

Japan plans to downgrade COVID-19 classification

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Amid the most recent COVID-19 surge and Japan's greatest daily number of deaths to date, Prime Minister Fumio Kishida announced at the end of January that the virus would be reclassified on May 8, from a Category II disease (like tuberculosis) to a Category V disease (like the seasonal flu).

Along with normalizing the explosive spread of a dangerous infectious disease, the reclassification of COVID-19 gives the government a legal basis for reducing services and cutting corners. "We'll consider shifting various policies and measures in stages to bring Japan back to normalcy," Kishida told reporters, expressing a determination to fully reopen the economy and boost production.

The policy will scrap mitigation measures for close contacts when cases surge. The same government that recently announced plans to double their military budget to 43 trillion yen (\$US316 billion) will also use the reclassification to end financial assistance for hospitalized COVID-19 patients.

The change also means that any hospital will now be able to accept COVID-19 patients, not just those with a special government designation. This particular mechanism is especially underhanded, as non-designated facilities do not share COVID data with the government, thereby artificially suppressing case numbers.

Ken Kobayashi, the former head of Mitsubishi Corporation and the current chairman of the Japanese Chamber of Commerce and Industry (JCCI), praised Kishida and the ruling Liberal Democratic Party (LDP) after their announcement. Kobayashi claimed "the best economic policy" was to increase commercial activity by accepting coronavirus infection as just a part of daily life.

On February 10, the LDP leadership announced that

the government will ease mask-wearing measures on March 13. The policy represents an official shift to what has long been an unofficial policy—to normalize mass infection. Japan has never mandated masks, but the existing advisories for masking in public schools and transportation will be reduced.

Despite the government's stance, mask-wearing is heavily adhered to in Japan. On the trains during rush hour, in the grocery store, or even walking outdoors in the summer heat, residents are seldom seen without a face mask. Even after restaurants and businesses were fully reopened in 2022, Japanese residents continued to wear masks in public spaces.

However, the fact that even the most basic preventative measures like mask-wearing are now left to personal choices is indicative of that the government prioritizes profits over human lives.

In January, Japan suffered its highest number of daily COVID-related deaths since the start of the pandemic. Deaths peaked at 503 deaths on January 14, and maintained a 7-day moving average of 300 COVID-related deaths per day last month. In just over 30 days, 10,558 more people have died due to COVID-19. These grim figures were even higher than Japan's massive surge during the summer, when 7,504 people died of COVID-related complications last August.

Japan has seen an unparalleled explosion of COVID cases due to the government's decision to end even the most basic mitigation measures such as testing requirements and travel advisories. Two years into the pandemic, Japan had reached 2.7 million cases in February 2022. Over the course of a single year, by February 2023, Japan suffered almost 33 million confirmed cases—an increased infection rate of more than 1,000 percent.

The real figures are much higher than those reported

by the Japanese Ministry of Health, as their COVID-19 data only reflect cases reported at designated medical facilities, and do not count the cases of individuals recovering at home. Those most at risk including individuals with chronic illnesses and the elderly are often not even counted in the official totals as their “preexisting conditions,” prevent their deaths from being marked as COVID-related. Deaths are also not counted if they occurred in non-designated hospitals.

According to Japan’s National Institute of Infectious Diseases (NIID), the medical care system was severely overloaded this winter. Patients in need experienced severe difficulty in sourcing emergency transportation for both COVID-related illnesses and other medical emergencies. Still recovering from previous surges, the health care system and medical workers in Japan are severely understaffed and undersupplied as hospitals struggle once again with high bed occupancy rates in prefectures such as Kanagawa (78 percent), Shiga (80 percent), Fukuoka (77 percent), and Kagoshima (78 percent).

The spread of COVID-19 is highest in the medical services industry, and among the elderly. During the mid-January peak, 828 outbreaks were reported by the government over the course of one week; 615 of these occurred at elderly welfare facilities, according to data from the Ministry of Health. In Japan, 50,997 of the total death toll of 70,923 dead over three years were 70 years-of-age or older. Under present conditions, those in the most vulnerable state of health, and those tasked with caring for them, are being effectively sacrificed to ensure profit margins.

Dr Hitoshi Oshitani, former regional advisor for the World Health Organization, observed, “In smaller prefectures and rural areas, the proportion of the elderly population is even higher than the national average. This changing geographic pattern may also contribute to the increasing trend of deaths.”

Dr Oshitani warned that the public must prepare for an even greater surge in deaths in the months ahead, especially considering the dwindling supply of affordable antiviral treatments at hospitals. This makes clear that the pandemic, contrary to official propaganda, is far from over.

As with the cessation of travel restrictions in fall 2022, increasing production and profit accumulation is the main logic in officially downgrading COVID-19’s

classification. The government has accepted demands from industry leaders to end COVID-19 measures. It is a class decision to remove all protections and condemn workers and their families to severe illness in order to maximize the profits of the corporate elite.



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