

A Postcolonial Question Regarding The Swedish Coronavirus Policy

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Last Friday, while the number of people infected and the number of deaths due to the COVID-19 was still becoming the new normal, I received an e-mail from the municipal organization in charge of Malmö's schools. Framed as part of the Swedish public policy toward the coronavirus, the letter's intention was to communicate to parents that they "must" send their kids to schools. What I found problematic was the appellation to an apparently neutral and objective scientific discourse sent to a supposedly homogeneous audience, which argued that: "The Public Health Authority judges (...) [i]t is unlikely that healthy children would spread infection." Given that Sweden is far from being homogenous in its social composition—up to one out of three people in the country has an immigrant background¹—, this article explores the premises under which this scientific discourse is grounded. More concretely, if children could be porters of the COVID-19 as some studies show², my concern is about the distribution of possible deaths among Sweden's residents. Are we all equally exposed?

As you probably know, Sweden is the only country in the EU that has not introduced stricter social distancing orders. Therefore, bars, restaurants, non-essential shops, kindergardens and elementary schools remain open. Moreover, given that the days are warmer and sunnier, even more people are outside than before in cities like Malmö—where me and my nuclear family have lived since January 2018. According to experts³, the explanation for Sweden's exceptionality is that health policies are not defined in the "political" arena but in the "scientific" one. This kind of discourses outline then an opposition between politics and science, an assertion that becomes suspicious taking into consideration what feminist standpoint scholars have for long argued, that science cannot be done without departing from a particular standpoint regarding society.

In Sweden the *Folkhälsomyndigheten* (the Public Health Agency) has the main say in defining government policy during the corona crisis. Its leader, epidemiologist Anders Tegnell, argues that Swedish policy's objective is "a slow spread of infection, and that the health services have a reasonable workload"⁴.

¹ Retrieved from: <https://www.scb.se>. Access on March 2020. According to the Statistics Agency of Sweden, 67% of the total population is Swedish born and has two Swedish born parents. That is 33% have an immigrant background. This percentage is much higher in cities like Malmö, where it can reach to more than 50%.

² See for instance Petter Brodin (2020) "Why is COVID-19 so mild in children?", in *Acta Pædiatrica*, published in March 25th. Available here: <https://onlinelibrary.wiley.com/doi/abs/10.1111/apa.15271>. See also epidemiologist Arthur Reingold, from the University of California at Berkeley, commenting on this topic: <https://edition.cnn.com/2020/03/11/health/coronavirus-children-sick/index.html>. Access on March 2020.

³ See for instance the speech of the Head of Swedish Radio Science Department, Ulrika Björkstén. Retrieved from: <https://sverigesradio.se/>. Access on March 2020.

⁴ Retrieved from: <https://www.theguardian.com/world/2020/mar/23/swedish-pm-warned-russian-roulette-covid-19-strategy-herd-immunity> Access on March 2020.



However, under this apparently apolitical approach, one of Tegnell's assumptions is that Sweden has almost no households where elderly people live with younger adults and children⁵. Is this entirely true?

Following the Swedish Agency of Statistics⁶, 20% of the whole population in the country are 65 years or older, and many of them live by themselves. However, according to the European Social Survey 2018, almost 3% of elderly people live with at least one child at home⁷. That is, nearly 55,000 elderly people in the country would be at risk or being infected with the COVID-19 through their grandchildren. Even assuming a conservative percentage of people dying because of the coronavirus, we're talking about hundreds of possible deaths. Therefore, the next relevant question for Swedish policy should be, where is this vulnerable population located and how can we protect it? —A question that has remained absent in Tegnell's or Löfven (the prime minister) speeches.

By March 31st 146 people died due to the virus in Sweden, a number higher than the ones seen in other Scandinavian countries like Denmark (77 cases) or Norway (26 cases)⁸. Moreover, the number of deaths due to coronavirus in Sweden is growing faster than other Scandinavian countries⁹. This scenario turns even more worrying when looking more carefully at these statistics. According to a local newspaper, half

⁵ Retrieved from: <https://www.theguardian.com/world/2020/mar/28/as-the-rest-of-europe-lives-under-lockdown-sweden-keeps-calm-and-carries-on>. Access on March 2020.

⁶ Retrieved from: <https://www.scb.se> Access on March 2020.

⁷ Estimations done by the autor using the European Social Survey 2018.

⁸ Retrieved from: <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases> Access on March 2020.

⁹ For instance, between March 30th and March 31st, the number of people who died of coronavirus increased by 32.7% in the case of Sweden, by 18.2% in the case of Norway and by 6.9% in the case of Denmark. Estimations done by the author, based on <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

of the people that died on March 16th in Stockholm due to this virus were Swedish Somalies¹⁰. Moreover, according to different hospitals' employees in Stockholm, the proportion of people born outside Sweden is high among the patients that need intensive care¹¹. Hussein Farah, imam at a Mosque in Stockholm, complements this previous information arguing that in Järva -the area where several of the Swedish Somali deaths came from- many families live in relatively small spaces, and intergenerational socialization is common¹².

But the intergenerational interaction occurring at households and in everyday life is not limited to Swedish Somali communities in Stockholm. Refugee families as well as families with an immigrant background coming from the Global South, might also have this intergenerational contact as part of how families cope with daily life demands. My personal experience in Sweden, regarding the dynamics of two kindergartens my daughter attended and the elementary school where she studies nowadays, points in this direction. We've had refugee neighbours who lived in three-generation households, we've also seen grandparents with immigrant background taking their grandchildren almost every day to school or taking care of them in the afternoons. Tegnell's assumption that almost no elderly people live with younger generations in Sweden needs to be revised. In fact, I'll argue, this kind of assumptions reveal a racist and ethnocentric view in the current debates on public health politics, which can be seen as colonial a discourse.

When Stefan Löfven, defended last week the decision not to implement stronger restrictions in Sweden, he stated: "We all, as individuals, have to take responsibility. We can't legislate and ban everything (...) It is also a question of common-sense behaviour."¹³ But what Löfven sees as a rather *universal* or perhaps *Swedish* "common sense" might reveal a white middle class people perspective of life.

McClintock alerts us on how in colonial discourse, movement through space can be seen as a regression, "from white male adulthood to primordial black degeneracy"¹⁴; a concept she defines as the *anachronistic*



Swedish cartoon made for the children's program called "Tripp, Trapp, Träd", Image from <https://urplay.se>

¹⁰ Retrieved from: <https://www.expressen.se/nyheter/minst-6-av-15-doda-stockholmare-var-svensksomalier/> Access on March 2020.

¹¹ Ibid.

¹² Ibid.

¹³ Retrieved from: <https://www.theguardian.com/world/2020/mar/28/as-the-rest-of-europe-lives-under-lockdown-sweden-keeps-calm-and-carries-on> Access on March 2020

¹⁴ Anne McClintock (1995) *Imperial Leather: Race, gender and sexuality in the colonial context*. London: Routledge, p.9.

space. Under the light of this concept, Löfven's statement and Tegnell's assumption regarding Swedish households described above, become problematic since they create a dichotomic way of seeing individual: with/without common sense; belonging to Swedish/Not Swedish households depending on the number of generations living together. Moving through space from white middle class neighborhoods to immigrant neighbourhoods in Sweden could be seen as a movement in time under this dichotomic perspective, where intergenerational continuous interaction involving elderly and children in immigrant families can be seen as inferior or anachronistic, as not being part of the "Swedish" lifestyle.

Sweden is country I care about; it is my current home. Swedish society has different aspects I value enormously, such as the fact that my daughter can access education through public school -something rather uncommon in my country of birth. But valuing and feeling affection for a social system should not ever make us uncritical to whatever can be done better. As the head of the Swedish Public Health Agency, has stated, at this time we cannot not know for sure whether Sweden's health policy is better than the one pursued in other countries; we just have to wait and be aware of when to make substantial changes. However, there are important changes that should be done now: addressing the actual uneven distribution of lives' lost in terms of immigrant background, and revising the rather colonial tone within authorities' speeches. And this should be done in order for the Public Health Agency to be able to represent -as its name states- the whole Swedish *folk*. Which nowadays is undeniably multicultural.

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Magrith Mena is a social researcher with a focus on gender. She holds a Master in *Social Studies of Gender* at Lund University in Sweden; a Master in *Social Sciences Applied to Education*, from FLACSO-Argentina; and a bachelor degree in *Economics*, from PUCP University in Lima-Peru. Magrith worked as a technical advisor on gender matters for the Peruvian Ministry of Education. She's one of the coauthors of the book "Rethinking Malnutrition. Infancy, Food and Culture in Ayacucho, Peru", published by the IEP – Institute of Peruvian Studies. She lives currently in Malmö, Sweden.