

Jishuku as a Japanese Way for Anti-COVID-19: Some Basic Reflections

Iijima, Wataru

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:

GESIS - Leibniz-Institut für Sozialwissenschaften

Empfohlene Zitierung / Suggested Citation:

Iijima, W. (2021). Jishuku as a Japanese Way for Anti-COVID-19: Some Basic Reflections. *Historical Social Research, Supplement*, 33, 284-301. <https://doi.org/10.12759/hsr.suppl.33.2021.284-301>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY Lizenz (Namensnennung) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:

<https://creativecommons.org/licenses/by/4.0/deed.de>

Terms of use:

This document is made available under a CC BY Licence (Attribution). For more information see:

<https://creativecommons.org/licenses/by/4.0>

Jishuku as a Japanese Way for Anti-COVID-19. Some Basic Reflections

Wataru Iijima *

Abstract: »*Jishuku als japanische Maßnahme gegen COVID-19: einige grundlegende Überlegungen*«. It is very important and interesting that the Japanese government did not mandate an anti-COVID-19 lockdown from 2020 to now. The main measure against COVID-19 before the vaccination and treatment pill was the people's isolation from coronavirus by *Jishuku* in Japanese. What is *Jishuku*? To complete isolation from coronavirus, the Japanese government asked the ordinary people to stay at home by self-restriction. This Japanese way seems to have been very successful during the first wave of COVID-19, with the number of infections and deaths by COVID-19 being more moderate than many other countries, including Germany. Why did the ordinary people stay at home under the government policy? The main motive of *Jishuku* was *Docho Atsuryoku* in Japanese, which sometimes translates to "peer pressure" in English, but it is not good translation. "A disciplined pressure by collectivism" is better, as it helps to understand Japanese behavior against COVID-19 during the first wave of 2020. As in many other countries, the anti-COVID campaign was advanced and organized by scientific knowledge based on medicine and public health, but the Japanese way had been highly dependent on the cultural context, collectivism. These situations have been accumulated in the Japanese history.

Keywords: *Jishuku*, *Docho Atsuryoku*, collectivism, COVID-19.

1. Introduction

On June 4, 2020, after lifting the first state emergency declaration against COVID-19 in Japan that was went from April 7 to May 25, Taro Aso, the Japanese Finance Minister, said at the finance committee meeting in the Upper House Diet that Japan's relatively low mortality rate from COVID-19 reflects the higher *mindō*, level of cultural standards, as follows:

I have received phone calls (from overseas) asking "Do you have any drug that only you guys have?" My answer is the level of cultural standards is different, and then they fall silent. The United States imposed fines on people

* Wataru Iijima, Department of History, Aoyama Gakuin University, Tokyo, Japan;
wijijima@aoyamagakuin.jp.

who broke lockdown rules, and France did so too. But we didn't have to do such a thing, and we made it only by requesting that people suspend non-essential businesses and stay at home. We should be very proud of this.¹

In the first half of 2020, Japan faced the first COVID-19 wave, but the situation was moderate than other countries.² Based on this, Aso said, the level of infection was far below the United States and France. And he continued by saying that it was his impression that the Japanese *mindō*, the level of cultural standards, was higher and different from many other countries and played an important role in controlling COVID-19.

Regarding Aso's talk, many people, including the Japanese, disagreed. For example, the opposition party in the Diet heavily criticized him because he did not consider the feelings of people who died of COVID-19 or their families, regardless of nationalities. Yes, I also agree with this criticism and logic. But my first impression of the talk by Aso was that he probably touched an important element in the anti-COVID-19 campaign from the viewpoint of social history of medicine and public health, although his view was nonsensical.

This does not mean that I agree with Aso's point of view. I suppose that it might be correct to assume that we need to make a further investigation into the anti-COVID-19 campaigns from the viewpoint of culture and society, which decided people's behavior in every country. The situations of COVID-19 in each country were highly dependent on the conditions of medicine and public health, including the vaccination level. However, the behavior of people played a central role in controlling COVID-19. Vaccination is just as much a cultural issue as medicine and public health.

The main purpose of this paper is to examine differences in anti-COVID-19 measures based on cultural and social background. The main target is the case of the first wave of COVID-19 in 2020 Japan. Additionally, I will briefly examine the situations of China and other East Asian countries for comparative analysis.

2. Five Waves of COVID-19 in Japan: A General Trend From 2020 to 2021

After COVID-19 first spread in China, the infection also started in Japan in January 2020. The first case was confirmed on January 16, and the patient never stayed in Wuhan, China. In February, the level of infection was still

¹ "Japan low virus deaths high cultural standard," *The Japan Times* (hereafter JT), June 5, 2020. <https://www.japantimes.co.jp/news/2020/06/05/national/japan-low-virus-deaths-high-cultural-standard-aso/> (Accessed November 29, 2021).

² Oscar Boyd, "As world sees surge in virus cases, why is Japan still an outlier?" *JT*, March 21, 2020. <https://www.japantimes.co.jp/opinion/2020/03/21/commentary/japan-commentary/japan-still-coronavirus-outlier/> (Accessed November 29, 2021).

moderate in Japan; however, the main problem was the cruise ship Diamond Princess. In the cruise ship, 712 persons were infected with COVID-19 and 14 persons (including one Australian) had died.³

In March, it was clear that the infections had increased in many regions in Japan. From March 2, a lot of schools, including primary schools, closed very suddenly at the suggestion of Prime Minister Shinzo Abe. Because of the urgent response to COVID-19, a lot of people were opposed to these measures and worried about its effectiveness.⁴

On March 24, the Japanese government decided to postpone the Tokyo Olympic and Paralympic Games for one year until the summer of 2021, frankly saying that the Japanese central and prefectural governments were not enthusiastic to take measures for anti-COVID-19. After the decision to postpone the Tokyo Olympic and Paralympic Games, the government, especially the governor of Tokyo, Yuriko Koike, positively advanced the anti-COVID-19 campaign.⁵ The first wave in Japan occurred from March to May in 2020, but the level of infection was lower than in many European and American countries, including Germany.

The infections in Japan had been more moderate than in other countries; for example, the number of infections was 1.25 for every 100,000 residents from March 29 to April 4, a week, but the Japanese government issued the state emergency declaration on April 7 due to the increase of infections of COVID-19.

It is very important and interesting that the Japanese government did not mandate an anti-COVID-19 lockdown from 2020 to now. The main measure against COVID-19 before the vaccination and treatment pill was the people's isolation from coronavirus by *Jishuku* in Japanese.

What is *Jishuku*? To complete isolation from coronavirus, the Japanese government asked the ordinary people to stay at home by self-restriction. It is important to note that *Jishuku* is very difficult to translate into other languages, including English. I have even asked a couple of English and Chinese speaking friends who have a close relationship with Japan, Japanese culture, and language, how they would translate *Jishuku* to their language, but they were unable to translate it effectively.

Under *Jishuku* in Japan, the activities of ordinary people were almost controlled especially during the first state emergency declaration. The infection rates of COVID-19 decreased mid-2020. What the main reason was to control the infection is beyond the scope of this paper, but it is exactly correct that

³ Kosei Roudo Sho (The Japanese Ministry of Health and Labor), The Report for the Diamond Princess, May 1, 2020. <https://www.mhlw.go.jp/content/10900000/000627363.pdf> (Accessed November 29, 2021).

⁴ Maddalena Osumi and Enzo Degergorio, "Experts raise doubts that Japan school closures will curb coronavirus", *JT*, March 5, 2020. <https://www.japantimes.co.jp/news/2020/03/05/national/can-japan-school-closures-curb-coronavirus/> (Accessed November 29, 2021).

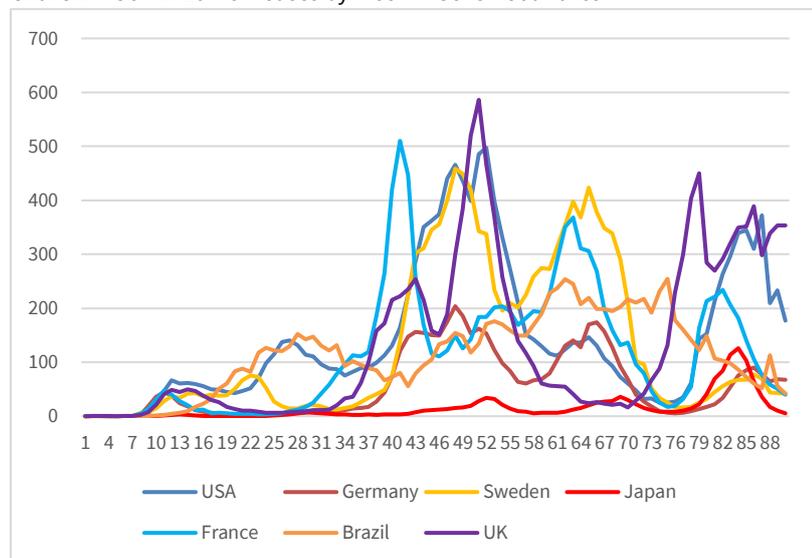
⁵ *Tokyo Shinbun (Tokyo Newspaper)*, July 25, 2020, morning edition, 4.

the people’s behavior in Japan played an important role. The ordinary people in Japan paid close attention to controlling COVID-19, and the outcome was very successful. But it is also very interesting that the policy of the central government was not strongly supported.

One of the symbols of the failures by the Japanese government was the distribution of face masks to all people who were staying in Japan during the first state emergency declaration. The face mask was called “Abe-no-mask” (a mask by Japanese Prime Minister Abe); it needed a couple of months before it could be distributed, which did not help the everyday life of the ordinary people.

Unfortunately, only two masks were distributed for each family by the postal network. A mask was washable, but not enough for one family if the number of family over two, and the cost of the “Abe-no-mask” was also very expensive. It was correct that there was a mask shortage in the first half of 2020 in Japan, but by the time the “Abe-no-mask” was distributed, there were plenty of masks in the shops. As a result of this, one-fourth of the masks were not used and the distribution was stopped on July 31, 2020.⁶ For these reasons, the Audit Agency criticized the “Abe-no-mask” as not being effective in controlling COVID-19 in 2021.

Chart 1 COVID-19 New Cases by Week in Seven Countries



Note: 3: Feb. 2-8, 2020, 15: Dec. 27, 2020-Jan. 2, 2021, 87: Sep.12-18, 2021
Source: WHO Reports.

⁶ *Tokyo Shinbun (Tokyo Newspaper)*, July 31, 2020, evening edition, 1.

Chart 1 is the basic situations of COVID-19 infection in 7 countries including Japan and Germany. It should be stated that the number of infections in the first wave in Japan in the first half of 2020 had been lower than those in Brazil, the US, France, Germany, Sweden, and the UK.

If we see the political situations in the world, the approval rates of many governments improved as they began to pay more attention to COVID-19 and implement anti-COVID-19 strategies. Even with the low level of infection, the central government under Prime Minister Abe was highly criticized. One of the main reasons was the failure of the “Abe-no-mask,” as was discussed above. The approval rate of Prime Minister Abe decreased under the spread of COVID-19.

Prime Minister Abe fell under even more criticism when he asked for schools to be closed on March 2, which was an unexpected change for families and schools because they did not have time to prepare. A lot of companies and factories also started working remotely where possible. It was true that the scale of the impact of restrictions of economic activities for the anti-COVID-19 measures was very large, especially given the fact that a lot of restaurants and bars were closed under the requests of the government. Under these circumstances, the level of infection decreased until the end of May.

Although the state emergency declaration was effective in controlling COVID-19, the approval rate of Prime Minister Abe was very low. As a result of this, the role of Prime Minister was transferred from Abe to Yo shihide Suga in September 2020. The reason given for Abe’s resignation was his health condition, but it was clear that COVID-19 was the real reason.

The Japanese government did not elect to enforce a lockdown as was the case in China and many other countries, including Germany.⁷ The central and prefectural governments in Japan asked for ordinary people to stay at home around the state emergency declaration during the first wave of COVID-19. To stay at home was not enforced by law and fines. However, a lot of people supported the government’s measures to stay at home for the personal isolation from coronavirus.

If we make a further investigation into the Japanese way of dealing with the pandemic from the viewpoint of characteristic anti-COVID-19 measures,⁸ a number of issues arise. For instance, a pay-back system, positions of the scientific advisory board, and the prefectural declarations of emergency have all been controversial issues (Obayashi 2021).

In the first half of 2020, a payback system to closed sectors by the government was not yet started. To recover the economy, Prime Minister Abe initiated the “Go to Campaign” as a stimulation for the travel sector, which

⁷ Karan Deep Singh, et al., “India attempts world’s largest lockdown”, *The New York Times, International Edition* (hereafter *NYIE*), March 27, 2020, 4.

⁸ Kazuto Suzuki, “COVID-19 strategy: The Japan model, The Nations mortality rate is comparatively low despite not having a strict lockdown”, *JT*, April 29, 2020, 10.

restricted entry by foreign travelers because of COVID-19, leading to a problematic situation. After the resignation of Abe, Prime Minister Suga also continued a couple of stimulating policy packages, including the “Go to Campaign.”

Finding the balance between anti-COVID-19 measures and the economy was the most important factor in the policymaking in Japan. Japan faced the second wave in the summer of 2020, but it was not serious. Prime Minister Suga continued the policy for economic stimulations, which included the “Go to Campaign.”

From the end of 2020 to the new year of 2021, the third wave of COVID-19 occurred, and it was more serious than the first and second waves from a viewpoint of new infections (Table 1). Because the situation was getting worse, Prime Minister Suga stopped the “Go to Campaign” on December 28, 2020.

In January 2021, the second state emergency declaration was issued under the third wave of COVID-19. In February 2021, vaccinations began being distributed for the medical and public health sectors; this was expanded to include to the older generations in April. However, due to the delta virus, the fourth wave began in April 2021.

Under these circumstances, the Tokyo Olympic and Paralympic Games became one of the largest political issues from 2020 to 2021.⁹ Prime Minister Suga and the International Olympic Committee (IOC) decided to open the games in the summer of 2021, which was postponed from 2020. The Tokyo Olympic Games began on July 23, and the Tokyo Paralympic Game began on August 24. In both situations, this was very problematic because the seasons of the games corresponded with the period when there was a lot of infection cases of COVID-19 in Japan.

The Tokyo Olympic and Paralympic Games began under the most serious conditions, the fifth wave, in Japan’s COVID-19 history. The government and IOC emphasized that no direct connection between the fifth wave and the games existed. It was correct that the games were managed with the COVID-19 pandemic in mind, as both inland and foreign visitors were forbidden to join. However, from the viewpoint of ordinary people, the supply of medical and public health facilities had been under the pressure because of the games. The vaccination for many people was not on time. There were a lot of infections of COVID-19 in the fifth wave around the summer of 2021. Because of the shortage of beds for COVID-19 patients, unfortunately, some died in their homes without medical support. This collapse of the medical infrastructure mirrored the situation seen in other countries.

⁹ Adam Minter, “COVID-19 is a risk to the Olympics, in 2020 and beyond”, *JT*, March 3, 2020, <https://www.japantimes.co.jp/opinion/2020/03/03/commentary/japan-commentary/covid-19-risk-olympics-2020-beyond/> (Accessed November 29, 2021).

After the Tokyo Olympic and Paralympic Games, the role of Prime Minister was once again transferred, this time from Suga to Fumio Kishida in October 2021. The management of anti-COVID-19 measures during the Olympic and Paralympic Games and the delay of vaccinations were the main reasons for the resignation of Suga. Under Prime Minister Kishida, the fifth wave was ended; ever since, the infection rate has been at a very low level (still as of November 2021), but we did not know why.

How then, the anti-COVID-19 measures in Japan should be understood is still controversial, because it is still ongoing. But in the decrease of infection in autumn 2021, a contributing writer to *the Japan times* wrote, “Mainstream media has painted a bleak narrative about how Japan has handled the pandemic, but comparative data it has, for the most part, responded much better than its G7 peers.”¹⁰

3. Background of *Jishuku* in Japan

The Japanese government selected the “With COVID” policy from 2020 to now, and the main method was *Jishuku*, to ask the ordinary people to stay at home by self-restriction in the period of no vaccination. Why did the Japanese government select this way, and why did the ordinary people join the anti-COVID-19 measures?¹¹

As was the case in a number of countries, the Japanese government managed anti-COVID-19 measures based on the experiences of avian flu in 2009. In the prevalence of avian flu, the Health Ministry asked the prefectural governors to close schools and to cancel a lot of music and cultural events for the control of the spread of influenza. But these measures were advanced only in limited regions. In 2009, the Japanese government selected a heavy-handed method of controlling the avian flu: by controlling people’s activities. The prevalence of avian flu in 2009 was not serious, and, as the result of this, it was said that the closing of schools was over-intervention¹².

It should be mentioned that Japan had not experienced SARS and MERS. In 2002–2003, SARS – which coincidentally also started in China – spread throughout China and in Hong Kong, Taiwan, and other countries including Canada and the US. MERS had originated in the Middle East and spread to Korea in 2015. Because of these new infectious diseases, China, Taiwan, and Korea accumulated rich experiences in how to control infectious diseases. On the other hand, Japan was very lucky in that it had not experienced SARS and

¹⁰ Edo Naito, “Has Japan’s response to COVID-19 been that bad?”, *JT*, October 2, 2021. <https://www.japantimes.co.jp/opinion/2021/10/02/commentary/japan-commentary/japan-covid19-response/> (Accessed November 29, 2021).

¹¹ Ben Dooley and Mariko Inoue, “Japan went its way”, *NYE*, June 1, 2020, 1-2.

¹² *Asahi Shinbun (Newspaper Asahi)*, April 1, 2010, morning edition, 5.

MERS in the decades of the 21st century. As a result of this, it is fathomable to think that the administrative response to the COVID-19 was delayed in Japan.

In the last half of the 20th century, a lot of infectious diseases such as tuberculosis were controlled in Japan. The administrative office for public health played an important role and the ordinary people in the local regions were eager to join the anti-infectious disease campaign. After the control of infectious diseases, the main course of death changed to chronic diseases, such as cancer: this was an epidemiological change based on medical conditions and nutritious development. The main target of medicine and public health was changed to chronic disease from infectious disease, and the budget and manpower for public health sectors in the local regions were decreased.

After the avian flu in 2009, the administrative meeting for the infectious disease control, which was organized and discussed by the Ministry of Health and Labor, discussed how to learn from the experiences of avian flu and how to prepare for the next pandemic.¹³ After the avian flu, two big events occurred in Japan, the first being the political change of the Japanese government from the LDP (The Liberal Democratic Party) to DP (The Democratic Party in those days). The second big event was an earthquake in east Japan on March 11, 2011. Based on the political change and this big disaster, the Japanese central and local prefectural governments did not have a motive to make a close examination on the next pandemic.

In China, Taiwan, and Korea, SARS and MERS were the big lessons that helped reorganize the medical and public health systems, especially in China as I will examine later. Under the DP government, the Special Act Anti-newly Influenza passed in the Diet in April 2012. At this time, opposition parties, including the LDP, did not vote in the Diets, and the Japanese Communist Party and Social Democratic Party did not support the act.

In the first period of the COVID-19 pandemic, the Japanese government planned the measures based on the 2012 law. After then, the LDP revised the 2012 law in March 2020 and managed the anti-COVID-19 measures by the isolation from coronavirus. Under the new act, the Prime Minister of Japan had the power to ask the prefectural governors to take multiple measures, including school closing and the management of food and medical instruments. Under the new law in March 2020, it was legal for the government to manage private property.

¹³ *Tokyo Shinbun (Tokyo Newspaper)*, June 21, 2020, morning edition, 1.

4. *Jishuku* as a Japanese Way for Anti-COVID-19

How did the Japanese government control the people's mobilization against COVID-19? The key concept was *Jishuku* in Japanese. And why did the Japanese ordinary people join the government policy?

Prime Minister Shinzo Abe declared the first state emergency declaration on April 7, 2020, based on the act that was revised in March 2020. The target of the declaration was seven prefectures where there were many cases, and it was scheduled for one month. On April 16, Prime Minister Abe decided to expand the target of state emergency declaration to all prefectures. The main purpose of this expansion was to control the movement of people during the first week of the public holidays around the end of April and the beginning of May. Then, the Japanese government decided the pay back 100,000 JPY per person to all people who were living in Japan, including foreign residents.

The main method of anti-COVID-19 was to control people's mobilization by *Jishuku*, although public transportation, such as railways, subways, and buses, continued to work as it did in the period before COVID-19. Before the first state emergency declaration, the rate of infection in Japan was still moderate when compared to that in other countries (e.g., the infection rate was 1.25 for every 100,000 residents from March 29 to April 4). During this period, Prime Minister Abe asked the ordinary people to decrease their activities by 70-80% based on the scientific research of Hiroshi Nishiura, a professor at Hokkaido University.

Nishiura was one of the key people to handle anti-COVID-19 measures in 2020 Japan. His major was a mathematical model for infectious diseases, and he suggested that over 400 thousand people would die if the government did not control people's mobilization (Nishiura and Kawabata 2020, 181). It was a very difficult target to decrease the activity level of ordinary people to 70-80% because essential work was not able to shift to being remote.

The detail of arrangement under the state emergency declaration in each prefecture was under the control of the governor. For example, the management in Tokyo was decided by the governor of Tokyo, Yuriko Koike. During the first wave of COVID-19, Koike asked for the closures of the museums, restaurants, sports gyms, movie theaters, and many other types of commercial activities, including pachinko-parlors and sex-shops.¹⁴

It is still difficult for us to examine the Japanese way in the COVID-19 history because we do not know when/how/why the COVID-19 pandemic will end. According to E. H. Carr, history is "an unending dialogue between the present and the past" (Carr 1962, 24). In order to know more about the COVID-19 pandemic, we need to know more about it will end.

¹⁴ "Tokyo to seek virus tests for nightclub staff", *JT*, June 9, 2020, 1.

Many scholars discussed why the first wave of COVID-19 in Japan ended in May 2020. Of them, one important figure was Dr. Shigeru Omi, a chief scientist of the advisory board for the Japanese central government from 2020 to now. He was an MD and had rich experience with the World Health Organization (WHO). Additionally, he had played a key role in the 2009 avian flu.

On September 11, 2020, he joined the academic symposium that was organized by the Institute for Medical Science, which has close connections with the Ministry of Health and Labor. In this symposium, a couple of politicians, medical doctors, and government officials discussed the reasons for the end of the first wave in Japan. Dr. Omi emphasized the effort of ordinary people and persons in the medical and public health sectors, highlighting his high level of respect for the Japanese people (Omi 2020, 376).

After the first wave of COVID-19, Yasutoshi Nishimura, Economy Revitalization Minister and Minister in charge of the response to COVID-19, also discussed the reasons as follows:

One idea was that Japan got the infection under control in a democratic and very liberal manner. Without the government enforcing a lockdown, the citizens voluntarily cooperated with that effort. In a sense, our herd mentality or peer pressure contributed to building a sense of solidarity. We were able to do that in a liberal way.¹⁵

He frankly discussed how herd mentality, or peer pressure, played a positive role in the control of COVID-19. From the viewpoint of foreigners, they also paid close attention to collectivism based on the Japanese cultural context.¹⁶ The number of infections and deaths were lower than those present of European countries and the United States, which led Dr. Tedros, the director-general of WHO, to state that Japan should be considered one of the successful cases.¹⁷

Understanding how to examine herd mentality or peer pressure in *Jishuku* is very important, but also very difficult. Furthermore, I am worried about how *Jishuku* can be correctly translated to English, which parallels previous work that also struggled with translating *Jishuku* to French.¹⁸ While “peer pressure” has been suggested, this is not a good translation as it does not describe the real meaning of the word (Kougami and Sato 2020, 54-5).

¹⁵ A Special interview with Economy Revitalization Minister Yasutoshi Nishimura, Minister in charge of the response to COVID-19, *The Independent Investigation Commission on the Japanese Government's Response to COVID-19*, 7.

¹⁶ Paul De Veres Kawaguchi, “COVID-19 versus Japan's culture of collectivism”, *JT*, May 22, 2020, <https://www.japantimes.co.jp/opinion/2020/05/22/commentary/japan-commentary/covid-19-versus-japans-culture-collectivism/> (Accessed November 29, 2021).

¹⁷ WHO chief deems Japan's battle against coronavirus a “success”, *JT*, May 26, 2020, <https://www.japantimes.co.jp/news/2020/05/26/national/who-japanese-success-coronavirus/> (Accessed November 29, 2021).

¹⁸ Manami Shirokura, “Gengo Mujyun no Jishuku Yosei” (Jishuku, it was a linguistic paradox also in Japanese), *Tokyo Shinbun*, June 11, 2020, morning edition, 5.

“Peer pressure,” *Docho Atsuryoku* in Japanese, is simply very problematic. The psychological situation was called Corona Pulitalism by Tamaki Saito, a professor at Tsu kuba University.¹⁹ In this paper, I will propose an English translation of *Docho Atsuryku* as “a disciplined pressure by collectivism.”²⁰

Due to the serious conditions of COVID-19 in the first wave, some people played a role as *Jishuku-Keisatsu*. It is also very difficult for non-Japanese to understand. Now I introduce it from a newspaper cutting,

“For our safety, you should close your music live house by the end of state emergency. If you do not close, I will call the police”, this is the message that was sent to the music live house on May 2, because the music live house manages the online delivery, although it is closed.²¹

An independent scholar, Masanori Tsujita, discussed that *Jishku Keisatsu* was one symbol of a very close monitoring society, and it was too cruel. So, *Jishuku-Keisatsu* might be translated to as “a para-police by mutual monitoring.”

Jishuku was sometimes translated to voluntary lockdown. It means that ordinary people are eager to join the anti-COVID-19 campaign. But I suppose that it makes the definition of *Jishuku* vague due to the Japanese government having the right to control the activities of ordinary people by an act that was revised in March 2020. I am fearful that by translating *Jishuku* as voluntary lockdown, it is easy to misunderstand that this also includes a governmental obligation.

5. The Role of *She-qu* for Anti-COVID-19 in China

The Chinese government selected a lockdown to eliminate the infection of COVID-19 after the pandemic in Wuhan and Hubei province from January 2020. It is within reason to say that the Chinese way has been successful because the new infections are quite limited. As a result of this, the Chinese government did not have an alternative way without a “Zero-COVID Policy” from 2020 to 2021. It is very clear, one of the reasons for the “Zero-COVID Policy” is the Winter Olympic Games in 2022.²²

On January 23, 2020, the Chinese government, under the control of the Chinese Communist Party, started the lockdown in Wuhan and Hubei Province. Because Wuhan was probably the origin of SARS-CoV-2, it makes sense that it served as the epicenter of COVID-19 in the first months of 2020.

¹⁹ *Tokyo Shinbun*, morning edition, July 9, 2020.

²⁰ “COVID-19 versus Japan’s culture of collectivism”, *JTIE*, May 23, 2020, 8.

²¹ *The Tokyo Shinbun*, 2020, May 2, the evening edition, 1.

²² Yanzhong Huang, “China doesn’t want ‘live with’ Covid, It may have to”, *NTIE*, September 9, 2021, 12, 14.

The main purpose of this heavy-handed method is to control the movement of people from the Wuhan/Hubei provinces to other cities and provinces in China. Around the Lunar New Year, a lot of Chinese had plans to return to their homeland, from Wuhan to other cities and from Hubei province to other provinces. It is also very important that a lot of Chinese had a plan to go abroad because the Lunar New Year holidays served as a good opportunity to do so.

The population of Wuhan was over 10 million, and the population of Hubei province was over 50 million, which is on par with the populations of many European countries. In the history of medicine and public health, the lockdown at the city level has been very popular, as we have seen numerous times. However, we have never experienced a lockdown at such a huge level as Wuhan and Hubei province.

The Chinese government changed the policy for COVID-19 on January 20, and the municipal government of Wuhan started a lockdown to control people's mobilization inside Wuhan city and to other districts from Wuhan by the Circular No.1, January 23, 2020. Why did the Chinese government select such a hard method? It could be said that the Chinese government selected a hard response due to the criticism they were receiving from foreign countries and international societies regarding both the origin of SARS-CoV-2 likely being Wuhan, China as well as the spread of the virus to other countries being blamed on Chinese travelers during the season of a Lunar New Year.

One of the main reasons why the Chinese government selected such a hard method, on such a huge scale, was that it was done with the goal of controlling the spread of COVID-19. After the lockdown, the hope was that the infection of COVID-19 might be concentrated inside Wuhan city and Hubei province. The infection to other cities and provinces in China was almost controlled, which was not as successful in other foreign countries. The case of the Chinese response is not the main topic of this chapter, but it should be noted that the lockdown in Wuhan and Hubei province should be divided into two cohorts.

The first cohort of lockdown in Wuhan was to control the people's mobility, and more restrictive methods were advanced after mid-February. On February 11, the municipal government started a more restrictive method to control the people's everyday life. By Circular No.12, the ordinary people were completely forced to stay at home. The gate of every apartment building was closed and under the control of security persons. If the people wanted to go out, they needed to have a permit. The supermarkets and drug stores continued to be open under the lockdown, as the municipal government paid close attention in order to supply food and other everyday commodities.

The activities of people in Wuhan were controlled at the community level: every gate of the apartment was guarded by the security person. If someone wanted to go out shopping, their activities were controlled by use of

permissions. Only a couple of times in a week and just one person was permitted to go outside. The people of Wuhan were strongly under the control of the community. The community, *She-qu* in Chinese, played an important role in controlling people's activities.²³

In Wuhan and other Chinese urban districts, community (*She-qu* in Chinese) played a key role in the lockdown. The severe inspections for health conditions were advanced at the health stations in the community by the staff who had close ties with the local unit of the Chinese Communist Party. A severe curfew was also advanced based on the community and sub-community (*Xiao-qu* in Chinese).

This method was started during the anti-SARS movement in 2003. The digitalization of community or personal control by the advanced ITC systems, for example, the "Health Code," had been the new key method of controlling the COVID-19 pandemic in 2020.

The reality in China shows us that community control was the important reason why the Chinese government succeeded in controlling the spread of COVID-19. The urban community was reorganized during the period of the privatization of the state-owned company.

Only a few studies discussed the relation between community and public health. One of the important topics in Chinese studies and public health studies is how exactly to examine the role of the community in the contemporary anti-epidemic measures (Shih 2021).

We need to make a further investigation into the reality of lockdown in Wuhan and Hubei provinces. However, it is currently very difficult for foreign scholars to travel to China, which means that there are currently very few source materials available. In these circumstances, for example, Wei Bo SNS has been one of the more important materials, but it is still difficult for us to examine the situation in detail.

A couple of diaries were already published and available. For example, one of the most famous is the *Wuhan Diary* by Fang Fang (Fang Fang 2020). This diary originally was subscribed to in the Wei Bo SNS system. It is still forbidden to publish this book in China, but we have the chance to read translation versions in English, Japanese, German, and a couple of other languages.

In her diary, she sometimes criticized the anti-COVID-19 measures made by the Chinese Communist Party, especially the policies in the first weeks of January 2020. The week of mid-January in 2020 had been one of the most problematic times for the spread and control of COVID-19.²⁴ With regard to the anti-COVID-19 measures in February, she agreed with the strict policy and lockdown by the Wuhan municipal government. In her diary, on February 24, she wrote as follows:

²³ The official government report, to see "Fighting COVID-19: China in Action" http://english.scio.gov.cn/node_8018767.html (Accessed November 29, 2021).

²⁴ "China didn't warn of a likely pandemic for six key days", *JT*, April 16, 2020, 6.

But what needs to be said is that the true test of a country's level of civility has nothing to do with building the tallest skyscraper or driving the fastest car, nor does it matter how advanced your weapons system is or how powerful your military might be; it is also not about how advanced your technology is or even your artistic achievements, and it is especially not related to how lavish your official government meetings are or how splendid your firework displays are, or even how much rich Chinese tourists you have buying up different parts of the world. There is one true test, and that is how you treat the weakest and most vulnerable members of your society. (Fang Fang 2020, 157-8)

The last sentence, "There is one true test, and that is how you treat the weakest and most vulnerable members of your society" has become quite famous throughout the world when discussing COVID-19. Sometimes, it is supposed that she criticized the anti-COVID-19 measures by the Chinese government. However, when taken together with the text that came before this quoted sentence, it is clear that she emphasized that the Chinese government paid a great deal of attention to how to care for the elderly generations.

She writes, "As I see it, the government has already agreed to take care of these people, they will naturally see things through and make sure these elderly patients are not neglected; the people running things, after all, human too" (Fang Fang 2020, 157).

The Chinese government did not permit her to publish her diary in China, but a lot of people read her diary on the SNS, where it was originally subscribed and shared. Some people stood on the opposite side with her, but the Chinese government has admitted to understanding the level on which Fang was writing.

Wuhan Fengcheng Riji (Diary of the Wuhan Lockdown) is another diary that described everyday life in the Wuhan lockdown. Her diary was also first subscribed to in the SNS and published in Taiwan (Gu-Cheng 2020). She came to Wuhan a year ago and worked as a social worker. Under the lockdown in Wuhan, she continued to attend to her activities. After control was seized of the apartment-gate in mid-February, she often tried to go out with the permission of the staff of *she-qu*. It seems like a protest against strict control. From a viewpoint of a common, single young girl, she described in detail the everyday life in Wuhan under the stay-at-home orders.

With limited sources, including the government reports and newspapers that were almost subscribed by the internet, a lot of people were staying at home. Even more important to note is that for many of them, they were receiving almost no financial support from the government. And advanced ICT and AI systems also played an important role in controlling the mobilization of the people, including CCTVs that were monitoring people's activities.

As one of the realities of the lockdown in Wuhan, it should be noted that a lot of materials including food and medical goods were supplied by the

government. The strict lockdown was advanced by the economic cooperation between Wuhan and outside cities and provinces.

It was very important for the Chinese government to be able to control people's activities, and they did this by selecting a community control by *she-qu*, revised para community under the economic reform and response for the SARS.

A lockdown was advanced in many cities in China during the first half of 2020. However, we should note that the lockdown had been a strict measure, and that the psychological burden was very high, especially for children.²⁵

During the COVID-19 pandemic in China, discrimination against foreign residents, especially Africans and black Americans, became more common.²⁶ This ran in line parallel with the discrimination faced by Chinese foreigners since the onset of the COVID-19 pandemic all throughout the world.²⁷

Based on the successful experience of anti-COVID-19 measures, the Chinese way was exported to other foreign countries, especially to African countries.²⁸ Whether or not the Chinese way is actually useful remains to be seen. Because of the expanded presence of China in medicine and public health, the COVID-19 pandemic has been a major trigger in changing regime strategies and relationships between China and European countries.²⁹

The situation of Korea should be examined as a highly digitalized society, called "K-Quarantine," in the first half of 2020. These systems raised many concerns over their use of private data, as personal location and credit card data have been available for use by South Korean investigation for years. In only a couple of days, data could be gathered on a patient to trace their contacts.³⁰

Taiwan might be an important case in the history of COVID-19. However, democratic Taiwan and authoritarian China, this is the too dichotomy discourse.³¹ Additionally, anti-COVID-19 measures in Taiwan, digitalization, and community quarantine also played very important roles in shaping the course of the COVID-19 pandemic.

The Chinese way of dealing with COVID-19 had been effective in controlling the spread of the virus, and it was advanced under the totalitarian regime by

²⁵ The case of Shanghai was reported by the correspondence, Tokyo Shinbun, evening edition, July 14, 2020, 3.

²⁶ Elizabeth Williamson and Vivian Wang, "Black American in China face rising discrimination", NTIE, June 6-7, 2020, 3.

²⁷ Celine Tien, "I'm Chinese. That doesn't mean I have the virus", NYIE, March 3, 2020, 11.

²⁸ Beijing exports China model if virus response, JTIE, April 14, 2020, 5.

²⁹ Luke Baker and Robin Emmott, "As China pushes back on coronavirus, Europe wakes to 'Wolf Warrior' diplomacy", JTIE, May 15, 2020. <https://www.japantimes.co.jp/news/2020/05/15/asia-pacific/politics-diplomacy-asia-pacific/china-europe-wolf-warrior/> (Accessed November 29, 2021).

³⁰ "Smart city" data spurs S. Korea's virus tracking, JTIE, May 23, 2020, 6.

³¹ "How democratic Taiwan outperformed authoritarian China", JTIE, March 3, 2020, 9. , Kuni Miyake, Can a dictatorship better control COVID-19? JTIE, March 31, 2020, 1,8.

the Chinese Communist Party,³² but we should also pay more attention to the details and the reality of lockdowns such as economic concentration and the bottom-up approach that came from the *she-qu* community level.

6. Conclusion

In the United Kingdom, Prime Minister Boris Johnson sent a voice message on Twitter on March 30, 2020, because Johnson himself had been infected with COVID-19.³³ Based on his experience, his message was as follows:

We are going to do it, we are going to do it together. One thing I think the coronavirus crisis has already proved is that there is such a thing as society.³⁴

The background of his message was a very famous statement by Prime Minister Margaret Thatcher, in which she said,

There is no such thing! There are individual men and women and there are families and no government can do anything except through people and people look to themselves first.³⁵

Which is correct? During the COVID-19 pandemic from 2020 to now, we have found that anti-COVID-19 measures were strongly impacted by each cultural context, and it has been accumulated in the history in every country.

The case of lockdowns in Wuhan and Hubei province were highly supported by the Chinese cultural context and its history. The characteristic organization is the para community, *she-qu*. The *she-qu* system developed during the period of de-socialization in China after the 1980s, after the reconstruction of the social system during the demolition of the people's commune in the agricultural regions and the state-owned company after the 1980s. The Chinese government started the reconstruction of the community and re-organized the social system as *she-qu* after the SARS outbreak in 2002–2003.

The community issue in Japan has been controversial in urbanization, especially after WW2. Throughout the wartime regime during WW2, *Chonai-kai*, a local community based on regional connections, played an important role as the distribution system of food and other basic commodities. Because

³² Tokyo Shinbun, May 10, 2020, morning edition, 5.

³³ Nihon Keizai Shinbun (Japan Economics Newspaper), March 27, 2020. <https://www.nikkei.com/article/DGXMZO57352250X20C20A3MM8000/> (Accessed November 29, 2021).

³⁴ COVID-19: UK PM Boris Johnson hails society in latest self-isolation video message PTI, London, Mar 30, 2020. <https://www.deccanherald.com/international/covid-19-uk-pm-boris-johnson-hails-society-in-latest-self-isolation-video-message-819237.html> (Accessed November 29, 2021).

³⁵ Margaret Thatcher, Interview for Woman's Own ("no such thing as society"), Sep 23, 1987. <https://www.margarethatcher.org/document/106689> (Accessed November 29, 2021).

Chonai-kai was the core system for military mobilization during the wartime regime, the Japanese government abolished the community system under the US occupation after WW2.

From the viewpoint of foreigners, they also paid much attention to community control against COVID-19 in Japan. Paul Kreitman emphasized this possibility to control COVID-19 by community base, stating that it was somewhat similar to the neighborhood associations in the United States and supposed 30,000 *Chonai-kai* now continue to operate across the county.³⁶ However, I have another idea for him. Urbanization and mobilization during the period of economic growth after WW2 severely decreased personal connections and community ties, leading to a change in the character of the *Chonai-kai*. Seeing as how the distribution of “Abe-no-mask” was managed by the postal network, it was proof that the Japanese society now no longer has community control.

Because of this, the Japanese government could not select the anti-COVID-19 measures on the community level. If the Japanese government selected a lockdown at the spread of COVID-19, the police might have been the main force to control personal activities, similar to what happened in European countries. The Japanese government did not select this method from 2020 to now. Because they had no community control, the Japanese government selected *Jishuku* under the state emergency declaration by a disciplined restriction through collectivism.

In the next COVID-19 waves and the other infectious diseases in near future, management might be a cultural context that has been accumulated, so *mindō* is very important. But *mindō* should be examined and managed between individualism and collectivism in Japan.

References

- Carr, Edward H. 1962. *What is History?* London.
- Fang Fang. 2020. *Wuhan Diary: Dispatches from a quarantined city* (trans. Michael Berry). New York: Harper Via.
- Gu, Cheng. 2020. *Wuhan Fengcheng Riji* (Diary of the Wuhan Lockdown). Taipei.
- Kogami, Hisashi, and Naoki Sato. 2020. *Docho Atsuryoku* (A disciplined pressure by collectivism). Tokyo.
- Nishiura, Hiroshi, and Hiroto Kawabata. 2020. *Shingata Korona kara Inochi wo Mamore* (To save a life from COVID-19, A challenge of Hiroshi Nishiura as a scholar for theoretical epidemiology). Tokyo.
- Obayashi, Keigo 2021. Ho seido no Kenpo Mondai (Constitutional issues: A case study in the COVID-19), in *Kansensho to Kenpo* (Infectious Disease and Constitution), ed. Keigo Obayashi. Tokyo.

³⁶ Paul Kreitman, “Neighborhood associations could play a key role in virus fight”, *JT*, April 27, 2020, 3.

- Omi, Shigeru. 2020. Shingata Korona Uirusu Koremade wo Furikaeri Akifuyu ni Sonaeru (COVID-19: Past and Present for the revival in the Fall and Winter). *Medicine and Society* 30 (4). <https://www.iken.org/publication/its/past/2020.html> (Accessed November 29, 2021).
- Shih, Victor. C. 2021. China's Leninist Response to COVID-19: From Information Repression to total mobilization, in *Coronavirus Politics: The Comparative Politics and Policy of COVID-19*, ed. Scott L. Greer, Elizabeth J. King, Elize Massard da Fonseca, and André Peralta-Santos. University of Michigan Press.

All articles published in HSR Supplement 33 (2021):
Epidemics and Pandemics – the Historical Perspective

Jörg Vögele, Luisa Rittershaus & Katharina Schuler

Epidemics and Pandemics – the Historical Perspective. Introduction.

doi: [10.12759/hsr.suppl.33.2021.7-33](https://doi.org/10.12759/hsr.suppl.33.2021.7-33)

Grażyna Liczbińska

Spatial and Social Inequalities in the Face of Death. Pilot Research on Cholera Epidemics in Poznań of the Second Half of the 19th Century.

doi: [10.12759/hsr.suppl.33.2021.37-53](https://doi.org/10.12759/hsr.suppl.33.2021.37-53)

Evelien Walhout & Eric Beekink

Just Another Crisis? Individual's Experiences and the Role of the Local Government and Church During the 1866 Cholera Epidemic in a Small Dutch Town.

doi: [10.12759/hsr.suppl.33.2021.54-78](https://doi.org/10.12759/hsr.suppl.33.2021.54-78)

Kristina Puljizević

Managing the Epidemics in 19th Century Dalmatia: From Fatherly Monarch to Scientific Grounds.

doi: [10.12759/hsr.suppl.33.2021.79-99](https://doi.org/10.12759/hsr.suppl.33.2021.79-99)

Julia Nebe, Enno Schwanke & Dominik Groß

The Influence of Epidemics on the Concept of the Bogeyman: Images, Ideological Origins, and Interdependencies of the Anti-Vaccination Movement; The Example of the Political Agitator Paul Arthur Förster (1844–1925).

doi: [10.12759/hsr.suppl.33.2021.100-127](https://doi.org/10.12759/hsr.suppl.33.2021.100-127)

Hannah Fuchs & Karl-Heinz Leven

AIDS & Haiti – Discourses on Origin, Stigma, and Blame.

doi: [10.12759/hsr.suppl.33.2021.128-146](https://doi.org/10.12759/hsr.suppl.33.2021.128-146)

Iris Borowy

Perspectives on the COVID-19 Vaccine: The Incredible Success versus the Incredible Failure.

doi: [10.12759/hsr.suppl.33.2021.147-172](https://doi.org/10.12759/hsr.suppl.33.2021.147-172)

Bartosz Ogórek

Quantifying Spanish Flu Mortality in the Cities of the Second Polish Republic. A Look at the Municipal Statistics.

doi: [10.12759/hsr.suppl.33.2021.173-192](https://doi.org/10.12759/hsr.suppl.33.2021.173-192)

Martin Gorsky, Bernard Harris, Patricia Marsh & Ida Milne

The 1918/19 Influenza Pandemic & COVID-19 in Ireland and the UK.

doi: [10.12759/hsr.suppl.33.2021.193-226](https://doi.org/10.12759/hsr.suppl.33.2021.193-226)

Wilfried Witte

Influenza Vaccination and Vaccine Policies in Germany, ca. 1930–1960.

doi: [10.12759/hsr.suppl.33.2021.227-250](https://doi.org/10.12759/hsr.suppl.33.2021.227-250)

Isabelle Devos, Mélanie Bourguignon, Emmanuel Debruyne, Yoann Doignon, Thierry Eggerickx, Hilde Greefs, Jord Hanus, Wouter Ronsijn, Jean-Paul Sanderson & Tim Soens
The Spanish Flu in Belgium, 1918–1919. A State of the Art.
doi: [10.12759/hsr.suppl.33.2021.251-283](https://doi.org/10.12759/hsr.suppl.33.2021.251-283)

Wataru Iijima
Jishuku as a Japanese way for anti-COVID-19. Some Basic Reflections.
doi: [10.12759/hsr.suppl.33.2021.284-301](https://doi.org/10.12759/hsr.suppl.33.2021.284-301)

Patrice Bourdelais
The COVID-19 Pandemic in Historical Perspective.
doi: [10.12759/hsr.suppl.33.2021.302-315](https://doi.org/10.12759/hsr.suppl.33.2021.302-315)

Nadine Metzger
Poisoning, Ergotism, Mass Psychosis. Writing a History of Ancient Epidemics Beyond Infectious Diseases.
doi: [10.12759/hsr.suppl.33.2021.316-329](https://doi.org/10.12759/hsr.suppl.33.2021.316-329)

Luisa Rittershaus & Kathrin Eschenberg
Black Death, Plagues, and the Danse Macabre. Depictions of Epidemics in Art.
doi: [10.12759/hsr.suppl.33.2021.330-339](https://doi.org/10.12759/hsr.suppl.33.2021.330-339)