

The Swedish Alternative: Coronavirus as a Grand Gamble

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Global Research, March 31, 2020

Region: [Europe](#)

Theme: [Intelligence](#), [Science and Medicine](#)

As draconian lockdowns, punitive regimes and surveillance become the norm of the coronavirus world, Sweden has treaded more softly in the field. This is certainly in contrast to its Scandinavian cousins, Denmark and Norway. The rudiments of a life uninterrupted generally remain in place. Cafes, restaurants and shops, for the most part, remain open and stocked. As do gyms and cinemas. Vibrant after-ski parties [persist](#), much to the bemused horror of those across the border.

Prime Minister Stefan Löfven, embracing the principle of voluntariness over coercion, has issued warnings to citizens to keep travel down to a minimum, avoiding anything non-essential. The traditional age group – those over 70 – have been told to mind their movements and stay at home. In the prime minister's [words](#) during a televised speech,

“Us adults need to be exactly that: adults. Not spread panic or rumours. No one is alone in this crisis, but each person carries a heavy responsibility.”

Despite all of this, Sweden's authorities show that they do have a foot on the brake, albeit one applied with slow motion caution. Gatherings used to be limited to 500 – that confidently embraced number has now been reduced to 50, a measure that will be policed. Bars can only provide table service. Colleges and universities have moved to a virtual format in line with recommendations issued on March 18.

But the Public Health Agency exerts a powerful influence, insisting that [a lockdown is simply unwarranted](#). Local sports tournaments and matches required no cancellations – exercise and sports were healthy initiatives. Organisers of events and seminars were responsible for conducting a risk assessment and providing information “about good hand hygiene, and access to hand washing facilities for all participants.”

The focus, rather, [is on individual initiative](#), minimising instances of transmission while herd immunity builds up, or a vaccine is found. If over 70, avoid using public transport, shopping in supermarkets, visiting areas of congregation.

“Instead, ask friends, family or neighbours to do your shopping etc.” Work from home, if you can. “This is to decrease the speed of transmission and the number of people needing hospital care.”

Central to such recommendations is a modelling game. As with all such games, risks abound. The go-easy approach has certainly caused little alarm in the country; if anything, it has given the Social Democrats a hearty boost. The wisdom of authorities is generally

taken for granted, suggesting the customary, even awesome power of the Swedish civil service. The eggheads remain in charge.

The Swedish example shows a differing approach to measurement, which invariably involves looking at a crystal ball of sorts. **Paul Franks** and **Peter Nilsson**, both epidemiologists based at Lund University, [suggest](#) that the government is gambling on simulations made by the public health authorities on “surge requirements”. “From these simulations, it is clear that the Swedish government anticipates far few hospitalisations per 100,000 of the population than predicted in other countries, including Norway, Denmark and the UK.”

The observations by Franks and Nilsson are filled with characteristic scientific caution. Which modelling do you go for? Using British variants suggests a higher death toll for Sweden, though the authorities seem to be holding to the point that most infected people will have no symptoms, leaving one in five requiring a stint in hospital. And Britain is not Sweden.

We are left with the treacherous nature of public health modelling. COVID-19 prediction models, for instance, tend to rely on the examples in China and Italy, furthering upon data gathered from previous Ebola outbreaks, SARS and MERS. This brings the old question of demography into play, and the need to gather evidence of community transmission (so far, material on this is sketchy in Sweden). An inescapable fact is that Sweden has one major metropolitan area, so any accurate modelling would require material specific to that. Ways of interaction between generations would also have to be considered. In Sweden, less intergenerational conduct would lessen the risk to the elderly. More than half of Sweden’s households consist of one person, another telling factor.

The data does not tend to focus on hospital admissions and fatalities, a point stressed by Franks and Nilsson. “This latter can be used to be a ‘poor man’s estimate’ of community transmission, providing approximately how many fatalities occur among those infected.” The accuracy of this is somewhat compromised by the two-week period between diagnosis and the mortality, a “very blunt instrument” indeed.

The numbers of COVID-19 cases in Sweden have not been negligible. From the first recorded case on February 4, 2020, the total, as of March 30, 2020, [stands at](#) 4,028. Deaths come in at 146, though a [disproportionate number](#) come from a Somali community located in less commodious quarters with extended families.

Despite the highest death toll of the Nordic countries, state epidemiologist Anders Tegnell [is supremely confident](#) that the “strategy” has worked well, with Sweden showing a relatively flat curve of infection relative to Italy and Spain. “We want to slow down the epidemic until Sweden experiences a sort of peak, and if the peak is not too dramatic we can continue.”

A large number of citizens, bearing their heavy responsibility, have chosen to avoid public transport – Storstockholms Lokaltrafik claims a fall of 50 percent in the number of commuters. Schools might be open, but many parents are keeping their children at home. Remote and work-from-home options have been embraced by companies with gusto.

The warning calls, while not shrill, are in evidence. An epidemiological battle is taking shape, though it remains one dominated by parrying disagreements of expertise. Britain’s chief scientific advisor **Sir Patrick Vallance** has [much praise for the approach](#), having made similar suggestions to UK **Prime Minister Boris Johnson** during the “herd

immunity” phase of discussions. In contrast, a petition featuring over 2,000 doctors, scientists and academics, which boast among its numbers the chairman of the Nobel Foundation, **Prof Carl-Henrik Heldin**, has called for more aggressive measures.

“It is risky to leave it to people to decide what to do without any restrictions,” [opines](#) a paternalistic **Joacim Rocklöv**, an epidemiologist based at Umeå University. “As can be seen from other countries this is a serious disease, and Sweden is no different than other countries.”

Virologist **Cecilia Söderberg-Nauclér**, based at the Karolinska Institute, has not held back in her views, [claiming](#) with some punchiness that the government has committed all the big no-nos in responding to a pandemic. “We’re not testing enough, we’re not tracking, we’re not isolating enough – we have let the virus loose.” In so doing, Sweden had been placed on the path to catastrophe. To avoid a lockdown, a mass-testing approach as adopted by South Korea would have to be adopted. Time will tell which one stacks up.

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