

The 'Swedish Experiment'

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For now, Sweden is 'going it's own way' in its response to the Covid-19 pandemic. We have not introduced the same draconian measures on public life as have other countries. We are not under 'lockdown,' and we are encouraged to exercise outside (but not too close to other people). As of 3 April 2020, the Public Health Agency of Sweden's advice to the general public largely focuses on voluntary measures: stay home if you are sick, work from home if possible, wash your hands, avoid unnecessary travel within Sweden, avoid visiting people in risk groups and avoid crowding.

This is not to say life is normal – city centres are empty and many people, especially in service industries – have or are at risk of losing their jobs. There have also been a number of policy changes: gatherings of more than 50 people are not allowed, secondary schools and universities are encouraged to teach via distance learning. Restaurants and bars can only offer table service or takeaways. That is, people cannot order at the bar, as it would create crowding. Visits to nursing homes are banned and shops have been advised to re-organise displays and the areas around the till to avoid crowding.

People in Sweden and other countries are taking note of this less stringent response, with some referring to it as the 'Swedish Experiment'. This Swedish approach, and the national and international reaction to it, raises a number of questions about the trust-based relations between the government and the people, public debates on the nature of evidence, and the influence of international media on Swedish politics.



The challenges of working from home, as my cat sits on my field notebook

There are several interconnected layers of the discourse. There is an expert debate about the quality, nature and interpretation of the epidemiological evidence and modelling which is playing out publicly in the mainstream media. The average person is watching this debate, and also watching international media. They have been seeing the pictures from Italy, the UK, Spain, France and other countries, with some wondering why Sweden has not responded the same way. The third layer is that international media have been reporting on the Swedish debate and handling of the pandemic, which then Swedes are reading, and this Swedish interpretation of international media is affecting the Swedish debate. Fake news and semi-fake news also filter in and out of the coverage. For instance, the provocatively titled article "Swedish PM warned over 'Russian roulette-style' Covid-19 strategy" in the Guardian (UK) originally reported that the Swedish PM had told people eat lunch at a restaurant, when in fact he had encouraged people to get a takeaway at a local restaurant (the text has since been changed). There is also an unsubstantiated rumour that the Sweden government has a secret herd immunity plan.

How do we explain the government's current strategy?

In medical anthropology, we often focus on people's trust in the government. In part, the Swedish approach is based on the reverse: the idea that the government can trust the people. The government has been relying heavily on personal responsibility and trusting that people would follow recommendations. It is also important to understand that in this context, when the government 'recommends' or 'advises' measures it really means that they are binding, even if few of them are legally enforceable. Voluntary measures are not actually voluntary: everyone has an obligation to prevent the spread of Covid-19.

Additionally, the trust-based relationship between the government and the people is also related to privacy and personal freedoms. Some types of contract tracing and lockdown measures are neither feasible nor legal in our type of democracy, even if the government briefly suggested that they be able to take certain legal measures without parliament's consent (they backed down after less than a day).



Swedish booklet "If crisis or war comes."

There is also a wide consensus that Swedish government policy is steered by experts to a greater extent than other countries. Although there is an ongoing controversy over the scope, nature and interpretation of the evidence. Much of the government's response hinges on the Swedish context. Indeed, the WHO has been very clear in its press briefings that individual member states are best placed to make decisions, based on their national contexts. Sweden, for now, is different than many other contexts. For instance, we have seen coverage of overcrowded beaches in Florida and other places. In contrast Sweden has 10 million people and over 3,000 km of coastline. Some of the best Swedish beaches are in Skåne, where it is always windy, often with light drizzle and a temperature of 10C. We can't even imagine crowded beaches.

The evidence extends to a social perspective. There is a concern that if strong restrictions are put in place too early, there will not be the needed effect on the pandemic, and people will only put up with draconian measures for so long. It is also related to the social determinants of health approach. The government is keeping Sweden open in part because of the 'economy.' The concern, however, is not entirely about money per se. It is also the concern that if the economy slows too much and if people lose their jobs, there will be adverse health effects for decades to come in the form of health inequalities. Although, in some ways, keeping Sweden open is a moot point because we are an export economy.

Finally, to some extent, Swedes are also socialised to be calm. In 2018, the government re-released the booklet: *If Crises or War Comes (Om Krisen Eller Kriget Kommer)*. Originally published in 1943, and updated regularly throughout the Cold War, the 2018 edition goes through how to prepare for different disaster or disruption scenarios. It contains several warnings about fake news, and a home preparedness (*hemberedskap*) checklist. While there were a number of parodies (my favourite was “If the beer becomes cold in the sun”), it is a thoughtful booklet meant to empower people to be prepared. The idea is that preparedness underpins calmness.

Sweden has faced national tragedies, such as the Estonia Ferry disaster (1994) or the Indian Ocean tsunami (2004) in which 543 Swedes died. Yet, Sweden was neutral in both WWI and WWII, and there is no collective memory of disaster on Swedish soil. There is a theory – perhaps more of an armchair anthropologist’s theory than something to be taken too seriously – that Swedes have trouble imagining misfortune at home. In any case this raises an important question: does our inability to imagine disaster also make us calm, or does it make us complacent?

What is next for Sweden? I want the government to be right, because if they are wrong then more people will die. I also worry that if the government is wrong, then trust in the government and in expertise will be broken for many years to come. But I also see the public debate as an immense opportunity to educate the Swedish people, not only on the principles of epidemiology, but also on why science is imperfect and policy-making is complicated.

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