others did too.

Inside, an air of desperation wafted throughout the clinic. The administrative assistants looked weary; the doctor appeared worn. I was led into an examination room where I was met by a haggard physician. He massaged my right side, felt around for organs. His most distinguished feature was the tired markings under his eyes, puffy rings like fleshy hammocks. I remember how terrible his eyes looked when he told me, in a slow drawl, that I should go to the ER straight away.

"There is a good chance your appendix is bursting. I'd need x-rays to be certain, but we don't have that equipment on site. Run down the street to Advocate Illinois Masonic Medical Center. Go to their Emergency Room."

He said so without remorse, as though he were telling me to head to the hardware store down the block for an Allen wrench and not ushering me toward potential debt. I was at Howard Brown's most popular location, so how was there no x-ray machine on site? Advertisements for new locations were popping up every year or so throughout the city. I couldn't help but feel, rather than expanding clinics they should find a way to outfit several locations with a full suite of imaging technology. To me, that would mitigate the extreme costs uninsured and underprivileged queers had to incur. As for me, I was out of options. I did what I was told. I went to my car and drove up a few blocks to the hospital.

I felt the *whoosh* against my back as the doors to the hospital closed behind me. I handed the receptionist my medical card at the admissions desk. I watched her as she typed in my Medicaid Recipient ID number. Each finger tap to plastic felt like an eternity of anticipation until she told me to have a seat.

I asked how much the visit would cost if for some reason Medicaid refused to cover the visit. She said that was difficult to determine.

As I waited for my partner to meet me, I sat near a wall of floor-to-ceiling windows where dozens of patients held long faces. Some people were leaned forward over their phones, or leaned back, snoring with mouths agape. While the hums from the care unit leaked in I sunk into a nonlinear hour: triage time.

Soon after my partner arrived, we heard my name announced on the loudspeaker. A male nurse led me to triage, where he checked my vitals. I decided to tell the nurse about being transgender. I figured under these circumstances, I'd have to tell someone at the hospital at some point. It seemed easier to get it over with. But when I told him, he seemed unfazed, upbeat and friendly.

"Are you allergic to anything we should know about?" he asked.

"Compazine."

"You never have to worry about Compazine again. It's been phased out."

And for some reason, this short exchange filled me with worry that my appendix wasn't bursting. Was nothing actually wrong with me? I began to wonder if I was clogging an artery of the hospital. If I was wasteful, exhausting resources unnecessarily. Were my problems psychosomatic? And would such a mistake cost me an eye-widening bill?

My train of thought was interrupted when the nurse asked me to follow him to another room. I was told the doctor would arrive shortly.

"Howard Brown was right to think the pain is from your appendix; however, I have a theory I want to test first. Your ovary is in that quadrant too. I'd like an ultrasound."

By then my partner was in the makeshift examination room with me and the doctor. They squeezed my arm, sending a signal through my body that it would be alright. I nodded at them and walked to an elevator that would send me down to the low-lit basement. The blinking bluish lights hovered above me as I made my way toward ultrasound.

I got behind the only person in line, a noticeably pregnant woman. Cell service was severed, which lent itself to the churning of trans-related anxiety. I wondered if my chin hairs were making the woman ahead of me uncomfortable. Maybe a nod from the woman would have calmed me, but without a gentle hello, I was riddled with the worry that my presence made others, namely her, uncomfortable. Was she thinking I was androgynous? A man lost and confused? Or was she thinking that I was in the right place, unsure of what that meant for all of us.

And what about the technician? Had they ever worked with a transmasculine person before? How would she react to me? It was moments like this that I wished I knew what the people around me were thinking.

My worry was amplified by the sight of a word, "transvaginal," at the top corner of my order form. I couldn't help but think this was only on my document. I imagined it was a way the doctors signaled to the technicians: *Beware, this one isn't like the others.* It wasn't until years later that I learned *transvaginal* was just a vaginal ultrasound. Transvaginal ultrasounds are also called endovaginal ultrasounds. *Trans* as in "through," *endo* as in "within." I hadn't heard the doctor tell me the scans would be invasive. And perhaps he hadn't said anything at all. Which leads me to believe hospitals truly do not know how to treat trans people.

My anxiety buzzed throughout my body as I changed into a gown. My body clenched—I always felt out of place whenever stirrups were attached to exam tables. My sonographer guided my feet onto the stirrups and smeared thick gel over a long, wand-like stick. She called it a transducer. She calmly explained to me that the instrument was like a searchlight that would find whatever was abnormal inside me. The sound waves would illuminate my insides, visualize them into dots and grains.

I tightened my already clenched body as she began to insert the probe. Almost immediately, I let out a howl. Despite gingerly inserting the transducer, it was as though she was banging it against an open wound. She said she was almost certain my pain was evidence there was something severely wrong. She told me to hold on. To brace for re-entry.

"It was just as I suspected," the doctor told me. Pointing to the grainy image, he circled a blob with his finger. "Here," he said. "You are experiencing ovarian torsion. Your ovary is twisting due to a cyst."

Mine was classified as a dermoid cyst. These growths were eccentric—often they contained strands of hair, sometimes entire teeth. It was as if I were developing a twin on the side of my olive-sized ovary. The mass had become so big and top-heavy it was causing the fallopian tube to fall and twist like a contortionist. The doctor assured me the growth was benign, but it was necessary to remove it since it was likely the ovary, if stirred from exercise or day-to-day-life, might get trapped in a knot.

"If that happened, blood flow would be severed from the organ and your ovary would fail. A potentially life-threatening situation," the doctor told me sternly.

He gave me a referral and told me to schedule the surgery as soon as possible. Until then, I needed to slow myself down—no more running, jumping, or anything physical. In other words, I was stripped of the only tool I used to cope with my life—physical exercise.

My partner and I looked at each other with stunned eyes. The medical card was nestled in my wallet, but I had no idea how helpful it would be. We drove home laughing at the absurdity of the small wrecking ball inside me. It was shocking to us both—the idea that an ovary could develop such a large growth. That only surgery could prevent organ failure. Why did these cysts form to begin with? What caused them to grow? If I couldn't get the surgery due to cost, could I live with this cyst indefinitely? Who else was out there experiencing the same misfortune? And what about insurance?

I think the cyst developed because of how infrequent my testosterone injections had become. For months, I injected myself with T at the same time every week. The night before shot day, I would arrange the syringe and vial on a table, as though I were arranging a shrine. When I came back from work, the kit would greet me. I'd take off my shoes, then sit on the floor beside the furnace and inject myself with glee.

Testosterone injections made me feel invincible as I ascended toward masculine presentation. For a time, injections were every Thursday at

4:00 p.m. Then I started missing doses, stopped caring about timelines. Thursday's became Friday's. Friday's became Monday's. I often wonder if the irregular injections were responsible for the cyst. I knew nothing about endocrinology or chemical chains. I knew nothing about how important hormones were. I didn't even really understand my reproductive cycle. I had no idea how the endocrine system and brain affected each other, were interconnected. I never worried about bodily repercussions; all I knew was the freedom of not knowing the internal consequences for hacking the body. There was freedom in trusting pharmaceuticals, in healthcare. There was a freedom in focusing only on sprouting hairs and muscle mass.

Eventually, I stopped because of the dysphoria that had re-emerged. I discovered I could not sculpt my body into Greek sculpture. I could not control how my body changed. I had been so focused on deepening my voice, on muscle development, on growing a mustache, on a squared face that I hadn't noticed how my mental health had been affected from all the other tolls of transitioning. I didn't have a support group of other testosterone-injecting transmasculine people. I hadn't realized how much I needed community to stand by me as I processed the emotional and physiological changes of transition. I hit pause on taking testosterone.

What I find so discouraging now is that, although it was relatively easy in a city like Chicago to get a prescription for testosterone, there was no "wane-off" guide for those who needed or wanted to stop taking testosterone. I called Howard Brown to ask how to responsibly stop my injections. I wanted to know how to prepare the body for becoming estrogen-dominant again. I also wanted my body explained to me. I wanted to be invited into a field that felt wildly inaccessible to me. I wanted to understand all the elegant processes in the body. And before calling Howard Brown, I anticipated I would be advised to incrementally lower my dosage. But instead, the nurse practitioner simply told me to start skipping my doses. As though I were being told to no longer use conditioner. According to them, if I wanted to stop, if I needed to stop, it was as simple as quitting cold turkey.

Soon after I stopped injections, I researched the way hormones move through the body. I first read about the endocrine system and learned the pituitary gland is a tiny organ that sits in the brain. The kidney-bean-shaped organ sends a signal down to the ovaries telling them how much testosterone to produce. But it isn't just one bean-sized organ that interacted with hormone secretion: the endocrine system also includes the thyroid gland, thymus, pancreas, adrenal gland, and ovaries or testes.

Although I only gained a glossary understanding of these functions, I began to recognize that the body's systems were interconnected. I realized that when I started hormone injections I didn't know a thing about the endocrine system. I barely even knew a thing about my menstrual cycle. Which led me to my next question: weren't doctors, to an extent, responsible for not informing me? It seemed whether or not stopping injections abruptly was the correct method for ending HRT, it felt negligent to not have the body explained to me in any way. How could I possibly make decisions about something as important as my hormones if I didn't know how they worked?

I arrived at my pre-opt appointment three days after the ER feeling guarded. The women's health center was large and shiny. Primary colors accented the hospital walls, as though I were inside some sort of Bauhaus revivalist structure. It always surprised me how modern and healthcare-chic some clinics were despite the ways resources were kept out of reach from people who needed them most.

I was escorted to a room where a doctor flipped through a sheet of papers. She was a young woman, with a fair complexion and straight black hair down to midback. She was pigeon-toed, slightly nervous, hunched over the clipboard, perhaps debating over how to address me.

She told me the procedure would be simple: one long horizontal incision across the abdomen. She said she would cut away the cyst tissue, hopeful to keep the ovary intact. I couldn't help but think as she explained the procedure that it sounded like a C-section. Except rather than a baby, a blob filled with my DNA would be removed. It seemed simple enough until she asked if I was up for one more thing.

"Mr. Williams, have you considered removing your uterus? We'll already have you open, so if that is something you're planning on doing in the future it's worth taking care of now." She said this in a way that gave me the impression she thought she was being practical.

"Excuse me?" I stumbled. "Is the uterus related to the dermoid cyst?"

"Not directly, but, as a trans person we assumed you don't want your uterus."

"I would have to think about this," I somehow said, feeling flattened. "I don't feel particularly bothered by my uterus. I hardly think about it."

She cocked her head, eyes narrow, as though my answer was odd to her.

"Are you planning on having children someday?" she pressed.

Her question was loaded. How could I have explained to this doctor,

or any doctor for that matter, what family options were available to queer and trans folk? The ones I dreamed of, the ones I couldn't. For some of us the prospect of family was an out-of-reach future. Family was riddled with emotional, psychological, and logistical barricades. Some of us have parents who will never speak to us again. Some stay in contact with us but keep us right on the edge, as though they're saying, *I will stay in contact with you, but I will not know you, will not get to know you.*

Outside of our immediate families berating us with their own ideals of what family *should* look like is a centrifuge: mainstream books, movies, ads, magazines, billboards. We trans people are not depicted as caring for children or building families. As I leaf through my associations of what queer-family looks like, I think of cis-gay men with children, cis-lesbians with children, but no image comes to mind when I think of trans people with children. I do not know a transmasculine person or a transfeminine person raising children. This reinforces a harmful narrative that suggests trans people are refusing family construction when we are the ones being refused.

So when the doctor asks me if I am planning on having children, I collapse into not knowing. I fall into the margins of a story that has already been written about family.

Despite grasping for air, despite also feeling her proposition brushes up against trans sterility, all I am able to say is: "I am not considering having children, but I think I'll keep my uterus." And I decide it's best to move onto a different doctor.

Days later, a friend tells me to call the Chicago Women's Health Center. A facility I hesitated to visit because of "Women" in the name. It felt as though I had revoked my membership to be considered a woman once I pursued transmasculinity. As a transmasculine person off hormones and dealing with an ovarian issue, I was floating outside of regular categories. What truly convinced me to call was the section on the website that lauded a commitment to health education. I was hopeful after reading this that they would tell me who to see. Maybe even why.

Within a few minutes I was connected to a receptionist. She sent me a list of LGBTQ-friendly surgeons, ones patients of theirs had worked with in the past and therefore have been vetted.

A week later, I was in Dr. Arcana's office. Her presentation was pristine, her hair a silky bob cut to her shoulders. A nurse passed us by, and she caught her arm, told her something about me. Even though we had talked about my ovaries, she used my pronouns with ease. She did not appear nervous when she talked about my body.

She told me the cyst was dermoid, that we'd have to remove it. Like all the doctors, she did not offer reasons why the cyst formed—she simply affirmed what the ER doctor told me: that to be risk-free of ovarian failure she must surgically remove the cyst.

She explained in detail what the surgical procedure would look like. She described laparoscopic surgery as elegant, making me think of Italian craftsmanship. Three-inch-long incisions would be made at my belly button and on both sides of my hips. The inside of my stomach would be pumped with gas, inflating me so the tools they'd squeeze through each incision could cut away flesh easily. I told her about my concerns about Medicaid, the temporary coverage, the possible restrictions. She seemed calm, like she wasn't convinced we had reason to worry. But I knew it was still a gamble. Something about her look made me feel lucky, that this would work out.

"Set the date," she said, "and we'll keep checking in. If you don't hear from them a few days before surgery, then most likely you'll be in the clear."

That day, I leafed through the brochure she handed me on laparoscopic surgery. Inside the pamphlet were diagrams of women's bodies. There was no face on the body, just supple breasts, small nipples, a stomach enlarged as if pregnant. The fallopian tube was outlined, and a tool I hadn't yet heard of, a uterine manipulator, was shown inserted inside a vagina. The descriptions of the procedure offered practical language, no tone communicating how vulnerable this made me feel. There were tools with names, labeled body parts, but the content did nothing to educate me on the body. I cut out the diagrams and pasted them onto a piece of paper beside a fortune cookie message that read: *You have an unusual magnetic personality for success to come.* I felt more comfortable with Dr. Arcana than the other doctors, but looking at the diagrams reminded me that my insides, my organs, were unseeable, unknowable. I still couldn't make sense of my body, of any of it.

The day of the surgery, I was still floating in medical-coverage limbo. I did not know if Medicaid would cover surgery, but I knew it was active. The ER visit and the pre-op appointments had yet to be billed to me. But this was financially riskier. And something felt off. I asked Dr. Arcana's billing department what costs might look like if Medicaid denied me—all I was told was that they could not predetermine price. Even now, I have the impression no one actually knows how medical procedures are billed. It felt, momentarily, less exhausting to proceed without knowing than to investigate.

If the professionals didn't know, how much more luck would I have in finding answers? All I wanted to do was make sure the pain was gone.

On the morning of surgery, I pulled up to a train stop where my mother emerged from an exit. She had taken the train from O'Hare down to the closest blue line station. My mother's freckled face, scarlet hair, and pale complexion made her look more Chicagoan than Floridian. She smelled like travel, and I caught a whiff of anticipation, the kind you feel when your child is about to be operated on.

At the hospital complex, we valeted the car, and a moment later my partner pulled up in an Uber. Having the two of them there melted away the usual discomfort I had whenever I entered the Medical Industrial Complex. I was not alone, in fact, I was taking the escalator to a floor where we'd be met by Dr. Arcana, another ally, another person there to mitigate one form of pain I felt.

She entered the examination room wearing a bright, colorful pin. It was an LGBT flag pinned to her crisp white coat. Many times, in my life I had looked at pins and stickers displaying queer-affirming colors with a detached, empty gaze. But for once, I didn't. I don't know if it was the fact she had never misgendered me, or it was feeling my standards grinded down from multiple healthcare facilities. Maybe it was having my mother there to see a doctor take care of me. But it did. The pin mattered in that moment.

I was wheeled into a bright operating room filled with rock and roll—a genre, I was told, that was the anesthesiologist's favorite. He told me to count.

When I opened my eyes everything was tinted gray. "I'm in pain," I squeaked, my throat hurting as I released letters. A nurse rushed over to adjust my IV and told me I'd have a sore throat for a day from the breathing tube. His adjustments to the IV soothed my esophagus, made me floaty, euphoric even. I closed my eyes. When I opened my eyes again, my partner and mother were entering the room, arms extended.

"When he puts on his clothes and starts walking, we'll be able to discharge him," the nurse said.

And like a drunk ready to leave the after-hours bar, I clumsily began to rise and asked for my pants.

When I left the hospital, it was pitch black. I held a folder Dr. Arcana had given me. Inside were discharge papers, at-home-care instructions, a prescription note, and a series of photos taken of my interior. "They look more like cabbage rolls than ovaries," my partner said later that night, as they excitedly, and I deliriously, flipped through the photographs. "It isn't every day you get to see the very thing that sent you to the ER." I nodded and smiled because the resemblance to cabbage rolls was uncanny: the off-white, engorged veiny ovary really did look like a leafy baked cabbage roll. It looked like someone had filled it generously with rice and meat. It looked ready to burst.

The last photo was taken post-extraction—the site looked like a plate filled with macerated berries. The red-stained interior made me worry they had removed my ovary after all and had forgotten to tell me. But I shook off the feeling and told myself it wasn't a high-quality photo. That my doctor of choice was not like the one from my first pre-op appointment. That this person could be trusted.

A few weeks later, I fully returned to work, to running the track. But unease had settled in my body. Every time I collected the mail, I steadied myself just a little, unsure if I had evaded a bill.

Eight months after the surgery, and over a year since my trip to the ER, I lifted a letter with "The Department of Anesthesiology" printed on the far-right corner. I finally was staring at a bill for $2,785.

I called the billing department, where a no-nonsense administrator told me the charge was for anesthesia. She explained to me something I knew: that my license specified that I was assigned a male gender marker, but the surgery was for someone with ovaries. She said this as though my reality, and its incompatibility with insurance, was simple. Because of the gender marker that had been affirming my gender, I was now being questioned over whether or not I deserved to receive care for my body. My brain did not know what to do; I had fought for the judge to change my gender marker, but now I had to fight for someone to recognize me as still having a body with ovaries.

But the admin was inflexible. She told me the diagnosis and treatment were inconsistent with my gender and the medical codes. Therefore, Medicaid deemed anesthesia as medically unnecessary for my body and denied payment. The claim was not approved. She even sent me the notes to prove it.

Each time I called the department I felt as though expressing anger, desperation, disappointment, or sadness fueled billing to dig in in even more heartlessly. Then I finally connected to someone who I suspected was new to the job. Someone who told me I had an option beyond just paying–—I could write a letter of hardship to the Chair of Anesthesiology explaining my circumstance. *I have to explain to someone why this is absurd?* I thought. It became clear to me that to be transgender in the medical arena was to

come out, again and again. I studied the Chair's face on Google. Would this seventy-year-old white male physician be transphobic? Would he sympathize more with Medicaid's bureaucratic error or with my life's conditions? I knew I had to write to him in a way that would elicit sympathy. A man like that needed to hear the plight of a transgender person in specific terms. Terms he could understand.

A few weeks later, an adjusted bill arrived in the mail. It had worked. A 70% discount was applied to my account. This small victory proved writing could be influential and persuasive. Writing was a tool I could use to advocate for myself, maybe even a way to advocate for others. Maybe a way toward community if I could learn to write my story in a way that made others care or see themselves.

I was mindlessly scrolling through Instagram when I stumbled across a post from a queer friend. They had recently opened an appeal with Medicaid, and apparently, won their case. We connected, swapped stories, and that same day I submitted an appeal through the state of Illinois' website. Each week, I logged on to check the status of my case, but "received" just sat there. I began to think I didn't deserve justice. I let my mind convince me of reasons why I was undeserving, until I eventually stopped checking the status altogether.

When the letter arrived announcing my hearing, I was already living in a new state. The hearing would be held over the phone. Once again, I would defend my case in front of a person I must make myself legible to.

The phone began buzzing at 8:00 a.m. on the day of my appeal. On the other end, a judge greeted me jovially. *This guy is way too chipper.* Then the hearing officer joined the conference call. As I took the oath, my stomach churned. My first thoughts were those of repercussions: I would be fined for using public infrastructure, for having enrolled in Medicaid. Once again, I felt the way in which living in the United States conditions people to believe they don't deserve security, financial support, healthcare, even the right to defend themselves.

The unexpectedly happy-go-lucky judge asked the hearing officer to state his defense. "We investigated their records, and found the defendant was indeed eligible for Medicaid. We understand the dispute fully and have already connected with the hospital. We're working together to override the medical coding system. The bill should be paid within a few weeks."

I clicked off the phone, and that was that—for now.

Timilehin Alake
Kimberly Quiogue Andrews
Bridget Bell
Adrian Blevins
Bruce Bond
EJ Bowman
Adam Burnett
Akhim Yuseff Cabey
Morris Collins
Margot Douaihy
Morgan English
Alice Friman
Lee Anne Gallaway-Mitchell
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