

Family Medical History

Programs in Korea and Ecuador Show How Cultural Differences Can Make Details Hard to Get

By Tae Kyung Kim, MD, and Laura Hofer, LCSW

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A concerned father calls Holt seeking information which may help explain his 11-year-old adopted son's sudden behavioral changes. "Brad" had been assigned as a healthy child from Korea, and the final post placement report indicated that 1-year-old Brad was developmentally on target, friendly, happy, and active. Recently, however, Brad appeared depressed, talked of suicide, and had tantrums. Brad's medical providers and now his parents asked if his birth family history included depression or other mental illnesses.

During her pregnancy, "Stephanie," an adult adoptee born in Korea, had just about every test done since she had no family medical history. She did have information about her own medical condition while under the care of Holt Children's Services of Korea, but for her son's sake she wanted a more complete medical history.

Like Brad's father and Stephanie, many adoptive parents and adult adoptees want information about the medical conditions of birth family members. Almost daily, U.S. news media comment on the importance of having this information. The risk factors for cancer, type 2 diabetes, high blood pressure, bipolar disorder, attention deficit hyperactivity disorder, and a host of other conditions include having a family member with the condition.

Why is information that Americans consider so essential to their health not available at the time a child is placed for adoption? There are many variables to factor into this answer—including how the child came into care, the services available to the birth family at relinquishment, and cultural differences between the US and the birth country.

What is in Holt's files

All information on a child that is available to Holt at the time of the adoption is given to his or her parents.

Some adoptees and parents believe mistakenly that Holt has additional information such as birth family medical histories. Unfortunately we don't. Holt can supply additional copies of information in the adoption file to adoptive parents as well to adoptees 18 and older. What is in the file varies by the adoptee's birth country and date of placement. Typically files contain an intake report describing how the child came into care, photos, medical reports for the child dating from his or her intake, and legal documents. Rarely do files contain family medical history.

Holt charges \$50 for administrative costs to copy an adoptee's file.

Searching

Adoptees 18 or older may request a search for their birth parents. Adoptive parents of minor adoptees with a significant physical or mental health need may also request a search for the adoptee's birth parents for the purposes of obtaining medical family history. As this article notes, however, there are many barriers to getting information that is useful.

See the link to the Post Adoption Services FAQs (Frequently Asked Questions) on www.holtinternational.org/adoptees/.

Recommended Reading:

- **The Geography of Thought** by Richard E. Nisbett. (See review page 6.)
- **The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, And the Collision of Two Cultures** by Anne Fadiman.

In some cases, of course, children have been left in a safe place to be found and there is no available information on birth families. In other cases children have come into Holt's care from institutions that have not collected much, if any, information from birth parents. In still other situations birth mothers have asked for help only at the end of their pregnancies or even after delivery. In these cases the social worker overseas has very little time to establish a trusting relationship with the birth mother and to help her make an appropriate plan for her child and for herself. Gathering family medical history in this type of situation is difficult at best.

But even when a social worker does have a long and trusting relationship with a birth parent, there is often little birth family medical history in our files. Why? For children adopted from Korea, as well as other Asian countries, the answer is often cultural. In many Asian societies, medicine is practiced holistically rather than analytically as in the United States.

In a recent lively discussion in Seoul involving Koreans from their 20s to their 70s, we learned that Koreans, in general, favor trying every source of treatment available and that traditional medical practices based on Chinese medicine utilizing herbs and acupuncture are widely accepted treatments. Koreans often follow family advice and try a variety of home remedies before seeking treatment from a physician. They are inclined to believe that an illness will go away on its own with time.

Until recently, local pharmacists made diagnoses and prescribed medicines and were the most sought Western medicine specialists for many Koreans. Two years ago new laws stopped such practices, and certain medicines now require a physician's prescription.

Because Koreans are not inclined to seek immediate medical attention when ill or mildly injured, preventive medicine is an even harder practice for Koreans to accept. Although the Korean government does recommend preventive screening along the lines of those also published in the United States, "Why go see the doctor and waste the time and money when I am well?" is a prevalent view.

Shame may also explain why some medical histories are suppressed. Conditions such as schizophrenia, epilepsy, and visible disabilities, are often kept hidden from society in Korea. As a result, the birth parents themselves may not be aware of such illnesses in their family, may be ashamed to reveal such conditions if they are aware of them, or may be fearful that their child might be seen as damaged and not adoptable because of his or her family history.

Fortunately, an understanding of the importance of medical histories is spreading in Korea. The Korean medical welfare system and a more widely available medical insurance system were developed in the last 15 years, and has increased access to medical doctors. However, basic beliefs lie at the heart of valuing medical history. In

Eastern philosophy, balance is the source of health and treatments focus on the cause of imbalance so that the body's own resources can fend off the symptoms of imbalance. Western medicine focuses on a specific cause for a disease. The Asian holistic view of illness and health con-

trasts sharply with Western medicine, which identifies and tries to affect the specific cause or agent.

These cultural differences help to put the responses to Brad's adoptive parents and Stephanie in context. It's no surprise that Brad's birth parents and Stephanie's birth mother reported that their families had never had any problems related to physical or mental health. These reports reflect the fact that both birth families probably have not had any chronic or severe problems, but, using a cultural lens to look at their answers, we also see that the likelihood of getting a list of diagnoses from a birth family is slim.

Just as we have with our partners in Korea, Holt has been discussing the need for birth parent documentation, especially family medical history, with our other overseas partners for the last several years. Our staff in Ecuador, for example, have had some success in responding to this need and have sometimes been able to gather an extended family medical history that may reveal cancer, diabetes, blindness, violent tendencies, and alcohol or drug use or abuse. This history, provided orally by family members,

however, rarely includes medical records and may hinge on a "diagnosis" provided by the family member or by a pharmacist who, in most cases, has not completed school.

Our Ecuador program also has begun to provide photos of the birth mother as well as strands of her hair to us, when possible. We keep both the original photo and the hair in the permanent file for the adoptee until s/he is an adult. The hair is wrapped in unbuffered tissue paper and placed in inert polyethylene bags, as recommended by an archival expert. In the absence of other family medical history, these strands of hair may well be priceless, both for the genetic information that they may someday reveal as well as for their poignant connection to the birth family.

Like almost all international adoptees, Brad and Stephanie may never know much of their birth families' medical histories, but we hope that, as we persist in trying to meet adoptive parents' and adoptees' needs related to family medical history, we will continue to find creative and culturally appropriate ways to do so for future generations of adoptees. ■■

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Holt International Children's Services is dedicated to carrying out God's plan for every child to have a permanent, loving home through family preservation, in-country adoption, and international adoption.

In 1955 Harry and Bertha Holt responded to the conviction that God had called them to help children left homeless by the Korean War. Though it took an act of the U.S. Congress, the Holts adopted eight of those children. But they were moved by the desperate plight of other orphaned children in Korea and other countries as well. Thus they founded Holt International Children's Services in order to unite homeless children with families who would love them as their own. Today Holt International serves children and families in China, Ecuador, Guatemala, Hong Kong, India, Korea, Mexico, Mongolia, the Philippines, Romania, Russia Federation, Thailand, the United States, and Vietnam.

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