The COVID-19 Pandemic and Immigration- A Case Study of Sweden

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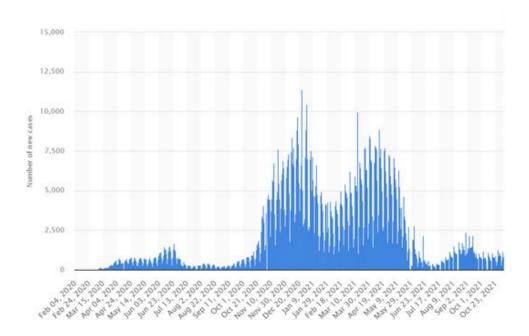
Abstract

The Covid-19 pandemic has brought challenges to the trend of immigration, rules of immigration, and immigrants in the state. For those Swedish employers who employ non-EU citizens, the outbreak has created several business immigration-related issues. In addition to this, refugees are also a vulnerable group in society who face several challenges ranging from asylum to integration. Compromised living conditions and health facilities put them at greater health risks if infected with the virus. The long-term consequences of this pandemic in the case of refugees may also take the form of unemployment and social isolation. The paper focuses on labour immigrants and refugees in Sweden during the tenure of the pandemic. It focuses on the various challenges faced by the immigrants due to the pandemic. It will look into the role played by the state to ensure its responsibility towards its immigrants during this time and the bottlenecks faced by the state organizations while doing so. The study refers to primary sources such as the data produced by official statistical agencies organizations and secondary sources like journal articles, reports, and newspapers. The state should also have been aware of the cultural distinctiveness of its immigrant population and should have designed efficient ways to reach out to them and educate them about the situation.

Keywords: COVID-19 Pandemic, Immigration, Sweden, refugees, employment

1. Introduction

The first case of Covid-19 was detected in January 2020 in Sweden. The patient was identified to be a woman from Southern Sweden hailing from the Jonkoping region. It was reported that she had paid a visit to Wuhan in China where she got infected with the virus. She was provided with medical attention as soon as she arrived in Sweden on 24th January (Bloomberg 2020). A total of 1209935 cases have been confirmed in the state from January 2020 to 3rd December 2021. 15164 deaths have been recorded during this period and 15438757 vaccine doses have been administered during the above period (World Health Organization 2021). According to Stewart (2021), the country saw a massive rise in the number of covid cases between December 2020 and March 2021. The figure below shows the trend of Covid-19 cases in the state from February 2020 to October 2021.



Source: Statista 2021

In addition, it has been observed that refugee immigrants from low or middle-income countries have a higher risk of death from the Covid-19 virus. The virus has been said to create a burden on the most disadvantaged groups in society (Drefahl *et al.*) It has been observed that immigrants from Iraq and Somalia were particularly hard hit. By April 2020 Somali Swedes represented around 5 per cent of the state's covid cases (Keyton 2020). Some factors responsible for the above situation have been identified as inaccessible information and poor housing facilities (European Commission 2020). It has also been noted that compared to the rest of the population this group has a higher proportion of smokers and obese people (Elisabeth 2020). Also, the pandemic has hit hard the labour immigrants in the country. Unemployment among foreign-born workers rose and was observed to be around 18 per cent (it rose by 3.5 percentage points from the previous year) in the fourth quarter of 2020 (Johnson 2021). The following sections in the paper focus on the challenges presented by the pandemic to the immigrants; both labour immigrants and refugees. It focuses on the reasons behind them being severely hit by the pandemic. The last section focuses on the role played by the state agencies to combat such challenges.

2. Covid -19 and Labour Immigrants

The country's foreign-born population was vulnerable to the consequences of the pandemic. With businesses and demand being stalled, there were noted job losses. Without any fault of theirs, many people

have been asked to lay off (Edwards 2020). The job losses have been said to exceed the rate of job losses that had occurred during the financial crisis. Tourism, hospitality industry, airlines and other transportation providers, business services, manufacturing, parts of retailing, etc. have been exposed to a great number of furloughs and notices. The tourism and hospitality industries alone accounted for 31 per cent of the termination notices (Lerpold and Sjöberg 2021). The majority of them did not have access to the requisite social support network, housing and may also lose their right to live in Sweden if their work permits are not extended (Edwards 2020). Work Permits extensions are subject to various rules and regulations. There are problems faced in cases of work permit extensions if salary or working hours are reduced, significant changes in job duties, unpaid leave, delay in the work start date for new work permit holders, absence of the work permit holder from work due to travel restrictions. For work permits to be extended, the conditions of work permits are needed to be met during the previous validity period for one's work permit. In case of a job loss incurred by a work permit holder, then he/she has to find a new job within three months to apply for a new work permit. The above circumstances put the foreign workers in a vulnerable position in Sweden, also with the migration agency not specifying any rules because of the pandemic situation in the country (Onwuta 2020). Also, The Swedish Migration Agency's four-month deadline to start work after one's work permit has been granted was a difficult issue in light of the travel ban. However, the extensions on the travel ban announced on 27th August 2020 till 31st October 2020 brought some good news for work and residence permit holders. The migration agency announced that all residence and work permit holders will also be allowed in addition to the exemptions that have been made for residents from additional countries (KPMG AB 2020 a).

3. Covid-19 and Refugees

It has also been observed that newly arrived immigrants and refugees have been the most exposed to risks owing to the pandemic (Lerpold and Sjöberg 2021). It was recorded that several Iraqi, Somali and Eritrean immigrants were among the covid cases registered in the hospitals. A survey done by the health authorities in Stockholm further showed that the capital's suburbs with dense immigrant populations were the most severely hit by the virus. A district called Rinkeby-Kitsa in the north was the worst hit and was recorded to have 238 confirmed covid cases on 6th April 2020. This translated to around 47 cases per 10000 residents while the regional average was 13 cases per 10000 residents. Sweden's Civil Contingencies Agency has acknowledged the fact that time was lost while translating details about the virus in different immigrant languages (Rothschild 2020).

According to Elisabeth *et al.* (2020) refugees are often found in vulnerable positions and stress due to challenges arising out of the unpredictability of the asylum process and the process of integration. In addition, they are also exposed to poor living conditions and face difficulties while accessing healthcare as

well. Also, with no vaccine, proper line of treatment and uncertain immunity levels of the population the country's healthcare system was already under tremendous pressure. Refugees in Sweden have also been reported to have higher levels of obesity and smoking rates in comparison to the native Swedes. In Sweden, around 65 per cent of the refugees were reported to be overweight and 35 per cent of the refugees have also been noted to be smokers. They also face challenges while accessing healthcare needs and have been reported to have low health literacy. A high number of deaths have been reported in the case of Somalian and Eritrean refugees due to the pandemic. Most of them dwelled in the overcrowded and socially deprived areas of the capital. This has been mainly because most of them do not have access to stable employment which deprives them of having proper accommodation. Thus, the act of self-isolating one's self in those overcrowded suburbs if infected with the virus had difficulties of its own. They further stress that linguistic barriers also added to the existing problems created by the pandemic. They argue that there was indeed a need for better communication of pandemic related information translated into the language of the country's migrant communities.

The above situation exposed the refugees to an atmosphere of vulnerability and risk. In addition, due to recommendations on physical distancing and fewer gatherings, most of the businesses like travel, hotels, restaurants were closed down. As discussed in the previous sections this situation led to many people being laid off from their jobs and employment. The situation took a severe toll on the economic plight of the people, especially the refugees (Elisabeth et al. 2020). Refugees, in general, face difficulties entering the high skilled Swedish labour market. The difficulties are generally in the form of low skills, language difficulties, health problems and lack of access to networks. The Act on the Responsibility for Settlement Measures for Recent Immigrants is the legal basis for the Swedish Labour Market Integration. As per the Act, the refugees are given protection by being granted a residence permit. They are received by a municipality and are made a part of a two-year settlement programme organized by the Swedish Public Employment Service (SPES). Under this programme, the refugees are assisted by organizations run by the public, private and community. Assistance is provided in the form of vocational training, subsidized employment, language training, education, skill assessment, matching activities, etc. to ensure that they are well integrated with the labour market. The country's digital maturity also influenced the above programmes. Even before the arrival of the pandemic digital communication tools had been sought as a replacement for face-to-face communication with job seekers. However, the onslaught of the pandemic had its effect on the economic atmosphere of the nation. Higher unemployment levels meant fewer chances for refugees to get employed. Also, other job seekers were competing with them. Summer jobs which were considered to be an ideal stepping stone for the refugees to enter the labour market had disappeared. There was a major shortfall of opportunities in the entry-level jobs. While some employers were stalling their projects which were designed to support the refugees, some small companies started hiring a large number of refugees on short term state-subsidised contracts. It has been noted that the pandemic affects

not only the refugees' position in the job market but also the support activities run by the labour market integration programmes. The pandemic had made it difficult to find volunteers and other staff to run such activities. Volunteers who previously had secure jobs did not have that anymore (Bešić1*et al.* 2021).

The pandemic also ushered in a change in the mode of the existing business. Work started being done from home by employees with physical meetings and exchanges taking a backseat. Digital communication became the preferred mode of communication. Digital literacy started being stressed upon by the public agencies. There were information campaigns administered by the SPES to highlight the advantages of digital communication to job seekers. Refugees who were less digitally literate than others were informed as to how to report compulsory activities to the organizations using their phones or computers. Efforts to digitalize the refugees in the country accelerated during the pandemic. The state officials took the opportunity of this pandemic to further promote digitalization among the masses of refugees. This was a major push to the government's initiative to move towards e-Governance. However, some specialized or target activities for refugees which require physical meetings started getting affected as social distancing norms were recommended to be followed (Bešić1 et al. 2021).

4. Government Response

Safeguarding people's health and lives became the primary goal of the Swedish government during the pandemic. A variety of measures were taken to contain the spread of the virus. The focus was put on limiting the impact of the virus on critical services and making sure that health care resources are available to all. Stress was put on providing correct information to its people so that the right measures could be undertaken at the right time (Government Offices of Sweden 2021). The government also imposed restrictions on the entry of foreign nationals from outside the European Union (EU), the European Economic Area (EEA) and Switzerland given the pandemic². The government was of the view that extensive remote working was the best option in the case of globally mobile employees to ensure maximum safety given the pandemic (KPMG AB 2020 b). There has also been a temporary ban put on travel from the EU/EEA countries to Sweden. A vaccination certificate, a test certificate or an equivalent document certifying recovery from Covid-19 is required to enter Sweden. The government has planned on implementing this restriction till 31st January 2022. There has been a temporary ban put on nonessential travels from outside the EU/EEA to the country from March 2020. However, since February 2021 a certificate stating a negative Covid-19 result or providing a vaccination certificate from an approved country is being accepted for being allowed entry to Sweden. The travel ban has been decided to be extended till 31st January 2022 (Ministry of Justice 2021). In the case of people who were already in Sweden and who were born before 2005 the health care region stands responsible for a free vaccination. One does not have to be a Swedish citizen to get a vaccine (Migrationsverket 2021). In addition, a campaign was also designed by Sweden's Civil Contingencies Agency to inform the refugees about the virus on a larger scale. Stress was laid on communicating and conveying the information and also on the translation of the data. However, it was noticed that public seminars arranged at the community centre on the above topic mostly remained empty despite there being written advertisements of the same. It was only on a personal invitation that seminars started seeing a reasonable amount of the refugee population attending them. This was because mainly the refugees had little experience in dealing with public agencies in their native country and trusted information from known people. This has been identified to be quite distinct from the nature of the Swedish people who trust and follow written official information. Most of the refugees also do not and are not able to follow Swedish media where a large amount of information was telecasted. It is believed by the authorities that a large part of guidance information about this pandemic could not filter through a large proportion of refugees (Rothschild 2020).

5. Criticisms

There have also been sharp criticisms made towards how the pandemic was handled by Sweden. Until January 2021 the government followed non-mandatory hygiene and recommended social/physical distancing. The non-obligatory recommendations were seen in the light of the trust the people had in the government and the public institutions. Initially many hotels, restaurants had remained open during the pandemic (Bešić1et al. 2021). The Public Health Agency (Folkhälsomyndigheten) believed in adopting a herd immunity approach and letting transmissions occur unchecked. Testing, tracking contacts, identification of sources remained inadequate as per the World Health Organization (WHO) guidelines. There were no compulsory restrictions on limiting crowds in public places. Norms on compulsory face masks in public transport, health care facilities and care homes were also introduced at a later stage. All these compiled together led to the state's failure in flattening the infection curve and avoidance of deaths, hospitalizations. The government's appointed Corona Commission which was drawn to review the national response to Covid-19 also concluded that the overall spread of the virus in society has been a major factor behind a large number of deaths in residential cares. It was not until December 2020 that directives were given by the government to put WHO's recommendations into actual practice in society including the use of compulsory face masks. The decentralization and fragmentation of health and social services also created further difficulties in effectively containing the spread of the virus in society. The pandemic has brought into forefront failures in the state's coordination across multiple sectors, accountability among authorities sharing responsibilities and rigidities in the decision-making process. Limited participation, engagement among stakeholders, scientists and civil society organizations have also been noted during the pandemic (Claeson and Hanson 2021).

6. Conclusion

In a nutshell, the distinct herd immunity approach followed by the Swedish government led to an unchecked spread of the virus in society. As the transmission started gaining pace the state witnessed an increase in hospitalizations and deaths. The pandemic also exerted its pressure on the economy of the nation with many businesses being halted and devoid of demand. Unemployment started rising in the country and impacted everyone. However, it was the foreign workers and the refugees that were the worst hit. Foreign workers mainly from the non-EU/EEA countries were left in a vulnerable state with many of them being laid off and not being able to find new jobs. Apprehension crept in about the status of their work permits if they were unable to find a job in three months. Refugees living in crowded, dense suburban areas also found themselves in a sorry plight with limited to no jobs and limited language skills to interpret essential information about the virus. This along with their pre-existing health conditions made them more prone to infection. The government in response relaxed travel restrictions for work permit holders and also did its best to provide more information about the virus to the refugees in their languages. But there was a significant amount of time lost in this process of translation and reaching out to them. The state also took steps to improve the amount of digital literacy among the refugees. However, an ambit of targetted and specialized activities could not be performed effectively through digital communication and required necessary physical meetings. Such activities suffered during the pandemic along with general budget cuts for support activities and an insufficient number of volunteers being available for running integration programmes. To conclude, the Public Health Agency (Folkhälsomyndigheten) should have been more proactive from the onset of the pandemic. Time was lost in the herd immunity approach which had led to a vast spread of the virus in society, severely affecting the immigrant population. Instead of passive recommendations, the state should have made mandatory obligations that needed to be followed by everyone in the society. The state should also have been aware of the cultural distinctiveness of its immigrant population and should have designed efficient ways to reach out to them and educate them about the situation.

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