

THE HAWAI'I HERALD

Hawai'i's Japanese American Journal

Living Legacies



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Hawaii's Japanese American Journal

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ON THE COVER

Ryan Kitamura is giving back by paying it forward. Kitamura was just a child when he was diagnosed with leukemia. He became a bone marrow transplant patient of Dr. Randy Wada. The treatment Kitamura received at Kapi'olani Medical Center for Women and Children inspired him to help others by becoming a nurse. He is pictured with Dr. Wada outside the Stan Sheriff Arena in 2014 following his graduation from the University of Hawai'i School of Nursing. Kitamura is now a pediatric oncology nurse at Children's Hospital of Los Angeles, where Wada did his residency training. *(Photo courtesy Dr. Randy Wada)*



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DIALOGUE

GEMS FROM SHUNICHI KIMURA

Karleen C. Chinen
Commentary

There are many days when I feel more like a traffic cop (scheduling and juggling feature stories) than a journalist. With an editorial “staff” of two — and that’s including myself — it’s hard not to feel like that. Between planning, scheduling, copy editing and other “stuff,” there’s just no time to get out and interview people the way I once did — I now have to rely on contributing writers for most of that.

While I often long for those good 'ol days, reading about the recent passing of former Hawai'i County Mayor and retired Big Island Circuit Judge Shunichi Kimura made me realize how I was blessed to have had the opportunity to interview people whom I considered the "giants" in our community. I don't mean "giants" in the superstar sense of the word, but rather because of the humanity that was part of their being. Judge Kimura was one of those people.

I arranged to interview him for the Herald's 1988 Big Island issue. As was often the case, I was told that I could have an hour at the end of his work day. Judge Kimura and I talked for almost three hours. He was that deep a person. He was humble to the core. I distinctly remember that we were the last ones to leave the State Building in Hilo — it was already dark outside when I left his chambers.

So, while I was sad to learn of his passing on May 20 in California, where he and his wife Grace had settled after he retired, I counted my blessings for having had that time to talk with him and to listen to his thoughts. He was truly a special person. I remember sending him a thank you letter after his story was published. He wrote back to me in beautiful cursive on lined paper from his goldenrod legal tablet.

I'd like to use this Dialogue to share with you some of the gems he shared with me.

- On school groups visiting his courtroom: “Our one standing rule is that we say, ‘Yes.’ So it’s not a matter of whether I can see them or not; it’s just when do they want to come?”

- On introducing children to their legal rights through the story of “Goldilocks and the Three Bears”: “I think it’s necessary that judges and lawyers spend time explaining the law and have children experience the law. Even concepts like ‘due process’ — people often ask me, ‘Why are you explaining ‘due process’ to second graders?’ I think it’s important that they understand what fairness is, and that the court is a place where you’re supposed to get fair treatment. That’s ‘due process.’”

- On receiving thank you letters from students who visit his courtroom: "I love receiving these letters. I answer them individually in the evening when I go home."

- On his early sense of justice: "As far back as my memory allows — and this is like the first or second grade — I have memories of being angry at the way workers and women and minorities were treated. . . . I remember growing up not only disliking those things, but also developing a sensitivity to people who needed help."

- On his issei mother Tona Kimura's commitment to education. She who was widowed in her early 40s, when Shunichi, her seventh child, was only 3 months old: "She had that first-generation commitment that the way out for her children was education, so *gakumon* (education) was something she conveyed. Anything that had to do with school, I don't think she ever said 'no' — it was always



Judge Shunichi Kimura

‘yes.’ She always said in Japanese how important it was. And she didn’t say, ‘Get an education so you can be rich.’ She always said get an education so you can understand the community . . . It was just the joy of learning and developing your ability so you could understand things.”

- On growing up poor in Mountain View: “I never knew what it was to be poor, because I didn’t know what it was to be rich. We were rich, culturally, and in family.”

- On his mother's reaction when he told her that Gov. John A. Burns had asked him to serve as a judge: "Will you hurt people?" What she was trying to say was that in making rulings, don't hurt people."

• On his mother's passing in 1977 at age 89: "In essence, I had lost both parents at one time. She had been both mother and father to me. It was 11 years ago, but it was a very traumatic thing, simply because of the role she had played with me, a comfortable role. I think it would have been easier for me if she had said, 'Wow, my son the mayor,' and taken that kind of approach. But it wasn't. She was always my mother, and that was the relationship that predominated."

- On his strong support for the Public Defender's Office and the Legal Aid Society: "The adversary system and our rules work well for those who can afford it, but it is a barrier to those who cannot afford it, simply because it takes time, money and perseverance. . . . There is an enormous number of individuals who need that kind of service and cannot afford it, and the legal process should be accessible to everyone, not just to those who can afford it. . . . I assure you that if sufficient numbers of the have-nots don't get a fair shake, you're not going to have an establishment. I guess if you wanted a revolution, that's the best way to do it."

- On his preference for mediation, especially in family law and child custody cases: “. . . so that people get as close to a win-win situation between the parties, rather than the traditional adversary one of somebody winning and somebody losing.”

- On employers and family issues: "If there's a court appearance for their children, employers should say without question, 'You go to those things, Mom and Dad.'"

- On society's responsibility to help troubled youth: "The load that our probation officers throughout the state carry is just too huge. A youngster 12 years old, for instance, who probably had 10,000 forces upon him or her that created the juvenile delinquent — you can't put that 12-year-old with a probation officer who has 60 to 100 persons and meets with them once a month or once every two weeks."

- On his “vices of desire”: Watching opera, which he once disliked immensely, on PBS: “I’m glued to it, clapping and yelling in the living room. Now they can’t tear me away from it.” On organic gardening in his yard: “The regeneration — it produces things and there’s no greater phenomenon than seeing things grow and bear without all the herbicides and pesticides.” On watching pottery being created: “I’m just enamored of people who make pottery and create things with their hands and the mud. To me, it is so much a thing of beauty — a part of life, a part of nature . . .”

Aloha 'oe, Judge Kimura . . . **HH**

THE HAWAI'I HERALD

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COVER STORY

LIVING LEGACIES

Dr. Randal Wada Veered Off His Career Course and Found His Life's Calling

Alan Suemori

Special to The Hawai'i Herald

It was not supposed to be this way. After only three years, Randy Wada was on track to graduate from Northwestern University and begin dental school in the fall of 1978. In his final undergraduate semester, he took a random course in molecular biology and cancer to fill out his schedule. The class would change his life.

Taught by Dr. Brian Spear, who had the extraordinary idea that laboratory research should be joyful and fun as well as serious and disciplined, Wada was given a set of articles by a scientist who had taken a cancer cell, surrounded it with embryonic cells and then injected it into a mouse. Instead of

Children's Hospital Los Angeles as a pediatric resident. In California, he met Jorge Ortega, a senior faculty member in the hospital's oncology department and a visionary in the field of pediatric cancer therapy. "He was Cuban, and when I arrived, he invited the entire department to his house and made Cuban food. I had never tasted anything so delicious.

"He was such a good teacher, and he was so good with his patients," Wada said of Ortiz. "For me, he modeled what a physician should be, and I wanted to be like him."

One incident in particular remains etched in Wada's memory.

"On a regular basis, doctors convened in a big group to discuss particularly difficult cases. As a resident, I sat in on one of those meetings and they were discussing this unusually complicated case about a child who was getting progressively sicker. But the doctors disagreed on how to treat her and could only argue amongst themselves," Wada remembers. "Ortega stood up and said, 'This child needs a doctor *now*, and we have to act.' In medicine, you want to be certain and bring as much data to your decision as possible, but there are times when you have to make the best decision with the information you have and go forward for the sake of the patient."

At the end of his residency, Wada disappeared into the research laboratory as a postdoctoral student studying an invisible world that he found increasingly fascinating. "I knew I wanted to specialize in pediatric cancer and I found out about this fellowship at UCLA in cancer immunology that would focus on molecular biology."

Surrounded by books, diagnostic equipment and cryptic charts, Wada became a medical detective, spending most of his days tracking down leads, solving riddles, investigating mysteries and deconstructing puzzles that were never what they seemed. "The most exciting thing we studied was a tumor called neuroblastoma, which was one of the most common pediatric cancers. Ortega called it 'the paradox of childhood' because it had so many faces. It could be localized to only a small part of the body, but by the time it was usually discovered, it was widespread."

What intrigued researchers was another incarnation of the tumor. Once again, it would be widespread, but with very little medical intervention, it would shrink and disappear. No one knew why a virulent tumor would suddenly change course and transform itself. Wada immediately recalled the series of controversial papers he had studied as a Northwestern University undergraduate. "Clearly, there was an on and off switch when it came to cancer and if we could figure out where it was and how to operate it, we could change cancer treatment in a powerful way."

In the middle of Wada's fellowship, a remarkable river of research data crested that would change how doctors understood the pathology of cancer. The first insight came with the discovery of a new class of genes called oncogenes that served vital functions in the body. One of those oncogenes was



Two-year-old Katy giving some love to Winnie, Kapi'olani's hospital facility dog.

called N-Myc and it was everywhere in a neuroblastoma cell. Some cells had as many as 200 copies of the N-Myc gene, which, ultimately, meant the patient would do poorly even if the tumor were small and localized. It became evident that the newly identified gene was an important key in

Continued on page 6



Winnie, Kapi'olani's hospital facility dog, is 8-year-old Tavin's favorite hospital playmate. (Photos courtesy Kapi'olani Medical Center for Women and Children)

running amok, the cancer cell normalized.

"At the time, it was all very controversial because we had been taught that your genes were your destiny. But this experiment was suggesting that if you surrounded the cancer cell with the right friends, you could change its future. I started to think that this is the way we should be treating cancer. Instead of trying to kill the cancer cells, maybe we should be rehabilitating them."

For Wada, there would be no turning back. He closed the door to dental school and began pursuing a medical degree at Emory University in Atlanta, Ga. While on a school shuttle ferrying him to classes, Wada happened to sit next to Dr. Victor Loui, who suggested that he consider pediatric oncology as his specialty. "Dr. Loui explained that kids did better than adults when given cancer therapy, and if they were saved, they had the rest of their lives ahead of them."

Wada took Loui's advice seriously and began to focus on helping kids overcome a disease that, at the time, seemed terrifying and overpowering to everyone.

Upon graduation, Wada headed west to work at



Pediatric oncologist Dr. Wade Kyono and his patient Luke, 15, fist-bump each other in Kapi'olani's Pediatric Ambulatory Unit after Luke's recent discharge after undergoing a haplo-identical bone marrow transplant with bone marrow from his father.

COVER STORY/Continued from page 1



Hawaii Marrow Donor Registry donor recruiter Roy Yonashiro (seated, far right) with Registry volunteers at a donor drive at Windward Mall.

understanding the development of cancer in the human body. What stunned scientists even more, however, was the realization that the gene could be impacted by the simple application of retinoic acid, which, sometimes, temporarily defused it. "This was the first time any kind of molecular biology was connected to cancer therapy. Today it is common knowledge, but in the '80s, it was a revelation."

After four more years of training, Wada joined the faculty of UCLA, where he saw patients, mentored postdoctoral fellows and ran his own research facility. He became firmly established at Westwood and his career blossomed at a speed even he couldn't have predicted. At that point, however, Wada's life changed direction once again.

Hawaii beckoned him home, as his mother began asking how long he planned to stay on the Mainland. "It was a difficult decision because everything was falling into place for my family. My wife had a thriving dental practice and I was being given more

cover more ground. There was so much need in so many different areas; I just kept adding things to my plate."

With Kapi'olani's support, the bone marrow transplant program grew exponentially and now offers children in Hawaii a level of treatment comparable to what they would receive on the Mainland. Consequently, Hawaii families are now able to remain at home and avoid the expense, stress and disruption of having to travel to the Mainland for their care.

"It normally takes a population of 3 [million] to 5 million people to support a specialty hospital like Kapi'olani, and we have a population of 1.4 million in Hawaii," explained Wada. "This makes it even more meaningful that Kapi'olani is able to provide Hawaii's families with quality, state-of-the-art care that allows them to stay here at home rather than travel to the Mainland. The support of the community, like the Children's Miracle Network fundraisers you see, helps Kapi'olani provide this level of care that is on par with the best specialty hospitals in the country."

teaching responsibility and research opportunities at UCLA. But I've never regretted the move," he said.

In 1996, Wada was offered a research position at the University of Hawaii Cancer Center. At the same time, Kapi'olani Medical Center for Women and Children was starting a bone marrow transplant program and asked Wada if he would be interested in becoming its director. It was Wada's chance to return home and still have a research lab and a clinical practice where he could care for patients. "When I was at UCLA, my career was very focused. When I moved back to Hawaii, suddenly, I was being offered opportunities to

the patient. Bone marrow transplants allow us to replace the patient's bone marrow with new cells after the radiation and chemotherapy treatments and sidestep the toxicity issue," explained Wada. "The incredible thing is that we are not just transplanting bone marrow, but a whole new immune system which recognizes the cancer cells as foreign and destroys them."

Bone marrow transplant therapy is a very specialized technique requiring precise and highly developed components, which Kapi'olani has put in place. And yet, the process of becoming part of the bone marrow donor registry and thus being identified as a possible donor is surprisingly easy and quick.

"People do not realize how simple it is," said Wada. "All we need is a swab of DNA from your mouth, and the actual extraction of the bone marrow is no more painful than the discomfort you suffer after an extended workout in the gym. And, you will receive concierge-level hospital care from start to finish."

As Wada dove deeper into his work with bone marrow transplants, more literature also began to surface about the value of umbilical cord blood. "Because the cord blood comes from newborns, it is very forgiving, and although there is little blood



Nicole Takashige, senior laboratory technician at the Hawaii Cellular Therapy and Transplant Laboratory, prepares samples for testing.

left in the cord, the concentration of stem cells is so high, even a little is enough to do a bone marrow transplant," he explained. "Moreover, if you have a patient that is hard to match, you don't need a perfect fit for the therapy to work. As a result, you can find more donors for more people." Considering that umbilical cords are routinely destroyed shortly after childbirth, Wada felt they were a remarkable gift that should not be wasted. In 1998, he co-founded the Hawaii Cord Blood Bank with Dr. Jana Hall.

"The advantage of cord blood is it can be collected up-front and frozen until it is ready to be used. Conversely, the advantage of a bone marrow transplant is that there is no need for preservation; in a way, the donors are our walking storage tanks," Wada explained. "The problem is that so many things can happen between someone signing up for the registry and actually donating the bone marrow: sickness, death, a change of mind. So, cord blood and the bone marrow transplants complement each other."

Out of the Hawaii Bone Marrow Donor Registry's file of 75,000 individuals, 400 matches have been made around the world. In addition, of the Hawaii Cord Blood Bank's 3,000 donors, 200 lives have been saved — lives that otherwise would have been lost. "Something that we can be proud of in Hawaii is

The patients that Wada treats are afflicted with the most aggressive forms of pediatric cancer, thus requiring much higher doses of chemotherapy and radiation than normal. "Without bone marrow transplants, you would ordinarily be wiping out the bone marrow and killing

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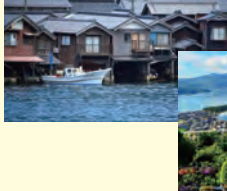
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Six-year-old Mikaela Bland Lessary with pediatric oncology hospitalist Dr. Kelley Chinen-Okimoto after being admitted to Kapi'olani for a haplo-identical bone marrow transplant.

that we have one of the highest registry rates in the country and our donor attrition rate is very low when compared to other states: Individuals who sign up follow through with their donation," said Wada.

Perhaps even more exciting is another new therapy that Wada is employing that utilizes bone marrow that only partially matches the patients in need. Called a haplo-identical transplant, the process infuses the patient with donor bone marrow that is an incomplete match. Normally, this would be fatal, as the immune cells from the donor mistake the normal cells of the patient as being foreign and attack the body. However, doctors can now unleash specially developed drugs that protect the beneficial cells of the patient, ensuring a much more positive outcome.

"We have already done seven of these procedures," says Wada, "and the outcomes are more than encouraging." With the closing of St. Francis Hospital, Kapi'olani has taken on the responsibility of maintaining Hawai'i's only stem cell transplant program and is helping to support the cord blood bank, the bone marrow registry and the stem cell processing lab, which prepares stem cells for actual use in the human body.

"Kapi'olani has taken on all of this because we know that if this all disappeared, no one would have the money to build it back up again. Without the processing lab, for example, we couldn't do the specialized tissue testing that is necessary for kidney, liver and eye transplants, so it even goes far beyond cancer therapy."

In 2009, Wada met Cheryl Albright, a professor at the University of Hawai'i School of Nursing, who proposed a collaboration to work with young adult survivors of childhood cancer. "Initially, I tried to get other clinical doctors interested in the project, but I started tagging along because the work was so compelling and then it started taking over my life."

What Wada was drawn into was the nascent field of behavioral cancer care that covered everything from diagnosis to patient counseling to end-of-life hospice care. The collaboration with Albright proved so fruitful that Wada ended up leaving the UH Cancer Center and moving to the UH School of Nursing at the Mānoa campus, where he works with Albright in creating inter-professional medical teams in providing a new standard of cancer therapy care in Hawai'i.

"Doctors don't know everything, so each team includes a physician, a social worker, an advanced practice nurse and a chaplain. Each member of the team provides their specific expertise, so the patient

benefits because there is so much more information available. We don't always win, and sometimes our patients die, but even in death, there is an opportunity to provide healing, and that opportunity cannot be lost. Patients and their families make these end-of-life decisions and having a medical team in place that can help them is invaluable."

Wada's focus now is to train health care workers to provide coordinated, efficient and multidimensional support in order to provide the greatest breadth of assistance and comfort possible.

"Medical education is more than just showing students how to apply the proper surgical techniques or how to compose a literature review or how to apply a critical eye to a case study: The chief thing to remember is that our patients are human beings who are going through what is the greatest challenge of their lives and they want to understand what their future is going to be and what's going to happen to them," says Wada. "Nobody has all the answers, but our job is to convey what their options are in language people understand. If we can give the patients and their families that, then they will be less scared about what they are confronting. In a sense, everything I do now is all about teaching, and it has become the greatest joy of my professional life."

While most of his contemporaries are either retiring or winding down their careers, Wada's schedule has only grown busier. He is currently the medical director for Kapi'olani Children's Hematopoietic Stem Cell Transplant Program, the Hawaii Bone Marrow Donor Registry, the Hawai'i Cord Blood Bank, the Hawai'i Cellular Therapy and Transplant Laboratory and an associate professor at the University of Hawai'i's School of Nursing. In addition, Wada returns to UCLA in the summer to teach several pediatric oncology classes to young doctors preparing for their pediatrics board examination. Ultimately, he credits his colleagues and co-workers for lifting him up and inspiring him to work harder and smarter because of their own conscientiousness and devotion to their patients.

"I am actually a very lazy person," he admits. "The only reason I can do all of this is because I am surrounded by such good people who are so passionate about helping others and doing the right thing: I cannot let them down, so I have to rise up and meet their standards and do my best, as well," he says.

Ultimately, Wada predicts cellular therapy like bone marrow transplants and cord blood therapy may find their greatest uses in treating noncancer conditions such as rheumatoid arthritis, Parkinson's disease, stroke and spinal cord injury. The possibilities are endless, wide open and already being explored.

"When I was in high school, two of my class-



Team Mikaela! Mikaela with her Kapi'olani medical team — and "Go Mikaela!" team — just before being discharged after receiving a haplo-identical bone marrow transplant from her father. Back row, from left: pediatric oncologist Dr. Wade Kyo-no, pediatric oncology nurse practitioner Dee Ann Omatsu, pediatric bone marrow transplant coordinator Lori Kaneshige and nutritionist Lauren Yasui. Front row, from left: clinical pharmacist Kristi Itagaki, Mikaela, pediatric oncology hospitalist Dr. Kelley Chinen-Okimoto, pediatric intern Dr. Robert Hagbom and pediatric oncologist Dr. Randal Wada.

mates died of cancer and today we probably could have saved them: I always think about that. One day, cancer will be as easily treatable as a chronic disease like asthma or diabetes, and I believe we will see that happen in our lifetime." **HH**

Alan Suemori teaches Asian American history at 'Iolani School. He is a former Hawai'i Herald staff writer.

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