K: So, lately I’ve been thinking about functioning while the world is on fire.

C: And you’ve been doing it.

K: (laughs)

C: So, you think, and then you do.

K: And you’ve also been doing it. So, I just want to put out a content note that this episode we are going to be talking about social structure. We’re going to be talking about classism. We’re also going to be talking about COVID and… so, I know some of those things may be triggering for people, and I’m putting the content note high up so that way it will show high up in – I think, also, the title of it

C: Yeah.

K: Thinking about functioning while the world’s on fire is its own – in and of itself a content note.

C: I think so, yes.

K: I think we’re still going to be laughing through it and keeping it light. I don’t think it’s going to be a particularly heavy episode.

C: I don’t think so.

K: But I do have a post-nasal drip, which is so weird. Which is going to lead to me clearing my throat a lot. (clears throat) And I’ll move the mic away, and hopefully Chad will be able to sound mix it out, but I don’t think completely.

C: Not completely, no. I’m not that good.

K: Yeah, and we – we did order new mics. And… so, our patrons paid for it, so we should talk about it during the take two. That’s over on Patreon, but we want to encourage you to be a patron because it does affect your life.

(laughter)

K: So, Chad, are the other mics going to be really superior quality, like what’s going down with the other mics?

C: So, they should be superior quality. So, the mics that we have now are universal – omnidirectional – and they’re on stands. So, and because of the way

K: What does omnidirectional mean?

C: That it listens in every direction. So, for instance, when I mix it, because we sit across from each other, my mic always picks up what you’re saying but at a lower volume than what I’m saying.

K: Yes.

C: And vice versa.

K: Yes.

C: So, the new mics that we’ve ordered are cardioid, which means

K: And we’re like four feet apart.

C: Yes. The new mics we ordered are cardioid which means that they’re not supposed to catch sound from behind them. They have a direction to them.

K: Mhm.

C: And they’re supposed to be most effective at a specific distance. And they have

K: And they have like one of those fancy screen things.

C: Yes, they have a pop filter that keeps you the right distance away from it. And they are on boom arms rather than on stands, so they won’t fall over.

K: So, how are we going to record the podcast from bed?

C: Because we have our beds on the framework that we can clip the boom arm to it.

K: Okay, so, when they come, you’re going to need several hours of messing around with them to get them to work.

C: Maybe.

K: You took a – whoo, you swung big on that because

C: I think anything that comes, I need several hours to mess around with it.

K: (laughs) This is true.

C: Oh, stickers. Give me several hours to figure out how they work.

(laughter)

K: This is so true. This is so true. So

C: So, our son – if he has to go any place, it’s at least an hour.

K: Yes. (laughs)

C: We live five minutes’ walk from the grocery store. I can go and be back in fifteen minutes.

K: Yes, you can. And you’ve done it.

C: We send him

K: I – a – okay, so: confession time.

C: Oh, confess? Confess.

K: I have to confess. So, like, the other night – it’s the summer of Japan – you all know what a whiny baby I am in the summer. I was like, “I want some ice cream.” So, Chad jumped up and starts getting dressed. He’s like, “what flavors? What flavors? What flavors?” I’m like, “I don’t know.” And he’s like, “babe, you’ve got five minutes to decide what flavors because they stop taking orders in 15 minutes.” And I was like, “you’re not going to make it.” And he’s like, “yes I will, just tell me the flavors.” So, I (laughs) picked my flavors. He went and came back in 15 minutes.

C: Yeah.

K: And he wanted it on the record – duly noted for the record – that they took seven minutes to fill his order. (laughs)

C: Thank you. Because I walked faster than usual. I was very fast just hobbling down the road with my cane.

K: Yes. You were. It’s like when I ride my bike, and I get here super-fast.

C: Yeah.

K: I like to record the time – like how long it takes for me to ride my bike. And I think the fastest ever was five minutes I got from the office to here on my bike.

C: Yes.

K: And I was like, “and I made all the lights.”

C: Yeah.

K: So, there are like two different – two different lights, and I have to decide when I see the light changing whether or not I’m going to wait at the light based on how fast I ride because how fast I ride determines two lights.

C: Yeah.

K: If I wait at one, I’m waiting at the second.

C: Right. So, wait or turn.

K: Or I’m standing up riding my bike the whole time.

C: Right.

K: And some nights, I’m like, “I’m just going to burl up” but let’s be real: I’m a terrible human, and now I ride in an airconditioned car. Like, ever since I bought our son a car, one of his jobs is picking me up and taking me to and from work. Which has not changed my weight or fitness at all.

C: Nope.

K: Which has nothing to do with functioning while the world’s on fire except – watch me bringing it back around – that I don’t go to my office anymore, so I don’t need to ride my bike or get a ride. So, now I’m a good human because we don’t leave our house at all.

C: Okay. I can see we’re using the binary classification system there. So, I, too, am a good human because I don’t go anywhere.

K: Yes.

C: Are you a good human?

(laughter)

K: Which brings the segue to the class system. So, I feel like – so, something that’s going on in the United States that pisses me off. There’s a phrase that, every time I hear it, I just want to punch someone in the face: essential worker.

C: Mhm.

K: I just want to punch someone in the face every time I hear essential worker because that phrase was meant to talk about medical professionals. Not essential worker, medical professionals, not having personal protective equipment. So, we’re saying essential workers not having personal protection equipment. Okay, what about the bus drivers that are driving everyone else who works a minimum wage job that is still open? Okay, now the bus driver’s an essential worker. Right on. Garbage men. Essential workers. Right on. Uber Eats driver. Essential worker? And I feel like that’s when we get into the discussion of class.

C: Yeah.

K: Because the Uber Eats driver… is one of the people who are – who are the working poor in the United States. And that Uber Eats driver more than likely doesn’t have a choice as to whether or not they are working.

C: Right.

K: And the nurses and doctors don’t have a choice whether or not they’re working except for this: we’re not really talking about what’s happening. Surgeons, right now, a lot of hospitals have slashed surgeons’ pay by 20% and have taken off the rolls. So, a lot of surgeons are out of work. And when we think “surgeon” we think wealthy. And that’s not always the case. What if that surgeon still has a lot of student loan debt to pay? They still have a mortgage to pay. What if they just put a child through college, and what if they themselves just had surgery, and they were getting ready for retirement and then when the stock market crashed, it wiped out their retirement? Their entire retirement, and now they’re the working poor.

C: Yeah.

K: So, I think… we need to talk about wealth hoarding in this world. And I – I really wish it was criminal. I really wish that after a certain amount – and I know this is going to piss a lot of people off because everybody has a fantasy that they’re going to be the next best thing, and they’re going to have millions and millions, but after a certain amount of millions you can’t spend it in your lifetime unless you’re doing a lot of things wrong.

C: Yeah, and I feel like… maybe millions of dollars is too low to say that you couldn’t spend it in your lifetime.

K: Yeah.

C: But once you start talking hundreds of millions of dollars, you can live an extremely comfortable life for yourself on a hundred million dollars.

K: Yes.

C: And if somebody doesn’t believe me, give us a hundred million dollars, and I will demonstrate.

K: (laughs) And we will document it. I will film that shit.

(laughter)

K: But I think when you’re talking about billions

C: Yes.

K: So, I’m not coming after the millionaires. I’m coming after the billionaires. I think all the billionaires in the world are wealth hoarders. And they’re redistributing their wealth – and there was this really cool article I read a couple weeks back called “Why Billionaires Won’t Safe You.”

C: Mhm.

K: And… so, if a billionaire gives away even a tenth of their wealth – so, they’re not giving away anything for them. It doesn’t cost anything. And I saw this really cool tweet that I retweeted about a month ago that was talking about Jeff Bezos’ ex-wife who – she was in the news a while back because she was giving away a really small percentage of her wealth.

C: She was pledging like one point something billion out of many more billions.

K: Right, which I think cool give away some of your money, and they were like it works out to be 33 million for ten charities or something like that.

C: Mhm.

K: And if she actually dug deep and just said, “you know what? I’m a woman of a certain age, and my kids are all taken care of, and I don’t need to fly in a private jet. And” or screw it, keep the private jet. How much money do you need? How many billions do you need? How many billions? And I feel like, if the answer is greater than one, how you living?

C: (laughs)

K: How you living? Because I want to know. Like… even Gwyneth Paltrow, I think would agree with me, with her goop lifestyle doesn’t need billions.

C: Yeah.

K: I think you can live a goop lifestyle with millions.

C: I think so, too. So, I think that… the thing about that is I don’t believe in private charity. I contribute to it.

K: Yeah, we do.

C: We engage in it, but… I think that it’s a fundamentally flawed system because, when we contribute to it, we choose where our money goes, what values are being promoted and such. And I think that the whole charity system makes a lot of people feel like, “I don't need to do anything. Charity will take care of it.” And I think that that’s all well and good if everybody’s already having their basic needs met.

K: And why didn’t old girl just pick one problem in the world to fix?

C: Yeah.

K: She literally has enough money to pick one problem in the world and fix. Oprah literally has enough money to pick one problem in the world and fix it.

C: Yeah.

K: All of these super rich wealth hoarders have enough money to pick one problem in the world and fix it.

C: Well, I think that even when they do – like Bill Gates has been consistent for many years about malaria. So, his foundation has – is trying to eradicate malaria. He has given a lot of money to try and do that, but he’s also given a lot of money to try and reshape the education system in ways that he thinks is best.

K: To be STEM-focused.

C: Right. So, the ways that he thinks

K: So, science, technology

C: Engineering and math.

K: I always let Chad finish that sentence because, when I say STEM, he wants to say it right away, but he won’t let himself say it. Although I don't know why.

C: I don’t know. And for a while

K: And he holds himself back. And I see it. He’s like – you guys – he – sometimes, I wish that we recorded it except for the fact that I’m naked and like… that’s too far. And we’re not doing fans only. So, like, when I say STEM, you should see – Chad’s eyes light up like a kid at a candy store. And I’m like, “just say it babe.” And I’m giving him the “just say it babe” face.

C: Well, and I feel like I’ve got the best letter. I’ve got the M.

K: (laughs) So, I always do science and then pause, and he doesn’t say it, so now I just know I have to say “science, technology” because for some reason he won’t say the science and technology.

C: Yeah, I don’t know why.

K: Why won’t you say science and technology?

C: I’m not sure because I work in technology as an engineer with a degree in math.

K: Yes.

C: And before that I di – I edited science, so I’ve got all four letters covered.

K: Yes.

C: I’m like the EGOD of STEM.

K: You are. So, why won’t you say it?

C: I don’t know. I think because

K: Is it the science? Will you not say science?

C: I think it’s because, when the world is on fire, sometimes you just can’t say

K: (laughs) No, you’re not bringing me back. I’m staying on the STEM thing.

C: Okay.

K: You can’t

(laughter)

K: Hey, our Musick Notes will ride with us.

C: Yes.

K: They will ride with us through this conversation. Trust our listeners.

C: This branch about STEM.

K: Yes. Aww.

C: (laughs)

K: If you’re laughing, go ahead and encourage him on this one. He needs your support and love.

C: Thank you. Please root for me.

K: (laughs) So, I feel like, at this point, it is a yip for you to not say

C: I think so.

K: So, when I say STEM, in the future, just chime in and say science, technology, engineering, and math.

C: Okay.

K: Yeah?

C: Yeah.

K: He’s not going to do it.

C: It’ll be like a call and response.

K: Yeah, no. If you ever hear Chad say “okay” in that way, he’s like, “let’s move it on. I don’t want to talk about this anymore.”

C: No, you’ll be like, “we need to clean our stemware” and I’ll be like, “science, technology, engineering and math ware.”

K: Yeah. Y- you see, now, he’s making fun of me, so

(laughter)

C: I’m making fun of my future self who will be so accustomed to responding that way.

K: No, you’re making fun of me. Let’s just be clear.

C: (laughs)

K: It’s on the record, now. Our listeners have heard it. The people who read it. Our readers have read it. It’s there.

C: Okay.

K: So, I feel like, as someone who’s hard of hearing, I need to evolve my language and just – so, I’m not hard of hearing when someone calls me a listener when I’m a reader.

C: Mhm.

K: But I don’t know if our readers are ever offended when I say listeners when they’re reading it.

C: I’m not

K: I wonder if they feel left out.

C: I’m not sure because I’m more familiar with the

K: I value our readers.

C: I’m more familiar with it in the other direction. Where people who have dyslexia or whatever read books by listening to the audio.

K: Yeah. Like, listen to the audio while reading.

C: Right. Or just listen to the audio.

K: Because I’m hard of hearing and dyslexic. That is a party.

C: Yes, that is a party.

K: (laughs)

C: Or they just listen to the audio. And I would say that they have read the book.

K: Yeah, I would say that they have read the book also.

C: They just used somebody else’s voice to do the loop into their head, so

K: So – but, for someone who’s hard of hearing or deaf, would they prefer that I say they listened? I know some of our deaf friends would say “yeah, I’m a listener. It’s a podcast. That’s the medium.”

C: Yeah.

K: And I have sighted friends that still say see, like “let’s go see” – sighted friends, I have blind friends who still say “let’s go see”

C: Yeah.

K: So, yeah, our readers and our listeners. I want to be more inclusive.

C: Okay.

K: So, for me, I feel like billionaires, if they would pick one problem in the world that they could fix it. I think billionaires get high on the happy, and they think that they know how to fix multiple problems. And I think they go after multiple things instead of saying, “you know what? There’s this one problem that I actually have enough money to hire my own team of experts and listen to the experts in this field. And go after this one problem and fix it.”

C: See, and I think as son as you start talking about hiring a team of it, you’re envisioning yourself as being in charge.

K: No, I’m not.

C: Not you – I’m saying the general you. I think that if you were hiring a team of people to fix a particular problem – let’s say a medical issue or something

K: Yes.

C: That you’re… you’re still centering yourself if you think of it as hiring them to work for you on this issue. That’s still, in my mind, the billionaire mindset of “I have the money and the power to change society, and I’m going to change it in this way.” And sometimes we agree with them on the way they’re changing it, and sometimes we don’t, but

K: So, I think something like scooping all of the plastic out of the ocean.

C: Right.

K: That’s very cut and dry.

C: Yes.

K: Ending malaria. Making sure everyone in the world has fresh drinking water. Starting with the people in the United States.

C: For Americans. Not every billionaire is American.

K: Yeah. So, everybody acts like there’s drink – that everybody has clean drinking water in Canada. Not everywhere in Canada has drinking water.

C: No.

K: And not everywhere in Canada has plumbing.

C: No.

K: So – you know I have a thing about Canadians.

C: Yes.

K: So (laughs) I just don’t like that Americans act like Canadians are doing so much better. And that they’re so much better at everything than Americans. And, as an indigenous person, all you all are on stolen land. So… all you all are bad. Like, just as an indigenous person, I view… North and South America as stolen land. Because, if it’s not indigenous people living there, doing there thing under their own rule of law… with their own government system… they have been colonized, and the land is stolen.

C: Okay.

K: Yeah. I’m a hard liner on that.

C: I could get with that.

K: Yeah.

C: I saw a discussion a while ago… about the

K: Yeah, just like Japan is stolen land.

C: Yeah. Some of it.

K: So, I moved from one stolen land to another stolen land.

C: Some of it is stolen land.

K: All of it’s stolen land because the indigenous people who lived here are not in charge of it.

C: Well, some areas of Japan, there are no indigenous people who are still around

K: Because they were slaughtered.

C: Not necessarily.

K: Yes. Necessarily.

C: Okay. I don’t know enough about every area of Japan to say for sure. I know that we went and visited the Ainu people, and that the Ainu people of Hokkaido are still there and not in charge. So, that for example.

K: Okay, riddle me this, then: if someone came and lived on our balcony, which we never use, and we don’t own… would you feel like they were an invading force?

C: I’d feel like they were our neighbors from California come to haunt us.

K: (laughs) But answer the question: would you feel like they were an invading force?

C: I would absolutely feel like my privacy and my… my ability to control my local area had been compromised.

K: And that’s my point about indigenous land. We don’t have to be using every single centimeter of it for it to be ours.

C: Oh, look at you doing metric.

K: (laughs) Which is an evolution because he saw me forming the word inch (laughs) and changing it to centimeters.

(laughter)

K: Yes because I’m trying to be evolved here. I’m trying to get with the metric because there’s only like five or six countries that use the imperial system.

C: Yeah, I think the only two that use it in everything are the U.S. and Liberia.

K: Yes.

C: Other places use it in some aspects. Like the U.K. uses it in some ways.

K: Yeah. So, I have to get down with the metric.

C: Yes.

K: I have to.

C: Japan is on the metric system.

K: Yes. And it’s so hard when I – when I’m talking with clients, and if I’m talking anything to do with distance. Driving around with Rasta has taught me how far a kilometer is.

C: Mm.

K: And I was like, “wow. It’s not very far.”

C: Yeah, it’s about 60% of a mile.

K: Yeah, so I’m like – I always thought they were really close together, or else why would you do things in kilometers when we do them in miles? Because, again, America-centric thinking.

C: Yeah.

K: It’s like (laughs) we do it, which is what a lot of billionaires have. So, functioning while the world is on fire – a lot of people are having to function, and we are privileged in we’re still having – we’re not so privileged that we don’t have to function. We still have to get up, get dressed every day, and go to work. And… what that means is we get up, get dressed, and I go to my office in our home, and Chad goes to his office in our home, and we work over the internet. And we know that that’s a very privileged thing to do because some people – the working poor - -they have to get up and go. They don’t have a choice.

C: Right.

K: So, like, your conbini worker – they don’t have a choice. Conbini. Your convenience store worker, they don’t have a choice. Your Uber Eats driver doesn’t have a choice. So, I’m not bashing you for doing Uber Eats. I think let them get their bag. You know, let them secure their money. But when you’re going out into a store, and a store clerk asks you to wear a mask, wear a mask to protect them. It’s not about your rights. It’s about their rights. It’s about being considerate and not being so egocentric because they don’t have a choice about whether or not they have to go work at T.J. Max.

They don’t have a choice about whether they have to go work at Albertsons, Safeway, or whatever the grocery store – Walmart – wherever you’re going. Trader Joes. They don’t have a choice about it. Aeon. They don’t have a choice. So, I’m fully aware that all of the Aeon workers – they have to get up and go to work because they don’t make enough money not to. And, in Japan, they don’t give time off for COVID. They don’t care. They want you in the office every single day. No matter what. So, even our office workers are having to go in, and a lot of Americans are jacked up. They’re like… COVID is real. And… even people who are at risk still have to go to work.

C: Yes.

K: And I think I talked about how I help my clients get the right paperwork, so they don’t have to if they’re at risk.

C: Yeah, you’ve talked about that.

K: And… so, functioning when the world’s on fire – I had to take a week off at the beginning of August because I was just so depressed and porphed out. Because… nobody cares.

C: I feel like there’s a deep schism between… people like us who can afford to be at home because we can work from there and

K: It’s not that we can afford to be at home. You’ve always worked remote.

C: Yeah.

K: And I’m a therapist.

C: Yeah.

K: And, so, technology is allowing me to be able to do… my – like, ever since the invention of the telephone, there’s been telephone therapy.

C: Okay, so people, structurally, are able to work at home

K: Yes.

C: Are allowed to by their employers because they’re – that’s not a complete overlap.

K: Yeah. And not all of my clients stayed with me.

C: Right. And then people who must go to their job out in the world and deal with people and… recognizing that… we who are at home rely on the people who are going out to keep us functioning. So, we don’t have enough food in our house to go for the, you know, six months that… it’s been so far. We didn’t have six months’ worth of food and toilet paper and all of that

K: It’s been longer than six months.

C: Yeah, I’m just thinking 8 – 2. It’s been about six months.

K: Okay, for us being sequestered, it’s been six months.

C: Right.

K: But the whole COVID thing’s been longer than six months.

C: Yeah because it started in 2019.

K: Yeah.

C: So, and we don’t have another six months or two years or three years or whatever stocked up in our apartment. So, we count on people going to work so that, at the rare times we make a run out, which we try to limit to about once a week, somebody’s there working.

K: Yes.

C: And there are other people there shopping, so we can have very limited exposure because other people are having day to day exposure.

K: Yes.

C: And

K: I wish people would treat them with more respect and more dignity.

C: Yeah.

K: And I wish people would be like, “wow this person is making a huge sacrifice for me. Therefore, I’m not going to be a complete jerk and… get thrown out of the store and be angry.” And, so, like… when I go out, I was – the other day, I had to go to the doctor. And… I have to go to the doctor again, next week, so that really sucks. Going to two different doctors. I should’ve went to both doctors on the same day. But I don’t have the stamina for it.

C: And it’s so unpredictable how long it will take.

K: Yeah. And… no, and they’re both jerks.

C: Yeah.

K: I don’t like either one of my doctors, and, so it’s really just… challenging to go and see them.

C: Mm. Yeah.

K: And I kind of got sassy with my doctor last time because I wasn’t in the mood for his BS. And then it was like, okay. Just… ugh. It’s a whole thing. It’s a whole thing.

C: I’m aware.

K: Yeah. It’s a whole thing. So, my doctor doesn’t speak English, but he speaks on speaking English to me. And he has this script that he says in English. And… the script that he says to me in English doesn’t match any of my details. And… so, the script – I don't drink – so, the script includes, “do you drink? This is your liver function. Do you drink?” And so, my liver function is fine. Nothing going on there. My kidneys are fine. Nothing going on there. “Drinking is bad for your liver and your kidneys.” And it’s a whole thing, and I’m so sick of hearing it. “I don’t drink. You know I don’t drink.”

C: Yeah.

K: And I went on this long diatribe, “drinking will kill me. You know drinking will kill me.” And he says “yes. Because you have hereditary coproporphyria and lupus.” And I was so surprised like, wow, did you set me off just so you could show me that you finally learned how to say my illness?

C: (laughs) Which is interesting because

K: So, like, why did he do the whole other part of it?

C: I don’t know because every time you go, you get a complete blood panel because some of the medications you’re on can mess with your levels.

K: Yes.

C: The porphyria itself can mess with your levels.

K: Yes.

C: The lupus itself. So, if you’re going into pancreatitis or whatever, it’s important that we know that.

K: So, like, my amylase – my pancreas is doing great – amylase is how you measure – my pancreas, kidneys, and liver all doing great. But he still gives me a two-minute lecture on not drinking.

C: So, you come back every time with the blood results. Where he circled the ones that he’s talked to you about, and… most of the time, every one he’s talking to you about is normal.

K: Yes. And then he tells me that it’s normal. And here’s where it gets even wonkier: on the printout, it shows what it should be.

C: Right.

K: It shows what my number is, and then there is an arrow next to it showing whether it is high or low or neutral.

C: Right.

K: And so, the arrow – when it’s high – the arrow points up. When it’s low, the arrow points down. When it’s neutral

C: There’s no arrow.

K: Yes. So, like, I can read it myself.

C: Yeah.

K: Literally can read it myself. And they have this self-serve blood-pressure thing that gives you a ticket that does your blood pressure. And, in the era of COVID, I’m not sticking my arm in a ring that people have passed – like, everybody sticking their arm into this – I look at it like a COVID ring. I’m like, no thank you. I have my own at home.

C: Yes. You have your own sphygmomanometer.

K: Yes. Yay for you. You said it.

C: Thank you.

K: And, so, I checked my blood pressure before – and he knows I have my own at home because he knows I’m germy.

C: Because he recommended that you buy your own for home.

K: No, that was my previous doctor recommended

C: Oh, okay.

K: Yeah, the one who retired. My previous doctor who, if you listen to the episodes, had cancer, didn’t tell me he had cancer, saw me three months after he retired – like, went had treatment for cancer, came back, reopened his practice, and was seeing me.

C: That secrecy is an interesting thing in Japanese culture, and it’s not every Japanese person. But, when it comes up, it’s always just so striking. It reminds me of the administrator at Nagoya University

K: Mhm.

C: Who I spoke to in Japanese for two years, and then when I graduated

K: Spoke to you in English (laughs)

C: Spoke to me in English and apparently had been completely fluent the entire time.

K: Which was like she was rooting for you.

C: She was. She said

K: She was like, “ganbatte ne.”

C: She said, “well, you came, and you spoke to me in Japanese, and I heard it improve over the years that you were practicing it, so why would I ruin that by just speaking to you in English?” Okay, so this is how the professors who don’t speak Japanese have been getting along.

K: (laughs)

C: Because I was so confused.

K: I know because there are professors that don’t, and you’re like, “I don't know how they’re getting all their work done. They must – their assistants must be worked ragged.”

C: Yeah.

K: And I was like, whatever. I never thought about it.

C: (laughs)

K: So, functioning while the world is on fire. Some of us have to, some of us want to. Some of us don’t want to. Some of us have a choice, and some of us don’t. And… for those of us that don’t have a choice – and I consider myself to be one of the people who don’t have a choice – my lifestyle is comfortable, but I still need to work to pay my bills.

C: Right.

K: And I still need to work because… we’re doing a – like – complete vanity project called this podcast. Like, the Musicks in Japan, to me, is a vanity project. Do you consider it a vanity project?

C: I think, at this point, it is. It’s also an important social contribution.

K: (laughs)

C: You are a better person for having listened to this or read the transcript.

K: And you’re super, duper better if you’ve also gone over to our Patreon or our Ko-fi and bought us some Ko-fi man.

C: You’re not just better. You’re morally superior.

(laughter)

K: So, like… I’m super, super grateful for people tuning in and listening because we’re doing this as a way to connect with the world. And a way, like, in times like this, to… vent how we’re feeling.

C: It can be very isolating because the only people that you talk to on a regular basis are your clients.

K: Yes.

C: And it is absolutely not appropriate for you to dump your feelings on your clients.

K: No, not at all. Like, all is good in my hood every time I talk to a client.

C: And just by confidentiality rules, you can’t talk to them about each other.

K: No.

C: Like, “you know what Suzie said the other day” – you can’t do any of that. So, I feel like that in itself is very isolating for you even if you weren’t otherwise isolated.

K: Yeah.

C: But because we’re otherwise isolated, and I don’t talk to people a lot at my work. I speak to the same people every day, but we talk about work.

K: Yeah.

C: So, yeah, it’s… it’s nice to be able to talk to people, even if it’s just getting these words out there and then sometimes people will tweet at us or different things. So, yeah, the podcast is – is socialization.

K: Yeah, and it’s super exciting because we do Castos. And it’s super exciting. And our website also tracks it – to see the people listening and caring and… we’ve gotten a few comments on different episodes. And someone with hereditary coproporphyria actually commented.

C: Yeah.

K: On one of the episodes, and I was surprised they didn’t have more of a conversation with me.

C: Yeah.

K: About it. Because it’s such a rare disease.

C: It is.

K: That I thought that they would have – I would more than happy – I would’ve happily given them my email, but it’s like they commented, and then I responded, and then they didn’t comment any further. And they didn’t follow us on Twitter, so… (laughs)

C: Yeah.

K: Yes, I am all about following us on Twitter because I’m on Twitter every single day.

C: Well, you and I were on Yahoo Groups back when that was a thing.

K: Yeah. And there was a… HCP group. No, not HCP – it was a porphyria group because most of them had ACP. Acute

C: AIP.

K: AIP.

C: Acute intermittent porphyria.

K: Yeah. Which is completely different. There was only one other person with HCP, and she and I didn’t really get along. She was really gruff and really arrogant because she was diagnosed as a child, and she was completely bought into the treatment of – the treatment du jour of the time. And that was to go have

C: Heme.

K: Yeah. Go and have heme transplants. Which they now know are really bad, and you shouldn’t do it. So… I hope she stopped doing that.

C: I hope so.

K: Yeah, but I don’t know.

C: But I think that a lot of things like that – that’s another aspect of just getting by while the world is on fire – is that a lot of regular medical care has been disrupted. I know that yours has been disrupted to some extent, and mine has been disrupted to some extent.

K: Yeah.

C: And, thankfully, neither one of us needs anything intensive at the moment because I know of a lot of people who had been waiting for surgeries or need to go for different things that they’ve said, “sorry, we’re at capacity with COVID. We can’t do that.”

K: Well, and who would want to be in a hospital right now.

C: That’s another thing, yeah.

K: I felt really super, super happy that Japan is set up this way. This isn’t me being privileged. When I had my oral surgeries, my serious oral surgeries, the clinic was empty except for just me. And that’s because that’s the way this clinic has always done it because there’s only one doctor.

C: Right.

K: So, if he’s doing surgery, then

C: There’s no reason for anybody else to be there.

K: Yeah. So, it’s – it was really nice and really comforting.

C: Mhm.

K: But it felt really privileged. And I was like, “well, this is Japan, and this is the way that this person has set up their practice. This isn’t”

C: Well, the Japanese system for handling Corona Virus if you suspect you have it or actually have it is you call your regular doctor. They say, “don’t go to an appointment. Call your regular doctor. Tell them why you think you have it. And then, if they agree that it’s possible you have it, they will give you a referral to one of a few designated hospitals where they handle it.” To try and keep it out of the medical system generally.

K: Yeah.

C: So, in Japan, there hasn’t been the kind of infection rates of medical professionals that have been in the U.S., for example, because it is intentionally limited to specific medical centers where they are prepared for it.

K: But it is a really scary time in terms of… like… being – getting sick. Like, I’m really afraid of getting sick and needing to be hospitalized because I’m convinced that’s condemned me to COVID. Because whatever’s floating around a hospital, anytime I’ve ever been hospitalized, I get it.

C: Yes.

K: If I’m in a hospital that’s having a problem with staph, I get a staph infection. So… every hospital – and I think this isn’t commonly known in the public – every hospital has something that they’re fighting. Like, a general bacterial infection that they’re fighting

C: Some community infection.

K: Yeah, so every hospital has – and hospital workers come for me on this if you want to. Correct me on this if you want to.

C: I don’t think they want to. I think they want to say “yes, thank you for recognizing that we’re dealing with this.”

K: Yeah. So… it’s – there’s always some sort of bacterial or fungal or even influen – there’s always some sort of thing that the hospital itself is fighting to disinfect or fighting to keep surgical patients from contracting. And whatever that particular hospital is fighting to stop the spread of, I will get. So, I am the canary in the coal mine kind of thing.

C: Yes.

K: Like, I can go to a hospital, and I’m like, “alright, this hospital was fighting the flu, and now I have the flu.”

C: Mhm.

K: So, for me, being sick is really scary because, if it – I can’t go to a hospital that has COVID patients. And, right now, there’s… there are no beds.

C: Right.

K: There are no beds in intensive care, and… right now, in Aichi, there’s the Aichi Medical Center that treats cancer. And all of the cancer treatment patients are having – they’re overwhelmed right now because other hospitals did different cancer treatments. All of the cancer patients are having to now go to that hospital because they – cancer patients can’t go to hospitals that are treating COVID. So, it is affecting the medical ecosystem. And this global thing that, like, people are just – the world just isn’t getting under control except for New Zealand. That’s really braggy about it at this point because New Zealand is posting – I was surprised, like New Zealand was like “come to fresh, clean New Zealand.” Things like that. I’m seeing – on YouTube – I’m seeing commercials for… fresh and clean New Zealand.

C: Interesting because you’re not allowed to travel there, yet.

K: Yeah, but they’re boasting.

C: Mongolia has also done really well. So, Mongolia hasn’t had any community infections for quite a while. They repatriated all of their citizens when the pandemic started.

K: Yeah.

C: They said, “come back to Mongolia” and screened everybody and got them back in the country.

K: Yeah.

C: So, I think that each country’s dealing with it in its own way, and that way is not dealing with it, you’re at higher risk.

K: And I feel like Japan falls under the category of not dealing with it.

C: I do feel like Japan’s response has been…

K: Because, come on, the – the Summer Travel Initiative.

C: Yeah, which got

K: Complete

C: Eventually got significant backlash from the public, but I do feel like Japan’s

K: Immediately got significant backlash from the public. So, the Japan Summer Travel Initiative was that the Japanese government – so, the travel was greatly discounted, and… the travel – you would also get a rebate from the government if you travelled. If you traveled out of your city, and at the time – at the beginning of August, I want to say, it was over a hundred consistently.

C: Yeah.

K: In Tokyo. And then it became over a hundred mid-October consistently Osaka. And

C: Mid-July, yeah.

K: Hmm?

C: Mid-July.

K: Mid-July?

C: Yeah.

K: So… then… okay, by the beginning of August, it was over two hundred and often over three hundred

C: In Tokyo.

K: In Tokyo. And, in the beginning of August, it was consistently over a hundred in our city, Nagoya, and consistently over a hundred in Osaka.

C: Yeah. It started hitting a thousand cases a day nationally in late July.

K: And so, the Japan Travel – they said, “okay, if you live in Tokyo, don’t travel outside of Tokyo.”

C: Right. “If you live in Tokyo, you’re no longer eligible for it.”

K: Yeah, you’re no longer eligible. And Tokyo hotels don’t do it. Mind you, in Tokyo they still had – like, people – the hospitals were still so overrun with cases that they still had people in hotels.

C: Right.

K: Because there were no hospital beds.

C: Well, and the hotels are desperate for the business.

K: When they started the initiative. So, I was like what the hell.

C: Yeah.

K: And then everybody in Japan was like “what the hell?” Except for a group of people that were like “yay, let’s go travel” so I feel like the same people who said “what the hell” are the same people that traveled.

C: Mmm.

K: It’s super annoying to me. So, then they said, okay not for Tokyo. And then okay we’re going to greatly reduce it, and now they have cherry-picked cities that they’re doing it for. But it’s still in place. They still haven’t called a state of emergency. The still haven’t… done anything. They’re not going to do anything about it.

C: No. So, I think that what’s happened so far has just been more a combination of luck and the… existing prevalence of masks.

K: There hasn’t been like – there’s no luck. We’re seeing it go up and up and up.

C: No, I’m saying the fact that it didn’t

K: I think Japan’s going to catch on fire with it.

C: I think – I’m saying that it didn’t do that sooner.

K: I think Japan’s already on fire with it.

C: I think so.

K: I think – but like, if you’re listening to us from the United States… you’re like, “no. Japan’s anywhere”

C: Thousands for the whole country?

K: Yeah, like that’s not serious because you’re like a thousand a day. You know, in your city. Like, a thousand a day is nothing. But, for Japan, we’re on a tiny little island. And… you know.

C: Well, and exponential growth just means… a thousand a day can turn within a few days into ten thousand a day.

K: Yeah. So, it’s a really scary time, and… I’m happy that I’m over my depression, and that I’m functioning. And doing the podcast was a big part of helping me get over my depression because it makes me feel connected to the world at large. And I think because of things like looking at Castos – which this is not a paid at for, and they would really want to pay us (laughs)

C: If anybody wants to sign up for them, let us know, and I think we have a discount code. Not because we’re affiliates or anything but just because we’re customers.

K: Yeah, and everybody who’s a customer of Castos gets a discount code.

C: Yeah.

K: We’re able to see geographically, and so, for me, I feel really connected. I’m like “woop woop” to everyone out in Ireland. So, like, we’re mostly popular in the United States – it’s the U.S., Ireland, and then Japan for our popularity.

C: Yup.

K: Which I think is really cool.

C: It is.

K: And, so, I feel really connected to – to everyone. And we’re in every region of the earth except the Arctic. So, they’re not listening to us in the Arctic, and I wonder why because there’s researchers in the Arctic.

C: Antarctica. They are listening to us in the Arctic.

K: Okay, yes, they are. Sorry. So, go on. Say your thing.

C: I’m just saying Antarctica. I don't think they’re listening to us there.

K: Why aren’t the researchers in Antarctica listening to us?

C: So, Antarctica, the base there only has internet for a certain number of hours per day, and they have limited bandwidth, so I think that, probably, they’re not

K: Why don’t they download us.

C: I think they’re not having the bandwidth to download things like podcasts.

K: So, do you think – I think that they do download podcasts, and I’m wondering why don’t they download our podcast and then take us with them? But then that still wouldn’t have them – it still wouldn’t register as

C: Correct.

K: Okay. So, if you’re in Antarctica, and you’re listening to us, shout out to you. (laughs)

C: So, maybe – maybe a lot of the people in Ireland are getting ready to travel to Antarctica

K: Oh, to Antarctica and

C: Yeah.

K: Right on. So, we love all our listeners all over the world, and we’re so happy and so humbled and honored that you all listen to us. And we hope that you take that next step in the journey of becoming a Musick Note and follow us on over to the Patreon for the take two, where we’ll be talking about some more stuff. (laughs)

C: Yes. Where we’ll be talking about some more stuff.

K: Bye.

C: Bye.