COVID-19 rages across Japan as government slashes mitigation measures

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Japan is currently experiencing its worst surge of COVID-19 cases for the entire pandemic, driven by the highly infectious BA.5 Omicron subvariant. Cases have reached record highs while deaths over the last two weeks are near the highest in the world. None of this has given the Japanese political establishment pause as it pushes to eliminate all virus mitigation measures at the behest of big business.

Cases began to skyrocket in early July. Since then Japan has registered numerous record-highs in daily cases, including the current highest total in one day of 261,252 on August 19, according to the Worldometer COVID-19 tracker. As of August 24, a total of 17,325,025 infections have been recorded throughout the entire pandemic.

In addition, in the last week alone, 1,852 people have died, second in the world only to the United States. On August 17, there was a record-high number of daily deaths from COVID-19 as well, hitting 300 for the first time.

Furthermore, 15 people per million have died over the past seven days, making Japan the deadliest country for COVID-19 in Asia, nearly double South Korea and Taiwan, which both saw 8 people per million die over the same period. According to official figures, which underestimate, 37,277 people have died throughout the entire pandemic.

Demonstrating how widespread the virus is in the population, Prime Minister Fumio Kishida of the ruling Liberal Democratic Party (LDP) became the latest world leader to contract COVID-19, testing positive on August 21. The government stated that he was working from isolation and resting at his official residence, where he will have access to treatment far beyond what the average Japanese worker can receive.

As a result of the surge, the healthcare system is once again being overwhelmed, demonstrating that the government has taken no serious steps during the pandemic to ensure sick patients can receive the care they require. Kanagawa Prefecture currently has a hospital bed occupancy rate of 91 percent while Okinawa, Shiga, and Shizuoka Prefectures all have occupancy rates over 80 percent. In the densely populated capital, Tokyo’s hospital bed occupancy rate is 60 percent.

The extremely limited measures Japan has taken in the face of the current health crisis include distributing less accurate rapid antigen tests, so that people can test at home and then register their results with municipal health centers. This only encourages people to recuperate at home instead of seeking medical help.

Healthcare workers are also facing mass infection. Fumie Sakamoto, a nurse and infection control manager at Tokyo’s St. Luke’s International Hospital told the Japan Times in early August, “Medical workers are human beings, just like everyone else. Since the arrival of BA.5, we have seen an inevitable rise in the number of medical workers who are testing positive or who are suspected of being infected even if they test negative.”

Despite these realities, Tokyo is treating the COVID-19 pandemic as no longer serious. In fact, the government is downgrading COVID-19 to a less serious category of illnesses, thus reducing what healthcare workers are required to report. The current surge in deaths, however, exposes the fraudulent claim that COVID-19 can be treated like other illnesses such as the flu or the common cold.

The huge number of COVID infections last month did not stop the government from further slashing the last remaining mitigation measures. Tokyo announced on July 22 that it would reduce the isolation period for
close contacts from five days to three days, so long as the contact tested negative on the second and third days. Untested contacts had their isolation period reduced from seven to five days. That same day, Kishida told the Japan Business Federation, known as Keidanren and the largest business lobby in Japan: “We are not considering new restrictions on movement at this point.”

However, even the limited virus measures that remain in place are too much for the financial establishment. Nikkei Asia published an article on August 13—as daily cases surged past 200,000—titled, “Japan’s tight COVID rules stand out as virus risk ebbs.” While admitting that “COVID-19 poses more of a threat to elderly Japanese and other at-risk segments of the population,” the article demanded that the government lift the few remaining testing and quarantine requirements for travel and close contacts.

The government is now doing just that. Kishida announced on August 22 that his government would take steps to raise the cap on the number of overseas tourists visiting Japan from 20,000 to 50,000. Testing requirements for those entering the country who have received a vaccine booster shot are to be scrapped, a prelude to ending the testing of arrivals altogether.

The Nikkei Asia article claimed that COVID is no worse than the flu for those under 60, the implication being that older and elderly people should accept an early death. The response from the ruling class around the world to the pandemic contains more than a whiff of eugenics. Governments and big business see older, retired people as a drain on their profits, no longer producing surplus value.

At the same time, the establishment ignores the debilitating impact of Long COVID on those who have been infected, including damage caused to a person’s organs. Children who have contracted the virus are at higher risks for developing blood clots in the lungs, heart inflammation, kidney failure, and Type 1 diabetes, in addition to other serious health complications.

None of the establishment parties—from the ruling LDP and main opposition Constitutional Democratic Party of Japan to the right-wing Nippon Ishin no Kai and the Stalinist Japanese Communist Party—has advocated measures to eliminate the virus as the only means of halting the pandemic.