

Continuing to Say to the Government What **Needs to be Said**

Ever since the novel coronavirus COVID-19 first appeared in Japan, Dr. Omi Shigeru has been leading the battle against this infectious disease. At times he has received criticism such as, "scientists are too forward-leaning with their comments," and he's given advice to the government that is painful to hear. We asked Dr. Omi about tribulations so far and prospects for the future. (Interview 20 February with subsequent revision.)

> Omi Shigeru, Chairman of the New Coronavirus Infectious Diseases Control **Subcommittee**

Interviewed by Makihara Izuru, Professor, Research Center for Advanced Science and Technology (RCAST), University of Tokyo





Dr. Omi Shigeru

Prof. Makihara Izuru

Pressing on with a forward-leaning attitude

Professor Makihara Izuru: It is now about one year since the first state of emergency declaration was issued (April 7, 2020). Looking back over this period, what are your thoughts?

Dr. Omi Shigeru: When the first state of emergency was declared I was serving as the Vice Chair of the Novel Coronavirus Expert Meeting and you praised our position as "forward-leaning," didn't you? The phrase "forward-leaning" perfectly matches how we felt at that time. We were dealing with a virus and viruses move fast. It felt like we had to become "forward-leaning" to keep up with that movement.

Makihara: The second state of emergency was declared on January 7, 2021 and applied to Tokyo and three prefectures. Following that it was broadened to Tokyo and ten prefectures (it was later lifted, before a third state of emergency was eventually declared). What is your view of the situation since then?

Omi: To put it rather strongly, it feels like every day is a critical time, including the present. The situation is always changing but each time it is a critical time. I think there were several reasons why the government had to declare a second state of emergency.

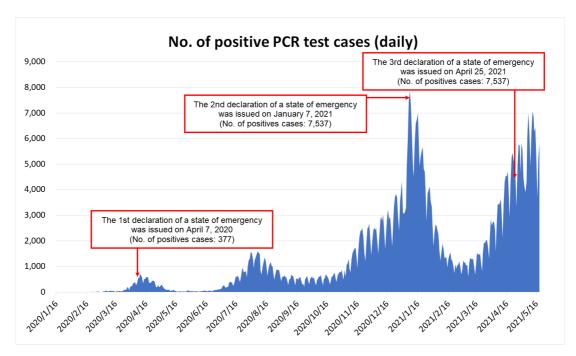
Firstly, although the number of infected people increased dramatically around New Year, the peak of infections happened on December 30 and 31. That's infections, not the appearance of symptoms. The peak for symptoms came about four days after that. Because we anticipated the spread of infection due to

winter year-end parties and other events, our subcommittee, as well as national and local government, had already warned citizens to exercise restraint regarding year-end parties and other events.

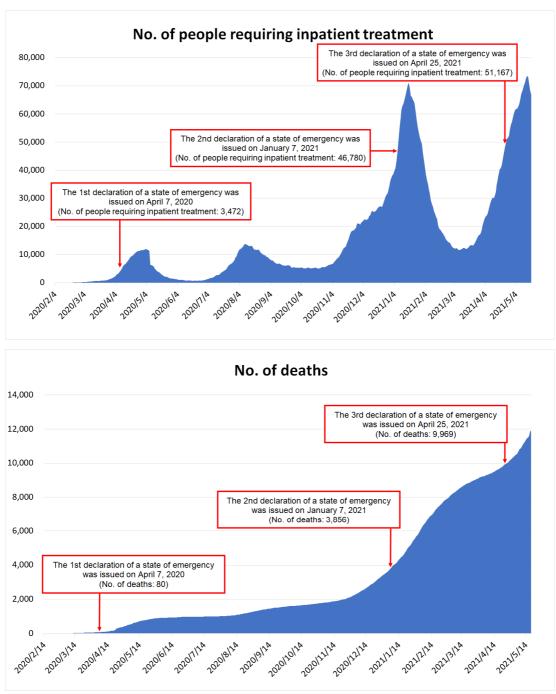


Prime Minister Suga Yoshihide holds a press conference with Dr. Omi Shigeru, Chairman of the Subcommittee on Novel Coronavirus Disease Control, to declare the state of emergency on January 7, 2021. Photo: Cabinet Public Relations Office

Additionally, before the actual declaration, we had made repeated requests similar to a "quasi" state of emergency declaration, such as self-restraint on going out, promoting teleworking, and reducing the opening hours of restaurants. Unfortunately however, the message did not get through to the whole of society, and in a short space of time the number of infections had increased. In particular, infections that had started among young people later spread to within households.



Source: Ministry of Health, Labour and Welfare, COVID-19 Open Data



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Looking back, I feel that what we said around April 2020 reached society but that by around November it had become difficult to receive cooperation.

The first reason was that ordinary people, especially young people, came to understand the characteristics of this virus and the idea that "it is not a serious infectious disease" spread; namely, that most infected people had no symptoms and that few had developed serious symptoms. The second, I think, is that people gradually got used to living with the virus and started to feel they'd done enough and that they couldn't put up with it anymore. I think the third was the effect of there being no sense of unity between municipalities and government around November to December, even while a consensus was developing that it would soon be time to get society and the economy going again.

On the other hand, after the peak at the beginning of January 2021, the number of infected persons rapidly decreased. It's thought an important factor was the finish of year-end parties. Of course, after that an effect occurred from the state of emergency declaration, which requested that restaurants shorten opening hours. So, with this in mind, it doesn't seem that the increase in infections at the beginning of January was the effect of new variants. Some have also suggested that a main reason was the ending of investigations into close contact between individuals and proactive epidemiological investigations. I think that it was involved, but not that it was the main cause. It was before that when epidemiological studies in the Tokyo area couldn't happen anymore.

We are not the Prime Minister

Makihara: During this current state of emergency (the second state of emergency in January 2021) measures have focused on dining, so restaurants and other eating places have been asked to shorten their opening hours. Can we consider these measures effective?

Omi: I believe that, to an extent, they have been effective. I didn't know this when the first wave came in April 2020, but later I came to realize that "dining" was key to measures against the virus. Compared to other nations, Japan has been very thorough in dealing with virus clusters. Although many countries have placed emphasis on forward-looking study and prevention of further infection spread, Japan has looked back at the past behavior of those infected, going back to determine the cause of infection and exhaustively analyzing clusters. Thanks to this, we have learned how infection spreads through dining.

Makihara: From November 2020 infections started rising and all experts repeatedly issued warnings and recommendations. On November 20 the Subcommittee issued a statement titled "Our Position" which detailed our hopes that the government would implement stronger measures than previously and deliver a message that people take on board, in order to prevent the spread of infection. From around that time I started feeling that all the experts were now delivering a strong message. Aside from declaring or not declaring a state of emergency, I interpret that as a view that the government should have implemented quite strong controls. Yet, the number of infections increased without any measures being put in place and a state of emergency was declared. Was the Subcommittee concerned about anything during that time?

Omi: In August the Subcommittee expressed its opinion that there should be "stages" as a guide to assessing the situation, based on six indicators such as pressure on hospital wards and number of patients. There are four stages and the fourth is defined as "a stage when measures are necessary to avoid an explosion in infection rates."

Stage three was devised as a final buffer before declaration of a state of emergency. We hoped that the government would take sufficiently strong measures and we could avoid extremely large economic damage, such as occurred during the April 2020 declaration of a state of emergency. In other words it was the idea of a "circuit breaker" (in the case of a listed company, a forced cessation of share trading when abnormal changes in share price occur.) From November to December the Subcommittee issued many recommendations directed to that end.

We'd like the government and administrative districts to decide what stage applies to the current situation based on those indicators. Our organization is simply here to make suggestions. Regarding that,

there's a disconnection with ordinary people's perceptions and we sometimes hear views such as "Shouldn't Omi and the others decide?" Of course, in some ways I'd like to do that. But if we decided the criteria for making decisions then made decisions while applying them, we'd have become Prime Ministers or Governors ourselves. As the New Coronavirus Infectious Diseases Control Subcommittee, we said that at stage four a state of emergency will be declared. So that wouldn't happen, when we got to stage three we repeatedly requested that measures such as these be taken.

The role of the subcommittee is to make recommendations to the government and municipalities. On November 20 last year we made recommendations to the effect that, unless large-scale measures similar to when the first state of emergency was declared are put in place, "the healthcare system will collapse, so we want the national government and municipalities to take the lead." Yet the situation worsened and the Subcommittee held many unofficial meetings. On December 20 we met with Nishimura Yasutoshi, Minister of State for Economic and Fiscal Policy and conveyed our view that the situation was critical.

Regarding the declaration of state of emergency

Makihara: There's also a view that you should have strongly urged the government to declare a second state of emergency earlier than it did.

Omi: We were aware that some members of the public wanted a state of emergency to be declared more quickly. But in the first place, since a state of emergency restricts the rights of the people, the basic view of Japanese law is that it should happen with restraint. As I mentioned earlier, it is the government that decides to declare a state of emergency, not we in the Subcommittee.

However, it was my view that when a state of emergency is declared those involved must be in agreement. It is no good for one governor to oppose it, another to agree, or for members of the government to oppose it.

The Subcommittee made various recommendations in an attempt to somehow avoid the declaration of a second state of emergency. For example, on December 23, 2020 we requested that Tokyo Metropolitan Government, where there was ongoing infection spread, further strengthen its measures by restricting restaurant opening hours to 10pm; but we just couldn't gain its understanding. It finally took action on December 30 with the Tokyo Metropolitan Government COVID-19 Monitoring Meeting. There was a strong statement that the "healthcare provision system is under pressure and facing a critical situation." It didn't say "stage four" but Tokyo admitted it was effectively in a stage four situation.

What's more, on the 31st the Tokyo area had a record daily number of new infections. We thought that already meant a declaration of state of emergency. In that sense, the Tokyo Metropolitan Government Monitoring Meeting at that time was very significant for me.

In the end, on January 3, the governors of the Tokyo Metropolitan Area, plus the three prefectures of Saitama, Chiba and Kanagawa, met with Minister Nishimura and requested he declare another state of emergency. On the 7th, Prime Minister Suga Yoshihide declared a state of emergency.

Makihara: When the first state of emergency was declared, the government panel of experts analyzed the coronavirus measures and issued a strong message. I described that attitude as "forward-leaning" compared to the rather passive attitude of politicians. You expressed your feeling at the time as "having crossed the Rubicon." Following that, you said that "We've given the impression that the Expert Meeting is deciding policy measures." Then the Expert Meeting was reorganized and became the current Subcommittee. Was the Expert Meeting's way of messaging different from the Subcommittee's? The Subcommittee deals with the Prime Minister's Office so have you restrained your recommendations and messages?

Omi: A difference is that the Expert Meeting was originally under the jurisdiction of the Ministry of Health, Labour and Welfare and the Subcommittee under the Cabinet Secretariat. Also, unlike the Expert Meeting, the Subcommittee includes prefectural governors and economists among its members. However, when it comes to making recommendations, we do so about as frequently as when we were the Expert Meeting. This time it's negotiation with the government as a whole, so when we say things that the government does not necessarily want to hear, a certain amount of energy and resolve is needed.

Around February 2020 we were mainly making recommendations about the characteristics of this infectious disease. This time our recommendations are focused on the problem of restricting restaurant opening times and other issues that have a huge impact on society and the economy. Well actually, the previous body did also say very strong things, such as asking people to cut their contact with others by 80% [laughs]. We are saying strong things this time as well, so in that sense it feels like we have "crossed the Rubicon" this time too. I believe we must say what needs to be said.

"Firmness" over the "Go To" campaign

Makihara: There are still questions over the links between politics and science. The nuclear accident was one time when science got involved in politics and the joint group of administrative and industry specialists was criticized as the "nuclear village." It highlighted the problem of industry, bureaucrats and academia working together too closely. However, in the case of the current coronavirus disaster, I believe that the medical and public health experts who have participated in the Expert Meeting and the Subcommittee are an independently-assembled voluntary association. They announce recommendations after repeated and careful informal discussions, and the policy decided based on those is a new relationship between science and politics. I think we can say this because, in a sense, Japan's civic society has matured. On the other hand, have there been recommendations from the Subcommittee that haven't successfully led to policy?

Omi: I've been involved with this work for over one year and most of the recommendations have been adopted by the government or Ministry of Health, Labour and Welfare. But there are definitely areas where the government remains "firm"; that is, they just won't give way. However, I think it is natural for there to be differences between the Subcommittee's recommendations and the government's view.

Incidentally, the government was "firm" over the Go To campaign.

Based on opinions from governors of regions where the virus was spreading, on November 20 we in the Subcommittee recommended that the operation of the Go To campaign be reconsidered. Young people, who become infected but often don't have symptoms, were spreading the infection without realizing it. That is the fault of the virus, not them. But young people are highly active, so inevitably they were spreading infection to their families and elderly people.

But on December 1 the government announced a policy of calling on elderly people over 65 and those with underlying conditions to refrain from using the Go To campaign to travel to and from Tokyo. This was agreed by Prime Minister Suga and Tokyo Governor Koike Yuriko.

It was a policy that caused a great deal of unease among experts. Infections among elderly people was a result and the cause was the movement of young people. We didn't think it was good to divide the generations and had only said that "everyone should restrict their travel." Despite that, only elderly people were called on to restrict their behavior so we felt that what we'd said hadn't been understood.

Also, concerning the temporary suspension, there was a "conflict" between the government's attitude that the governor should decide and Tokyo's attitude that the government should decide. That gave the impression that the national government and municipalities weren't united.

People often say that the relationship between the Subcommittee and the Prime Minister's Office isn't going well, but I think we now have far more sharing of views than at the time of the Expert Meeting. I meet Minister Nishimura daily so I have a good idea of the government's views. I think that our views are probably also conveyed to the Prime Minister's Office via Minister Nishimura. But of course there are places where the Prime Minister's Office cannot shift position.

The difference between Prime Ministers Abe and Suga

Makihara: During an August 2020 telephone call we discussed the issue of having close dialogue with the Prime Minister or not. Abe Shinzo was Prime Minister at that time but his health deteriorated and on August 28 he announced his resignation. After that, Suga became Prime Minister, so has there been a change in policy?

Omi: It's often said that there are differences in the way that the Abe and Suga administrations decide policy, but I don't have frequent meetings with either of them, so I have no idea. And I am not in a position to evaluate their management styles.

But of course there are policy differences. For example, in the case of Prime Minister Suga, we were able to frankly share our views on the Go To campaign, both via Minister Nishimura and when we had the chance to eat together, and I believe the Prime Minister well understood what we said. But as the Prime Minister, of course he has to think more than us about such things as the grave effects on the economy and initially he remained "firm" on the issue. Indeed, ultimately he decided to stop the national Go To campaign, which went further than our suggestions.

Prime Minister Abe was also "firm" in certain areas. When we requested closing elementary, middle and high schools across Japan, and distributing masks to Japanese people, his thinking was clearly different to ours. Another thing I'd mention is the "80% reduction." We said that we'd like people to reduce contact with others by 80%, but Prime Minister Abe felt strongly that 80% was probably a little strict. Finally, we compromised by saying "minimum 70%, 80% if possible."

There was also a difference when the state of emergency was lifted. We indicated a criterion of "up to 0.5 new infections per 100,000 people during the most recent week," but the Prime Minister's Office said, "we'd like you to give a little more leeway" and we expressed it as "up to approximately 0.5 infections per 100,000 people."

It is the government that decides government policy at the end of the day and it's not something for the Subcommittee to decide. Nevertheless, as part of the governance of Japan, I think we properly said what needed to be said. Of course dialogue with the government is important, but at the critical moment we say what needs to be said. It may be hard to understand, but our sense of distance from the Prime Minister's Office is along those lines.

Not just saying "no you can't, no you can't"

Makihara: Back in April 2020 when the public didn't understand the nature of the disease, they listened carefully to the Expert Meeting's suggestions for a new lifestyle, such as avoiding the three Cs of closed spaces, crowded places and close-contact settings, and maintaining social distancing. But now they know more about the disease, the public is actually reassured and stops cooperating. Going forward, what do you think will be necessary? And what kind of other concerns do you have at the moment?

Omi: Certainly, in 2020 I felt, "Ah, people will keep listening to what we say," but after that there was a gradual "coronavirus fatigue" and it became difficult to gain understanding and cooperation with a feeling of unity. But now people are in a position where they can decide for themselves, so I have no intention of criticizing.

Restaurateurs are suffering huge business damage so they want restrictions on opening times quickly lifted. Of course I understand that. But even they are praying that infections levels quickly go down to a low level. It's the same for everyone in Japan. For that to happen, I think we need to do three things now.

The first is to implement policies that people can accept. There is an element of balance between the feelings of those wanting to reduce the number of infections and restaurateurs who are suffering economic damage from reduced opening hours. After the state of emergency is lifted, the government's policy is to relax restrictions in stages so that the number of infections doesn't rebound.

We will be living with this virus for a long time and so it will be impossible to not eat out for ever. To what extent can we open restaurants? From what point is it no good? We need a certain amount of agreement from restaurateurs. In other words, so far we have only said "no you can't, no you can't," but in the future we need to partly keep saying "no you can't" but also "that's OK, that's OK." I don't think we can gain Japanese people's understanding otherwise.

It's the same with travel. We need to try for small-scale, dispersed travel. There is a system called "dynamic pricing" when price changes according to demand for goods and services, and it's applicable to travel. If you travel when there are few other people the cost is cheaper. Up to now, hotels have managed their businesses by welcoming lots of guests during the summer vacation and other times when they make lots of money, but that way of thinking must change. It's important to do things in a way that occupancy rates are always 60 to 70% and not every room needs to be occupied.

The second is that there must be unity between the government and the governors of administrative districts. I have talked about this already, but they were out of step when the state of emergency was declared and other times. I do understand that politicians want to stand out but I'd like them to check that a little. Unless government and municipalities share a general direction and message with a sense of unity, I don't think the people will follow them.

If one leader here says, "end the Go To campaign" and another leader here says, "no, please continue it," public opinion will also be conflicting. Ultimately, infections will never drop to a low level, the economic hit will be large, and everyone will suffer. The people are watching how national and regional leaders speak and how they behave. I really would like all politicians to set an example.

Makihara: From the perspective of experts, it's desirable for leaders to run politics based on a coalition of common interests, isn't it? Certainly, when they are out of step I think that makes the people uneasy.

Ultimately, the coronavirus is a "Tokyo problem"

Omi: The third is worry that the number of infections has now stopped falling and the need for measures to address that.

When we look back and closely examine the days after the coronavirus reached Japan, we understand that it was a "metropolitan area problem, centered on Tokyo." I don't mean that in a political sense. For example, in the regions, even if a cluster broke out within households or workplaces, it was possible to ascertain the cause given an explanation, but that was particularly difficult to do in Tokyo. We can see the result that is infections within households or workplaces, but unlike in the regions, we don't know the cause. In other words, "we can't follow the links in the chain." The Tokyo area has lots of people, a developed transport system, a wide area, and many busy urban areas. There's an anonymity where we don't know who has interacted with whom. If you go to the regions, you soon know that "that person went to that restaurant." That's why Tokyo is the starting point for infection which then seeps out to the regions.

I'm afraid that the reason infections in Tokyo have stopped falling is that there may be hidden sources of infection. That was also the case when infection spread in Hokkaido in March last year. Infection was spreading mainly among young people in Sapporo but because there were often no symptoms, we didn't know. By the time we realized, it was clear that those individuals had traveled to the regions and passed infection on to elderly people. It was a shock to us as experts. We thought that Japan's measures to deal with clusters had failed.

One more example is last year when infection ended up spreading in the Kabukicho area of Shinjuku in Tokyo without anyone realizing. This infection spread actually caused a variant of the virus to emerge. Infection was gradually spreading from Kabukicho and we overlooked this source of infection.

We cannot rule out the possibly that the same thing is happening now. The healthcare centers that were looking for causes of clusters had too much work, reached their limits, and were forced to prioritize investigations. They investigated those who had had close contact with individuals but the work to look back and pin down past infection sources didn't always happen. It's no good just increasing the number of PCR tests. There is a need for proper investigation that pins down the source of infection.

Makihara: The second state of emergency was only extended in the Tokyo area. Do you think that was appropriate?

Omi: It's true that the situation of pressure on healthcare in the Tokyo area was not stage four anymore, but it was not yet clearly heading steadily in a positive direction. More importantly, due to special factors in the Tokyo area such as anonymity, there was a high possibility of rebound and extension was the appropriate decision, I believe.

No complete return to our previous way of life

Makihara: There's a repeated pattern of one wave of infection finishing, not being careful, then the number of infections increasing again. While vaccination has finally started in Japan, variants believed to be highly infectious have also emerged. How should we live alongside the coronavirus?

Omi: There's no doubt, I think, that the number of variants will increase further. And we can't rule out the possibility of them being more infectious. On the other hand, the vaccine that has started to be given in Japan is much better than we initially thought. We can expect it to reassure the public.

However, for the moment there will be no complete return to how we lived before. Even after having the vaccine, it will be necessary to continue a lifestyle of wearing masks, washing hands and avoiding the three C's. I think most Japanese want to "have an easy life soon," but measures against infection aren't all or nothing.

Japan has had so many victims and so much economic loss that we should make our experience of the coronavirus a chance to create an "infection resistant society." In 2009, when the new strain of influenza spread, we reflected that we should strengthen our healthcare center and testing systems and hasten development of our healthcare system. But you could say we have completely failed to make use of those lessons.

We might manage to realize the importance of dispersed and small-scale travel, telework, and "stay with community" (the idea of avoiding contact with unspecified larger numbers of people and instead valuing interaction with family and a small sphere of family and specific friends). But that's meaningless if we then forget once a wave of infection has passed. You could call coronavirus an infectious disease with an impact strong enough to even change the way we live.

Planning: Sakagami Hiroshi, Senior Research Fellow, the Yomiuri Research Institute

After the Tokyo area state of emergency was lifted on March 21, we spoke to Dr. Omi again.

It wasn't the case that everyone was completely in favor but not one member of the advisory committee opposed lifting the state of emergency. That was because the healthcare system and infection situation had already met the criteria. All members, however, shared a strong sense of crisis regarding a rebound in infections.

The most significant issue going forward is how to prevent a large rebound peak. We can assume small rebound peaks and, in fact, even during the state of emergency period people got tired of self-restraint and infection occurred among young people, and in situations such as elderly people using karaoke boxes. I believe that the restriction of opening hours for "dining" had an effect when the second state of emergency was declared, but the same measures alone won't prevent a large rebound.

So what should we do? It is extremely important that a proper circuit-breaker-like function works. There is a need for such things as asymptomatic testing for groups and locations of high infection risk, monitoring of variant strains, and maintaining prioritized measures to prevent rapid infection spread. The government and municipalities need to make requests of the public, but they are also in a situation of having to work even harder. In response to that, we ordinary members of the public must continue with anti-infection measures as we have so far.

Even if the state of emergency is lifted, everything won't return to normal. Now we are right at the beginning of the financial year. If events such as parties to welcome and say goodbye to employees take place like before, infection will spread. I'd like people to take careful measures such as changing the form of events, eating without talking, and wearing a mask when they do talk.

March 23, 2021

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Dr. OMI Shigeru

Chairman of the New Coronavirus Infectious Diseases Control Subcommittee

Born in 1949. Engaged in local health care after graduating from Jichi Medical University. Joined the WHO Western Pacific Regional Office in 1990. Credited with the eradication of polio in the Western Pacific Region. Became Regional Director in 1998 and took the lead in dealing with SARS and avian influenza. Became a professor at Jichi Medical University in 2009 and then became a Member of the WHO Executive Board. At present, President of Japan Community Health care Organization (JCHO), which operates the Association of National Social Insurance Society and hospitals, including the Employees' Pension Welfare Corporation. Chairperson of the Expert Meeting on Control of the Novel Coronavirus Disease Control from 2019 to 2020.

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