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Potentiality and Human Temporality

Haunting Futures in Vietnamese Pregnancy Care

by Tine M. Gammeltoft

In this article I discuss how anthropological investigations of potentiality can be enriched through a focus on time. The ethnographic basis of my inquiry is research conducted in Hanoi, Vietnam, on the use of sonographic imaging. Drawing on this fieldwork, I pursue two main agendas. The first is ethnographic: I explore how the potentiality of children-to-be was represented by people in Hanoi—by pregnant women, by health-care providers, and by population policy makers—showing how social attention concentrated particularly on the unwanted potential of pregnancies. People's fears that pregnancies might end in disastrous ways were, I show, closely related to Vietnam's history of war. The terror of the Second Indochina War lay not only in past atrocities or in present-day memories and bodily injuries but also in the future that childbearing women lived in relation to. The war was not only behind but also ahead of people. The second agenda I pursue is analytical. On the basis of my ethnographic material from Vietnam, and drawing on the philosophy of Martin Heidegger, I discuss the possible analytical gains of placing "potentiality-for-Being" at the center of anthropological studies. With Heidegger, we may understand human existence as structured through an orientation to the future; seen through this lens, possibility is that through which we realize the givenness of our worlds.

The primary meaning of existentiality is the future. (Heidegger 1995 [1962]:376)

One would expect people to remember the past and to imagine the future. But in fact, when discoursing or writing about history, they imagine it in terms of their own experience, and when trying to gauge the future they cite supposed analogies from the past: till, by a double process of repetition, they imagine the past and remember the future. (Namier 1991 [1941]:431)

Just after Tết, the lunar New Year, Hà finally got pregnant.¹ She and her husband had been married for more than a year, and people's inquiries about whether she had any happy news yet were getting on her nerves. But this month, her period didn't come. At first, she told only her husband, anxious that she might not be pregnant after all. When a few weeks had passed, he drove her on his motorbike to an obstetrician/gynecologist who was famous for his precise scanning results. Seeing the flickering heartbeat on the monitor screen, Hà felt amazed and excited. Finally, she would be able to answer people's inquiries in the affirmative; she would become the mother of a plump and beautiful child, perhaps a son. But

this moment of happy anticipation soon evolved into new anxieties. On a summer day in 2008, under a torrid sun, I went to visit Hà and her husband. They lived together with Hà's parents-in-law in Hanoi's old quarter in a house that the family had owned for generations. The walls were thin, and a constant backdrop of noise—motorbike engines, honking, street hawkers' pitched voices—seeped in from the street. Hà would have preferred to live somewhere else, in a place more spacious and quiet. But this house was inhabited by the souls of the family's dead, and so her parents-in-law would never consider leaving it. "Look, here are my scanning results," Hà said, pulling out a stack of crumpled sheets of paper from the drawer in the corner. "I just hope that he is normal. That he is developing well." Since 2003, informing expectant parents of the sex of their fetus has been illegal in Vietnam. Still, in indirect terms, the sonographer had made it clear to Hà that the child she was expecting was a boy. Hearing this, her mother-in-law was elated. In 2006, when Hà and her husband had first told his mother of their marriage plans, she had immediately objected. Hà, she said, was not the kind of wife she had envisioned for her son. She had imagined someone more beautiful, more motherly. Hà was too thin and too pale. What kind of wife and mother would she become? As her child-to-be grew inside her, Hà felt her mother-in-law's expectations weighing heavily on her. She knew that if her pregnancy turned out well, if after the delivery her husband would be able to announce that "the mother is round,

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1. All personal names given in this essay are pseudonyms.

the child is square" (*mẹ tròn con vuông*), then her place in this household would be secured. As the mother of the eldest son of the eldest son (*cháu đích tôn*) in her husband's lineage, she would be a person of worth. But if she failed to produce the "square" and "complete" (*lành lặn*) son that everyone expected, then she did not dare think of the consequences. One moment she transported herself into a comfortable future as a successful wife and mother, the next into a future as the desperate mother of a child whose body was weirdly defective (*dị tật*).

In all human societies, people ask themselves what will happen next—what will tomorrow bring, where am I going, who will I become? Like many other pregnant women that I have met in Hanoi, Hà pondered what would come out of her pregnancy: would this growing being inside her womb turn out to be the plump and rosy-cheeked son that she and her relatives hoped for, or would it become something entirely different? A rat? A frog? A monster? If her child did not turn out as desired, what would happen to her and the world that she knew? Pregnancy is a period in human life where uncertainties regarding the future tend to concentrate, pressing on each day with intensive weight (see also Simpson 2013; Vora 2013; Zhu 2013). In some social settings, most pregnant women look to the future with confidence, trusting that their passage to motherhood will be a positive experience.² But in other social worlds, such as those I encountered in Vietnam, uncertainties loom larger as people grapple with troublesome pasts, contingent presents, and fragile futures. For anthropology, this raises the question posed by Michael Carrithers (2005): "To what extent is anthropological knowledge . . . not a knowledge of structures alone but also of spacious possibilities and of unintended consequences that crowd closely around certainty and lift it away from solidity?" (434).

In anthropology, attention has recently been turned toward the temporality of human being.³ Inspired by this literature, in this article I approach pregnancy as a state of being in which our sense of possibilities is heightened. I am particularly interested in exploring how human orientations to the future engage with past experiences—in the ways that the past may insist on presence in our now and in our premonitions regarding what comes next, even when we do not want it to. My interest in these questions arises from research in Vietnam, where the potentiality of pregnancies was a question that received intense attention at the time of my fieldwork. In this article I therefore pursue two main agendas. The first is ethnographic: I explore how the potentiality of children-to-be

was represented by people in Hanoi—by pregnant women and their relatives, by health-care providers, and by population policy makers, showing how people's attention concentrated particularly on the unwanted potential of pregnancies, on the risk that fetal development might go awry, moving out of human control and into a dark realm of chaos, pain, and disintegration. The second is analytical: on the basis of my ethnographic material from Vietnam and drawing on the philosophy of Martin Heidegger, I discuss the possible analytical gains of placing "potentiality-for-Being" at the center of anthropological studies. For Heidegger, potentiality precedes actuality. We act on and interpret the world, he argues, on the basis of possibility: "Higher than actuality stands *possibility*" (Heidegger 1995 [1962]:63; italics in original). With Heidegger, we may therefore understand human existence as structured through an orientation to the future; possibility is, he suggests, that through which we realize the givenness of our worlds (see Jackson 1989:14).⁴

This article builds on nearly 3 years of ethnographic fieldwork conducted in Vietnam's capital, Hanoi, on pregnant women's use of obstetric ultrasound scanning.⁵ Because of the country's unsettling past of chemical warfare and its stated efforts to enhance the quality of the nation's future population, Vietnam offers a particularly pertinent site for the study of the ways in which human pasts, presents, and futures merge. New technologies of pregnancy are, as we shall see below, centrally placed in Vietnamese state imaginings of the future; the capacities to see potential children in utero—and to intervene in pregnancies if necessary—are framed as key preconditions for realization of the nation's aspiration for development. This aspiration is set forth on the background of a war-torn past that has entailed profound human and environmental damage. Between 1961 and 1971, US airplanes sprayed approximately 11–12 million gallons of herbicides over Vietnam in order to defoliate forests and mangroves presumably used by the Việt Cộng for cover. The herbicides—nicknamed "Agent Orange" because of the orange stripes on the barrels in which they were shipped—contained dioxin, one of the most toxic chemicals ever known. They were sprayed for a period of 10 years, affecting millions of people directly and causing massive environmental destruction. At the time of my fieldwork in Hanoi, newspapers, radio channels, and television shows regularly confronted people with unsettling stories of the long-term consequences of herbicide spraying. This history of environmental violence played, I found, a significant role in shaping reproductive dispositions among people in Hanoi, pulling together their pasts and their futures.

2. Several studies of ultrasound examinations in pregnancy have found that women regard the scan as a benevolent opportunity to see their fetus and are unprepared for adverse findings. These studies have all been conducted in European or North American settings (see, e.g., Garcia et al. 2002; Mitchell 2004).

3. See, e.g., Bourdieu (2000), Das (2007), Johnson-Hanks (2005), Mische (2009), Stafford (2007), Stewart (2003), and Whyte (2005). For ethnographic/philosophical reflections on medical prognosis as a lens on human life in time, see Jain (2007).

4. For the purposes of this paper, I have found Heidegger's thoughts illuminating. In a more general perspective, however, I do have certain reservations regarding Heidegger's work. Apart from his Nazi sympathies, the core problem with Heidegger is that he fails to fully take into account the ethical importance of the other person (see Davidson 1989; Levinas 1990, 2008 [1979]).

5. For details on methodology, see Gammeltoft (2007a, 2007b).

The site in which I was first struck by this collapse of temporalities was the 3-D scanning room at Hanoi's Obstetrics and Gynecology Hospital, a major maternity hospital located in the western part of Hanoi. Here, the city's pregnant women would come for an ultrasound scan that offered them 3-D images of their child-to-be. The 3-D scan cost three times as much as an ordinary 2-D scan, yet most women considered it essential: this medical intervention—popularly known as a color scan (*siêu âm màu*) or a malformation scan (*siêu âm dị tật*)—has, they explained, the capacity to detect fetal malformations that might otherwise be overlooked. Furthermore, a 3-D scan offers photography-like images of the face of the fetus, thus enabling the prospective mother to meet her child-to-be face-to-face for the first time (fig. 1).

States of Affectedness: The 3-D Scanning Room

The 3-D scanning room was located on the first floor of Hanoi's Obstetrics and Gynecology Hospital. When I embarked on fieldwork at this hospital in November 2003, the special mood in this room immediately struck me. It was weirdly quiet, and the atmosphere was tense, everyone's at-

tention apparently directed toward the scan that was going on. During most sessions, the sonographer would describe aloud to the pregnant woman what he saw on the monitor screen, commenting on the look of each fetus—its movements, size, suppleness or facial features, and its similarity to or difference from its mother.

The nurse called out Yến's name, "Trần Thị Yến, your turn now." Yến climbed on to the examination bed and pulled up her shirt so that the nurse could put gel on her abdomen. Her belly was large, shaped in the softly rounded way that people say is a sign of a male fetus. "Is this your first child?" asked the sonographer. "Yes," Yến replied in a barely audible voice. "OK, so let's see," the sonographer said, commencing the scan. "Look, this is the face and this is the nose," he said to Yến in a cheerful voice, as if inviting her to share his enthusiasm at the sight of the blurred fetal image on the monitor screen. "Is anything wrong (*có sao không ạ*)?" she replied. The sonographer answered in a joking tone, "Hum, why do you ask that? You should ask if it is pretty or not." For a while he concentrated on the scan. Then he said, "Listen to me, Yến. According to your last menstrual period you are 25 weeks and 6 days pregnant, but the size of this fetus only corresponds to 24 weeks and 3 days, so that is 10 days from



Figure 1. A 3-D ultrasound scan. Photo by the author. (A color version of this figure is available in the online edition of *Current Anthropology*.)

the ideal level. But this is OK.” YẾN did not reply but looked intently at the monitor where complex graphs were displayed, comparing her fetus to a biomedically normal fetus of this gestational age. On all measures, her child-to-be was located firmly inside the boundaries of the normal. The sonographer then examined the fetal heart, pointing out to YẾN how vigorously it was beating. A loud *bùm tặc, bùm tặc* filled the scanning room. YẾN smiled. After dictating the last measures to the nurse, the sonographer said, “You can get up. Today I will take three pictures for you.” “Yes, thank you doctor,” YẾN said. The nurse printed the images of her fetus along with an A4-sized sheet detailing the fetal measurements. The bottom line read “Conclusion: At this stage of pregnancy, the fetus is developing normally.”

YẾN’s 3-D scan resembled many other scanning scenes that I witnessed: in this, as in other sessions, the woman’s anxiety was palpable. Addressing the fetus that emerged on the monitor screen above them, expectant mothers seemed to ask, “Who are you? Are you a boy or a girl; beautiful or monstrous; normal or abnormal?” The anxiety they expressed brings to mind James Fernandez’s reflections on the roles of the inchoate in human lives. “The inchoate,” he notes, “is categorical and irreducible in human affairs—an uncharted and imperfectly chartable hinterland to thought and feeling which nevertheless exerts its plenipotentiary attractions and repulsions upon us, impelling us to those recurrent but ultimately unsatisfying predications of objects upon subjects, and vice versa—which is characteristic of our humanity” (Fernandez 1986:215). Being pregnant, women in YẾN’s situation found themselves within this hinterland of inchoateness, in an open terrain of contingency and ambiguity. During each scan, the moments that passed until the sonographer had categorized the fetus as beautiful and normal were suffused by intense suspense. The sonographer offered women biomedical facts about their fetus, telling them of its morphology and physiological development. Yet in subtle ways, he also reminded them of the fearful possibilities of the scan, drawing attention to the other ways this pregnancy might end. Each time the sonographer praised the beauty of a fetus, his words had an underside, evoking not only the normal and desired child-to-be but also its counterpart, the abnormal and deformed one: “Your fetus is normal and beautiful,” he seemed to say, “but it *could* have been abnormal.” Although the vast majority of fetuses were labeled normal, the abnormal fetus was always present in this room as a latent, hypothetical, and frightening figure. Scrutinizing the head of a fetus, for instance, the sonographer might say, “Now, let’s have a close look at the brain and see whether the ventricles are dilated.” Praising the beauty of a fetal face, he might tell the woman: “The face is very normal. There is no cleft lip at all.”⁶

6. This explicit attention to the possibility that the fetus may not be normal contrasts markedly with ultrasound scanning scenes in Western settings, where sonographers are careful not to mention that something may be wrong with the fetus and where women tend to be unprepared for unexpected findings (Gammeltoft, forthcoming; Mitchell 2001, 2004).

When I met YẾN again, her son was 5 months old. To her relief, he had turned out plump and “complete” at birth. Sitting on the large wooden bed in the family’s apartment in Hanoi’s Thanh Xuân district, she told my colleague Chi and me how anxious she had felt before having the 3-D scan: “I did not sleep the night before. We had decided to go for the scan early in the morning, and I spent the entire night awake, worrying that the fetus might be like this or like that.” Another woman, 27-year-old Hương, described her 3-D scan in these words:

I felt so worried during the color scan. At the first scan I thought that if there were a problem I could give it up, it would not matter so much. But during the color scan I could clearly see the arms and legs of the little one, I could see how far it had developed, and at that scan I felt very anxious. I was scared that perhaps it was not developing normally or perhaps it had some kind of defect. Perhaps the brain was not developing normally, for instance, or it lacked arms or legs.

Practically all the young mothers I met expressed similar feelings of anxiety and unease. While they were pregnant, they said, they strove hard not to think of the possibility that their pregnancies might go awry, ending in the birth of a disabled child. Yet this thought kept intruding on them, compelling them to seek numerous ultrasounds in the hope of having the normality of their child-to-be confirmed.⁷

Invoking What Could Be: The Third Meaning of Sonographic Images

Feminist scholarship on the use of imaging technologies in pregnancy has, broadly speaking, accomplished two things: first, it has pointed to the capacity of ultrasonography to establish the fetus as real by concretizing it in the here and now; second, it has drawn our attention to the many ways symbolic meanings are attached to fetal bodies.⁸ My experiences in Vietnam have compelled me to move toward an analysis of the contingency of fetal images, their openness, uncertainty, and subjunctivity. In this endeavor, I draw inspiration from Roland Barthes’s reflections on the third meaning of images. Images can, Barthes claims, be seen as representations of reality and as condensations of symbolic meanings. But they can also be regarded from a third perspective, one that stresses their openness and excess of mean-

7. A survey that my Vietnamese colleagues and I conducted at Hanoi’s Obstetrics and Gynecology Hospital in 2004 among 400 women who had recently delivered found an excessive use of this technology: the women had obtained an average of 6.6 scans during their pregnancies, and a fifth had had more than 10 scans (Gammeltoft 2007b; Gammeltoft and Nguyễn 2007). Most women indicated that they obtained the scans in order to gain reassurance regarding the normality of the child they expected. Such aspirations for normality—and the expectation that full social inclusion depends on normality—are of course not unique to Vietnam (see, e.g., Lloyd and Moreau 2011).

8. See, e.g., Morgan (2009), Petchesky (1987), and Taylor (2008).



Figure 2. Mothers and children in Hanoi. Photo by the author. (A color version of this figure is available in the online edition of *Current Anthropology*.)

ing. The third meaning is “the supplement that my intellection cannot succeed in absorbing, at once persistent and fleeting, smooth and elusive” (Barthes 1977:53–54); it takes us into “that region where articulated language is no longer more than approximative and where another language begins” (Barthes 1977:65). As Barbie Zelizer (2004) notes in a discussion of Barthes’s work, images do more than simply depict reality; they are always marked by contingency and subjunction, invoking what could be as much as what is. In seeing an image, she claims, we see not only the realities it depicts but also the possibilities it opens: “The condition under focus is transformed from a reality or future certainty into a probability made possible by someone’s desire, emotions, or imagination” (163).

In the 3-D scanning room in Hanoi, sonographic images seemed to open both reassuring and frightening possibilities. The fetus that women saw on the screen was in most cases medically certified as normal. But it could have been abnormal. Seeing their fetus in the scanning image, women projected its possibilities into the future, seeing themselves and their own situation in relation to these scenarios (see Heidegger 1995 [1962]:411). If the fetus that emerged in this picture grew into a normal child, this would probably provide

them with a proud and secure position within their husband’s household (fig. 2). If, in contrast, their child were born defective, this would place them in a vulnerable position of marginality and exclusion. Women such as Hà, Yên, and Hương knew this: they were acutely aware that their future existence depended directly on the bodily completeness of the child that was growing inside them. Their pregnancies mattered in existentially profound and culturally specific ways.

In Hanoi, everyone knows that when a woman is pregnant, her entire being is put into question, her personal predicament depending on a system of significances that defines reproductive success as the precondition for social being.⁹ As prescribed kinship among the ethnic majority Kinh in Vietnam is patrilineal and patrilocal, a woman’s position in her husband’s household depends largely on her childbearing capacity. It is, as Hà’s case illustrated, usually only with the birth of a child that a newly married woman becomes fully integrated into her husband’s family. This was what made the mood within the scanning room so tense; the expectations that came into expression there were suffused not only with

9. See Pashigian (2002), Phạm Văn Bích (1999), and UNFPA Viet Nam (2011).

hope and happy anticipation but also with dread and anxiety. The women I met were acutely aware that among the existential possibilities they confronted was the risk that their child might emerge from their wombs deformed or hardly human. As Victoria H. Luong (2007) observes, reflecting on ethnographic fieldwork carried out in Hanoi in 2004, “In Vietnam, women seek out ultrasound scans to allay their fears of having a baby with congenital defects. . . . The greatest fear among parents and grandparents is to deliver a baby that is not ‘totally human,’ ‘abnormal,’ ‘bad,’ or ‘weak.’ This fear is ever present and buried deep in the nation’s subconscious” (114). During fieldwork in Hanoi, I was often struck by the structural similarities between the personal anxieties that filled the scanning room and the anxieties on behalf of the nation that came into expression in official party/state statements on population and reproductive health (see Gammeltoft 2008). Pregnant women’s visions of the potentiality of individual child bodies seemed to closely parallel state imaginings of the potentiality of the country’s social body: in both cases, fears of deformations and maldevelopments loomed large, while hopes concentrated on visions of wholesome and complete bodies.

State Fears and Fantasies: National Futures in Question

Since market economic reforms were officially initiated in 1986, Vietnam’s economic development has been rapid and spectacular. From 1993 to 2006, the general poverty rate fell from 58.1% to 16%, and during the period 1995–2005, gross domestic product grew by 7.3% per year on average (World Bank 2008). At the time of my fieldwork in Hanoi, party/state leaders aimed to bring Vietnam out of its humiliating categorization as a low-income country, seeking to place the country among what they considered the world’s modern and developed nations.¹⁰ The years before the 1986 initiation of economic reforms had been hard: two wars with only a short interval between them (the 1946–1954 war of resistance against the French colonizers and the 1959–1975 Second Indochina War) were followed by a decade of postwar scarcity and failed socialist economic management. By the turn of the millennium, however, development optimism was intense among citizens of Hanoi. Most people I knew looked to the future with confidence, feeling certain that their children’s life prospects were brighter than both their own and their parents’. State officials, however, cautioned that if the nation’s hopes for development were to be realized, more must be done to enhance the quality (*chất lượng*) of Vietnam’s population through, among other means, prenatal screening. In the words of former Minister of Health Dr. Trần Thị Trung Chiển, “The quality of our population is still low. We are unable to meet the requirements for high quality human re-

10. In 2010, this ambition was realized as Vietnam was categorized as a lower middle-income country.

sources that are needed for industrialization and modernization. Therefore, it is easy to reach agreement regarding the necessity of research on [congenital] malformations and the use of various methods to enhance the quality of each person in the population” (Trần 2005:88).¹¹

In the government’s 2001–2010 Population Strategy and other official documents produced around the turn of the millennium, population quality was placed high on the national development agenda. One of the problems of attaining satisfactory population quality in Vietnam, officials claimed, is the large number of people with disabilities. At the time of my fieldwork, official statistics cited a national disability rate of 6.3%, or 5.3 million individuals. In public discourse, the nation’s disabled people were defined as burdens (*gánh nặng*) on family and society and represented as obstacles to the country’s continued development. People with disabilities must, officials argued, be included in the development process, but at the same time, measures must be taken to prevent children from being born disabled. These national development ambitions, then, have turned new reproductive technologies, such as obstetrical ultrasonography, into significant political tools. The 2001–2010 Population Strategy explicitly stressed the need for premarital and prenatal health examinations, aiming to “make genetic screening and counselling available to couples with genetic problems to significantly reduce the rate of children with deformities” (NCPFC 2001: 50).¹² More widespread use of prenatal screening will, officials assumed, strengthen the nation while also protecting individuals against the suffering associated with severe disability.

Since the 2001 Population Strategy was issued, pregnancy and prenatal screening have become prominent topics in the news media, and increasingly insistent demands have been placed on the nation’s women to submit their pregnancies to technological surveillance. Television programs and newspaper articles often feature stories that inform the public of the plight of families with disabled children and/or encourage pregnant women to make use of the new possibilities for prenatal screening they are offered. In an article published in the Ministry of Health’s journal *Health and Life* in 2007, for

11. Vietnam’s population quality project is, policy makers in Hanoi told me, inspired by recent Japanese and Chinese population policies (see also Zhu 2013). When I first encountered it, to me Vietnamese official language on population quality brought to mind the eugenics movement that swept the world in the twentieth century, being particularly influential in northern Europe and the United States. In Vietnam, however, population quality language has other connotations, being associated by policy makers as well as ordinary people with broad social welfare initiatives rather than with heavy-handed reproductive regulation (cf. Scornet 2009). I have not met any woman who underwent prenatal screening for the sake of “the nation” or the quality of its population; rather, there seems to be a dovetailing between individual and state interests in this domain.

12. At the time of my fieldwork, prenatal genetic testing was used only on an experimental basis in Vietnam and was not yet generally accessible. The most widely used technology for prenatal screening was obstetrical ultrasonography; because of its low cost, this technology has the potential for widespread use in low-income settings.

instance, Dr. Trần Quốc Việt, a prominent obstetrician/gynecologist, admonished the public with these words:

All pregnant women want their children to be normal and healthy. But in some cases, children suffer from congenital defects of the heart, stomach, brain, or other organs. If such cases are not detected in time, the child may die after birth or develop slowly and have difficulties functioning in everyday life. This will affect not only the quality of life of the child but also our entire society. Therefore, detecting fetal malformations before birth is extremely important. (Minh Thu 2007:5)

In present-day official discourse, then, the completeness of infant bodies is closely linked with the hopes for development of the national body. In government programs and plans, idealized visions of a civilized and modern Vietnamese nation are projected into the future, being set forth on the background of barely hidden fears that national development may stagnate or run off track, that the country may end up stuck in the poverty and misery that its citizens have fought against for so long. For instance, a 2004 folder issued by Vietnam's Commission for Population, Family, and Children outlined the achievements of Vietnam's population program and the challenges that remained. The images illustrating achievements included photographs of a pregnant woman lying on an examination bed, a health-care provider listening to the fetal heartbeat, a two-story district health-care center with an ambulance parked at the bottom floor, ethnic minority women sitting around a table in a local health-care center receiving family planning counseling, two young well-dressed schoolgirls sharing a book, and a family of four sitting on the grass in a park, everyone smiling, the daughter whispering something in her father's ear. The nation's challenges were illustrated by photos of a group of ethnic minority people in front of a thatched-roof house; a girl child with a younger child strapped to her back; an adult and two children—standing barefoot, in worn-out clothes—in front of a simple house; and three children in wheelchairs, behind them two women in health-staff uniforms. The text detailed the following problems: “the sex ratio at birth tends to increase,” “the quality of the population is low,” “the family institution tends to loosen,” “social polarization increases,” and “a relatively large number of children are in particularly difficult circumstances.” Individuals living “in difficult circumstances” included those who were born disabled: “Percentage of population with innate malformations identified by the community ranges between 1.5% and 3%, of whom 27% are intellectually disabled, 12% have hearing problems, 15% have eyesight problems, 19% have physical movement problems.” Challenges concerned fears that Vietnam's population, or segments of it, will remain locked in poverty, while achievements referred to movements toward future development, welfare, and social integration (fig. 3).

In short, the anxieties expressed by the pregnant women I met in Hanoi—fears that infant bodies might turn out de-

formed, that lives might take unexpected and undesired turns, that social bodies might disintegrate—also seemed to plague the Vietnamese state. Government officials set up hopeful images of bright national futures while also being haunted by fears that these scenarios might never be realized, that the country might have to continue to struggle with a past of poverty, misery, and social divisions. These parallels between personal emotions and state sentiments seem to confirm the observation made by John Borneman (1992) that everyday life and the nation-state cannot be considered as ontologically separate domains: “The empirical link between state activities and everyday life has been difficult to infer precisely because of the academic division of labor between policy studies of *objective conditions* on the one hand and individual interaction studies of *subjective meanings* on the other. Both states and individuals are, after all, coeval cultural constructs; they belong in the same frame” (29; italics in original). In Hanoi, investments in the well-being of children were comprehensive, and so were people's sense of reproductive indeterminacy. Pregnancies mattered—to the women, to their relatives, and to state officials. The acute sense of contingency that suffused the realm of childbearing in Hanoi and people's intense anxieties regarding what kinds of future children pregnancies might produce have led me to attend more closely to the temporality of these reproductive dispositions. In this context, a phenomenological perspective is helpful.

A Sense of Contingency: Ecstatic Temporality and Collective Memory

As human beings, Heidegger says, we are affected by the world—things matter to us, and they do so before we are aware of it. Rather than private feelings, moods (*Stimmung*) are public phenomena in which we are embedded and enmeshed: “A mood assails us. It comes neither from ‘outside’ nor from ‘inside,’ but arises out of Being-in-the-World. . . . *The mood has already disclosed, in every case, Being-in-the-World as a whole, and makes it possible first of all to direct oneself towards something*” (Heidegger 1995 [1962]:176; italics in original). Moods attune us to the world. They determine how things come to matter for us, as when, living in a social environment of heightened reproductive sensibilities, Hà and Yến came to be obsessed by the outcomes of their pregnancies. Moods, Heidegger says, reveal our “thrownness” (*Geworfenheit*) in this world: we are thrown out of the past, heading into the future (*Zukunft*).

Time, in this account, is not linear: rather than in terms of succession, past, present, and future can be seen as co-existing “equiprimordial” (*gleichursprünglich*) moments of ecstatic temporality (Heidegger 1995 [1962]:378). In this context, Heidegger emphasizes the preeminence of the future: Being is always ahead of itself, always more than itself at any given moment, always a potentiality-for-Being (*Seinkönnen*; 1995 [1962]:119; see also Schürmann 2008:88). Dasein, then, is “futural in its being” (Heidegger 1995 [1962]:373): inside



Figure 3. “A stable population, a prosperous nation, a happy family.” Photo by the author. (A color version of this figure is available in the online edition of *Current Anthropology*.)

our now lives the future; we are always coming toward ourselves. Yet as we project ourselves toward the future, looking ahead to possibilities, we meet our pasts, our “having-been-ness” (*Gewesenheit*): “The character of ‘having been’ arises, in a certain way, from the future” (Heidegger 1995 [1962]: 373). For *Dasein*, the past always lives on: “As long as’ *Dasein* factually exists, it is never past [*vergangen*], but it always is indeed as already having *been*, in the sense of ‘I am-as-having-been’” (Heidegger 1995 [1962]:376). Our expectations and anticipations of the future, then, form the structures of relevance that define how we perceive our pasts. In this sense, the past emerges from the future.

The pregnant women I met in Hanoi were heading toward the future in anticipation, projecting themselves into a future existence as mothers. In undertaking this futural movement, they encountered the past. In my conversations and interactions with women, the past was always strikingly present. Anticipating their future lives as mothers, the women I met often evoked the time in which their mothers and grandmothers had had their children, drawing comparisons between the Vietnam of today (*ngày nay*) and of the past (*ngày xưa*). In women’s narratives, the idea of a difficult past was the background on which they defined their now, against which contemporary lives came to seem to be happy (*sung*

sống), easy, and comfortable. Today, women said, children are more likely to be born healthy and normal than they were in the past. In Hương's words, "In the past, people often had abnormal children. Or their children died. Often, when a woman was pregnant, the fetus would die in her womb, but she did not know. The infant mortality rate was much higher in the past than it is now. It has been reduced a lot. Today, nearly all childbirths are successful."

The difficult past that women conjured was embodied by the elderly women with whom they interacted on an intimate and daily basis—by their mothers-in-law who offered advice on how to care for oneself during pregnancy, by their mothers who would care for them after they had given birth, sometimes by an old aunt or grandmother who would sit crouched on a stool in a corner, always ready to share her stories of life in the past with anyone willing to listen.¹³ These women would, through lively stories, insistent advice, and constant admonishments, remind their daughters and granddaughters of the risks that reproduction entails. To account for the nervous mood that suffused childbearing in Hanoi, I argue, we must attend to this day-to-day intergenerational sharing of reproductive experiences. Although present-day mothers had no personal memory of the difficult and war-torn years during which their mothers and grandmothers had their children, they shared in the collective memory that underpins today's social worlds. As Maurice Halbwachs (1992[1952]) has argued, our sense of the past is produced through textures of shared social life: "One is rather astonished when reading psychological treatises that deal with memory to find that people are considered there as isolated beings. . . . Yet it is in society that people normally acquire their memories. It is also in society that they recall, recognize, and localize their memories" (38).

To illustrate how people's sense of the past was localized in present-day social collectives, let me introduce Bà Vinh, a 76-year-old woman living on the outskirts of Hanoi. On a bright day in June 2005, accompanied by my colleague Chi, I visited Bà Vinh and her family. Together with her youngest son and his family, Bà Vinh lived in a semiurban village in a house surrounded by a lush garden with banana and guava trees. When Chi and I arrived, we found her squatting on the living room floor assembling brooms from rice straw to sell at the market. She placed three tiny cups on the glass table in front of the ancestors' altar and poured us each a cup of steaming hot green tea. Her life, she told us, had been long and tumultuous. She was born in the feudal era (*thời đại phong kiến*), before the 1945 revolution. Her mother was the second wife of her father, and Bà Vinh was her only surviving child; all her siblings perished before reaching adulthood. On coming of age, Bà Vinh joined the resistance movement. At the age of 20, she had her first child. The past, she tells us, was a time of misery and struggle for survival: "In

the past, life was hard. We had no food to eat, no clothes to wear. I had to run from market to market to try to find some food for my children. The enemy was throwing bombs at us. We have a radio sender nearby, so they threw a lot of bombs here." Bà Vinh gave birth nine times, but only seven of her children survived. One child, a girl, died immediately after birth; another, a boy, was 9 months old when she lost him. He was her firstborn son and she loved him dearly. His features were beautiful and delicate, his body plump and white. His death, she told us, was meaningless and it could have been avoided: "Today my child would not have died. Today I would have taken him to the health station or to the hospital. But at the time, I went to the local healer (*ông lang*). He gave my son some pills that were red like mustard seeds, warmed a needle and inserted it into his body. Then convulsions dragged through his body and he died." If only she had had access to the health care that women are offered today, Bà Vinh suggested, she would have been spared the trauma of losing her children. She gave birth to her first two children at home and the next seven at the commune health-care station. "The health-care station was built in 1955 or 1956, I cannot remember exactly. We had it thanks to the Party. Once it was there, we all went there to give birth." Before the health-care station was established, Bà Vinh said, infant deaths were a routine part of daily lives.

When my first child was born, they went to the pigsty and took the bucket that the pigs used to eat from and washed her in it. Then they took the sickle that we used to cut grass and rice and cut the umbilical cord. That was what things were like in the past. We did have a washbasin that they could have used, but they were afraid it would get dirty. Our house was built with mud, and they scraped the walls to get powder that they put on her navel. It was strange that she did not die. . . . There was another woman, the one you talked to the other day, she also gave birth to several children at home. All her children died. They cut the cords with the sickle and washed the children in the pigs' bucket. They all died.

In telling her story, Bà Vinh praised the achievements of the Party and the socialist health-care system. Contrasting the poverty and misery (*khổ*) of the past with the welfare and happiness of the present, she and her younger peers defined the relation between past and present as one of succession: first came the past, then comes the present. The human suffering experienced in the past, their stories suggested, is now over. But the link between past and present can also, I learned, be conceived as one of imbrication, repetition, and haunting: seen in this perspective, the past lives on in the present, intruding on people and reminding them of things that they may prefer to leave behind. In order to account for the profound sense of reproductive vulnerability that people in Hanoi expressed, we must, I contend, take into consideration this immanent past (see Birth 2006): living their lives enmeshed in stories of reproductive unpredictability and loss, the young

13. For observations of similar intimate intergenerational relations in matters of childbearing in China, see Zhu (2010).

mothers I met in Hanoi knew, from their own and other people's experiences, how terribly awry childbearing can go. The past was evoked not just in the personal stories that people exchanged in everyday lives but also on a nearly daily basis when the national mass media reported on the plights of Agent Orange victims. Stories told in newspapers and television programs depicted mothers who gave birth to one severely disabled child after the other, yet they kept clinging to the hope that their next pregnancy would end in a more fortunate way. Reporting on her research among Agent Orange victims, for instance, the social researcher Phạm Kim Ngọc (2006) writes,

We have heard heartbreaking stories of the destruction of health, particularly reproductive health. There were women who suffered unspeakably (*chết đi sống lại*), because each time they gave birth, the child was deformed. There were fathers who had to bury the bloody lumps of meat [when their children were born] inhumanly deformed. There were parents who had to swallow their own tears to look after children who had been born without intelligence and awareness, who could do nothing for themselves, who did not have the ability to learn, to think or to work. There were parents who thought they were living in happiness when suddenly their children got ill and nothing could be done to help them. . . . All those fathers and mothers, husbands and wives, always nourish a deep desire, although they know that it can never be fulfilled: *giving birth to a healthy and normal child*. (33–34; italics in original)

The Past That Refuses to Go Away: A Proliferation of Monsters

Although the Second Indochina War ended in 1975, the reproductive health damage that Agent Orange spraying may have incurred did not receive substantial public attention until more than two decades later. Questions concerning the linkages between dioxin exposure and adverse reproductive outcomes were initially raised in newspaper articles in Saigon in the 1960s, and since the 1970s, epidemiological studies conducted by Vietnamese scientists have found elevated rates of birth defects in populations exposed to herbicides (Fox 2007). For political and economic reasons, however, these concerns were not raised in public until the late 1990s, after the US trade embargo against Vietnam had been lifted and diplomatic relations had normalized. In 1998, the Vietnam Red Cross initiated support programs for the nation's Agent Orange victims, and in 2003 the Vietnam Association for Victims of Agent Orange/Dioxin (VAVA) was established. In 2005, three Vietnamese Agent Orange victims associated with VAVA filed—and lost—a class-action lawsuit in a New York court against the companies that produced the herbicides. Despite appeals from organizations and individuals in Vietnam and

internationally, to date no US compensation has been offered to victims in Vietnam.¹⁴

As I write this, on June 28, 2011, a letter sent by VAVA arrives in my in-box. Fifty years have now passed since US herbicide spraying began, the message states, but parents and children in Vietnam are still suffering:

More than 3 million hectares of forests and rice fields, about 26,000 hamlets herein were sprayed with U.S. forces' toxic chemicals. Presently, several "hot spots" are still severely contaminated with high levels of dioxin. In addition, out of about 5 million Vietnamese who were exposed to the Agent Orange/dioxin, 3 millions of them have been estimated to be its victims; many of them are children of the 2nd and 3rd generations who are suffering birth defects and having to live an abnormally vegetative life; many of them are women who fail to enjoy the happiness of being a mother and a wife, many of them are gradually dying in pain due to the extremity of horrible diseases related to Agent Orange/dioxin. Indeed, most of the victimized families are being in the state of heartbreaking conditions.

The War has ended 36 years ago. The country of Vietnam has been restored to life. Although, the Government of Vietnam, mass organizations and individuals in the country and abroad have been assisting the Agent Orange victims, they are nevertheless still belonging to the poorest group of the poor population, the most wretched group of the wretched population.

At the time of my fieldwork, people in Hanoi were bombarded with such messages as the human suffering caused by herbicide spraying received massive mass media attention. Newspapers and television programs showed unsettling images of Agent Orange child victims—photographs of children with large tumors growing wild on their bodies; children with weirdly malformed limbs, confined to their beds; children with no hair or with bodies covered in black hair; children with huge heads and bulging eyes or with little wrinkled hands like the fins of sea lions. Feature stories in television programs and newspapers would detail the suffering experienced by these children and their families, describing the deep despair felt by parents and their lifelong struggle to find treatment that might restore their offspring to normality. The frustrated desires of such parents to have at least one healthy child were the objects of particular public attention; in the hope that their next pregnancy would result in the birth of a normal child, these couples would often have one severely malformed child after the other.¹⁵ Political efforts to enhance population quality through mass screening of pregnant women were, state officials told me, animated by this intense human suffering.

14. The Ford Foundation has, however, initiated a project for cleaning up dioxin "hot spots" at former US air bases in Vietnam.

15. For moving literary accounts of the painful ways in which Agent Orange has disrupted childbearing among victims in Vietnam, see Waugh and Lien (2010).

Hinting at the plight of Agent Orange victims, one official document stated,

At present, considerable numbers of children are born with congenital disabilities. Because of a lack of knowledge about reproduction, many families with disabled children still hope that their second, third, or . . . [higher order] child will not suffer such consequences. This has led to a situation in which many families have three or four disabled children, causing suffering and difficulties for family and society. Congenital disabilities are very difficult to treat, the death rate is high, and the disabilities usually remain for the entire life of the disabled person. The life situations of people with congenital disabilities are very painful, and the lives of family members are very difficult and full of suffering. This places burdens on society too. (Ủy Ban Dân Số, Gia Đình và Trẻ Em 2003:140)

In day-to-day reproductive lives, mental images of Agent Orange victims loomed large. When Yến told me about her fears that her child-to-be might be born abnormal, for instance, I asked her what she imagined that a life with a disabled child would be like. Her reply revealed how “disability” had come to be nearly synonymous with Agent Orange: “For sure it would be a miserable life. A life like that . . . I have seen pictures of Agent Orange [victims] on television. Their lives are miserable (*khổ*). A life like that would mean suffering, not only for the child, but for the mother too.” Forty-one-year-old Khanh had a second-trimester abortion when an ultrasound scan found that the twins she was carrying had a shared spine. She attributed this fetal malformation to the fact that for several years she had earned her living from selling pesticides. In describing what made her feel certain that she had to terminate her pregnancy, she drew a parallel between her own potential children’s lives and those of Agent Orange victims: “I have seen programs on television about such cases. I have seen how they suffer. Agent Orange victims for instance, if they survive, they drag out a miserable existence. They are not like normal people. If I had given birth, my children would have suffered and I would have suffered with them. Seeing my children like that would break my heart.”

In everyday interactions, Agent Orange was often associated not only with suffering but also with monstrosity. Twenty-seven-year-old Mai, for instance, said, “*Quái thai* (a ‘monstrously malformed’ fetus) is like, for instance, Agent Orange. In school I learnt that *quái thai* refers to something that is not a human being. Perhaps it looks like a frog or some other animal. It does not have the shape of a human being anymore. Like the pictures you see. . . . On television you see pictures of monstrous or malformed children. Siamese twins, for instance.” Like most other women I met, Yến, Khanh, and Mai said that they made conscious efforts to avoid television programs featuring people with disabilities while they were pregnant out of fear that these images would “etch” themselves into them (*in đậm vào mình*). Nevertheless, the public proliferation of images of suffering Agent Orange victims seemed

to generate a visual terrain in which severely disabled children figured prominently. The things that we see are, as Maurice Merleau-Ponty (1968 [1964]) notes, always embedded within a larger visual field; to understand how visual perceptions are generated, we must therefore consider the entire setting (*entourage*) of what is perceived. We see certain figures only against certain backgrounds: “To see is as a matter of principle to see farther than one sees, to reach a being in latency” (Merleau-Ponty 1964 [1960]:20). In Hanoi, the larger visual field that set the horizon for women’s scanning experiences was one in which images of Agent Orange victims loomed large: when pregnant women and health-care providers saw latent images of monstrously malformed fetuses in sonograms produced at the city’s maternity hospitals, these images seemed to repeat the images of severely disabled “Agent Orange children” that proliferated in the public sphere (Gammeltoft, forthcoming).

Most people I know in Hanoi find no reason to remember the wartime years in which bodies and families were torn apart by political divisions, suspicion and strife, bombings and relocations. We must “close the past,” they say, and “look toward the future” (*khép lại quá khứ, hướng tới tương lai*). Yet the past is not easy to close. It resurfaces—troubling, insistent, and disturbing. In the words of women’s studies professor Lê Thi (2006), “Although the Vietnamese have done all they can to forget the past of war, hundreds of thousands of victims of Agent Orange are reminding us of the past of this horrible war, in which women and children are the worst hit” (47). As Vietnam looks ahead to the twenty-first century, the country’s past is “gnawing into the future” (Bergson 2004 [1912]:194) as people’s anticipations of what pregnant wombs may contain rebound, returning from the future to haunt the present.

Coda

Hà knew that she was not an Agent Orange victim. Her father did serve in the North Vietnamese Army, but not in areas that were exposed to herbicides. Nevertheless, the future that she transported herself into was haunted by her country’s past of poverty and war. The moment when she found herself pregnant was one of ambition and happy anticipation in which she projected herself into a new life as a mother, wife, and daughter-in-law. This futural movement was, however, conditioned by her past—shaped by the stories her grandmother had told her and by narratives from the mass media of the plight of fellow citizens who suffered from the long-term consequences of war. The potentiality of the child in her womb—what, in Hà’s eyes, this child could become and what she herself would then become—was, in other words, formed by her future and the past that it engendered. In present-day Vietnam, as the stories of Hà and her peers suggest, children-to-be have come to embody the hopes and fears that women and men project into the future while also con-

densing state aspirations and anxieties regarding the future of the national collective.

In more general terms, this article suggests that a phenomenological focus on temporality may further anthropological analyses of human undertakings. Human being is always a potentiality-for-Being. Bringing into analysis the subjunctivity and orientation toward the future that characterizes human endeavors is therefore an important anthropological task. Adopting this approach, this article has suggested that the reproductive prospects that emerge when human potentiality-for-Being unfolds are more unsettling in some social settings than in others. In Vietnam, present-day pregnancy care—a site where projected possibilities converge—is haunted by the fetal specters that emerge where the country's development ambitions intersect with its unsettling wartime history. The violence of the war refuses to stay in the past.

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