

# Sweden sees ICU occupancy approach 99 percent in Stockholm

Benjamin Mateus  
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The Swedish “experiment” to allow the virus to run rampant has proved to be an utter disaster. Intensive care units in Stockholm have nearly reached capacity as the death toll continues unabated.

The world has now seen over 70 million cases of COVID-19 infections, and nearly 1.6 million have died. Though the seven-day average has briefly peaked for new cases at 623,488 infections per day and deaths at 10,862 per day, there is still a tremendous velocity in the present surge ripping through Europe and North America as tepid containment measures attempt to stem not the virus but the economic damage the pandemic has wrought.

Much of the attention has turned to events in the United States, with deaths now exceeding 3,000 per day. The seven-day average has also surpassed 213,000, while the number of COVID-19 hospitalizations is approaching 110,000. Yet, the political establishment has washed their hands of any responsibility to contain the pandemic.

Yet, Sweden’s situation regarding the winter surge is not any better than in the United States. On a per-capita basis, the curves for new cases, deaths, and positivity rate grimly mirror each other, underscoring both countries’ criminal policies to let the virus run rampant.

Sweden, a country with a population of just over 10 million, has documented 312,000 cases of COVID-19, or more than three percent of the population. The last 200,000 cases occurred in just the past two months as the surge has thoroughly thrashed the Scandinavian nation. There have also been 7,200 deaths since the beginning of the pandemic, 1,200 in just the last month, and that figure is accelerating upwards.

On Wednesday, the Swedish newspaper *Aftonbladet* reported that intensive care units in Stockholm

hospitals had reached 99 percent of their capacity as an influx of new patients on Tuesday quickly filled beds. A handful of ICU beds are available in a city of one million.

Bjorn Eriksson, Stockholm’s health director, explained at a press conference that the situation is quite serious: “We have mobilized everything we could and taken to everything we had to offer so that everyone will get the care they need. We now need to continue to do our utmost, all actors in society as a whole, to offer resistance to the virus and the pandemic.” Changing only the names of the city and country, this is increasingly the situation throughout Europe.

The intensive care unit is the last safety net for patients with critical COVID-19 infections, who have to fight for their life. Lifesaving oxygen, dexamethasone and various therapeutic agents are but a few weapons in the arsenal needed to combat the infection and its sinister manifestations. The physicians and nurses must pay careful attention to vital signs and laboratory findings, looking for subtle changes in the patient’s physiology. When these capacities, specifically those of the ICU team, reach their limit, the situation begins to change rapidly for the worse.

According to Bjorn Persson, the operations manager for the intensive care unit, adjustments with nurse-to-patient ratios have been maximized at the Karolinska University Hospital. Staff work times have been extended, or they are kept after their shift to bridge shortages. Eriksson added, “It was exactly this development that we did not want to see. It shows that we Stockholmers have been crowded too much and had too many contacts outside the households where we left. The healthcare is not under so much pressure that there are no major margins in the healthcare system.”

Since cases began to rise in late September, Sweden has shifted to implementing piecemeal restrictions. On Nov. 20, bars and restaurants were banned from selling alcohol after 10 p.m. Five of the 21 regions across the country were placed under stricter guidelines, specifically urging public social distancing. Indoor and outdoor gatherings have been limited to eight, down from 50. Additional measures included public health warnings against attending parties, avoiding indoor gatherings and not using public transportation if unnecessary. Yet, these measures have done little to stall the surge.

On Nov. 22, an emotional Prime Minister Stefan Löfven addressed the nation over the pandemic, saying, “It is clear that it is going to take time before we can go back to normal. The little respite we got this summer and autumn is truly over. It is November now. People’s health and lives are still in danger. And the danger is increasing.”

In the face of their present circumstances, the Swedish Health Agency continues to reject face masks despite the World Health Organization’s recently expanded recommendations for their use, citing “poor evidence” of their effectiveness and concerns people will use them to avoid isolating.

“Face masks may be needed in some situations. Those situations have not arisen in Sweden yet, according to our dialogue with the [healthcare] regions,” said Anders Tegnell, the government’s chief epidemiologist. Tegnell had endorsed the homicidal policy of herd immunity under the deceitful pretense that this would entail “focused protection” that would supposedly protect society’s most vulnerable. The young and healthy were to become infected in sufficient numbers to establish broad-based immunity within the community while the elderly remained isolated to avoid infection. Yet, half of Sweden’s deaths in the spring occurred in long-term care facilities.

On the contrary, many scientists have criticized the Health Agency’s approach. Anders Vahlne, a professor of virology at Karolinska Institute, said, “They didn’t try to save their lives. They were scared that the intensive care units would be overwhelmed and you couldn’t take care of young people. And so, they were selecting [patients], a bit too harshly, I think.”

Piotr Nowak, a physician working at Karolinska with

COVID patients, said, “Authorities chose a strategy totally different to the rest of Europe, and because of it the country has suffered a lot in the first wave. We have no idea how they failed to predict the second wave.” He explained that the medical community as a whole did not share the public-health agency’s misplaced “optimism.”



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