

The Coronavirus Crisis: Disability Politics and Activism in Contemporary Japan

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Abstract: *The spread of COVID-19 across Japan has exacerbated accessibility issues born out of the nation's past, creating difficulties for disabled people in the present and anxieties about the future. In this article, I consider some of the historical contingencies and geopolitical circumstances that have fueled a precarious pipeline to risk and institutionalization for many disabled individuals. My analysis reveals how inadequate installation and inappropriate use of accommodations like ramps and elevators in various public venues has prevented disabled people from obtaining key supplies. It suggests that some disabled people have survived the current moment by relying on professional caregivers, but others have been unable to do so due to service cancellations and fear of contagion.*

For individuals without support networks, assisted living facilities have offered a means of survival. However, many assisted living facilities have long grappled with funding issues and lack of willing workers. Accordingly, their residents have been exposed to neglect, abuse, and now, viral infection.

Aware of the situation, government officials have instituted emergency policies to provide disabled people and assisted living facilities with personal protective equipment and flexible financing. And yet, as activists have argued, those policies have often failed to pan out in practice. The future of disability in Japan remains uncertain. But as I suggest, the current crisis is our chance to intervene. I contend that we must use this opportunity to

identify and resolve barriers to accessibility in Japan and build an inclusive society for domestic and international populations of disabled individuals.

Keywords : COVID-19; Vulnerable Populations; Disability; Accessibility; Institutionalization



Barriers faced by disabled people can blend into the background, but crises bring them to the surface and let us break them down

Source: Andrew McKirdy, “[Breaking Down Barriers: The Challenge of Getting Around Tokyo in a Wheelchair](#),” *The Japan Times* (November 3, 2018).

Several months have passed since Japan was first catapulted into the international spotlight for its failure to quarantine passengers with COVID-19 on the *Diamond Princess* cruise ship.¹ Since then, government officials have tried to slow the spread of the pandemic by instituting social distancing guidelines and declaring a national state of emergency.² The efficacy of such policies remains a matter of debate and many Japanese are criticizing current efforts as ‘too little, too late.’³ However, the government is not the only target of citizens’ discontent. Some have started to blame their Chinese neighbors for the disease with hashtags like “#ChineseDon’tCometoJapan” trending on Twitter.⁴ Others have aimed their ire at individuals infected by the coronavirus, accusing them of endangering the health and safety of the public.⁵ Such discriminatory sentiments have resulted in practical hardships for people from a variety of historically marginalized backgrounds in Japan. Consider an incident from the beginning of March in which local authorities from Saitama refused to provide state-issued masks to a Korean kindergarten “because administrators might sell them.”⁶ While such explicit episodes of bigotry and intolerance have become the subject of media spectacle, some of the more subtle effects of COVID-19 for marginal demographics have yet to be examined. For example, the virus has created many hardships for disabled people by inflaming access issues.⁷

In this essay, I explore how COVID-19 has exacerbated infrastructural problems born out of Japan’s past, creating difficulties for disabled people in the present and anxieties about the future. To begin, I trace the historical origins of accessibility issues in Japan as far back as the late 1950s, when urban planners designed compact cities to accommodate the nation’s burgeoning population. I illustrate how the incorporation of stairs and other barriers into Japan’s cityscapes led to decades of disability activism, culminating in the passage of the

Barrier-Free Transportation Law of 2000. Under that law, transit hubs were required to install ramps, elevators, and related accommodations. However, the inclusion of accommodations alone was not sufficient to resolve accessibility issues. Accommodations were set up in remote locations to cut costs and shared by multiple kinds of users, resulting in significant travel delays and logistical difficulties for disabled people on a daily basis. Such delays and difficulties became life-threatening during the March 11, 2011 earthquake, tsunami, and nuclear powerplant meltdown triple disaster, when shortages of food, water, and other supplies led to a competition for resources in which disabled people were heavily disadvantaged.⁸ In the wake of the disaster, Japanese politicians were heavily criticized by local and global entities for failing to assist disabled evacuees, leading to the development of new accessibility policies. Those policies were bolstered by concerns about Japan’s aging population and the 2020 Olympic and Paralympic Games. And yet, as COVID-19 has clearly shown, they were not entirely effective.

COVID-19 has demonstrated how remaining inequalities in Japan’s built environment and welfare systems fuel a precarious pipeline to risk and institutionalization for many disabled people. As was the case during 3/11, disabled people have been denied access to food, medicine, and other essential supplies due to issues of scarcity and delays connected to inappropriate accommodations. To survive the moment, some disabled people have depended on friends, family, and professional caregivers, but others have been unable to do so due to service cancellations and fear of contagion. For individuals without support networks, assisted living facilities have offered a means of survival. However, many assisted living facilities have long grappled with financial problems and labor shortages. As a result, their residents have been exposed to neglect, abuse, and now, viral infection. Aware of the situation,

government officials have instituted emergency measures to try and ensure that caregiver dispatch services and assisted living facilities can support disabled individuals.⁹ As disability activists have argued, however, those measures have often failed to pan out in practice.¹⁰ With COVID-19 continuing to strain Japan's resources, the future of disability remains uncertain. But as I argue at the end of this essay, the current crisis offers us an opportunity to shape that future. By reflecting on environmental barriers that have contributed to today's supply and labor shortages, we may create a more inclusive society: not only for disabled people, but other populations as well.

Situating COVID-19 in the History of Accessibility in Japan

When Japan entered into the age of its 'economic miracle' during the late 1950s and 1960s, crowding and overpopulation issues inspired urban planners to design compact and narrow cities.¹¹ Skyscrapers and subway stations sprung up around the country alongside stairs and other obstacles. By trying to save space, Japan's developers unintentionally excluded disabled people from society. In the 1970s, groups of disability activists petitioned local authorities for legally mandated access. One notable group was the Green Grass Society (*Aoi shiba no kai*), which halted bus traffic for more than 150,000 individuals in the Greater Tokyo Area during a protest for accessible transit in 1977.¹² By capitalizing on domestic developments and international interventions in the 1980s and 1990s like the growth of Japan's aging population and passage of the Americans with Disabilities Act, groups like the Green Grass Society successfully lobbied for the Barrier-Free Tran

sportation Law in 2000. For the first time in

Japanese history, access to public transportation became a legal requirement.¹³ Developers began to install ramps, elevators, handrails, and other barrier-free accommodations in transit hubs across the nation.¹⁴ As disabled people gained increased access to their communities, those accommodations were built into other common spaces like markets and department stores.¹⁵ However, the inclusion of accommodations was not enough to guarantee access to disabled people.



Members of DPI Japan protest for improved access to public transportation for disabled people in 1999

Source: The Japan Times, "Access a Right, Not a Privilege: Disabled Fight for Freedom of Movement," (September 28, 2000).

When designing barrier-free accommodations for public venues, Japanese developers often put them in relatively remote and hard to reach areas to retain regular flows of traffic and cut costs. As activist Misawa Satoru explained in a December 2000 interview with *The Japan Times*, "many elevators have been installed at the farthest corners of buildings and are

usually locked shut. Users must ask facility maintenance personnel to unlock them each time.”¹⁶ Such placement issues were compounded by the fact that relevant staff were not always trained to handle new accommodations. Furthermore, barrier-free accommodations were shared by multiple users: not only disabled people, but also bicyclists, parents with strollers, pregnant women, elderly individuals, and other groups.¹⁷ Collectively, such factors contributed to travel delays and logistical difficulties for disabled people. During the early 2000s, it was not uncommon for disabled people to wait more than thirty minutes (and sometimes hours) for station attendants and store clerks to prepare ramps and paths for them.¹⁸ A limited number of accessible parking spaces at shopping malls, government offices, and medical centers nationwide also meant that many disabled people needed extra time to use those facilities.¹⁹ Indeed, a single closed-off ramp could result in days of scheduling problems for disabled people.²⁰ Such delays were always inconvenient but became deadly during crises like the 3/11 triple disaster.

The earthquake, tsunami, and nuclear meltdown that occurred in Japan on March 11, 2011 were in many ways a wakeup call for public awareness regarding the nation’s accessibility issues. Newspapers and TV programs reported how some disabled people could not evacuate their homes, and those who could were unable to reach their non-disabled counterparts for access to key supplies. Emergency shelters and makeshift housing were rarely equipped with barrier-free toilets, handrails, and other necessary facilities, so many disabled residents physically and cognitively deteriorated.²¹ In the end, disabled people accounted for approximately 25% of all deaths linked to the disaster.²² Harsh criticisms from both the public and private sectors drove government officials to adopt new measures to improve Japan’s accessibility.²³ In 2014, Japan ratified the United Nations Convention on the

Rights of Persons with Disabilities, and in 2016 the country enacted the Law for Elimination of Discrimination Against Persons with Disabilities.²⁴ Since then, barrier-free accommodations have been installed at a rapid pace, propelled in part by Japan’s aging population and preparations for the (now postponed) 2020 Olympic and Paralympic Games in Tokyo.²⁵ Such accommodations promised to fix the scheduling problems that plagued disabled people in the early 2000s and 2010s. However, as the COVID-19 crisis has made clear, many accessibility issues remain unresolved.



Wheelchair users must wait for bus drivers and train attendants to prepare ramps for them and frequently experience delays

Source: Masami Ito, “Breaking Down Barriers: Can Tokyo Improve Access for People with Disabilities Before the 2020 Paralympics,” *The Japan Times* (February 8, 2015).

The spread of COVID-19 across Japan has once again illustrated how accessibility issues tied to inadequate accommodations can exclude disabled people from society and put them at risk. Consider the case of Ichihara Hirokazu, a blind man from Tokyo who went out to buy

groceries in April. Ichihara could not use a ticket machine at a nearby market, so he asked a clerk for assistance. The clerk responded by saying that he could not help Ichihara due to infection prevention protocols, so Ichihara left and went to a nearby convenience store. There, too, Ichihara ran into difficulties, as the store was understaffed, and no-one was available to guide him. Ichihara waited for around twenty minutes before giving up: he risked exposure for supplies but went home empty-handed.²⁶ Ichihara's was not an isolated experience, as evidenced by reports from other disabled individuals. Wheelchair users have encountered major travel delays due to concerns about disease transmission and immunocompromised individuals have been unable to get needed masks due to panic buying.²⁷ To overcome such difficulties, many disabled people have relied on community support networks: friends, family, and professional caregivers from private companies and government agencies.²⁸ Those networks have performed vital functions like providing food, water, and medical equipment. However, as community networks have been ravaged by the virus, gaps in coverage have emerged.

The Caregiving Conundrum and Issues with Institutionalization

Japan already had issues recruiting professional caregivers prior to the coronavirus crisis. According to a 2018 report from the Ministry of Health, Labour and Welfare (MHLW), the country was expected to be around 340,000 caregivers short of demand by 2025.²⁹ A more recent MHLW survey from January of 2020 suggests that the current demand vs. supply ratio nationwide is 13:1.³⁰ Although the MHLW has tried to solve the problem by creating caregiving robots and recruiting home helpers from South and Southeast Asia, its efforts have been hampered by social, political, economic, and cultural

barriers. Inadequate Japanese language training, for instance, has prevented many foreign care workers from opening bank accounts and engaging in other activities necessary for daily life, directly affecting their ability to aid clients.³¹ Indeed, it would be an exaggeration to state that COVID-19 has broken Japan's caregiving system as that system was barely functioning in the first place. And yet, the coronavirus has certainly affected Japan's caregiving system in that slim offerings have become slimmer. As of May 2020, more than nine hundred disability service providers across Japan have suspended their caregiver dispatch services and refused clients who are predisposed to infection and illness.³² Citing health and safety concerns for both caregivers and clients, their actions are understandable. However, for many disabled people, especially those whose friends and family are indisposed due to COVID-19, the absence of caregivers has represented a threat greater than the pandemic itself. Consider people who need assistance eating, drinking, toileting, and bathing. How are they to live? Cut off from care, some individuals have turned to large assisted living facilities (ALF) for support.

Over the past few years, ALFs in Japan have gradually become a topic of public discourse. Newspapers have shared survey data from groups like the National Confederation of Trade Unions indicating that 60% of ALF employees have considered quitting due to overwork and underpay.³³ Annual reports from the MHLW have similarly shown how staffing shortages have created stress for ALF employees, leading some to neglect and abuse disabled residents under their supervision.³⁴ Perhaps the most infamous recent incident of ALF-related violence is the Sagami-hara Stabbings of 2016, in which a former employee of the Tsukui Yamayuri En Care Facility in Kanagawa killed nineteen disabled people "because they contributed nothing but misery and hardship to society."³⁵ For a disabled person to enter into an ALF under normal

circumstances, thus, can be a precarious affair. However, the outbreak of COVID-19 has significantly magnified the risks and dangers involved. Already suffering from a scarcity of human and material resources, many ALFs have been unable to secure supplies of personal protective equipment (PPE) and institute social distancing policies.³⁶ Paired with the fact that some disabled residents are particularly susceptible to disease, this reality has contributed to abnormally high rates of infection (called ‘clusters’) in ALFs throughout Japan.³⁷ At an ALF in Chiba, for instance, 51 of 70 residents (73%) and 40 of 67 employees (60%) have been infected, while the rate of infection among the general public in nearby Tokyo is only 7.5%.³⁸



Due to shortages of PPE, staff at the Hokuso Ikusei-en Welfare Facility in Chiba must wear trash bags for protection

Source: The Mainichi, “Japan Care Facility Creates Indoor Hospital Section After Huge Virus Cluster Found,” (April 21, 2020).

To stunt the growth of clusters at ALFs and resolve the caregiving crisis that helped give rise to them, the MHLW has introduced several policies. First, the MHLW sent directives to local authorities to circulate medical supplies among disability service providers in their jurisdictions.³⁹ Second, the MHLW allocated emergency funds to ALFs so that they could divide shared quarters into single rooms.⁴⁰ Third, the MHLW asked disability service providers that suspend operations to politely inform clients of the reason for their closure and to try and find adequate replacements.⁴¹ Although well-intentioned, the MHLW’s policies have proven difficult to implement in practice. Local authorities have failed to distribute masks and other supplies to disabled citizens and ALFs.⁴² Meanwhile, many disabled citizens remain without care as agencies cannot locate willing workers. As Saitama-based disability activist Kano Tomoe recently lamented in a May 2020 interview with the *Mainichi Shinbun*: “I can’t live without care. For now, I am barely getting by, but just barely.”⁴³ In light of such issues with implementation of MHLW policy, it is not surprising that new cluster infections continue to appear at ALFs throughout Japan in prefectures like Hokkaido and Tokyo.⁴⁴ Indeed, the emerging existential threat has driven some disability advocacy groups to speak out.⁴⁵

Although activist responses to COVID-19 and its consequences for disabled people have varied significantly in terms of specificity and scale, they have generally focused on the inequitable distribution of human and material resources.⁴⁶ Some groups like the Japan Patients Association have asked government officials to “try to understand the position of disenfranchised individuals” and “create a system to ensure that disabled people can secure medical supplies and treatment.”⁴⁷ Others like the Japan Council on Disability have petitioned the government to require “disability service providers to continue to help clients regardless as to whether they

are sick or feverish.”⁴⁸ To “guarantee that no one is left behind by countermeasures for COVID-19,” the Japan Disability Forum has demanded that disabled people “be allowed to participate in policymaking processes.”⁴⁹ Indeed, the forum has argued that anything less would constitute a violation of Japan’s obligations under article eleven of the United Nations Convention on the Rights of Persons with Disabilities.⁵⁰ Importantly, Japanese activists have not only pushed policymakers to resolve existing inequalities, but also to preempt crises that might arise as COVID-19 continues to spread. Groups like the Japan Society for Disability Studies have highlighted how prolonged scarcity of supplies may encourage eugenic thought.⁵¹ Imploring government officials “to avoid devaluing the lives of disabled people” when deciding who deserves welfare, they have hinted at a precarious future for disability in Japan.

COVID-19 and the Future of Accessibility in Japan (and Beyond)

As the coronavirus crisis continues to unfold around us, many things remain unclear. Will the Japanese government find a way to effectively implement disability-specific countermeasures and resolve the ongoing caregiver conundrum and issues with institutionalization? Will disability activists be able to capitalize on present-day circumstances to secure seats in policymaking circles? And will disabled people be denied treatment if national stockpiles of medical equipment disappear? Although it is difficult to answer these questions at the moment, there is still much we can learn from the current situation. The spread of COVID-19 across Japan has illustrated (and exacerbated) structural inequalities built into the nation’s environment that create hardships for disabled people. More specifically, it has shown how the improper installation and inappropriate use of barrier-

free accommodations can result in travel delays that prevent disabled people from accessing resources. Such accessibility issues have led disabled individuals to depend on community support networks, which are often unstable in ‘normal’ times, let alone during epidemic episodes and natural disasters. For those who cannot navigate public and private spaces or secure proxies to do so on their behalf, ALFs have offered an alternative solution. However, many ALFs in Japan have long suffered from labor and supply shortages that have been amplified by COVID-19, allowing for cluster infections.

The pipeline that carries individuals into institutionalization in Japan did not start with COVID-19, and the virus is not unique in illustrating its influence on the lives of disabled people. As I have shown in this article, the origins of the pipeline can be traced back to the postwar period, when crowding issues led developers to build compact cities replete with stairs and other barriers. Although disability activists won legally mandated accessibility in 2000 after decades of protests, various logistical problems emerged due to cost-cutting efforts and shared use of accommodations. Indeed, disabled people often experienced significant travel delays and difficulties using facilities like supermarkets, government offices, and medical centers on a daily basis during the early 2000s. Such delays and difficulties were magnified by media outlets in the wake of the 3/11 triple disaster, which highlighted how inappropriate accommodations could threaten the lives of disabled people. Since then, government officials have promulgated new policies to improve Japan’s accessibility. However, as the spread of COVID-19 has made clear, such efforts have not been fully successful. Many disabled people in Japan are still unable to easily access food and essential medical devices. Caregivers continue to be an issue, with demand far exceeding supply, especially in times of crisis. And ALFs remain overcrowded and

underfunded, contributing to incidents of violence and abuse.

As disability activists and government officials have indicated, it is important at present to enact policies that correct for the inequitable distribution of resources revealed by COVID-19. Going forward, we must also try to identify and resolve the environmental problems born out of Japan's past that facilitated such inequities to prevent a similar situation from arising in the future. Indeed, disabled people in Japan are not the only community who might benefit from such efforts. Consider the nation's ever-growing demographic of elderly individuals (approximately 28.4% of the population), whose access and care needs are similar to those of their disabled counterparts.⁵² Alternatively, look at groups of disabled people overseas, who

might adopt the physical and social technologies used to rebuild Japan's infrastructure as a way of improving their own living spaces.⁵³ How Japan responds to the coronavirus crisis and its consequences for disabled people will thus have both domestic and international implications, encouraging global transformations in welfare. As I write this line on May 13, 2020, some of those implications are just now coming into view. Today, after several years of investigation, the Diet passed a revision of Japan's Barrier-Free Law, which calls for improved access to airplanes, buses, and taxis, as well as small shops and schools.⁵⁴ While it is too early to tell if the revision will be effective, it seems to be a step in the right direction.

This article is a part of **The Special Issue: Vulnerable Populations Under COVID-19 in Japan**. See the Table of Contents [here](#).

Please also read our previous special **Pandemic Asia** on the impacts of COVID-19 in the larger Asia-Pacific region, edited by Jeff Kingston, delivered in [Part 1](#) and [2](#).

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For additional information, see Mark's [homepage](#).

Notes

¹ Motoko Rich, "We're in a Petri Dish: How a Coronavirus Ravaged a Cruise Ship," *The New York Times* (February 22, 2020).

- ² Satoshi Sugiyama, “With Japan-wide Emergency, Abe Highlights Sense of Crisis Over Virus,” *The Japan Times* (April 17, 2020).
- ³ Sankei News, “Kinkyū jitai sengen, ‘oso sugiru’ 8-wari chō, naikaku shijiritsu 39% Sankei FNN gōdō seronchōsa,” (April 13, 2020).
- ⁴ Magdalena Osumi, “Discrimination in Japan on the Rise as Coronavirus Fears Grow,” *The Japan Times* (February 10, 2020).
- ⁵ Tomohiro Osaki, “‘Coronavirus Harassment’ Surge Suggests Growing Panic in Japan,” *The Japan Times* (March 19, 2020).
- ⁶ Mainichi Shinbun, “Saitama-shi masuku haifu, Chōsengakkō yōchi-bu o jogai ‘tenbai sareru kamo’ shokuin hatsugen ni ichi kanbu shazai,” (March 11, 2020).
- ⁷ In this essay, I use “disabled people” to refer to individuals with a diverse array of physical and cognitive impairments. Although I tend to highlight the experiences of adults with physical conditions like blindness and mobility disorders, it is worth mentioning that there are other demographics of disabled individuals whose experiences I cannot attend to. For example, disabled children, who are affected by school closings during the coronavirus crisis, and deaf individuals, who have experienced unique communication issues because of the widespread use of masks that prevent lip reading. Similarly, due to space limitations I cannot address numerous intersectional identities: gendered, classed, and other.
- ⁸ Mainichi Shinbun, “Higashi nihon daishinsai borantia shōgaisha kyūen honbu setsuritsu chōki shien taisei hitsuyō,” (April 20, 2011).
- ⁹ Ministry of Health, Labour and Welfare, *Shingata koronairusu kansenshō ni kansuru kinkyū taiōsaku dai 2 dan* (March 20, 2020).
- ¹⁰ Japan Disability Forum, *Shingatakoronairusu kansenshō ni kansuru yōbō (daiichiji)* (March 27, 2020); Japan Society for Disability Studies, *Statement on COVID-19 and Persons with Disabilities* (April 6, 2020); and DPI Japan, *Shingatakoronairusu taisaku ni okeru shōgai no aru mono e no jinken hoshō ni kansuru yōbō* (April 13, 2020).
- ¹¹ Yatogo Takeshi, “Kenri toshite no ‘inkurūshibu na machidzukuri’ e no hatten katei to gijutsu – otagai o sonchō suru kyōsei no tame no dezain e,” *Toshi keikaku* (2014), pp. 8–13.
- ¹² Asahi Shinbun. “Kurumaisu jōsha mata ōmome – basu 35-dai ga unkyū Kawasaki eki mae,” (April 13, 1977).
- ¹³ It is worth mentioning that disability activism in the late 1980s and early 1990s led policymakers to create regional ‘barrier-free ordinances’ which recommended, but did not require, operators of businesses to install accommodations. Those ordinances were eventually standardized at the national level via the passage of the Heart Building Law in 1994. However, accommodations remained optional until the promulgation of the Barrier-Free Transportation Law in 2000. Kawauchi Yoshihiko, *Baria furu Nippon – shōgai o motsu akusesu senmonka ga mita machidzukuri* (1996), and Onoue Kōji, “Kaisetsu kōtsū bariafurī-hō,” *Nōmaraizēshon shōgaisha no fukushi*, Vol. 20 (2000).
- ¹⁴ Imafuku Yoshiaki, “Idō kōtsū no bariafurī o kenshō suru – Konshū no kōtsū bariafurī hō kaisei ni mukete –,” *Nōmaraizēshon shōgaisha no fukushi*, Vol. 25 (2005).
- ¹⁵ Ministry of Land, Infrastructure, and Transport, *General Principles of Universal Design Policy* (2005), pp. 1–19, and Ministry of Land, Infrastructure, and Transport, *Hāto no aru biru o tsukurou (Barrier-Free Law Pamphlet)* (2006).
- ¹⁶ Uranaka Taiga, “Societal barriers facing disabled may prove the most formidable,” *The Japan Times* (December 18, 2000).
- ¹⁷ Carolyn Stevens, “Accessibility and the Built Environment in Japan,” *Disability in Japan* (2013), pp. 138–155.
- ¹⁸ In fact, such delays continue in the present. Consider the results of a nationwide survey conducted by DPI Japan in October of 2019, which showed that 30% of wheelchair users who called for ‘universal design taxis’ could not secure rides, and those who could had to wait on average twelve minutes to board after the taxis arrived to pick them up. DPI Japan, *Zenkoku issei kōdō! UD takushī jōsha undō anketo shūkei kekka ni tsuite* (November 12, 2019).
- ¹⁹ Yoshiura Miwa, “Bariafurī no makoto no imi,” *Nōmaraizēshon shōgaisha no fukushi*, Vol. 20 (2000).
- ²⁰ Asahi Shinbun, “Kurumaisu deiriguchi, semasugite tōrenai,” (May 27, 2000).
- ²¹ The Japan Times, “Evacuation posing grave challenge for disabled,” (June 19, 2012).

²² As demographers continue to debate the meaning of ‘deaths linked to the disaster’ (i.e. drowning, physical trauma, and/or stress-related illnesses) the precise mortality rate of disabled persons remains unclear. However, most sources agree that the rate of disabled casualties is significantly higher than that of nondisabled persons. Katsunori Fujii, “[The Great Earthquake and Disabled Persons – Background to the High Mortality Rate –](#),” in Japan Disability Forum eds., *Report on the Great East Japan Earthquake and Support for Persons with Disabilities Activities and Proposals of the Japan Disability Forum and Related Organizations* (March 2015), and Kyodo News, “[Disabled Account for 25% of Japan’s 2011 quake-linked deaths: survey](#),” (March 2, 2020).

²³ In fact, the Japanese government was already in the middle of developing a new disability welfare system when the 3/11 crisis occurred. The conflation of welfare for elderly and disabled people, which took place via a revision of the Long-Term Care Insurance System (*kaigo hoken*) in 2005, created financial difficulties for many disabled individuals. Some began to protest, demanding that separate systems be enacted with appropriate measures for both populations. In 2006, the activities of disabled protestors gained traction as the United Nations adopted its Convention on the Rights of Persons with Disabilities. To ratify the convention, Japanese officials began to redesign the nation’s welfare scheme. The 3/11 triple disaster helped shape the contours of the new welfare system and push forward policymaking efforts. For additional information, see my forthcoming dissertation: *Politics and Prosthetics: 150 Years of Disability in Japan*.

²⁴ United Nations Department of Social and Economic Affairs, *Convention on the Rights of Persons with Disabilities* (2006), and Cabinet Office, *Law for Elimination of Discrimination Against Persons with Disabilities* (*Shōgai sabetsu kaisho hō*, 2013).

²⁵ Kyodo News, “[Japanese government to require wheelchair-accessible rooms at new hotels](#),” (October 16, 2018), and Jiji Press, “[Barrier-Free services on public transit to be mandatory](#),” (January 16, 2020).

²⁶ Tokyo Shinbun, “[Gaishutsu dōkōsha naku, shikaku shōgaisha kuyō ‘gaido herupā’ hirogaru katsudō jishuku](#),” (April 27, 2020).

²⁷ Jiji Press, “[Groups Calling for Attention to Vulnerable Amid Virus Spread](#),” (March 5, 2020); Mark Bookman and Michael Gillan Peckitt, “[Facing the COVID–19 Crisis in Japan with a Disability](#),” *The Japan Times* (March 30, 2020); and Magdalena Osumi, “[Virus Exacerbates Challenges for People in Japan with Disabilities](#),” *The Japan Times* (May 12, 2020).

²⁸ For additional information about the structure of Japan’s caregiving system, see Watanabe Taku, *Kaijoshatachi wa, dō ikite iku no ka – shōgaisha no chiiki jiritsu seikatsu to kaijo to iu itonami* (2011).

²⁹ Satake Jun, “[Graying Japan Needs Foreign Caregivers, but Language Barrier Poses Challenge](#),” *Nippon.com* (July 25, 2018).

³⁰ NHK News Web, “[Hōmon kaigoshoku no yūkō kyūjin bairitsu 13-bai ni jōshō jinzai kakuho no taisaku kyūmu ni](#),” (January 10, 2020).

³¹ Michael Gillan Peckitt, “[Do the Elderly and Disabled People in Japan Want Robots to Look After Them](#),” *The Japan Times* (October 14, 2018), and The Japan Times, “[Fewer foreigners than expected coming to Japan to work as caregiver trainees, data shows](#),” (December 1, 2018).

³² NHK News Web, “[Shōgaisha fukushi sabisu zenkoku de 900 jigyōsho ga kyūgyō shingatakorona no eikyō](#),” (April 28, 2020), and Mainichi Shinbun, “[Shingatakorona ‘nōkō sesshokusha igai’ demo sabisu kyōhi aitsugu ‘kaigo hōkai’ ni kikikan](#),” (April 13, 2020).

³³ Asahi Shinbun, “[Kaigo shokuin ‘yametai’ 6-wari ‘shigoto tsurai’ ‘chingin yasui’](#),” (April 22, 2019)

³⁴ Jiji Press, “[Abuses against disabled hit record 2,745 cases in Japan in FY 2018](#),” (December 20, 2019).

³⁵ Tokyo Shinbun, “[Sagamihara sasshō Uematsu yōgisha no tegami shōhō](#),” (July 27, 2016).

³⁶ The Japan Times, “[Nearly 20% of Japan’s Nursing Care Providers Out of Masks Amid COVID–19 Outbreak](#),” (March 5, 2020).

³⁷ It is worth mentioning that the emergence of cluster infections at assisted living facilities is not unique to Japan. Clusters have also developed in places like the United States, where more than 40,600 residents have been infected as of June 2020, accounting for roughly 40% of the nation’s death toll. Marisa Kwiatkowski, Tricia L. Nadolny, Jessica Priest, and Mike Stucka, “[‘A national disgrace’: 40,600 deaths tied to US nursing homes](#),” *USA Today* (June 1, 2020).

³⁸ The actual rate of infection in ALF and public settings may differ depending on the availability of diagnostic

testing. However, the large disparity in reported statistics is worthy of note. The Mainichi, “[Japan Care Facility Creates Indoor Hospital Section After Huge Virus Cluster Found](#),” (April 21, 2020), and Ryusei Takahashi, “[Bowling to pressure, Tokyo releases COVID-19 testing and infection data dating back to January](#),” *The Japan Times* (May 9, 2020).

³⁹ Ministry of Health, Labour and Welfare, [Shingatakoronairusu kansenshō no hassei ni tomonau shōdokuyō etanōru no toriatsukai ni tsuite](#) (March 10, 2020).

⁴⁰ Kyodo News, “[Shōgai shisetsu no korona kansen bōshi ni josei zaitaku kunren ya koshitsuka](#),” (March 17, 2020).

⁴¹ Ministry of Health, Labour and Welfare, [Kaigo sabisu jigyōsho ni kyūgyō o yōsei suru sai no ryūiten ni tsuite \(sono 2\)](#) (April 7, 2020). For more information about official responses to the caregiving crisis and its connection to COVID-19, see a recent Q/A with disabled politician Kimura Eiko. Kimura Eiko, [Shingatakoronairusu Q&A](#) (April 13, 2020).

⁴² NHK News Web, “[Shōgaisha jigyōsho no hansū chō ‘masuku haifu mitōshi nai’](#),” (April 21, 2020).

⁴³ Mainichi Shinbun, “[Korona, hōmon kaigo kiki sabisu ‘mitsu’, kansen risuku-dai](#),” (May 4, 2020).

⁴⁴ NHK News Web, “[Shōgaisha shisetsu shūdan kansen de kansen 2-nin-zō](#),” (April 27, 2020), and Sankei News, “[Hokkaidō, shōgaisha ya kōreisha shisetsu de kansen kakudai nobe 726-nin ni](#),” (April 29, 2020).

⁴⁵ Just as clusters have emerged in assisted living facilities outside of Japan, so too have activist calls for policy reform. Consider a policy brief issued by the United Nations, which sought to ensure disability rights and inclusion in response to the COVID-19 crisis. United Nations, [Policy Brief: A Disability-Inclusive Response to COVID-19](#) (May 2020).

⁴⁶ Japanese activists have tried to address COVID-related issues for individuals with specific conditions and general populations of disabled people. To do so, they have mobilized local and global legal frameworks based on notions of human rights. Such strategies have a long history in Japan. For additional information about that history, see Katharina Heyer, *Rights Enabled: The Disability Revolution, From the US, to Germany and Japan, to the United Nations* (2015).

⁴⁷ Japan Patients Association, [Shingatakoronairusu e no taiō ni kansuru yōbōsho](#) (February 25, 2020), and Jiji Press, “[Jakusha ni shiwayose no kenen nanbyō kanja, shikaku shōgaishara – masuku fusoku nado de shingatakorona](#),” (March 5, 2020).

⁴⁸ Japan Council on Disability, [Kinkyū yōbō shōgai no aru hito no inochi kenkō kurashi o mamoru kinkyū taisaku ni tsuite](#) (March 3, 2020).

⁴⁹ Japan Disability Forum, [Shingatakoronairusu kansenshō ni kansuru yōbō \(daiichiji\)](#) (March 27, 2020).

⁵⁰ Article eleven of the United Nations Convention on the Rights of Persons with Disabilities, “Situations of Risk and Humanitarian Emergencies,” stipulates that “States Parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.” United Nations Department of Economic and Social Affairs (Disability Subdivision), [Convention on the Rights of Persons with Disabilities](#) (2006).

⁵¹ Japan Society for Disability Studies, [Statement on COVID-19 and Persons with Disabilities](#) (April 6, 2020). Also see DPI Japan, [Shingatakoronairusu taisaku ni okeru shōgai no aru mono e no jinken hoshō ni kansuru yōbō](#) (April 13, 2020).

⁵² The Japan Times, “[Elderly Citizens Accounted for Record 28.4% of Japan’s Population in 2018, Data Show](#),” (September 15, 2019).

⁵³ I have discussed elsewhere how Japanese developments in accessibility may be exported to other cultural contexts, and how notions of accessibility from other cultures may be imported to Japan for mutual gain. Mark Bookman, “[An Olympics Crowdsourcing Project May Be the Answer to Making Japan a More Accessible Country](#),” (May 26, 2019).

⁵⁴ DPI Japan, [Bariafurī hō kaisei hō no seiritsu ni taisuru DPI nihonkaigi seimei inkurūshibu shakai no jitsugen no tame ni saranaru bariafurī no suishin o!](#) (May 13, 2020).