K: So, lately I’ve been thinking about basically what everybody’s been thinking about, and that’s the novel – the new, novel corona virus, or COVID-19. And we really struggled with whether or not to even do this episode to begin with. We’ve avoided talking about it for the past month, even though I’ve been on quarantine since March because, as many of our Musick Notes already know, I have lupus and hereditary coproporphyria. What lupus is is – it’s a blood disorder that causes your immune system to attack yourself. And one of the treatments for lupus is to take immune suppressors. I am not currently on any immune suppressors, but were I to contract a virus, I would most likely die from it. I’m at a higher risk of dying from it. And you have asthma – which I feel like you live in denial about your asthma. We have an emergency inhaler that you have to use several times a year.
C: About once a year.
K: Okay.
C: I don’t live in denial that I have it.
K: Okay.
C: But I know very specifically what it is, and I have allergic asthma.
K: Yeah.
C: Because, when I was a kid, it was unclear what kind of asthma I had. It was just, “you’ve got asthma. Take craptons of medicine.”
K: Yeah.
C: But when I was 17, I joined the air guard. And then, within a couple of weeks, went to Lackland Airforce Base and had an asthma attack and died. So, they – after you die in basic training, assuming you get brought back, they test you to figure out why before they kick you out. So, they did stress tests – like having me run in full fatigues and everything. And having me inhale various allergens. And when they got to the one that shut down my lungs, which was ragweed, they stopped and sent me home. So, I know that at least ragweed causes me severe asthmatic reactions, but there are some pollens here in Japan that do, too.
K: Yeah. So… it’s… the end of April, and COVID is just – in terms of the pandemic level – we’re just starting to see an indication that the pandemic aspect of COVID is not skipping over Japan. And, so, we live in the city of Nagoya – which is southwest of Tokyo – right? We’re
C: Yes, that’s right.
K: Yeah. Southwest of Tokyo.
C: Nailed it.
K: (laughs) If you’re a Musick Note, you know it’s rare that I know where Nagoya is located, and that’s in the prefecture of Aichi. And the
C: Which is the Chubu region or the Chugoku region – both of them mean central, so we’re in central Japan. Of the main island.
K: And I think it’s really cool because the mayor of Nagoya has not been messing around since March. So, at the beginning – I want to say about – by the second week of March, the mayor of Nagoya had shut all of the schools.
C: And it’s interesting because I know the mayor – like, socially, I know him.
K: Yeah. And I’ve met him, too.
C: Yeah. And he is… not the person I would’ve expected to take it seriously.
K: Well, that’s because we always meet him in social settings where we’re drinking and having a good time, and everything’s really relaxed.
C: Yes.
K: So, to me, I feel like we’re very lucky to be in a city that has a mayor who’s on top of things, and I’m really enjoying the mayor’s response and the mayor’s attitude. I’m really enjoying the governor of Aichi’s attitude. And I feel very fortunate to live in an area in Japan where the prefectural government and the local government are both taking it very seriously. In March, we were having difficulty finding beds for individuals with… COVID-19. I call it COVID-19. I know some people call it the novel virus. Some people call it the corona virus. I call it COVID-19 because there’s a bunch of different corona viruses out there, and this is corona virus number 19, and the abbreviation’s COVID-19. So, sorry if it works your nerves, but that’s what I call it.
C: So, actually, the corona virus – or the novel corona virus 2, or SARS – I think it’s novel SARS-COV-2 is the virus. And COVID-19 is the illness that you get when you contract the virus.
K: Yeah.
C: So, you’re saying it correctly.
K: Yeah. So, for us, I was – we were here after 3/11 – and that’s March 11, 2011. And that’s when the big earthquake hit. And, so, I felt like we got a chance to see what Japan looks like after a major disaster or crisis. And how Japan responds to a major disaster or crisis. And I just look at the difference in looking at the chain of response, and I was in California post-Loma Prieta. And that was the major earthquake where the driving structure fell, and a lot of people died – google it, the Loma Prieta Earthquake. And I just feel like living through – in different areas – and watching those three, that’s sort of my triangle of disaster in my mind. And… I just feel like Japan does a better job than the United States even though I feel like Abe is the Japanese version of Trump.
And I feel like Abe is – this, I’m sorry if you’re pro-Abe, but I feel like Abe’s being a jackass. And I feel like prime minister Abe should always be wearing a facemask when he’s out in public. And I feel like prime minister Abe – I think a lot of people don’t understand how little prime minister Abe has. And there’s no – when the rest of the world is looking at Japan, I feel kind of defensive, and I get really frustrated – especially when I watch American news talking smack about an entire country when they don’t know what they’re talking about. They’re just looking at Tokyo, and they’re just taking random clips. They’re not in Tokyo. They’re not in Japan.
C: Right.
K: And I feel like they’re taking potshots at us from their glass house. And I feel like, “dude.” Prime minister Abe does not have the power to tell anybody that they must or have to do anything. Neither does a single governor. And neither does a single mayor. The governor of Tokyo cannot force anyone to close their business. That’s against the law in Japan. And I feel like… if you look at – like, some of the footage that’s coming out of Wuhan now – that we’re seeing the way the Chinese handled it where they were welding people into their homes.
C: Mhm.
K: Which that freaks me out. And then you look at the way the United States is handling it – post-Easter Sunday – where people are going to church in mass droves saying Jesus will protect them. And then having the pastor – one of the pastors who Jesus was supposed to protect – “I guess Jesus called him home.”
C: More than a few.
K: Yeah. So – and having… a priest and a leader of a different – I don’t know what denomination it was – come out and say when the Pope is coming out and doing Easter service in an empty church via, you know, distance – via video – that’s a pretty good indicator. Like… you should be staying home.
C: It is. I saw
K: And I’ve been quarantined – I think this is day 34 of my quarantine.
C: It’s been quite a while for you. I saw a thing – I’m not a Christian – but I saw a thing that I liked for Christians which said – it was a sign on the church, it said, “the church is empty, but so is the tomb.”
K: Yeah.
C: And I thought, “oh snap that’s a good message for Christians to stay home.”
K: Yeah.
C: And a lot of our
K: Explain that to non-Christians.
C: Well, for people who don’t know, the myth – or the history, depending on your perspective – was that after Jesus was crucified, he was put in a tomb, and then when they went to check on him three days later, he wasn’t there because he had become alive again.
K: Yeah. He had risen from the dead.
C: Yeah. So, that’s the whole Easter thing.
K: Yeah.
C: But we have a lot of Jewish mutuals on Twitter.
K: Yeah.
C: So, I know that a lot of them have been saying it’s religiously fine to not go to synagogue to do – a lot of them did Passover alone or virtually with other people. Most people, I think, are trying to do well.
K: Yeah.
C: The problem is that “most people” isn’t quite enough to quench the spread of the virus.
K: So, something I think that’s really cool that’s going down in Japan – because I want to talk about Japan, specifically, because I’m – I have to admit that I love our chosen home.
C: Yeah.
K: And I feel super privileged about the fact that I get to choose the country I live in. I’m super humbled by the luck of birth that I had, and if you follow us on Twitter, you know that’s the only lucky thing I have about my birth. (laughs) The circumstances of my birth – just check out any of my threads about my childhood, and you will see it was anything but happy. Former foster kid here. And… for me, I just feel, like, really happy that… there aren’t going to be – I don’t think there’s going to be the massive and rampant unemployment that there is in other countries because, like, at the conbini – the convenience store – which is part of everyday life in Japan because – if you’ve heard our other podcast, you know we pay our bills at the conbini, and, like the sell underwear at the conbini. It’s not – it’s not the American 7/11. It’s a completely different experience. They sell medication, they sell
C: The Family Mart down the street, which used to be a K-Mart, is the designated emergency information center. So, like, if there’s a natural disaster that involves like, an earthquake or whatever, that’s where you go to write down that you’re safe, to find out if other people are safe, so they serve an important social function.
K: And, so, the post office, the conbinis, and the grocery stores all have plexiglass enclosures between their employees and the general public, at least in our ward.
C: No, a lot of them are PVC – they’re not plexiglass, they’re flexible PVC. There’s still a physical barrier.
K: So, hashtag ActuallyAutistic husband. When I said plexiglass, you all should have seen his face. I thought, “here comes the knowledge bomb” from (laughs) my semantics-loving, actually autistic husband. I love it because I know when I say something wrong, he makes this face like, “don’t say that. Don’t mislead the people.”
C: Right? Plexiglass comes in rigid plates. This is not that. This is lightweight
K: (laughs)
C: But see-through
K: Go on honey. I’m still going to laugh at you but go ahead on with it. (laughs)
C: Lightweight, see-through, I’m assuming it’s vinyl, but I’m not
K: (laughs)
C: For sure on that.
K: Because you don’t go pawing it.
C: Exactly. But it’s a physical barrier so that people can converse without there being any risk of spreading COVID.
K: Yeah, and so they don’t have to wear facemasks to also take
C: They still do.
K: Oh, they still do?
C: Yeah.
K: They’re still wearing them?
C: They’re still wearing them, yeah.
K: Okay. Because they’re touching money and shit.
C: Yeah.
K: Are they wearing gloves?
C: No.
K: So, that’s what I think is weird.
C: But if you wear gloves, then it just gets on the gloves.
K: Yes.
C: So, wearing gloves doesn’t actually help unless you
K: Not touching your face does.
C: Right.
K: But wearing a facemask makes you fidget.
C: Yes.
K: Because you have to reset it to make sure it stays over your nose.
C: I don’t. I think because my nose is so big. It has the wire in it. I just set the wire; it stays.
K: Yeah, but if it slides down your nose to actually – the way – how high up your nose you wear it, it’s like traveling a mile to get off your nose.
C: Yeah. That’s why I say, “because my nose is so big”
K: And because your nose has been broken three times
C: Four times, thank you.
K: Four times, sorry. Don’t want to snatch that last time from you. I think I erase the first time because the last time was trauma.
C: Yeah.
K: Because we call it – after the accident – we call it “the accident.”
C: Yeah.
K: It was a pretty dramatic. You had to go to the hospital and stuff. So, for me, I think I’m just feeling really defensive about the way… the American news is talking about Japan. And I’m also feeling really defensive the way that some of the people on Twitter who don’t live in Japan are tweeting about Japan. I feel like if you don’t live here, then you don’t know what’s going on – on the ground, here in Japan. And, so, something that is unprecedented that I was like, “I don’t think it’s going to happen” that happened in Nagoya is that an eikaiwa company – eikaiwa is English conversation schools – and their reputations are so bad. They’re really mercenary. You have to come in to work, if you miss more than thirty days of work, you lose your job. Um… they don’t have a lot of benefits. They’re – like… they’re the most vilified industry in all of Japan besides, like, you know, soap lands – which are
C: Brothels.
K: Yeah, brothels where – you can only get hand jobs. You can’t do any penetration.
C: That’s not true at soap lands.
K: At soap land they do not do oral.
C: At soap land – this feels like a digression – but soap lands are legalized brothels, and they operate under the fiction that you know the person. You get to know the person enough because it is not illegal to take money for sexual favors from somebody you know. It’s only illegal from somebody you don’t know.
K: So, soap land they – as they give you a massage, they have a conversation. And then it’s a compensated dating situation?
C: Yes, exactly.
K: Ah, okay.
C: But there’s not allowed to be any new soap lands, so all of the soap lands are historical. They don’t issue any new licenses for soap lands.
K: And like, the girls’ bars and the gentlemen’s’ bars which are… some of them are strip clubs, some of them are not.
C: Right.
K: But all of them function on “you pay money to drink and talk to someone.”
C: Right.
K: Um… so, in Ja- in Nagoya – something that I thought wouldn’t happen is that a lot of the English companies have shut down, and they’re going on 60% pay.
C: Mhm.
K: So, all of their full-time employees are getting 60% pay and not working. And, so, they’re staying home, and they’re doing a quarantine, and the quarantine is scheduled. And school has not reopened, and the quarantine in Nagoya is expected to last at least through mid- I think it’s like May 16th because we’re waiting to see what happens Golden Week. Golden Week is a huge travel vacation
C: Right.
K: And then I was really, really happy that a lot of flights are just being canceled. The Japanese airports are just saying, “we’re closed. So, no, you cannot fly out of Japan for Golden Week.”
C: Yeah.
K: So, the majority of airports are closed, and I just see Japan taking a lot of preventative measures. I do think, unfortunately, that it is going to reach pandemic levels, but I just wish the rest of the world would get off our ass.
C: Mhm.
K: Because Nagoya, I think, is doing everything right. The city of Nagoya, I think is doing as much right as we can. I think there are certain people who don’t have – I think saying social distancing and telling people to not leave their homes, for me, it feels a little bit classist.
C: It’s completely classist, and it’s been talked about a lot in the U.S. context of – of like, the difference between “oh I’ve got to quarantine at home in my mansion” and “I’ve got to quarantine at home in my studio apartment” and it’s the same thing here. You know, our apartment is a little bit
K: Well, most of the apartments (laughs) are studio apartments in Japan.
C: Yeah.
K: And, so, our house is comfortable.
C: Our house is comfortable, but when I was in
K: I don’t like – you like to talk about the square footage of our house. I really don’t like that, so please don’t do that.
C: I’m not going to, but when I was in Tokyo
K: Okay, thank you. We live in a “manshon”
C: Yes.
K: Which is a condo, so
C: I was in Tokyo for a month, like seven years ago – yeah, almost seven years ago.
K: So, wait, I should clarify it’s not that I don’t care whether or not people know the size that we live in. I don’t understand what it means.
C: Yeah.
K: And, so, I have a little bit of dyscalculia, and so I cannot understand measurements. Like, I don’t know what an inch is. I don’t know what a foot is. And, when he talks about square feet, it makes me so upset because I don’t know if he’s telling the truth or not.
C: Yeah.
K: And, so – I have dyslexia and part of – a subset of my dyslexia – and I don’t have massive dyscalculia, but I do have dyscalculia, so it gives me anxiety, so I don’t’ know if he’s living about my lived experience.
C: Yes. So,
K: And I can’t remember what you said the last time you said it, so please, can you stop saying square feet? And then don’t even go metric on me because you know that upsets me even more.
C: Okay, but I want to say square feet for the Tokyo place, and then I’ll give it context.
K: I don’t like this. I find it really upsetting.
C: Okay, so I’m not going to say it.
K: No, go ahead and say it.
C: No, it’s mysterious now. But I’ll say
K: No, say it so they’re not mysterious. This is, I think, our first time having conflict on the podcast.
C: Oh no.
K: I blame it – I blame it on
C: Quarantine.
K: Yeah, no, this is not – this is me every time talks about
C: (laughs)
K: I’m looking up at the ceiling. I’m not even looking at him anymore.
C: (laughs)
K: I don’t like it. It’s not fun for me. But… you know… I feel like, “screw it” go ahead and say it. The people are behind plexiglass. I don’t care.
C: So, the – yeah, exactly.
K: (laughs)
C: The place I had in Tokyo was about 180 square feet. And, in the U.S., anything below 400 square feet, in most places, is not legal. It’s considered a micro-apartment, and you can’t rent it out.
K: Yeah, and they have a loft.
C: Right.
K: Go on YouTube. You can get a tour of the apartments. And I also think that people aren’t taking into consideration, um… people – excuse me – people who work in jobs that can’t be done – excuse me – done from home. They’re like, “work from home, work from home.” And I feel super lucky and super privileged that, one – shout out to my clients because they are awesome – I know I say this all the time, and it might sound like B.S., but you guys do not understand. When I told my clients that I have – because I – most of my clients – I guess my clients with rare illnesses know I have a rare illness.
C: Right.
K: But my clients without it are completely unaware that I’m disabled. And not because I keep it from them, but because
C: It doesn’t come up.
K: As their therapist – yeah, it’s irrelevant.
C: Because your therapy – their therapy is about them, not about you?
K: Yeah.
C: How novel.
K: And, so – right? So, when I sent out the email that I have hereditary coproporphyria – HCP – and lupus, and my doctor’s quarantined me – my first quarantine, it was supposed to lift by the second week in April.
C: Right.
K: And then, halfway through that – and then all of – almost all of my clients still booked appointments. I think it was something like 3% or 5% of my clients didn’t book. They were going to wait until after
C: You could see them in person, yeah.
K: Yeah, until after they could see me in person. And it seemed like no big deal because it would be just a couple of weeks.
C: Right.
K: And then when I sent out to them, “hey”
C: “We’re looking at months.”
K: “I’m quarantined indefinitely. My doctor’s looking at the way the virus is spreading through Japan and looking at we’re probably going to see pandemic levels, that” because Tok – because Korea is having a second go around, Japan is having a second go around, and it looks like Italy might have a second go around, and the U.S.
C: Well, Japan’s first go around was pretty small.
K: Yeah.
C: I think, for context, Japan’s first was less than a thousand cases that were not from the cruise ship.
K: Yeah, and now we’re over two thousand cases.
C: Yeah.
K: Um… so, they’re saying that it looks like we’re not going to open school, and we’re really all just sitting and waiting to see what people do for Golden Week. And I think a lot of hotels are doing really great things like, um… our favorite hotel chain turned over – in Tokyo, a lot of hotel chains just said, “hey, turn us into hospitals.”
C: Yeah.
K: And, so, in Tokyo right now – the people who don’t need ventilators, don’t - aren’t ICU level, but are sick enough that they need to be 1) quarantined away from their family
C: Right.
K: And 2) they need healthcare. We have health people in healthcare coming out of retirement and putting themselves at risk. We have hotels saying, “hey, clear us or tell us what we need to do to become appropriate to be a hospital so that we don’t have people without beds. And so that we don’t have people at home.”
C: Right.
K: A lot of really great things are happening in Japan that I’m not seeing reported in the news, and like I said earlier, it’s pissing me off because I get it. We’re not perfect.
C: Yeah.
K: I don’t think any country is perfect. It’s just making me really sad.
C: Well, and the governor of Tokyo is talking about possibly using Olympic Village – which was, you know, for the athletes who were supposed to be coming – for overflow if necessary – and in case anyone is wondering – yes, the person in charge of Tokyo is the governor because Tokyo is on the level of the state.
K: Yes.
C: And it has multiple cities within it, and those cities have mayors.
K: Yes. And, so, the prime minister – the only thing – it’s important that prime minister Abe – I wish he would do it for Aichi as well because we are the fifth – Nagoya is the fifth largest city hit in terms of, like, on the ranking of which cities are hit the hardest, Nagoya is fifth. And I wish that we would get some of that relief money that’s going out.
C: Yeah. And I think that’s just a population thing. Because Nagoya’s fourth largest – bigger than Sapporo – but Sapporo is particularly hard hit.
K: Yeah
C: So, yeah, I mean – they’re talking about the relief money coming to people if their income is affected. So, we don’t qualify because our income has not been affected enough by it.
K: And we’re fortunate enough that we don’t need it – don’t front like we’re struggling.
C: No, no, no. I’m not complaining about it. I’m saying we don’t qualify, but a lot of people who are losing work would qualify for it.
K: Yeah. I think the biggest hit to my income is the financial relief that I’ve given a lot of my clients.
C: Yeah, I think so.
K: I felt really bad that my rolls are full in terms of what my business can take.
C: Right.
K: In terms of like…
C: You can’t take on a lot of new people.
K: Because I do a certain percent of sliding scale. And I have a lot of people reaching out to me and I’m redirecting them to some of the other public health professionals that are in the area and giving referrals and stuff like that because my practice is almost at capacity, but it is at capacity for sliding scale.
C: Right.
K: And I am – and I just feel like my clients that have been doing full pay that now need me to do a sliding scale, that they should be first in line for a sliding scale consideration.
C: Yeah.
K: And I’m trying to make sure that I’m being responsible towards the people that I help. And responsible and upholding the commitment that I’ve made – because every time I take on a client, I’m taking on a commitment. And a duty of care. And I think a lot of people don’t understand that – when a therapist takes you on and agrees to work with you, that they immediately have – and this is – so, I’m no longer a member of the American Psychological Association, but I am a member of the Japanese Psychological association. And they do send out notices, and they do sanctions and all kinds of things. And one of the things they’ve said is, “hey, during this time, make sure that you’re taking care of the clients you have. That you have been taking care of.”
C: Right.
K: “But in the consideration of taking on new clients. And seeing do they fit in your schedule, do they – and don’t overwork yourself. Because we have to practice good self-care.” So, I’ve been really fortunate in that I’ve been quarantined since March, so I haven’t bene at risk. I’ve also been very fortunate in that none of my clients, knock wood, have had COVID.
C: Mhm.
K: So, that’s a huge relief. Although there’s been ancillary death of someone who died – not related to COVID – but died very suddenly, which is impacting a lot of my clients.
C: Yeah.
K: Just, like, a really good person. Just a really force of good. And, so, I’m bummed that she’s no longer with us. Just, like… just an amazing human being. And, so… there is loss. It’s just not COVID related right now.
C: Mhm.
K: But I think that we’re moving into a world where… we’re all going to, at least, know someone who knew someone, and this feels very reminiscent to me of what it felt like in the 80s and 90s for the… AIDIS pandemic.
C: For the LGBTQ community, I think.
K: It was a pandemic for the world. That fires me up so bad.
C: No, no, no. I’m not saying
K: Expletives, expletives, expletives.
C: I’m not saying it wasn’t a pandemic for the world. I’m saying in 92, I was 16.
K: Yes.
C: And, because of my isolation, socially, from people, I didn’t know anybody personally who had it. I knew people who had slept with people who had it and then tested negative, and that’s as close at it got to affecting me until I moved to California.
K: So, in the 70s, it was… GIRD, which I growl when I say what it was in the 70s. It should have always been AIDS. So, I just watched – I lost so many friends, and… the hospitals in San Francisco were overrun, and it was very – very much like what we’re seeing now. It was very much that way in California.
C: Right.
K: In uh – all the way, at least in Northern California – and it was that way for a decade, and it was really, really sad. And really, really tragic. And I’m happy that virology has advanced and progressed. And I’m hoping that the understand with prep and understanding with… viral suppressors, that we’re going to be able to turn things out. And I see just the reaction to COVID – I wish we had had that reaction when AIDS came out. I’m happy to see the world working together. I’m happy to see technology giants working together, and everybody saying, “hey, this is not a time to be profiteering. This is a time to be saving lives.” And, so, for me… the thing that triggers most is that I’ve lived through several pandemics where things weren’t handled correctly.
C: Yeah.
K: Like the MRSA – I had severe MRSA, and it was… a year of me having – it took a year for me to survive that.
C: Yes.
K: And I think I wasn’t as smart, and I didn’t take it as serious. And, so, I contracted MRSA. And… that’s a type of staph that’s antibiotic resistant.
C: Yeah. Methicillin resistant. The M is methicillin.
K: Yeah. So… I hope everyone’s taking this seriously, which I think they are. I hope that people will stop pointing fingers and start supporting.
C: I hope so, too.
K: I feel bad for the prefectures and the cities that don’t have amazing mayors.
C: Well, I think what people might not understand if they’re not here in Japan is that the government doesn’t really have the power to make people do or not do a lot of things because there’s no
K: Anything. (laughs)
C: There are laws about things, but not all of those laws have penalties attached.
K: Yeah.
C: And, so, mostly what the government can do is shame.
K: Yes.
C: And, so, if
K: And shame is super effective in Japan.
C: Yes. And, so – shame is effective in Japan because if the – there has been a request to, for example, shut down – then companies are eligible for insurance payouts and other things that would take a legal edict in the U.S.
K: Yeah.
C: And, so, you know – the mayor of Nagoya is saying, “hey, please shut down” doesn’t mean that people have to shut down, but it does give them relief if they do.
K: I just want to talk to the people who are going to karaoke bars and going to all-you-can-drink and all-you-can-eat restaurants and going out and stuff. Knock it off. Stay home.
C: Mhm.
K: Because, if you guys stop going out to those bars, those bars will close.
C: Yes.
K: Like, I know one bar locally in Nagoya, that I’m not going to name, but you know who you are, dude. There are one, two – four foreign bars in Nagoya that are not closed. You all know who you are. And I know you all listen. So, listen. Shut your bar. Knock it off. Be responsible. I understand that you’re a restaurant tour. I understand that it’s challenging to go without money. I understand that I am privileged but be creative. Do an online event. And I have been actually talking to some – and there’s one bar that did shut down that’s owned by foreigners. I’m super, super happy for them. So, I feel like I’m going to give them a shoutout, and I’m not going to give the other bars a shoutout.
C: Okay.
K: Because they’re not doing right. So, you all could have got free promotion, okay? So, the Raven’s Table, which is a LBGTQIA+ nightlife spot and also a gaming spot has been super responsible, and they have shut down their events. And, so, if you’re in the Nagoya area, or if you ever come visit, and you’re part of our community – and that means the gaming community or the LBGTQIA+ community or an ally – please make sure that you swing by the Raven’s Table. And they’re not paying us to say that. I’m giving them a shoutout because they’re doing the right thing. They’ve shut down, and I feel like I’ve talked to people – lots of people – in our community, and they’re like, “we would so pay for a Zoom event or a Skype event or a hangout event that was virtual.”
C: Yeah.
K: “We would pay for it. We would pay for a DM to run a game.” And, so, like, dude. You own – some of you – own gaming bars. Why not host an online tournament? Get it together. Get your life. Shut your bar, stop putting people at risk. Because I really – and I went in on several of my clients who were holding events.
C: Mhm.
K: And I was serious. I was so for real. I was like, “if you do not cancel your event, you are tempting people to go out and congregate in large groups. That’s not cool, and you do not want a therapist that thinks you’re an asshole and a rotten human being. So, go ahead and have your event, but I have to tell you that this decision is so socially irresponsible that me, Kisstopher, the person would not be able to not be present in the room, and I would lose all of my objectivity.” I don’t care if this – I had a whole Twitter rant about this because I don’t care if it makes me a bad therapist. As somebody who has, like… a – two pre-existing conditions, I don’t have the luxury of absolutely not going anywhere. I do have to go to the grocery store. And, what if one of the people who attended one of your events got sick, and now they’re getting me sick?
C: Mhm.
K: Like, dude, you’re killing people. Knock it off. So… luckily, and happily, everybody did the right thing and canceled their events. I don’t care if you guys are like, “that’s inappropriate. You coerced them” bah dee bah dee bada. I’m not the only therapist in Nagoya. They could have found a different therapist.
C: Yes. You tend to be very persuasive.
K: I don’t care. Hashtag judge me. Hashtag I want you to.
C: (laughs)
K: (laughs) I don’t care. Like, whatever it takes to get people who can social distance to social distance so that the people who can’t have a fighting chance.
C: Yeah.
K: You know, factory workers and conbini workers and postal workers and UberEATS drivers (laughs) you know, people at fast food and stuff - if you want your fast food go through a drive thru.
C: Mhm.
K: Be responsible. Don’t go sit in the fast food restaurant. And, you know… I don’t think there’s any drive-thru Starbucks yet.
C: I don’t think so.
K: Not in Nagoya.
C: Yeah, I don’t think so.
K: I think that would be boss, but I’m off caffeine except for last week, when I did that 33 hours on my PHD.
C: Yeah, you drank a little bit of tea.
K: Yeah.
C: You drank enough that you kept calling it coffee. “I’m going to have another cup of coffee.” I was like, “no, you’re not.”
K: (laughs)
C: “You’re drinking tea.”
K: So, yeah, shoutout to the – is it – I want to call it Rich Milk, but is it Royal Milk tea?
C: It is Royal Milk tea.
K: Yeah, I call it Rich Milk because it has way too much sugar in it.
C: It’s a Japan thing.
K: Yeah. Royal Milk tea. So, I just like giving shoutouts – these are not paid advertisements at all. These are just things that are helping me live. So, I can’t believe I did 33 hours straight.
C: Are you saying that the generic kind of tea is not paying us?
K: (laughs)
C: We need to not mention them again.
K: (laughs) Isn’t Royal Milk the brand?
C: No, it’s a type of tea. It’s specific to Japan, but you can find the recipe online. It’s Assam tea with sugar and cream.
K: Okay, wait because – now I’m thinking about it – because, yeah, the Royal Milk tea in my office comes in a blue box, but the Royal Milk tea in my home comes from a purple package?
C: Yeah.
K: Is it purple?
C: It is currently purple. It’s been blue in the past. We just buy the generic stuff in the store.
K: (laughs)
C: Because your office, you have the pre-packaged where it’s individual servings.
K: Right now, I have the scoop. I feel really bad.
C: Oh, do you? Okay.
K: But that’s not my fault. That’s my office manager’s fault.
C: Mmm. Yeah.
K: Who restocked the office with the scoop. I’m like, “dude.”
C: He’s kind of shiftless.
K: He is. Shiftless and unprofessional. And in the other room.
(laughter)
C: For those who don’t listen regularly, we’re talking about our son.
K: Yeah. Who I love and adore. I was so happy – I had to have the talk with him a few weeks back about just moving home.
C: Yeah.
K: Because he was doing five days here, two days at home, and it just doesn’t feel safe to me. And I’m like, “no, let’s do it right.” And, so, we’re following – we’re looking at the CDC and the World Health Organization, and we’re following their rules, and we’re going to the grocery store twice a week. Following Japan’s suggestions, we’re not hoarding. We’re not mass-buying. We do sanitize. We do have hand sanitizers and facemasks.
C: Yeah.
K: So, we are wearing a facemask when we go out. Hand sanitizing when we come back. Um…
C: And we’ve had facemasks for years. A stock of facemasks because of your immune issues.
K: Yeah, so I feel really fortunate, and, again, kind of privileged because we have, like, heavy-duty antibiotics. We have a stock of things that just have to stay in the house for me.
C: Yeah. That we’ve had for years. For more than a decade now, so it’s a regular thing for us.
K: Yeah, just a basic emergency stock of things that we have to have because of my pre-existing conditions. And when flu season hits, or when things go round, and I’ve always had a facemask. And I think I should start taking clients’ temperatures. I have a temperature gun.
C: You ordered a temperature gun. We’re still waiting to get it. I’ve had to contact Amazon about it.
K: Yeah, and, so, I might not. I don’t know. But there have been times that I’m like, “if you have a fever, stay at home.” But if a client comes in and they look sick, I put on a facemask and tell them, “I can’t get sick, dude.”
C: Yeah.
K: Because I don’t want to be patient zero.
C: Right.
K: And I don’t want to be patient one. You know, be like, “oh, everybody traced it back to this local therapist’s office” and be like the cootie office forever.
C: Mhm. “She made your mind feel good, but your body’s sick.”
K: Yeah. And I have alcohol wipes. And, so – I boil my doors at night. Something that, like, every time I say that, people are like, “what do you mean? How do you boil a door?” And, so, I have a water thing, and I take boiling water, and I pour it down my door in two sections. And I boil my doorknobs – I pour boiling water on my doorknobs. And I also have alcohol wipes, and I wipe down the hard surfaces. But it doesn’t look like it because the office – there’s a lot of dust for some reason. So, because I wet my surfaces every day, the dust settles and sticks to the moisture.
C: Yeah.
K: So, it looks really dusty, but the reason that it’s dusty is because it’s constantly being sanitized. And I had – I lost one client when I was explaining all of this at the first week of March – I was explaining the procedures that I take.
C: Mhm.
K: Because they were offended that I boil my cups. Because I have reusable…
C: Mmm. Yeah.
K: Tea – tea and coffee mugs. Because I offer my clients something to drink – and this is why I use PET water bottles and PET cold tea bottles.
C: Right.
K: And I was like, “I boil all of my dishes after clients use them. I literally – I clean them with soap and then pour boiling water over them.”
C: Right.
K: And one client was like, “I’m not infectious.”
C: But I worked as a dishwasher for about a year as a teenager as one of my first jobs.
K: Yeah.
C: It literally is spraying boiling hot water and steam at the dishwa – at the dishes in a restaurant dishwasher. So
K: To sanitize them.
C: Right. Exactly.
K: And I couldn’t believe that they were so hurt by it. I was like, “I’m doing this to protect you because you’re a tea drinker.”
C: Yeah, I feel like if you’re going to be bothered like that, you need to bring your own cup.
K: Yeah, I said, “hey, if you want a cup here that’s not boiled, then I can absolutely have your cup here, and I won’t boil that cup.” That just seems so weird to me.
C: In Japan, they do at bars – and maybe they do it in the U.S., too, but I was never really a bar fly in either country – you can buy a bottle and drink part of it and save the rest for later at that bar.
K: Yeah.
C: And they’ll write your name on it.
K: Yeah.
C: I feel like, for you, you don’t have so many clients that people couldn’t leave their own special cup there.
K: I feel like, if you’re a weekly client, or not, you can bring your – like, I don’t care
C: “If you only come see me once a year” then, maybe
K: But what I don’t understand is why they took it so personally about them. Like, they just didn’t want me to boil the cup after they had used it.
C: Mhm.
K: And I was like, “I really cannot – can you explain to me, I don’t understand.”
C: Yeah.
K: And they said, “well, I feel like you’re calling me dirty” and I said, “I’m not calling you dirty. What I’m saying is that, even if I drink from the cup, I would boil it afterwards.”
C: Yes.
K: “Because I don’t know that, right now, that I’m not infected with something that’s asymptomatic. I don’t know that I’m a ca – I could be a carrier for a flu string. I don’t know.”
C: Yeah.
K: You know, and it might be two weeks from now I get super, super sick.
C: I tend to look at things probabilistically. Just…
K: What was even weirder is I was having this conversation in a post-COVID world.
C: Mhm.
K: Because the first round of COVID in Japan happened in January.
C: Right. With the cruise ship.
K: Yeah. And… I was like, “hey, there’s a two-week incubation period, but I want to let you in on what I had always done.”
C: Right.
K: “And I have a spray bottle with a mist – it has just enough alcohol to disinfect. It’s mostly water, but I just lightly spray everything.” And they were like, “you’re super germy.” And I’m like, “no, I’m super trained. And I have a legal obligation to desanitize everything.”
C: And you have a lot of people coming in and out of a fairly small space.
K: Right. And I take my responsibility for the safety of my clients seriously.
C: Yeah.
K: So, I feel like this has been a really angry podcast.
C: I don’t think this has
K: I feel like this is the first time I’ve been angry on the podcast.
C: I think so. I don’t feel like the podcast has been angry, but I do feel like it’s the first time you’ve been angry on the podcast.
K: I feel like, “stop talking smack. Don’t talk about my city.”
C: (laughs)
K: I don’t think Nagoya’s doing everything right, but I think it’s doing a lot of things right.
C: Yeah, and I think that, you know, what’s right for one place might not be right for another for a variety of reasons. And…
K: Yeah.
C: Only time will tell if we had it right.
K: If you don’t live in the NGO, don’t talk about my city, yo.
(laughter)
K: That was so fun. I’m so hard.
C: Yes, you are.
K: So, we struggled about whether or not to do this episode.
C: Yeah.
K: And then it felt kind of weird not to.
C: Yeah.
K: I feel like a super amount of pressure, like, okay we’ve got to.
C: Like, we’re not Candide here. “I see nothing bad. Nothing bad.”
K: (laughs)
C: “I haven’t left the house in eight weeks, but nothing bad is going on.”
(laughter)
K: Yeah, I’m in quarantine. And I’m quarantined through August, you all.
C: Mmm.
K: Like, I’m super quarantined. And, in Nagoya, like… some doctors, not all, some doctors are allowing you to call in and get your medication. I don’t know what I’m going to do next week. Next month, not next week. Next month. We’re going to see how things are, but I might have to – so, the last time I needed medication
C: You were able to call in.
K: So, I get my medication for two months at a time, and I’ve always done that. And, so, right at the beginning of my quarantine, I had gotten all of my medication.
C: Yeah.
K: So, I have two months’ worth of medication. We’re going to see what the world looks like then to see whether or not I can go to my doctor’s. If not, then they’re going to call it in. And… there’s also, like, no contact delivery.
C: Yeah.
K: That you can get. And some pharmacies are delivering medications now to some people. And, so, like… pizza delivery and food delivery is no-contact. You get those things no-contact. (laughs) I’m like pizza delivery’s as important as medication delivery. And I’ve been tweeting a lot about… I feel so privileged, and then I also feel jacked up about my privilege, and that’s because I’m looking at, like, what’s going on in South America and Africa. And… them having personal protective equipment and all of that kind of stuff. I just think it’s really sad. Um… I was super, super proud of my niece who’s making facemasks. You’re awesome, and… yeah. So, my family’s doing well that’s in the United States. We’re doing well that’s here.
C: Yeah.
K: The three of us are here, and we’re all quarantined together.
C: Yes, we are.
K: We’re all, actually, alone together. And I think we’ve worked out a nice little rhythm for the house.
C: Yeah, I think so.
K: Yeah. So, that’s all for the main episode. If you want to keep the conversation going or are interested in, like, what Chad’s thoughts are about my behavior on this episode, head over to Patreon and check out our take two. (laughs) I feel like I was just jabber jawing, and you didn’t get to say much.
C: Yes. Now, we’re going to exit stage left.
K: Yeah. (laughs)
C: Bye.
K: Bye. (laughs)