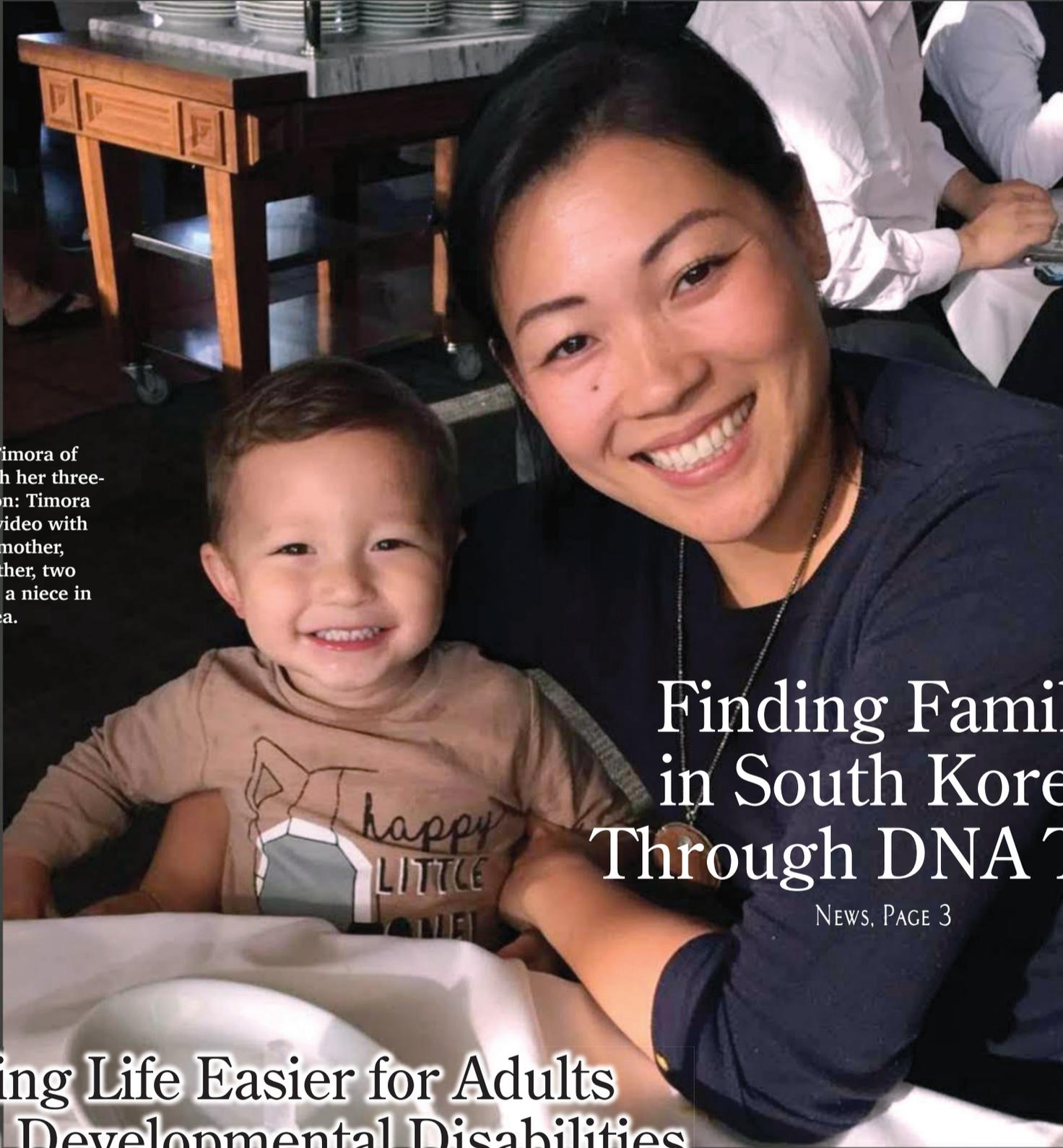


SENIOR LIVING

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Kimberly Timora of Vienna with her three-year-old son: Timora meets via video with biological mother, father, brother, two sisters and a niece in South Korea.

Finding Family in South Korea Through DNA Test

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McLean Student to Study Russian on U.S. Department of State Scholarship

Alexander Joel, a rising high school senior at The Potomac School in McLean, was awarded a National Security Language Initiative for Youth (NSLI-Y) full-merit scholarship to study the Russian language in Moscow, Russia for five weeks. NSLI-Y is a program of the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) that promotes critical language learning among American youth. Alex, competitively selected from approximately 3,000 applicants from across the United States, is one of approximately 500 students who will study Arabic, Chinese, Hindi, Indonesian, Korean, Persian, Russian, or Turkish this summer as part of the NSLI-Y Summer Intensive program. In response to the U.S. Department of State Global Level 4 Health Advisory, the overseas immersion program was converted to an online version this summer.

NSLI-Y is part of a multi-agency U.S. Government initiative launched in 2006 to improve Americans' ability to communicate in select critical languages, advance international dialogue, and provide Americans with jobs skills for the global economy. Many NSLI-Y alumni go on to pursue education and careers vital to U.S. national security and credit the program experience with helping them improve their academic, leadership, and cross-cultural communication skills.



PHOTO CONTRIBUTED

Alexander Joel

In addition to pursuing his interest in international relations, Alex is politically active, working on state campaigns, and interning for a member of the Virginia House of Delegates. Alex has been debating competitively since middle school and is the top ranked debater in Public Forum debate in Virginia. Alex and his brother, Ben, launched Intutorly.org, a non-profit organization with 70+ online volunteer tutors who work with elementary students in eight states to help curb learning losses caused by the global pandemic.

In addition, Alex was recently named a Topical Winner of the 22nd Annual National High School Poetry Contest by the Live Poets Society.

BULLETIN BOARD

Submit civic/community announcements at ConnectionNewspapers.com/Calendar. Photos and artwork welcome. Deadline is Thursday at noon, at least two weeks before the event.

COUNTY OFFERS 14 SATELLITE ABSENTEE VOTING

In anticipation of a high voter turnout, Fairfax County will offer 14 satellite locations for in-person absentee voting for the Nov. 3, general election. The Board of Supervisors established these locations during their July 14, meeting. For the 2020 presidential election, the county is increasing its absentee voting locations compared to the nine that were available in 2016. Election officials called for added locations because they are anticipating a high turnout — especially with the new state law that allows “no-excuse” absentee voting. Until now, voters were required to have a reason to vote absentee.

These 14 satellite locations will be open for in-person absentee voting starting on Oct. 14:

- Centreville Regional Library, 14200 Saint Germain Drive, Centreville
- Franconia Governmental Center 6121 Franconia Road, Alexandria
- Great Falls Library 9830 Georgetown Pike, Great Falls
- Herndon Fortnightly Library 768 Center Street, Herndon
- Laurel Hill Golf Club 8701 Laurel Crest Drive, Lorton
- Mason Governmental Center 6507 Columbia Pike, Annandale
- McLean Governmental Center 1437 Balls Hill Road, McLean
- Mount Vernon Governmental Center 2511 Parkers Lane, Alexandria
- North County Governmental Center 1801 Cameron Glen Drive, Reston
- Providence Community Center 3001 Vaden Drive, Fairfax

- Sully Governmental Center 4900 Stonecroft Boulevard, Chantilly
- Thomas Jefferson Library 7415 Arlington Boulevard, Falls Church
- Tysons-Pimmit Regional Library 7584 Leesburg Pike, Falls Church
- West Springfield Governmental Center 6140 Rolling Road, Springfield

These locations are currently proposed to be open weekdays from 1 to 7 p.m., and Saturdays from 9 a.m. to 5 p.m. However, the Fairfax County Electoral Board may decide to adjust these hours later this summer based on the interest in absentee voting by mail.

VIRTUAL CONCERT WITH WGTS 91.9

Together with WGTS 91.9, Tysons Corner Center invites you to watch the first-ever Virtual Summer Concert Series on Friday, July 24 from 6:30-8 p.m. Watch as American contemporary musical artists Matthew West performs live from the WGTS Facebook page. In addition, you will have the chance to win prizes, including a Meet-and-Greet with Matthew on Zoom following the concert, and \$500 to your favorite charity. For more information about the events and activity hours, visit www.TysonsCornerCenter.com.

FOOD LION STARTS INSTACART DELIVERY SERVICE

Food Lion, in partnership with Instacart, is making shopping as easy as opening an app. The availability of its grocery delivery service is expanding to 302 stores beginning this week. Customers can use Food Lion's To-Go website or the Food Lion To-Go app to confirm availability and place orders. To use the service, visit shop.foodlion.com or open the Food Lion To-Go app. Enter your zip code and select delivery. Food Lion grocery delivery via Instacart is available seven days a week from 9 a.m. to 10 p.m.



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The Kensington Reston is excited to partner with the Parkinson Foundation of the National Capital Area (PFNCA) to provide support to families living with the disease through the PFNCA Communication Club. The Club is a weekly speech-focused program that promotes wellness and prevention for individuals with Parkinson's disease and their care partners. Discussions will focus upon maintaining communication skills and will stress the importance of speaking louder to be heard in social settings.

Join us for an introduction to the PFNCA Communication Club along with an overview of Parkinson's and Q&A with Dr. Codrin Lungu from the National Institutes of Health. Then, continue to gather for weekly sessions, which will be led by Susan Wranik, a licensed speech-language pathologist.

Keep in mind that the PFNCA Communication Club is not therapy; it is a group approach to applying exercises and skills to help enhance communication skills. The program is available at no cost. To learn more about PFNCA, visit www.pfnca.org.



Dr. Codrin Lungu
Program Director
in the Division of
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Susan I. Wranik, MS, MA, CCC-SLP
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Responding without Force

Calls to 911 could be dispatched differently from the start.

BY KEN MOORE
THE CONNECTION

Only 40 percent of Fairfax County Police officers are currently trained in crisis intervention techniques.

“Never has this disparity been more clear to me personally than in the body camera footage of the recent incident in Gum Springs, where one officer clearly and responsibly worked to de-escalate and render assistance to a resident in mental distress, while another officer chose to escalate the situation to the point of violence — in my view without having made a meaningful effort to peacefully resolve the situation,” said Lee Supervisor Rodney Lusk in a Board Matter on Tuesday, July 14. “This is a disconnect that is not unique to Fairfax County, and one that other jurisdictions have succeeded in overcoming.”

What Rodney Lusk and Hunter Mill Supervisor Walter Alcorn propose could be a revolution in how services are delivered in a crisis because of the way 911 calls are dispatched from the start.

IN EUGENE, OREGON, a strategic triage initiative dispatches unarmed medics and mental health workers to 911 calls that do not contain elements of extreme violence or

criminal activity. Crisis intervention workers are able to alert law enforcement in few instances where they need additional support.

But out of 24,000 calls dispatched in 2019 in Eugene, only approximately 150 required additional intervention from law enforcement — a success rate of over 99 percent. The actions saved Eugene approximately \$15 million with its “significant positive downstream effects,” said Lusk.

“Jurisdictions in California, Arizona and New Jersey have instituted similar models to great effect, and I believe that the time has come for Fairfax County to evaluate the feasibility of following their example,” said Lusk.

Lusk said approximately 20 percent of calls made to 911 are for mental health crises.

“It’s become clear to us that we are asking our law enforcement professionals to do far too much,” said Lusk. “Today, in Fairfax County, if you call 911 your call will



Rodney Lusk

“We are regularly deploying officers to respond to calls that are principally mental and behavioral health crises, as opposed to criminal activity.”

— Rodney Lusk, Braddock Supervisor

almost certainly be dispatched to a Fairfax County Police officer. ... That means that we are regularly deploying FCPD officers to respond to calls that are principally mental and behavioral health crises, as opposed to criminal activity.”

THE SUPERVISORS APPROVED the resolution unanimously on Tuesday, July 14, at the Connection presstime.

“We want a thorough review of best practices,” said Chairman Jeff McKay.

Specifically, Lusk and Alcorn asked:

- ❖ That the Board direct the County Exec-

utive to assign the appropriate staff, including but not limited to the Deputy County Executive for Public Safety and the Deputy County Executive for Human Services to review our 911 dispatch and response system to enhance our Diversion First strategies by implementing systems for the deployment of trained unarmed medical, human services, and mental health professionals in instances where mental and behavioral health are the principal reason for the call.

- ❖ That specific consideration should be given to programs that have been successfully implemented in other jurisdictions, such as the model in Eugene, Oregon,

model, which has been in place for over 30 years.

- ❖ That the results of that study be returned to the Public Safety Committee with estimates as they relate to potential initial costs, long-term budget savings, the feasibility of a pilot program, and non-budgetary outcomes such as increased quality of service and decreased strain on our law enforcement professionals.

- ❖ And that a status update on this effort be shared with the Board no later than Oct. 1, 2020.

Finding Family in South Korea Through DNA Test

Kimberly Timora meets via video with biological mother, father, brother, two sisters and a niece.

BY KARINA SALIS
THE CONNECTION

For Kimberly Timora, taking a 23andMe test was an opportunity to learn more about her traits and medical history, but there was one other possibility she looked forward to the most.

“I was hopeful that it would connect me to someone related to me,” she said.

And that it did. Within one month of taking the genealogical DNA test, Timora, who was adopted from South Korea, connected with her biological parents, brother, five sisters and numerous nieces and nephews.

Back in February, Timora’s husband gifted her the testing kit for her birthday. Three weeks after submitting her sample, her results came back. Timora said she had barely glanced at the results



Kimberly Timora’s South Korean family gets together for a video call from Vienna.

page before her eyes locked in on one detail: she had a half sister.

“That’s the kind of stuff that you hope to find when you’re looking for your biological

family,” she said.

TIMORA said she messaged her relative through the 23andMe website. Her half sis-



PHOTOS CONTRIBUTED

Kimberly Timora of Vienna with her three-year-old son: Timora meets via video with biological mother, father, brother, two sisters and a niece.

ter responded and shared that she had also been adopted and raised in the U.S. Having found their biological family through her own search, she sent Timora pictures of them, including her aunts and uncle. To help piece together Timora’s background, her half sister contacted their adoption agency in South Korea and asked them to cross reference their files.

When the adoption agency replied, the

SEE DNA, PAGE 7

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SENIOR LIVING

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Handheld devices keep the elderly in contact with healthcare providers, family and friends.

BY MARILYN CAMPBELL
THE CONNECTION

On a recent summer morning, a group of college students gathered in Chantilly to sort and sanitize handheld devices ranging from smartphones to tablets. The equipment was given to a local medical clinic and then distributed to seniors who don't have the means to purchase their own, but need to stay connected to healthcare providers, family and friends.

"Through my work, I've seen seniors isolated at home," said Tanvi Nallanagula, a junior at the University of Virginia and an EMT (emergency medical technician). "This effort is important to me because I can't imagine being quarantined in my house without access to doctors or friends and family."

"Sometimes it's difficult for seniors to know how much medication to take, for example," she continued. "These devices will make it easier for them to ask for help and get the information they need."

The students, primarily college

juniors with an interest in medicine, founded the Virginia State Telehealth Access for Seniors, a non-profit organization with a mission to collect and distribute handheld devices to low income seniors and veterans. Once they collect and sanitize the devices, they contact clinics that serve those populations. "Clinics give us a ballpark of what they need and we tell them what you can reasonably deliver," said Sneha Thandra, a junior at Emory University and the Virginia State Lead for Telehealth Access for Seniors. "We've been talking with INOVA because they have so many clinics all over Northern Virginia. Within a month we'll have devices to donate to them."

The group is in need of smartphones or tablets that have cameras and the ability to connect to the Internet.

"There are people who have devices in their homes that they no longer use because they've upgraded," said Thandra. "Older and low-income patients tend to be more vulnerable and have more complicated medical needs. These

devices give them the opportunity to access care and prevent unnecessary medical complications."

"We're also collecting money from corporations, family, friends or through fundraisers to buy new ones," added Rachana Subbanna, a junior at the University of Virginia. "Anything helps, even \$5. If someone doesn't have an old device to donate, but wants to donate \$40, that's enough money to buy a device." The organization was founded in response to the COVID-19 pandemic and is part of Telehealth Access for Seniors, a national organization run by 120 volunteers in 26 states

In addition to devices, the student volunteers provide instructions and free tech-support. In order to continue providing this service in Northern Virginia, they need more volunteers and continued donations.

"An interesting approach is to focus on mental health," said Thandra. "We know that during this time a lot of seniors will be lonely so we wanted them to be able to connect with family and friends."

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Wanting to support Langley Residential Services because of its impact on the lives of people with developmental disabilities in the Northern Virginia community, Heidi and RJ Narang of McLean donated \$10K to the Vienna-based organization via their nonprofit, Narang Foundation.

Making Life Easier for Adults With Developmental Disabilities

The Narang Foundation donates \$10K to Langley Residential Support Services.

BY MERCIA HOBSON
THE CONNECTION

“We feel strongly that every person, no matter their challenges, deserves the opportunity to thrive, and have a support system behind them,” said RJ Narang of McLean. Vienna-based Langley Residential Support Services recently received a \$10,000 donation from the Narang family, RJ and Heidi, via their Narang Foundation. The gift provided support to Langley as the nonprofit operates programs serving approximately 55 adults with developmental disabilities.

One critical program is the organization’s Community Support Program serving 31 persons who live in their own homes or with family members. Another is Langley Residential’s six houses located in various Fairfax County communities offering residents either supportive or intensive assistance based on need. The organization also provides Private Pay Direct Support and Life Enrichment Programs. Disability impact is different for each person and sometimes regresses with advanced age. According to the Langley website: “This is where our work begins.”

RJ NARANG is a board member of the donating foundation and a McLean-based small business owner. “Our family has chosen to support Langley Residential because of the impact it’s having on the lives of people with developmental disabilities in our community...The programs they provide are so valuable in helping these people live a happier and more manageable life, and we thank them for that,” Narang said.

Rob Blizzard, of Langley Residential, said one resident, Jennifer has lived at a Langley residence since March 2008. Her home is what the organization calls “The Junior

League House in Fairfax,” because the Junior League of Washington has been such a strong supporter of Langley Residential. Jennifer shared her thoughts about what she liked about Langley Residential. “I get to go out in the community to movies, restaurants and bowling...(and) I have a lot of friends in the other houses. We get along well with each other...They are reliable and helpful. They listen to me when I am down or when something is wrong or when I tell them I feel sick. I get up early and do my chores without being told...I cook Tuesday, Friday and Sunday.” According to Langley Residential Board Chair, Doug Duvall, as a small nonprofit, Covid-19 has had a significant impact on the organization. “The cost of serving those with developmental disabilities has risen substantially, and the Narang family’s donation will truly help us help those most in need,” he said.

IN THE LAST FEW YEARS, the organization identified an emerging concern. “Langley Residential’s big need at this time is finding funds to retrofit our homes for aging residents... More than 90 percent of our residents are over 45, and a number are officially senior citizens at age 65 or older. Many of these folks have been living happily with us for decades, and we seek to upgrade facilities, such as making bathrooms handicapped-accessible and building ramps from driveways to front doors,” said Betsy Schatz, Executive Director.

Langley Residential Support Services is an IRS 501(c) 3 charitable organization. Along with operational expenses, additional funds necessary to retrofit residences and other needs, along with the impact of COVID-19, resulting in increased staffing, food and supply costs, donations of any amount would be much appreciated. Visit <http://langleyresidential.org/planned-giving.html>.

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An expert is someone who knows some of the worst mistakes that can be made in his subject and how to avoid them.
-Werner Heisenberg

DNA Brings Family Together

FROM PAGE 3

two learned they weren't half sisters and that Timora was actually her newfound relative's biological aunt. Timora said the agency confirmed she had been the youngest of seven children. The aunts and uncle she saw in the photos were actually her siblings.

Using a contact number provided by her relative, Timora sent her family a WhatsApp message. Unsure of how soon she would hear back from someone, she said she focused on continuing with her day-to-day life as usual.

"Don't keep holding your breath," she said. "Keep living. When it comes it comes."

The following morning, Timora said she woke up to two missed calls from a Korean phone number. She had also received an email from her biological brother asking to connect through an instant messaging app. After an initial exchange of pictures and brief questions, the family had their first video call the next day. Timora said her biological mother, father, brother, two sisters and a niece joined in.

"We're just on the phone staring at each other, waving and crying," she said.

Through high emotions and jumbled online translations, the family was still able to communicate and learn about each other. Shared blood types and a dislike for humid weather were just a couple of the things they bonded over.

"It was amazing to look at my mom and dad and say I look like you, that's a mannerism of mine," said Timora, who was raised by her adoptive parents in Aspen, Colo.

Timora's biological parents gave her up for adoption because they struggled financially and felt they were unable to care for her.

Her father had a difficult time finding work after losing an arm at war, and her mother became ill after giving birth to her two youngest children. Timora said her parents shared details on their difficult decision to give her up, like the sudden regret they felt after leaving her, and how they hoped a distinctive bump on her ear would help them find her one day.

LEARNING that her biological family never gave up searching has been an important part of the process for Timora.

"For me, emotionally, it's lifted so much weight from my heart knowing that they looked for me and they searched for me," she said.

Timora and her biological family continue to stay in touch via daily texts and occasional video calls. She said her six-year-old daughter and three-year-old son have also been present for some of the calls. Once the COVID-19 crisis is over, she plans to travel to South Korea to meet her family in person.

"Had it not been for the pandemic I probably would have already booked my flight," she said.

In the meantime, Timora said she has something special to look forward to. She is also keeping herself busy.

"I'm trying to learn Korean, which is a super slow process."

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Growing Pains



By KENNETH B. LOURIE

After more than six months away from the infusion center, due to the treatment for my papillary thyroid cancer stage II, I make my return on Wednesday, July 22. My non small cell lung cancer stage IV for which I have been treated since early March, 2009, once again becomes front and center after having been back-burnered since early January while we addressed my thyroid cancer. Out of an abundance of caution and concern for the risk of miscellaneous drug/treatment interactions, both cancers couldn't be treated simultaneously. Now we go forward in hope, just like we did 11-plus years ago.

Having completed the thyroid cancer treatment protocol after a recent CT scan showed no residual signs of cancer, I am now free - so to speak, to return to the scene of crime - to euphemise, and resume treatment for my underlying/pre-existing lung cancer. I am also returning for treatment because during the six month interval when I was not receiving any current lung cancer treatment, the lung cancer tumors grew. My oncologist was unable to characterize the growth, other than to say there was growth everywhere, (he didn't say a little; he didn't say a lot). For some context, he did read aloud some comparative tumor measurements written in the radiologist's report which were less than ideal. No matter. Cancer is by itself less than ideal so that's nothing new, really.

The theory of immunotherapy is that it trains your cells to fight the cancer regardless of whether the patient receives current treatment or not so the battle continues. Now whether my six months of not receiving treatment was responsible for allowing this growth or kept it from getting worse, my oncologist wouldn't say. What he did say/recommend was that we restart the opdivo (immunotherapy that I had been on for the previous year) since it had been effective for the year during which I was receiving regular bi-weekly infusions. However, I'm scheduled for my next CT scan in only two months instead of the usual three months so that my oncologist can make an assessment sooner rather than later. In the absence of any new symptoms before or at present, the scan becomes the arbiter of my destiny. (I imagine waiting for the results of that September scan will be stressful.) But this is life in the cancer world, and the longer I experience it, the luckier I'll be.

In the interim, I am happy to go forward and resume my treatment. Nearly all the medicine that has previously been prescribed for me has been successful at managing my cancer (keeping it stable) so I have a reasonable expectation that my next two infusions will yield encouraging results. Nevertheless, I am well aware that any guarantees left the building on Feb. 20, 2009. That is when I first received a phone call from my internal medicine doctor advising me that the previous week's lung tissue biopsy had indicated a malignancy.

Slow forward to the present (one does not go fast forward enduring cancer) and I will be back in a very familiar place: the infusion center. Though I don't view my return as one of a conquering hero, I am still alive and reasonably well after being treated for a second cancer while my original cancer was not in remission. (No small accomplishment.) Nor was it in hiding. To invoke one of my late father's favorite words: the treatment for my lung cancer had been held "in abeyance."

Now the 'abeyance' is over and I am back to being a garden variety non small cell lung cancer patient. The delay in my treatment caused some damage I presume but it doesn't really worry me yet (talk about naive). I'm glad to once again be current - and active, in my treatment and I continue to remain positive about the negative. My oncologist has referred to me as his "third miracle" (after having survived so long after an initial "13 month to two year" prognosis). However, that was then. This is now.

I don't think my ship has sailed but there does appear to be some activity down at the docks. No matter, I'm an excellent swimmer.

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