

Papa's Baby, Mama's . . . Papa?: Toward a Faux Gestational History

Thomas Beatie: I used my female reproductive organs to become a father.

Barbara Walters: Aren't you trying to have it both ways?

Beatie [laughing]: Well, first of all, what would be wrong with that?

— Thomas Beatie, Interview with Barbara Walters

Inception

Mr. Lee Mingwei is pregnant, the “world’s first pregnant man.” The research website of RYT Hospital at Dwayne Medical Center, an institution specializing in nanotechnological medicine, introduces visitors to Lee (primagravidus² [G1P0000, EP1, IVF-ET1, Post term])³ and verifies his pregnancy through live feeds of his EKG, sonogram, and vital signs (weight, blood pressure, fundal height⁴). Interested viewers can watch a documentary of Lee shopping in Times Square, talking about his experience as the first pregnant man, or follow links to a *U.S. News and World Report* magazine cover hailing Lee as “MAN(?) of the Year” or to Lee’s congratulations to “fellow pregnant dad Thomas Beatie” (*RYT Hospital*). Thomas Beatie (multigravidus [G3P1011, EP1, ICI2, V1])⁵ is pregnant for the second time, having claimed for himself the label of “first man to give birth.” Beatie’s coming out as a pregnant man in the March 26, 2008, issue of *The Advocate* garnered immediate, worldwide media attention including discussion on morning news programs, CNN, *The View*, late-night comedy shows, and a guest appearance on *Oprah*. In November, 2008, ABC News’ *20/20* aired a special interview of Beatie and his wife, Nancy, with Barbara Walters; at the end of this interview, wallpapered with images of the Beaties and their gurgling four-month-old, Susan, Thomas announced that he was pregnant again and due in June, 2009.

The world’s first pregnant man’s congratulation of the first man to give birth is only one anachronicity in the mediated/queer/faux gestational histories of these two men. If Lee’s decision to have his body hormonally and physically manipulated in order to carry a pregnancy to term is possibly queer (indicating “a lived engagement” involving “bodily risk and experimentation” that skews gender scripts [Freeman]), Beatie’s recursive history as a transsexual man who manipulated his hormone regimen in order to conceive and gestate in his residual uterus certainly is. And both

pregnancy narratives open with artifice: Beatie's artificial insemination by his wife and the net art through which Lee's pregnancy is realized. RYT's website invites uncertainty regarding the distinction between artifice and performance art (see *Museum of Hoaxes* and *Virgil Wong*) through explicit denials that Lee's pregnancy is a successful *trompe l'oeil*; on the FAQs page, in answer to the question, "Is this a hoax or some perverse form of art-making?" is written, "It's true that many of the people involved in this project (including Mr. Lee) are indeed artists—and Virgil Wong has created an art installation of Male Pregnancy for exhibit at the PaperVeins Museum of Art—but yes, Mr. Lee is really pregnant" (*RYT Hospital*).⁶ The collaboration between a net artist/filmmaker whose work reflects an ongoing interest in "medicine, technology, and the human body" (*Virgil Wong*) and a performance artist whose work is inspired by "the parallels between art-making and prognostication" (*Lee Mingwei*) yields a carefully-wrought history of and prognosis for male pregnancy.

Wong's installed capture of Lee's performative pregnancy simultaneously resists and reinscribes the negative relationship between representation and performance. By archiving Lee's fleshly processes, the website doubly challenges Phelan's definition of performance as "nonreproductive" (148) and reinscribes the disembodied "domineering logic of the archive" (Blocker 106) by constructing Lee's pregnancy as a recursive, continuous embodied present with a deferred outcome. This faux history constituted around Lee's male pregnancy foretells the future: his really distended belly and live sonogram image make Beatie's real pregnant belly and sonogram appointment, as presented on television and tabloid covers throughout the West, seem more derivation than reality. In our increasingly pronatalist *zeitgeist*, the meanings re/produced around these male pregnancies comment on conservative challenges to women's access to reproductive and contraceptive health and same-gender couples' right to be couples, marry, and have children. They also respond to the queer theoretical critique that wanting to marry or have children is a conservative impulse toward a "regime of married normalcy" (*Gay Shame*), marking a deradicalization of queer identity (Boellstorff 234-6). Although I write to explore these representations of male pregnancy for their potential to radicalize gender and queer gestation, my organizational strategy reinscribes a linear, progressive model of pregnancy. I have tried to resist this strategy, to imagine the counterhegemonic power of a non-linear gestation narrative, but I find my imagination circumscribed by my own embodied experiences of reproduction (pregnancy, abortion, childbirth). Inspired by the example of Thomas Beatie, I will not resist these influences but embrace them coincidentally with my argument for a faux gestational history.

ART

ART is the acronym for Assisted Reproductive Technology which covers a range of medical and surgical interventions, including artificial and donor insemination, using both intracervical and intrauterine insemination methods, in vitro fertilization, embryo transfer, and many other reproductive procedures—all of which lead to a “physical separation of the process of fertilization from women’s bodies” (Kirejczyk 185)—while being performed almost exclusively *on* women’s bodies. Thus, while male infertility is recognized as an illness treatable by ART, “[w]hat really counts—but remains unspoken—is that women’s bodies are needed as a medium for men’s use” of ART (201). Reproduction and contraception have clear gender scripts, meaning that responsibility for them, both psychologically and physically, has been inscribed as gender-specific and follows a constructed trajectory that reifies a gendered focus (Oudshoorn 123). Beatie’s and Lee’s pregnancies suggest that ART might inscribe a new script.

In spite of their striking difference from other couples who turn to ART, Thomas and Nancy Beatie’s description of their journey to pregnancy is mundane, albeit technologically enhanced. They knew they would have to use ART to conceive because Nancy had a hysterectomy as a young woman. After seeking help from fertility specialists, the partner pursuing pregnancy followed a hormone regimen designed to aid conception, and they used donor sperm in a simple, at-home intracervical insemination (ICI) process, which resulted in pregnancy. Their first ART pregnancy ended in emergency termination of ectopic triplets, and the second was successful. During this process, they were challenged by family members who did not support their efforts. In all, the couple has spent several thousands of dollars trying to conceive (Beatie, “Labor”). A veneer of chronicity organizes this narrative of ART reproduction, a surface normalization that threatens to obscure the queer specificity of the Beaties’ experiences, even as it emphasizes the ways that they are not an ordinary ART family. One element of their story that defies the ART gender script is that Thomas did not use Nancy’s body in order to conceive; rather, the couple chose to experience ART together with Thomas’ body as the medium. Thomas’ reliance on ART, then, becomes a negative print of other men’s reliance on women to reproduce. His declaration that he “used [his] female reproductive organs to become a father” contains traces of male experience before the mid-nineteenth century, when women’s bodies—and their offspring—were the property of men (husbands, fathers, slave-owners, etc.) who used the female reproductive organs they owned to become fathers (legitimate or not). At the same time, because Thomas was

able to reproduce without using a woman's body, his pregnancy inverts the historical norm of proprietary male reproduction. His pregnancy, unexploitive and technological, calls into question the concept of "natural" as it relates to any man's reproductive processes.

On the RYT website, visitors can find detailed descriptions of the process by which Drs. Phineas Liu and Simone Lowell prepared Lee's body for gestation and impregnated him. Oral doses of female hormones were administered "to make [Lee] receptive to the pregnancy," after which a developing embryo, produced in vitro, was implanted into Mr. Lee's peritoneum, the lining of the abdominal cavity. After a time, the hormones could be withdrawn, as the pregnancy "took over" and Lee's body began secreting sufficient hormones for gestational maintenance. The website presents the potential risks and complications of this process and notes, "RYT Hospital is not accepting new patients for this procedure. Male pregnancy is still in its experimental stage and will not be available to the public in the immediate future" (*RYT Hospital*). Through this and similar tropes of medical discourse, the ART work at RYT presents as synchronic, naturalized, progressing along a linear path. But is it also, as art, marked by recursivity and achronicity, static and interrupted.

ART thus challenges the distinction between "artificial" and "natural"; pregnancy, once understood to be the combination of male and female gametes into a whole nurtured by the female body, is now a synthesis of male and female embodiment, formed through a series of technologies and nurtured by a human body or a gel in a petri dish. One cultural script inscribed onto ART is the "designer baby" critique: if reproduction becomes synthetic, artistic, will the diversity of the human species be "designed away"? Might we, through sperm donor selection, embryo selection, etc., homogenize in terms of ability and appearance? or gender, race, or sexuality?⁷ Both Lee and Beatie are marked as non-white—Lee is Taiwanese, living in the U.S. (*Lee Mingwei*), and Beatie is described by Barbara Walters as having been "born the daughter of a biracial couple" (Beatie, "What")—so their ART experiences could challenge homogenization. Szkupinski Quiroga has argued that "when [people] of color confront the bio-medical policing of their [insemination] choices . . . they can potentially undermine or reinforce whiteness and patriarchy . . . or perhaps do both in the complex practice of agency" (157). I argue that, within these men's refusal to follow gendered scripts of family formation and racial scripts of ART is revealed the "liberatory potential of ART" (158).

Mpreg-nation⁸

Does the pregnant male body render the gestational female body invisible? In the video documentary, Lee invokes his sister's pregnant body as one site of inspiration for him to become involved in "this project" (Lepault and Lafait). The Beaties' story begins with the (dis) functionality of Nancy's female body; "it wasn't that [Thomas] wanted to carry the child, it was that Nancy *couldn't*" (Beatie, "What" emphasis in original). At the same time, there is no identification on the part of these men with femininity; they are pregnant men with "strong gender identities" (Lepault and Lafait). Beatie declares that throughout his pregnancy, he never felt "maternal . . . or womanly"; he "felt like Nancy's husband and . . . like the father of [his] child," with "a solid male gender identity all the way through" (Beatie, "What"). Even as they queer fatherhood, Beatie and Lee embody the ART industry's practice of inscribing paternity as an (un)ambiguous relationship. Szkupinski Quiroga found in her interviews with couples of color that fertility physicians were (perhaps over)invested in "matching" donor sperm to the phenotype of the social father, thereby "ensuring that the child could 'pass' as a genetic child and not be mistaken as a product of the mother's sexual infidelity" (150) and reproducing a normalized familial relationship. As Hortense Spillers has shown in her germinal feminist essay, "Mama's Baby, Papa's Maybe," biological and social parenting relationships—particularly the potential biological ambiguity of paternity combined with the patrisocial devaluation of maternity—have a profound impact on the cultural construction of the family as a heteropatriarchal institution and on the potential for radical revisions of family (79-80). "Men's biogenetic link to their children" is crucial for maintenance of patriarchal power (Lasker and Borg, qtd in Szkupinski Quiroga 150-1), and ART strives to represent this link. Both Lee and Beatie queer fatherhood, redefining it as an incontrovertible and unique relationship based on the physical experience usually attributed to motherhood; hence, in my title, "Papa's Baby" can be conceived (of) because Papa occupies the embodied positionality of Mama. At the same time, both men participate in the occlusion of maternity not through patrisocial devaluation but through a queer erasure of the pregnant female body.⁹

My interest in Spillers's essay is located at the intersection of gender, parenthood, and property, and I do not intend to imply that being transgendered (or even being pregnant) is analogous to being enslaved or oppressed by racism. I want to make explicit my resistance to using the historical and embodied realities of racism as a metaphor for oppressed experience. Too

often, racially-marked historical crimes are so used (i.e., the “holocaust of abortion,” “enslavement to housework”), and the effect is simultaneously to essentialize race and palliate cultural tragedy. My engagement with Spillers is inspired by her assertion that an examination of female/male indeterminacy within the context of dominance may reveal how gender might be expressed “along a range of stress points, including human biology in its intersection with the project of culture” (65). If Lee’s and Beatie’s pregnancies demonstrate nothing else, they reveal that the “stress points” at the intersection of biology and culture, which Spillers described in 1987, still shape our expectations for the embodied experience of pregnancy. In fact, Lee offers up his pregnant male body as a metonymic figure for our cultural understanding of gender: “what is going to happen when men can be pregnant? What could be the conversation between genders? Does it mean that the identity of being a woman is challenged? or not? Or even enhanced?” (Lepault and Lafait).

Ectopia

At the RYT Hospital website, Dr. Phineas Liu, Director of Genetic Medicine and Reproductive Endocrinology, explains that their research on male pregnancy was inspired by “the success of a number of ectopic pregnancies in women” (Lepault and Lafait). An extrauterine pregnancy, or an ectopic pregnancy (EP), is in the wrong place in the body. For Liu to claim that “a number” of ectopic pregnancies have been successful is overstatement; ectopic pregnancy remains one of the most serious health threats a pregnant woman can face. Since 1970, the incidence of ectopic pregnancy has more than quadrupled, a trend primarily “attributed to the increasing use of assisted reproductive techniques” (Graham and Smith 292). Approximately 1.3% of ectopic pregnancies are classified as abdominal, as Lee’s is, and implant directly into the peritoneal surface. The maternal mortality rate in abdominal pregnancy is seven to eight times higher than in other ectopic pregnancies and ninety times higher than in intrauterine pregnancies (292). Lee’s is a utopic abdominal pregnancy, the narrative of which ruptures the expected trajectory of an EP, thus, an ectopia. A pregnancy site threatening to women becomes an idealized site of potentiality for a man, a dis/place simultaneously outside of the norm and im/possible, a site for “a lived engagement” of gender-scripted experience involving “bodily risk and experimentation” (Freeman) related to sexuality and reproduction—in short, queer.

While Lee’s ectopia is situated within, Beatie’s is lived through the body. His first ART insemination yielded ectopic triplets, and he lost the embryos and his fallopian tube (Beatie,

“Labor”). For him, the dis/place of EP was not queer; if anything, it was conventionalizing, thwarting his efforts toward male pregnancy by rendering him less fertile. What is queered in Beatie’s case is not his pregnancy narrative but the progressive narrative of gender transition. Beatie is not (simply) an FtM¹⁰ transman; his hormonal transition defies abbreviation, deviating from the expected linear trajectory from one normative gender identity to another. As queer theory has begun to examine temporality, seeking to understand how time might be different for those who occupy an identity apart from what Edelman calls “reproductive futurism” (Dinshaw, et al 181)—a temporal paradigm that is linear and aims to reproduce the status quo—it has defined “queer time.” “Cyclical, interrupted, multilayered, reversible, stalled” (Jagose, in Dinshaw, et al 186-7) and characterized by derivation, repetition, deviation from a trajectory of maturation, queer time “[shifts] attentions away from discrete bodies performing their desires (and) [offers] an alternative framework for the theorization of disqualified and anticanonical knowledges of queer practices” (Halberstam, in Dinshaw, et al 182). Queer temporality is offered in contrast to an increasingly assimilationist national gay and lesbian activism focused on access to hegemonic institutions like marriage and legal parenthood to the exclusion of many other queer rights concerns. Beatie’s transition narrative calls this distinction into question—he used the hormones, had the surgery, became legally “male” (according to his passport, social security registration, driver’s license, and marriage license), all of which moved him progressively closer to the “reproductive futuris[t]” ideal of mainstream gay rights activism: marriage and fatherhood. At the same time, he attained these goals via a trajectory more accurately described using the terms of queer temporality: his hormone regimen was interrupted, delayed, so he could restart the cyclic functioning of his reproductive organs and derive from them a baby.

Beatie’s presentation of his own ART narrative further complicates this theorization of queer temporality, drawing attention to the ways recursivity, interruption, and delay all tend to reinscribe linearity as a norm against which to define queer temporality (Boellstorff 229). Boellstorff recommends theorizing “other ways of doing queer time,” ways that are not based on/reactive against linear, or “straight” time, and he recommends as one model “coincidental time,” found in several areas of Indonesia, in which significance is determined by the simultaneous occurrence of two or more temporally-organized events¹¹ (238). Coincidental time does not measure the passage of time or tell “what time it is” but, instead, “distinguish[es] and classif[ies] discrete, self-subsistent particles of time,” indicating “what kind of time it is” (Geertz, qtd. in Boellstorff 239). A good example of coincidental time and its potential for “a truly radical queering of time” (241)

emerges during Barbara Walters' conversation with Beatie. When Beatie explains that his body "took about four months" to "regulat[e] itself" and begin menstruating after he stopped taking his testosterone, Walters becomes agitated. She shakes her head and cuts her eyes away from Beatie/ the camera as she asks, "Didn't that make you feel . . . I don't know what . . . strange? female?" Beatie redirects the conversation in his reply, "I was really excited to see the color red, to see my own blood—it meant that I was going to bring life into this world" (Beatie, "What"). Walters seems to want Beatie to be horrified on some level by the changes in his body post-testosterone, a reaction consonant with progressive narratives of gender transition. In his refusal to see his menstruation as horrifying, or as identificatorily significant in any way, Beatie draws attention to the way the progressive narrative of gender transition is ultimately conservative, reinscribing gender norms. Thus, he locates his gender in a space outside, an ectopia, in which masculinity and pregnancy are coincidental, in which it is possible to "have it both ways."

Gestation

Physicians record gestational histories of patients through a system known as GPAL. A pregnant woman with four living children, two born at term and two premature twins, who has had two abortions (spontaneous¹² or elective) would find on her OB/GYN chart a GPAL record of G6P2124, which translates into gravida 6 (six total pregnancies, including the current one), para (outcomes of pregnancy) 2 full-term births, 1 preterm birth (twin birth is one pregnancy outcome), 2 aborta, and 4 living children (note that the current pregnancy does not have an outcome record). The purpose of this recording is to standardize health practice, but like all systems of classification, it also reinforces cultural scripts. For example, in the GPAL system, there is no indication whether all the woman's pregnancies have been with the same partner/sperm donor; this reinscribes the gender script of reproduction as women's responsibility and "dismiss[es] the possibility that defective sperm could contribute to fetal health problems" or cause spontaneous abortion (Daniels 317, 24). In addition, GPAL does not indicate if any of the patient's pregnancies involved ART (thereby increasing her risk of multiple births and spontaneous abortion). My presentation of Lee's and Beatie's GPAL records, above, intends to subvert the gender script of gestational history, to remind that scientific notation participates in gender normalization. For example, because "gravida" is feminine, I needed to construct a term, "gravidus," to classify the pregnant men about whom I write.

By so representing Beatie's and Lee's pregnancies, I enter them into an increasingly surveillant obstetrical apparatus that supplements medical records with sonogram technology (both 2-D and 3-D) and prenatal diagnostic analysis, perhaps a redundant gesture, given that as ART patients, they are already subject to extensive gestational surveillance. ART is not possible without the help of screens that determine which patients are appropriate for which interventions and imaging systems that allow doctors to visualize the fetuses they create. Lee's pregnancy is not only conceived via surveillance; as a work of art, it is re/produced through it. The live feeds of his vital statistics have sustained his gestational process for several years, at the point of coincidence between science and artifice. Thus, even as it presents as surveilled and measured, Lee's ART forces viewers to confront the ways that his pregnancy destabilizes our systems for measuring pregnancy. There is no conceptus in his performance, no point of measurement for his fetus' age.¹³ Although his pregnancy is never realized, continuously deferred, Lee's ART tethers him not only to the state of gestation but to a gender identity that is decidedly masculine (according to his doctor) even as it engages a most female experience. Paradoxically, although he expresses the hope that his pregnancy might inspire new conversations about gender, Lee's gestation is disappointingly normative.

When Walters asks the Beaties if they see themselves as "a traditional family," Beatie responds, "We do. We are man, woman, and child. It's ironic that we are so different, but yet we're just a family, just the same as anyone else." Of course, the point of the interview is to inspire acceptance through demonstrations of just how like us they are: playing with Susan, changing her diapers, feeding her, and doing mundane tasks with her in a carrier at their bellies, all the while emphasizing their differences. For example, we learn that Nancy lactates and is able to nurse Susan despite not having carried her. Near the end of the interview, Nancy reiterates, "We're just an ordinary, normal family," then we see Thomas reading a picture book to his infant daughter, describing how the daddy seahorse gestates the young. The Beaties explain that they have already "told" Susan that her gestation is like the seahorse's; Thomas tells her, "you're just that one special seahorse" (Beatie, "What"). We are invited to read their parenthood at the point of coincidence between "natural" and "miraculous," and perhaps it is at that point that the radical possibilities of male pregnancy are revealed.

Miscarriages

The normalcy of the Beaties' ART narrative is two-dimensional. Nine fertility specialists refused to take the Beaties as patients, one doctor deeming it "not fair" to transition, then "go back to being female to get pregnant, only to be male again once the baby is born." Another doctor suggested that Thomas shave his beard, began treating him, initiated mandatory psychological testing, and then withdrew treatment, citing discomfort among his staff. The chemical regimen Thomas followed was an interruption rather than introduction of hormones, and the couple managed their process at home because they were denied the on-going care of a clinician (Beatie, "What"). When Thomas' first pregnancy ended, he reports, his brother called the termination "a good thing" because the baby could have been a "monster" (Beatie, "Labor").

In theory, ART should provide opportunities for reproduction outside of the heteronormative paradigm. In practice, however, ART has tended to be more conservative than liberatory; many countries have imposed laws or regulations that reserve ART for heterosexual couples. For example, in the 1980s, the Dutch government discouraged use of ART "as an alternative for 'natural procreation,'" a puzzling distinction, at best, until one considers the accompanying mandate that any child created via ART should have a legal mother and a legal father. "In this context, 'natural procreation' mean[s] procreation within a heterosexual union, either medically assisted or not" (Kirejczyk 188). Improbably, it was 2005 before Sweden legalized ART for lesbian couples (who had been registering in civil unions since 1994) ("Sweden to Allow"). As late as 2006, the Ethics Committee of the American Society for Reproductive Medicine issued a statement calling for "fertility programs [to] treat single persons and gay and lesbian couples equally with married couples in determining which services to provide" (Ethics Committee 1335), the existence of which implies that couples who did not meet heteronormative expectations may have suffered discrimination from fertility specialists. Indeed, an October, 2008, decision by the California Supreme Court ruled against clinic staff who refused IVF services to a lesbian woman on the basis of their "fundamentalist Christian beliefs" ("Calif. Supreme Court").

In the contexts of this history of discrimination against gay and lesbian people by the ART industry and the current focus on reproductive futurism within lesbian and gay activism in the United States, it would be logical to expect the Beaties to represent success for those wishing to open heteronormative institutions to transgender individuals and same-gender couples. This was not the case. Beatie relates his experiences with "several gay and transgender organizations"

on the eve of his appearance on *Oprah*: “There’s six different organizations on the phone doing a conference call with us saying ‘you can’t go public Don’t let them see your pregnant belly. . . . you’re going to ruin same-sex marriage in California, you’re going to ruin domestic partnerships, hate crime laws” (Beatie, “What”). Even a well-known transgender author and activist expresses discomfort; Jennifer Finney-Boylan admits to Walters that news of Beatie’s pregnancy “kind of freaked [her] out a little bit at first,” and she worried, “is this going to be good for our people?” The impulse in the lesbian/gay and trans activist communities, then, is to contain Thomas’ pregnancy. The problem was not Beatie’s pregnancy but that he was going to air it on national television, drawing attention to his non-normativity. In her interviews with members of the trans activist community, Walters reveals efforts to normalize the Beaties’ ART experience. A San Francisco-area midwife tells Walters that Beatie is “[b]y no means” the “first pregnant man” and that she knows “at least thirty-five to forty men” who have “[chosen] to be pregnant” but not “to be celebrities” (Beatie, “What”), and Finney-Boylan declares, after acknowledging her discomfort, “But if you look at the Beaties, you will see two people that have done the greatest thing a couple can do, which is to have a child” (Beatie, “What”). The impulse to normalize reflects the assimilationism of current LGT activism. Beatie presents his ordinary, special, transgendered/bigendered gestation-within-marriage as resistant to the hegemony of gender and to assimilationist activism “without participating in the apocalyptic logic of a total break” (Boellstorff 234). Therefore, it may be radically queer even under its veneer of heteronormativity.

The radicality of synthetic normalcy is perhaps best represented on the RYT site by a videotaped exchange between Lee and a cab driver on Times Square, the tone of which is almost surreally normal. “So, where you going to be delivered, huh?” asks the driver (giving the impression that he uses this same pun with every pregnant fare). In the banter that follows, the driver moves from apparent acceptance (“Don’t deliver before nine months!”) to censure, stating, “I think [male pregnancy] is not allowed by the Christianity, Muslim, Islam, I think Buddhism. I don’t think the religions accept this because this is very unnatural way” (Lepault and Lafait). The traces, here, of religious critiques of homosexuality serve to queer Lee’s pregnancy. As Boellstorff notes, when “the politics of truth become linked to questions of cultural and historical specificity” and we must confront the “messy middle ground of complicity and imbrication,” then “the notion of queering is intelligible” (Boellstorff 236).

Parity

In medical terminology, parity measures the outcome of each individual pregnancy. In vernacular usage, parity names a state of equality. While ART has not been characterized by equality for non-heteronormative patients, Lee's pregnancy suggests another site for non-parity: the relationship between pregnant patient and fetus. As Dr. Liu introduces male pregnancy in the documentary, we see a "4-D sonogram"¹⁴ of Lee's fetus. The image shifts to a colorful radiographic representation of a male body with a fetus within as Liu explains the location of the fetus and the risks of Lee's impending C-section: "The surgical procedure will be a bit more extraordinary than your average C-section. Uh, we're actually very confident that the fetus will be perfectly fine" (Lepault and Lafait). At this moment, a single musical tone interrupts Liu mid-sentence, leaving the viewer to question whether he is equally confident of Lee's safety. This question, offered in juxtaposition with the 4-D sonogram, places Lee in contested relationship not only to his fetus, but also to women's demands for a full range of reproductive health processes, including those that further equality as well as parity.

The Beaties, too, address women's equality; when asked why they did not employ a surrogate, Thomas replies, "We didn't want to dole out that responsibility to someone else" (Beatie, "What"), alluding to contemporary critiques of surrogacy as exploitive. Unfortunately, the Beaties' attention to justice is not reproduced by the state of Oregon. Susan's birth certificate has changed twice as the state grapples with identifying her parents; initially, the birth certificate identified Thomas as father and Nancy as mother. Since Nancy did not give birth, however, the state changed the birth certificate to name Thomas as mother and Nancy as father (ironically reported in voice-over above footage of Nancy nursing Susan), thereby bending Nancy's gender simply by virtue of her marriage to a transperson. When Thomas and Nancy complained, the state changed the birth certificate again, this time identifying both adults as "parent" to Susan. While this is more accurate than naming Nancy the father, it places the Beaties' relationship in the legal category of "domestic partnership"; "[i]n essence," Thomas says, "they are invalidating our marriage" (Beatie, "What"), undoing the legitimacy he had worked so hard to achieve. Spillers notes that the child born into slavery was "on the boundary, [one] whose human and familial status . . . had yet to be defined" and whose marginality occurs "where 'kinship' loses meaning, *since it can be invaded at any given and arbitrary moment by the property relations*" (74, emphasis in original). In other words, when the state denies a child's familial status, it makes her into someone whose relations are those

of property rather than of family. By virtue of Oregon's erasure of the Beaties' marriage, Susan's relationship status can be redefined against the concept of kinship and "invaded at any given and arbitrary moment" by property relations. Or, as a Columbia law professor explained to Walters, "The non-biological parent might have some concerns" regarding the birth certificate (Beatie, "What").

Presented in the context of their struggles with the state, the ART industry, and mainstream LGT activism, the Beaties' second pregnancy, their decision that "Susan [would] be a big sister," can be defined as particularly radical. "If the conservatives perceive something to be incredibly threatening," Boellstorff argues, "then there must be something radical about it" (236). By extension, if both heteronormative institutions and LGT activists perceive Thomas's "pregnant belly" to push against the bounds of normalcy, then there must be something radically queer developing therein.

NOTES

1. I would like to thank Emily Russell and other members of the *specs* editorial staff for their careful reading and thoughtful suggestions for improvement of this essay.
2. Pregnant for the first time.
3. Medical record shorthand for Lee's gestational history: one grava (pregnancy), no para (births); EP1, IVF-ET1 indicates one ectopic pregnancy and one in vitro fertilization with embryo transfer. "Post-term" indicates that the pregnancy (has) lasted longer than 43 weeks.
4. Pregnancy measurement based on the height of the body of the uterus, from the pubic bone to the top.
5. Three gravae, para one full-term birth, no pre-term births, one abortion/miscarriage, one living child, one ectopic pregnancy, two intracervical inseminations, one vaginal birth.
6. Attention to the adjective "perverse" is conspicuous in its absence.
7. For an examination of how physicians' assumptions about racial purity shape couples' experiences with ART, see Szkupinski Quiroga.
8. Male pregnancy subgenre of on-line fan fiction and slash fiction.
9. Many critics of Beatie attempt to reinscribe—though not to revalue—maternity in strongly-worded declarations that he is "really a woman."
10. Female-to-male.
11. The Western example Boellstorff offers is "Friday the thirteenth."
12. "Spontaneous abortion" is the medical terminology for "miscarriage."
13. Physicians measure fetal age from the first day of the pregnant patient's last normal menstrual period (LMP); as a womb-less pregnant patient, Lee would have no LMP.
14. "4-D sonogram" is 3-D ultrasound in video recording, sometimes used by pro-life organizations to discourage abortion.

WORKS CITED

- Beatie, Thomas. "Labor of Love." *The Advocate*. 26 March 2008. 12 Dec. 2008 <http://www.advocate.com/exclusive_detail_ektid52947.asp>.
- Beatie, Thomas, and Nancy Beatie. "What Is a Man? What Is a Woman? Journey of a Pregnant Man." Interview with Barbara Walters. *20/20*. ABC. 11 Nov. 2008.
- Blocker, Jane. *What the Body Cost: Desire, History, and Performance*. Minneapolis: U of Minnesota P, 2004.
- Boellstorff, Tom. "When Marriage Falls: Queer Coincidences in Straight Time." *GLQ* 13.2-3 (2007): 227-48.
- "Calif. Supreme Court: Doctors Cannot Refuse IVF to Lesbians." *365gay Newscenter*. 18 Oct. 2008. 3 Jan. 2009 <<http://www.365gay.com/news/081808-lesbian-ivf/>>.
- Daniels, Cynthia R. "Between Fathers and Fetuses: The Social Construction of Male Reproduction and the Politics of Fetal Harm." *Women, Science, and Technology*. Ed. Mary Wyer. London: Routledge, 2001. 312-31.
- Dinshaw, Carolyn, et al. "Theorizing Queer Temporalities: A Roundtable Discussion." *GLQ* 13.2-3 (2007): 177-95.
- "Dutch IVF Clinics Told to Treat Lesbians." *iol News*. 9 Feb. 2000. 3 Jan. 2009 <http://www.iol.co.za/index.php?set_id=1&click_id=31&art_id=qw950112180183B241>.
- Ethics Committee of the American Society for Reproductive Medicine. "Access to Fertility Treatment by Gays, Lesbians, and Unmarried Persons." *Fertility and Sterility* 86 (2006): 1333-5. 3 Jan. 2009 <<http://www.asrm.org/Media/Ethics/ethicsmain.html>>.
- Freeman, Elizabeth. "Excerpt from the English Department Fall Faculty Lecture." Department of English, University of California Davis. Oct. 2007. 18 Nov. 2008 <<http://enlnews.ucdavis.edu/FFL07.html>>.
- Gay Shame*. "Gay Shame Opposes Marriage in Any Form." 10 Jan. 2009 <<http://www.gayshamesf.org/endmarriage.html>>.

- Graham, John M. and David W. Smith. "Abdominal Pregnancy (Extrauterine Pregnancy)." *Smith's Recognizable Patterns of Human Deformation*. 3rd ed. Philadelphia: Elsevier Health Sciences, 2007. 292-5.
- Kirejczyk, Marta. "Enculturation through Script Selection: Political Discourse and Practice of In Vitro Fertilization in The Netherlands." *Bodies of Technology: Women's Involvement with Reproductive Medicine*. Ed. Ann Rudinow Saetnan, Nelly Oudshoorn, and Marta Kirejczyk. Women and Health: Cultural and Social Perspectives. Columbus: Ohio State UP, 2000. 183-206.
- Lee Mingwei. 28 Dec. 2008 <<http://www.leemingwei.com/>>.
- Lepault, Sophie and Capucine Lafait, dir. "When Men Are Pregnant." 18 Dec. 2008 <<http://www.malepregnancy.com/movie/>>.
- Museum of Hoaxes. "1999: MalePregnancy.com (Web Hoax)." 14 Dec. 2008 <<http://www.museumofhoaxes.com/birth/birth.html>>.
- Oudshoorn, Nelly. "Imagined Men: Representations of Masculinities in Discourses on Male Contraceptive Technology." *Bodies of Technology: Women's Involvement with Reproductive Medicine*. Ed. Ann Rudinow Saetnan, Nelly Oudshoorn, and Marta Kirejczyk. Women and Health: Cultural and Social Perspectives. Columbus: Ohio State UP, 2000. 123-45.
- Phelan, Peggy. "The Ontology of Performance: Representation without Reproduction." *Unmarked: The Politics of Performance*. London: Routledge, 1993. 146-66.
- RYT Hospital. 13 Dec. 2008 <<http://www.rythospital.com/2008/>>.
- Spillers, Hortense J. "Mama's Baby, Papa's Maybe: An American Grammar Book." *Diacritics* 17.2 (1987): 64-81.
- "Sweden to Allow IVF for Lesbians." *BBC News* 3 Mar. 2005. 3 Jan. 2009 <<http://news.bbc.co.uk/2/hi/europe/4315145.stm>>.
- Szkupinski Quiroga, Seline. "Blood Is Thicker than Water: Policing Donor Insemination and the Reproduction of Whiteness." *Hypatia* 22.2 (2007): 143-61.