

Sweden, the pandemic and precarious working conditions

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Most commentary on the Covid-19 death toll in Sweden has been on the absence of lockdown, yet privatisation and precarity in eldercare should really be in the spotlight.

Since the first cases of Covid-19 were registered in Sweden, the government's strategy has remained basically the same—no lockdown, no curfew, no compulsory facemasks. Instead, the authorities have made non-intrusive recommendations to the public at large to slow the spread of the virus: wash your hands, keep a social distance, work from home if possible and avoid unnecessary travel. The main focus has been on protecting those at risk—primarily the elderly.



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The correlation between old age and the risk of serious disease or death if infected with Covid-19 has been clear since the beginning of the pandemic. There has been a consensus that to avoid overburdening emergency care the virus must not be allowed to spread in retirement homes or within homecare.

Still, 90 per cent of those who have so far died from Covid-19 in Sweden were over 70 years old—and most were at the mercy of the state that promised to protect them. According to statistics from the Swedish National Board of Health and Welfare, half of the deceased between March and mid-May lived in eldercare homes, and another 26 per cent received tax-funded homecare.

Lack of equipment

One important reason why the virus could spread in eldercare has been the lack of personal protective equipment. The Swedish government was able to secure deliveries of PPE to hospital staff. The employees of homecare services, however, were for a long time forced to craft their own protective visors out of overhead folios and gaffer tape, and to go shopping for protective facemasks at their local hardware store.

The elderly were isolated from their children and grandchildren to keep them safe from the virus. Instead, they were unwittingly infected by their unprotected carers.

Another underlying cause is the fragmented organisation of eldercare in Sweden, where a 'free choice' voucher system allows for unlimited profit-making private actors to compete for clients. As Mari Huupponen, an eldercare expert at the municipal workers' union, *Kommunal*, has pointed out, profit-oriented management techniques

have significantly changed public welfare in Sweden since the 1990s. Today in Kungsholmen, an inner-city district of Stockholm, there are more than 50 such eldercare actors—making a co-ordinated effort to cope with the spread of the coronavirus all but impossible.

Hourly contracts

An even more decisive factor has been the precarious working conditions of care workers. The use of precarious contracts is systematic, says *Kommunal*. At the start of the pandemic in March, 40 per cent of homecare workers in Stockholm were employed on hourly contracts, from day to day and hour by hour. Clearly, many of these precarious workers simply could not afford to follow the most critical advice from the Swedish authorities: ‘stay home if you are sick’.

An examination of municipal budgets for eldercare carried out by Arena Idé, a non-partisan think tank funded by Swedish trade unions, has shown that 96 per cent of Swedish municipalities were planning budget cuts in 2020. These savings are not new—*austerity* has plagued eldercare for decades. In the 1980s, an employee of the homecare service would visit four people during a full-time shift; in 2015, that employee was expected to visit 12 in the same time. This is in spite of the fact that those who are granted homecare service today are older and more vulnerable than the same group in the 1980s.

And with Covid-19 the demands for time efficiency have dramatically increased. Employees of homecare services have to find time in already tight schedules for a meticulous hand-hygiene routine, not to mention the donning and removing of protective equipment.

Understaffed and underfunded

The over 300,000 carers employed within the Swedish homecare system are thus some of Sweden’s key workers at this time. Their jobs are literally a matter of life and death. But they are dangerously understaffed and underfunded. The lack of protective equipment, the continued privatisations and the precarious employment conditions have blended into a lethal coronavirus cocktail.

At the moment, Sweden has one of the highest reported death tolls *per capita*, with 395 fatalities per million inhabitants due to Covid-19 as of mid-May. According to statista data, this places Sweden in sixth place on the list of worst affected countries—just after Belgium, Spain, the UK, Italy and France.

The numbers are notoriously difficult to compare, not least since some countries—*notably* Sweden and Belgium—seem to have taken greater care to register those who have passed away in private homes or at eldercare facilities, while many countries report only those coronavirus-related deaths that occur in hospitals. When total mortality rates are compared, Sweden fares better, with a lower excess mortality than other countries. Still, at time of writing, more than

4,600 people had died due to Covid-19 in Sweden, a country of 10 million inhabitants.

Has the 'Swedish strategy' to fight the spread of the coronavirus with recommendations rather than radical lockdown failed? It is too early to tell. All countries have a bumpy road ahead, but one aspect of Sweden's strategy is very likely to be its Waterloo: it has failed to fulfil its promise to protect the elderly.

This piece partly builds on an article previously published in Swedish in Dagens Arena