

The Covid Crisis in Japan: Lockdown, Economic Crisis, the mRNA Vaccine, The Role of Shinzo Abe

Preface of the Japanese Edition of Michel Chossudovsky's Book

By [Prof Michel Chossudovsky](#)
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[The 2020-22 Worldwide Corona Crisis: Destroying Civil Society, Engineered Economic Depression, Global Coup d’État and the “Great Reset”](#) which is currently in E-Book format.

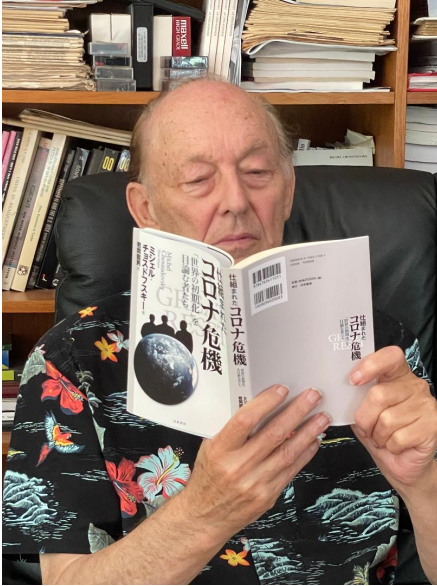
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My thanks to the Publisher and to the translator Tatsuo Iwana.



Today at the time of writing my thoughts are with the people of Japan. The COVID-19 crisis is destroying people's lives. My responsibility as an author is to reveal the truth, break the tide of media disinformation and reach out Worldwide to as many people as possible.

This book is the result of more than two years of detailed research on the causes and consequences of the COVID-19 crisis. I am much indebted to the publisher and translator for their commitment and support throughout this endeavor.

The results of my research, backed up by reports by prominent scientists and medical doctors, confirm that the COVID-19 policy mandates put forth by national governments worldwide, including the mRNA vaccine, are totally invalid.

In this preface, I will focus briefly on

- *The chronology of the COVID-19 crisis with reference to Japan,*
- *The mRNA vaccine mandate launched by Japan's Ministry of Health in February 2021,*
- *The 2020 Tokyo Summer Olympics.*

COVID-19 Chronology



On January 30th, 2020 (Geneva Time), the Director General of the WHO Dr. Tedros Adhanom Ghebreyesus declared a Global Health Emergency based on 83 PCR positive cases outside of China. A ridiculously low number.

These 83 cases categorized as "COVID-19 confirmed cases" were used as a justification to launch the WHO's Public Health Emergency of International Concern (PHEIC). (For more

details, see chapters I and II).

Prior to the WHO's historic decision, (former) Prime Minister Shinzo Abe [who passed away in July 2022] had already expressed concern regarding the novel corona virus.

A *Novel Corona Response Headquarter* (NCRH) chaired by the Prime Minister was created.



On the day prior to the WHO announcement, at an NCRH meeting held at the Diet [Prime Minister Shinzo Abe stated](#):

“... There are currently eight patients confirmed ... In addition, among those who returned to Japan yesterday, three tested positive in the screening. Currently these individuals are hospitalized ... Two of them show no symptoms. Taking into consideration the fact that individuals have tested positive for the virus despite exhibiting no symptoms, it is necessary for us to phase up our responses including quarantine measures.” (emphasis added)¹

These ridiculously low numbers did not under any circumstances provide evidence of an epidemic. The quarantine measures were not required nor justified.

Moreover and this is fundamental, the methodology used to generate the so-called “positive cases” was the polymerase chain reaction (PCR test) which was subsequently acknowledged as misleading and invalid by both the WHO and the US Centers for Disease Control and Prevention (CDC). (See Chapter III, Appendix to Chapter III for details)

In subsequent developments, the polymerase chain reaction (PCR test) methodology coupled with other rapid tests for detecting SARS-CoV-2 were activated in all major regions of Japan.

Test, Test, Test

This process of extensive testing using the PCR test indelibly contributed to hiking up the numbers of so-called “COVID-19 confirmed cases” reaching 300,000 “cumulative cases” in Japan in December 2020. It also contributed to spearheading the fear campaign. [The latest figures recorded in early March 2022](#) at the time of writing were of the order of 5,5 million “cumulative cases”.²

I have spent months on end examining the PCR test and its results and can state unequivocally that these estimates are erroneous and misleading. They have no scientific basis. (See details in Chapter III)

What this implies is that all the COVID-19 policy mandates applied by the Japanese

authorities since the outset of the pandemic in March 2020, allegedly to curb the progression of the infectious disease are invalid. These include the various state of emergency measures, the temporary closure of schools, the face mask, social distancing, the suspension of large-scale social gatherings, etc.

[These measures were facilitated by a draft amendment](#) “to the Special Measures Act to Counter New Types of Influenza of 2012” which allowed for the extension of emergency measures to “an influenza outbreak which would include COVID-19”.

“Prime Minister Shinzo Abe’s abrupt request for all schools in Japan to temporarily close down and his call to cancel large events have been called into question as they have no legal basis. Revising the existing special measures law would ... give these requests legal ground.” (emphasis added)³

Ironically, this amendment adopted by the Diet on March 13, 2020 implied the recognition (by the government) that SARS-CoV-2 was not a dangerous “killer virus” as portrayed by the media, it was categorized as having similar features to seasonal influenza. According to [WHO’s definition of SARS-CoV-2](#):

“The most common symptoms of COVID-19 are fever, dry cough, and tiredness. ... These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms. Most people (about 80%) recover from the disease without needing hospital treatment. Around 1 out of every 5 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.”⁴ (See Chapter III)

The WHO definition of COVID-19 “similar to seasonal influenza” did not hit the headlines of the Japanese media. Had it been revealed, Prime Minister Shinzo Abe’s emergency measures would no doubt have been questioned and opposed by the Japanese people.

Moreover, according to the WHO, the number of “Covid-19 confirmed case” in Japan recorded on March 16, 2020 was 266. [*See WHO Japan](#)

Meanwhile, the fear campaign was used to provide legitimacy to Prime Minister Shinzo Abe’s emergency measures.

This [amendment to the Special Measures Act](#) was hastily adopted by the Diet, one day after the March 11, 2020 (Geneva time) lockdown instructions transmitted to 193 member states of the United Nations.⁵ It provided a timely and convenient “green light” to Shinzo Abe to adopt a series of drastic economic measures including the lockdown and confinement of the labor force allegedly as a means to combating the spread of a dangerous virus SARS-CoV-2.

What was the outcome of these forceful lockdown procedures implemented by Shinzo Abe?

Two months later (May 28, 2020), Prime Minister Shinzo Abe at a meeting of the Ministerial Council acknowledged ([quoting the May Monthly Economic Report](#)) that:

“The Japanese economy is worsening rapidly in an extremely severe situation, due to the Novel Coronavirus.”

Furthermore, concerning short-term prospects, the Report states that, “an extremely severe situation is expected to remain due to the influence of the infectious disease for

the time being....” (emphasis added)⁶

Prime Minister Shinzo Abe had casually placed the blame on “V the Virus”.

A microscopic virus does not have a “human hand”. It cannot influence economic and financial variables.

The alleged spread of the virus (based on faulty estimates of the PCR test) cannot be held responsible for the engineered slump of the Japanese economy instrumented by the Shinzo Abe government.

This “severe economic situation” (which is still ongoing) is the result of the COVID policy mandates first instigated by the Abe government in March 2020.

Recent reports confirm that these ongoing economic measures have undermined civil society, disrupted social relations not to mention the very structures of family life in Japan, while also triggering a wave of suicides, particularly among adolescents and young children. (This issue is analyzed in Chapter VI)

The mRNA Vaccine

At the time of writing, mass protests against the COVID-19 mandates are ongoing in several countries largely focusing on the impacts of the mRNA vaccine inoculations.

In Japan, the mRNA vaccine was launched in February 2021 as a means to protect the Japanese people against a non-existent “killer virus”. More than 206 million doses have already been administered. Was the Japanese population informed regarding the dangers of the mRNA vaccine?

In December 2021, [Japan’s Ministry of Health](#) authorized booster shots of Moderna and Pfizer vaccines, pointing to the “low rate of side effects such as myocarditis”. This assessment (which quotes UK data) is mistaken. Moreover, the booster shots will have a devastating impact on immunity.⁷

According to Japan’s Ministry of Health’s earlier advisory:

“The Government recommends that people get vaccinated because the benefits of vaccination are greater than the risk of side reactions.” (emphasis added)

The foregoing statement is misleading and incorrect.



At the time of writing, the Fumio Kishida government has reversed its earlier stance. [It has taken the initiative to order the labeling of COVID vaccines:](#)

“to warn of dangerous and potentially deadly side effects such as myocarditis. In addition, the country is reaffirming its commitment to adverse event reporting requirements to ensure all possible side effects are documented.”⁸

Moreover, Japan’s Ministry of Health, while recommending the vaccine, issued an advisory to the effect that [the Covid-19 vaccine “is not compulsory or mandatory”](#).

“No vaccination will be given without consent. Please do not force anyone in your workplace or those who around you to be vaccinated, and do not discriminate against those who have not been vaccinated.” (emphasis added)⁹

Hopefully this provision constitutes a first step towards the cancellation of the COVID-19 vaccine programme.

Vaccine-Related Deaths and Adverse Events

The evidence points to a worldwide upward trend of vaccine-related mortality and morbidity which is fully corroborated.

This official data is available. Prominent medical doctors and scientists have called for the immediate repeal worldwide of the COVID-19 vaccine programme. (See Chapter VII)

Also of relevance is the confidential report by Pfizer which was released under a Freedom of Information (FOI) procedure. Pfizer acknowledges in its own confidential report that the vaccine is dangerous and unsafe. (See Chapter VII)

It is also important that people in Japan take cognizance of the fact that Pfizer has a criminal record with the US Department of Justice. (For details, see Chapter VII)

The 2020 Tokyo Summer Olympics



The world’s leading athletes arrived in Tokyo in August 2021 to participate in the rescheduled Tokyo Summer Olympics. Quarantine and testing services were established for the athletes. These procedures were totally unnecessary.

The people of Japan as well as foreign visitors were refused access to the Olympic events in derogation of their fundamental rights. Everybody in Japan viewed the Olympic Games on TV. These far-reaching decisions were presented to public opinion as a means to saving lives and combating the spread of the virus.

The decision to postpone the 2020 Summer Olympic Games coupled with the subsequent decision *to conduct the Olympic games without spectators* in August 2021 were based (as outlined above) on erroneous estimates of “COVID-19 confirmed cases” using the RT-PCR test.

The PCR methodology applied to estimate the progression of the virus, was declared invalid by the WHO on January 20th, 2021, more than six months prior to the August Tokyo Olympic Games. (See Chapter III and Appendix to Chapter III). Moreover, the US Centers for Disease Control and Prevention (CDC) issued a directive on July 21, 2021 calling for the withdrawal of the PCR test effective December 31, 2021. (See Chapter III)

The conduct of the Olympic Games in August 2021 without spectators was totally unnecessary. There was no scientific basis for preventing the Japanese people from attending the Tokyo Olympics.

The financial losses resulting from these failed policy decisions are beyond description.

Michel Chossudovsky,

Montreal, March, 2022

Endnotes

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