The coronavirus pandemic has ravaged our world, forcing every one of us to change our way of living. Inside, a closer look at this relentless foe.

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JACL SEeks CANDidates FOR 2020-22 BIENNium

SAN FRANCISCO — The National JACL Nominations Committee is seeking members who are interested in running for a seat on the National JACL Board of Directors. The initial filing deadline is June 16.

After that date, those wishing to submit their names as candidates must run from the floor of the Special National Council Meeting, which will be set by the National Board, and are subject to additional requirements as described in the nominations and guidelines information. The term of office for this election shall be two years covering the 2020-22 Biennium. Positions include National President, National Secretary/Treasurer, VP of General Operations, VP for Planning & Development, VP for Membership, VP for Public Affairs, National Youth/Student Council Chair and National Youth/Student Council Representative. A description of the officers and their duties can be found in the JACL Constitution and Bylaws (https://jacl.org/wordpress/wp-content/uploads/2019/11/Constitution-and-Bylaws_2019_08_01-1.docx).

The National Board will convene a Special National Council Meeting in accordance with Bylaws, Article IV, Section 6, for the sole purpose of nominating and electing officers. The process and procedures for those who wish to run can be found on the JACL website (https://jacl.org/committees-and-formats/).

For more information, contact Nominations Committee Chair Eric Langowski at erhlango@gmail.com.

JACL Extends Legacy Fund Grants Program Application Deadline

Legacy Fund Grants Committee Co-Chairs Roberta Barton and Toshi Abe announced recently that the application deadline for the Legacy Fund Grants Program has been extended to June 16.

The adjustment was made in response to the recent cancelation of the 2020 JACL National Convention caused by the evolving COVID-19 pandemic. An updated application and application instruction documents are available on the JACL website (https://jacl.org/legacy-fund-grants). All applications, including those submitted under the previous deadlines, will now be required to include a contingency plan to address potential COVID-19 restrictions that could alter the project timeline and/or format.

The maximum grant award for 2020 is $5,000. Grants will be awarded for projects and activities that support the mission of JACL and the 2019-20 JACL Strategic Plan for Action. The Legacy Fund was established by the JACL National Council at the 1990 National Convention held in San Diego. Many of the donations to the fund were from JACL members who gave portions of their redress awards to further the legacy of JACL. A portion of the earnings from the Legacy Fund Endowment continues to annually provide funds to run the grants program.

Questions or concerns can be directed to the program’s co-chairs at rbarton1106@comcast.net and tabe@jacl.org.

LETTER TO THE EDITOR

Dear Editor,

I loved Lillian Kimura. I loved her passion for pursuing social justice. As an ardent advocate of the Women’s Rights Movement of the 1970s, she interacted with civil rights icons like Dorothy Height, and Lillian brought that attitude for change to JACL.

I loved Lillian because she defied gender stereotypes about women in leadership roles by first failing to be elected as JACL president in 1980 before prevailing in 1992. I loved Lillian’s flamboyance. I recall how she would show up at JACL conventions wearing fashionable hats and then proceed to back up that fashion statement with authoritative and compelling statements on the convention floor.

I loved Lillian for her wisdom and advice. Lillian is the person who persuaded me in a not-so-gentle way to apply for a position on the JACL staff in 1978. Through the years, she was a wonderful mentor and friend.

I loved Lillian for her caring and concern. She once told me that she gave to street people because they, too, needed to be acknowledged with some sense of dignity restored. I don’t think Bill Hosokawa would ever have referred to Lillian as a “Quiet American.” Hers was a voice at every table she sat. She did so because she knew she had to leave an impression in representing all of us. No one did it quite like Lillian, and we are all better for it.

Sincerely,

Bill Yoshino,
Chicago, IL

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* Your donations will help build and preserve a cohesive library of the Pacific Citizen to educate future generations.*
A month later, in a brief submitted in a Ken
tucky case challenging Gov. Andy Beshear's
statewide shelter-in-place orders as a violation of
religious rights, plaintiffs similarly used Ko-
rematsu as a parallel infringement upon rights.
Then this past week, Wisconsin Supreme Court
Justice Rebecca Bradley recalled Korematsu
as an example of government overreach.
In JACL's statement in response to Bradley,
Wisconsin Chapter President Ron Kuramoto
said it eloquently and succinctly: "Bradley
may believe that she is arguing Constitutional
principles, but her claim of a nonexistent
equivocality distorts the conversation and
denigrates the history and experience of Japa-
inese Americans."

It is encouraging that what is common to all
of these perspectives is that they universally
recognize the wrong that was done to Japanese
Americans during World War II. But what
is also clear, especially from Rep. Massie’s
tweet, is that none recognize the severity of
what the incarceration did to the Japanese
American community, nor the false pretense
under which it was initiated.

It is undeniable that what we are going
through now is painful and perhaps the most
difficult situation many of us will ever face.
However, it still pales in comparison to the
unconstitutional actions of our government
against Japanese Americans.

Japanese Americans were forcefully removed
from their homes, their businesses were forced
to close and they were sent to concentration
camps for the duration of WWII.

Under the current orders, no one has had their
property taken from them, nor has anyone been
removed from their home or separated from
their families because they lead the Buddhist
church in the community.

Today, we see people protesting their right
to eat at McDonald’s without wearing a mask
or get their hair cut. The Kentucky case is
on behalf of churches fighting for the right
to worship in person. Comparatively, none
of their ministers have been taken away to a
Federal prison facility.

While we are being forced to give up some
conveniences, our fundamental freedoms re-
main largely intact. Worship may be conducted
differently, but the right to worship has not
been taken away.

Where comparisons to WWII also fail is that
the incarceration was based upon the lies of
the government. Claims of military necessity
were proven later to be fabricated, to hide a
racist intent, that was actually not so hidden.

Unfortunately, there is much we still do
not know about COVID-19. However, the
policies being implemented are based on the
assessment of those in the medical and public
health community as what is needed to save
lives and protect the public.

It is the science that is dictating the policy.
This is all in the face of significant and strong
opposition from even within the government
itself, but at least that debate is taking place.

» See WORD on page 10

PHOTOS: GIL ASAKAWA

NIKKEI VOICE

FOOD FOR THOUGHT — AND
SHELTERING AT HOME

By Gil Asakawa

A
nyone who knows me knows that
I love to eat. I’m a foodie. I love
restaurants (I’m opined about them,
too). And, I love to cook. I post
photos of my food on Instagram, Twitter and Face-
book, and even use the hashtags “#twEATs”
and “foodporn.”

I like all food from around the globe, from
burgers and pizza to Middle Eastern, Italian,
Swedish (thank you, IKEA!), Ethiopian, Mex-
ican, Argentinian, South Asian, Vietnamese,
Korean, Filipino and all flavors of Chinese,
including American Chinese. I’ve even eaten
candied ants and cooked crickets. My gas-
tronic motto is “If someone somewhere
on Earth eats something, I’m willing to try it
... at least once.”

But my favorite food, not surprisingly
to anyone who knows me, is Japanese
cuisine. I love Japanese food. I grew up with
it, after all. And I’m proud of knowing about
Japanese eats, how it’s done right, what people
do wrong and the cultural nuances and
the history of the dishes I crave.

As the coronavirus changed our world,
I’ve found myself enjoying cooking — both
Japanese and non-Japanese dishes even
more than I always have. My wife, Erin, is
a great cook and specializes in the Japanese
food she grew up with, too.

In the two months we’ve been mostly
homebound, we’ve served up crazy inter-
national mash-ups, some we cooked, some
we bought, some we picked up to go, like
one night when we had leftover homemade
spaghetti, salad, pork tamale, Japanese-style
spinach with shoyu and katsuobushi (one of
the few vegetables I remember my mom giv-
ing us growing up in Japan), as well as Spam
and eggs with lots of onion and shoyu.

One night after dinner, when my father-in-
law dropped off some salmon and mackerel
he grilled for us, I made ochaizuke — salmon
and furikake sprinkled over rice with green
tea poured over it. That’s a flavor I remem-
ber vividly from when I was a kid. I even
reached further back into my Japanese side
to have smelly snotty natto (fermented soy
beans) drizzled with shoyu and mixed into
hot rice. Then, I doubled down another day
for breakfast and had raw egg and shoyu
mixed together and poured over hot white
rice. Yum!

We’ve made okonomiyaki, the savory Ja-
apone pancake (sort of) made with flour
and egg and various vegetables like bean sprouts
and shredded cabbage with pork belly (ba-
con) on top. When I wasn’t playing chef, I
served as sous chef for Erin, and the
other day helped cut up a pork shoulder roast into
small strips that she added to miso, ginger
and dashi soup and tofu to make butadofu.

It’s been a wonderful adventure. I bet a
lot of readers have had some great foodie
adventures at home, too. Or, maybe you’re
supporting your favorite local restaurants,
Japanese or not, by ordering food for pick
up or delivery. Hint: Order and pick it up —
the food delivery services that many of us
have gotten comfortable using charge exor-
bitant fees to the restaurants, so they actu-
ally make less money if you have GrubHub
or UberEats deliver dinner. However, when
we make a big batch of sumthin’ sumthin’,
I’m happy to box up the Tupperware and de-
liver them to family in my Subaru, calling
myself “GuberEats.” Get it?

If you want inspiration, you can find lots
of amazing Japanese food videos (in English
and Japanese, and the Japanese videos often
have good English closed captions) on You-
Tube. My go-to YouTuber for Nihon-shoku
are educational, putting the food into
instructional, and the blog posts and articles
on her website (www.justonecookbook.
com) are educational, putting the food into
cultural context. She was born in Yokohama
but now lives in the San Francisco area. With
her husband’s production help filming and
photographing her cooking, Nami is an im-
pressive culinary ambassador for Japan. I’ll
be interviewing her at length soon, so stay
tuned.

» See FOOD on page 10
SECOND WAVE OF CORONAVIRUS DEATHS FEARED
As states start to reopen their economies despite rising COVID-19 numbers, health experts say it’s just too soon.

By Associated Press

WASHINGTON, D.C. — As Europe and the U.S. loosen their lockdowns against the coronavirus, health experts are expressing growing dread over what they say is an all-but-certain second wave of deaths and infections that could force governments to clamp back down.

“We’re risking a backlash that will be intolerable,” said Dr. Ian Lipkin of Columbia University’s Center for Infection and Immunity.

Around the world, German authorities began drawing up plans in case of a resurgence of the virus. Experts in Italy urged intensified efforts to identify new victims and trace their contacts. And France, which hasn’t yet eased its lockdown, has already worked up a “re-confinement plan” in the event of a new wave.

“There will be a second wave, but the problem is to what extent. Is it a small wave or a big wave? It’s too early to say,” said Olivier Schwartz, head of the virus unit at France’s Pasteur Institute.

In the U.S., with about half of the states easing their shutdowns to get their economies restarted and cellphone data showing that people are becoming restless and increasingly leaving home, public health authorities are worried.

Many states have not put in place the robust testing that experts believe is necessary to detect and contain new outbreaks. And many governors have pressed ahead before their states met one of the key benchmarks in the Trump administration’s guidelines for reopening — a 14-day downward trajectory in new illnesses and infections.

“If we relax these measures without having the proper public health safeguards in place, we can expect many more cases and, unfortunately, more deaths,” said Josh Michaud, associate director of global health policy with the Kaiser Family Foundation in Washington.

Cases have continued to rise steadily in places such as Iowa and Missouri since the governors began reopening, while new infections have yo-yoed in Georgia, Tennessee and Texas.

Lipkin said he is most worried about two things: the reopening of bars, where people crowd together and lose their inhibitions, and large gatherings such as sporting events, concerts and plays. Preventing outbreaks will require aggressive contact tracing powered by armies of public health workers hundreds of thousands of people strong, which the U.S. doesn’t yet have, Lipkin said.

Worldwide, the virus has infected more than 3.6 million people and killed over a quarter-million, according to a tally by Johns Hopkins University that experts agree understates the dimensions of the disaster because of limited testing, differences in counting the dead and concealment by some governments.

The U.S. has recorded over 70,000 deaths and 1.2 million confirmed infections, while Europe has reported over 140,000 dead.

This week, the researchers behind a widely cited model from the University of Washington nearly doubled their projection of deaths in the U.S. to around 134,000 through early August, in large part because of the easing of state stay-at-home restrictions. Newly confirmed infections per day in the U.S. exceed 20,000, and deaths per day are running well over 1,000.

In hard-hit New York City, which has managed to bring down deaths dramatically even as confirmed infections continue to rise around the rest of the country, Mayor Bill de Blasio warned that some states might be reopening too quickly.

“My message to the rest of the country is learn from how much effort, how much discipline it took to finally bring these numbers down and follow the same path until you’re sure that it’s being beaten back,” he said on CNN. “Or else if this thing boomerangs, you’re putting off any kind of restart or recovery a hell of a lot longer.”

A century ago, the Spanish flu epidemic’s second wave was far deadlier than its first, in part because authorities allowed mass gatherings from Philadelphia to San Francisco.

“It’s clear to me that we are in a critical moment of this fight. We risk complacency and accepting the preventable deaths of 2,000 Americans each day,” epidemiologist Caitlin Rivers, a professor at Johns Hopkins, told a House subcommittee in Washington.

President Donald Trump, who has pressed hard to ease the restrictions that have throttled the economy and thrown more than 30 million Americans out of work, pulled back May 5 on White House plans revealed a day earlier to withdraw coronavirus task force.

He tweeted that the task force will continue meeting indefinitely with a “focus on SAFETY & OPENING UP OUR COUNTRY AGAIN.”

Underscoring those economic concerns, the European Union predicted the worst recession in its quarter-century history. And the U.S. 5,000 coronavirus illnesses and at least 88 deaths have been reported among inmates in American jails and prisons. An additional 2,800 cases and 15 deaths were reported among guards and other staff members.

APRIL JOBS DATA SHOWS SOARING UNEMPLOYMENT NUMBERS

By Associated Press

WASHINGTON, D.C. — The economic catastrophe caused by the viral outbreak likely sent the U.S. unemployment rate in April to its highest level since the Great Depression and caused a record-shattering loss of jobs.

With the economy paralyzed by business closures, the unemployment rate likely jumped to at least 16 percent — from just 4.4 percent in March — and employers cut a stunning 21 million or more jobs in April, economists have forecast, according to data provider FactSet.

If so, it would mean that nearly all of the job growth in the 11 years since the Great Recession had vanished in a single month.

Yet, even those breathtaking figures won’t fully capture the magnitude of the damage the coronavirus has inflicted on the job market.

Many people still employed have had their hours reduced. Others have suffered pay cuts. Some who’ve lost jobs won’t have been able to look for work amid widespread shutdowns and won’t even be counted as unemployed. A broader measure — the proportion of adults with jobs — could plunge to a record low.

“What we’re talking about here is pretty stunning,” said Diane Swonk, chief economist at Grant Thornton.

“The shock is unique because the recovery feels a bit different. It’s such a different animal from anything that we’ve ever seen.”

About 3.5 million people sought jobless aid during the first week in May. That would bring the total number of layoffs to nearly 34 million since the shutdowns began seven weeks ago.
PANDEMIC HITS UTAH COUPLE HARD

Chuck and Lori Townsend face an extraordinary ordeal when he gets COVID-19.

By P.C. Staff

I thought he was going to die.

That was the assessment Lori Townsend had for Charles “Chuck” Townsend, her husband of more than 25 years.

As a nurse at the University of Utah Medical Center’s recovery room with more than 35 years of experience, including working in operating rooms and intensive care units, Lori’s conclusion was clinical, clear-eyed and desperate.

Chuck was on a ventilator in a quarantined ICU, fighting for his life. He had COVID-19.

Fortunately, however, for Chuck, Lori, their son, Michael, and daughter, Katie, his folks, Chizuko and Kemp Townsend, as well as other relatives and friends, Chuck would not be among the more than 70,000 Americans who have died after becoming infected with the novel coronavirus.

But for several days in March, the outlook for Chuck was grim indeed. Now having recovered from the worst of the illness, Chuck says he can’t remember ever having been this sick.

Before they married, Chuck Townsend and Lori Polte were both once military dependents whose fathers served in the Air Force. They even attended the same Department of Defense high school in Japan’s Okinawa prefecture — but they were far from the stereotypical high school sweethearts.

“I never spoke to her, I was never necessarily in the same room with her, I didn’t have a class with her,” Chuck recalled of Lori.

Maybe they would have met, but before his senior year, Chuck’s father was transferred from Kadena Air Base to McClellan Air Force Base near Sacramento, Calif., and Chuck graduated from a nearby high school.

Chuck later attended the University of California, Davis, where he double-majored in electrical and computer engineering; following college, he secured a civilian job for the Air Force as an electronics engineer.

It was a 10-year reunion for Kubasaki High School, from which Lori graduated, that the future couple connected and fell in love; they married a couple of years later in Sacramento.

As his career progressed, the Townsends moved to Hawaii, San Diego and, in 2003, Layton, Utah. Lori, meantime, was able to find work as a nurse wherever they lived.

As a senior solutions architect for telecommunications systems integrator Tyto Athenere, Chuck travels nearly every other week and with Lori would travel to watch their kids, who attended Plymouth State University in New Hampshire, compete in NCAA carnivals as Division 1 skiers.

It was during the March 10-12 AFCEA (Armed Forces Communications and Electronics Assn.) conference in Boston that Chuck began feeling weak with chills and a fever. He can joke about it now, but Chuck knew something was seriously wrong when he lost his appetite. Still, he managed to get out and attend meetings until he flew home to Utah on March 13.

Lori and Chuck Townsend

Meantime, as Chuck communicated with Lori about his condition, she was concerned — but admitted that neither of them made the connection at the time that he might have COVID-19.

Interestingly, in February, Lori, too, became very ill and was admitted to the hospital. Thinking back, Lori believes it is very possible that she — as well as several co-workers at the hospital who also became ill — had undiagnosed COVID-19, and that she may have given it to Chuck.

“When he got home, I was like, ‘Oh, he looks so sick,’ I remembered what March 14, drive-through tests were being set up for Monday, the 16th.

“When we went to the urgent care, you walk up to the door, they of course screen you. ‘Have you been out of the state or the country? Yes. Have you had fever? Yes. Do you have shortness of breath? Yes.’ They gave us face masks and told us to get back into the car, right now,” Lori said.

They did their triage over the phone with a nurse. “She said, ‘We need to see you,’ so they took us in the back door,” Lori said. “By this time, Chuck had to keep sitting down. He couldn’t walk without getting out of breath.”

Chuck was taken for a chest X-ray and then was put into a room. When the medical staff checked his blood oxygen level, it was 78 percent. A normal, healthy reading should be 95 percent or above.

“When the chest X-ray came back, they said, ‘Holy crap, he’s in ARDS,’” Lori said. “They put us face masks and told us to get back into the car, right now.”

Within minutes, Chuck was put on oxygen and transported from the Farmington Station University of Utah’s urgent care to the Ogden Regional Medical Center’s ER.

While it appeared as though Chuck had pneumonia, when his cultures came back negative, it meant technically he did not.

“That’s what the deal is with this COVID,” Lori said. “It looks like you have pneumonia, and the pneumonia is what normally causes the ARDS. The virus was just attacking his lung tissue, and we had never seen this before.”

After being admitted, Chuck was initially placed on a BiPAP, which Lori describes as a CPAP (continuous positive airway pressure) machine with a little extra pressure. By March 15, he was intubated with a breathing tube and connected to a ventilator.

Ultimately, Chuck was hospitalized in an isolated ICU for about two weeks, with the ventilator forcing oxygen into his lungs so the tissues could rest during the first week.

In addition to being intubated and connected to a ventilator, Chuck said the doctors also treated him with a medication normally used for malaria patients: hydroxychloroquine, for about the first 10 days. That treatment overlapped with remdesivir for three days, finishing with remdesivir only through day 15 at the hospital.

While the ventilator saved his life, it was a highly uncomfortable experience, and Chuck’s arms had to be restrained to prevent him from unconsciously removing the breathing tube.

He was also kept under general anesthesia that first week, had a feeding tube and was on a catheter and said, “They put a huge IV in his neck with all the anesthesia medications because they needed him to be completely still.”

During this entire time, Lori could not visit Chuck because he was in an isolation room. Chuck remembers regaining consciousness and struggling against the ventilator. Lori compares it to breathing through a straw.

For patients on a ventilator, nurses also have to spray saline into the lungs and suction secretions and sputum out. It might be the closest someone might come to being waterboarded, Lori said.

By March 23, Chuck was extubated, but in his mental state, he remembers having strange hallucinations of “fuschia, pink and light-blue sparkles moving around” and stressing out about things like missing his wallet and thinking he was still in Boston and wondering how he was going to get home.

Lori, meantime, was having stressful thoughts of her own.

Based on her observations of what typically happened to the ARDS patients that she had taken care of, in addition to thinking that Chuck might not survive, she also thought that if he did live, he might have to go on disability and retire, and Chuck might have to be hooked up to an oxygen tank for the rest of his life.

“In retrospect, this COVID thing is totally different,” Lori said. “The middle-aged guys that are getting this and ending up on the ventilators don’t typically have sick lungs. For some people, it’s like they’re having a superallergic reaction to the virus, but they’re actually healthy. It’s a whole different scenario.”

Fortunately, Chuck was healthy, well under 65 with no pre-existing medical conditions, though he admitted he was overweight. As Chuck got better day by day, the thoughts of him not coming home went away pretty quickly, Lori said. “But I didn’t know what the long-term effects were going to be.”

By the end of the month, Chuck was finally released from the hospital, where returning home was a relief, Lori and their daughter, Katie — who returned to Utah to help her parents after her school was shut down — both had to take precautions so as not to catch the virus, should Chuck still be infectious.

Then, there were other issues, like taking the stairs in the family’s three-story home in his weakened state. While Chuck started working from home, by the end of a normal workday, he was wiped out, exhausted. But each day his strength and stamina began to return.

Still, there are some lingering effects, like neuropathy in his left arm and hand and in his right hand’s index finger and little finger. It ranges from discomfort to mild pain.

Whether it’s caused by the lingering effects of the novel coronavirus, the hydroxychloroquine or muscle strain from fighting the restraints, Chuck is unsure.

Lori, for her part, was never certain whether she had COVID-19 when she was sick and has since experienced migrainelike headaches, which she never had before. Is it from emotional stress or something secondary? She doesn’t know. It’s still a process, in other words.

All in all, though, compared to what could have happened, Chuck considers himself fortunate to have come through his illness as well as he has.

One thing that Chuck could now say without hesitation, exaggeration or equivocation: You don’t want to catch this.
PATIENCE & PATIENTS: WHO WAS THAT MASKED MAN?

Amidst the pandemic, Dr. Gene Dorio still delivers care to the elderly.

By P.C. Staff

Every evening when Dr. Gene Uzawa Dorio returns from his day’s labors, he puts himself through a new routine so that he doesn’t bring along an unwelcome, unseen, deadly and tiny, very, very tiny guest into his home.

“I enter the house through the garage, close the door behind me, shed all my clothes and put it into the washer, run into the shower and wash everything, including my glasses,” said Dorio, 68, a physician based in the northern part of Los Angeles County’s Santa Clarita Valley. His clothes are washed in hot water and dried overnight, so that they’re clean and ready for the next day when Dorio, whose specialty is geriatric medicine, begins anew his quondam schedule of visiting his patients where they reside.

Yes, in this day and age of telelearning, teleconferencing, telecommuting and telemedicine, this good doctor actually makes house calls. But the spread of the novel coronavirus, which is especially dangerous to his golden-aged clientele, has also proven deadly to health-care providers.

A few of Dorio’s patients have developed COVID-19, so, he has had to take the appropriate steps to protect not only his other patients, but also his wife, Robin Clough (who also works with elderly people as a senior advocate at a senior center) and himself.

“I have the Clorox cleaners, I have the [antiseptic] gels that I will use,” Dorio said, “I’m very careful in cleaning off my stethoscope, my blood pressure cuff, my temperature monitor, my O₂ saturation monitor — these are all the tools I use to assure that I’m not going to bring it home or put it in my bag and contaminate other things that I might use, but also to not give it to the next patient.”

And, like others in the health-care field, Dorio has encountered shortages in the personal protective equipment that is now de rigueur. At the time of his interview, he was down to a couple of masks, and gloves were “Few and far between.” One of his masks even disintegrated on him.

“They had to move cross-country to California, where they had some friends,” Dorio said. Because they were a mixed-race couple, they used the “green book,” popularized by the movie of the same name, to find lodging as they drove across the country.

“They settled in Los Angeles, where Gene, his older brother, Raymond, and younger brother, Ed, would all graduate from Los Angeles High School. After being activists on the East Coast, Gene said his parents became quiescent as they raised their family.

Their father, who died some 30 years ago, became a social worker for the county, and their mother continued to work as a nurse. Now 98, Violet lives in Santa Clarita, as does Ray, who also became a physician.

Gene Dorio, who has been practicing geriatric and internal medicine in the Santa Clarita Valley for 32 years, clearly remembers being 11 years old when he decided to become a doctor. It was a path that included learning about surgery, trauma, orthopedics and ER medicine at Houston’s Baylor College of Medicine, known then for the famed heart surgeon Dr. Michael DeBakey. He followed that with a yearlong stint at the University of Maryland and another year in Detroit.

“I was running one day, and it was Memorial Day, and it started to snow. I thought to myself, ‘Uh, I’m not sure about this, being in Michigan.’ The next day, I called UC Irvine, and over the telephone, they accepted me into their internal medicine program,” Dorio said.

He would spend three years there and later moved north to Santa Clarita, where he opened a practice that was not initially focused on geriatric care.

Even though the population then wasn’t too large, he did have many seniors among his clientele and began the practice of spending one day a week making house calls.

“If a doctor hasn’t asked you 20 questions, then you haven’t seen a doctor,” he said. The other 20 percent comes from an in-person, physical exam.

“If you’re seeing a doctor for five minutes, which is a major complaint now — ‘Hello, how are you, see you later’ — that’s all you get, that’s not medicine to me,” he said.

While technology is great and necessary, Dorio believes medicine should not be solely reliant on tech and that getting a good history and giving a thorough physical exam takes time. “There are some things that can only be done by being there,” he said.

What infuriates Dorio are those who say this coronavirus pandemic is a hoax.

“Whenever you have the doubters, we have to convince them that there’s no hoaxes. Secondly, these politicians, when they use it as political gain, when they start doing that, we have to go after them,” Dorio said.

For the future, Dorio puts his trust in science and believes scientists will figure out how to rapidly isolate and treat this virus and, in the future, other disease-causing organisms.

“The scientists will say, ‘You have to do this.’ Will the politicians make the policies make changes in that? Oh yes they will. But as scientists, we have to fight back and convince the community and society that certain things have to be done: Right now, they’re not being done, and people are dying.”

Yes, as one who practices geriatric medicine, Dorio knows well that pandemic or no, people eventually die. So, he says it is “important to make end-of-life decisions, like whether to be intubated and put on a ventilator” in advance so that any wishes, any questions are settled.

In addition, during this time for those with elderly relatives or friends, Dorio says we have a moral duty to reach out, make contact via the phone or things like FaceTime.

Dorio also believes that even as people continue to comply with stay-at-home protocols, it’s good stick to a routine — waking up at a decent time, changing out of pajamas — for one’s mental health.

For Dorio’s personal routine, every morning he checks his own temperature, blood pressure and oxygen level using a pulse oximeter, things he believes everyone should do.

For example, a pulse oximeter, which fits over one’s fingertip and should, in his opinion, be part of everyone’s personal health-care kit, can give one’s blood’s oxygen saturation level, which should be between 95 percent and 100 percent.

That way, if one has symptoms such as a cough or shortness of breath and a low oxygen level, one will know these are indicators that something might be wrong — or that one might have COVID-19 and need to take immediate steps for medical care.

“People around us will die. There’s no doubt in my mind. They will die. My hope is that we can minimize that by doing the right things. We should take everything we do right now and put that on our learning curve so the next time it happens, we’ll be able to save more people,” Dorio said. “That’s what I hope.”

In Santa Clarita, Dorio appears on KHTS-AM 1220 and FM 98.1 on “The Senior Hour” on Wednesdays at 11 a.m. His blog is at scvphysicianreport.com.

PHOTOS: COURTESY OF GENE DORIO

Not only must Dr. Gene Uzawa Dorio now wear gloves and a mask when making house calls, but he also has opted to wear a shower cap to help keepviruses from attaching to his hair.

Because of social-distancing protocols, Gene Dorio now visits his mother, Violet Dorio, strictly online.

Dr. Gene Uzawa Dorio

Photos: Courtesy of Gene Dorio

PHOTOS: COURTESY OF GENE DORIO

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Dr. Gene Uzawa Dorio

PHOTOS: COURTESY OF GENE DORIO

Not only must Dr. Gene Uzawa Dorio now wear gloves and a mask when making house calls, but he also has opted to wear a shower cap to help keep viruses from attaching to his hair.

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Dr. Gene Uzawa Dorio
Poker Pro Wagers on Glutathione for Health

Yosh Nakano agrees with doctors who urge strengthening one’s immune system.

By P.C. Staff

“Be prepared.”

Yosh Nakano

“swi in time saves nine.” “An ounce of prevention is worth a pound of cure.” “Sonearebaurei nashi.”

“Be prepared.”

Those aphorisms, whether in English or Japanese, carry extra meaning with the world today, which has been staggered by the global COVID-19 pandemic.

But in practical terms, even with physical distancing, washing one’s hands multiple times a day, wearing masks and gloves and laundering one’s clothing often, is there some action each of us could take to avoid becoming infected?

Los Angeles-based Yosh Nakano believes there is something that people — especially those in the group experts have deemed most impacted by the novel coronavirus. Could there be a correlation between these elements?

A “probabilities analyst,” or someone who has made a living as a professional poker player, Nakano — a former Boy Scout — has placed his bet to “be prepared” on three-letters: GSH, aka glutathione.

So, what is glutathione? In scientific terms, glutathione, or GSH, is a tripeptide that stands for three basic amino acids: l-glutamate, l-cysteine and glycine.

Nakano puts it this way: “It’s the most important molecule your body produces for health, wellness and longevity.”

Nakano, who freely admits that he is “not a doctor, and I don’t profess to be one,” says he has over the past 10 years nevertheless become an autodidact about GSH and its benefits.

Joe and Tomiko Nakano celebrate Joe’s 97th birthday.

According to Nakano — and science — GSH is the so-called “master antioxidant” that serves multiple functions, including countering the normally occurring oxidative stress and creation of free radicals caused by just being alive, as well as environmental factors like air pollution and lifestyle choices such as smoking, drinking alcohol, poor diet, not getting enough sleep, etc.

GSH is also crucial to the function of the body’s immune system in fighting off infections, whether fungal, bacterial or viral. The good news, Nakano said, is that our bodies produce GSH naturally.

The bad news, however, is that as we age, our body’s production of GSH declines, unlike how many other bodily functions and processes decline over time. Making matters worse, those aforementioned lifestyle choices will deplete that naturally occurring GSH.

“People that are older have lower levels of glutathione, so they have weaker immune systems,” said Nakano. It is believed that glutathione is present in our organs to perform those functions.

“For example, our eye’s lenses contain high levels of glutathione to protect against UV radiation, which can lead to free radicals, which can lead to cataract formation,” Nakano said. “In our ears, there are high levels of glutathione to help protect the inner ear against damage caused by loud noises. Our skin, our heart — you’ll find glutathione in all these different organs.”

Nagasawa’s research determined that ribose — a simple sugar — combined with cysteine worked the best at helping the body produce GSH that would, in turn, help detoxify the effects of alcohol and help prevent cirrhosis of the liver.

Nagasawa dubbed this new molecule Riboceine and patented it after both the University of Minnesota and the VA expressed no interest in commercializing it. According to Momii, Riboceine is uniquely able to deliver cysteine into the body’s cells, which then allow the effective production of GSH.

With this proprietary technology, the Nagasawas and Momii decided to sell it to Salt Lake City-based Max International, which manufactures and sells dietary supplements containing Riboceine. A couple of Max International’s dietary supplements are MaxOne and Cellgevity.

Via Max R&D, the Nagasawas and Momii serve as consultants to Max International with regard to the quality and manufacture of Riboceine, international product registration and FDA compliance.

According to Momii, not only is Riboceine proprietary, manufacturing it is not easy and even if it were reverse engineered, it would open that party to a patent infringement lawsuit.

In 2006, Nakano won the Intercontinental Poker Championship, which was televised on CBS. He was regularly playing poker with Rocky Carroll (right), one of the stars of the CBS TV series “NCIS.”

But Nakano was also a diabetic with arthritic knees and other problems, like neuropathy in his feet. Not only that, according to his website (YoshNakano.com), he felt his mind wasn’t as sharp as it had been in his youth. As a poker pro, his lifestyle, which included skipping sleep to play in tournaments and not eating as well as he should have, had taken its toll.

When Nakano first became aware of Max International’s GSH products about four years later, he began a daily regimen of its products, and those problems soon disappeared — and Nakano adds that he hasn’t been sick since.

He also made sure his parents, Joe and Tomiko Nakano — 97 and 87, respectively — began taking it. Yosh became a GSH evangelist of sorts and began selling Cellgevity and MaxOne as a sideline to making a living in poker, including producing a show titled “Celebrity Poker Gala” on Amazon Prime Video.

Interestingly, Nakano had been marketing Cellgevity as a dietary supplement that could help alleviate the effects of overindulging from drinking, despite the other benefits the optimal levels of GSH can confer.

Now, however, amidst this global pandemic, Nakano says GSH may be of value beyond alcohol detoxification.

Thing is, Cellgevity cannot be purchased at a supermarket the way one can buy a bottle of multivitamins. Max International’s business model is network marketing, meaning Nakano sells directly to his customers. While that may mean someone interested in buying Cellgevity as a dietary supplement cannot just conveniently pop in to their local drugstore, it also means Nakano can explain how and why it works.

For example, there are glutathione supplements that can be purchased off the shelf. But, said Nakano, “Oral glutathione is not bioavailable. If you’re buying glutathione off the shelves, you’re just wasting your money.”

Because of FDA regulations, there are limits to what anyone can claim about the efficacy of dietary supplements, Cellgevity included. That said, Nakano believes in the products he sells and says there is real science behind the benefits that GSH can provide, which trump dangerous and dubious treatments.

“All you have to do is google ‘glutathione’ and whatever condition or situation you want to refer to and you’ll have all kinds of things pop up,” said Nakano. “What you need to do is stay away from the marketing sites and look up the studies that are published on PubMed.”

(Yote: The URL for PubMed is actually https://www.ncbi.nlm.nih.gov/pubmed/, a website of the National Library of Medicine at the National Institutes of Health.)

Anyone interested in Cellgevity can visit Nakano’s website (magicalgsh.com) for details. As a betting man, Nakano believes the odds are you’ll be a believer, too.
JACL’s First Woman National President Dies

Lillian Kimura, 91, also served the YWCA at the national level.

By P.C. Staff

Lillian Chiyoike Kimura, who served as national president of the JACL from 1992-94 and was the first woman to serve in that capacity, has died. She was 91.

According to her niece, Margaret Golden, Kimura’s death on April 23 — she had just turned 91 on April 7 — was the result of COVID-19. She was residing in Albany, N.Y., at the time of her death.

In her professional career, Kimura also served as the associate executive director of the YWCA of the USA.

In reaction to news of Kimura’s death, JACL National President Jeffrey Moy said, “Coming up through EDC, Lillian was a presence that helped me understand what a leader of JACL looks like. She was kind, clear about her vision and incredibly supportive of the organization and our members. In particular, I remember her standing up to ensure that youth had opportunities to be heard and to lead, something I know that myself and others in my generation will not forget. “Her passing underscores the need for more female leadership at all levels of our organization, particularly in forward-facing roles,” Moy continued. “I’m thankful that I had the opportunity to know her, and my deepest condolences go to her family and friends.”

Recalling his relationship with Kimura, JACL National Executive Director David Inoue said: “I first met Lillian while representing the D.C. chapter at EDC meetings. She had that perfect balance of toughness and kindness that came through when we first met and talked about my having taken the overnight Chinatown bus from D.C. to Manhattan for the meeting. She really cared about people she came into contact with. The legacy she leaves for JACL is incomparable, and to lose her and Helen Kawagoe within the span of one month leaves a hole for us that cannot be filled. I hope that as more people learn about them, especially young women members of JACL, they will become inspired to lead this organization as she did, heading the fight for civil rights for all.”

Before her election as JACL national president in August 1992, Kimura also served as chair of the Pacific Citizen for two terms from 1988-90 and 1990-92. Her tenure as JACL’s president, however, began with controversy, a word that might encapsulate her one-term tenure.

Kimura’s rivals in the race for the office of JACL president, John Saito Sr., was initially declared the winner of the election, with a one-vote win of 55-54 (P.C., Aug. 14, 1992). After a recount was demanded, followed by several more, a revised tally showed Kimura had won 59-50. Although Saito would eventually concede defeat, more controversy would follow Kimura.

At the Sept. 25-26, 1993, National Board meeting, Kimura fired then-P.C. Board Chair Paul Shinkawa. At the meeting, according to an Oct. 29-Nov. 4, 1993, op-ed piece by columnist and Pacific Citizen adviser Bill Hosokawa, “Some members of the National Board and the headquarters staff had been unhappy with Pacific Citizen’s treatment of the news. . . . Temperatures flared and some inflammatory remarks were made. JACL President Lillian Kimura directed Paul M. Shinkawa, chair of the P.C. board, not to publish a detailed account of the proceedings.

“Shinkawa, citing the opinion of JACL’s legal counsel, interpreted Kimura’s order as a violation of JACL’s constitution, which places responsibility for P.C. on the P.C. board. “He considered the gag order an attempt to keep important information from the membership and elected to carry it out. Kimura asked for Shinkawa’s resignation, which she had authority to do, and he tendered it.”

The firing led to several follow-up pro-and-con columns and letters to the editor in subsequent issues of the P.C., including an Oct. 15-21, 1993, editorial by then-Editor/General Manager Richard Suenaga, who summarized the brouhaha by writing: “They succeeded in removing Shinkawa; they failed as leaders.”

In that same issue, Kimura addressed the incident in her “In-Sight” column, writing: “It was with deep regret that I asked Paul Shinkawa for his resignation. He being the good JACLer he is did so immediately.”

Reached by telephone to get his reaction to Kimura’s death, Shinkawa, who lives in Texas, told the Pacific Citizen that while Kimura “fired me,” he struck a conciliatory tone.

“I was very sad to hear that. Lillian marked a very important milestone in JACL history,” he said. “I supported what she was trying to do and was trying to get done, and things just didn’t work out. She and I thought things would turn out slightly differently, and we had a parting of the ways, or a parting of the philosophy, at least.”

See next page
Regarding Kimura firing him as P.C. board chair, Shinkawa added, “I wouldn’t say it was amicable, but I recognized her authority to do that, and she did it. Most of the storm, the tempest in the teapot, occurred after that.”

In other areas, Kimura had a goal to “have JACL reach 30,000 members by the year 2000.” While that failed to occur, during her administration, the JACL, at the Aug. 3-6, 1994, National Convention in Salt Lake City did vote in favor of a resolution to support same-sex marriage, a stance that, while divisive within the JACL, put it decades ahead of most other civil rights organizations — and the Supreme Court, which more than 20 years later voted 5-4 in support of same-sex marriage in 2015.

The controversial stance led to the resignation of Allen Kato, who had been the JACL legal counsel (P.C., June 10-16, 1994). In a letter to Kimura, he wrote that he could not “support the National Board’s recent endorsement of same-sex marriage laws” due to a conflict with his religious beliefs.

Kimura, who did not run for a second term as JACL president, was succeeded in 1994 by Denny Yasuhara, who inherited a JACL with chronic fiscal woes and became a lightning rod for controversy when he presided over a December 1994 downsizing of JACL and P.C. staffs, which led to the resignation of the v.p. of membership and services (P.C., Jan. 6-19, 1995) and later, calls for his resignation (P.C., April 7-20, 1995).

Born in Glendale, Calif., Kimura was 13 during World War II when her family and she were uprooted and eventually incarcerated at the Manzanar WRA Center in California. Afterward, her family moved to Chicago, where Kimura would attend the University of Illinois, where she earned a bachelor’s degree in 1951 and later, a master’s degree in social work in 1954.

Kimura’s career with theYWCA began in Chicago, and she later moved to New York City to work for theYWCA at the national level. Among her awards and recognitions, Kimura received theYWCA’s Racial Justice award and its Ambassador award. In 1993, the government of Japan bestowed upon her a kunshō (medal), the Order of the Precious Crown, Wisteria. She also received the Anti-Defamation League’s Ina Kay Award in 2008 and the Asian American Legal Defense and Education Fund Justice in Action award in 2011.

Kimura merged her experiences with JACL and theYWCA in her Sept. 4, 1992, “In-Sight” column in thePacific Citizen, writing: “My career with theYWCA has given me insight into many aspects concerning the operations of a nonprofit organization. As in many associations, JACL and theYWCA share many similarities in organization, purpose, structure, governance and fulfilling affiliate and membership needs. They are also two very different organizations with different histories and traditions and serving different constituencies. I hope that I can take some of what I have learned from my staff experience at theYWCA and combine it with my volunteer experience inJACL and other nonprofit management groups to advance this organization for the betterment of our members.”

Kimura was predeceased by her parents, Horner and Hisa Kimura; sister, Hiroko (Chester) Katayama; brother, Hikaru (Elsie) Nagao; niece, Laura DiCerbo, and nephew’s wife, Harriet DiCerbo. She is survived by her sisters, Florence (George) Sasabuchi and Rose (Louis) DiCerbo, as well as her nephews and nieces including Paul Katayama, Mark (Evelyn) Sasabuchi, Candi (Bob) Glassberg, Patricia Lee (David Mozer), Karen (Lori Oleachea) Nagao, Lou DiCerbo, Margaret (Patrick) Golden, Marina DiCerbo, and beloved friends, Ora Taylor and Martha White, as well as many great-nieces and great-nephews. Funeral services will take place at a future date.

Gary Mayeda (JACL National President, 2016-18): “I am very saddened to hear of her passing. She was my first inspiration to be more involved in a leadership position inJACL when I saw that JACL elected its first female president. Even though she beat out John Saito Sr. of PSW, it was still an inspiration and a win for JACL. When I ran for my first National Board position, she really praised and encouraged me, saying that I had the heart to earn my leadership role in the organization. I always looked forward to each convention to see Lilian interact with the membership and see her commitment to the organization.”

Floyd Mori (JACL National President 2000-04): “Lillian Kimura was one of JACL’s great leaders. While she expressed a stern executive oversight on the operations and policy direction of the organization, she always had that twinkle in her eye that showed her love and respect to everyone with whom she worked. During her tenure, as chair of the 1994 convention held in Salt Lake City, I worked closely with her in what became a milestone in JACL history as we became one of the first national organizations to support gay marriage. The potentially divisive issue at the time was handled smoothly by Lilian, and members of the National Council went home proud of this groundbreaking stand for equality.”

Phil Tajitsu Nash (Asian American Studies professor, University of Maryland): “As a young N.Y.JACL board member and redress activist, I learned a lot from Lilian. She was grounded in the Japanese American community but also made essential connections for us to the broader worlds of advocacy and social services. Also, as a leader of both the JA redress movement and the NationalYWCA, she taught by example that strong, visionary, articulate and compassionate female leaders were essential for any successful strategy.”

Susan J. Onuma (board member, New York JACL chapter; president of the Japanese American Association of New York): “Lillian Kimura was an important teacher and role model to many of us as the first female leader of JACL National, as well as theYWCA and JACL N.Y. for many years. She was one of the first among strong women leaders to stand for the inclusion of women in leadership positions and was a true inspiration to many of us involved in public or community service. Her strong sense of justice and her individual sense of integrity were well known in many circles outside the Japanese American community, both nationally and internationally. Her leadership style was injected with warmth and a sense of humor while never losing focus on her vision and the importance of achieving fair and just results. Active well into her 80s, she was a true example of how we can all make a difference, no matter how young or old we are, and the importance of speaking up and not giving up. She will be deeply missed.”
The success of our economy is important, and it is important to decide if the loss of life or the success of the economy is more important. Perhaps most disturbingly absent from many of these comparisons to WWII is the lack of acknowledgement of the racist intent of the incarceration, as well as the culmination of years of xenophobia. Unlike the broad policies to address COVID-19 that affect everyone, only Japanese American citizens were targeted by the incarceration on the basis of ancestry. No other citizens were similarly targeted. This racist and xenophobic element is one aspect that has unfortunately continued on to the present day. Since February, the various sites collecting information on anti-Asian bias incidents have logged over 1,900 incidents. The imagery of some of these caught on camera or the injuries sustained are horrific. Communities of color are being impacted disparately by the virus and the policies in place. It is not just Asian Americans being targeted.

FOOD » continued from page 3

I’m enough of a foodie, and enough of a fanatic for Japanese food in particular, that this year I’m writing a book, “Tabemasho!” (“Let’s Eat!”) about the history of Japanese American home cooking dishes and recipes during this time. I’ve also take part in a group discussion about how the Jewish community has also faced conspiracy theories blaming Israel. Immigrants, in general, continue to be scapegoated, and this crisis is being used to push further anti-immigrant policies. Many of those working in essential work functions, and more likely to be exposed to the virus, are from minority communities. We are seeing higher infection and mortality rates in many of these groups.

While the virus itself may be colorblind, the people being put at higher risk of infection, higher likelihood of death once infected or subject to targeting because of xenophobic beliefs that they are to blame, are being impacted disparately and selectively. So yes, there are valid comparisons from the Japanese American experience, but they are not the ones some people are seeking to make.

David Inoue is executive director of the JACL. He is based in the organization’s Washington, D.C., office.

The opening day film will feature of films, panels and Q & A sessions from top Asian American filmmakers that focuses on the current Asian American experience in the U.S.

Due to health and safety concerns in the U.S. because of the COVID-19 pandemic, please check regarding the status of events listed in this issue’s Calendar section.

**NATIONAL**

JACL National Convention
Continue to follow JACL on Facebook, Instagram, Twitter, JACL.org and PacificCitizen.org for updated information regarding this year’s National Convention. There will be a virtual National Board meeting on Aug. 15.


NCNWNP
Community Kitchen Virtual Potluck
San Francisco, CA
May 26; 7-9:30 p.m.
Japanese Cultural and Community Center of Northern California

Price: Free registration, $13.79
Nikkei Potluck Cookbook available for pickup following shelter-in-place order.
Prepare and share your favorite dishes and recipes during this virtual gathering! Participants will also take part in a group discussion of favorite Japanese and Japanese American home cooking dishes and food traditions. Zoom meeting ID provided upon registration.


PSW
Inaugural LAAPFF Virtual Festival
Los Angeles, CA

Online Showcase
Kicking off Asian Pacific American Heritage Month, this virtual showcase will feature a free digital showcase of films, panels and Q & A sessions from top Asian American filmmakers that focuses on the current Asian American experience in the U.S. The opening day film will feature a sneak preview of the upcoming PBS documentary series “Asian Americans.”

Info: For full screening information and a festival lineup, visit festival.vcmedia.org.

Keiro Caregiver Conference
Los Angeles, CA
May 31; 2-4:15 p.m.
Virtual Conference
This conference is one of several Keiro will be holding throughout the year to serve the community and inform them about caregiving options, resources and breakthrough sessions involving advanced care planning, decluttering and conversations regarding care. There will be free attorney and social worker consultations, along with a hosted bento and resource fair comprised of nonprofit organizations and businesses focused on helping older adults.

Info: Visit www.keiro.org/caregiver-conference to register for this virtual conference. Please register by May 27. For questions, please email programs@keiro.org.

JANM Online Museum Collection
Los Angeles, CA
Japanese American National Museum Online

JANM’s Museum Collections Online features selected highlights from the museum’s permanent collection of more than 60,000 unique artifacts, documents and photographs. Among the collections that can be viewed online are the “Stanley Hayami Diary,” “Hisako Hibi Collection,” “George Hoshida Collection” and “Hideo Date Collection,” “Estelle Ishigo Collection,” among others. Although the museum is temporarily closed, viewers can still experience its inside treasures.

Info: www.janm.org.

PNW
Wing Luke Museum Online Digital Content
Seattle, WA
Wing Luke Museum
Although the museum’s doors are temporarily closed, there is still a plethora of curated stories, digital content and neighborhood resources available to access and view. Viewers can check out Education, YouthCAN, Collections and Community Art all online!

Info: www.digitalwingluke.org.

EDC
Japan Society of Boston Free Online Resources
Boston, MA
Virtual classes and information
Price: Free
The Japan Society of Boston is offering free online resources featuring Japanese language learning tools, Japanese cooking, origami, arts and lectures and much more, all in a virtual online capacity.


Kimono Couture: The Beauty of Chiso
Worcester, MA
Thru July 26
Worcester Art Museum
55 Salisbury St.

This is the first exhibition outside of Japan of historic and contemporary kimonos from the collection of Chiso, the distinguished Kyoto-based kimono house founded in 1555. The exhibit will include 13 kimonos from the mid-1600s-2000s. A special video will also document the contemporary creation of a kimono, from start to finish.

Info: Visit https://www.worcesterart.org/exhibitions/kimono-couture/.

ADVERTISE HERE
Events in the calendar section are listed based on space availability. Place a “Spotlight” ad with photos of your event for maximum exposure.

FOR MORE INFO: pc@pacificcitizen.org (213) 620-1767

STACI TOJI, ESQ.
TOJI LAW, APC
Estate Planning for the Generations
3655 Torrance Blvd., Suite 300 | Torrance, CA 90503
(424) 247-1123 | staci@tojilaw.com | www.tojilaw.com

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In Memoriam

Aoki, Fumiko, 98, Hacienda Heights, CA, Nov. 22, 2019; she is survived by her children, Katherine Kumiko (James Hidemichi) Sadamoto and Kenneth Kenji Aoki; she is also survived by many nieces, nephews and other relatives here and in Chicago, Ill.; gc: 4.

Fujii, Terue Shimomura, 84, Cypress, CA, Jan. 21; she is survived by her sons, David (Jackie) and Tetsu (Kelly Kanamoto) Fujii; siblings, Akihiro (Sakie) Shimomura, Mirue (Toshinori) Uchihara and Katsume (Shigenobu) Motoderas; sister-in-law, Rui Shimomura; gc: 1.

Hamai, Frances Kawamura, 87, Denver, CO, Dec. 1, 2019; she was predeceased by her husband, Dan; she is survived by her sons, Richard, Randall (Kris), David, Donald and Joel; siblings, Albert (Frances, d.), William (Gail) and Jeanette Tomomitsu (George); she is also survived by many nephews, nieces and many grand-nephews and grand-nieces; gc: 4; ggc: 4.

Hashi, Mitsuko, 93, Los Angeles, CA, Nov. 30, 2019; she was predeceased by her husband, Henry; she is survived by her children, Julia (Neal) Fahrenr, Linda Miyuki and Steven Karuon (Jan) Hashi; sister, Lillie Uryko Miyake; she is also survived by nieces, nephews and other relatives; gc: 7; ggc: 10.


Hashimoto, Tom, 85, Sunnyvale, CA, Dec. 17, 2019; he was predeceased by his siblings, Masaru Hashimoto and Chiyomi Yasukawa; he is survived by his wife, June; children, Ray Hashimoto (Sharon) and Deb Mangan, (Pete); siblings, Ed Hashimoto and Patricia Matsuoka; gc: 6; ggc: 2.

Hashioka, May S., 95, Whittier, CA, Los Angeles, CA, Dec. 21, 2019; she was predeceased by her husband, Henry K. Hashioka; she is survived by her children, David, Stanley and Barbara; sister, Anna Hasegawa; sister, Anna Hasegawa; gc: 6; ggc: 6.

Ikuta, Shig, 90, Mountain View, CA, Dec. 20, 2019; during WWII, his family and he were incarcerated at the Poston WRA Center in AZ; he later served in the Army; he is survived by his wife, Mariko; daughters, Doreen (James) and Wendy (Jeff); she is also survived by many nieces, nephews and other relatives; gc: 11; ggc: 10; gggc: 1.

Imamura, Sei, 91, Monterey Park, CA, Jan. 25; he was predeceased by his wife, Alice Hideko Imamura; he is survived by his son, Daniel (Jennifer) Imamura; he is also survived by many nieces, nephews and other relatives; gc: 5; ggc: 5.

Inouye, Edward Alzo, 95, Los Angeles, CA, Nov. 15, 2019; he is survived by his wife, Hatsumi; children, Joanne Velasquez, Gail (Mark) Sugamura and Allen (Gwen) Inouye; gc: 4.

Iwai, Seiji, 81, Montebello, CA, Nov. 12, 2019; he was predeceased by his wife, Rhoda, and brother, Shiro Iwai; he is survived by his children, Tami Iwai-Matsuda, Stacey (Danyel) Ishimaru and Kent Iwai; siblings, Kazuo (Cary), Setsuko and Michio Iwai; gc: 3.

Iwamoto, Teruo, 84, San Jose, CA, Dec. 20, 2019.


Kato, Duane, 65, Huntington Beach, CA, Jan. 16; he was predeceased by his brother, Steven Kato; he is survived by his siblings, Michael (Boyong) Kato; Jeanne (Nelson) Goodness; 2 nephews and a niece and other relatives.

Kato, Edward, 92, Los Angeles, CA, Dec. 7, 2019; a Korean War veteran, he is survived by his wife, Yoshie; sons, Michael and Kenneth (Joanne) Kato; he is also survived by many nieces, nephews and other relatives; gc: 2.

Kato, Ellen Laurie, 63, Livermore, CA, Feb. 17.

Kato, Haruo, 86, Walnut Creek, CA, Nov. 5; during WWII, he was incarcerated at the Topaz WRA Center in UT; he later served in the Navy; he was predeceased by his siblings, Sumiko, Masao, Hideo and George; he is survived by his wife, Grace; daughter, Ann; siblings Yone, Tak and Keith; he is also survived by many nieces, nephews and in-laws.

Matsumoto, Shirley, 78, La Palma, CA, Feb. 5; she is survived by her husband, Dan Matsumoto; children, Marni Evans, Carrie Higa, Lynly Watanabe and David Matsumoto; sisters, Harriet Dunn, Terrie Ogasawara and Sally Hirano; brothers, Wilfred Kuroyama and Earl Kuroyama; gc: 5.

Matsumoto, Shirley, 78, La Palma, CA, Feb. 5; she is survived by her husband, Dan Matsumoto; children, Marni Evans, Carrie Higa, Lynly Watanabe and David Matsumoto; siblings, Harriet Dunn, Terrie Ogasawara, Sally Hirano, Wilfred Kuroyama and Earl Kuroyama; gc: 5.

Murakami, Diane, 66, San Francisco, CA, Oct. 3; she is survived by her husband, Brian Chadbourne; children, Christopher Drake and Michelle Drake; daughter-in-law, Kristin; son-in-law, Roger; mother, Mary, sister, Kimi; and brother-in-law, Kenley.

Nagashiki, Misa, 106, Los Angeles, CA, Jan. 11; she was predeceased by her husband, Masakatsu, daughter, Hisako Okura, son, Makoto Nagashiki and 2 gc; she is survived by her children, Fumiko Hayashi, Megumi Hirata and Minoru (Nancy) Nagashiki; gc: 11; ggc: 10; gggc: 1.

Nakagawa, Isamu, 91, Monterey Park, CA, Jan. 4; he was predeceased by his wife, Fumiko; he is survived by his daughter, Donna Nakagawa Higa; brothers, Kenny and Jim (Nancy) Nakagawa; he is also survived by many nieces, nephews and other relatives; gc: 1.

Ogata, Isabell Mieko, 80, San Gabriel, CA, Nov. 23, 2019.

Ogata, Keiko, 86, Torrance, CA, Dec. 22, 2019; she is survived by her 3 children; gc: 4.

Oku, Risa Inez, 79, Honolulu, HI, Dec. 15, 2019; she is survived by her daughter, Leona; brother, Rick Oku (Vicky); gc: 5; ggc: 5.

Sakemi, Kiyooshi Eddie, 92, Monterey Park, CA, Oct. 29, 2019; he was survived by his wife, Itsuko; daughter, Carrie (Rich) Wilde; gc: 1.

Sasaki, Eleanor, 93, Lihue, HI, Nov. 19, 2019.

Sasaki, Henry Mitsuo, 101, Pasadena, CA, Nov. 29; a WWII veteran, he is survived by his sons, Jon (Teresa) and Carl (Elaine) Sasaki; sister-in-law, Sachi Sasaki; gc: 3; ggc: 3.

Tagakishi, Kumiko Kay (nee Nakamura), 102, Chicago, IL, April 24; she was predeceased by her husband, Samuel Tagakishi; she is survived by her children, Kerrie, Mark (Rhonda) and Stephen (Colleen); sisters, Marie Kitazumi and Naoko Nakamura; gc: 6; ggc: 6.
Grief is the normal and natural reaction to a loss of all kinds, including job loss, illness or death. COVID-19, however, has made grieving much more difficult. Times of mourning and grieving are often isolating and distressing. However, the isolation resulting from physical distancing can heighten that distress and prolong the grieving process. Following are some things to keep in mind as well as suggestions for coping with a loss — whether you know someone in that situation or you, yourself, are the one experiencing the loss.

Starting With Awareness
Recognizing grief is the first step in dealing with it, and having that understanding is important, even for a person supporting someone grieving. Here’s what you need to be aware of.

• COVID-19 Complicates Grieving. First, know that regardless of the current crisis, we all experience and express grief in different ways, especially during a disaster. You may feel angry, sorrowful, numb, empty or even unable to feel certain emotions. You may also experience physical reactions, such as nausea, trembling, weakness or trouble eating and sleeping. Typically, when people are able to express their grief reactions, they begin to heal and notice positive changes.

Given the current crisis, with daily routines upended and physical isolation often required, the grieving process can be disrupted and prolonged. Give yourself, or someone grieving, the added time, support and compassion this unique circumstance calls for. If you are a couple, sharing sadness and mourning due to the loss of a loved one, the additional time, support and it’s still possible during these days of physical distancing. If a traditional memorial service is not an option, support your friend in creating a private or virtual ritual. Checking back in weeks or months after a loss — whether you know someone in that situation or you, yourself, are the one experiencing the loss.

Help Is Within Reach
Even though we are physically distancing, you and those you care about do not need to grieve alone. Many resources are available, with people ready to help.

Helplines
• SAMHSA Disaster Distress Helpline: Free hotline provides immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. To connect with a trained crisis counselor 24/7, call (800) 988-5590 or text TalkWithUs to 66746.
• National Suicide Prevention Lifeline: (800) 273-TALK (8255); TTY: (800) 799-4TTY (4889), available 24/7.

Support Groups
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  • Tips for Survivors: Coping With Grief After a Traumatic Event and Exercises You Can Do at Home can be found on the AARP website. Care for yourself, and let’s care for one another.

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Elizabeth A. Carter is a senior health services research adviser at the AARP Public Policy Institute.

By Erwin Tan, M.D., AARP, and Elizabeth A. Carter, Ph.D., AARP

REIMAGINE EVERYTHING

PROCESSING GRIEF DURING THE COVID-19 PANDEMIC

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Given the current crisis, with daily routines upended and physical isolation often required, the grieving process can be disrupted and prolonged. Give yourself, or someone grieving, the added time, support and compassion this unique circumstance calls for. If you are a couple, sharing sadness and providing mutual support could contribute to a sense of togetherness that brings out the best in each other during a crisis.

• Bereavement With Physical Distancing Can Be Harder. Bereavement, the grief and mourning due to the loss of a loved one, is made more complicated by the necessary constraints placed on us by COVID-19. Many typical coping mechanisms are unavailable during these times, making processing grief much more difficult. Traditional memorial services are not an option, nor is hugging a friend, sharing a meal or even saying goodbye to your loved one in person.

• Pandemic’s Universal Stressors Can Exacerbate Grief. It’s easy to imagine how grief may be compounded by sorrow and anger from the loss of a job, social network and routine, as well as anxiety about one’s own health and financial security. Meeting the immediate needs of sheltering in place and making ends meet may compete with grieving the loss of life. Keep in mind that all such factors can delay, prolong and complicate the grieving process for you or someone you know.

Awareness Allows for Action
Here are some suggestions to help the grieving process move forward in spite of constraints brought on by the COVID-19 pandemic.

• The Physically Distanced Grieving Can Still Reach Out. You need not be alone in your grief. Call, text and video chat with friends, family, religious leaders or anyone else you can confide in. During this time of crisis, your network of support also be grieving themselves, and commiserating can be helpful.

When connecting with people, be specific about your need in the moment — whether it’s a listening ear in the middle of the night or just someone to share funny stories with. Some people keep open video connections, even as they take care of daily tasks, including long periods of silence, to create that sense of connectedness. You can also reach out to the helplines and local support groups listed in the resources section below.

• The Physically Distanced Friend Can Still Be a Steady Presence. If you know someone grieving, offering a steady presence is a good way to support the person, and it’s still possible during these days of physical distancing. If a traditional memorial service is not an option, support your friend in creating a private or virtual ritual.

You can regularly check in with your friends and loved ones; ask whether they prefer a phone, text or video call (techno-logy permitting). Talking can be one of the most helpful things after a death, so just let them share how they’re feeling and anything about their deceased loved one. Checking back in weeks or months after a loss, when the condolences have quieted, can be particularly meaningful.

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