

Part II The Japanese government's response to COVID-19

Chapter 1

The Diamond Princess

On the night of February 4, the Japanese government was informed of the results of PCR tests, which surprised and upset many officials, that “10 out of 31 people whose test results are known were positive.” From this point, the government's response to the unprecedented crisis of COVID-19 infections on the British cruise ship Diamond Princess, which carried 3,711 passengers and crew, was to begin in earnest. In response to this crisis, the government transported passengers and crewmembers who tested positive to hospitals in Japan. In contrast, on the grounds that quarantine had not been completed, asymptomatic passengers and crew members were considered necessary that during the observation period they did not land in Japan but stayed on board, and instead provided necessary support from outside. About a month later, on March 1, all passengers and crewmembers of the Diamond Princess were disembarked or returned to their home countries. However, during this period, 696 passengers and crew members were confirmed to be infected with the novel coronavirus. This chapter will clarify how the Japanese government responded to the crisis and what kind of crisis communication it conducted during this period.

1. Assessment process leading to port entry and quarantine

1.1. February 2: Infection of a passenger who had disembarked from the ship found

On January 20, 2020, the Diamond Princess (hereinafter to be referred to as the DP),¹ owned by the Peninsular and Oriental Steam Navigation Company in the United Kingdom and operated by Princess Cruises in the United States and its Japanese branch, Carnival Japan Co., Ltd., departed Yokohama on a tour called “Early Spring Southeast Asia Grand Voyage 16 Days.” The DP called at Kagoshima on the 22nd, Hong Kong on the 25th, Chan May and Cai Lan in Vietnam on the 27th and 28th, Keelung in Taiwan on the 31st and Naha on February 1, cruising as planned. While quarantine was carried out by the Naha Quarantine Station, no passengers who disembarked in Okinawa were confirmed as having a fever.

At 11:00 p.m. on February 1, the DP departed Naha for Yokohama as scheduled, but a few hours later, before dawn on February 2, it was conveyed by an International Health Regulations (IHR) report issued by the Hong Kong government that a positive result for the novel coronavirus was confirmed for an 80-year-old male passenger who had disembarked from the ship in Hong Kong on January 25.

In response to this report, the Health, Labor and Welfare Ministry considered how to respond to the DP, and on the afternoon of February 3, the Naha Quarantine Station

notified the DP's Captain Gennaro Arma of the expiration of the provisional quarantine certificate for the quarantine carried out in Naha, having been decided that another quarantine would be carried out at Yokohama Port. Notified to this effect, the DP increased its speed and set its sights on Yokohama.

1.2. February 3: Arrival at Yokohama port (Entry assessment)

Sailing faster, the DP arrived at Yokohama Port around 8 p.m. on February 3, about 10 hours earlier than scheduled. However, since the provisional quarantine certificate for the DP had expired, the ship was allowed to enter the port, but its passengers and crew could not land in Japan, instead required to quarantine again in order for them to land. As a result, the DP remained moored off the coast of Yokohama Port, and the 3,711 passengers and crew (2,666 passengers – including 1,281 Japanese – and 1,045 crewmembers) were barred from disembarking.

As one of the options available to the Japanese government in the above process, it was theoretically possible to ban the DP to enter the port in Yokohama completely. For example, the Dutch-flagged *Westerdam* was scheduled to enter Naha on February 8, but due to the risk of COVID-19 infections on board, the government decided on February 6 not to allow its passengers or crew to land, with the Land, Infrastructure, Transport and Tourism Ministry taking steps to urge the ship not to enter port.^{2,3} However, no such steps were taken for the DP. Regarding this decision, Parliamentary Vice-Minister for Health, Labor and Welfare Hanako Jimi, who served as the deputy head of the DP on-site response headquarters, said, "I think the Japanese government could have refused port entry when the disembarkation in Hong Kong of a passenger who tested positive was discovered after the ship had left Naha. However, most of the passengers were Japanese, and above all, there was no reason to refuse (port entry) from a humanitarian point of view."⁴ Similarly, a senior health ministry official said there was concern that there would be extremely severe criticism if the government refused port entry to the DP, which was carrying some 1,200 Japanese passengers, and if, as a result, some Japanese nationals died. As a result, the government could not choose to refuse port entry.⁵ In addition, a senior Foreign Ministry official pointed out that since the DP had already entered port in Okinawa and therefore once entered the country, it would have been problematic not to issue permission at this stage.⁶

At 8:40 p.m. on February 3, the Yokohama Quarantine Station started on-board quarantine for the DP, which had arrived at Yokohama Port and moored. In the on-board quarantine, multiple quarantine officers boarded the ship, conducted a health examination of all passengers and crew, and performed PCR tests for the novel coronavirus on those reporting symptoms such as fever and their close contacts to determine whether or not they were infected. Some of the results of these PCR tests were revealed on the night of February 4, and the results were very disturbing to government officials. Of the only 31 people whose test results were known, 10 were confirmed to be positive, and it was

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

recognized that given the total number of the passengers and crew on the ship, a large number of people could have been infected. In this regard, a senior health ministry official said that although he had anticipated the infection of several people, the test results suggested the infection of a “considerable number” of people, and that he felt it would be difficult for the health ministry alone to deal with the situation.⁷

Since Health, Labor and Welfare Minister Katsunobu Kato, who was surprised to hear the test results, reported the situation to the Prime Minister's Office and consulted with its officials on how to deal with it, the response to the COVID-19 infections on board the large cruise ship developed into a problem concerning the entire government, not just the health ministry, whose jurisdiction it fell under. According to Kato, information regarding matters related to dealing with the novel coronavirus had been previously shared amongst bureaucrats, but this was the first time he had directly contacted the Prime Minister's Office.⁸

Chief Cabinet Secretary Yoshihide Suga, who received the report from the health ministry, said as he recalled the initial action by the government, “I thought this was going to be serious. So, in addition to the health minister, the transport minister, and the deputy chief Cabinet secretary for crisis management, we convened the various ministries' vice ministers and bureau chiefs at midnight and considered how to deal with it.”⁹ In this way, the unprecedented crisis response to the COVID-19 outbreak on the British cruise ship carrying 3,711 passengers and crew began in earnest, and from that point in time, PM Suga and senior officials from the related ministries and agencies worked from hotels in Tokyo day and night, reviewing policies and coming to terms with the situation regarding the government's response to the DP.

1.3. February 5: Start of health observation period (Isolation assessment)

The initial response for the DP, which was carrying people showing positive for COVID-19, was urgently considered at a meeting held at midnight on February 4 among some 20 people including Chief Cabinet Secretary Suga, health minister Kato, Land, Infrastructure and Transport Minister Kazuyoshi Akaba, Deputy Chief Cabinet Secretary for Crisis Management Yoshiki Okita, as well as staff from related ministries and agencies. In the discussion, it was decided that passengers and crew found to be positive would be disembarked and transported to appropriate receiving institutions such as domestic hospitals, while asymptomatic DP passengers would not be treated as having completed quarantine until the required health observation period was over and as such, would remain on board, the necessary support for those passengers and crew being provided externally. In addition, the necessary health observation period was assumed to be 14 days, taking into account measures such as immigration restrictions that were being implemented at the time.

Disembarking all passengers and crew of the DP and then isolating them at domestic accommodation facilities was considered as a possible option at this urgent

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

meeting. The plan, however, was eventually not adopted, given that it was difficult to secure accommodation for all 3,711 passengers and crew. Regarding this point, Chief Cabinet Secretary Suga stated, “I searched for hotels, but all refused and it was impossible to find a facility that could accommodate 3,700 people at once, so we had to deal with the situation without letting them off the ship.”¹⁰ A medical technical officer of the health ministry also noted, comparing it with the operation to repatriate the Japanese from Wuhan, “We were overwhelmed by 800 [returnees from Wuhan],” and “there was no way we could organize accommodation for 4,000.”¹¹ A senior health ministry official cited the decision at that time as the most difficult of the many judgments and decisions made regarding the response to COVID-19 as a whole, not just the DP issue. “If we had a huge base in Japan like the United States and had the capacity to manage thousands of people in private rooms, I think there could have been an option to let people off, but Japan did not have that,” the official said in recalling the tough decision.¹²

Based on this decision by the government, the health ministry instructed Tokuaki Shobayashi, deputy director-general at the minister's secretariat, to board the DP at around 11 p.m. on February 4. Shobayashi had been seconded to the Environment Ministry until the end of January, but based on his experience as director of the office for responding to the new-type influenza (A/H1N1) pandemic of 2009, he had been quickly ordered to return to the health ministry to work on dealing with COVID-19. Upon receiving the instructions, Shobayashi headed immediately to Yokohama Port, received the necessary briefing there, and boarded the DP after 5 a.m. on February 5, and explained the situation to the captain and requested that he not land in Japan and keep the ship berthed near Daikoku Pier until the quarantine was completed. From the time Captain Arma accepted this request, quarantine measures for the DP started, and support activities by the Japanese government for passengers and crew commenced.

As discussed above, the Japanese government had decided that the passengers and crew of the DP would stay on board and not disembark in Japan, instead adopting a policy of providing necessary support from outside to prevent the spread of infection. In this regard, Foreign Press Secretary Masato Otaka told a news conference on February 19, 2020, “The response for this cruise ship is based on domestic law and necessary to prevent an epidemic at the port of Yokohama, which is in Japan's inland waters and under the sovereignty of Japan. Generally, under international law, no country has a unique obligation to take measures to prevent the spread of infectious diseases on ships. There is no such thing, but in light of the urgency of the situation, we believe that the countries concerned should cooperate and take appropriate measures.” As this statement indicates, the government's decision was taken in an area where responsibility under international law was unclear.

In other words, first of all, under international law such as the United Nations Convention on the Law of the Sea, government support for passengers and crew was not considered to be required as an obligation of Japan, where the ship was berthed. On the other hand, the U.K., the flag state of the DP, was not considered to be obliged to deal with infectious diseases on board, although it was obliged to deal with ship safety under

international law. Nor was it considered that the United States, where the company that operated the ship was headquartered, or the country of nationality of each passenger or crew, was obliged to deal with infectious diseases on board. In this way, it can be said that the response to the DP was not an issue that could be uniquely guided based on international law. A senior Foreign Ministry official said the above decision by the Japanese government was an extremely difficult one, noting that the point was, “How do you determine the responsibility of the country where the cruise ship is berthed? What do you do about the responsibility of the country of nationality and the flag state of the ship? What do you do about the responsibility of the country of origin of the passengers and crew? How do you combine them for international cooperation?”¹³ The official also recalled that, “It was not necessary for Japan to deal with everything, but from a humanitarian point of view, and in reality, the cruise ship was moored in Japanese territory. As mentioned above, we did everything we could from the perspective of international cooperation.”¹⁴

2. Building the onboard operations and external support system

2.1. Start of onboard operations

It was in an onboard announcement on the night of February 3 that passengers on the DP were first informed that a passenger who had disembarked from the ship in Hong Kong had tested positive for COVID-19. The announcement also stated that a ship-wide quarantine was scheduled to be carried out at Yokohama Port, and that due to quarantine procedures, they were to arrive at the port ahead of schedule. However, at this time, there was no particular instruction to the passengers to wait in their guest rooms, so they enjoyed themselves in the ship's public spaces such as eating in restaurants.

The situation would change suddenly for passengers after 5 a.m. on February 5, when deputy director Shobayashi boarded the DP and the Japanese government began onboard operations. First, Shobayashi requested Captain Arma to 1) immediately transport the identified positive persons to medical institutions in Japan, 2) have passengers stay in their individual cabins, and 3) have passengers and crew wear masks and perform thorough hand sanitization. In order to prevent the passengers from panicking, Shobayashi also asked the captain to make an onboard announcement to tell the passengers to calm down. Upon receiving these requests, Captain Arma immediately responded, and at around 6:30 a.m. on February 5, all passengers on board were requested to wait in their cabins as instructed by the quarantine station. In addition, at around 8:20 a.m., an onboard announcement told passengers that 1) as a result of the first PCR tests, positive reactions for the novel coronavirus were confirmed in 10 people; 2) they were requested to wait in their cabins to prevent the spread of infection; and 3) quarantine would continue for at least 14 days. From this point onward, passengers were prohibited from using public space on board, and meals were delivered individually.

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

In addition, as requested by Shobayashi, the 10 people whose positive results had been confirmed were disembarked from the DP and hospitalization measures taken with them being transported to medical institutions in Kanagawa Prefecture on February 5.

It should be noted that Captain Arma had full authority over the operations on the DP, and the Japanese government always needed Captain Arma's approval to start certain operations on the DP. However, according to one of the MHLW officials, Captain Arma was very cooperative and accepted almost everything the government asked for. The senior health ministry official praised Captain Arma's response, noting, "Thanks to him, I think this project was a success."¹⁵

2.2. Building external support system

The Japanese government began a concrete response to the DP after February 5, when deputy director Shobayashi boarded the DP, but this response involved a comprehensive and cross-sectional crisis management involving the Prime Minister's Office and multiple ministries. On this point, health minister Kato recalled all the cooperation needed in responding to the DP saying, "When it comes to ports, that involves the transport ministry. So, it was necessary to cooperate with them. It also involved local municipalities, so liaison with the Internal Affairs and Communications Ministry and the Defense Ministry was needed. In some cases, the Foreign Ministry might have to get involved. Cruise ships are a perfect example of internationalization."¹⁶

However, at the beginning, the only government officials involved in the quarantine response on the DP were Shobayashi and a few quarantine officers, with a system for dealing with more than 3,000 passengers and crew was not yet in place. Therefore, at the direction of the Prime Minister's Office and the health ministry, people from several external organizations listed below were dispatched to the DP for the purpose of supporting the government's operations.

- Kanagawa DMAT (disaster medical assistance team)

On February 5, Kanagawa DMAT started operations on the DP under the prefectural governor's dispatch instruction saying, "This is a disaster!" They were mainly responsible for transporting positive patients to medical institutions, and coordinated with institutions not only in Yokohama but inside and outside the prefecture to transport approximately 760 patients.

- Japanese Self-Defense Forces

As of January 31, before the issue of the DP surfaced, the Self-Defense Forces was dealing with returnees on chartered flights from Wuhan in the form of "voluntary dispatch" without receiving a request from prefectural governors. Then, on February 6,

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

its operations on the DP commenced, with SDF members collecting a total of about 2,200 samples mainly for PCR tests, transporting some 2,000 passengers and crew who either tested positive or disembarked from the ship, as well as about 1,300 foreign passengers and crew scheduled to return to their countries of origin on chartered flights out of Japan to Haneda Airport.

- Infectious disease specialists

In addition to experts from the National Institute of Infectious Diseases, a Disaster Infection Control Team (DICT) of certified infection control doctors from the Japanese Society for Infection Prevention and Control, who had completed responses for the returnees from Wuhan, and infection control certified nurses as well as an infection control team consisting of experts from university hospitals and so on boarded the DP in turn, taking measures to prevent the spread of infection, including zoning advice and crew education.

- DPAT

The Disaster Psychiatric Assistance Team boarded the DP on February 6, and was responsible for the mental care of not only passengers and crew but also medical staff dispatched to the DP.

- JMAT

The Japan Medical Association Team, formed by the Kanagawa Medical Association, boarded the DP on February 14, and started operations on board. Initially, JMAT was planned to be responsible for 1) interviewing and examining passengers aged 80 and over; 2) chronic diseases and their treatment; and 3) collecting samples for PCR tests, but in reality, they were responsible for the medical examination of crew with negative PCR test results.

- Other Institutions

In addition, several external organizations conducted support activities, including the All Japan Hospital Medical Association, the Japanese Red Cross medical group, the Japan Community Health Care Organization, etc., which were mainly responsible for medical treatment. Members of the National Center for Geriatrics and Gerontology also took care of the needs of the elderly aboard the DP. Private emergency service companies also took charge of operations for transporting positive patients.

2.3. Measures actually taken on the DP

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

From February 5, the multiple organizations listed in Section 2.2. assumed their roles inside and outside the DP, but operations were initially commanded by health ministry deputy director Shobayashi. However, on the morning of February 10, health minister Kato instructed Gaku Hashimoto, state minister for health, and parliamentary vice health minister Jimi to go to the scene at the DP. Then, Hashimoto and Jimi replaced Shobayashi to take charge of the on-site operations, and a local response headquarters was established on the following day. "It's the same as at the time of a disaster, and doing things one by one is not fast enough, so almost everything is decided on the spot. When making judgments in the field, you have to make them as a politician, so I left it in their hands," Kato said as he recalled the purpose of dispatching Hashimoto and Jimi to the DP.¹⁷

As a specific onboard command system and information sharing system, a meeting was held between local staff every day from 7:30 to 8:00 in the morning regarding the operations of the day, each supporting organization performing operations based on the outcome of the meeting. Additionally, from 9 a.m., a captain's meeting was held for about an hour between Captain Arma, Jimi and other members of the local response headquarters. A similar meeting was also held at night to share information on the response results and points of reflection for the day.

Under such a command system and information sharing system, the following measures were taken aboard the DP.

- Measures to prevent the spread of infection

Infection prevention measures were mainly implemented based on guidance from experts from such organizations as the National Institute of Infectious Diseases, DICT, Iwate Medical University, Jikei University School of Medicine, Tokyo Healthcare University, Nagasaki University, International University of Health and Welfare, and the National Center for Global Health and Medicine.

Specifically, after February 5, passengers were kept to their private rooms and isolation measures were taken. However, some crewmembers continued to work, albeit in a limited way, to maintain the ship's operation and were not as completely isolated as the passengers.

Additionally, masks and disinfectant were distributed to passengers and crewmembers, and instructions were given to ensure their use, as well as hygiene management education for passengers. Furthermore, on February 5, the engineer in charge of air conditioning on the ship took measures to stop the circulation of air inside the ship.

Doctors such as the infection control support team also conducted onboard consultations every day to improve onboard zoning and crew education, these measures being improved every day.

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

In addition, at the request of Captain Arma, staff from a disinfectant company was brought on board to disinfect 10 cabins on February 14 and 48 cabins on February 15. Similarly, after being instructed by an infectious disease expert, disinfection was carried out with staff of the health ministry, the local quarantine station, and the Japanese Red Cross Society cleaning 126 rooms on the 23rd and 17 rooms on the 24th for passengers confirmed to be negative.

- Medical measures including PCR tests

Medical response was carried out with cooperation and coordination between the onboard medical center, DMAT, JMAT, AMAT, JCHO, the Japanese Red Cross medical team, SDF medical officers, the health ministry and the quarantine station.

Many passengers on the DP were elderly and had a high need for medical services. However, given the circumstances of the DP, it was difficult to provide a perfect medical care for all passengers. Therefore, triage (priority setting) was carried out for passengers whose urgent medical needs were recognized. Specifically, Category I was for those who required emergency medical care regardless of whether or not they had been infected with the novel coronavirus, or those deemed by a doctor to have difficulty staying on board. Category II was for those who were at high risk of health damage due to COVID-19. Persons with positive PCR tests for the novel coronavirus infection (asymptomatic) were classified as Category III, and after prioritizing them, medical measures such as diagnostic interviews, examinations, and transportation to medical institutions were implemented. DMAT, Kanagawa Prefecture and the health ministry also cooperated in coordinating the transportation to destination medical institutions, with the actual transportation of the patients carried by the Yokohama City Fire Department ambulances, private ambulance services and the SDF, depending on the situation. Asymptomatic carriers of the virus were also transported by SDF bus.

Initially, PCR tests were to be performed only on people with symptoms and their close contacts. Based on this policy, in the early days thermometers were distributed to passengers, and PCR tests were performed based on inquiries to the onboard medical center from passengers who had a fever. When these operations commenced, the team responsible for medical response was very confused as the telephone to the medical center kept ringing, so after a discussion between deputy director Shobayashi, DMAT and the medical center, a dedicated “fever line” was quickly installed.

Furthermore, with the subsequent expansion of the PCR testing system, the scope of testing was expanded from not only symptomatic persons and their close contacts, but from February 11, PCR tests were performed and samples collected in order of age for elderly people aged 80 and over or for those with underlying diseases such as diabetes. As a result, PCR tests were performed on all 3,618 people, excluding some foreign passengers and crewmembers who returned to their home countries on chartered flights.

In addition, some passengers who were forced to go through quarantine over

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

an extended period on board a ship at risk of infection felt mentally cornered, mentioning phrases such as, "I want to jump into the sea." Some of the health ministry staff involved in the operation aboard the DP also became mentally unstable due to the pressure of their work, despite the efforts of the DPAT staff who were in charge of their mental care.

- Supply measures, etc.

After the start of the health observation period on February 5, the supply of essentials to onboard passengers and crew was also a major issue for the government. In particular, they received many requests from passengers for medicines on a daily basis, so they prepared medicines at the off-site quarantine station, the onboard dispensing unit delivering them to the passengers. Regarding the types of medicine required, request forms were distributed to each passenger on the night of February 5, who then filled it in by hand, but since the name of the medicine was written in the language of each country and overseas product names were also mixed in, it was not easy to grasp the exact name. Moreover, since it would never do to provide the wrong drug, confirmation and drug delivery operations were extremely difficult and included multiple checks before supply.

The health ministry, in cooperation with Line Corp., SoftBank, Brix and the Internal Affairs and Communications Ministry, also distributed 2,000 iPhones with the LINE app in all the passenger cabins in order to solve the lack of access to outside information for passengers and crew. Through this LINE app, passengers and crew were able to check frequently asked questions and answers. It was also used to accept requests for medicine, provide mental care consultations, and make appointments with doctors.¹⁸

After each of the above measures, the disembarkation of all passengers and crew of the DP, including Captain Arma, was completed on March 1, which also brought to an end to the operation of the on-site response headquarters, and relieved from their heavy onboard responsibilities, Shobayashi and other officials disembarked from the DP. As a final result of these operations, 696 people (552 passengers and 144 crew members) were identified as positive for COVID-19 on the DP. The health ministry publicly announced the number of subjects and positive persons in daily PCR tests from February 5, when onboard operations commenced, until February 20 as follows.

Date of announcement	Number of PCR tests (people)	Number of positive persons
Feb. 5	31	10
Feb. 6	71	10
Feb. 7	171	41
Feb. 8	6	3
Feb. 9	57	6
Feb. 10	103	65
Feb. 12	53	39
Feb. 13	221	44

The Independent Investigation Commission on the Japanese Government’s Response to COVID-19: Report on Best Practices and Lessons Learned

Feb. 15	217	67
Feb. 16	289	70
Feb. 17	504	99
Feb. 18	681	88
Feb. 19	607	79
Feb. 20	52	13

Thus, the health ministry announced – on virtually a daily basis after February 5, when the government started operations – the confirmation of new positive cases aboard the DP as the test results were made known. This rolling reporting method gave the impression at home and abroad that the infection was spreading on board the ship every day.

However, the National Institute of Infectious Diseases concludes, “You can see that the novel coronavirus infections had effectively spread before the cruise ship started quarantine on February 5. The number of confirmed cases was decreasing, which suggests that quarantine interventions were effective in reducing infection among the passengers,” indicating that following the government's implementation of the onboard measures, the spread of the infections was limited.¹⁹ In addition, although there were some deaths among the patients who were transported from the DP to local medical institutions, no one died on board the DP. In regard to these results, a senior health ministry official deemed the government “successful” in responding to the DP situation.²⁰

Regarding the prevention of infections by medical staff, etc. who dealt with the DP, the health ministry said the staff was provided with a course on wearing personal protective equipment by infectious disease specialists such as certified infection control doctors before boarding the ship. In addition, infection control measures such as hygiene control at the entrance and exit of the terminal building was properly carried out with the cooperation of public health nurses, it added. However, as a result of the operation, one quarantine officer on February 12, one health ministry staff member on the 17th, another health ministry employee and one Cabinet Secretariat staff member on the 20th, and one health ministry staff member and one quarantine officer on the 24th were confirmed to be infected with COVID-19.

Elsewhere, no infected person was confirmed among SDF members who collected test samples and transported positive patients. Regarding this point, the SDF announced that it had taken as thorough measures as possible to protect against infection, in response to an instruction from the defense minister to strengthen measures so that “no one would be infected in the SDF.” For example, in contrast to the health ministry, which used masks and gloves as the standard for its staff engaged in disinfection work, the SDF said its members wore protective clothing, double gloves and covered the seams on protective clothing with adhesive tape.

3. Assessment process leading to disembarkation

3.1. Passenger and crew disembarkation operations after February 19

On February 15, the health ministry announced its position on disembarking passengers and crew from the DP as follows.

- 1) Based on the results of PCR tests from Wuhan returnees on three chartered flights (540 people negative, and even the one positive person had a virus detection level close to negative), the National Institute of Infectious Diseases holds that if there was no fever or other respiratory symptoms during the 14-day health observation period and the result of PCR testing during the period was negative, it would be permissible to use public transportation after 14 days.
- 2) Among the DP passengers, elderly people aged 70 and over, excluding those who were positive or sharing a cabin with a positive person, those who had undergone or were undergoing a PCR test, and if tested negative, based on the aforementioned position 1), after reconfirming their health status for the 14-day observation period ending on February 19, they could disembark in turn with no further PCR tests if there were no problems.
- 3) For those under 70, excluding those who were positive or sharing a cabin with a positive person, PCR tests were carried out sequentially from February 16, and if the result was negative, arrangements would be the same as the aforementioned 2).
- 4) During this period, arrangements would be the same as the aforementioned 2) for those passengers whose cabin mates were positive from the time when the infection spread prevention measures were implemented.

This approach was different from the previous policy that PCR tests should be performed only on symptomatic persons and their close contacts, and it was premised on PCR tests being performed on all passengers and crew members before disembarkation. On the same day, the health ministry also indicated a change in this testing policy. However, there was considerable debate between the ministry and the Prime Minister's Office regarding this change in testing policy. The health ministry, including minister Kato, expressed their opposition to expanding the scope of testing and strongly insisted on maintaining the initial testing policy, due to concerns over the insufficient testing capacity and the impact on the testing system other than on the DP. However, in the end, regardless of the intention of the health ministry, the policy of testing all disembarking passengers and crewmembers was decided upon the initiative of the Prime Minister's Office. Regarding the thrust and parry with MHLW, a Prime Minister's Office staffer recalls that health ministry officials came out in fierce opposition, arguing one by one, "If you do that, we won't be able to do other medical treatment," "there aren't enough containers," "We don't have enough reagent" – but that Kato eventually caved in and said

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

he “understood.”²¹

Based on the decision and the health ministry's announcement of its position, passengers started to disembark from the DP, 443 disembarking on February 19, 274 on the 20th, and 253 on the 21st, making a total of 970 people having completed quarantine and disembarking from the ship. The SDF collected and loaded passengers' luggage, and after disembarking, the passengers were transported by bus from the port terminal to Yokohama Station, Haneda Airport and other destinations with the cooperation of the Yokohama City Transportation Bureau. However, the means of transportation beyond that point was left to the discretion of each passenger, including the use of public transport. With the disembarkation of the 970 people, as of February 21 the DP mainly carried crewmembers, foreigners waiting for charter aircraft prepared by their own governments, and passengers in close contact with positive people in the same cabin, and so, totalling some 1,300. After that, the disembarkation operation for these 1,300 passengers and crew continued, and finally, the disembarkation of all passengers and crew including the captain was completed on March 1.

However, of the passengers who disembarked the DP in this way, some COVID-19 positive cases were discovered. The first such infection case was confirmed on February 22 – a woman in her sixties living in Tochigi Prefecture who disembarked the DP on February 19.

On this point, the health ministry issued a “Health follow-up for those who disembarked from the Diamond Princess (request)” on February 23 to prefectures, cities with public health centers under their jurisdiction and special wards. As a follow-up for the health of DP passengers, it requested that the following measures be implemented.

- Conduct daily health follow-up for 14 days starting from the day after disembarkation. Specifically, contact the person by telephone or other means to ask about their health condition.

- It is recommended that those who had disembarked from the ship refrain from nonurgent outings as much as possible, and if they come into contact with people around them, they should wear a mask and avoid being in contact for a long time.

- As a general hygiene measure, they should be encouraged to follow coughing etiquette (cover the nose and mouth with a tissue when coughing or sneezing, wear a mask, etc.), and to wash hands with soap and water or use hand sanitizers for thorough disinfection.

- They should be recommended to avoid using public transport even when they go out under inevitable circumstances.

- If they have a fever or cold-like symptoms (cough, general malaise, etc.), it is recommended that they immediately report it to “returnees and contact persons” consultation centers by telephone.

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

Subsequently, the health follow-up was completed on March 15, but during the process, seven positive cases were confirmed out of the 1,011 people who disembarked from the ship from February 19 to 23 (with PCR tests performed on 249 people).

3.2. Overseas departure operations for passengers and crew

During the quarantine period, the Japanese government responded to requests from various governments for the DP passengers and crew leaving by charter flights, starting with the United States on February 17, and more specifically as described in the following table. Passengers and crew were allowed to leave the country by charter aircraft from various countries.

The operation for these departures were carried out by the Foreign Ministry in cooperation with related ministries and agencies based on requests and statements from each government, and when the date and time of the charter flight was decided, a list of returnees was created on board. Preparations for returning to home countries were made 24 hours before disembarkation. In addition, the transportation of luggage and personnel was carried out with the cooperation of the SDF.

Country	Date	Number of people
U.S.	Feb. 17	329 (including 4 crew)
South Korea	Feb. 19	7 (including 4 crew)
Israel	Feb. 20	11 (no crew)
Australia	Feb. 20	170 (including 1 crew)
Hong Kong	Feb. 20, 21, 23	195 (no crew)
Canada	Feb. 21	129 (including 3 crew)
Taiwan	Feb. 21	19 (no crew)
Italy/EU	Feb. 21	37 (including 20 crew)
U.K.	Feb. 22	32 (including 11 crew)
Russia	Feb. 22	8 (no crew)
Philippines	Feb. 25	445 (including 441 crew)
India	Feb. 26	124 (including 118 crew)
Indonesia	Mar. 1	69 (all crew)

4. Crisis communication that led to criticism of the Japanese government

After the start of quarantine on the night of February 3, the Japanese government's response to COVID-19 on the DP basically ended with the disembarkation of all passengers and crew on March 1. However, there were many reports from overseas

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

media criticizing the Japanese government's response during that period, especially for not allowing 3,711 passengers and crew to land in Japan but keeping them in isolation for more than 14 days.

Regarding the isolation of passengers and crew on the DP, the policy was publicly announced within 24 hours after the decision was made. Health minister Kato told the government's COVID-19 control headquarters on the evening of February 5 that people testing positive for the novel coronavirus were found on the DP and said, "As for the novel coronavirus, when making judgment only by epidemiological conditions without scientifically confirming the presence of the virus, measures are taken assuming an incubation period of up to 14 days, and immigration restrictions etc. are taken based on that. Based on this position, we would like the remaining crew and passengers to stay on board for the required period. The crew and passengers come from 56 countries and regions other than Japan. I would like to ask for the cooperation of the Foreign Ministry and other related ministries and agencies regarding external coordination." In addition, the Foreign Ministry, the health ministry and the transport ministry held a briefing session on the current situation on the afternoon of February 5 for a total of 105 people from the diplomatic corps of the 56 countries with their nationals under quarantine on the DP and several international organizations.

Despite the announcement of such an isolation policy and the holding of briefing sessions, however, specific details of the exit strategy were not fully disclosed until the announcement by the health ministry on February 15, such as when the passengers and crew could disembark and whether PCR tests were an essential condition for everyone disembarking from the ship.²² Moreover, from the announcement of the DP's isolation to the announcement of the concrete position on disembarkation, the health ministry confirmed and announced new infection cases confirmed on the DP almost every day as mentioned earlier. While noting that the government's operation aboard the DP had certain results in containing the infections among the passengers, a senior health ministry official commented on this response as follows: "Before we started keeping the passengers to their cabins from the early morning of February 5, there was a social event in which most of (the COVID-19 cases aboard the DP) were infected. They later developed the symptoms and tested positive for the virus, and as we subsequently announced the test results, people started criticizing us, saying what the health ministry or the government were doing. I think there were problems with our risk communication and the way the announcements were made. We need to reflect on that."²³

In addition, on February 18, Dr. Kentaro Iwata (a Kobe University professor), who boarded the DP, posted on YouTube a video of the inside of the ship taken by himself with comments criticizing infection control measures taken on board, such as "It's impossible to tell where it is dangerous and where it is not," "There's not a single professional infection control expert constantly on board," and "It's a terrible situation." His warning became a major factor in leading to criticism by overseas media of the Japanese government. Although Dr. Iwata's post was deleted on February 20, overseas media criticized the government and called for an explanation on measures to prevent the

spread of infection aboard the DP.

Regarding this post by Dr. Iwata, a senior health ministry official admitted that the zoning measures were “not perfect” because of the limited space on the ship, but pointed out that Dr. Iwata’s stay on board was “very limited,” and said the post “was a little disappointing.” Another senior official of the ministry said that zoning was “improving steadily with advice from infectious disease experts,” that “crew education was fairly solid” and that “everybody agreed that infection control was adequate.” While reserving judgment on Dr. Iwata's post because he had not directly seen it, the official expressed the view that “he was mistaken about something” if Iwata meant to say that the crew and members of the government’s operation on board were spreading the infection.

Health minister Kato likewise refuted Iwata’s charges, telling a Diet session on the day after the video was posted that “zoning inside the ship was adequately carried out” and “Dr. Iwata was on board for only two hours.” On February 20, the ministry also said infection control measures on the DP were appropriate, noting that “a zone for taking off protective equipment such as gowns contaminated by sample collection etc. has been established and is clearly separated from other operational areas.”

However, such explanations by the health ministry were not accompanied by explanations on the specific situation inside the ship with photographs and the like. Also on February 20, Hashimoto, state minister of health who was in charge as head of the on-site response headquarters, posted a photo of the ship on his Twitter account, commenting “The left side is the clean route and the right side is the dirty route.” There was criticism, however, that it did not appear that appropriate infection control measures were in place, and two hours later, the post was deleted.²⁴

Regarding this crisis communication and information dissemination related to the DP situation, Jimi, the parliamentary vice health minister, noted, “If there is any criticism that the health ministry, including myself, is to accept, I think it would be about the information dissemination. I think we could have done a better job conveying our take on the situation and what we were trying to do, including what was feasible and what wasn’t feasible, but even when the ministry gave a comprehensive news conference, only a small part of what we said was emphasized and reported. Communication with a group via the media has its own difficulties.”²⁵

Notes

1. It is a large cruise liner with a total length of about 290 meters, a total width of about 37.5 meters, a height of about 54 meters above water, a total of 1,339 guest rooms, 650 crew rooms, and a maximum capacity of 4,160 people.
2. The legal basis for the government refusing foreign nationals on board to land lies in the application of Article 5, Clause 1, Item 14 of the Immigration Control and Refugee Recognition Act, which stipulates conditions for refusal of entry for foreign passengers on board ships (A person who is sufficiently considered to potentially act to harm the interests or public security of Japan by the justice minister).
3. However, the number of Japanese on board the Westerdam was five (four passengers and one crew member), and it can be said that the situation was significantly different from the DP, which had

The Independent Investigation Commission on the Japanese Government's Response to COVID-19: Report on Best Practices and Lessons Learned

- 1,281 Japanese passengers on board. In addition, it is thought that the Japanese government was forced to make a decision on the Westerdam after the start of the response to the DP, and a Foreign Ministry official said, "I think the Westerdam was requested to leave because there was the issue with the DP." (Interview with a senior Foreign Ministry official)
4. Yoshiko Hashimoto, " 'Misunderstanding' and 'Unfounded Criticism,' Discrimination and Prejudice: Asking Hanako Jimi, parliamentary vice-minister for health, labor and welfare." Vol.3, Medical Restoration (in Japanese), July 21, 2020
 5. Interview with a senior Health, Labor and Welfare Ministry official
 6. Interview with a senior Foreign Ministry official
 7. Interview with a senior health ministry official
 8. Interview with Health, Labor and Welfare Minister Katsunobu Kato (September 8, 2020)
 9. Harukata Takenaka, "Yoshihide Suga: 'Need to Re-examine National and Local Authority' (in Japanese)" Chuokoron October 2020 issue
 10. Ushio Shiota, "Yoshihide Suga: 'We Prepared All Possible Support for the Corona Response' " Toyo Keizai Online, July 10, 2020 <https://toyokeizai.net/articles/-/361939?>
 11. Interview with a health ministry medical technical officer
 12. Interview with a senior health ministry official
 13. Interview with a senior Foreign Ministry official
 14. Interview with a senior Foreign Ministry official
 15. Interview with a senior health ministry official
 16. Interview with health minister Kato (September 8, 2020)
 17. Interview with health minister Kato (September 8, 2020)
 18. The iPhones distributed to passengers were collected as much as possible from cabins by the crew and the health ministry after disembarkation, and the iPhones distributed to the crew were collected on board on February 28. Health ministry staff disinfected and packaged the iPhones.
 19. However, the National Institute of Infectious Diseases also noted that "as February 19, the end of the quarantine period for the majority of passengers, approached, infection tended to occur among the crew or inside guest cabins."
 20. Interview with a senior health ministry official
 21. Interview with a Prime Minister's Office staff member
 22. However, on February 13, the health ministry announced exceptional disembarkation measures for passengers considered to be at high risk from the viewpoint of ensuring health.
 23. Interview with a senior health ministry official
 24. Regarding the authenticity of the inboard photo posted by state minister Hashimoto, a senior health ministry official who responded to the DP situation said, "I don't know because I haven't seen it." (Interview with a senior health ministry official)
 25. Previously cited article by Yoshiko Hashimoto