

TDH Canada  
SPECIAL EDITION NEWSLETTER

Fundraising Gala 2010

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## TDH Canada Inc.

2520 Lionel Groulx, Third Floor  
Montreal, Quebec H3J 1J8  
(514) 937-3325 / (514) 933-7125 (fax)  
info@tdh.ca

### TDH Ontario quarterly newsletter

www.tdhontario.tdh.ca  
Sharon Kashino  
sharonkashino@sympatico.ca

### TDH L'Infolettre Québec

www.tdhpourlesenfants.tdh.ca  
Céline Lalbertie,  
Grégory Pierre,  
Fanny Lasselin  
tdh.infolettre@gmail.com

## In aid of... **VUNG TAU 3**

Vung Tau 3 is an orphanage TDH has worked with for many years, and the Director, Mme Hong, has been there as long. There are about 85 children in the orphanage - about 25 babies and the rest children from about 6 to 16 years old. It is not as fortunate as Vung Tau 1 in terms of support, and Mme Hong's style is very different. Nonetheless the children are loved, and it is clear that everyone is doing their best to provide what they can for the children.

We talked to Mme Hong about the needs of the orphanage. Somewhat shy to ask, we were able to outline what some of the most pressing needs are:

- \* A new fridge (because the one they have hardly works at all) - \$700
- \* Two dryers - \$400 each
- \* A freezer - \$400
- \* 20 bicycles for the children to ride to school - \$50 each
- \* 3 computers for the kids - \$700 each
- \* Two TV's - \$300 each

Besides these needs, we would like to address the need to have a much improved "baby washing area". At present, there is a large shower room where water sprays everywhere, and the nannies go in with the babies and attempt to hold the babies and their balance while washing and drying off the children, and then dressing them in the same area so they don't catch cold by going to the outer room - sort of like a camp shower situation.

What we would like to provide is a stainless steel sink with a large area for dressing and undressing the baby, all at a comfortable height, and a set of shelves which will provide individual "cubbies" for each baby with clothes, towels, bibs, diapers, etc. Ideally it would be good to have some kind of solar water heater which would provide warm water for baths. A rough estimate for this area would be about \$3000.

The last thing we would like to provide to this orphanage is some training for the nannies. For this we consulted with Trang Dai, director of Vung Tau 1. We would like to ask a couple of doctors from the children's hospital to come to the orphanage on a once a month basis to train the nannies in basic health care and hygiene. The cost of this project would be:

- Car from Ho Chi Minh City - \$100
- Meals for nannies and doctors - \$50
- Per diem expenses - \$60
- Salary for specialist - \$240

Total would be approximately \$5400 for one year

Dorinda Cavanaugh (dorinda@tdh.ca)

All of the funds raised through the 2010 TDH Gala have been  
designated to helping meet these needs of Vung Tau 3.

Thank you for your support!

## Vision in Action: Mrs. Le Trang Dai's Dream

In September, 2009 we had the privilege of receiving Mrs. Le Trang Dai, Director of Vung Tau 1 orphanage, along with Thuy and Loan, our staff persons in Vietnam. This "delegation" visit was very different from others, in that we were able to spend a lot of time learning of her vision, and how we might be a part of it.

Trang Dai started as a Ministry (Social Affairs) employee who was eventually asked to take charge of a very small orphanage which rented space in a building in the city of Vung Tau. Trang Dai was no stranger to adoption, for as a young woman – a student in university, in fact – she herself adopted a baby left at the door of a student residence.

Trang Dai met the challenge of working with this orphanage with enthusiasm and energy, and soon the orphanage was able to double its space as a second attached building was added to the orphanage. Trang Dai had expanded her role to care for not only orphaned and abandoned babies, but also to take in street children, children of prisoners, and children with infectious diseases whom no one else would take. Before long, her center became an official Center for the care of children with HIV/AIDS, and she developed her staff competencies and her orphanage such that it was recognized as a model center.

TDH has worked with Trang Dai since 2001, and many of "our" children come from her center.

Last year, when Mr. Ba Son, Director of Vung Tau 2, took his retirement, Trang Dai was asked to take over the direction of this orphanage as well. It had fallen into considerable disrepair, and in a matter of about 6 months, and with the financial help of TDH, she was able to transform the orphanage into a truly beautiful home for children. A few

months ago, the children who were older than 6 years were moved from Vung Tau 1 to Vung Tau 2, and the children under six who had been in Vung Tau 2 were moved to Vung Tau 1. She continues to develop programs for these older children, including vocational training, sports programs, and special education.

With some help from TDH, but most of the funding coming from France, Trang Dai then turned her attention to what had for years been her dream. Realizing that many of the children who were given up for adoption had come from Long Hai, a particularly poor region of the province, Trang Dai wanted to do something that would have an impact on the lives of the children from this region. The Long Hai Center is a social protection center which receives children who may or may not be orphaned. All of them come from very difficult circumstances, many of them living with grandparents, uncles and aunts, or older brothers or sisters who cannot fully take care of them. What Trang Dai's center offers to these children is a place where they can come for daycare, trade training, meals, or respite care. They can go home at night or on weekends, or can stay for extended periods. Social assistance will be offered to the guardians of the children as needed and as available. Additionally, she will receive children with HIV/AIDS for whom the parents need care for the children during

the day or while parents work, and then they can go home for nights and weekends. She will also be open to accepting pregnant or newly-delivered single moms who need a place to stay until they can re-establish themselves and return, usually with their child, to their normal lives.

With money raised in TDH fundraisers, TDH Canada contributed \$40,000 to equip the Long Hai Center, to buy playground equipment and 50 bicycles for Vung Tau 2 (the children must ride bikes to school), and to supply needed equipment for Vung Tau 1.

Another change we discussed was the need to find sponsors for the children who would not be adopted (about 100 currently). Trang Dai would like to encourage adoptive parents to accept to sponsor one child at the time they adopt a child (or even better before, so they can actually meet the child when they go to Vietnam). In order to encourage parents in this project, she has suggested that parents come to the orphanage on one morning to meet their children, and then to spend the day watching the way the nannies care for the children, learning the routine of their child, getting familiar with their early environment, and learning about the orphanage and its work by visiting the other children, even the other two centers.

Dorinda Cavanaugh (dorinda@tdh.ca)



The children at the new Long Hai Center

## Vung Tau Sponsorship Program

My girls and I vacationed in Vietnam in December of 2008. We spent a few days in Vung Tau and visited the orphanage, spending time with the staff and the children there. I wanted to help somehow. Together, Mrs. Trang Dai and I discussed the possibility of coordinating a sponsorship program for the orphanage. Since then, we have matched about 35 children.

The suggested donation of \$300 per year goes to the direct care of the children: food, medication, school supplies and clothing. The money that is sent is actually not used only for the sponsored child, but for the benefit of all the children. Mrs. Trang Dai has promised to send news and pictures of the sponsored children once a year. As for gifts for the children, given that not all of the children have sponsors (and not necessarily all of the sponsors will be sending gifts) when one child does receive a gift it can seem unfair to the other children and perhaps even uncomfortable for the receiving child. Pictures are always appreciated, appropriate and easily shared. Letters are nice too, but translation can be an issue.

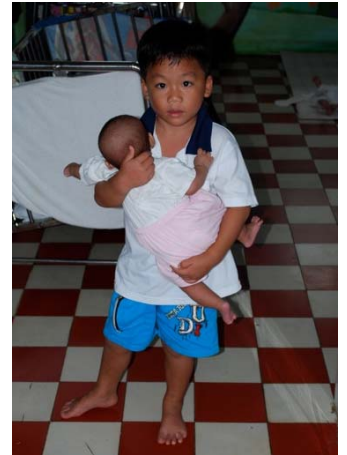
Both boys and girls are in the sponsorship program, from a wide range of ages. Some special needs children are also sponsored, including a child with cerebral palsy and one with downs syndrome. If you wish to sponsor a child, please contact me. Thanks for your interest.

*Pascale Desautels (apdeso@yahoo.ca)  
(adapt. S. Kashino)*



Pascale, her two daughters (middle of front row) and some of the children in the sponsorship program. Dec. 2008. Pascale Desautels coordinates the sponsorship program in Vung Tau. She lives near Montreal. The first of here 2 daughters was adopted in Vung Tau in December of 2002.

Upon signing a commitment to sponsor a child from the Vung Tau Children's Protection Center you will learn the child's name, birthdate and social situation. Once a year you will receive an update letter and photo of your sponsored child. The amount of your sponsorship will be used for the betterment of the children of the Center as a whole and not specifically for the child you sponsor alone. Sponsorship payment is to be made by bank transfer. This commitment can be cancelled by either party at any time. Sponsorship ceases when the child reaches the age of 18, is adopted, returned to his/her biological family, or should the child die. Continued sponsorship of the Center or of another child may be arranged.



Thanh Nam is one of the children currently being sponsored under this program.

Alongside the opportunity to sponsor an individual child, there is also an opportunity to sponsor the **Vung Tau Children's Protection Center** as a whole. Since the TDH program endeavours to assign a single sponsor to each child (even though the \$300 doesn't cover the annual costs of the child's care), it is suggested that individual child sponsorship only be requested by individuals and families who intend to develop a relationship with that child through regular correspondence (annual photos and short letters) and possibly a visit in Vietnam. Regular program sponsors can also, upon request, be sent annual updates on some of the children who are benefiting from their general sponsorship, without being specifically matched to any one of those children.

Mrs. Trang Dai has described to us how happy the children are when they learned that they had a sponsor. When they receive mail from their sponsors they run around the orphanage showing all their friends their letter from their Canadian (or American or French) parents. They are so excited that someone cares especially for "just them". Twenty-five dollars a month is a small price to pay for bringing such happiness to a child who has so little.

To learn more about this sponsorship program email Pascale at: [apdeso@yahoo.ca](mailto:apdeso@yahoo.ca)

*Sharon Kashino (sharon@tdh.ca)*

## KONTUM: TDH's involvement

TDH became more involved in Kontum, Vietnam during 2009 and that involvement continues in 2010. In each of these years Dorinda has accompanied a group of Canadian secondary school youth on missions to this area where they are hosted by the Sisters of the Immaculate Medal. They play with the children, work in the rice paddies, learn to winnow rice in the wind, and generally make do with little. It is a learning experience, but a life-changing experience for some of them as well.



Kontum, in the jungled Highlands of mid-Vietnam, is the area where Vietnam placed the aboriginal Vietnamese people, the Banar, in circumstances similar to those of the Canadian and American Indians. Like the Amerinds, many, if not most, of the Banar peoples maintain their primitive village tribal life-style, costume and customs. It was also the site of much of the fighting of the American War, and consequently the area and the Banar themselves remain of interest to many US Vietnam veterans.

Earlier on, following the French Revolution, French missionaries were sent by St. Vincent de Paul to convert the Banar to Catholicism, which they have retained. They also founded a community of religious Banar women, the Sisters of the Miraculous Medal. It is these Sisters who run six orphanages in Kontum for over 700 children. Each is called Vinh San (VS) for (Vincent) I, II, III etc.

There are no adoptions from these private orphanages. About 80% of the children return to farming or tribal village life. The others choose different life pathways and are supported as needed, a few going on to university.

These Sisters live a very, very simple communal life, praying and working - some in the fields, some at childcare, and some at other supportive tasks - every day - to feed their children. TDH Canada has been helping to provide for these children for two years now. The recent Ketsana typhoon in Kontum wiped out the Sisters' entire crops, smothering them under a heavy layer of mud. The water flooded the farm, rose to the ceilings of the ground level rooms, killed most of the animals, and destroyed just about everything they had.



In response to the dire need, TDH supporters in Quebec and Ontario donated \$35,000 to the relief efforts. As soon as the water receded and the area could be visited, our representative, Thuy, went immediately from Hanoi to the Kontum area to buy and deliver to the orphanages 10 tons of rice. TDH has worked with other supporting organizations to coordinate repairs and replenish their livestock and stores, including the provision of safe potable water for all six orphanages. TDH would like to continue its aid to the children of Kontum.

*Brendan Cavanaugh (brendan@tdh.ca)*



## Water Buffalo Project – \$500 changes lives

On my recent trip to Vietnam I was able to visit one of the families who have received a buffalo through the TDH Canada Water Buffalo Project - a young couple with two children. They had lost the house that they lived in a few years ago, and had depended on the good will of a friend to provide them temporary lodging. Eventually, however, they had to leave and they literally had no place to live at all. They stayed with the grandmother of the children, but there was almost no income to supply them with the basics of living. They were selected by the local People's committee to receive a water buffalo, and their lives are taking a turn for the better at last. With the water buffalo, the mom was able to hire herself out as a labourer in the surrounding fields, and thus bring in income to feed her small family. When we visited, they were building a small house on a plot of land that they will cultivate. Eventually they will be able to breed the buffalo, with the further income providing the chance for the children to go to school and eventually enter a trade or even go for higher education. One small water buffalo can make a huge difference!

Hoa Binh is especially enthusiastic about the water buffalo project. We have given money for 21 water buffalos thus far (about \$500 each), and there is always a waiting list of families who would benefit from receiving a buffalo. This is an excellent program because it self-perpetuates. A previous pilot project in Quang Ning province 10 years ago has resulted in 27 water buffalos sired by the first buffalo and her offspring – a stupendous feat of multiplying effect for any project. This program is also well supervised locally.

*Dorinda Cavanaugh (dorinda@tdh.ca)*



### Honduras: FANIA, Sister Mary Leonard School

Since 2006 TDH has gradually moved this project from one in which we were totally responsible for all aspects of it, to one where we were active partners, to its present position where we supervise the running of the school by its own stakeholders. With a sense of hope TDH has been able to sign over the responsibility for the Sister Mary Leonard School to the Principal, Oscar Ramirez, and his teachers who now have a stake in its success. Aiming at achieving self-sustainability is not easy in a context of absolute poverty. In 2008 TDH supported FANIA 60%, with an amount of \$55,000 US, thus helping 500 students. In 2009 TDH contributed \$10,200.

## Ukraine Vacation Program



Thousands of kids in Ukrainian orphanages face a bleak future. Few parents will consider adopting a child who is over six years old, but these children long for a family they can call their own. Moreover, despite good care in the orphanage, few are prepared to start a life when they leave the orphanage at age 18, as they are provided with neither a higher education nor vocational training which will serve them in finding gainful employment when they are on their own. As a result, about 10% of children leaving Eastern European orphanages commit suicide, and many others are co-opted into drug dealing, the sex trade, or organized crime.

TDH would like to do something to address this problem, and so we are initiating this year a summer vacation program for children from age 6 to 13 living in Ukrainian orphanages. The ultimate goal is to find families who would like to adopt these children, and so we are looking for families who will collaborate with us to either consider adopting such a child or exposing the child to others who may do so.

Our assumption here is that there is a natural fear of adopting an older child without knowing something of the background and personality of the child and whether that child will "mesh" with your family. This program gives the potential adoptive parent a chance to spend a full 4 weeks with the child interacting, observing, and hopefully forming a bond of friendship with him or her that will last a lifetime.

The children coming here will not know - at least not formally - that they are candidates for adoption. In fact, some children have spent summer vacations in several countries over past years - and their lives are enriched for it. They are pre-selected by the orphanage directors as children who have the qualities that would allow them to be adopted, including openness, a desire to relate to others, and physical and emotional health. Some of them - even those who are 6 or 7 years old - may have one or more siblings who may be adopted with them (although only one child may come

to Canada at the time of the vacation program).

Hosting families are asked to pay for the cost of the program and of bringing the child here (about \$2500, a tax-deductible donation), and to provide the child with a quality experience: spending time with the child, introducing the child to cultural and recreational activities and events, or doing family activities.

Those who are interested may apply to be a host family. You are expected to provide a vulnerable sector (police) clearance, a medical certificate and 3 letters of reference. Families will be interviewed individually in a home visit, unless they already have a completed home study. If you are interested in adopting a child, we ask you to be aware of the criteria of Ukraine: you must be married and there should be a maximum of 46 years between you and the child you wish to host (i.e. if you want to host a child of 6, you must be younger than 52 years old). The Ontario Ministry recommends that the hosted child must be younger than the youngest child in your family.

One advantage of this program in terms of adoption is that if you decide that you wish to adopt the child you have hosted, you may travel to Ukraine with a child already proposed, instead of going there and having to select a child from the database of available children. Additionally, the stay in Ukraine - which constitutes a large part of the cost of adoption - is only about 3 weeks instead of the normal average of 8-13 weeks. While adoption is never forced on the host family or the child, it is part of the *raison d'être* for the program.

The happiness you may bring to a child who has little in his or her life cannot be measured in time or money or effort. We urge you to consider this program, which allows you to make a significant difference for one child.

If you are interested and would like to fill in the preliminary application form, please contact:

*Luba Grakhova (luba@tdh.ca).*

## Family Features: Alexandra Ukraine

On November 14 2009, we flew to Ukraine where the most beautiful love story would begin: the adoption of our little girl Alexandra, nine years old (almost ten)! At our first appointment, we reviewed around twenty files of children looking for parents. Only one caught our attention! That first meeting will stay in our hearts forever! At first sight, we knew we were destined to be together. Alexandra also "adopted" us immediately. It was an undeniable mutual attraction. Of course we had some apprehensions related to her age and to her adjustments to a new language, but these vanished quickly after the first 10 minutes of our meeting! Alexandra learned French quickly during our daily visits and we a bit of Ukrainian, for the rest we drew, mimed ~ we always found a way to be understood while having fun!

Our 49 day stay in Ukraine is engraved in our hearts. We had the chance to interact with the extraordinary people devoted to the happiness and future of the children in their care. The boarding school's staff was warm and each action and gesture showed their profound love for the children. It was such a pleasure to see them each day. Sometimes, professors and kids would join us during our visits to talk, have a snack or play. We were fortunate to be invited to three shows in and outside of the boarding school. Alexandra participated in a dance show. She is very talented and we were so proud to see her on stage!

Alexandra is a very "alive" girl! She is intelligent, playful, likes to make jokes, has lots of energy, is gifted in arts and is well behaved. She is as balanced as any ten year old girl from here. We quickly developed a beautiful synergy. The return home went well, after two months in Canada she already understands French 100% of the time and is able to express herself in French 95% of the time. We are giving her three hours of French lessons at home every day to prepare her for school.

She puts a lot of life in our house and we are so happy to see her so radiant, full of joy and well adapted. She tells us that she is happy and her laughs that resonate through the house demonstrate it every day. We are so glad that our hearts and minds were open enough to accept an older child than we had planned for. Alexandra is the best gift life gave us.

Over there, we met dozens of kids every day and we would talk in the evening about how we would gladly bring back



She puts a lot of life in our house and we are so happy to see her so radiant, full of joy and well adapted.

this or that child with us to Canada in addition to Alexandra. This little girl fulfills our lives and we have no regrets. The integration is remarkably easy at this age as she understands the situation. Even if she is ten years old, we still play dolls together, read bedtime stories, tell each other secrets, give each other big hugs. Even if she still remembers her parents, she calls us "maman" and "papa" and talks about the "mommy before you" as she says. In addition, the return to a normal life is easier at this age as we don't have to hold her hand all day. Age of the child is so secondary as each stage of life presents its own challenges and joys, and after all, isn't every child in the world, regardless of age, entitled to a second chance in life? Even babies grow up! ;-)

Alexandra is our ray of sunshine; it is so easy to love her because her heart is in her hand. Three weeks after her arrival in Canada, she decided to write a letter to two of her friends that were still at the boarding school. She secretly included the grivnas (Ukrainian currency) that she had brought back so her friends could buy some caramels and treats. She included some jewellery that she had received as welcoming gifts. She is so generous. She does miss her friends but is proving to be very mature. A couple of weeks ago, I gave her a nice surprise as I love her so much. In Ukraine, she had a best friend that was adopted by a family from Spain a year and half before her. This friend held a special place in Alexandra's heart, she would talk about her often and she kept a picture of her hanging on her wall. Unfortunately, the contact had been completely cut. Before we left her social worker had given us the approximate

names and address of the new parents written in Cyrillic in case we wanted to communicate with her. Spain uses the Latin alphabet and to try to find these people was not an easy task. Without telling Alexandra, I spent a couple of days doing research on the internet and also using some contacts around the world that I have through my work to find someone that spoke Spanish. I managed to decipher the Cyrillic name, find the phone number on the internet and call them! What a surprise! I had succeeded at this huge task; it was the right house! After discussing with the other girl's mother through an interpreter, we gave the girls a chance to talk. The two girls were crying with joy as they were so happy to speak again. We two mothers were also crying as we were happy to give this joy to the girls. It was a magical moment. The girls are emailing every day now to stay in touch.

I can't conclude our story without thanking the staff of TDH who moved heaven and earth to make our adventure possible. Without them, this joy that life has offered us wouldn't have been possible. A thousand thanks. You can also read our story on [www.isabellebeaulieu.net](http://www.isabellebeaulieu.net).

*Isabelle Beaulieu (gandizoo4@videotron.ca)*  
*Translated by Sandra Bellemare*  
*(adapt. S. Kashino)*



The age of the child is so secondary for each stage of life presents its challenges and its joys!

## Adoption in Depth... special needs

The fact that the numbers of international adoptions from China has decreased by 50% since 2004 is not news. As economic development occurs in traditional sending countries, more nationals are in a position to adopt children in their own country. And this is as it should be. This is not unlike Canada in the 40's, when large numbers of children were sent overseas for European adoption, a practice that was later unheard of (in the 70's).

But additionally, increasing bureaucracy imposed by the Hague Convention and the insistence on longer waiting periods to allow children to be placed nationally has meant that fewer young healthy children are able to be adopted.

Does this mean that there are fewer children in orphanages? In my experience, this is not the case, and it is a research that needs to be undertaken. It does mean that more children who are older or who have special needs are being proposed for intercountry adoption. One agency doing adoption in China has reported that half of their adoptions last year were "waiting" (i.e. special needs) children.

While this is not yet the case in Vietnam (about 15% of our proposed children have been special needs kids), I too have seen a change in numbers of special needs children being proposed. The number of children where the single phrase "Normal Growth and Development" appears in the Diagnosis section of the medical is becoming far less frequent.

Special needs encompasses a wide range of situations. A child who is born prematurely or with low birth weight or is showing failure to thrive or is anemic or has abnormal thyroid function may recuperate quickly with appropriate care and treatment and might hardly be considered a special needs child.

Minor correctible conditions such as strabismus, club foot, and small hemangiomas are easily accepted by many adoptive parents, but sometimes are more than what may appear at first glance - for example, when a seemingly minor condition is part of a syndrome, or is a more serious form of such a condition, as in arthrogyriposis.

Infectious diseases such as hepatitis B or C, viral hepatitis, or CMV are another category of special needs requiring thoughtful consideration by adoptive parents. Many parents are ready to adopt children with these diseases because the risk of problem is low. And to take this one step further, there are many children in Vietnam who are HIV+ but doing extremely well. Especially in Vung Tau, there are babies and children who can be proposed immediately. HIV is not the threat it once was, and children here who are followed regularly are doing well and are expected to live normal healthy lives. However, this is a major life decision and needs to be taken only after serious consultation with health professionals in the field.

The next "level" of special needs might be such conditions as cleft palate and heart disease. These conditions are correctible, but require a certain involvement before and after the medical interventions. These range in complexity from simple (e.g. a cleft lip) to major (e.g. tetralogy of Fallot).

More complicated or serious conditions are also proposed to us from time to time. Arthrogyriposis has been mentioned above. Several children with congenital blindness have come to Canada in the last months. We have recently received a proposal of a child with true hermaphroditism. Children with colostomies of known or unknown origin have also been adopted.

All this to say that while there can be little preselection of what special needs you will receive (there is no real greater frequency of one over another), it is important to reflect on what each of these conditions signals to you personally. For many, Hepatitis B is not a problem at all, but cleft lip or cleft palate is not a consideration. For others, the reverse is true. At the moment, we have only 10 families (Quebec and Ontario) who have indicated an openness to special needs. We would like to offer a seminar to those who might be interested in learning more. We will announce this on our website and this newsletter as this develops.

More often than not, these children come to Canada and receive treatment that they could never have dreamed of in Vietnam, and their quality of life as well as their futures improve dramatically. More than that, these children bring so much to their adoptive families. Perhaps because they tend to be "survivors", perhaps because of the energy and investment parents put in to these children, they become more precious, more special, more loved than parents ever imagined in accepting to parent these children. Often it is observed that these children are so lucky to have been adopted. The fact is, we are the ones who are lucky, or rather blessed by their presence.

## Family Features: special needs, one family's story

In 2008 we began researching international adoption as a way to expand our family. We had a little boy, at the time just a year old, so when we began researching special needs adoption, it was not to 'speed' the process up, but just something we were drawn to do. Throughout our relatively short waiting time, I was never nervous. Dorinda assured us that upon referral, we would have the time and opportunity to consult with medical professionals and decide if this particular special need was one that our family could properly handle and most importantly, would we be able to give this child every possible opportunity on the road to rehabilitation.

On April 25th, 2009, our lives changed. As we looked through pictures of Dorinda's recent trip to Vietnam, we saw our little boy. He was 3 1/2 months old, living at Go Vap orphanage and Dr. Jonathan had just diagnosed him with Arthrogyposis. In his case this meant that he had club feet, stiff knee joints, right hip dysplasia and club hands. Dorinda explained all of this to us and that doctors in Vietnam felt that there was a chance that he may spend his life in a wheelchair. She encouraged us to seek the opinion of other medical professionals and to really take our time making this decision. We did consult with therapists and doctors, but knew that this was all just a formality, he was our little boy.

While waiting to travel, I worried about him, but used the time to educate myself and advocate for him to have an

appointment with the leading doctor specializing in arthrogyposis. Often during that time of waiting we were told how lucky he was, how amazing we were. It irked me and I constantly responded with how lucky we felt, but I didn't truly understand how lucky we were until he was home with us.

We held him in our arms for the first time July 31st; arrived home just a week later and a week after that were at the



Now nine months old Xavier's prognosis is better than ever could have been expected.

hospital with him for consultations. Xavier is doing unbelievably well! The prognosis is better than we ever could have expected. There has been no talk of a wheelchair and the improvements that our little boy has made in such a short time have his whole team feeling very positive about his rehabilitation.

We finalized his adoption at the Vietnam Embassy in Ottawa on

December 4th. From the beginning he has adjusted so well, and he and his brother Gabriel could not love each other more. From September to February, Xavier and I had made approximately 15 trips back and forth to Shriners Hospital in Montreal, where we were doing the serial casting. In February he was fitted for braces and now just sleeps with those at night time. Xavier was accepted into a day program at Bloorview Kids Rehabilitation Facility, where he goes 3-4 times a week for physiotherapy and occupational therapy. We also have an early interventionist coming into our home, since he was delayed by 5 months when he first came home, but now developmentally he is either on par or advanced for his age. Xavier's hands are fully functional, and we are now just waiting for him to have surgery on his feet and hip, which will likely happen within the next few months. Everyone who works with him is amazed at how quickly he is progressing, and he continues to surpass everyone's expectations of him. If we could give one piece of advice to parents who are adopting a special needs child it would be this, our children have had such rough beginnings, that when their medical is done in Vietnam and when they first come home, they are at their most vulnerable and most likely their weakest. The only limit they have on their potential is the ones we and others set for them. The MOST important thing you can do for them is to BELIEVE in them and advocate for them.

*Christine Morra (christine@tdh.ca)  
twoanhs.blogspot.com*

## Family Features: Because I Love “You”, you especially

Already with 6 children we were a little out of the ordinary. But when we decided to adopt, it was just too much! We were in our forties, with 3 grandchildren. Our parents and friends did not all understand what we were doing, questioning us with comments like “Haven’t you done enough!?” Today they have changed their minds. They have also fallen in love with these wonderful children. Let me tell you about this very different love story. You will see, you too will be charmed.

For our family, adopting a child is the most beautiful demonstration of love possible. What a privilege to be able to live the opportunity of giving a child a family and love; of responding to two very essential needs. Every child deserves to have those needs met, especially those with special needs. These children need personal attention and directed care that only a family can give. It is only in a family setting that these precious children will receive the care and love that they need as human beings. As a family we have chosen to help the weak, the forgotten, those that others do not want to love.

It all started in 2003, with a little princess. She was born into this world under the most cruel and unimaginable circumstances. On her birth day, her father, in a jealous rage convinced that his wife had been unfaithful, attacked her with a machete. In an instant, changing forever her life, he took half her face off. He then threw her outside to die. The neighbours took her to the hospital, leaving her on the steps. Miraculously she was still alive. Newborns do not normally survive such trauma. For the next three months she survived the ensuing operations, infections and healing, but she survived alone. She was so fragile, yet so strong! When she was sufficiently recovered the orphanage was waiting for her. The orphanage... but no love, no caresses, no caring looks... no, not for her. Her appearance did not draw the loving tender sentiment that she was so desperately longing for.

When we heard about her, we had a profound sense of certainty that God wanted to entrust us with this little princess. She was 14 months when finally we could hold her close to our hearts. It was at this moment that another miracle happened in the fear filled spirit of this child: she began to behave differently, as if she understood something. Deep inside, she knew that she had found her parents; that she would never again be alone, never again hopelessly caught in the grips of insecurity. The emotional and affectionate connection was instantly fulfilled. Even as young as she was, Fleur-Ange felt the love and security; finally.

Everything at this point was new. She had never seen the sun. So many new people surrounding her... she was a little frightened by them all. For the first 14 months of her life, she had been the victim of horrendous treatment, and all these memories were forever engrained in her thoughts and would come out in nightmares. For 2 years, she suffered from these nightmares every night.

When she arrived in our family we decided that she would never again lack love and that we had to rapidly redeem the lost time and meet the incredible emptiness of her heart. We took her into our arms and for the next 30 days she was there day and night. She would not let go. Like a dry sponge, she was sucking up all the love that she had been so cruelly deprived of. We were so happy to be able to finally love her, to be able to satisfy her longing heart. Then she began to get down out of our arms a few minutes here and there during the day to play at our feet, always to raise her little arms to be taken again, and again. After that first month, she would begin to explore her new universe day by day. As assurance and security flooded her soul and she became more and more herself. She would play ever close enough that she could see us and sense our love.

Fleur-Ange is now 7 years old. She has had 17 major reconstructive surgeries on her face. Like her name says so beautifully, she is our little angel. She does not know what anger is. She is so docile. This little girl, who, at first, had been so scared of people, has become very outgoing and sociable and loves those that she meets. This transformation is the miracle of love. Every morning she wakes up and says “Mommy I love you and I am happy.” What a joy. What a privilege for parents to have such a wonderful girl like Fleur-Ange. Every operation is a difficult and anguishing time for her, and she still has many to go. But she will never have to face them alone because she now has a father and mother that love her. We will be there to cry with her in those difficult moments. She knows that we will always be there for her. Her heart can now be comforted.



After a couple of years, we decided that this could not stop. We invited Rose-Aimée into our family. She was born prematurely with a cleft palette and lip. She had a very difficult time drinking and the orphanage aides did not have the time to give her what her condition necessitated. At five and a half months, when we went to get her, and she weighed only 6 lbs,

the weight of a newborn. She was so small in our arms. Not all babies with her condition have so much trouble drinking. For Rose-Aimée it was an incredible challenge. We tried everything to help her get the nutrition she needed on a daily basis. We tried every bottle and nipple on the market, even syringes. The challenge was enormous. Mommy Sylvie spent up to 8 hours a day to simply feed her the amounts necessary for her survival.

Then her time came for the operations. The second surgery was the palette. Would this make it easier to drink? We hoped that the surgeries would help solve her eating problem. To our disappointment nothing changed. The doctors told us that when a child is off to a bad start in life and drinking is a very bad, even becomes a painful experience, it usually stays that way. Drinking, stays a negative experience in the mind of a child that had the milk come out her nose and make her choke so often.

Rose-Aimée is now 3 years old. Even today she eats like a little bird. Eating is not a pleasure for her. We often believe that she eats in a day the strict minimum that she needs to survive. She is never the less very active and full of life. She obviously does not need very much to survive! As we watch her grow, full of life and energy, we are convinced that every second dedicated to keeping her alive was worth it. Today, our little princess is healthy, happy and has quite the character. She is discovering the world and will say at least "1000" times a day "look", "look". What joy and satisfaction to see her fully enjoy life.



Our life on earth is so short. For this reason we need to use the time that has been given to us to make a difference. The difference that we have decided to make is for these children. Our desire has led us to adopt our third special needs child. We desire to make the difference in his life.

Our little Joseph is blind. At the orphanage, he was in a room with 39 other babies and 2 orphan aides to care for them all. Spending all his time in his bed, he was abandoned and in the dark. Alone in this world, because he could not see the others around him, the days came and went never changing; dark and empty.

We had the joy of taking him in our arms for the first time when he was 11 months. Finally he would not be alone again. Regardless of being blind, he would never be in the dark again. We never want him to feel alone or abandoned again. So, we had him in our arms as often as possible while he was awake. We wanted him to know

that we were his parents and that we would always be there for him.

Joseph's eyes are at the end of his fingertips. His hands are his eyes. We find great joy as he discovers our face with his little agile fingers. He loves to put his hands in Mommy's mouth.

Sounds are very important for Joseph. When he hears new sounds, he becomes very quiet, as if he is registering it to learn and understand. This is so wonderful for us: he sees what we hear. He is also very sensitive to different types of music, so we cannot play just anything. Music is important because he doesn't have any visual distractions. Music plays this role in his life. Since his arrival, we have increased the hours of music we play significantly. We have all kinds of toys that play music and we have a piano that he enjoys playing with. We have learned that 90% of all learning is done visually by children. The incredible challenge for Joseph is to learn all he can by his other senses. We will be with him to face this challenge. We will rejoice with him as he discovers all that he can of this wonderful world. We are so privileged to be with him in this amazing adventure.



We are so proud of each of our children. They are treasures that God has entrusted to us. We rejoice in the fact that we have handed down to them a desire to love those around them. We are in our early 50's, and we have 32 years of married life behind us and 11 grandchildren before us. A lot has happened in 32 years!

Today, our children have a desire to adopt also. Our oldest son and his wife have already adopted a little boy from Vietnam and they are in the process of adopting a special needs child from Honduras. Our love story continues ...

For each of these children that are so precious in the sight of God, we need to all make a difference. We need to let our hearts reach out to them.

Jonathan and Sylvie Godfrey

Parents of Israël-Luc (31), Mélodie (28), Samuel (26), Naomie (23), Pierre-Daniel (19), Céleste (16), Fleur-Ange (7), Rose-Aimée (3), Joseph (1)

## Our Sweet Sadie

In early April of 2007 my husband, Jim, and I submitted an adoption application to Terre des Hommes Ontario. In January of 2008 we amended our home study to reflect our request for a "special needs" child. We were subsequently approved and on April 5, 2008 we left for Vietnam to get our 15 month old daughter. We arrived on a Monday afternoon. We were given time to shower and change and then we left for the orphanage. My first memory is of her sitting on a little stool. She appeared to be freshly bathed and was dressed in clean pyjamas and had bare feet. I remember our guide Thuy saying to me "there she is". I don't know what I expected but she looked like any other "normal" child. It wasn't until almost five days later when she became our daughter that we were able to undress her and examine her.



Sadie in January of 2008. Other than her colostomy there wasn't much to see as most of her "problems" were inside.

In the discussions leading up to the adoption we had been told that she had a cloacal anomaly. In cloacal anomalies the reproductive, gastrointestinal and urinary tracts merge to drain out of one common channel instead of three separate openings. If the point where they come together is low, the child will have no visible anus. This was the case with our daughter. Shortly after birth, she had been given a colostomy to get rid of her feces. The ostomy bag was positioned about mid-way between her abdomen and her chest. There was an old incision just above her pubic area. We didn't know why it was there. Her female anatomy appeared to be normal but if you looked at her from the back, there were markings on her buttocks that looked a little like bruising. None of this fazed us. We had already decided that we would deal with whatever complications came with this little girl. To us, this child was absolutely perfect. Other than the lessons we had been given by the nurse back in Canada, there was no other support for us in dealing with the ostomy while in Vietnam. We had purchased supplies before leaving Canada and after overcoming our nervousness, we managed.

We were in Vietnam for almost three weeks. We arrived home early on a Saturday morning completely out of ostomy supplies. If we had been required to stay in Vietnam much longer, I don't know what we would have done! The following Tuesday I took our little girl we had named Sadie to meet with a paediatric

surgeon at a walk-in clinic. What happened next was completely unexpected. The doctor told me that Sadie would have to be admitted for emergency surgery immediately. Her stoma was constricted and was preventing her from emptying her bowels properly. The surgery would make the stoma larger so that the feces could pass more easily. She would be in danger of suffering a blockage in her bowels until this was done.

While Sadie was in the hospital, numerous x-rays, scans, pictures, and tests were run on her. The doctors were trying to "build" her a medical history. Many questions remained unanswered until we were sent to Sick Kids Hospital in November for what would be Sadie's longest surgery. Sadie's surgeon from Kingston assisted a paediatric surgeon and a urologist from Sick Kids in a 12 hour surgery. It had been determined that Sadie was urinating out of three places in her body: her urethra, the old incision in her abdomen, and into her ostomy bag. The urologist rerouted a lot of Sadie's plumbing. He felt Sadie would likely not be able to empty her unusually large bladder on her own so he gave her a Mitrofanoff to aid in the draining of her bladder. In layman's terms a Mitrofanoff is a procedure where the appendix is separated from its attachment to the cecum. One end of the appendix is attached to the urinary bladder and the other end is attached to the skin to form a stoma. In addition to Sadie urinating out of her urethra, several times a day her urine is drained by use of a catheter inserted into the Mitrofanoff canal. This reduces the potential of her developing a urinary tract infection from having residual urine left in her bladder. During the surgery it was confirmed that Sadie did have a vagina. There was no vaginal opening and this was corrected. She had ovaries and in fact had two uteruses. She would be able to conceive but would have to give birth via caesarean section. Sadie had one normally functioning kidney. Her other kidney was undersize and only a portion of it worked. Lastly, she had a tethered spinal cord. All of these defects were part and parcel of having a cloacal anomaly. After the repairs to Sadie's plumbing were made, the surgeons made a rectum for her.

After a week in the hospital, Sadie was permitted to go home. Trips were made to Kingston General Hospital (KGH) and back to Sick Kids to track her progress over the next several weeks. In January of 2009, Sadie had her third surgery which was performed at the KGH. The doctors were confident that her new rectum was working so they operated on her to close the ostomy. I foolishly thought that the recovery time for this surgery would be nothing compared to that of the previous surgery. I was so wrong! Just think for a minute. Sadie was two years old and she had never experienced a bowel movement. For weeks after the surgery, Sadie was terrified every time she had to go to the bathroom. We would be out somewhere and suddenly she would start screaming and crying and asking for us to hold her hand. As time passed and we continued to reassure her that everything was normal, Sadie adjusted to her new way of going to the bathroom.

Sadie's next surgery will be sometime late this summer or early fall. We hope that it will be her final surgery. Sadie has almost no muscle in her nether regions as a result of the cloacal anomaly. Doctors are still unable to make muscle. As a result, Sadie has difficulty in knowing when she will have a bowel movement. She does pretty well except for shall we say....when the "little stuff" escapes. She desperately wants to graduate from diapers to "big girl" underpants. After much consideration and consultation with her doctors we have opted to return to Sick Kids and have the surgeon give Sadie a Chait trapdoor cecostomy catheter. This will help Sadie in emptying her colon via an enema given through the Chait trapdoor in her abdomen. This will enable her to wear her "big girl" underpants. When she gets older, Sadie



can decide for herself if this system we have chosen to aid in her bowel management is what she wants. If it isn't, the hole in her abdomen can be closed in a simple procedure.

The last two years have been a tremendous learning curve. I wish there could have been a more "perfect" outcome for Sadie but I am thankful everyday that she is healthy and alive. We have to keep in mind that as Sadie grows and matures she may develop more control over her bladder and bowels through learning to use "other muscles" that she has. Other than taking a small dose of antibiotics on a daily basis to prevent her from getting any urinary tract infections, Sadie takes no other medications. At just past three years of age she weighs 28 pounds and stands 36 inches tall. We think she is beautiful and smart as a whip but it's her indomitable spirit that is a source of wonder to me. Rarely does she cry or throw temper tantrums. Checkups with the doctor are a part of her life. She never whines or complains about them. I can honestly say she is one of the happiest children I have ever seen. Her frequent laughter never fails to make me smile. I often tell people that I wish she were twins because she brings me so much joy.

Jim and I have never once regretted our decision to adopt Sadie. I often tease him about no early retirement and that we both gave up our "freedom" to become parents once again. It's one of the best decisions we ever made. Talk about how things come full circle! My grandparents took me in and raised me when they were the same age as I was when we adopted Sadie. My grandfather used to tell me that I kept them young. Jim and I hope that Sadie will keep us young. She has certainly made our house full of love and laughter again.

*Jacqueline Miller (jacqueline.miller@queensu.ca)*

- 10 children with special needs were proposed in 2009
- There is no obligation to accept any special needs child proposed (nor any child)
- For children needing urgent medical attention, a visa can be obtained to allow the child to come to Canada before the adoption is complete
- Sometimes Vietnam recognizes special need status and allows the adoption to go forward as a "named child" application, which saves a few weeks off the process time
- Best for the practitioner to be as flexible as possible regarding the type of special needs you are open to, and perhaps as well what you are NOT open to

'Rainbow Kids' is an Adoption Advocacy Website offering information on many special needs as well as articles written by families who have adopted waiting children.

<http://www.rainbowkids.com/>

Parents of children with special needs say:

"We decided to give a general idea of what we were willing to accept rather than listing the various conditions. It allowed us to be safer, not to be obliged to redo our home study should the "special needs" child offered not be on our "list"."

"We would have missed out on our amazing child if we hadn't really taken the time to educate ourselves. If you just see the diagnosis name it can be easy to be unsure and just say 'no'. I look around in my immediate and extended families and see the 'special needs' that some family members have. I can't imagine my life without them!"

## Family Features: Rosie – A very special love story

I have five children - ages 28, 24, 20(twins) - and 3!

A second marriage? Mid-life crisis? An "accident"? - or just a very special love story?

Adoption has been a part of our lives since almost the beginning of our marriage, and after three adoptions and endless hours of volunteer work on behalf of adoptive parents and children, it had become my professional life as well. For my husband and me, as our twins approached 18, we had considered our child-rearing years almost at an end. But that was all before Rosie.

My work as director of Terre Des Hommes Canada takes me to Vietnam five or six times a year. And though it has always been exciting and wonderful to see the beautiful healthy babies I will be able to present to waiting parents, I am all too often moved by the plight of those who will in all probability grow up in institutions, and even more by those who may not grow up at all.

One such instance occurred in January 1996 when I noticed in one of "our" orphanages in Vietnam a baby bundled in many layers of clothing, struggling to breathe. Her tiny, emaciated little face was a pasty white, and as I unwrapped the layers of cloth, I could almost see with the rapid rise and fall of the tiny chest a heart struggling to pump the blood she needed to keep her alive.

Asking about her, I was told that they were only waiting for her to die - she

had been in and out of hospitals since her arrival in the orphanage six months earlier, and there was nothing to be done now but keep her as comfortable as possible. And with all the compassion and love imaginable, this is exactly what the orphanage staff was doing.

I asked if I might help - perhaps take her to a hospital in Hanoi to ask their input. And the orphanage gratefully agreed. So little Huong went back with me to Hanoi, and spent the first of many nights beside me in bed.

The hospital in Hanoi was quick to diagnose her: ventricular septal defect and mitral valve insufficiency, requiring open heart surgery, which only the Heart Institute in Saigon was equipped to perform, if they were willing to see her. Waiting lists were long and my time in Vietnam was limited, so they were not optimistic.

Back to the orphanage. I was going to Saigon. Could she come with me? In an unprecedented move, the orphanage agreed, and off we flew to Saigon, after a quick call to my waiting colleague, My Tram. We would have a third roommate for the next few days.

My Tram met us at the airport, not entirely convinced I had not taken leave of my senses. But it didn't take long before she was on the phone to the Heart Institute, telling them we had been especially referred by Dr. Khanh of Hanoi, who was certain that Dr. Duperier would want to take on this special case. An amused nurse (whom

we later learned was the wife of Dr. Duperier) gave us an appointment for the next day.

That evening, I told My Tram that if this baby was going to stay with us, even temporarily, we would have to find a name I could pronounce ("Hoo-ung" just didn't fly). "Well," she said "a rough translation of her name might be Rosie". And so she is to this day. I later learned that her name is better translated "Autumn Rose".

At seven months, Rosie weighed about eight pounds. She could not sit or even hold up her head. Her arms and legs were completely "floppy" and could be moved into positions only a contortionist was capable of. But she had an indomitable spirit and a charm that could soften the hardest of hearts. And slowly but surely, she was working her way into mine.

The Heart Institute did see her, and agreed to do the surgery, which she needed urgently, but only if she weighed a minimum of 12 to 14 pounds - otherwise it was too risky. After rejections from several places, we finally found an orphanage which agreed to take her, and with great sadness, I left Vietnam - and Rosie - behind.

During the two months I was away, Rosie again had to be rushed to the hospital with severe pneumonia, and to my bitter disappointment, when I returned in April, she had lost more weight. Even more devastating, when I saw her I thought she had lost her spirit - what I saw was a severely depressed

baby, who would neither smile nor make eye contact.

We immediately returned to the Heart Institute to be told that the situation was now critical and, high risk or not, she should be scheduled for heart surgery one week later. "Take her home with you and try to put some fat on her during the next week," they told me.

I had brought cans of enriched formula and Milupa cereal (both thanks to the generosity of Wyeth), which I mixed together and shoved in her mouth every time she opened it during the next week. Dr. Duperior noted that the geese being stuffed for foie gras had nothing on Rosie. Rosie gained more than a pound that week, and regained as well her indefatigable spirit. The transformation in this child was nothing short of a miracle.

As the surgery approached and my sense of dread and apprehension grew, I tried to make sense of the feelings evoked in me by this little creature. Her courage – because I think she was keenly aware of what was happening to her – moved me for sure. Her ability to leave everyone who saw her with the sense that this child must be saved could not help but impress.

I knew I was tumbling down a slide from which there was no retreat. Friends and colleagues told me to step back, not to be personally involved. And I had "rescued" many children before and been able to maintain a certain "objectivity". But this time I felt that this child's destiny was somehow linked to my own. And now before me was

the chance that we might lose her.

But the other thing I began to realize about Rosie was that this feeling was not only one way. Orphanage staff, doctors and nurses at the hospital, people on the street remarked on it – "you are her mother," they would say. And even though each contact between us was relatively brief – two weeks every two months – the intensity was almost tangible.



The surgery, as you might guess, was successful. But three months later we still needed to face the other problems which were still present. At 14 months she could barely hold up her head, could not sit or bear weight on her legs, a trans-fontanel sonogram revealed an old "cranial hemorrhage", and another doctor tried to convince me that her large head suggested hydrocephaly – all of which left Rosie with a very uncertain future.

But I had fallen in love completely with this child, and in my heart, none of those things really mattered. But we were no longer in our 20's or 30's, my husband had had some serious health problems in the past, our income was

on the low side of average, and to take on any child, let alone one who was physically (and perhaps mentally) challenged was not a decision to be taken lightly. Was it even fair to Rosie, we asked ourselves.

After much soul-searching, a lot of prayer, and the usual hassle of paperwork, Rosie came home with us in December, 1996. Now, two years later, we cannot imagine life without her. She delights in the sun shining in her room in the morning, in the wind on her face in autumn, in the snowflakes on her tongue in winter, but most of all in the love of her family – and she makes us appreciate on a daily basis just how precious life is.

*Dorinda Cavanaugh  
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Rosie is now almost 15, and continues to be a child who touches the lives of all who meet her. She is intensely devoted to her family - now numbering 17 with brothers and sisters, nephews and nieces - and a typical teenager doing all the things that teenagers do. She has no physical problems, and surpasses most of her fellow students in the dance concentration program she is in. She adores being a friend, and is sought out for the comfort she offers to those in need. We her parents are so proud of her, and grateful every moment of our lives to Vietnam, to the orphanage, and to God for bringing us together.

*Dorinda Cavanaugh (dorinda@tdh.ca)*

## Family Features: Rosie - Return to Vietnam

My name is Rosie Cavanaugh, I'm 14 and it's been 12 years since I was adopted from Vietnam. Through those 12 years, I've learned so much from life and have grown and matured through the experiences that have occurred in my life. One of the most memorable ones was my return to my birthplace in the summer of '08. I had just turned 13 and I felt as ready as ever to get on that plane for those 36 hours because I knew something big awaited me on the other side.

When we had landed, the rush of hot summer air reminded me that I had finally arrived at my destination, my homeland, Vietnam. At the beginning, I felt like a

stranger in my own country. I had to make a few challenging adjustments due to their climate, their food as well as their customs. But it didn't take long before I finally felt welcomed, not only by the personnel that my mom works with, but more so by the children as well. The children in the orphanages were very friendly and welcoming, I was profoundly touched; without even knowing who I was, they came to me with open arms and hugged me. I felt as if I was no longer a foreigner but more like a friend. As I began to hand out the various gifts, candies and toys to

the children, bashful "thank you's" and smiles of laughing children illuminated the room. I realized then that a small act of kindness can really mean the world to others.

Among the other children with whom I shared beds 14 years ago, I was blessed and fortunate to have been cared for such sweet and loving "nounous". It was important for me pay them a return visit, so I did. I visited my first "nounou" an elderly woman living simply but contently on top of a big hill near the orphanage. Upon my arrival, she was so thrilled to see me and showed me right away this photo album that contained so many photos of me growing up, from

when I was a baby in her arms to a dancer posing in a pink dress. It brought tears to everyone's eyes. It left me speechless seeing this charming woman, who had achieved so much helping orphans like me, end up where she is with so little and yet remaining a happy woman. I am grateful to have taken that part of her back with me.

My visit with my other nounou, a middle-aged woman living in what seemed from the outside as a big box with a bed and a tv inside - no stove, no running water, no closet for clothes - was a very different one. I could see a certain pain and sadness in her eyes that she tried



'It is important to remember our homeland, the place where we should be the most grateful because of what it has given us, and that is... the opportunity of life.'

to hide so dearly with a smile. She too kept a smaller album of me and showed me all the photos of when I was a baby, and a few of when she was younger. She then presented me with a silver necklace chain. It was a small gift, but it was evident that she had worked days to pay for it, and it was very important to me. We hugged and we cried; it was hard for me to leave knowing that I wasn't able to help her in the ways she did for me, all I could do was to pray hard for her and that I did.

I could write a book on the different experiences that I had during those 2 weeks, but today I only have an article. If there's anything that I have learned from this trip that is significant for the one that you might make with your children someday, it's the word opportunity. We, as adopted children, are given the chance to become someone, to build and live a life filled with dreams, wishes and desires that will come true. It is important then, at the end of the day, to remember our homeland, the place where we should be the most grateful because of what it has given us, and that is... the opportunity of life.

*Rosie Cavanaugh(rosiecavanaugh@hotmail.com)*

## Madame Le: "my happiness is to see them smile"

*"Madame Le Thi Le, 3rd Quarter, Hong Ha District, City of Ha long – a chat with journalist Trung Luan from Quang Ninh newspaper"*

Her immediate reaction upon hearing of my intent to write an article [about her] for my newspaper is to refuse: "My God, there are plenty of bright people, busy with a variety of jobs, why not write about them? Why do you want to write about me, an old woman who spends her time taking care of children...?" I smile, pointing to the child in her arms and say "my dear, these unlucky children would not be able to have such smiles if there were not people like you in this world." She looks at me and tells me: "Don't say that: if I was not there, other people would do it. I am simply an employee." And then, at my request, she starts telling me...

"Before, I used to work for the Provincial Women Group. Because of my fragile health, I had to take early retirement. When the Centre for the protection of children with difficulties (i.e. the Centre in charge of orphans) was founded, and started hiring nannies to take care of the abandoned children, I thought that this type of work would suit my own situation, so I applied. At first I worked in the orphanage. Then the number of children increased, and the orphanage started encouraging nannies to take the children into their own homes. I must admit that I had not envisaged my life would become so tied to these children from then until now. One after another, I can count today more than 30 children that I have taken care of. With many memories, happy, and sad as well..."

*Do you remember the context of the arrival of the first child?*

"I remember it very well. I remember every one of them, their drinking habits, when they cried, their sizes... The first one, it was in 1993, a baby who was approximately one-month-old, brought from Mong Cai... Her story was really sad. A couple of fishermen found a box floating on the river Kalong. Opening it, they discovered two babies, one had died and the other was her! The orphanage staff named her Hai (because she had been brought from Hai



Ninh – the original name for Mong Cai). I brought her home; I would look at her with tears in my eyes. She was minuscule in her big soft blanket. In it, she weighed less than 2.3kg. She was very feeble, pale as a leaf. She would cry all night long, but her voice was not as powerful as other kids'... I never had the chance to become a mother, so I can say that baby Hai was my first child. At the beginning, she required a lot of care and attention, and I was often exhausted. I was barely able to sleep at night. But little by little, things got better: when she was six months old, she was stronger and weighted 6.8kgs. When she started walking, a Canadian couple adopted her.

Madame Le shows me a picture on a shelf of a beautiful girl, full of life, beside the pictures of other children (who, I guess, were the other orphans cared for by Madame Le, like baby Hai) and she tells me: "In 1998, her parents sent this picture to the orphanage. She was four years old. I have had no more news since then."

*The first days after her departure, how did you feel?*

"What do you think I felt? I felt as if I was being burnt! Someone told me that I would get used to it with time, that it would fade away, because it was our job. But I must tell you that, still today, after having taken care of more than 30 children, I am still unable to get used to it. Each time I must say good-bye, I feel a loss... At such a time, I must repeat to myself that this child now has a family, with parents who will love him or her. She or he will be happy; I must therefore rejoice myself, why should I feel sadness...?"

*You talk about healthy children, but I know that among the children you have cared for there was one who had aids...?*  
 “Yes, it’s him (she turns her eyes towards a little altar, under the family altar). His name was Luan; had he still been alive today, he would now be ten years old. His biological mother abandoned him at birth in Bai Chay Hospital. When I received him, I did not know he was HIV positive. He had swollen eyes, with incessant secretions, even though I was wiping his eyes constantly. When I took him to the hospital, the doctors told me that he had caught syphilis from his mom. My God, why should an infant suffer so much in this world? I can say that the two years he spent with me were very difficult. Once he had been cured of syphilis, it was discovered that he had aids, so together, the two of us, we spent most of our time in the hospital...”

*When you found out that he had aids, where you shocked?*

“Yes, of course. But strangely enough, I never feared that I might catch his sickness. Maybe because I felt pity for him. I knew that he was not going to survive, and therefore I wanted to surround him with love. I used to spend sleepless nights, afraid he might leave me while my eyes would be closed...”

Madame Le seems much moved telling this story and remembering child Luan. She becomes silent.... Suddenly I remember the words she wrote in her diary during those long nights spent watching over the poor little boy in the hospital, and that one of my colleagues quoted at the time in the Quang Ninh newspaper, words that came from the bottom of her heart, words from a mother ready to give her life for the poor little one... I look towards the altar: he had clear eyes, like an angel. And I look at Madame Le, who gave him maternal love during his short life on earth... And I understand that the care this woman gives to the poor little ones is not simply a “paid job” as she claims, but it is love, unconditional love, like a mother’s, in the noblest sense of the term...

*Trung Luan, Quang Ninh newspaper*

*(Originally written in Vietnamese and translated to French, then English. French Trans. Tran Bich Thuy, adapt. F. Lasselin. English Tran. Isabelle Cochelin, adapt. S. Kashino)*



In the summer of 2009 I had the privilege of visiting this wonderful nounou in her home in Quang Ninh - a tiny 2-bedroom house where she presently cares lovingly for two babies. It was a very emotional meeting in which we talked about all the children whom she cared for, each one of whom she remembers by name. She remarked that she never worries about the children who have gone to Canada - she knows they are happy.

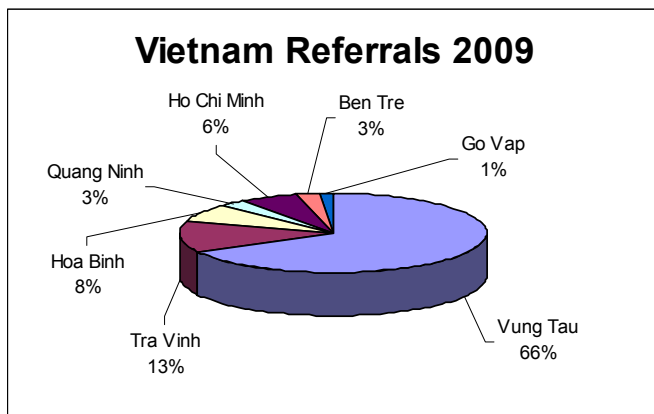
On the other hand, I know that she would be extremely moved to receive news and photos of these children, many of whom, like Sarah Lee are teens or even young adults. If you will send your letters and photos to TDH, we will try to put together a fitting tribute to the life work of this beautiful lady in the form of an album with the materials received. If you are not sure whether Mme Le was your child's nounou, please send me an email and I will verify for you.

*Dorinda Cavanaugh(dorinda@tdh.ca)*

## Adoption Programs 2009:

### Vietnam

Vietnam is TDH Canada's flagship adoption program. In 2009, 79 referrals of children from Vietnam were made to Canadian families, an approximately equal number of both boys and girls. About 20% of these children had special needs or were older than 2. TDH Canada has established relationships with seven provinces in Vietnam in order to provide humanitarian support to these regions as well as help place children in need of adoption. Additionally, TDH supports the orphanages of Kontum, although there are no adoptions from those orphanages.



For the Vietnam program, TDH Ontario and TDH Quebec are currently only accepting dossiers of families approved to receive special needs children.

### Ecuador

TDH Ontario has received a license from the Ontario Ministry to work in Ecuador and continues to await a response to our application for accreditation from Ecuador.

### Ukraine

In 2009, TDH completed 22 adoptions from Ukraine, including 3 sibling groups of 2 children and 1 sibling group of 3. Half of the children were under 4 years old. In total, 13 boys and 9 girls were received.

Many children over 6 years of age are waiting to be adopted in Ukraine. For older children, once your documents are filed you travel within 3 months to Ukraine where you receive several child cases to review.

The Ukraine program is currently quite active in Quebec and represents a wonderful opportunity for parents in Ontario too!

### Honduras

TDH completed 4 adoptions from Honduras in 2009, 1 sibling group of 3 and one girl aged 3 and a half.

This program is currently accepting applications from families, including for special needs. Children available for adoption are usually 1 year or older for couples younger than 40 years, 30 months and up for couples older than 40 years and 4 years and older for couples between 45 and 50 years old.

For more information on any program please contact:

Manon Parent ([manon@tdh.ca](mailto:manon@tdh.ca))

Nadia Lutskaya ([nadia@tdh.ca](mailto:nadia@tdh.ca))

Emilce Svetlitza ([emi@tdh.ca](mailto:emi@tdh.ca))

#### Why does an adoption agency need to raise funds anyhow?

The truth is, the adoption component of what TDH does isn't their real focus. It is an off-shoot of a dedication to meeting the needs of disadvantaged children in the way that is best suited to each child. TDH Canada commits to a lot of child welfare projects, contributing nearly half a million dollars over the past two years. The importance of raising funds to support these projects is two-fold. The first and most salient reason is the overwhelming need. Anyone who has traveled to adopt their child can attest to how both the orphanages and the surrounding community have benefited from TDH's presence. The second reason is much more self-serving to the adoptive parent. Each of these projects helps to build the relationship between TDH and the government and orphanages of the country involved, in turn potentially increasing the referrals TDH might receive.

Christine Morra ([Christine@tdh.ca](mailto:Christine@tdh.ca))



**Terre Des Hommes  
Canada**



***You can make a world of  
difference***

By supporting TDH Canada with a one-time donation, your gift will provide **immediate** assistance to children throughout the world.

All donations, no matter what size, work together to help achieve TDH Canada's larger goals.

***Yes, I want to make a difference!***

- I am enclosing a cheque in the amount of \$\_\_\_\_\_ made payable to TDH Canada

*You will receive a tax receipt the following January.*

***Thank you for your support!***

Please return your completed form and cheque (payable to TDH Canada) today.

TDH Canada, Inc.  
2520 Lionel Groulx, Third Floor Montreal,  
Quebec H3J 1J8

Fax: (514) 933-7125 Telephone: (514) 937-3325  
Charitable Registration#: 0331249-11-08

***You can make a world of difference  
- Every Day in Every Way***

By signing up to the Every Day Every Way monthly giving plan, your gift will provide a source of dependable income which will benefit children throughout the world.

***Yes, please sign me up to the Every Day Every Way Monthly Giving Plan!***

- Please deduct, from my bank account, the monthly amount of:  
\$15/month      \$20/month  
\$25/month      \$30/month
- I'd prefer to give \$\_\_\_\_\_/month

My sample cheque marked VOID is enclosed

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*You may alter the amount of your gift or end your contributions at any time by contacting our office. You will receive a tax receipt for your total monthly donations the following January.*

The Every Day Every Way monthly giving program is a simple and convenient way to spread your generosity over the entire year. It's affordable – a small, monthly gift can be easily squeezed into your budget. As well as saving you time, it also helps reduce our costs – which puts more of your money to work helping children in need. Please sign up today!

***Thank you for your support!***

Please return your completed form and voided cheque to our office today.

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