

The case of Sweden and Covid-19

Disclaimer: I am a university professor employed at the University of Gothenburg and living in Sweden since January 2018. Prior to that, I have lived in Norway for three years, and have traveled several times to Denmark. The personal knowledge acquired concerning the case of Sweden and Scandinavia is based on this experience.

In what concerns national responses to the Covid-19 crisis, Sweden has unwillingly become a famous and controversial example, due to the differentiated route followed by its authorities when compared to most other European countries. Sweden was described as the country that remained <u>'relaxed'</u>, *lagom* (just enough), <u>'open'</u> and followed the herd immunity approach, while most countries enforced more or less restrictive lockdown measures – earning praise from pandemic deniers and criticism from the international community. At the same time, Swedish citizens seemed to accept and follow the governmental strategy without major contestation.

Today, four months after the first lockdown measures, the numbers are staggering. For instance, as of 15 July 2020, Sweden reported 65848 infections and 5572 Covid-19 related deaths in a population of ten million. By comparison, neighboring countries Norway, Denmark and Finland <u>reported</u> 253,610 and 329 deaths, respectively.

In response, the Swedish government and health authorities defended their strategy – a reaction based on two points. Firstly, rejecting the 'openness' of their strategy, noting that they did enforce several restrictions, in particular limiting freedom of assembly (banning gatherings of over 50 people), and the protection of high-risk groups (namely nursing homes). Secondly, they described their strategy as being based not on political or economic, but on scientific criteria, following 'established pandemic models' such as the <u>Infection Control Act</u>, and which included an argument against the efficacy of geographic lockdowns and especially the closing down of primary and secondary schools, based on the evidence of the low transmission rates among children and teenagers. At the same time, they <u>expressed surprise</u> towards other countries' closed border strategies.

This led to a broad discussion regarding the extent to which Sweden was pushing towards the controversial herd-immunity strategy. This has been repeatedly denied by the Swedish authorities, who have talked instead about <u>long-term sustainability</u>, while at the same time ambiguously accepting it as a possible consequence.

In what follows I will discuss both points from both a social science (anthropological) perspective and from my personal experience as a foreign resident and worker in the country.

Regarding the issue of public health and governmental enforcement, the diverse interpretations concerning what *enforcement* actually entails point us to the more overarching issue of how citizens regard and relate to the state, or more specifically, the kind

of faith and trust that mediates the relationship between citizens and the state. In this respect, the levels of trust in the Swedish government are notoriously and traditionally high (see e.g. Pew Research's 2019 Democratic Satisfaction Survey), which can be partly understood as a result of the tradition of governmental acts as 'recommendations' to be voluntarily and rationally followed by citizens, instead of forceful impositions.

In the face of the pandemic, this relationship unfolded into a governmental strategy based more on recommendations and citizen self-monitoring than on the imposition of states of exception or calamity – leaving safety decisions up to citizens and entities. As the Prime Minister Stefan Lovfen stated back in late March, he trusted that Swedes would 'behave like adults' and 'act responsibly' in response to the pandemic. For instance, as early as 12 March I could observe how even before the government issued specific recommendations in this respect, local gyms in Gothenburg were already closing down and transitioning to online training. It also helps explain the lack of social mobilization and protest against the governmental strategy in Swedish society.

It should be noted, however, that the lack of mobilization does not necessarily entail lack of criticism. In late May, a symbolic protest took place in the Sergel Square in Stockholm, 'in memory of everyone who Sweden couldn't save with its strategy' (see here). Earlier, a group of 22 scientists had published an op-ed in the local newspaper Dagens Nyheter demanding a new strategy. And polls published by the same outlet in late June showed significant drops in levels of trust in the government's capacity to handle the crisis, due to the continued dramatic death toll and infection rates, and to the isolationism that the policy created in the international context. Subsequently, as several countries unfold de-confinement strategies and reopen borders, Sweden appears in virtually every travel ban and blacklist, seriously affecting Swedish citizens' capacity to travel abroad. In response, the government admitted several shortcomings in their response strategy, and has promised an overarching independent review of the coronavirus response.

In any case, this state/citizenship dimension translates very directly into how the response to the pandemic was coordinated in Sweden – led by the Public Health Agency of Sweden (Folkhälsomyndigheten) instead of by its government. This framework is enabled by the Swedish Constitution, which explicitly prohibits ministerial overruling of the advice from its specialized agencies. This explains how the figure of Anders Tegnell, Sweden's chief epidemiologist, has become internationally more notorious than that of the actual Prime Minister of Sweden.

While as a scientist I certainly relate to the claim for the trust in scientific knowledge, from a political perspective this poses some interesting problems. Perhaps the most poignant one is how Swedes chose to follow the science. Despite our current globalized situation, in which we access and are confronted with information (scientific, political, cultural or otherwise) from all around the world, what seems to be at stake here is a case of *scientific patriotism* whereby Swedes generally preferred the science of their institutions against that of other international or transnational agencies – for instance, the World Health Organization (WHO).

There is, in any case, a necessary background here that must be acknowledged: obviously, the pandemic took the world by surprise and the scientific and medical knowledge to date

was not sufficient for an immediate and effective universal response. Thus, the first wave of the pandemic implied a steep learning curve for medical and health agencies across the world. More often than not, and contrary to what happened in Sweden, the scientific response was subsumed within a logic of political warfare, as was notoriously the case of the USA and Brazil. Subsequently, the lack of a concerted global response — illustrated by the recurrent undermining of the WHO by Donald Trump — and the lack of a scientific consensus regarding the combat against Covid-19 certainly favored the fracture into national-based responses. However, the lack of binational, regional and continental dialogue regarding the science of a Covid-19 response, illustrated by the radically different approaches observed in Norway and Sweden, for instance, is telling of the primacy of patriotism over international solidarity and collaboration — as is the faith put by Swedish citizens in their government's science against that of international institutions.

This scientific patriotism can be unpacked in two ways. On the one hand, it reflects the faith in government described above, built upon the tradition of secular rationalism that, among other things, enabled the so-called welfare-state models in Scandinavia, based on principles of responsibility, distribution, egalitarianism and transparency. From this perspective, it can be understood as an act of citizenship within the country's social contract. But it also obscures the social diversity and pluralism that marks our current globalized age, which has made Sweden a multicultural society with increasing levels of inequality and discrimination regarding migrants and second-generation citizens in the country. A <u>recent survey</u> correlated higher Covid-19 infection rates with migrant communities, highlighting the unequal access to information on behalf of citizens of migrant and non-migrant origin as probable cause. This has led to <u>political appropriation on behalf local right-wing movements</u>, who have put the blame of viral spread in Sweden upon 'uneducated immigrants' and their 'lack of compliance'. This exposes how the defense of Swedish exceptionalism in this case is grounded upon a nationalist ideology that, taken to the limit, reinforces discriminations between 'first- and second-class' citizens.

I would like to end with one last note on everyday individual responses to the pandemic. Traveling back to the country in the peak of the pandemic (end of May), I was able to appreciate firsthand the similarities and differences regarding the citizens' individual behavior in different countries. In this respect, the issue of social distancing is perhaps the most interesting one. One running joke in the country was that the Swedes were eager to end the recommendation of the 2-meter distance, so that they could finally return to their usual 5-meter social distancing. Jokes aside, the usual practice of distance in social interaction has facilitated prevention of extended dissemination of the virus, alongside the voluntary reclusion on behalf of many Swedes.

On the other hand, if there is one thing that is not widespread in Sweden, it is the use of masks. While most countries began by debating the false sense of security provided by masks, only to end up recommending or enforcing their use in private and public spaces, in Sweden, Tegnell has, <u>until the end of June</u>, consistently argued against the WHO recommendation and <u>outspokenly questioned its scientific arguments</u>. As a result, it is highly uncommon to see masks in the streets. Subsequently, while in many countries there is talk about discrimination against people who do not wear masks, in Sweden recent reports have pointed in the opposite direction: <u>foreign citizens being singled out and harassed for wearing masks</u>.

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