It’s Friday night and I am at the Sissy Party, one of the best queer parties in Berlin at the moment. The organizer is an American drag queen. Her parties are always fun,1 packed with international people. Less masculine and heteronormative than most R&B parties in Berlin. Less White than most Berlin queer parties. And, finally, with less of the eternal monotony of Berlin electronic music.

At the Sissy party I meet Carrie, a British friend who lives in London and Berlin. Carrie is part of the contemporary queer art scene that is burgeoning in Berlin. She is a transdesiring femme, in her mid twenties and in a relationship with John, a man with a female-to-male past. For quite a while, Carrie has had the desire to have her own biological child – her Gene-Choice-Child, as she often describes it, winking suggestively. The open expression of such a desire is not common in our queer political community as norms often run in favour of an explicit social model of parenthood. Statements like ‘I hate children’ are often accepted, sometimes even considered to be cool. Carrie has always had a sober attitude towards new reproductive technologies: ‘Why not appropriate them for our own queer purposes? i phone, dildo, pipette – we are connected to machines 24 hours a day anyway.’ Sentences like that are quite typical for her. So I am not astonished when she tells me over a Moscow Mule that she just came back from London where she went to a fertility clinic. She is thinking about using IVF to get pregnant.

The IVF embryo as potential

In other words, Carrie points out a queer potential that the IVF embryo2 embodies. With the emergence of new reproductive technologies the reproductive order has been fragmented: visual technologies have
rendered the foetus in the reproductive body visible and examinable. Embryos are being taken out of bodies. They are frozen or are inserted into other bodies. Finally, egg-cells are stored outside the body, get fertilized with semen and may then result in pregnancies in other bodies.³

In this fragmentation of reproductive processes some theoreticians see queer potentials, which could be realized at different levels:

*On the level of sexual praxis:* the In-vitro-Fertilization (IVF), the production of an embryo in the laboratory, means that for the procreation of a child heterosexual intercourse can be circumvented. The origin of the embryo is no longer intercourse of a ciswoman and a cisman,⁴ but a technological procedure.⁵

*On the level of the sexual body:* The pregnant body does not necessarily have to be a ciswoman’s one. With the assistance of technological reproduction further gendered bodies can enter the game. The egg cells made in the laboratory can be implanted into a ciswoman’s womb, whose body is classified as female. The embryo can also be implanted into a person who feels they do not belong to a certain gender but can give birth to a child, or a man with a uterus, as was the case with Thomas Beatie.⁶

*On the level of kinship and family:* finally, queer forms of kinship could emerge that cannot be grasped adequately with common understandings of the heteronormative nuclear family.⁷ Usual ideas of family and kinship are questioned if for example two of a ciswoman’s egg cells are fertilized with the semen of a companioned gay and the embryos are then inserted into the womb of her spouse and a further man who has a female-to-male history.

**New forms of labour**

Carrie also tells me that night that the physician of the London clinic was more than happy to hear that she sees herself as a non-heterosexual woman. The reason for this is that the egg cells of non-heterosexual women have in recent years come to be considered to be of better quality than that of heterosexual women because for lesbian and single women health issues are not the primary reasons for seeking technological assistance: ‘they go the clinic because they want to circumvent heterosexual intercourse’, she explains smilingly, ‘and I was worrying if I should pretend to be single in order to pass as heterosexual and get access to the technology’. Carrie is a bit worried about the fact that she would have to pay much less if she ‘donates’ more eggs than she would need for her own treatment. The costs would be reduced from £6,000 to £400. Being an artist in a financially precarious position, this