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The COVID-19 Pandemic and Japan's Anxiety-Suppression Society: Anxiety, Self-Restraint, and Solidarity in a Disaster Community

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Abstract | In this article, I analyze the Japanese government's response and public discourse during the early part of the COVID-19 pandemic, a period covering the onset of the pandemic, the declaration of a state of emergency, and the decline in the second wave of infections by mid-October 2020. Assessing that the virus was highly contagious but not particularly fatal, the Japanese government adopted a policy focusing on the prevention of large-scale clusters of infections and treatment of severe cases, calling for the public to practice of "self-restraint" in avoiding the "three C's" of closed spaces, concentrations of people, and close contact. The goal of this measure was to minimize the pandemic's socioeconomic impact and sustain the health care system. It was successful in terms of infection and fatality rates. Particularly after the state of emergency was lifted on April 7, Japan began to garner global attention as a model for containing the pandemic without coercion. Behind Prime Minister Abe's resignation, however, lay the "failure" of Japan's COVID-19 response. The Japanese people lost faith in the government's response owing to its perceived harm to publicness, as symbolized in the "Abe-no-mask" incident. Japanese society is a "disaster community," sharing in the anxiety over the experiences and memories of disasters occurring over the past twenty-five years, including the Great Hanshin-Awaji Earthquake in 1995 and Great East Japan Earthquake in 2011. Japan has thus experienced COVID-19 as a part of a greater, more complex chain of disasters. The response to COVID-19 in the form of the request for self-restraint was also rooted in such communal solidarity. Controversy over PCR testing policies or "optimistic" government perceptions pertaining to COVID-19 evince the present state of the disaster-nation that is Japan as it endeavors to suppress anxiety and maintain daily life as usual. I conceptualize Japanese society in this situation as an "anxiety-suppression society."

Keywords | COVID-19, disaster, pandemic containment, anxiety, self-restraint, solidarity, 2020 Tokyo Olympics and Paralympics

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Introduction

On March 11, 2020, the World Health Organization (WHO) declared the global spread of COVID-19 a pandemic. While this was a global ordeal, the turmoil in Japan was all the graver with the approaching Tokyo Summer Olympic Games and Paralympic Games (hereafter Tokyo Olympics). March 11, 2020 also marked the ninth anniversary of the Great East Japan Earthquake. As Japanese society looked forward to the "revival" of the Tokyo Olympics, COVID-19 became a second "March 11 disaster."

With the hyperconnectedness of global society today, the first patients of COVID-19 began to emerge around the same time in places all over the world. Owing to the existence of asymptomatic patients, differences of opinion arose over COVID-19 contagiousness, and anxiety began to mount in this uncertain situation. It was in the early part of the pandemic, then, that the individuality of responses to COVID-19 country by country was most pronounced. Preexisting variables such as public health standards, health care quality, decision-making systems, administrative capacity, urban scale, demographics, and so forth were regarded as most important in preventing the spread of COVID-19. Meanwhile, interpretation of and response to the crisis were influenced by sociocultural factors. Infection rates and containment effectiveness, in other words, varied according to local sociocultural environment and community awareness.

Among the differing approaches around the world to "mitigating and suppressing" COVID-19, ranging from citywide lockdowns to targeted quarantining and so forth, South Korea adopted a preemptive and comprehensive approach, as symbolized by its "drive-through testing." At the root of the "K-way" were the experiences of SARS and MERS. Additionally, public demands and expectations regarding national responses to disaster especially increased following the MV Sewol tragedy. Right from the onset of the pandemic, then, the Korean public understood the publicization of confirmed patients' movements as an inevitable aspect of an "almost necessarily excessive" policy. By contrast, the Japanese government focused on preventing large-scale clusters of infections and treating those with severe symptoms based on the understanding that COVID-19 was highly contagious but not particularly fatal. In other words, the Japanese approach was characterized by "cluster measures" focusing on containing cases of large-scale clusters of infections toward sustaining the healthcare system for the duration of the pandemic.

In Japanese society, COVID-19 was experienced as a part of a greater, more complex chain of disasters. Japan's response to the pandemic, then, was also

rooted in repeated experience of disaster. After the Great East Japan Earthquake in 2011, a series of large-scale natural disasters struck Japan one after another in the form of earthquakes, forest fires, typhoons, heavy rain, and so forth. Some examples include: the 2015 flooding of Northeast Kantō; 2016 Kumamoto earthquake; 2017 flooding of North Kyushu; 2018 North Osaka earthquake, flooding of West Japan, and Hokkaido earthquake; and 2019 typhoon that heavily damaged Tokyo and Chiba Prefecture. The Kumamoto area was also struck by massive flooding amid the pandemic in July 2020 and had to conduct the difficult work of rescue and relief while also observing social-distancing measures. Meanwhile, the Japanese people remained in a daily state of anxiety over the threat of a Nankai megathrust earthquake or urban-centered earthquake. In a September 2019 NHK survey, more than eighty respondents reported "regularly feeling anxious that a major earthquake could occur where I live" (NHK Hōsō Bunka Kenkyūjo 2020c). For the Japanese people, the spread of COVID-19 was reminiscent of the Hanshin or Tōhoku earthquakes, and the government response paralleled its response to the Great East Japan Earthquake.

In this article, I explore the Japanese government's response to COVID-19 and relevant social discourse. Paying attention to Japan's "anxiety" as a disaster community and the ways in which such anxiety has been suppressed, I regard Japan as a "disaster nation." With attention to trends in the COVID-19 situation in Japan in the early part of the pandemic, I examine the following resources: the homepages of the Prime Minister's Office of Japan, Ministry of Health, Labor, and Welfare (Kōsei Rōdōshō; MHLW), and Tokyo Metropolitan Government; articles and columns in the *Asahi Newspaper* (*Asahi shinbun*) and *Mainichi Newspaper* (*Mainichi shinbun*); NHK broadcasts; and commentary and analysis in magazines such as *World* (*Sekai*) and *Literary Spring and Autumn* (*Bungei shunjū*).

COVID-19 as a Disaster: The *Diamond Princess* and the *Mizugiwa* Strategy

The MHLW made its first mention of COVID-19 on January 6, 2020 in a statement calling attention to the large-scale outbreak of atypical pneumonia in Wuhan, China. The first case of this virus was confirmed in Japan on January 16. Four days later, Prime Minister Abe Shinzō's speech on "policy rectification" mostly focused on the message of "ushering in the new Reiwa era together," without mentioning COVID-19 at all (Abe 2020).

With the continuing spread of infections in Wuhan, Japanese nationals

residing in Hubei Province, China began to return to Japan. On January 30, the WHO declared a "public health emergency" regarding COVID-19. The following day, the House of Councilors Budget Committee officially categorized COVID-19 as a "designated infectious disease" (*shitei kansenshō*) under the Infectious Disease Act. Despite the request of one Liberal Democratic Party (LDP) member for the stronger measure of categorizing it as a "new infectious disease" (*shin kansenshō*), the MHLW concluded, "There must be acknowledgement of the potential to rapidly spread and severely impact the lives and health of citizens, but that is not the case at this time. Not being an unknown virus, it would be inappropriate to categorize it as a new infectious disease" ("Sennai kansen hirogari" 2020).

On February 1, a travel ban was initiated pertaining to non-Japanese citizens residing in Hubei Province, China. Ten days later, the WHO named the new infectious disease "Coronavirus disease-2019" (COVID-19). On February 13, the first fatality from the virus in Japan occurred with the death of an eighty-year-old woman in Kanagawa Prefecture. On February 17, the MHLW's guidelines for COVID-19 consultation and diagnosis was announced advising people to call the "Returnee and Contact Advisory Center" if experiencing symptoms such as coughing or a fever of more than 37.5 degrees for more than four days (two days for the elderly or pregnant women), and the center would then judge whether to connect them with an outside professional (Kōsei Rōdoshō Kenkōkyoku Kekkaku Kansenshōka 2020). As evident in its name, this was not a "COVID-19 advisory center."

The *Diamond Princess* was an anomaly in terms of the general rate of infections and fatalities in Japan. Nonetheless, it was with the large-scale infection of passengers aboard the *Diamond Princess* moored at Yokohama Harbor from February 3 that Japanese society's anxiety over COVID-19 began in earnest. The cruise liner had left Yokohama on January 20, passing through Hong Kong, Vietnam, and Taiwan before returning to Yokohama on February 3. Apparently, one passenger who disembarked the ship in Hong Kong was confirmed to have been infected with COVID-19 on February 2. The Yokohama Infection Containment Center accordingly tested the passengers and crew members of the cruise liner, revealing positive cases of COVID-19 among both, and quarantine measures were then enacted barring anyone from departing the ship. On the *Diamond Princess* were 1,068 crew members, 2,645 passengers—a total of 3,713 people—from fifty-seven countries (Yamagishi et al. 2020). Criticism mounted both in Japan and abroad, arguing that all people on board should be allowed to depart whether showing symptoms or not and then tested for infection, since the air circulating through the air ducts in a sealed en-

vironment on the ship would only amplify the spread of the virus onboard. The Japanese government nevertheless adhered to its "*mizugiwa* strategy" (*mizugiwa sakusen*)—a strategy of "repelling the enemy at the coastline"—and kept the ship in quarantine.

It was not until March 1, twenty-eight days after docking at Yokohama Harbor, that the passengers and crew members all finally departed the *Diamond Princess*. Among them, 712 had been infected with COVID-19 and thirteen had died. Furthermore, there were nine more infected by the virus among the workers dispatched by the containment center and other healthcare workers (Kōsei Rōdōshō n.d.a.). The failed response to the *Diamond Princess* signified the failure of the *mizugiwa* strategy, through which the government hoped to stem the spread of COVID-19 to Japan by merely fortifying airports and seaports.[1]

The Second March 11 Disaster

Regarding the failure to contain the outbreak on board the *Diamond Princess*, healthcare professionals primarily point to the first medical team deployed there, namely, the Disaster Medical Assistance Team (DMAT). DMAT is a mobile medical team that can be deployed rapidly (within forty-eight hours) to disaster areas. The reason for dispatching this team in this case, however, was simply that it was the only one available under MHLW jurisdiction due to the recent trend in the privatization of public hospitals. Kanagawa Prefecture officially declared the *Diamond Princess* situation a "disaster" and dispatched DMAT, a team of 769 members, to the *Diamond Princess* ("Hashiru kinchō 'kansen kakudai ka'" 2020). Meanwhile, the situation on board also called to mind memories of "disaster" for passengers:

> After the spread of the infection began, crew members began to stand on guard nightly in the hallways without sleeping, making sure passengers did not leave their rooms. Even so, I did observe some succumbing to fatigue and falling asleep in the hallway. This was a disaster for the crew members just as it was for the passengers. During the Hanshin earthquake twenty-five years ago, schoolteachers were also victims of the earthquake, but they stayed at the refugee center to care

1. The primary orientation of the early COVID-19 *mizugiwa* measures were as follow: rejecting travelers from Daegu, South Korea on February 26; announcing the delay of President Xi Jinping's state visit to Japan and a travel ban for all travelers from Korea and China on March 5; announcing a travel ban for travelers from Italy on March 10; and announcing a travel ban regarding the US and twenty-six European countries on March 11.

> for other victims rather than going home, and some even collapsed. Observing the crew members, this was the image that came to mind. (Hirono 2020a)

The pandemic often reminded the Japanese people of past experiences of earthquakes, radiation exposure, and other disasters. This association was well reflected in literary critic Kawamura Minato's (2020) book *Novel Coronavirus Man-Made Disaster Report* (*Shingata korona uirusu jinsaiki*). Reporting on the tumultuous month after the declaration of a national state of emergency, the title of the book was a deliberate reference to his 2011 work *Great East Japan Earthquake Man-Made Disaster Report*. Yet this is just one example. In an *Asahi shinbun* column, "Seventy-five Years since the War, A Victim of Radiation Exposure Speaks," one woman recalled the discrimination and difficulty in getting married she had experienced as a victim of radiation exposure. Fukushima refugees being denied accommodations following the 2011 Fukushima Daiichi Nuclear Power Plant disaster had reminded her of her own experience. Now, seeing headlines about children of COVID-19 healthcare workers being denied entry into nursery schools or cars from other prefectures being vandalized, she could not but ask, "Why is this happening again?" ("Sengo 75-nen hibakusha" 2020). Matsutani Motokazu (2020, 209-11) observed the shocking similarity between the pain endured by Fukushima through the spreading of rumors following the Great East Japan Earthquake and the recent social discrimination and spreading of rumors related to COVID-19 patients. The COVID-19 pandemic, he argued, was not just a *pandemic* affecting individuals but a *disaster* affecting society as a whole. Furthermore, this was a "complex disaster" and a "human disaster," the effects of which were being amplified and made more complex according to the society's reaction. Then there was the story of another woman from Kanagawa Prefecture (aged seventy-five), who had been infected along with her husband on the *Diamond Princess*. They had been moved to separate hospitals and the husband had passed away while they were apart. The woman charged that the cruise liner had been made into a laboratory experiment. She could not understand why the passengers had been forced to remain on a ship stricken by a vital outbreak ("Kekkon kinenbi ni jōsen" 2020). Her question calls to mind the feelings of abandonment and resentment of Fukushima residents after the Great East Japan Earthquake.

On March 11, the WHO declared the spread of COVID-19 a global pandemic. Japanese society, which had been looking forward to the Tokyo Olympics, plunged into turmoil. Despite the pandemic, Prime Minister Abe continued to openly express his desire to carry out the Tokyo Olympics. At the G7 Summit on March 16, he declared that the "Tokyo Olympics and Paralympics shall be carried out unfettered." Yet just a week later, two days before the "flame

of revival" torch relay was scheduled to depart from Fukushima J-village, the decision was made to postpone the Olympics for the first time in history. Thus, the Japan that had been anticipating an Olympics of "revival from the March 11 Great East Japan Earthquake" was once again thrust into a severe disaster situation, this time in the form of a pandemic.

The Declaration of a State of Emergency: Prevention of Clusters of Infections and Self-Restraint

At the heart of Japan's COVID-19 response was the Novel Coronavirus Response Headquarters under the direct jurisdiction of the prime minister (hereafter response headquarters).[2] Expert Meeting on Novel Coronavirus Disease Control (hereafter expert meeting) was also established on February 14 as an advisory body to the response headquarters.[3] At a February 24 expert meeting session, one member commented, "The next one to two weeks will be a crossroads [*setogiwa*] determining whether [the virus] will rapidly spread or be contained" (Kōsei Rōdōshō 2020b). Soon after, the response headquarters announced the Basic Policy for Measures against the Novel Coronavirus (hereafter basic policy).

The fundamental orientation of the Japanese government's pandemic-containment strategy is intelligible in the basic policy, the general content of which is as follows:

> Currently, cases with unknown routes of infection are sporadically occurring in multiple regions across the country. Some regions are experiencing small-scale clusters. There are no large-scale infections. For the rapid containment of the spread of the virus, it is important that we prevent large-scale clusters of infections from leading to more large-scale clusters of infections and, by doing so, limit the rate of infections as much as possible. This approach is also necessary to prepare the healthcare system to focus on severe cases in anticipation of a surge in patients. While the coronavirus may spread through saliva droplets and physical contact, it is not spread through the air. And while there are cases in which one infected person may spread the virus to many others, in many cases, infected persons have not spread the virus to those around them. (Kōsei Rōdōshō 2020a)

2. The legal basis for the response headquarters was consolidated on March 26.

3. The chairperson for the expert meeting was the director of the National Center for Research on Infectious Diseases.

The basic policy thus proposed to focus on the cluster-based approach for containing and preventing large-scale outbreaks, as it would be impossible to keep track of all cases of infection, and emphasize behavioral changes at the individual level to contain the spread of infections while maintaining socio-oeconomic activity.

On February 27, immediately after the announcement of the basic policy, Prime Minister Abe requested a "temporary closure" of elementary, middle, and high schools nationwide. As this measure was taken without consulting with the Chief Cabinet Secretary or the Ministry of Education, Culture, Sports, Science, and Technology (Monbu Kagakushō; MEXT), let alone the expert meeting, criticism was raised that a top-down response to COVID-19 centering on the Prime Minister's office was being carried out without declaring a state of emergency. Under these conditions, anxiety over COVID-19 peaked with the death of celebrity Shimura Ken on March 30. Prime Minister Abe declared a state of emergency on April 7 for Tokyo, Kanagawa, Osaka, and Fukuoka. This was only the third such declaration by the Japanese government since the war—the first two being those over the Fukushima Daiichi Nuclear Power Plant disaster on March 11, 2011 and the subsequent Fukushima Daini Nuclear Power Plant incident—and the first such declaration in Japanese history pertaining to an infectious outbreak. On this day, 386 COVID-19 cases were confirmed, while the total number of cases since the first known case was reported as being 4,500. As the number of PCR tests performed was extremely low, however, this was a situation in which the actual number of cases of COVID-19 could have been much higher.

The major turning point leading Abe to declare a nationwide state of emergency came with Tokyo Governor Koike Yuriko's comment about a citywide "lockdown." Following the postponement of the Tokyo Olympics, Governor Koike remarked that "depending on future trends, a situation could arise entailing strong measures such as a citywide quarantine, a so-called 'lockdown.'" With Governor Koike's statement, "fake news" began to circulate about an "imminent lockdown." In the ensuing lockdown panic, it appears that some even began to evacuate Tokyo. At this, the government was forced to explain that even if a nationwide state of emergency was declared, measures would be taken to maintain daily life, unlike the cases of lockdown implemented abroad (Ajia Pashifikku Inishiatibu 2020, 283).

On April 15, member of the MHLW "Cluster Response Team" and Professor Nishiura Hiroshi stated the following: "Without countermeasures, there will be 850,000 [severe] infections and 420,000 deaths. To manage infections, it is urgently necessary to reduce contact between individuals by 80 percent."[4] While

they were subsequently criticized as exaggerated, these shocking comments from an expert elevated public anxiety over COVID-19. On April 16, the state of emergency was extended nationwide. The following day, a total of twenty-six billion yen was allocated to provide two cloth masks to each household across the nation. These masks were ridiculed as "Abe-no-mask," and decisively led to the public's loss of faith in Abe's response to COVID-19.

Under the state of emergency, the focus of the Japanese government's COVID-19 response consisted of cluster countermeasures, that is, measures against the large-scale spreading of infection caused by a chain of clusters of infections. In this regard, the government requested that citizens practice "self-restraint" (*jishuku*) in avoiding the "three C's" (*mittsu no mitsu*) of "closed spaces, concentrations of people, and close contact" (*mippei, misshū, missetsu*).[5] This policy of the "three C's," now internalized as common sense, has been substantiated through dynamic analysis showing that infections occur at a rate 18.7 times higher in closed environments such as on buses or in fitness centers ("Shingata korona uirusu kansen" 2020). Behavioral changes for the avoidance of closed spaces, concentrations of people, and close contact involved "being careful," "staying home," "self-restraint" in operating one's business, and keeping a "social distance" of two meters. Meanwhile, preventing excessive strain to the healthcare system was also emphasized amid concerns over the depletion of medical resources resulting from successive clusters of infections and the possibility that medical sites themselves might become sites of large-scale clusters of infections. "Self-restraint" thus also meant "not going to the hospital straight away." As daily confirmed cases of COVID-19 reached more than 10,000 on April 18, the focus on responding to severe cases and preventing the collapse of the healthcare system was consolidated by allowing patients who were asymptomatic or experiencing only light symptoms to use accommodation facilities for treatment and quarantine from April 23.

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4. This estimate assumed that one infected person would infect 2.5 people on average. It also estimated the number of severe cases requiring ventilators and treatment at an Intensive Care Unit (ICU) would be 201,301 patients aged fifteen to sixty-four and 652,066 patients over the age of sixty-five. The fatality rate was estimated at 0.15 percent on average and 1 percent for elderly patients. Therefore, it was forecast that about 420,000 would die, or about half (49 percent) of those severely affected by the virus ("Shingata korona taisaku" 2020).

5. The representative use of the term "self-restraint" (*jishuku*) originated in Japanese society in 1988, with the "mood of self-restraint" prior to the death of Emperor Hirohito. In the same period, the term was also used in requests to limit trade with the Republic of South Africa to protest apartheid. The April 1961 edition of the magazine *Language Life* (*Gengo seikatsu*) also used the expression "self-restraint" to request that people not use soft and polite expressions with the sound "oh" (*o*) attached as this was "excessive" ("Jishuku yōsei wa tadashii Nihongo?" 2020).

The state of emergency was lifted on May 25. Prime Minister Abe confidently declared, "The COVID-19 situation was dealt with in just a month. This shows the strength of the Japanese model." Minister of Finance Asō Tarō also praised the "high standards" of the Japanese people compared to other nations for implementing a COVID-19 containment strategy lacking severe measures such as city lockdowns. Having stemmed the tide of infections without large-scale testing or coercive measures, the Japanese government's approach to COVID-19 was referred to as Japan's "miracle" or "mystery." Politicians' praise for the "strength of the Japanese model" or the "standards of the Japanese people" amounted to praise for the success of "self-restraint." One research survey, carried out by Kobe University, even declared that the nation had fulfilled the government's request to "reduce contact by 80 percent," reporting that contact between people had been reduced by 86 percent through April and May under the state of emergency ("Kinkyū jitai sengen ka" 2020).

"Self-restraint" called for individuals to be careful about their behavior, using their own judgement. The criteria for "self-restraint," however, were ambiguous. In a testimonial record of thirty-four restaurant owners who had to decide whether or not to open their businesses under the state of emergency, many answered: "There was no right answer since the policy left judgement up to the individual without coercion, entirely appealing and leaving the matter to one's conscience. Yet everyone had a guilty conscience" ("Nani ga seikai na no ka" 2020).

The social side-effects of "self-restraint" were also great. Becoming infected with COVID-19 was considered a matter of individual responsibility, with the idea that becoming infected was "one's own fault" much more prevalent in Japan compared to the US, the United Kingdom, or China. In a survey of between 400 and 500 people in each of five countries—Japan, the US, the United Kingdom, Italy, and China—conducted over March through April, to the question, "Do you think infection is self-inflicted?" just 1 percent of respondents in the US, 1.49 percent in the United Kingdom, 2.51 percent in Italy, and 4.83 percent in China answered "I think so," "yes, slightly," or "yes, very much." By comparison, 11.5 percent of Japanese chose this answer. Meanwhile, 60 to 70 percent of the respondents in the other four countries answered "not at all," but only 29.25 percent of respondents reported this answer in Japan ("Korona kansen wa jigōjitoku" 2020). As containment measures were implemented relying not on government restrictions but "self-restraint," infection became a matter of "lack of self-restraint," highlighting "individual responsibility." This situation was not unrelated to the fact that busy "streets of the night" like Shinjuku were pointed out as the main paths of large-scale clusters of infections.

Uncoerced, self-regulated "self-restraint" was in some ways even more restrictive than legally mandated restrictions and coercive measures. In contrast with nations where mass protests erupted opposing "legal" measures such as city lockdowns and penalties for failing to abide by restrictions, in Japan there arose the problem of so-called "self-restraint police" who would post warnings on businesses that continued to operate during the self-restraint period despite the "request" for self-restraint. As "peer pressure" (Kōkami and Satō 2020) rose to an unprecedented degree in an atmosphere calling on people to "use self-restraint in the emergency situation," it became practically very difficult to contravene the request for self-restraint, and this sense of constraint was only aggravated by "patient bashing," "mask police." Yet even as society began to grapple with this new problem, the Japanese government adhered to catchphrases related to COVID-19 such as "new lifestyle," "self-restraint in business operations," "self-restraint in leaving one's home," and "non-essential, non-urgent." In other words, the government continued to ask for public cooperation.

The Controversy over PCR Testing

Regarding Japan's PCR testing situation in February, public health scholar Okada Harue (2020) has criticized that Japan's "actual number of tests" was too small relative to its "capacity for testing," pointing out that the number of reported cases of COVID-19 would just be the tip of the iceberg. By the end of February, the number of Japanese citizens receiving PCR testing remained below 2,000 per day. Some seeking PCR tests were even turned away at hospitals or public health centers, giving rise to the phrase, "COVID-19 testing refugees." Only by February 25 did the MHLW declare it would investigate the issue of insurance coverage for COVID-19 testing. On March 16, 28,000 people consulted with the "Returnee and Contact Consultation Center" in Tokyo, but only 364 of these were tested for COVID-19 (Kaneko 2020, 32). Some were suspicious that the lack of an increase in PCR testing had to do with the upcoming Olympics. Even after the Olympics were postponed and even under the state of emergency, however, PCR testing remained relatively scarce in Japan. On April 28, during the state of emergency, Japan ranked thirty-fifth among the thirty-six Organization for Economic Co-operation and Development (OECD) countries in terms of the number of administered PCR tests per 1,000 people. At a rate of 1.8 per 1,000 people, Japan remained ahead only of Mexico (0.4 per 1,000 people). This rate was roughly 100 times lower than that of Iceland (135 per 1,000 people). Japan's rate was also much lower than the

OECD average (23.1 per 1,000 people) and other countries such as Italy (29.7), Germany (25.1), Spain (22.3), the US (16.4), South Korea (11.7), and the United Kingdom (9.9) ("Shingata korona, Nihon no PCR kensa sū" 2020). On April 6, Abe announced the goal of increasing testing capacity to "20,000 tests per day," promising this again in an answer during the House of Councilors question period on April 28. Nonetheless, conducting 20,000 tests per day was not achieved until mid-July (NHK n.d.).

Why was PCR testing not expanded at this time? It is worth noting that even while some argued for greatly expanding PCR testing, there also existed policymakers and experts expressing suspicion over the accuracy or effectiveness of PCR testing and arguing that testing rates were already sufficient. In an interview with Prime Minister Abe on May 6 during the state of emergency, Nobel laureate and professor Yamanaka Shinya (in "Abe shushō ni shitsumon!" 2020) declared the urgent need for increased PCR testing and conducting quarantines more meticulously. Professor Yamanaka requested Abe's cooperation, informing him that researchers at Kyoto University were working remotely and that a testing machine at the university was available to improve testing capacity. He argued that the PCR testing numbers should be increased because cases were accumulating in which late testing was resulting in more severe conditions. Nevertheless, Abe countered that Japan's PCR testing was sufficient; if the number of PCR tests being administered was low compared to the number of infected patients, he argued, then the number of positive cases would be relatively high. Paralleling this exchange, Governor Koike (2020) announced she would increase the number of PCR tests conducted daily in Tokyo from 6,000 to 10,000 at a press conference on July 17, amid the intense second wave of infections. In the question-and-answer period, one *Sankei Newspaper* (*Sankei shinbun*) reporter asked whether increasing PCR testing would aggravate social anxiety in a situation in which most patients infected with COVID-19 displayed minor symptoms if any at all.

It was the expert meeting under the jurisdiction of the response headquarters that provided medical knowledge amid the uncertainty of the early response to COVID-19. The following was declared by epidemiologist and professor Oshitani Hitoshi, who was both a member of the expert meeting and the MHLW Cluster Response Team: "Some claim that many positive cases are being missed because PCR tests are being administered insufficiently, but if this were indeed the case, an 'overshoot' would clearly arise in Japan. Such an overshoot is not actually occurring. At the moment, PCR testing is being conducted sufficiently to identify large-scale clusters of infections" ("Shingata korona uirusu kansen" 2020). This was the argument that it was unnecessary to

reveal every positive case of COVID-19 and that the spread of the virus could be contained to a certain extent if only large-scale clusters of infections were managed. In the same context, the comment that 80 percent of those infected with COVID-19 were not contagious and that many among the infected were asymptomatic or experiencing weak symptoms gave the impression that there was no need for excessive worry about COVID-19 infection. Some also argued the preemptive testing of close contacts some countries were conducting was inefficient and perhaps even counterproductive, as crowds of people heading to screening clinics could actually spread the virus (Hirono 2020b).

In a later interview, Professor Oshitani claimed he had consistently called for the expansion of PCR testing but that the media had manufactured a dichotomy between those for and against conducting more PCR tests. Yet here too he pointed out the problem of false negatives or false positives: It was possible, he argued, that positive cases could be judged as negative and negative cases judged as positive, and subjects of false-negative tests who were unaware of being infected with COVID-19 would be dangerous. False-positive tests were also problematic, he added, in terms of the unnecessary violations of human rights such as the right to privacy ("Oshitani Hitoshi kyōju ga kataru" 2020). In a similar vein, the MHLW insisted on the effectiveness of Japan's PCR testing, citing Japan's strikingly low rate of positive cases compared to the US or the United Kingdom despite its prioritization of preventing large-scale clusters of infections and treating severe cases and its generally low fatality rate compared to other countries (Kōsei Rōdōshō n.d.b.).[6] Thus, the expert view that PCR testing was not necessarily accurate prompted Japanese citizens to adopt a passive attitude toward PCR testing.

Japanese society's perception of PCR testing at this time is well demonstrated in the "Setagaya-ku model" controversy. The "Setagaya-ku model" advocated that PCR tests be available for "anyone at any time as many times as needed." In this spirit, Setagaya-ku determined to implement PCR tests as "social testing" regardless of the absence or presence of symptoms from mid-September through all care and childcare facilities in Setagaya-ku and with a total staff of 20,000 to 30,000.[7] The model soon met with a backlash questioning the

6. Only about 6 percent of tests came out positive in Japan, compared to roughly 17 percent in the US and 27 percent in the United Kingdom (Kōsei Rōdōshō n.d.b.).

7. Setagaya-ku Mayor Hosaka Nobuto began his tenure in April 2011, immediately after the Great East Japan Earthquake, by implementing a policy to monitor radiation levels throughout Setagaya-ku. Not only were radiation levels measured and reported regarding parks and schools but also food. He declared that expanding PCR testing was also rooted in his belief that protecting life and guaranteeing safety were the responsibility of local governments.

appropriateness of testing "anyone at any time as many times as needed." One doctor in Tokyo argued that the Setagaya-ku model would not only increase the strain on clinics, medical associations, and surrounding local governments, but also lead to confusion over the current COVID-19 countermeasures meant to prevent the collapse of the healthcare system ("PCR kensa 'Setagaya moderu'" 2020). Such skepticism was also reflected in the comments of readers regarding an article on the Setagaya-ku model posted on August 6, as the second wave of infections peaked: "Those calling for PCR tests have a strongly leftist ideology"; "Investing a great deal of tax money in PCR testing is highly questionable in a situation in which false negatives and false positives are inevitable"; "There is no way I am getting tested. Most people are neither symptomatic nor contagious"; "Whether a PCR test comes out positive or negative, there are no benefits to the subject" ("Korona kensa o 'itsu demo'" 2020).

Unlike in South Korea, which implemented preemptive and comprehensive PCR testing without controversy over effectiveness or accuracy, in Japan, skeptics existed even among experts and policymakers, and a conflict ensued between those insisting on the expansion of PCR testing and those insisting it was already sufficient. Skepticism was also raised in terms of the potential for increased PCR testing leading to clusters of infections at healthcare centers or aggravating social anxiety. In this context, the number of PCR tests administered per day did not exceed 10,000 across the nation throughout the state of emergency. After the state of emergency was lifted, moreover, the government response to COVID-19 moved resolutely toward maintaining order, daily life, and the economy as usual.

Japan's Anxiety-Suppression Society

The expert meeting was disbanded on June 19. On July 3, the Subcommittee on Novel Coronavirus Disease Control was formed consisting of medical and economic experts. Its dual orientation toward "containment" and the "economy" soon became apparent. On July 22, the "Go to Travel" (*Go To Toraberu*) campaign began, with a fund of 1.35 trillion yen allocated for supporting travel expenses and revitalizing the economy. From the outset, the campaign was mired in confusion. Determination of the budget for the campaign was fast-tracked just twelve days before its commencement. Meanwhile, six days before it began, the number of positive cases of COVID-19 in Tokyo dramatically rose, and the plan was abruptly changed to "exclude travel to and from Tokyo." The confusion continued when on the following day it was announced that group travel and

gatherings of the young and old would also be ineligible for the benefits. As the number of positive cases of COVID-19 continued to increase, public opposition intensified when the plan was once again changed just two days before implementation to allow for the subsidization of trip cancellation fees. Some critics went as far as to decry the government's "mystifying" loss of administrative capacity ("Shirimetsuretsu na 'GO TO'" 2020).

Just as the Go to Travel campaign got underway amid public concern, the intense second wave of infections began. The number of daily confirmed cases of COVID-19 passed 1,500 for the first time on July 31. Accumulated confirmed cases rose from 40,000 on August 3 to 5,000 by August 10. Meanwhile, PCR testing was carried out at a rate of 20,000 tests per day nationwide from this point onward. As public opinion increasingly demanded an effective government response to the increasingly prevalent virus, Prime Minister Abe promoted the Go to Travel campaign while emphasizing containing the spread of infections and avoiding another declaration of a state of emergency considering the adverse impact it would have on work and daily life. Compared to the first wave of infections in May when the proportion of patients with severe symptoms had been as high as 5 percent, during the second wave in August, only 1 percent of patients experienced severe symptoms and only 10 percent of patients were over the age of sixty and susceptible to severe symptoms, with most patients being asymptomatic young people. The situation thus did not call for another declaration of a state of emergency. Meanwhile, with the healthcare system now ready with 20,000 beds for sick patients and 25,000 more for those with severe symptoms across the nation, worries over the collapse of the healthcare system could also now be put to rest.

Japan was one of those countries that adopted a comparatively more relaxed strategy to dealing with COVID-19 (Ritchie et al. 2020). The Japanese government's message to the public regarding COVID-19 urged the suppression of excessive anxiety. An August 31, 2020 report of the response headquarters (Shingata Korona Uirusu Kansenshō Taisaku Honbu 2020) once again referenced the data that 80 percent of patients were not contagious and that 80 percent experienced light symptoms if any. The response headquarters accordingly emphasized preventing the infection of high-risk patients, such as the elderly and/or those with preexisting medical conditions, and focused medical resources on dealing with severe cases. As this figure of "80 percent," based on data collected in Wuhan in February 2020, failed to account for a significant number of those with light or no symptoms, the view also existed that the proportion of asymptomatic or light cases could actually be higher ("Kansen shite inai noni" 2020).

There are many similarities between the anxiety over radiation exposure following the Great East Japan Earthquake and that which arose over COVID-19. Just as COVID-19 had an incubation period and could be transmitted without any symptoms showing, radiation exposure was also something for which the effects were not immediately apparent. In a situation in which it is difficult to judge what information is correct, anxiety increases and a sense of crisis escalates. The response of the Japanese government in this regard displayed a consistent orientation, presenting the most "positive" data and information to the public with the goal of suppressing anxiety and restoring and preserving normalcy.

Kim Yŏng-gŭn (2020, 58-59) describes the early response of the Japanese government to COVID-19 as a disaster caused by "human error." It is difficult to deny, he argues, that the virus spread according to the preferences and governance of policy authorities and political leaders, who interpreted and judged the situation, rather than by factors of the traditional viral outbreak containment system. This tendency was all the more pronounced in a situation in which the Japanese government was pushing to carry out the "mega event" of the Tokyo Olympics.

Such an atmosphere calls to mind the response of the Japanese government to the Fukushima Daiichi Nuclear Power Plant disaster in the wake of the Great East Japan Earthquake. The Fukushima Daiichi Nuclear Power Plant disaster was a consequence of natural disasters including an earthquake and tsunami, but the damage from this severe International Nuclear Event Scale (INES) level-seven nuclear power disaster was exacerbated by the subsequent inadequacy of the responses of Tokyo Electric Power Company (TEPCO) and the government. Furthermore, as discernible in the chief cabinet secretary's use of the phrase "explosive situation" (Kimura 2015, 121), national and local governments concealed the severity of the explosion that occurred at Fukushima Daiichi Nuclear Power Plant at 3:36 in the afternoon of March 12, 2013. Following the disaster, moreover, the word "unexpected" (*sōtei gai*) was used again and again regarding the urgent leaking of radioactive material. In the meantime, the damage from radiation exposure has not been discussed in depth as it is difficult to substantiate causal links and impossible to quantify (Kang Sang-gyu 2018, 76).

The government also stipulated levels of "safe" exposure to radiation not in the name of safety but maintaining the system as usual. On April 19, 2011, soon after the Great East Japan Earthquake, MEXT announced the criteria for the operation of kindergartens and elementary, middle, and high schools. Outdoor activities were to be restricted if levels of radiation around the school grounds

were high enough that exposure would exceed twenty millisieverts per annum or 3.8 microsieverts per hour. According to a survey conducted by Fukushima Prefecture, almost all outdoor activities were already being restricted throughout the prefecture due to high levels of radiation. By MEXT standards, however, all but thirteen educational facilities in Fukushima City would be allowed to continue with activities as usual. Prior to the crisis, the safe level of radiation exposure had been set at one millisievert per year, but MEXT nonetheless encouraged business as usual citing a figure twenty times higher. Civil associations demanded that the one-millisievert standard be maintained, and Fukushima parents established the Fukushima Network for Protecting Young Children from Radiation and carried out fierce resistance. Ultimately, MEXT announced the withdrawal of the twenty-millisievert standard for the operation of schools on April 27 (Satō 2013; Kim Ŭn-hye 2016, 441-43).

Demonstrations across the nation against nuclear power in the wake of March 11 expressed anger over government incompetence and TEPCO's irresponsible behavior—that is, the lack of political leadership and the problematic structure of decision making in Japan allowing for the evasion of responsibility (Lee Yung Jin 2014, 64-67). While this anti-nuclear power movement ostensibly "failed" with the establishment of a coalition LDP-NKP (Liberal Democratic Party and Kōmeitō) government in the 2012 election, the actions and protests of individuals and groups drew attention to social problems and transformed civil society to such a degree as to "bar any return to [the situation] before March 11" (Jung Ji Hee 2018, 129-39).

In a global context, Japan's containment of the pandemic was "successful" in terms of the numbers of infected and fatalities. The Japanese government and media also emphasized the substantial differences in the numbers of infected and fatalities in Japan compared with those of the US and Europe. Nonetheless, it was the failure of Japan's response to COVID-19, as symbolized in the "Abe-no-mask" debacle, that lay behind Abe's resignation. After the lifting of the state of emergency, Japan also lauded its "mysterious" non-coercive containment of COVID-19, but this did not prevent widespread ridicule of the "Abe-no-mask," which symbolized the failure of the Abe administration's COVID-19 response. As the pandemic began the government presented masks as a public good, it was deemed responsible to supply such, and masks became endowed with a new social significance or "publicness" (Kim Chae-hyŏng 2020, 83). It was thus the harm to the public good symbolized by a shoddy mask that led to the public's loss of trust in Prime Minister Abe's COVID-19 response. Following Abe's resignation, Professor Kamiwaki Hiroshi filed a lawsuit demanding disclosure of the unit cost of Abe's infamous mask, and a new round of criticism condemning

the mask as "also too expensive" began when it was revealed to be 143 yen.

Abe's resignation marked the beginning of the Suga Cabinet, which made clear its intent to continue Abe's policies. In a September 12 prime ministerial candidate debate, the soon-to-be prime minister Suga Yoshihide stated the following: "During the month and a half of the Go to Travel campaign, only seven of the 780,000 beneficiaries were infected. I realized that if we are careful, especially when necessary, we can stem the tide of infections."[8] Once again, Suga emphasized the most "positive" (although problematic) data to alleviate anxiety over COVID-19 and emphasize the safety of the campaign. In this context, Prime Minister Suga soon initiated a full-fledged policy drive for a return to normal social and economic activity, while political slogans once again sprung forth to rekindle the fading embers of excitement over the Tokyo Olympics.

"COVID-19 under Control"

The government inaugurated the COVID-19 Countermeasure and Control Committee on September 4. At the inaugural meeting held at the prime minister's residence, the Chairman of the committee Deputy Chief Cabinet Secretary Sugita Kazuhiro referenced the committee's objective of getting "COVID-19 under control" to allow audiences to enjoy the Tokyo Olympics safely. His comments were reminiscent of former prime minister Abe's statement in his final speech related to Tokyo's Olympic bid in September 2013, in which he attempted to assuage international concerns regarding the Fukushima nuclear disaster: "To those who are concerned over Fukushima, I offer you my guarantee, the situation is under control. As of now, there have been no negative effects on Tokyo, nor will there be any in the future." Here, Abe gave the words "under control" particular emphasis by uttering them in English ("Abe shushō 'andā kontorōru'" 2013). The Japanese government intended the 2020 Olympics to symbolize Japan's "revival" after the Great East Japan Earthquake in 2011, just as the 1964 Tokyo Olympics had symbolized Japan's postwar revival (Yoon Suk Jung 2020, 19). Besides the absurdity of

8. These seven confirmed cases only included those from the Go to Travel beneficiary group that received discounts in advance of their trips, excluding the thirteen infected among the second group that registered for reimbursements after their trips. The exclusion of the reimbursement group is due to the impossibility of determining whether members of this group would apply for reimbursement. Considering that places and facilities affected by outbreaks were not publicized and the possible existence of travelers who did not reveal their trips, it is even more difficult to accurately estimate the number of those infected.

claiming that the situation was "under control," then, Abe also contradicted the objective of "revival" by focusing on the disaster's "lack of impact" on Tokyo and omitting any mention of "Fukushima."

Even as doubt mounted over the feasibility of carrying out the Tokyo Olympics, the dates were set for the games and for the Olympic torch relay ceremony departing from Fukushima J-village. The Japanese people's enthusiasm for and interest in the games, however, was lackluster. Regarding the Olympics' postponement, respondents to a July 2020 NHK survey (NHK Hōsō Bunka Kenkyūjo 2020a) answered "the postponement should be longer" (35 percent) more frequently than "the games should be cancelled" (31 percent) and "the games should be held" (25 percent). Expectations for an economic windfall and "revival," which the government continuously associated with the Olympics, also fell among the Japanese people's priorities. Among those who answered "they must be held," the most common reason for this was "because the athlete's efforts will not be rewarded [if they are not]" (39.4 percent), while only 15 and 12 percent of respondents cited the reasons of "investment costs" and "economic recovery," respectively. The former prime minister Abe articulated his expectations for an "Olympics in their original form," but more than 70 percent "approved" of simplifying the games. According to another survey, carried out in Fukushima Prefecture, as much as 51 percent of respondents answered "no," compared to 41 percent who answered "yes," to the question of whether the Tokyo Olympics would be "helpful" in conveying the situation in the disaster area of the Great East Japan Earthquake ("Fukushima Daiichi" 2020). Thus, the public sphere was inundated with the political messages of "revival" after the Great East Japan Earthquake, economic growth, and a strong Japan, but the public itself was unreceptive.

A disaster situation leads to a breakdown in conventional thinking, temporary liberation from dominant norms and the existing order, and ultimately social upheaval, drawing hidden conflicts to the surface. But a disaster situation may also serve as the basis for public life rooted in common interests and solidarity for overturning the existing order (Solnit 2012, 32, 272). The experience of the Great East Japan Earthquake facilitated the maturation of Japanese civil society. In Japanese society today, more than a decade since the Earthquake of March 11, 2011, awareness of the need for greater openness in public life, alongside social connectivity and solidarity is increasing. According to the results of the NHK Broadcasting Cultural Research Center's November 2019 "Social Inequality Survey," the Japanese people's "middle-class consciousness" has steadily declined over the past twenty years. There are now more people who view the "social structure" of Japan as consisting more of a

"lower class" than a "middle class" and more people who identify as part of this lower class than as part of the middle class (NHK Hōsō Bunka Kenkyūjo 2020b).[9] Even as "Economic growth" was the most important slogan of Abe's politics, in the last decade, class consciousness has descended toward the "lower class." Meanwhile, the survey respondents focused much less on traditional concerns such as "education credentials" or "money," demonstrating a more diversified interest in the importance of the "nature, environment, and human relations." This shows that while politics remained at a standstill, falling back on tired notions of prioritizing the economy, civil society began to search for a new path forward.

Japanese society is a "disaster community" sharing in the anxiety over the experiences and memories of the Great Hanshin-Awaji Earthquake that occurred twenty-five years ago and the Great East Japan Earthquake that occurred ten years ago. During the pandemic, the Japanese government induced "behavioral changes" in the Japanese people by arousing the community consciousness of a "voluntary" pandemic-containment system and calling on people to "look out for each other" while avoiding coercive measures compared to the rest of the world. Even amid the suffocating "peer pressure," at the root of Japanese society's response to COVID-19 was the solidarity of a "disaster community." The government response to the pandemic, however, was also evocative of its response to the Fukushima disaster: the "*mizugiwa* strategy" prohibiting the passengers and crewmembers of the *Diamond Princess* from disembarking; continual emphasis on the claim that "80 percent of patients are asymptomatic or experience light symptoms"; forcing through the "Go to Travel" campaign; and urging "self-restraint." These measures call to mind Abe's championing of "revival" and a "safe Tokyo" that was "under control," treating Fukushima as distant from the capital, and removed in the wake of the Fukushima disaster. If the Japanese government continues to exclude vulnerable groups by measuring public life in terms of an economic logic, at some point this approach will certainly clash with the solidarity of the disaster community that is the driving force of "self-restraint."

Conclusion

In this article, I have focused on the Japanese government's COVID-19 response

9. The NHK Broadcasting Cultural Research Center conducted the survey from November 16-24, 2019 with 2,400 participants aged over eighteen involved across Japan. The data was presented in comparison with the results of 1999 and 2009 surveys.

during the early part of the pandemic, the period from the first reference to a "pneumonia of unknown origins" in Wuhan to early October 2020. During this time, the following events transpired: the anchoring of the *Diamond Princess* in Yokohama Harbor; the WHO declaration of a pandemic; the postponement of the Tokyo Olympics; the declaration of a state of emergency; the planning and implementation of the "Go to Travel" campaign; the second wave of infections; Abe's resignation; and Prime Minister Suga's inauguration. I also examined Japanese society's experience and perceptions of COVID-19 in terms of the keywords of counter-cluster measures, PCR testing, anxiety, and self-restraint. Therein, I paid attention to Japan's experience of COVID-19 as a "second March 11 disaster" following a series of large-scale disasters that occurred in the wake of the Great East Japan Earthquake and the ever-existing potential for disaster to arise in daily life. While I paid attention only to the situation up to early October, when the second wave of infections began to ebb, it is worth noting here that the COVID-19 situation began to exhibit new aspects in the following November. Skeptical public opinion regarding the Tokyo Olympics was as elevated as ever, but a "COVID-19 experiment" was carried out ahead of the Olympics when spectators crowded into Yokohama stadium to watch a baseball game. On November 16, a face-to-face meeting was held between Prime Minister Suga and the International Olympic Committee (IOC) President Bach. Prime Minister Suga emphasized his intention to go through with the Tokyo Olympics, even bringing up the issue of spectator attendance, and Bach stated that humanity was currently in a tunnel but the Olympic torch would be the light at the end of that tunnel. The Japanese people, however, paid more attention to President Bach's high-performance mask than his words. Against this context, the third wave of infections began to gather momentum.

In March 2020, the Japanese government and the IOC resolved to postpone the Tokyo Olympics, emphasizing that the games' implementation would now signify a "victory of humanity over COVID-19." This perspective evinced a complete lack of reflection over the great man-made crisis that was COVID-19. If the 2020 Tokyo Olympics are held in 2021, they must not be staged as a "victory" but a chance to reflect on the man-made pandemic situation. This is especially true considering the situation in Fukushima, just ten years after the Great East Japan Earthquake and nuclear disaster.

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References

"Abe shushō 'andā kontorōru' no uso" [Prime Minister Abe: The lie of "under control"]. 2013. *Asahi shinbun* [Asahi newspaper], September 18.

"Abe shushō ni shitsumon! Minna ga kikitai shingata korona taiō ni kotaeru namahōsō" [Ask Prime Minister Abe! Live broadcast of eagerly awaited answers regarding the new-coronavirus response]. Aired May 6, 2020 on Nikoniko nama hōsō [Niconico live broadcasting]. https://news.yahoo.co.jp/story/1672. Accessed July 5, 2020.

"Fukushima Daiichi no shori sui, umi hōshutsu 'hantai' 57-pāsento kenmin yoron chōsa" [Treated water of Fukushima Daiichi Nuclear Power Plant: 57 percent "opposed" to releasing it into the sea in a survey of prefectural residents]. 2020. *Asahi shinbun* [Asahi newspaper], February 27.

"Hashiru kinchō 'kansen kakudai ka' teihaku no ōgata kurūzu sen" [Rising tension: "Is it an infectious outbreak?" Large cruise ship moored]. 2020. *Asahi shinbun* [Asahi newspaper], July 25.

"Jishuku yōsei wa tadashii Nihongo? Iwakan, seigo no mondai yori mo … ." [Is the term "request for self-restraint" proper Japanese? A sense of incongruity rather than of right or wrong …]. 2020. *Asahi shinbun* [Asahi newspaper], April 26.

"Kansen shite inai noni korona ni men'eki? Mu shōjō ga ōi wake wa" [Immunity to COVID-19 without being infected? The reason for many asymptomatic cases]. 2020. *Asahi shinbun* [Asahi newspaper], September 26.

"Kekkon kinenbi ni jōsen, naze otto wa shin da 'watashi tachi wa jikken dai'" [Boarded on wedding anniversary: Why did the husband die? "We were an experiment"]. 2020. *Asahi shinbun* [Asahi newspaper], August 4.

"Kinkyū jitai sengen ka, hito no sesshoku wa '86 pāsento gen' Kōbe Dai ga suikei" [Kobe University estimates an "86 percent reduction" in human contact under the declared state of emergency]. 2020. *Asahi shinbun* [Asahi newspaper], September 3.

"Korona kansen wa jigōjitoku: Nihon wa 11-pāsento, Bei-Ei no jū-bai. … Handai kyōju nado chōsa" [COVID-19 infection is one's own doing: Japan 11 percent, ten times more than the US and the United Kingdom; Survey of Osaka University

professors]. 2020. *Yomiuri shinbun* [Yomiuri newspaper], June 29.

"Korona kensa o 'itsu demo, dare demo, nan do demo': Nyūyōku o mezasu 'Setagaya moderu'" [COVID-19 tests "anytime, for anyone, as many times": The Setagaya model with New York as its goal]. 2020. *Asahi shinbun* [Asahi newspaper], August 6.

"Nani ga seikai na no ka wakara nai" [I do not know the correct answer]. 2020. Blog. https://note.com/naokoikawa/m/mb7e94776b780. Accessed August 20, 2020.

"Oshitani Hitoshi kyōju ga kataru, PCR kensa no yūyōsei to risuku to no mukiai kata" [Professor Oshitani Hitoshi talks about the effectiveness and how to deal with the risks of PCR testing]. 2020. *Nyūzuwīku Nihon-ban* [Newsweek Japan], July 31.

"PCR kensa 'Setagaya moderu' ni yattsu no gimon" [Eight questions regarding the PCR testing "Setagaya model"]. 2020. *Asahi shinbun* [Asahi newspaper], August 21.

"Sengo 75-nen hibakusha wa takusu: korona ka, uzuku sabetsu no kioku iwa re naki kyohi 'naze kurikaesu'" [(Entreaty of a nuclear-bomb survivor seventy-five years later) COVID-19 disaster: Memory of painful discrimination, baseless rejection; "Why is it repeating?"]. 2020. *Asahi shinbun* [Asahi newspaper], August 3.

"Sennai kansen hirogari hihan 'nani yatteru' kan shudō ni uzumaku fuman" [Criticism on the spread of infection on board, "What are you doing?" Swirling dissatisfaction on Suga's leadership]. 2020. *Asahi shinbun* [Asahi newspaper], July 14. https://www.asahi.com/articles/ASN7F7DRRN77UTFK007.html. Accessed August 12, 2020.

"Shingata korona, Nihon no PCR kensa sū wa OECD kamei koku 36 kakoku chū 35 i. Sekai to kurabe te mo kiwadatsu sukuna sa" [The novel coronavirus: Japan ranks thirty-fifth among thirty-six OECD member countries in terms of the number of PCR tests conducted; Strikingly few compared to the rest of the world]. 2020. *Yahoo! Japan News*, April 30. https://news.yahoo.co.jp/byline/takahashikosuke/20200430-00176176. Accessed September 17, 2020.

"Shingata korona taisaku nakereba jyūtoku hachi go man nin senmon ka shisan, kokunai yon ni man nin shibō" [Without measures against the novel coronavirus, 850,000 will be seriously ill and 420,000 will die in Japan]. 2020. *Mainichi shinbun* [Mainichi newspaper], April 16.

"Shingata korona uirusu kansen kakudai soshi saizensen kara no hōkoku" [Report from the frontline for preventing the spread of the novel coronavirus]. 2020. *NHK supesharu* [NHK special], April 15. https://www.nhk.or.jp/special/plus/articles/20200414/index.html. Accessed September 13, 2020.

"Shirimetsuretsu na 'GO TO' no kōka wa ichiji teki? Seifu ga yaru beki gōri teki taisaku to wa" [Is the incoherent effect of "Go to" temporary? The rational measures the government must adopt]. 2020. *Asahi shinbun* [Asahi newspaper], July 21.

Abe Shinzō. 2020. "Dai ni-hyaku ichi kai kokkai ni okeru Abe naikaku sōri daijin shisei hōshin enzetsu" [Prime Minister Abe's policy speech at the 201st Diet session]. Speech. January 20. Distributed by Shushō Kantei [Office of the Prime Minister] web archive. https://www.kantei.go.jp/jp/98_abe/statement/2020/0120shiseihoushin.html. Accessed July 15, 2020.

Ajia Pashifikku Inishiatibu [Asia Pacific Initiative; API]. 2020. *Shingata korona taiō: minkan rinji chōsa kai chōsa; kenshō hōkokusho* [Response to the novel coronavirus: Survey of the temporary private survey association; Verification report]. Tokyo: Disukavā·Tuentiwan.

Hirono Shinji. 2020a. "Daiyamondo-Purinsesu Gō de nani ga oki te i ta ka: gōka kyakusen 'sennai kakuri' 14-nichikan no shinjitsu" [What happened aboard the *Diamond Princess*? The truth of the fourteen-day "shipboard quarantine" of passengers on the luxury liner]. *Bungei shunjū* [Literary spring and autumn] 98(4): 138-49.

Hirono Shinji. 2020b. "Dokyumento kansenshō 'senmon ka kaigi': kokumin to seifu o aite ni funtō shi ta 4-kagetsu" [Document infectious disease "expert meeting": Four months of struggle against the people and the government]. *Bungei shunjū* [Literary spring and autumn] 98(7): 162-74.

Jung Ji Hee. 2018. "Posuhwa hanŭn sahoe wa, i e taehang hanŭn simin tŭl" [An increasingly conservative society and the citizens who resist it]. In *Nan'gam han iut Ilbon ŭl ihae hanŭn yŏsŏt kaji sisŏn* [Six perspectives for understanding Korea's difficult neighbor of Japan], Kim Hyojin, Nam Kijeong, Seo Dong Ju, Lee Eungyong, Jung Ji Hee, and Jo Gwan Ja, 103-41. Koyang: Wijŭdŏm Hausŭ.

Kaneko Masaru. 2020. "Shin korona dai kyōkō ni dō tachimukau ka" [How to meet the novel coronavirus great economic depression]. *Sekai* [World] 932: 24-32.

Kang Sang-gyu. 2018. "Wŏnjaryŏk ŭi p'yŏnghwajŏk iyong sinhwa wa Ilbon ŭi chŏnhu ch'eje" [The myth of the peaceful use of nuclear energy and Japan's postwar regime]. *Pigyo Ilbonhak* [Comparative Japanese studies] 43: 75-106.

Kawamura Minato. 2020. *Shingata korona uirusu jinsaiki: pandemikku no 31-nichikan* [Record of the man-made disaster that is the novel coronavirus: Thirty-one days of the pandemic]. Tokyo: Gendai Shokan.

Kim Chae-hyŏng. 2020. "Masŭk'ŭ: pul hwaksilsŏng sidae ŭi masŭk'ŭ simin'gwŏn" [Mask: Mask civil rights in an age of uncertainty]. In *Masŭk'ŭ ka marhae chunŭn kŏt tŭl: K'orona-19 wa ilsang ŭi sahoehak* [What masks say: COVID-19 and the sociology of everyday life], edited by Ch'u Chi-hyŏn, 69-88. Seoul: Tolbegae.

Kim Ŭn-hye. 2016. "Huk'usima ŏrini poyang p'ŭrojekt'ŭ: p'ihae wa yŏndae ŭi tajung sŭk'eil" [The Fukushima project for children's recuperation: The multi-level scale of harm and solidarity]. *Minjujuŭi wa in'gwŏn* [Democracy and human rights] 16(2): 433-64.

Kim Yŏng-gŭn. 2020. "K'orona-19 chaehae kŏbŏnŏnsŭ e kwanhan Han-Il pigyo

punsŏk" [A comparative analysis of Korean and Japanese governance during the COVID-19 disaster]. *Asia yŏn'gu* [Asian studies] 23(2): 47-73.

Kimura Hideaki. 2015. *Kwanjŏ ŭi 100-sigan: Huk'usima wŏnjŏn sago, chaenan e taechŏ hanŭn kŏnt'ŭrol t'awŏ ŭi silsang ŭl p'ahech'inda* [100 hours at the Prime Minister's residence: The Fukushima nuclear disaster; Uncovering the reality of the control tower responding to disaster]. Translated by Chŏng Mun-ju. Seoul: Humanit'asŭ.

Koike Yuriko. 2020. "Koike chiji 'chiji no heya.'" [The "governor's room" with Governor Koike]. Press conference. July 17. https://www.metro.tokyo.lg.jp/tosei/governor/governor/kishakaiken/2020/07/17.html. Accessed August 17, 2020.

Kōkami Shōji, and Satō Naoki. 2020. *Dōchō atsuryoku: Nihon shakai wa naze ikigurushii no ka* [Peer pressure: Why is Japanese society suffocating?]. Tokyo: Kōdansha.

Kōsei Rōdōshō [Ministry of Health, Labor, and Welfare; MHLW]. n.d.a. "Kurūzu sen 'Daiyamondo-Purinsesu' e no taiō nado ni tsuite" [Regarding the response to the *Diamond Princess*]. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001_old.html#cruise. Accessed June 25, 2020.

Kōsei Rōdōshō [Ministry of Health, Labor, and Welfare; MHLW]. n.d.b. "Shingata korona uirusu ni kansuru Q&A" [Question and answer regarding the novel coronavirus]. http://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou_iryou/dengue_fever_qa_00001.html#Q1-1. Accessed October 10, 2020.

Kōsei Rōdōshō [Ministry of Health, Labor, and Welfare; MHLW]. 2020a. "Shingata korona uirusu kansenshō taisaku no kihon hōshin" [Basic policy for measures against the novel coronavirus infectious disease]. https://www.mhlw.go.jp/content/10900000/000599698.pdf. Accessed September 17, 2020.

Kōsei Rōdōshō [Ministry of Health, Labor, and Welfare; MHLW]. 2020b. "Shingata korona uirusu kansenshō taisaku senmon ka kaigi 'shingata korona uirusu kansenshō taisaku no kenkai'" [Expert meeting on countermeasures against novel coronavirus "opinions on countermeasures against novel coronavirus"], March 9. https://www.mhlw.go.jp/content/10900000/000606000.pdf. Accessed August 12, 2020.

Kōsei Rōdoshō Kenkōkyoku Kekkaku Kansenshōka [Tuberculosis Infectious Diseases Division, Health Bureau, Ministry of Health, Labor, and Welfare; MHLW]. 2020. "Shingata korona uirusu kansenshō ni tsuite no sōdan·jushin no meyasu ni tsuite" [Consultation on coronavirus infection and criteria for examination and diagnosis], February 17. https://www.mhlw.go.jp/content/ 10900000/000596978.pdf. Accessed August 12, 2020.

Lee Yung Jin. 2014. "P'aguk kwa punno: 3.11 ihu Ilbon sahoe ŭi t'al wŏnjŏn chiphoe rŭl chungsim ŭro" [Ruin and fury: Focusing on the activities of anti-nuclear power groups in Japanese society since the March 11 Great East Japan Earthquake and Fukushima nuclear disaster]. *Han'guk munhwa illyuhak* [Korea culture and

anthropology] 47(1): 49-83.

Matsutani Motokazu. 2020. "2020-nyŏn, Huk'usima esŏ k'orona chaehae rŭl saenggak handa" [Reflecting on the 2020 COVID-19 disaster from Fukushima]. *Ilbon pip'yŏng* [Korean journal of Japanese studies] 23: 208-23.

NHK. "Nihon kokunai no kansensha sū (NHK matome)" [Number of infected people in Japan (NHK summary)]. n.d. https://www3.nhk.or.jp/news/special/coronavirus/data-all/#graph—mhlw__pcr-inspection. Accessed October 20, 2020.

NHK Hōsō Bunka Kenkyūjo [NHK Broadcasting Cultural Research Center]. 2020a. "2020 Tokyo Orinpikku·Pararinpikku denwa yoron chōsa (dai 2 kai) tanjun shūkei kekka" [The summary tabulation results of the (second) Tokyo Olympics and Paralympics public opinion telephone survey]. https://www.nhk.or.jp/bunken/research/yoron/pdf/20200722_1.pdf. Accessed August 20, 2020.

NHK Hōsō Bunka Kenkyūjo [NHK Broadcasting Cultural Research Center]. 2020b. "Genshō suru chūryū ishiki to kawaru Nihonjin no shakai kan: ISSP kokusai hikaku chōsa 'shakai teki fubyōdō'·Nihon no kekka kara" [The changing view of Japanese society among Japanese in declining middle-class consciousness: The "social inequality" comparative international survey of the International Social Survey Program; Beginning with the results of Japan]. https://www.nhk.or.jp/bunken/research/yoron/20200501_7.html. Accessed August 8, 2020.

NHK Hōsō Bunka Kenkyūjo [NHK Broadcasting Cultural Research Center]. 2020c. "Saigai e no ishiki ya sonae to hinan kōdō" [Disaster awareness, preparation, and evacuation conduct]. https://www.nhk.or.jp/bunken/research/yoron/20200401_9.html. Accessed July 15, 2020.

Okada Harue. 2020. "Chishi ritsu 2 pāsento de mo 'iryō hōkai' saiaku no shinario" [The worst-case scenario of "healthcare collapse" with a fatality rate of just 2 percent]. *Bungei shunjū* [Literary spring and autumn] 98(4): 156-63.

Ritchie, Hannah, Mathieu Edouard, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Saloni Dattani, and Max Roser. 2020. "Coronavirus Pandemic (COVID-19)." https://ourworldindata.org/policy-responses-covid. Accessed August 18, 2020.

Satō Sachiko. 2013. "Genpatsu jiko go no Fukushima no kodomo tachi no o karete iru jōkyō (Fukushima genpatsu shinsai to chiiki shakai)" [The situation of Fukushima children after the nuclear disaster (Fukushima nuclear-and-earthquake disaster-area society)]. *Shakai seisaku* [Social policy] 4(3): 28-37.

Shingata Korona Uirusu Kansenshō Taisaku Honbu [Novel Coronavirus Response Headquarters]. 2020. "'Shingata korona uirusu kansenshō ni kansuru kongo no torikumi' nitsuite" [On the "future management of the novel coronavirus infectious disease"]. August 31. https://corona.go.jp/news/news_20200828_01.html. Accessed September 17, 2020.

Solnit, Rebecca. 2012. *I p'yehŏ rŭl ŭngsi hara: tae chaenan sok esŏ p'iŏ nanŭn*

hyŏngmyŏngjŏk kongdongch'e e taehan chŏngch'i sahoejŏk t'amsa [A paradise built in hell: The extraordinary communities that arise in disaster]. Translated by Chŏng Hae-yŏng. Seoul: P'ent'agŭraem.

Yamagishi Takuya, Kamiya Hajime, Kakimoto Kensaku, and Motoi Suzuki. 2020. "Daiyamondo·Purinsesu gō shingata korona uirusu kansenshō jirei ni okeru jirei hassei shoki no ekigaku" [Epidemiology of early cases of the novel coronavirus among cases aboard the *Diamond Princess*]. *IASR* (Infectious Agents Surveillance Report) 41(6): 106-108. https://www.niid.go.jp/niid/ja/typhi-m/iasr-reference/2523-related-articles/related-articles-485/9755-485r02.html. Accessed August 16, 2020.

Yamanaka Shin'ya. n.d. "Yamanaka Shin'ya ni yoru shingata korona uirusu jōhō hasshin" [Information dissemination pertaining to the novel coronavirus by Yamanaka Shin'ya]. https://www.covid19-yamanaka.com/cont3/17.html. Accessed August 16, 2020.

Yoon Suk Jung. 2020. "2020-nyŏn Tok'yo Ollimp'ik kwa Abe ŭi Ollimp'ik: puhŭng Ollimp'ik, hŏnpŏp kaejŏng kŭrigo Ollimp'ik yŏn'gi" [The 2020 Tokyo Olympics and Abe's Olympics: The Olympics of "revival," constitutional reform, and the postponement of the Olympics]. *Ilbon pip'yŏng* [Korean journal of Japanese studies] 23: 18-49.