

Reports

Burned and Forged: Intersection of Refugeeism, Racism, and Resilience

Duy Nguyen, M.D.^{1,2} 

¹ Psychiatry, University of California, San Francisco Fresno, ² Psychiatry, University of California, Davis

Keywords: DEI, Diversity, Equity, Inclusion, Vietnam, refugee, racism, resilience, veteran, trauma

<https://doi.org/10.62414/001c.119031>

JAACAP Connect

Vol. 11, Issue 2, 2024

This narrative captures a series of interviews from Dr. Hendry Ton, Associate Vice Chancellor for Health Equity, Diversity, and Inclusion at University of California Davis, School of Medicine. He shares his experience as a refugee from Vietnam and how it intersects with racism and shaped his subsequent medical education and work with DEI.

INTRODUCTION

In my first year of medical school at the University of California Davis, Dr. Hendry Ton, then Medical Education Director, gave a lecture on “breaking bad news” to patients. He was a leader in psychiatry and a Vietnamese refugee. He was the only teacher who spoke directly to my own experience as a refugee. After the lecture, we broached the topic of our shared refugee background in the hallway of our education building. He looked straight into my eyes and said, “Please, you should deal with what happened sooner than later.” Anyone who knows Dr. Ton knows his disinclination to give unsolicited advice. He continued, “Because it will catch up with you. And as you get older,” he continued, seeming to be referring to himself, “it will come out in ways you do not expect.” In retrospect, he was not advising, but pleading.

This conversation led me to finally see a psychiatrist who confirmed I had PTSD, something I had known for decades but had never addressed. Years later, to extend that meaningful and unique conversation, I interviewed Dr. Ton for an article about refugeeism. During this interview, our shared worlds seemed to take out the otherness, perhaps even the re-traumatization, that can be potentially inherent in such interviews. We felt like we no longer had to *perform* our trauma. We both understood the sadness of losing a way of life, and the perseverance that survives in building a new one. We were not frozen by how to make sense of it to others, how it may trouble others, or how it may potentially otherize. We could simply share.

1975, THE FALL OF SAIGON

There are floods and fires in Saigon, but the ground never shakes. During lunch one afternoon in April, four-year-old

Hendry Ton was eating a bowl of rice when the ground trembled. He rushed outside with his mother and siblings, along with the crowds, looking at their faces to see how to feel. He saw they were afraid, and that made him afraid, even more so than the bombs punctuating the surrounding chaos. He felt disoriented, such that time itself lost meaning; he didn't know how long the bombings continued until his father and his best friend arrived in a jeep, also carrying their own fear and confusion, telling everyone to get on. No packing. No explanations. No sense of where they were going, except to leave home forever. To leave their neighborhoods, friends, favorite places and memories, work, and social positions. To leave Vietnam since the Vietnam they knew was disintegrating. Both families, totaling fourteen members, somehow packed into a jeep.

A few hours later, they arrived at a safehouse, and Hendry's father took him to the rooftop to survey Saigon. For the first time, Hendry saw his father weep. Soon, their Saigon would be no more. They would share its fate if they did not flee. Compared to the millions already dead in this war, their lives would be just a few more bloody drops. Only decades later, when Hendry understood what it took to build his own life, did he understand what his father had lost within a few hours: his country, his family, even his sense of meaning given how hard he had fought to preserve his country—and it did not end there.

Hours later they arrived at the boat that was their escape, but there was not enough room for everyone. Because of their naval position, his father and his father's best friend talked to the boarding officer, who finally relented with a condition: only one family could board. Only one family could escape.

The shelling continued, the artillery fire raged, and the tanks rolled in as the two men quietly deliberated.



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1999, PSYCHIATRY RESIDENCY AT THE VETERAN'S ADMINISTRATION MEDICAL CENTER (VA)

Twenty-four years after that conversation, Hendry Ton was a second-year psychiatry resident readying himself to rotate at the VA. The recent appearance of Vietnamese American psychiatrists brought a new issue to the post-Vietnam war era. One of Dr. Ton's faculty mentors was among the very first—a kind, resilient, and beloved man who ultimately did not train at the VA. Reasonably, the residency and these psychiatrists believed it was potentially explosive to have a Vietnamese psychiatrist treating Vietnam veterans. Would they trigger each other? The wounds of Vietnam were still so fresh.

The residency approached this issue carefully, assessing the risks, which sometimes were too great. When it was time for Dr. Ton to rotate at the VA, both his program director and mentor talked to him about their concerns. How could the residency protect both patient and resident while preserving the therapeutic relationship? It brought out the broader question of how therapy could potentially be re-traumatizing for both patient and therapist.

Dr. Ton ultimately decided to go to the VA, and he chose to be the cofacilitator of a group of Vietnam veterans. Perhaps it was because he was young and simply wanted an obvious challenge, or maybe he sensed a kinship with these veterans, who seemed like the other side of a terrible coin that had connected their lives. During the conflict, neither refugees nor veterans created the war, but they had all been trapped by it; their traps were just different.

THE TWO SIDES OF TRAUMA: THE CONDITIONAL AMERICAN

The discrimination experienced by Asian American Vietnam war veterans was not new, but rather was an extension of the history of racism in America. The Yellow Peril—a racist metaphor that fueled European imperialism of Asia, and arguably, led to the national Chinese Exclusion Act of 1882, the internment of the Japanese, and many instances of anti-Asian violence during the COVID-19 pandemic—took on a surprising form during Dr. Ton's service at the VA.¹

Vet A was the only Asian man in one group that Dr. Ton facilitated. He was slightly overweight, tall, had long hair, and always wore a t-shirt and baseball cap, presumably blending in with all the other t-shirts and ball caps that represented mainstream American attire. Despite having been in the group for years he still looked uncomfortable, like a perpetual stranger.

When Dr. Ton introduced himself in their first group session, his discomfort seemed exacerbated. By the next session Vet A said, "I've decided not to continue with this group." Dr. Ton sensed it was because of him—why else would the only Asian vet withdraw when the only Asian psychiatrist arrived?

Though Dr. Ton had been a refugee, he was an American doctor now, and he wrestled with the knowledge that he had the ability to pathologize and prescribe, even involuntarily. Here, the dynamics of his race appeared to work in reverse: his Vietnamese identity could now hurt his patients rather than help them. It could trigger their PTSD and various other psychiatric conditions. With great care, he said to this vet:

I can't make you stay, but I can only imagine what it's like for you to be with an Asian resident who was in diapers when you bore the brunt of discrimination and war in Vietnam. I can't imagine how those scars and wounds impacted you. You had sacrificed so much to save kids like me, and now years later there's this young Asian person who is privileged to be a doctor from those sacrifices. It must be hard to see the sacrifices you made and how I benefited from them.

The vet looked at Dr. Ton and thought about his words. Eventually, he said "I'm going to stay."

This finally brought up race, a topic the group had been unable to bring into therapy—the silence that constricted the minorities and the guilt that Caucasian veterans felt. It shocked Dr. Ton that Asian American veterans faced a horrible variation of the Yellow Peril engendered by the particularities of the Vietnam War. Since Asian American soldiers looked like the Vietcong, they could be mistaken as the target, accidentally or otherwise. "The only thing that separates you from a Viet Cong is that I recognize you," some non-Asian vets insinuated. "Behave or I may not."

Many Asian vets spent much of their time as worried about "friendly" fire as hostile acts.

Asian Americans were the perpetual foreigner, whose castigation could resurface at any convenient moment or any stressful crisis, seemingly always just a step away from being a foreigner despite being native for generations and risking one's life for America. Even during the COVID-19 pandemic, it didn't take much for political rhetoric to galvanize anti-Asian hostility, leading to exponential nationwide increases in racist attacks. During Vietnam among their unit, Asian American soldiers had to somehow maintain a physical and psychological separation from the Viet Cong soldiers they were fighting: "If you cross me, all I have to say is you're not one of us and you get shot."

These Asian vets tried to disassociate themselves from Vietnamese people as a matter of life and death. They were conditional Americans. When crises like the Vietnam War, or World War II, or COVID-19 arrived, suddenly they could cease being identified as such and instead were scapegoated as being Viet Cong, Imperial Japanese Army, or from the Wuhan lab. For Vet A, Dr. Ton's presence brought that all back.

THE TWO SIDES OF TRAUMA: THE SURVIVING AMERICAN

In another group composed of seven men who had shared therapy for years, and who mocked new residents as the "90-day wonder" they had to survive, Dr. Ton was met with suspicion. Some thought he was part of a government ex-

periment where Vietnamese psychiatrists were sent to test veterans' reactions.

Vet B was a big man who seemed to try to antagonize Dr. Ton. During their intense sessions, he would tell stories of how he had massacred Vietnamese villagers, including children, and then looked directly at Dr. Ton, waiting for his response. These looks paralyzed Hendry. On one hand, his medical training taught him to empathize. On the other hand, these therapy sessions stirred up the fears that he had carried across the South China Sea, despite leaving so much else behind.

Publicly, Dr. Ton said: "Thank you for sharing this. I'm taking in what you've said, and the pain that I hear in your voice, seeing what you have seen. And I want to honor how hard this was for you." But personally, he was horrified. Dr. Ton also remembered the pain of those left behind and the voices of those silenced by tanks or muzzled by the sea. Coming out of those meetings, he felt like his skin had been flayed and his own wounds from Vietnam freshly ripped open. One afternoon while in a resident seminar, the Blue Angels flew over honoring the vets. Dr. Ton reflexively stopped working and scrambled under a desk. When the roaring of the jets passed, his coworkers expressed concern. He didn't remember where he was.

Each day that followed with Vet B brought back the pain of the war. Dr. Ton struggled with how to not demonize his patient. He understood deeply that a psychiatrist should not place moral judgment—a betrayal of fundamental trust. He had to preserve his patient's humanity, and their therapeutic relationship, while faced with the irrefutable massacre of his own people. In time it also became clear that Vet B himself, like so many other vets, regarded his younger self and his actions, perhaps more harshly than any judge.

One day, during a therapy session, Vet B seemingly lunged at Dr. Ton. But then, surprisingly, he fell to his knees. Not at all violent, the vet began to weep, asking, "Can you forgive me?" This man had looked so tough and had been so cruel because he had just wanted to fit in. He had acknowledged that he killed innocent women and helpless children and was obviously scarred and regretful of those horrific acts. Just as he ripped open his doctor's scars, his doctor did the same to him; Dr. Ton was a reminder of those irreversible acts of violence he could not wash away. It was hard for both men to be in that group, confronting each other, and yet, Vet B's humanity was there, and it was connected to his doctor's. They were wounded in the geopolitical struggle, had felt the same ground shake as Vietnam shattered, had heard the same jets and artillery, and so were forged by the same fire.

They both needed healing.

Dr. Ton did not feel resentful of this vet, rather, he felt a kinship with the group, since he understood how it was to carry those wounds from Vietnam. Like many of them, he felt guilty surviving when so many had perished. He felt privileged knowing his position was built upon those acts that the vets were ashamed of and had to live with. He had personal insight into how their wounds could manifest and felt he may be able to show them how to embrace them: to

reinforce inherent goodness and to see the need for forgiveness and compassion amidst the ugliest of crimes.

Their fates were connected. He could do some good there.

1975, THE FALL OF SAIGON

Back at the boat, there was only room for one more family. Hendry did not know what his father and his best friend said to each other following the navy officer's ultimatum, words that to this day his father finds too painful to recount. But eventually, Hendry was allowed to climb the mooring lines. His brother, too young to do so, was thrown up onto the deck. They escaped, but only because another family stayed behind. Dr. Ton's life today could've belonged to someone else.

One day and one decision determined the different shore that boy landed on. It led to his childhood in Stockton, California, rather than the persecution and impoverishment which was the life of so many who did not escape.

Was it the right decision? And did that decision have to be made?

An officer had thought that there was only room for one family. Another officer might have easily thought there was room for two. Did he think that allowing two would lead to everyone's destruction, or that the boat would capsize? Did he think that other families in line would also demand to board and so he felt that he had to draw a line somewhere? Perhaps, that space had only been determined by his fear.

When Hendry grew up to become the Associate Vice Chancellor for Health Equity, Diversity, and Inclusion at UC Davis, he looked back to that boat and how similar that thinking was to the partisanship that seemed at times to dominate American life, where "families," whether defined by politics, religion, sexual orientation, gender identity, or race, wrestled for that one spot on a boat that could take them to some promised land. Different families, as important to each other as those two Vietnamese families who fled from their own destruction, are vying to cling on to their own preservation, ensuring their own place with a future. It seems that each family, if one digs deep enough, carries their own sadness and fights for their own hope.

What happened on that boat informed all aspects of Hendry's work, especially in response to conflicts between different communities. He challenged the zero-sum attitude he felt made communities jockey for seemingly limited resources. Like with the naval officer, there seems to be a choice that must be made, but one wonders if this choice needs to be made at all—a choice which makes one family greater than the other.

Sometimes we do not think there is enough room on that boat, but what if there is? Can we imagine a future where there is enough room for all?

Take Home Summary

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ABOUT THE AUTHOR

Duy Nguyen, MD, University of California, San Francisco, San Francisco, California, USA.

FUNDING

The author has reported no funding for this work.

DISCLOSURE

Dr. Nguyen has reported no biomedical financial interests or potential conflicts of interest.

CORRESPONDENCE TO:

Duy Nguyen, MD; e-mail: duy.nguyen4@uscf.edu, 279-204-5314.

This article was edited by Andrés Martin, MD, PhD.

Submitted: April 28, 2024 EDT, Accepted: June 03, 2024 EDT

REFERENCES

1. Yam K. Anti-Asian hate crimes increased 339 percent nationwide last year, report says. NBC News. January 31, 2022. Accessed February 10, 2022. <https://www.nbcnews.com/news/asian-america/anti-asian-hate-crimes-increased-339-percent-nationwide-last-year-repo-rcna14282>