

# Epidemiologist: Sweden's COVID Response Isn't Unorthodox

Sweden's approach to the COVID-19 pandemic continues to draw scrutiny, both praise and criticism.

One thing critics and supporters agree on is that Sweden's "lighter touch" approach, which encourages social distancing through softer measures in lieu of mass closures, is [unorthodox](#) or [exceptional](#).

This is not entirely true, however.

As Sweden's top infectious disease expert recently explained, Sweden's approach to the pandemic is more orthodox than the current lockdown approach, at least compared to historical standards.

"Are the people closing society completely, **which has really never been done before**, more or less orthodox than Sweden?" Anders Tegnell [asked recently](#). "[Sweden is doing] what we usually do in public health: giving lots of responsibility to the population, trying to achieve a good dialogue with the population, and achieve good results with that."

Tegnell's point deserves attention. While nations today appear comfortable instituting mass lockdowns to prevent the spread of a deadly respiratory virus, the practice appears to be unprecedented.

History shows that isolating sick people is a practice that goes back thousands of years. The first recorded practice [appears to come](#) from the Old Testament, which mandates in some verses, such as [Numbers 5: 2-3](#), the isolation of people with leprosy.

There is also historical precedent for quarantining people suspected of being carriers of deadly disease. This practice, [according to FiveThirtyEight](#), appears to date back to the 14th century, when the Croatian city of Dubrovnik began quarantining merchants and other travelers outside the city for 30 days in case they had become infected with the plague during their travels.

History suggests Tegnell is correct: the practice of states ordering millions of healthy people to remain in isolation for weeks on end appears to have had no precedent—until China ordered [the largest mass quarantine in human history](#).

This matters for several reasons. For one, because we're in uncharted waters, we have no way of knowing how effective such a quarantine will be. Prior to the experiment, health policy experts expressed skepticism of the strategy.

"There are reasons to be skeptical of the efficacy of quarantine, for respiratory diseases [like coronavirus] in particular," Wendy Parmet, director of the Center for Health Policy and Law at Northeastern University Law School, [told FiveThirtyEight in February](#).

Second, we have no way of knowing the costs of mass lockdowns—though we are beginning to see them: mass unemployment, [hundreds of thousands](#) of businesses going under, retirements wiped out, surging government spending, and [widespread emotional distress](#).

If the current approach to the COVID pandemic is unprecedented, it invites questions. Particularly, *why now? Why this time?*

After all, the United States has had no shortage of deadly epidemics. From [the Yellow Fever of 1793 in Philadelphia, then the nation's capital](#) to [the Spanish Flu of 1918](#) to the "Asian flu" pandemic of 1957–58, Americans have struggled mightily against diseases that have in many cases been more deadly than

COVID-19.

Indeed, as recently as 2006, when the world was grappling with the fast-mutating [Avian Flu](#), lockdowns were “viewed as impractical, unnecessary and politically infeasible,” *The New York Times* [reports](#).

One of the leading critics of the policy at the time was Dr. D.A. Henderson, who led the international effort to eradicate smallpox.

“Dr. Henderson was convinced that it made no sense to force schools to close or public gatherings to stop. Teenagers would escape their homes to hang out at the mall,” the *Times* reports. “School lunch programs would close, and impoverished children would not have enough to eat. Hospital staffs would have a hard time going to work if their children were at home.”

State-enforced social distancing would “result in significant disruption of the social functioning of communities and result in possibly serious economic problems,” Henderson wrote in [a 2006 academic paper](#), responding to a federal social distancing proposal [whose origins stemmed from](#) a 14-year-old girl’s science project and a trip to the library made by George W. Bush.

Henderson, who [died](#) in 2016, proposed a different course: Let the pandemic run its course, treat and isolate the sick, and work rapidly to develop a vaccine.

Henderson ultimately lost that argument. But again, the question is, *why*?

Utopianism and collectivism are a dangerous cocktail of ideas, it seems. The concoction has given intellectuals an outsized faith in the efficacy of central planning.

Henderson’s approach of letting a pandemic run its course

while treating the sick simply wasn't palatable to experts and bureaucracies who had concluded long ago that central planning could solve *any* problem, even the spread of a highly-contagious, invisible virus carried by millions of asymptomatic humans.

"The Modern Era was to be one of plans and proposals, which is to say futurist to the point of bigotry," the great historian Jacques Barzun wrote in his classic work *From Dawn to Decadence*.

As Anders Tegnell has argued, [the lockdowns are not really based on science](#). It's more accurate to say the lockdowns are based on *ideology*. One might even say *faith*.

It was this faith that led dozens of governments around the world to enforce lockdowns that have done very little to contain COVID-19 but have wreaked mass economic and psychological havoc.

If central planning is the new orthodoxy—a word defined as an "adherence to correct or accepted creeds, especially in religion"—Sweden should wear its "unorthodox" label as a badge of honor.

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*This article was originally published on FEE.org. Read the [original article](#).*

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