

Europe Solidaire Sans Frontières > English > Europe, Great Britain > European Union > Countries (EU & co.) > Health (countries, EU) > Epidemics, pandemics (health, EU) > **Covid-19: On the situation in Sweden “We are suffering the full extent of (...)**

SWEDEN

Covid-19: On the situation in Sweden “We are suffering the full extent of our broken healthcare system”

Saturday 4 April 2020, by [LOU Agnes](#), [No Borders News](#) (Date first published: 3 April 2020).

No Borders New: Briefly describe the state of the pandemic in your country or city. How many people are infected? How many have died? What do experts expect in the coming weeks in terms of how fast the contagion will spread.

Agnes Lou: As of April 1, there were 4,947 confirmed coronavirus cases and 239 Covid-19 deaths. Testing is only being done on hospitalized patients so the actual number of cases is higher. Estimates of the number of infected people vary a lot, the Public Health Agency's estimates are not released to the public. In interviews, they indicate that they think the spread is decreasing relatively slowly - which leaves much room for interpretation. Other experts calculated that by the end of March, 5 percent of the population, or half a million people, will likely be infected. The majority of the cases are in the Stockholm region (one of three more-densely populated regions in Sweden), but the biggest Swedish ski resort Åre near the Norwegian border also has a large outbreak because many people from the Stockholm region travelled there after the Stockholm outbreak had started.

NBN: What practical measures has your national government taken to respond to the crisis? Have they acted responsibly or were they unprepared? Briefly describe measures your government is taking now to contain the virus and treat people infected with Covid-19. Is there a state of emergency, are schools closed, etc.?

AL: The Swedish response to Covid-19 risks to public health has been more moderate and slower than that of other countries in northern Europe. They claim the Swedish strategy differs from that of all other countries in Europe because it relies on voluntary actions rather than curfew and lockdown. However, it is difficult to compare the scale of actions taken by different governments as the virus started to spread and then escalated on different dates across the world. In any such comparison, we should note that no country has combined voluntary social distancing and general curfews or quarantines with the kind of planned crisis economy that would put people's health first, thereby making sure all necessary societal functions are kept going without unnecessary risks for working people. Swedish state actions can be expected to become more robust in the coming weeks. Elementary schools and preschools remain open but high schools and higher education have switched to online teaching. Public gatherings of more than 50 people have been banned. Opinions about whether or not the measures to stop (or at least slow) the spread of covid-19 are adequate vary on the left.

Responses to the socio-economic situation have so far been meager compared to those of many other countries, except the government's efforts to aid big business. The airline SAS was granted a large, state-guaranteed loan and state funding for part of workers' income has been secured for people who are temporarily laid off (even as SAS is allowed to distribute dividends to stockholders). The only positive (even if temporary) social reforms the government has granted thus far are increased public funding for sick pay and loosened rules for sick leave and unemployment insurance.

NBN: How has your health care system responded to the crisis? What are your health care system's greatest weaknesses? What are its greatest strengths?

AL: It is difficult to describe the response of the healthcare system as a whole because there is a large gap between what is being done by the people on the floor - the nurses, nursing assistants, doctors, and other hospital workers - and what is being done politically by the municipalities, the regions, and the national government.

For many decades, Swedish public healthcare has been subjected to heavy cuts and "rationalizations." This led to a downward spiral where nurses resign - many educated nurses are no longer working in healthcare - whereupon the work environment deteriorates even more, and so on. As a result, Sweden has the lowest number of hospital beds per capita in Europe. Globally, only Chile and Mexico have fewer hospital beds per capita among the thirty-six member states of the Organization for Economic Co-operation and Development [1]. Even before the Covid-19 outbreak, this meant that the emergency rooms at most large hospitals were overcrowded. And yet the bourgeois coalition government in Stockholm recently laid off hundreds of doctors and nursing assistants from several of the largest hospitals. The hospitals in Stockholm, and in Gothenburg as well, are having to call in the military to put up field hospitals.

Like everywhere around the world, the biggest strength of the system is the knowledge, care, engagement, and devotion of healthcare workers.

NBN: Describe the official political response to Covid-19 in your country from the far-right and conservative parties, to liberal and social democrat parties, and the parties of the left if applicable.

AL: The government is a minority Social Democratic and Green Party coalition government ruling with the support of two small center-right parties.

On the left, there are those who argue for trust in the government and consider the its strategy for slowing the spread of the virus better than the alternative of early lockdown. There are also left-wing voices who criticize the strategy for gambling with people's lives and for being undemocratic in its appeals to expert rule. But there is widespread agreement across the left about two things. Firstly, that must understand that the economic crisis was exacerbated by the coronavirus, but it was not created by it. Secondly, that a major cause of the public health crisis is the poor state of our emergency response capacity in Sweden after many decades of neoliberal reforms. These policies included the abolition of emergency stocks of food, pharmaceuticals, and medical equipment and the privatization of pharmacies and healthcare - reforms which exacerbate our vulnerability that is built into a global division of labor which has offshored the industry we require to produce essential goods.

While the government has decided to grant 1.5 billion euros to support municipalities and regional services, the neoliberal-conservative parliamentary opposition Moderates Party and the Christian Democrats are calling for stronger actions to monitor the spread of the disease, for the state to build up stocks of medical equipment and for more support for private companies. Never mind that these

same parties abolished state emergency stocks and then privatized the pharmacy monopoly in the first place, thereby causing a shortage of pharmaceuticals well before this crisis.

The far-right Sweden Democrats party is confused. It mocks the state's response and at the same time ridicules people who are afraid of the virus. The far-right parliamentary party the Sweden Democrats has had a very low profile and has got little attention in mainstream media.

NBN: How have trade unions responded to the crisis? Especially public sector, education, and health care unions?

AL: By the end of March, almost twenty thousand healthcare workers had joined a social media protest against directives by regional authorities to reduce necessary protective equipment for those taking care of infected patients.

The Swedish Association of Health Professionals (the national healthcare union), with 114,000 members (mostly educated nurses), is demanding protective equipment for all their members in active medical care and is threatening to allow their local safety representatives halt unprotected work. The union is demanding a permanent reintroduction of state responsibility for the purchase and distribution of medicine and protective equipment, special childcare for medical staff if schools and preschools are closed, and a permanent improvement in wages and better working conditions to make the health profession more attractive in the future.

On the national level, the Swedish National Trade Union Federation (LO) with 1,4 million members (blue collars) has come an agreement with the employers to postpone collective bargaining this year. It has also adopted a program consisting of 35 demands to "protect the wage earners' economy and strengthen Swedish trade and industry." These demands include an increase in unemployment benefits and economic assistance for companies who allow their employees to go back to school during any layoffs and lockdowns.

Kommunal, the municipal workers union, which has half a million members and organizes among other "unskilled" health workers (assistants), has taken the opportunity to launch a successful recruitment campaign, in fact, several unions are growing during this crisis. A demand for a hazard pay supplement has gained support among employees, but the central union has not yet acted.

NBN: How have social movements (student, feminist, ecological, immigrant, indigenous, etc.) responded to the crisis?

AL: We've seen a large wave of charity work undertaken by people who haven't previously been organized in movements with help groups emerging on social media. They are increasingly coordinated by an established emergency response volunteer project that has support from the state. Organizations that work with homeless people, EU migrants, women's shelters, etc. are adapting their work to the situation and trying to get more volunteers to contribute. There are also emerging initiatives by social movements and left groups to coordinate mutual aid networks and create the basis for rent strikes and financial solidarity work. Ecological groups are also developing a Just Transition platform and mobilizing against the airline industry.

Indigenous Sámi organizations have reacted against Norway's and Finland's decisions to close the national borders as reindeer herders move across the borders between summer and winter pasture [2]. They have also expressed worry about the extremely poor healthcare infrastructure in northern Sweden, where many places are 5-6 hours away by car from closest serviceable hospital – some of which are only accessible by helicopter. There is a growing campaign among rural people, in particular in the north, who are trying to prevent people from traveling to the north from the urban

areas in the south since many rural regions have only one or two intensive care beds.

NBN: Can you discuss the impact of the Covid-19 crisis and how you think it will impact national politics in the coming weeks and months?

AL: Several activists from across the globe have pointed out that the Covid-19 outbreak reveals a lot about different countries and their political culture. Some countries send doctors to help treat patients in other countries, while some use the state of emergency to introduce anti-democratic laws and close borders against migrants.

What this crisis reveal about Sweden is far from pleasant: we are suffering the full extent of our broken healthcare system. Contrary to the images of Swedish welfare as world class, what we are seeing now at hospitals in Stockholm – and what we may see in a few weeks’ time across the country – is remarkably similar to what is happening at hospitals in the United States. As horrible as this is, it could also form the basis for a radicalization of political demands from rising social movements. The government’s weak political response, so far the most neoliberal reaction to the crisis in all of Europe, can perhaps create the foundation for mobilizations for social change that we haven’t seen in a very long time in Sweden. After all, the conservative opposition was responsible for the neoliberal reforms that underpin the healthcare crisis, and the far-right cannot blame this on immigrants. As anger grows, a space could open up for radical left opposition.

P.S.

- NO BORDERS ON APRIL 3, 2020 :
<https://nobordersnews.org/2020/04/03/agnes-lou-social-democratic-green-party-government-leaves-sweden-wide-open-to-covid-19/>
- Agnes Lou is a member of the executive bureau of Socialistisk politik [3] in Sweden. Here Lou explains the impact of a crumbling healthcare in Sweden and how social movements, unions, indigenous peoples, and the left are pushing for more effective plans to fight the coronavirus and challenge neoliberal priorities. This interview is part of No Borders News ongoing international coronavirus coverage. Special thanks to International Viewpoint (<http://www.internationalviewpoint.org>) for arranging this interview.

Footnotes

- [1] <https://b2f019cb-2cbe-4f07-a78b-743859ddb844/Organisation%20for%20Economic%20Co-operation%20and%20Development>
- [2] <https://www.theguardian.com/world/2020/jan/23/indigenous-reindeer-herders-sami-win-hunting-rights-battle-sweden>
- [3] <http://socialistiskpolitik.se>