Sweden’s “herd immunity” policy produces one of world’s highest fatality rates

By Jordan Shilton
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The catastrophic consequences of Sweden’s response to the coronavirus pandemic were underlined on Monday as the official death count surpassed 4,000. The country, with a population of 10.3 million, has recorded one of the highest death rates per head of population in the world over recent weeks, which is a direct product of the Social Democrat/Green government’s refusal to implement lockdown measures, carry out mass testing, and protect elderly care homes.

Last week, Sweden had the highest death rate per capita in the world, based on a rolling seven-day average ending on 20 May. The Our World in Data website reported that Sweden recorded 6.08 deaths per million residents during this period, compared to Britain (5.57), Belgium (4.28), and the United States (4.11). Over the course of the pandemic, the death rates in Belgium, Italy, and Spain remain higher than in Sweden at this stage.

The Social Democrat/Green government, led by Prime Minister Stefan Löfven, refused to implement restrictions on economic and social life to curb the spread of the pandemic. Schools for pupils aged under 16, restaurants, retail stores, and bars have remained open throughout; residents have merely been advised to limit social contacts. Public gatherings of up to 50 people have also been permitted since March.

Sweden’s approach has received warm praise from reactionary political forces and the corporate-controlled media internationally to bolster their criminal back-to-work campaigns. State epidemiologist Anders Tegnell has been turned into something of a cult figure, with largely flattering interviews and profiles by the Daily Show and USA Today in the United States, Der Spiegel in Germany, and Britain’s Financial Times, among others.

Yet even Tegnell, faced by the rapidly rising death count, was compelled to tell Swedish Radio over the weekend that the country faces a “terrible situation.”

Annika Linde, his predecessor, went even further, saying she disagreed with the government’s failure to order a shutdown. Pointing to the much lower death rates in neighbouring Denmark, Finland and Norway, which have recorded four, seven, and nine times fewer fatalities per head of population respectively, Linde told Britain’s Observer: “I think that we needed more time for preparedness. If we had shut down very early ... we would have been able, during that time, to make sure that we had what was necessary to protect the vulnerable.”

While Tegnell and political leaders have denied that Sweden is pursuing a policy of “herd immunity,” this is in practice what is taking place. The weakest and most vulnerable sections of society are being left to fend for themselves or die, while the government concentrates on bailing out big business and the banks. While hundreds of billions of kronor have been made available in the form of loans and subsidies to support the financial markets and big companies, a mere 5 billion kronor (about €470 million) in additional funding has been set aside for hospitals and healthcare (see: Experts criticise Swedish government for failing to prevent COVID-19 spread).

As of yesterday, 4,125 deaths have been officially recorded. This is likely an underestimate, given that deaths are only counted after a laboratory-confirmed test on a patient. At the end of April, figures from the National Board of Health and Welfare indicated that the official death toll was undercounting real fatalities by about 10 percent (see: Sweden forced to admit significant undercounting of coronavirus deaths).

Around 90 percent of total deaths are people over the age of 70. Three-quarters of all deaths consisted of people living in care homes or receiving care at home.

The spread of COVID-19 throughout Sweden’s elderly care system has been facilitated by decades of austerity policies pursued by the entire political establishment. Many care workers are employed by job agencies rather than at specific homes, meaning that they often work at multiple locations and do not have job protection if they take time off due to sickness. On top of this, Swedish authorities disregarded the threat posed by asymptomatic carriers of the disease by telling care workers to stay home only when they
noticed coronavirus symptoms. Asymptomatic cases were left undetected because Sweden has one of the lowest rates of testing in Europe.

Another reason for the high death rates among the elderly is that they have systematically been denied care. An investigation by German public broadcaster NDR found that less than 1 percent of patients aged 80 and over were treated in intensive care units, compared to 10 percent of patients aged 70 to 79, and 16 percent of patients aged 60 to 69 (see: Failure to halt COVID-19 spread leads to mass deaths in Swedish elder care homes).

Children and working age adults are being treated no less contemptuously. Official advice tells workers and school children only to stay home for two days after symptoms disappear, which is undoubtedly contributing to infections. The virus has a 14-day incubation period.

Andreia Rodrigues, a pre-school teacher in the Stockholm region, told Insider that she was still told to show up to teach a class of 22 students after she reported that her fiancé was displaying coronavirus symptoms. “I always wonder how many people will die because of me,” she added, explaining that she doesn’t wear a mask for fear of getting fired.

Immigrant communities have also been disproportionately impacted by the virus. According to public health agency figures released in April, residents of Somali origin made up 5 percent of the total coronavirus cases in the Stockholm region, even though they account for less than 1 percent of the overall population. The Swedish Somali Medical Association revealed that six of the first 15 people to die in Stockholm were of Somali origin.

The reason for this disparity is not hard to find. Large Swedish cities are extremely segregated between wealthier districts and poor suburbs, where large immigrant populations live in cramped housing and work in precarious jobs that cannot be done from home. Poverty and unemployment are rampant in these communities.

For example, the mainly immigrant district of Rosengad in Malmö, Sweden’s third-largest city, has an average income of just 50 percent of the city’s average. The Swedish authorities have responded to these social problems by labelling poverty-stricken neighbourhoods as hotspots of crime that require a strengthened police presence. The Swedish police releases an annual report with a list of so-called “vulnerable areas.” The latest edition in 2019 included 60 neighbourhoods across the country.

Phone provider Telia has demonstrated on the basis of the analysis of anonymised mobile phone data how residents of wealthier districts have been able to retreat to work from their comfortable homes, while low-wage, largely immigrant workers in the suburbs were forced to continue showing up at workplaces and exposing themselves to the risk of infection. “We do see certain areas that are maybe more affluent with a bigger number of people working from home,” Christopher Agren, head of data insights for Telia, told the Associated Press.

Unsurprisingly, figures released by Stockholm city authorities last month revealed that in some low-income districts, the rate of infections was three times higher than in wealthier neighbourhoods.

Let the poor and elderly get infected and leave them to die: this is the brutal reality of Sweden’s response to the coronavirus pandemic. But it is not merely a Swedish phenomenon. With the reckless and criminal back-to-work drive being enforced by governments across Europe and North America, ruling elites in every country are embracing the “Swedish path.”

This was underlined by the publication in the current edition of Foreign Affairs, the most influential foreign policy journal in the United States, of an article entitled “Sweden’s coronavirus strategy will soon be the world’s.” Authors Nils Karlson, Charlotte Stern and Daniel Klein bluntly declared, “Herd immunity is the only realistic option—the question is how to get there safely.” They railed against lockdowns, which they described as impermissible because they reduce GDP growth by 2 percent each month.

In addition to the fact that all three authors have no medical background, they are all associated with the right-wing Ratio Institute, which in its own words focuses on “the conditions for enterprise, entrepreneurship and market economy.” Ratio is financed by the Confederation of Swedish Enterprise and receives regular support for specific projects from the Wallenberg Foundation, which is financed by the vast wealth of the Wallenberg family. Although businesses controlled by the Wallenbergs no longer account for 40 percent of industrial jobs in Sweden as they did during the 1970s, family members play roles in a large number of prominent Swedish firms.

The fact that the ravings of Karlson, Stern and Klein are financed by such powerful backers as Sweden emerges as one of the world leaders in coronavirus deaths underscores how their callous disregard for human life and obsession with protecting corporate profits are convictions shared by the Swedish and international ruling class.

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