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Article 29

Interracial Adoption and the Development of Cultural Identity

Kimberly Kathryn Thompson

It is a chilly morning in the small village of Guya Dinh in South Vietnam. The brisk April air lies heavily over the huddled masses of people that flood the streets. The dank and stale odor of vomit and urine permeates the air. The sun has not shown itself for what seems like days. Small stubborn fires are scattered throughout the village. They create thin lines of gray smoke that waft up into the murky sky.

Hundreds of men, women, and children fill the street spilling out from a nearby hospital. Their tired, limp, and injured bodies fill the hallways and doorways. Many are burned, some have broken limbs, and most are suffering from extreme malnutrition. There is not enough medicine, not enough staff, and not enough hope to help all these lost souls.

Just a few blocks away at Tan Son Nhut airport, a large plane waits to be loaded with precious cargo. Wails of terror, fear, and desperation can be heard for miles. Sobs and screams come from mothers and fathers passing their crying babies and clinging children to American soldiers who are boarding the aircraft, the last one to leave before the city is overrun by Vietcong. Hospital personnel and volunteers pass the infants from one to another as they load the planes with refugee babies who have been abandoned, left for dead. Some of these children have been given up by their families with hopes for a better life elsewhere. On each side of the aircraft, toddlers and older children are being strapped two and three to a seat. Plastic bassinets line the isles and seat rows.

There is an aura of panic, fear, and concern in the air. Thoughts of the tragedy that had struck a rescue mission just a day earlier lie heavily on the hearts and minds of the workers. A military C-5 Galaxy cargo plane filled with orphans and their caretakers suffered an explosion at 23,000 feet, just after takeoff. The explosion blew off the rear doors, and the plane, then one of the largest in the world, began losing altitude. The skilled pilots managed to turn the plane around, and it crashed 2 miles from the airport. About half of the 300 children perished, along with several staff members.

There is no time to mourn today. Volunteer workers and medical personnel must rush to complete the mission, for the fall of Saigon is near. On this chilly April morning, a Pan American Airways Boeing 747 chartered by Holt International will carry 409 children and 60 escorts to the United States. The mission will be one of several collectively called Operation Babylift by President Ford.

“No! I can’t take your baby!” a GI screams at a grandmother desperately trying to pass an infant to him. “Plea plea take my ba be!” she begs.

“We must take the sick babies first!” he replies.

Turning to a frail man in a white coat the GI screams over the roaring engines of the plane, “We have room for just one more, that’s it, then we close the doors.” The man looks back at the pleading crowd and signals to a nurse.

“Doctah?” she questions frantically.

“Bring me the sickest baby, quick!”

“Jus one, doctah?”

“Just one,” he replies sadly, “the most severe.”

The nurse runs back through the crowd, and pulls a baby from the arms of another nurse. Pushing her way back through the masses to the planes, she holds the baby up. “Here, doctah. She the worse.”

As the doctor embraces the baby, he lifts the blanket back. Beneath the thin blanket lies an almost still baby, tiny and frail. The baby has a bandage over her left eye and her left leg is wrapped from hip to toe. The nurse exclaims, “She left in the street doctah. For days, no one claim her. We save her doctah?”

The doctor turns to her, covers the baby and holds her tight. He steps up onto the plane, giving the nurse a quick hug goodbye, and replies, “Yes, this is the one we will save.”

He signals to the pilot and the attendant to close the door, and the nurse steps back into the crowd with a sad smile.

Reports vary, but an estimated 2,000 babies were rescued from the war torn villages of South Vietnam. All of them, including the last baby to board the plane that day, were being given a second chance. That last baby was me.
I am Thi Det Nguyen. I have no birth or medical records. I have no known family, no known birthday, and no real identity. Thi Det only means “girl” in Vietnamese, and Nguyen is the general last name given to all abandoned babies at the time. I came to the U.S. at approximately 18 months old and just over 9 pounds. A severe infection caused by a gunshot wound to my left leg wracked my tiny body. I have no idea if I was shot by an American soldier or a Vietcong, whether someone tried to kill me on purpose or I was just part of the collateral damage. I suffered from extreme malnutrition and vitamin A deficiency. As a result of my grim medical state, I am now legally blind. I am told that I was not expected to live beyond 2 weeks of being found in the street.

On April 15, 1975, I was officially adopted by an American family. I was given the name Kimberly Kathryn Payne. I was placed in a family with 2 older brothers, 7 aunts and uncles, 12 cousins, and 2 sets of grandparents. The very next day, I was whisked off to UCLA medical center for an emergency cornea transplant in an attempt to save my failing left eye. After two unsuccessful surgeries, I was left with no sight in my left eye and only 20/200 in the right eye.

The loss of my sight has not only left me with visible scars over my corneas and pupils, but, the result has left me with visible scars on my life also. Everywhere I go, people stare at me with curiosity. They wonder what has happened to me and if I was born like that. This has been the most difficult part of my being left blind, because even I don’t know the answer. Sure, the visual limitations and adjustments are challenging, but being reminded daily of my scattered beginnings is even more difficult.

I don’t believe that I have ever fully embraced being legally blind. I try very hard to hide my visual limitations or play them down. Half the time, even the closest people in my life have trouble knowing what I can see and what I can’t see. It is very important to me that I fit in and be like everyone else — normal. Even in grade school when the teachers wanted to enlarge my papers so that it would be easier to see, or take me out of class to work with mobility instructors to learn how to be blind, I made a fuss. I refused to stand out from the other kids. Now, as a graduate student, I access the resources available to me through the Disabled Student Center, e.g., adaptive technology and test-taking accommodations. It has taken awhile, but I accept being legally blind as a part of who I am, but I refuse to let it define who I am or limit what I can do.

I have come a long way from the orphanage in Guya Dinh. I am now Kimberly Kathryn Thompson. I am 29 years old and a graduate student in counseling. Although I live an extremely happy life, am married to a wonderful man, and am working to find my way as a counselor, there is a huge part of my life that is missing: that part that identifies who I am. I don’t know where I came from, who my birth parents are. I have no idea why I was found on those war-torn streets. And I don’t know why I have a scar on my leg from a bullet wound or how I became blinded. These questions will forever plague me. Not having any records, I am left with no hope of finding these answers. The hardest part of this is the extreme loneliness that I feel.

Like most adoptees, I have many questions, but mine are not easily answered. What were my parents like? Did they give me up or was I taken from them? What time was I born and how long was my mom in labor with me? When is my actual birthday? But my identity struggles go much deeper than this. I was an Asian child adopted by an American family with a strong Italian influence raised in a heavily Hispanic neighborhood. I was raised as an American girl, given an American name, raised in an American way, but I was not born an American. I was never taught about Vietnamese heritage, culture, or traditions. I have never eaten Vietnamese food or talked with others from my country of origin. I am not even certain that I am full Vietnamese. I have many features that could fit several ethnicities of Asian decent. It is even possible that my father was an American soldier and that I am part Caucasian. Cultural identity is a huge issue for me. It is because of this struggle that I feel so alone.

Although I am surrounded by loving and supportive family and friends, none of them can fully understand what this experience means for me. It is difficult for them to fully embrace the impact that this has had on me. They don’t understand why I have so many questions or why not having answers is so difficult. They don’t understand why this part of my life is so defining of who I feel I am. They don’t understand that holding on to this part of me (the miracle of my journey) gives me some sort of origin, some sort of belonging that I might not otherwise have. This is the only identity I know.

I think that it is the nightmares that are the most difficult for me to handle. I’d dream of being abandoned by loved ones. I dream of searching for my family, wandering the streets of Ho Chi Minh City and the surrounding villages. Even now, years later, I still get overwhelmed by so many thoughts and feelings. As I tell this to you now it hits me, maybe for the first time, how unbelievable this whole story must sound. I am devastated, because after 29 years I am finally seeing for myself that I am just a tiny part of the story, but that it is a huge part of me.

Growing up, I was never made fully aware of my beginnings. I was never told that the ordeal that I
survived would someday shape who I would eventually grow to be. My American family did the best they could in raising me, but never told me about the precariousness of my early childhood; if anything, they hid the past from me, convinced that nobody should have to deal with the challenges of life burdened by such a tragic past.

Testimony from nuns in the orphanage I was brought to tell just how gruesome it was. The rural facilities lacked necessary equipment and supplies. Each child had only one set of clothing, and some only had a diaper and worn blanket. There were no toys, and furniture consisted only of tiny cribs, small floor mats, and a few beds. Heat and electricity were scarce. The infant rooms were said to be the most depressing. Babies were made to sleep two and three to a crib, and some slept in small boxes that had holes eaten in them by rats.

There was a shortage of workers, and babies were left wet and crying for hours at a time. When babies were placed outside because of overcrowding, they were pilled into large playpens. The bottoms of the playpens were formed from slats of warped plywood placed an inch apart. Galvanized aluminum pans were placed beneath the wood so that feces and urine could drip down. This eliminated the need for diapers. Flies would hover around, and the older kids were taught to swat at them with old diapers.

Feeding of the infants was done by laying us on our sides in rows of three. Bottles were propped up on the shoulders of our crib and box mates. The formula would disappear quickly, and feeding time did not come as often as needed. Toddlers were served meals by a nun as they sat on a long bench, with only one bowl and spoon to share.

Each orphan has his or her own story. Many of us were crippled, but there were no braces available for us. Others were badly beaten by our parents, in a desperate attempt to end their lives and spare them the inevitable deprivation they would be subject to. Many of us had rotting teeth, bloated stomachs, and open sores. Many of us were brought in by strangers and soldiers who found us crying on the roadside or wandering the streets.

Just now discovering that this is how I spent the first few years of my life, it is no wonder that I am devastated. Imagine, if you will, being ripped away from any family you might have had. Then being stripped of any identity you might have been given. Further, being thrust into the arms of strangers and being forced to take on the identity, life, and culture that they have chosen for you. Finally, never being given the opportunity to explore who I was born to be. And now I find myself in the exciting but overwhelming role to find my way as a counselor at the same time I am struggling to find who I am as a person.

Part of what has helped me to survive is the belief that I was spared for some reason. Thousands of other babies perished in the villages of my country, and yet for some reason, I was rescued. The nurse decided to pluck me out of the crowd, the last baby to escape Vietnam, the sickest baby who had never been expected to survive. The doctors must have thought this would be a last shot at a miracle among all the horror that was taking place at the time. So I am a miracle. It is now my job to help others to survive, to recover from tragedies, to come to terms with their pasts.

I am a firm believer that it is a higher power that has seen my way this far. I feel that I was able to overcome my adversities for a purpose greater than myself. It is apparent to me that I am meant to do something amazing with the life that I am clearly blessed to live. Finding my way to becoming a counselor is a great start.

The thoughts of terror, fear, and devastation that once plagued my days and nights can now be turned into strength, will, and determination for many of the lives in despair that I will someday touch. It is because of the compassionate nuns, dedicated volunteers, and skilled doctors that I am here today. It is now my time to give back, to open my arms and my heart to those who need help surviving whatever desperation they are facing. I was given a second chance to live. I believe in my heart that becoming a counselor is the best way to do this. I do not know where I came from. I do not know my parents or my siblings. I do not know why I lived and so many others died, but I do know one thing; I am a counselor. And that is enough for now.

**Implications for Counselors**

My personal experience was the inspiration for the completion of my master’s project and ACA presentation. Given the existing and growing number of interracial adoptees, further research would be beneficial to mental health professionals in treating interracial adoptees and their families. Increasingly, the counseling professional is becoming more aware of the crucial influence of cultural identity on an individual’s well-being. Awareness of the components of cultural identity development may help counselors better prepare interracial adoption families by providing education and therapy for better transitions and outcomes. Understanding the concept of cultural identity and the developmental process would better prepare mental health professionals in tailoring their therapy to best suit this special population.