Tokyo's Plan to Avoid Pandemic Disaster During the Olympics

The [Olympics and COVID-19](https://time.com/5928595/tokyo-olympics-2021-covid/) were never going to be compatible. The cardinal rule when it comes to controlling an infectious disease is to limit the contact people have with one another. Yet the very essence of the two weeks of competition, which begin on July 23 in Tokyo, is to invite the world to meet, greet and engage in friendly—and often socially not so distant—contests.

An estimated 70,000 athletes, coaches, staff, officials and media will be descending on Tokyo from July to August for the Olympic and Paralympic Games—at a time when infections in the city are rising again. On July 8, the government declared a fourth COVID-19 state of emergency in Tokyo, which will extend through the end of the Games.

New cases of COVID-19 emerging from any of the Olympic visitors could not only disrupt the Games but also forever tarnish this year’s Olympics as an exercise in folly amid a global pandemic that has claimed the lives of 4 million people. “The worst thing that would happen is that the Olympics becomes a super-spreading event that goes around the world,” says Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, who has advised the International Olympic Committee (IOC) and Japanese health officials on COVID-19 countermeasures.

Olympic organizers are working desperately to prevent that from happening. After consulting with infectious-disease experts from across the globe, Tokyo 2020 officials have created a playbook of guidelines for everyone who will be traveling to Japan for the Olympics. Many of the measures are familiar and proven from the experience of the past year: frequent testing, mask mandates, social-distancing procedures and creating as much of an isolation bubble for Olympic participants as possible.

The strategy is also realistic. While it might not be possible to prevent the virus from infiltrating the Olympic community, the countermeasures are meant to contain it as much as possible. Infections will happen. The challenge lies in minimizing the risk of those infections and the impact they might have—on not just the Games but also the Japanese public and, ultimately, the world at large when Olympic delegations return home. “We have to closely watch how the situation evolves before and during the Games,” says Hidemasa Nakamura, the Tokyo Olympic official most deeply involved in coordinating and executing COVID-19 safety measures during the Games. “In that sense, I feel that the Olympics and Paralympics are a microcosm of the world.”

**The 2020 Tokyo Games** were [delayed a year](https://time.com/5928901/tokyo-olympics-athletes/) in the hopes that the COVID-19 pandemic would be under control by now. As the Japanese government and the IOC forge ahead with plans to hold the world’s largest sporting event even as infections simmer globally, anti-Olympics sentiment has reached a peak in Japan—with just 14% of Japanese polled in May saying they wanted the Games to proceed as scheduled. One of the country’s physicians’ organizations, the Japan Doctors Union, and a leading newspaper, *Asahi Shimbun,* argue that the risk is not acceptable. An online campaign called Stop Tokyo Olympics has amassed nearly 450,000 signatures so far from around the country. The pushback goes beyond the usual reluctance that citizens of host countries typically express before any Olympics. Public anxiety and medical mandates are clashing with economic pressures and political forces in a showdown that, for now, is tipping in favor of the financial and political interests to go ahead with the Games. “Japan’s government has been saying that it is seeking ways to balance the economy and enforcement of COVID-19 countermeasures, but I think its priority has been the economy,” says Kenji Utsunomiya, a former chair of the Japan Federation of Bar Associations and the founder of the Stop Tokyo Olympics campaign.

Some public-health officials warn of unknowns that could unravel even the best-laid plans. Fewer than 15% of the [Japanese population are fully vaccinated](https://time.com/5956371/olympics-covid-vaccinations-japan/) against COVID-19, and new variants of the virus, which spread more quickly, threaten to dismantle any sense of immune security that the countermeasures are designed to establish. “The challenge here is this is an international event where people are coming from all over the world, and you obviously can’t bubble the world and keep the virus from spreading,” says Osterholm.

The danger of convening thousands during a pandemic is very real. On July 3, a Serbian rower tested positive when he arrived at the Tokyo airport and was immediately isolated; he and his teammates were prevented from traveling to their training site. A Ugandan coach, among the first Olympic teams to fly in, also tested positive at the airport, on June 19, and was isolated, despite two negative tests within four days of his flight. The rest of his delegation was allowed to quarantine at their Osaka training site where another member tested positive. Such cases will likely occur with increasing frequency as more teams arrive, and only highlight the knife’s edge on which the Olympics will play out. On the one hand, SARS-CoV-2 continues to run rampant around the world and could find fertile ground in the congregation of international visitors. On the other, expected vaccination rates of around 80% for participants and strict countermeasures could rescue the Games by containing cases and preventing them from flaring up into major outbreaks.

Athletes have been warned that their Olympic experience will be like no other—their chances for interacting with athletes from other countries will be severely restricted (condoms, normally a cornerstone of Olympic Village perks, won’t be distributed until athletes are checking out, and alcohol won’t be served in dining halls). They will be required to wear masks except when they are competing or eating; they will be tested daily, and if they test positive, they will be isolated and likely not allowed to compete. They also won’t be able to enjoy one of the hallmark benefits of being an Olympian: roaming the different venues and sitting in the stands to check out unfamiliar sports or cheer on teammates.

Athletes will also be missing their family support structure. In March, the Tokyo Organising Committee banned international fans, including families of athletes, from attending the Games. And with less than a month to go before the opening ceremony, officials announced July 8 that they would also ban Japanese fans from attending Tokyo-based events amid a fresh surge in COVID-19 cases—reversing an earlier decision to allow tens of thousands of local spectators.

**IOC President Thomas Bach**has [promised that the Tokyo Games](https://time.com/5920393/olympics-tokyo-preparations-covid19-pandemic/) will be “safe” from COVID-19. But the reality is there can be no truly “safe” Olympics, only a “safer” one. Experts agree there are no zero-risk scenarios. Yet the actual risk—to athletes, Japanese citizens and the rest of the world—has never been properly calculated or communicated. “As far as I know, there is no risk-assessment report or result,” says Hitoshi Oshitani, the virologist who helped devise Japan’s COVID-19 strategy. “So we do not have any concrete material to judge if the risk is acceptable for Japan and for other countries.” He argues that only after such an evaluation can a decision be made about whether it’s safe to hold the Games. Instead, Tokyo Olympics organizers and Japanese health officials have focused on detection and containment to make it harder for the virus to spread among the Olympic community—and if it does, to pick up cases before they spark clusters or even outbreaks that could spill over into the local population.

Any athlete, coach or trainer who tests positive will be immediately placed into isolation in a designated area in the Olympic Village clinic. Patients who develop symptoms and require longer quarantine will move to a hotel dedicated to COVID-19 cases. And for people who need more intensive medical care, up to 30 hospitals across Tokyo stand ready to accept Olympic participants. However, a spokesperson at St. Luke’s International Hospital, which is listed as the medical center assigned to care for the athletes, says while it has been approached to coordinate care, as of late June, “there has been no progress since.”

Some public-health experts say the greatest challenge lies in the increasing prevalence of the Delta variant—which Japanese health officials predict could account for half of new infections in the country by mid-July—because it’s considerably more contagious and can potentially cause more severe disease than earlier forms of the virus.

To minimize that threat, Olympic organizers are enforcing stricter testing and quarantine requirements for athletes and team staff arriving from more than a dozen countries where the Delta variant is dominant, like India, the U.K. and Malaysia.

While such testing should pick up most cases of COVID-19 quickly, experience from other large sports events over the past year, including the U.S.’s NBA and NFL and the most recent Euro soccer tournament, shows testing won’t be enough. “From a public-health perspective, we are building countermeasures based on things we know work in reducing coronavirus infections,” says Brian McCloskey, who oversaw public-health services for the London 2012 Olympics and who now chairs the expert panel advising the IOC on COVID-19. “Things like social distancing, hand hygiene and wearing masks are things we know make a difference in reducing spread of the virus.”

Still, even with such carefully planned prevention strategies, viruses have a habit of upending the best-laid plans, and SARS-CoV-2 is no exception. “It would be foolish with this virus to discount the possibility of clusters of cases,” says McCloskey. “We learned last year that the virus has a huge capacity to surprise from time to time.” Disruptions in team lineups, and athletes’ ability to compete, could plague the Olympics even if athletes abide by the rules. But Nakamura believes organizers have strong policies in place to minimize such occurrences, noting they have “established rules so that we can trace the virus if a participant gets infected. I believe such regulations play a role in preventing the Games from becoming a superspreader event.”

Convincing the public and the Japanese medical community of that remains one of the organizers’ biggest challenges. Nakamura says the IOC has tried to avoid putting any extra burden on the Tokyo health care system by not sending Olympic participants to local testing centers or clinics. But to do that, the IOC has requested 200 local doctors and 500 nurses to staff Olympic-based sites, which the chairman of a group representing more than 100,000 doctors and dentists in Japan said in May was “almost impossible.” Fewer than 30% of health care workers in Tokyo are vaccinated, meaning they might pass along new infections to their families and communities if they were to get infected through their Olympic work.

It’s no surprise, then, that health care workers aren’t jumping at the chance to volunteer for the Games. One 47-year-old nurse (who asked not to be named) changed her mind about volunteering for the Olympics because of her family’s fears that she might get infected and endanger the health of her husband and four children, since she is not vaccinated. She realizes there are good policies in place to control COVID-19, but says people who aren’t in the medical field “have an image that the Olympics imposes more risk than daily life.” That could explain the recent wave of 10,000 volunteers who also decided not to participate, with many citing COVID-19 worries in local media. While Japanese athletes are vaccinated, in part using shots donated by [Pfizer-BioNTech](https://time.com/5955247/inside-biontech-vaccine-facility/), volunteers have not been offered the same protection.

Such inequity has been a recurring theme in the public perspective of the Olympics—a sense that, driven by economic rather than public-health priorities, the Olympic community arriving from abroad is being favored over Japanese citizens. “The government of Japan should have aimed to have the majority of its people vaccinated at least by the end of March this year if it sought to be fully prepared to host the Games,” says Utsunomiya, citing one reason he started the petition to cancel the Olympics. “Our campaign reflects the voices of people who have been struggling with the pandemic situation. It is only natural that people are not in a mood to welcome the Games and be festive.”

Whether those feelings change once the competition begins will largely depend on how well participants comply with the testing protocols and movement restrictions. “No matter how well the playbooks are designed, whether people abide by the rule is a different story,” says Dr. Nobuhiko Okabe, who chairs a panel of independent experts that has been advising the Japanese government on ways control COVID-19 during the Games. If they violate those rules, athletes can be fined, pulled from competing or deported. And presumably, even without these punitive measures, athletes are motivated to follow the rules so they don’t get infected and jeopardize years of training. That’s what Olympic organizers—and the people of Japan—are counting on. But the reality is that no one can predict what will happen during the three weeks the world’s attention is trained on Tokyo. “In past history, nobody had an Olympics during a pandemic, so we don’t know what will happen,” says Oshitani. “That’s the big challenge for everyone.”