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The Fruit of the Trouble Tree

As a child, I had only the vaguest notion of how my life as an adult would unfold. My parents didn't have a particularly close relationship—my father traveled and my mother seemed to be unhappy and out-of-sorts a lot. I couldn't imagine growing up and creating a family like my own. In college I realized I was a lesbian, and assumed without thinking about it, that being a lesbian meant that you wouldn't have children. My primary concern at the time was whether I would ever feel comfortable anywhere, so the prospect of not having children was not something I gave more than a passing thought. In fact, the idea that I would not have children was almost a relief. I could picture being Mary Poppins much more readily than I could picture being Mrs. Ward Cleaver.

In 1979 when I was 25, I began dating a Canadian. Twice a month Terry or I would drive from Quebec to Boston or vice versa for a long weekend. Then one Friday, Terry's car was selected for a random border check. An American customs and immigration officer noticed her journal, brought her into a little office where he leisurely perused it, and accused her of being a lesbian. Although she neither confirmed nor denied the accusation, her silence was viewed as admission and she was denied entry into the United States. We spent a lot of time and energy during the next five years trying to figure out how to be together in the same country. Eventually, Terry got a job in the United States and was granted permanent residency status on the grounds that she was irreplaceable to her American employer. Meanwhile, I went to law school and then to work for a large Boston law firm. We spent a lot of time on our work lives. Then I got sick.

In 1989 I was taken from my office by ambulance for emergency abdominal surgery. A year later I faced a second operation for what we believed was aggressive endometriosis. Then while waiting to be scheduled for the opera-

tion, I was diagnosed with advanced cervical pre-cancer. Although I do not take cervical cancer lightly, the oncologist's concern that I might have ovarian cancer, rather than endometriosis, was much more alarming.

After our first meeting with the oncologist, Terry and I walked across the street to an outdoor cafe to talk. Somehow, in the course of that conversation we decided that if I came through the operation and was healthy, we would have a child. In some ways our decision to have a child came out of the blue, in some ways not. One of my best friends, another lesbian lawyer, had had a child two years earlier with her partner. Also, Terry and I had begun attending a Unitarian Universalist Church in our community. The congregation was relatively small and welcomed us, its only lesbian members. We volunteered on some of the children's programs and I began writing stories for the kids. During a service, one of the mothers announced spontaneously from the pulpit that she wished Terry and I would have kids, we would make wonderful parents. I was shocked and surprised again when a number of other people in the congregation repeated this sentiment in subsequent weeks.

When Terry and I decided to become parents, it seemed both momentous and like we could easily change our minds. We had decided that I would bear the child because I was, by nature, more career-centered and more sensitive to exclusion than Terry. However, by then I was a junior partner at my law firm, and although I had never lied about my lifestyle, I was conscious of not wanting to appear "too different." I knew that becoming pregnant would mean I might not be promoted to senior partner. Since relatively few lawyers at large law firms become senior partners, if I became pregnant and was not promoted I would never know whether it was because I was a lesbian, because I was unmarried and pregnant, because anyone pregnant would be perceived as less committed to the firm, or whether I simply would not have been promoted in any event. The decision to have a child also meant that Terry and I would never again have the same choices about "passing" or letting other people assume we had opposite-sex partners since this could be perceived by our child as a sign that there was something "wrong" or "less than" about having two parents of the same gender. I also wondered what impact having a child would have on our gay and lesbian friendships. Although we knew a few lesbian couples who either had children or were considering it, the majority of our gay and lesbian friends did not have children in their lives on a regular basis. However, since we were facing the possibility of cancer, these considerations seemed rather remote.

When I awoke from the second operation Terry looked at me and said, "there's no cancer." I looked at her. "So, we're going to try to have a baby?!" The surgeon told us we had a year to conceive before the endometriosis would return and make my getting pregnant impossible. After eleven months the fertility drugs caused my endometriosis to flare up and Terry and I decided to begin the adoption process at the end of that month.

On the evening before we were to go for my last insemination, a huge snow storm blanketed Boston. Radio newscasters reported that the whole downtown

area was closed and only emergency vehicles would be permitted on the roads the following morning. Terry and I had already let go of our attachment to bearing a child and perfunctorily telephoned the clinic to find out if fertility services were going to be open the next day. A receptionist told us that no one in the area was able to get in, but there was a nurse in Rhode Island with a Land Rover who was going to drive up. This seemed extreme to me, and I marveled at the nurse's dedication to a process in which the odds seemed extremely long. Nonetheless, if she was going to drive up from Rhode Island, certainly we could get ourselves into Boston from a suburb.

Two weeks later, the little minus sign on the pregnancy indicator turned to plus. Terry and I looked at the little cross for 20 minutes before we could believe it wasn't going to disappear if we set the test kit down. She wanted to frame it. I wanted to sew it to the inside of my pocket. For two or three days we walked on water.

That spring I was nominated for senior partner. In the weeks before the vote, I bought non-maternity clothes with bigger and bigger shoulder pads. When I was four-and-a-half months pregnant, I was elected senior partner. A week-and-a-half later I told the firm's Managing Partner. When the amniocentesis test came back normal we sent flowers to everyone at the fertility clinic. Then we told our families.

Terry's father responded as if the news had nothing to do with him, or her, since I was going to bear the child. My mother announced that we couldn't have a child; we were being selfish and "it would be too hard on the child." I told her we would give the child lots of love, our church was supportive, we had lesbian friends who were having children, and we could provide financial stability. These things didn't matter. Finally, I told my mother that if she was going to be so judgmental she couldn't come to visit because we didn't want our child to be ashamed of him or herself, or of us. At that point she changed her mind. My father, who had never been very emotionally involved in my upbringing, was surprisingly positive.

We had a diverse group in our birthing class. There was a couple who had very recently immigrated from India, a young couple from Florida who were sharecroppers, a woman whose husband was the CFO for a telecommunications company who brought a series of potential labour coaches to the class because her husband was usually out of town, and a man and woman in their mid-30s who were expecting twins. We gamely practiced breathing, passed around the epidural needle, and were skeptical of the teacher's statement that birthing a baby was like running a marathon. The analogy terrified the non-runners who could not imagine running 26 miles and who recalled that the original marathon runner had died upon completion of the course. I couldn't see how anyone could train for a marathon by sitting on the floor, pretending to be in pain, while shouting out little syllables that begin with "h."

I suppose the first 22 hours of my labour could be likened to running five marathons with mind-splitting abdominal cramps. But then the situation

began to deteriorate. My contractions slowed. At first, I didn't care, the relief was so profound, but I was soon reminded by the hospital midwife that contractions are supposed to be stronger and longer at the end. I could see from the fetal monitor that the contractions were not only slowing down, but also growing weaker. She put me on an intravenous drip of pitocin, a drug used to induce or to speed up labour by intensifying contractions. Sure enough, my contractions intensified but Terry and I immediately noticed a marked drop in the fetal heartbeat rate on the monitor. My blood pressure also began to drop. When it hit 70 over 46, a nurse put epinephrine into my IV.

A few minutes later, Terry and I watched the baby's heart rate fall from 140 to 120 then to 100—"if it goes below 90, go get the nurse," I said as we watched it slide toward 80. Two nurses rushed in and cut the pitocin. The baby's heartbeat returned but, of course, my contractions diminished. The midwife began reintroducing the pitocin one drop at a time every half hour. Alone in the delivery room, Terry and I watched the monitor drop to 120, then 100, then 90 and then 80 and then 70 . . . I started to say, "now..." to Terry who already was on her feet headed for the door. She didn't make it to the door. The midwife, the nurses, two anesthesiologists, the chief resident, and a couple of other people bolted into the room. Someone clamped an oxygen mask over my face and I heard someone else say she was shutting down the pitocin. I vaguely knew the chief resident and midwife were discussing whether to do an emergency c-section. The chief resident tried to get a blood sample from our son's head to find out whether his blood was sufficiently oxygenated, but could only draw a few drops of clear fluid because the head was swollen from bumping against the cervix for so long. I started to shake. The doctor told Terry to tell me that it was important that I remain calm. Otherwise, the baby could be adversely affected. I did as I was told, convinced that no good was going to come of this. One or both of us weren't going to make it. I remember thinking very clearly, without altruism or common sense, "let it be me [who goes]." How strong instinct beats within us—saving a child, even one I didn't know, trumped all that I did know.

Eventually they stabilized the heart rate. The head resident suggested a caesarian. Although no one said it, we all knew a caesarian was inevitable. The midwife's and the anaesthesiologist's shifts had ended and the head resident was near the end of her 24-hour shift. To my surprise, the midwife (who was also a nurse as it turned out) asked if she could stay and assist with the caesarian. The anesthesiologist volunteered to stay also. After the "first cut," she brought Terry into the operating room so Terry could watch the birth. The doctor unwound the umbilical chord that was wrapped around the baby's shoulders like a straitjacket and had prevented him from descending through the birth canal without suffocating. Then we heard a cry, and life took hold.

Once I heard a story about a town where the people were consumed by all their difficulties. A rabbi comes to the village and tells the people to take their troubles to a magic tree on the outskirts of town. He tells them that they can hang all of their own troubles on the branches of the tree and pick out someone

else's instead. On the appointed day, everyone goes to the tree and there is much discussion and debate regarding what other trouble each might pick. But at the end of the day they all leave with the same problems they brought. When I first heard the story I couldn't understand why. When I recounted the story to a therapist I knew, she told me that everyone wanted their own troubles because they were familiar, but I found this explanation unsatisfying and grim. Later, I decided it was because you can see the gifts in your own challenges and troubles and when the time came to give up their difficulties, it was the gifts that they did not want to give up. And so it has been with us.

As a member of a minority in the general culture, and as mothers in the gay and lesbian culture, there are difficulties but there are also great gifts. As part of the first generation of lesbians who can choose openly to have a child together, my partner and I have the gift of being mothers and feeling a bond that I could never have quite imagined or believed until I experienced it. There are gifts of kindness and affirmation—like the nurse in Rhode Island with the Land Rover, and like the chief resident, midwife, and anesthesiologist who stayed hours past the end of their long shifts to perform the cesarian and be with Terry and me when our son was born. There's the bond one has with other parents, a bond that time and time again shows itself to be stronger and more enduring than people's unconsidered prejudices. There's the wonder and awe you feel with children that are not your own, and there are the gifts of diversity, including our particular diversity which presents huge opportunities for fluid role and skill modeling because nothing we do as a parent is automatically associated with a particular gender. There's the gift of having to be braver about coming out and seeing that it often yields positive results or that adverse reactions frequently change quickly, and there is the gift of being committed bone deep every day of your life to shaping and reflecting a world where differences are interesting and wondrous—and seeing over and over that it does make a difference in the lives you and your child touch, right now, in your own lifetime.