

The West should envy Japan's COVID-19 response

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On Jan. 1, the world total of coronavirus cases was 83,748,593 and deaths 1,824,140. Japan's corresponding figures were 230,304 and 3,414. Unusually, in Japan the disease killed more people in autumn-winter than spring. Still, for balance and perspective it's worth noting that more Japanese died from 25 other causes in 2020. COVID-19 accounted for only 0.3% of all deaths. There were seven times as many suicides and 40 times as many flu and pneumonia deaths. Japan was also one of the few countries without excess mortality caused by COVID-19.

Japan attracted world notice for neither imposing a lockdown nor obsessively testing asymptomatic people. As Tomoya Saito put it in these pages, [“Encouraging people with mild or no symptoms to take PCR tests would have revealed nothing but resulted in isolating false-positive cases.”](#)

(<https://www.japantimes.co.jp/opinion/2020/06/02/commentary/japan-commentary/secret-japans-success-combating-covid-19/>). The Stringency Index has been developed by Oxford University's Blavatnik School in collaboration with Our World in Data to gauge the strictness of nine lockdown measures including school and workplace closures and travel bans, with 100 being the most strict. Japan's index stayed below 50 until Dec. 8, whereas all its G7 partners have mostly stayed above 50.

This situation created a pandemic of fear about the threat of a tsunami of COVID-19 deaths that would ravage Japan. Early last year, the cruise ship Diamond Princess docked in Yokohama. With more than 700 of the 3,711 people on board infected and 14 dead, Japan was feared to be the scene of the next big outbreak of the virus. Kentaro Iwata, an infectious diseases expert at Kobe University, described the ship as a “COVID-19 mill.” An article in The Washington Post on Feb. 20 said Japan's response to the ship was “completely inadequate,” and this paper reported on May 10 that 57% of Japanese were unhappy with the coronavirus response.

By early summer, while Tomoya Saito was writing that Japan had “successfully minimized COVID-19-related deaths without introducing a strict lockdown or a broad testing policy” and pursuing a cluster-focused approach instead, much of the Western media was harshly critical of Japan's failure to lock down and predicted mass deaths. Articles in the New York Times (April 7), Washington Post (April 11 and 21, May 25, Aug. 11), New Statesman (April 22) and Science magazine (April 22) said Japan had missed “its chance to keep the coronavirus in check.” Its coronavirus emergency was “too little, too late,” “lockdown lite,” “pandemic kabuki” and an “idiosyncratic” “Trumpian playbook” on the virus. Medical experts began spouting scare scenarios once again with the second wave in winter. One reason for their apprehension was Japan's troubled history with vaccines and its cautious approval process for new ones. But this paper did note that “Japan's relative success in handling the pandemic” means an urgent rollout of the shot is less of a priority.

Japanese shouldn't take Western criticism too seriously. The mainstream media has been on a mission to cheerlead the lockdown narrative. Countries like Sweden and Japan that diverge from the approved narrative are the object of their special ire for irresponsibility bordering on criminal dereliction of duty. Examples of better outcomes without the extensive range of health, mental health, livelihoods, economic and civil liberties costs of harsh lockdowns should be welcome. Instead, many commentators seem to be willing the lockdown-light countries to fail so they can feel vindicated.

Unfortunately for them, there is little empirical data to support the abstract mathematical models on which governments relied to clamp lockdowns. The virus is not unprecedented, but the draconian societal shutdowns are. Who would have expected Western democracies to mimic authoritarian China?

Never before in human history have entire healthy populations been put under effective house arrest and told when they can go out; where to; for how long; who and how many people they can meet; which businesses can stay open to sell designated goods and provide listed services. Yet after a year of this extreme experiment, data from around the world show that the spread of the pandemic correlates more with geography, demography and seasonality than lockdown stringency and sequencing.

Europe accounts for three times as many COVID-19 deaths as its share of world population, North America six times and South America 2.4 times. By contrast Oceania has only one-tenth, Africa one-fifth and Asia (including Central and West Asia) one-third their respective shares of world population. East Asia is the star performer. The average mortality for China, Hong Kong, Mongolia, South Korea and Taiwan is 5.5 deaths per million people (DPM). Within East Asia, Japan has the highest mortality with 27 DPM. To put that into global context, however, the world average is 234 DPM and the worst performing countries in Europe (in ascending order, U.K., Spain, Italy, Belgium: all hard lockdown countries) have between 1,080-1,674 DPM. Among Japan's fellow G7 countries, the average for the other six countries, all of which had stringent lockdowns, is 949 DPM.

What might explain the variation by continents? For one thing, in Africa and most of Asia minus East Asia, average life expectancy is much lower and COVID-19 is highly age-segregated, attacking those over 75 with particular ferocity. For another, part of the reason for life being nasty, brutish and short in these countries is that proportionately far more people with serious ailments succumb earlier owing to health care shortcomings than in the industrialized high income countries. And we know that coronavirus is far deadlier for people with comorbidities.

Moreover, in countries like India, universal BCG and polio vaccination is mandatory, while immune systems of people have a lifelong exposure to curative and preventive drugs for malaria. Research by Indian scientists suggests that exposure since childhood to an extensive range of pathogens has given Indians sturdier immunity to COVID-19. A similar conclusion holds for sub-Saharan Africa.

Another team looked at human genomic datasets for possible explanations for the strikingly lower rates of COVID-19 mortality in East Asia that has been the geographic origin of several modern coronavirus epidemics. Their results suggest that ancient coronavirus-like epidemics drove adaptations in East Asians between 25,000-5,000 years ago. As they colorfully put it: "An arms race with an ancient corona-like virus may have taken place in ancestral East Asian populations." The winter surge shows that even in Japan, face masks did not prevent infection and transmission. This too strongly suggests that an exceptionally low death rate despite a high proportion of elderly must be due to genetic factors, health factors (e.g. little obesity) or pre-existing immunity.

On April 27, Australia's ABC broadcaster ran a story on [a story on Shinzo Abe's fumbled coronavirus response](https://www.abc.net.au/news/2020-04-27/how-japan-pm-shinzo-abe-fumbled-coronavirus-response/12189076). Countries in Europe and the Americas must wish they could fumble so spectacularly!

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