

# Swedish Government Won't Fight Spread of the Coronavirus

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March 15—Warnings from Italy, and from domestic independent experts, on the necessity of taking drastic measures to control the spread of the coronavirus COVID-19, have been ignored by the Swedish government and Swedish expert authorities with arguments that led to a sharp reaction from the Italian Ambassador to Sweden (see below). The Swedish system—with independent authorities wielding the executive power instead of the government, and a healthcare system that is decentralized and has been victimized over the past three decades by waves of neo-liberal austerity—has created a situation in which the measures are not coordinated and threaten to make Sweden a new epicenter of the coronavirus pandemic.

In a recent development, Denmark closed its borders to Sweden at noon on March 14 to prevent the spread of contagion. The same day, China's *Global Times* ran an editorial criticizing Sweden for "giving up" in response to the virus and becoming "a black hole" where the virus can grow.



Many among the Swedish people, including health-care workers, are totally shocked by the passivity of the Swedish government and authorities in the face of what even Prime Minister Stefan Löfven described as the

worst health crisis in a century. But beyond the dramatic expressions, Löfven and his ministers offered nothing in their press conference held on March 11. Besides, they insisted that no lockdown was necessary and that testing people (even with symptoms) and tracking should be halted except for patients and staff in hospitals. They also admitted that there are acute capacity problems and shortages of materials in the Swedish healthcare system. For example, the serious lack of basic protection gear for the healthcare



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Stefan Löfven, Prime Minister of Sweden.



WHO

Johan Giesecke, Swedish advisor to WHO.

employees in most hospitals, even though the crisis has not yet reached any dramatic level.

The government also decided to keep schools open and there will be no restrictions on movements of people. The only restriction is on gatherings of more than 500 people. Otherwise, all other precautionary procedures are taken either by local governments or by private businesses that have decided to shut down their activities for the time being.



*The Karolinska Institutet, a research-led medical university in Stockholm, ranks among the top universities in the world.*

## **Swedes Want Action Against COVID-19**

The population is reacting sanely despite the government, and is responding by starting to stay out of public places and avoid meetings, restaurant visits and public transport.

What is worrying the population is an attitude that “there is nothing to do really” to stop the epidemic, and that that will lead to some sort of advocacy of “a natural selection process.” This was expressed in a shocking interview on TV4 prime-time news broadcast on the evening of March 12 with the Swedish WHO advisor Johan Giesecke who bluntly said “Yes” on the question of whether the government made the right decision in not closing schools. Then, he cynically lied that, “in the studies made, it has never shown to have any effect on the spreading of the infection.”

He also defended the decision, made the day before, to stop the testing and tracking of single cases among the population. He said, “such testing is useless when we are in this new phase where the contagion is already in the country.”

When asked about what to do when there will be no closing of schools and no testing, he said, “it is the elderly who are at risk and they should be taken care of and protected as much as possible.” They should also be isolated with the aim “to spread out the peak pressure on the healthcare system, so the hospital resources will have a greater chance to cope with it.” He continued to alarm viewers in saying that “it will get worse as many in the population become infected.” And he interjected, “but most people will not become very ill. You don’t need to worry about that. If you are young and healthy, you will just get a substantial cold or flu, but not much worse.”

Afterwards, he argued, “the young will be immune and can go back to work in a month or so in a best-case scenario.” Asked why other nations are doing things differently, he responded by defending the Swedish expert-oriented decision-making system, adding that, in

other nations, “the politicians want to show that they are enacting stronger measures than their neighbors.”

This WHO advisor was followed by another Swedish WHO expert, Professor Johan von Schreeb, the Professor of Global Disaster Medicine at the most prominent Swedish School of Medicine, the Karolinska Institute. Professor von Schreeb stressed that the healthcare system will come under enormous pressure if everyone gets sick at the same time. However, if we are able to implement certain measures, such as social distancing, in particular with respect to the elderly, frequent hand-washing, and avoiding handshaking, we would be able to avoid the dramatic peak, and we could stretch the infection rates over a longer time, thereby reducing the pressure on the Swedish healthcare system. He expected the epidemic to be over shortly, “only after 3-6 months.”

Both he and Giesecke ignored the fact that without massive state intervention, the healthcare workers can also be infected, as it has become a fact that they will not have enough protective equipment. To ignore this fact, that nurses and doctors are not superhuman, although they will fight courageously, the rate of infection among them will be greater than anywhere else. As soon as that happens, the healthcare system will completely disintegrate, and the death rates will skyrocket.

Moving one step from insanity to criminal negligence, these two “experts” clearly do not advocate decreasing the rate of contagion by active measures of social isolation and lockdown. Instead, von Schreeb made the final horrifying statement about the “tough decisions” that doctors “would soon have to make about putting everyone on respirators, and that, due to the lack of them, they would have to decide if it were dignified to put a 90 year old on a respirator.”

Von Schreeb is a Doctors Without Borders (MSF) surgeon with international experience from the Ebola

epidemic and is also an expert coauthoring the WHO classification and standards for care in sudden disasters.

### Experts Unprepared, Behind the Times

State Epidemiologist Anders Tegnell, the official in charge of Communicable Disease Control at the Public Health Agency of Sweden, is on TV every day to soothe the population with “calming” statements such as, “We should not close down more than is necessary.”

The head of the doctors’ association in Rimini, Italy, Maurizio Grosso, warned Sweden over being slow in taking measures against the virus. He appeared on March 11, on the main TV2 public news program *Aktuellt* that showed closed schools, shops, and supermarkets in Italy, and he strongly advised Sweden to “immediately follow their example.” He said in the beginning, with few cases, Italy was also slow, but now it was like what he had heard from his parents about the World War II mobilization. In an arrogant response to Dr. Grosso, Tegnell stated that there is no proven, positive effect of such large-scale quarantine measures, a mantra that has been repeated in many statements from “responsible” officials at the many Swedish state authorities involved.

Tegnell also said that “We [Sweden] have much better preconditions both to handle it and work with it, so we will avoid getting into such a situation” like Northern Italy. This type of criticism against Italy was sharply refuted by the Ambassador of Italy to Sweden, Mario Cospito, in an official press statement. The Ambassador “wanted to inform” Tegnell that Italian health authorities in this situation worked intensively to take care of infected patients with “efficiency, professionalism and maximal dedication.” “No one has put in ques-



Italian Embassy in Sweden  
*Mario Cospito, Ambassador of Italy to Sweden.*

tion the Italian health system,” the Ambassador wrote, and pointed to both WHO and ECDC, the Stockholm-based European Centre for Disease Prevention and Control.

The Ambassador ended by saying, “The struggle against the spread of COVID-19 is no football game where you see opposite sides cheering their players: It is about a global and common challenge to guarantee health for all, where the ‘winners’ are the thousands of doctors, nurses and employees in the Health Service who in Italy work around the clock, 7 days a Week.”

### Chinese Healthcare Model Essential for Sweden

This lack of action was put in question by Swedish Schiller Institute Chairman Ulf Sandmark, in a call-in intervention into a program broadcast on the national public radio on the morning of March 13. Sandmark confronted the coronavirus expert panel demanding that Sweden now, when the numbers of infected in Sweden are going straight up in a geometric expansion mode, use the Chinese government model implemented in Hubei province and also by Italy, enforcing an immediate lockdown to contain the virus. The answers partly acknowledged the problem, and also pointed to the unused Swedish law allowing the same strong measures as in China.



BRIX/ Xuefei Chen Axelsson  
*Swedish Schiller Institute Chairman Ulf Sandmark speaking before a BRIX seminar in Stockholm.*

That same day, the Political Editor of the leading daily *Dagens Nyheter*, Peter

Wolodarski, published his editorial, “Close down Sweden to protect Sweden,” in which he strongly attacked the slow decision-making by the authorities and also demanded immediate, very strong quarantine measures to contain the pandemic.

It is an open secret that the Swedish healthcare

system was a disaster even before the COVID-19 crisis came. Therefore, it can be easily estimated that a total collapse of the healthcare system is to be expected. Then, natural selection will take care of the situation. This is what has worried the population.

As for the utter lack of materials and equipment, the Swedish daily *Aftonbladet* reported, March 13, that many regions and hospitals have already reported a serious shortage of protection gear and even disinfectants. This is based, according to the paper, on a survey conducted on February 27 in 77 hospitals. The paper cited Dr. Agnes Wold, a clinical bacteriologist, who wrote on Twitter that “an emergency situation has taken over hospitals where the shortage is acute, especially in protection equipment, masks and disinfection materials.” The Swedish National Board of Health and Welfare also warned in a report issued recently that there is going to be both a major long-term and short-term risk for the regions and that there is enormous pressure on the infection protection clinics especially with the lack of testing and detection kits.

Social Minister Lena Hallengren, who is in charge of healthcare affairs, tried to explain the lack of materials, in the March 13 press conference with the Prime Minister, as a result of international factors. She said that deliveries of materials from foreign suppliers were disrupted. She also blamed European countries for their lack of cooperation. The government is now meeting with local producers for a crash program for producing such materials, but how much they can deliver is not known.

A leading Swedish newspaper, *Svenska Dagbladet*, published an op-ed on March 13 by medical doctor and intensive care specialist Kajsa Giesecke, in which she pointed to the lack of centralized authority in the Swedish health system capable of taking necessary decisions to expand the number of intensive care beds. The military system for emergency care in war (with 50 field and war hospitals) was dismantled in the 1990s. “Sweden, in healthcare terms, is a federal nation where the counties are deciding on their own, which is detrimental now when national resources and strategies are needed,” she wrote.

The state authorities “have no mandate to push through the draconian measures needed,” and “private health care runs itself.” She continued by describing the collapse of a system where neoliberal privatization and

austerity have disorganized the old, strong state authorities who had had executive power. Without a presidential system in Sweden, the government is only running the budgeting, and is furthermore very weak politically, with a fragile coalition. The COVID-19 crisis exposes an actual constitutional crisis with a dysfunctional decision-making system.

However, the Swedish system to protect the banks is very efficient in this crisis. On March 13 the central bank decided to put a whopping 500 billion crowns (\$52 billion) at the service of the banks in the biggest quantitative easing in its history. Without the constraints of a necessary bank separation, it is put at the



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*The Stockholm headquarters of the Swedish Central Bank.*

disposal of the Swedish banks to help fund and protect the business sector from the short-term effects of the coronavirus epidemic. Here the central bank functions as the executive authority, although not so much influenced by the people and its parliament, as by corporatist interests. It remains to be seen if any similar amount will be provided for the medical fight against COVID-19, in a Sweden that is in deep trouble.

The rest of the world is right to worry about the Swedish decision to promote, domestically and internationally, the same policy as the British government of not stopping the general spread of the virus and wait, especially for the younger population, to acquire a “herd immunity” sufficient to halt the contagion. It risks leaving a big gap in the international defense lines against the COVID-19 pandemic especially in the weaker developing nations.