

In Japan, the Pandemic Has Shattered Abe Shinzō's Great Power Dream

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Abe Shinzo's government was slow to respond to COVID-19, lagging behind neighbors like South Korea. The public health crisis has been worsened by the recklessness of Abe's foreign policy, which relies upon an erratic US sponsor whose bases are a vector for spreading the disease.

The year 2020 should have been a triumphant one for Japan. The omens were good. May 2019 saw the inauguration of the new "Reiwa" imperial reign, after the voluntary abdication of the Emperor Akihito in favor of his son Naruhito. Soon after, in November 2019, Abe Shinzō became the longest-serving prime minister in Japanese history.

With Abe at the helm, now in his fourth term, Japan [expected to](#) present itself to the world at the Tokyo Olympics as having recovered from the triple catastrophe of 2011 — the Fukushima earthquake, tsunami, and nuclear meltdown — and the long period of economic doldrums that followed, celebrating the Olympic games as a moment of renewal and hope. Abe would then fulfill his lifelong ambition by revising Japan's 1947 constitution, establishing the country as a great power, with armed forces able and ready to project national strength on the world stage.

But it was not to be. In December 2019, China notified the World Health Organization (WHO) of the mysterious virus that was to become known as COVID-19. From an epicenter at Wuhan in central China, it began to spread, surfacing in Japan by mid-January. On January 20, the WHO declared a Global Health Emergency, and on March 11, it branded the crisis a pandemic.

Slow Response

Focused on the Olympics, Japan was slow to respond. Until early March, it allowed direct flights to and from China to continue. Neighboring South Korea, by contrast, took immediate steps to close its border. While Japan actively discouraged tests, except for the old or those who had suffered high fever and other symptoms for more than three days, South Korea concentrated on mass testing.

By the end of February, Japan had conducted 165,609 tests and identified 1,088 infections, but South Korea, with a much smaller population — 52 million people to Japan's 125 million — had tested 200,000 and confirmed 7,000. South Korea successfully flattened the curve. Japan did not. Restricting tests to small numbers of people, it found only a small quantity of those infected.

From February 3, disastrously, the Japanese authorities detained the *Diamond Princess* cruise ship, with its 3,700 passengers and crew, offshore from Yokohama. This enabled it to serve as an incubator, spreading the disease first among the detainees themselves, then more widely once the passengers and crew were allowed to disembark on February 21. As Isabel Reynolds [wrote](#) in the *Japan Times*:

The Abe government waited until Feb. 1 to bar visitors with symptoms, tested only a tiny

fraction of possible cases in the initial days, and moved suddenly last week [early March] to quarantine arrivals from China after the pace of infections there had begun to slow.

Yōichi Masuzoe, former minister of health (2006) and governor of Tokyo (2014–16), has described the Abe government's handling of the crisis as "disastrous."

Crisis Management

On February 26–27, the government belatedly called for all public events and gatherings — sporting, cultural, etc. — to be canceled or postponed. It also "requested" all schools and other educational institutions to close for approximately four weeks until the opening of the spring school year in April.

Controversially, Prime Minister Abe took these steps against the advice of his chief cabinet secretary and without consulting the minister for education — an approach that was in keeping with his [increasingly authoritarian turn](#) since 2017. The school-closure order came alongside a contradictory directive from the minister for health that kindergartens and nursery schools should remain open.

On April 7, as the infection rate was rising, Abe proclaimed a [state of emergency](#). At first, this only applied to major urban centers and for a period of one month, but the government later extended it to the whole country and for an indefinite duration. Nonessential services — restaurants, retail stores, theaters, and sporting facilities — had to shut down.

The authorities asked people to "self-regulate" by avoiding closed spaces, crowded areas, and settings with close physical contact (conveniently referred to in Japanese as three "closenesses," or *sanmitsu*: *mippei*, *misshu*, *missetsu*). Although the word "emergency" had an ominous ring, the government made no provision for compulsion. The country was, Abe said, in the grip of the "greatest economic crisis since the end of World War II."

The government backed up its policy with a flood of public money. It designated a staggering 117 trillion yen — approximately \$1.1 trillion, more than 20 percent of Japanese GDP — for [crisis management and relief](#), including the Abe-esque gesture of supplying two washable cloth masks for each household, and a 100,000 yen (\$936) handout for each Japanese person, children included.

"The Collapse of Emergency Medicine"

With the Olympic Games postponed — the announcement came on March 24 — the number of infections in Japan rose more than sixfold during April, from 2,384 to 14,281, with deaths increasing from 57 to 432. By the end of the month, Japan had conducted just 165,609 tests and identified 14,088 infections — figures that were kept low by the policy of confining tests to elderly people who had suffered high fever for more than three days. At that point, South Korea had tested more than 600,000 people and discovered 10,700 infections.

In comparative terms, however, the [infection rates](#) in Japan and South Korea alike were very low. Japan, at just 11 infections per 100,000 people at that time, was lower than South Korea (21), and well below Iran (112), Germany (188), France (194), the United States (314), Italy (333), and Spain (451). China outperformed the world at 6 infections per 100,000. But such figures must be read with a caveat.

First of all, Japan's rate of infection continued to rise over the following month — it [reported](#) 236 additional cases of infection and 26 deaths on April 30 — while South Korea hit zero and stayed close to it. Second, expert Japanese opinion pointed to the peculiarity of this virus: many of those infected showed very mild or even no symptoms, which meant that, in the absence of a thoroughgoing testing regimen, it would go undetected. The [real infection rate](#) in Japan might

therefore be as much as ten times greater than the officially declared rate. The same may, of course, also be true of other countries, such as the United States.

Hospitals in Japan complained of overcrowding, understaffing, and lack of personal protective equipment (PPE). Increasingly, they were turning away sick people as they struggled to cope with surging numbers of coronavirus infections and a collapsing emergency medical system. The Japanese Association for Acute Medicine and the Japanese Society for Emergency Medicine issued a [joint statement](#) saying that “the collapse of emergency medicine” had already happened, in a precursor to the overall collapse of medicine.

With new cases in Tokyo and other Japanese cities beginning to spike, the *Japan Times* in April [reported](#) 931 cases of “ambulances getting rejected by more than five hospitals or driving around for 20 minutes or longer to reach an emergency room.” This included one instance of “an ambulance carrying a man with fever and breathing difficulties [who] was rejected by 80 hospitals and forced to search for hours in downtown Tokyo for one that would treat him.”

As the country entered the [Golden Week](#) season of extended holidays in late April — a time when people usually flock to recreational or family gatherings — there were reports, accompanied by startling photographs, of a “ghost archipelago,” with planes, trains, restaurants, theaters, and city centers empty.

Rogue Ally

Beyond the public health crisis, the pandemic has shaken the viability of Japan’s national policy of clientelist submission to the United States (“100 percent support”), long unchallenged. This time, the international framework upon which Japan, as a major industrial state, depended was wobbling.

As border closures spread and economies contracted, the superpower at the center of the globalized economy reacted — in the words of [George Parker](#) — “like a country with shoddy infrastructure and a dysfunctional government whose leaders were too corrupt or stupid to head off mass suffering.” In place of serious leadership, the United States was offering a potpourri of “wilful blindness, scapegoating, boasts, and lies.”

No institution was more hostile to the principle of the “three avoidances” than the US military on its bases, battleships, and submarines. The rate of infection in the US military [ballooned](#) from 770 to 4,704 in the month of April. By early May, 102 sailors on just one ship, the nuclear-powered aircraft carrier *USS Theodore Roosevelt*, had tested positive, and the ship’s captain [pleaded with Washington](#) for help.

Because they are able to come and go entirely free of Japanese government regulation, the 57,000 military and 7,700 civilian personnel at US bases in Japan are the [functional equivalent](#) of *Diamond Princess* cruise ships. As retired admiral James Stavridis, formerly NATO’s Supreme Allied Commander Europe, observed, warships constitute a “perfect breeding-ground for the coronavirus.”

In mid-April, according to several reports in local media, the virus had been detected at the construction site for the US Marine Corps base that is being built in [Okinawa](#), forcing at least a temporary suspension of works. If infection was to spread among security guards, construction workers, or protesters, this would mean further delays to the project, already decades behind schedule, constituting a major problem for US-Japan relations. In the short term, it would also overwhelm the local hospital system.

By the beginning of summer 2020, Japan had little to celebrate. The virus was not under control. The Olympics had been postponed and might yet be canceled. The economy was reeling, the country’s

citizens sickening and dying. The capacity of the virus to slip undetected across frontiers and wreak havoc challenged the Abe government's idea of security. Last but not least, the country upon which Japan staked its destiny had itself become a "failed state."

Gavan McCormack is emeritus professor of Australian National University, editor of the Asia-Pacific journal *Japan Focus* and author of many works on modern Japan and East Asia, which are commonly translated and published also in Japanese, Chinese, and Korean.

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