

Why Sweden Succeeded While Others Failed

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How do you measure success in dealing with an illness for which there is no cure?

This is the question we need to ask ourselves before judging which country's approach has been most successful in dealing with the coronavirus. The fact that there is no silver bullet, no vaccine, does not change the fact that leaders must seek the best possible way forward by crafting a social policy that helps to achieve their goals. In my opinion, most of the European countries and the United States have imposed a social policy that is the least likely to help them achieve the objectives that they should be pursuing. In other words, while the "containment" strategy of self isolation and social distancing might temporarily prevent the spreading of the virus (and prevent the health care system from collapsing), the infection will undoubtedly reemerge when the lockdown is lifted causing a sharp uptick in the cases and deaths. This is the problem that many countries, including the US, now face. They want loosen the current restrictions, but additional easing unavoidably triggers a surge in new cases. So, what is to be done?

The problem is that the approach was never sufficiently thought-through from the very beginning. This scenario should have been gamed-out before the policy was ever adopted. Now it's too late. Now the people are anxious to get back to work, but the threat of infection still remains. That means that we're going to see workers return to their jobs followed by sporadic outbreaks that ignite more social reaction and unrest leading to more "walk-offs". These disruptions will prolong the recession and intensify the fractious political climate that is already as acrimonious as any time in recent history.

All of these problems can be traced back to the early days of the pandemic when the government first concocted its containment strategy. The aim of containment was to prevent a collapse of the public health system. That's fine, but containment is just one wheel on a two-wheel axle. The other wheel, which is equally important, is immunity. The question is: How does one achieve immunity while imposing a containment policy that forces isolation? It can't be done or can it?

Swedish experts figured out how pursue two seemingly-conflicting objectives at the same time: Contain the virus sufficiently so it doesn't collapse the health care system while exposing enough people to the infection to eventually achieve herd immunity. They encouraged the public to comply with their distancing directives while -at the same time-they allowed the controlled spread of the virus. This is how they managed to achieve their core objectives: Containment and immunity. At the same time, Sweden eschewed the lockdowns, kept their economy running, and preserved an atmosphere of normalcy unlike any other country in Europe. It's really an astonishing achievement.

The Swedish strategy rests on three main pillars: Immunity, sustainability, and protection of

the old and vulnerable. On the immunity count, they score an A+, far superior to any of the other countries that opted for a containment plan that ends as soon as the lockdowns are terminated resulting in a surge of cases and fatalities. What good is that? What good is a strategy that forces people to bolt the door and hide under the bed until the pain of economic retrenchment becomes too excruciating to bear? It's lunacy. In contrast, the Swedish strategy employs some social distancing and crowd control measures while—at the same time—allowing low-risk people to engage in normal social interactions that expose them to the virus. The vast majority of these healthy people remain either completely asymptomatic or get a minor cough or fever. They don't wind up in the hospitals or ICU or on ventilators. Instead, they get the infection, they recover from the infection and, in the process, they develop the antibodies they need to staunch (or mitigate) any future outbreak. This is crucial, because without immunity, nations are condemned to an endless cycle of recurrent outbreaks that decimate the economy, stress the health care system and wipe out the old and weak.

Even so, some critics now question whether exposure to the virus will produce sufficient antibodies to create immunity. It is an interesting question, but irrelevant. Swedish epidemiologists must proceed on the basis of their prior experience that infections do in fact produce antibodies that will help to fight future forms of the viruses. In any event, the matter should be settled soon enough, perhaps within the year, when a second or third wave of the infection spreads across the world. That is when the "herd immunity" theory will be put to the test. We will suspend judgement until then.

A great deal of attention has been focused on Sweden's fatality rate which is noticeably higher than any of its neighbors. But the numbers don't tell the whole story. More than 50 percent of the deaths have taken place in Sweden's large nursing homes. This is tragedy and Sweden's leaders have admitted their failure. They've accepted responsibility for the deaths and taken steps to tighten protective restrictions, like banning visitation.

Some of the other deaths can be attributed to the strategy itself which allows for greater circulation in the community leading to more infections. But there's the tradeoff here: While more public interaction may increase the death toll on the front end, the lockdowns merely postpone those fatalities until the restrictions are lifted. When the dust settles and we look back a year from today, we will probably see that the percentage of deaths are only slightly different between the various countries. That, at least, is the assumption of some well-respected epidemiologists.

As we noted earlier, the Swedish plan does not impose lockdowns, does not decimate the economy, and does not overtax the public health system. In this way, it achieves its second goal of sustainability. Swedish leaders say they can continue in this same vein indefinitely without causing serious damage to the economy. Can the same be said for the US? Will the United States be able to shut down the economy, lay off millions of workers, destroy thousands of small and mid-sized businesses and spend trillions of dollars if a second wave of the virus hits in the Autumn?

No, the US strategy is not sustainable, repeatable or even desirable. It is a poorly conceived, catch-as-catch-can Trump clunker that fails to address the critical issue of immunity. If the US population does not achieve some degree of collective immunity, than how can we prevent similar catastrophe from taking place in the future? That's the question Trump and his crystal-gazing advisors should be asking themselves, but we doubt they will. Here's

more from the New York Times:

Anders Tegnell said, “We think that up to 25 percent people in Stockholm have been exposed to coronavirus and are possibly immune. ...We could reach herd immunity in Stockholm within a matter of weeks.”...(Note: Herd immunity is a form of indirect protection from infectious disease that occurs when a large percentage of a population has become immune through previous infections thereby providing a measure of protection for individuals who are not immune.)

“What’s happening now is that many countries are starting to come around to the Swedish way. They are opening schools, trying to find an exit strategy. It comes back to sustainability. We need to have measures in place that we can keep on doing over the longer term, not just for a few months or several weeks” (“[Is Sweden Doing It Right?](#)”, New York Times)

Herd immunity is the Holy Grail of coronavirus social policy because it provides the population with some level of protection from future infection. But if herd immunity is such a desirable goal, then why is Sweden the only country that appears to be actively pursuing it? An article in the Wall Street Journal by Joseph Sternberg provides some intriguing background on this matter. According to Sternberg, it all started when a number of experts departed from their original and correct assumption that “We can’t stop the virus, we can only slow it.” Check it out:

“The trouble started in mid-March when “herd immunity,” previously the tacit or acknowledged endgame for most of the world, became a toxic phrase. Critics pointed out that allowing the virus to spread in a controlled manner would cost lives. They presented a stark alternative of total lockdown or the disaster of Italian hospitals, with no middle ground. But if those experts have a more plausible plan than taking a controlled path to herd immunity, the world is waiting to hear it. Experts propose instead either that we await the arrival of a vaccine or that we ramp up testing and contact tracing of the infected. Good luck. A vaccine is a year or more in the future, if one ever emerges....” (“[Maybe the Experts Were Right About Covid-19 the First Time](#)”, Wall Street Journal)

So, according to the author, the experts actually were on the same page at one time, but they were bullied into changing their approach. In contrast, Sweden ‘stuck to its guns’, shrugged off the media’s withering criticism, and forged ahead with the only rational policy, herd immunity through the controlled spread of the virus. That goal is now within striking distance, but it has required great strength of conviction and gritty perseverance.

Hurrah for Sweden! Hurrah for sanity!

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