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## **Representing the underlying causes of racial disparities in covid-19 mortality rates in Sweden**

– A critical analysis of how the underlying causes of racial disparities in covid-19 mortality rates is represented by the Swedish Public Health Agency

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## Abstract

The disproportionate burden of covid-19 pandemic on racialized groups in developed countries has made socio-political and socio-economic inequalities even more apparent. This thesis utilizes critical race theory (CRT), framing theory and the "What's the 'problem' represented to be?"-approach to conduct a critical analysis of how the representation of the underlying causes of racial disparities in covid-19 mortality framed by the Swedish Public Health Agency. The published report on migrants and covid-19 "*Migrants and COVID-19 – Confirmed cases, ICU-cases and mortality from 13 March 2020 to 15 February 2021 among foreign-born in Sweden*" is analyzed through qualitative content analysis. In the report, the Swedish Public Health Agency analyzes underlying causes to differences of covid-19 outcome based on country of birth, which suggests that the population born in other countries is affected by the covid-19 more than the population born in Sweden. The content analysis of the official document on foreign-borns and covid-19 mortality, released by the Swedish Public Health agency, suggests that the agency has represented the underlying causes of racial disparities in covid-19 mortality in Sweden with a socio-economic inequality frame, and from a CRT perspective, the representation is guided by colorblind ideology that does not problematize the role of racism in the society. The knowledge produced in this thesis aims to contribute to the field of CRT studies in Sweden with empirical knowledge about problematization of the covid-19 pandemic outcomes in Sweden.

**Keywords:** Critical Race Theory - Framing - WPR-approach - Covid-19 pandemic - Racial disparities

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”Injustice anywhere is a threat to justice everywhere.”

**- Martin Luther King, Jr.**

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# 1. INTRODUCTION

*”In an ideal world, race should not matter:...”*

(Törngren, 2005: 135)

Throughout history, the term race has been given different definitions and faced different challenges. In the 1970s, a group of civil-rights scholars, activist and lawyers in the US developed Critical Race Theory (CRT) in critical legal studies (Delgado & Stefancic, 2017: 4-5) Ever since, CRT has spread to other disciplines in social and political science. In stark to biological definitions of the term race, a social constructivist approach to the term race has been developed by the CRT. In Sweden, the term race is refrained and abolished in private and public spheres (Hübinette et al., 2012). The paradox that lies in the Swedish context is the refrainment from reviving the term race; the Swedish denial of a racist society, and the actual inequalities faced by racialized people that contradicts the Swedish self-image as an international role model for humanity and solidarity. The denial of the role of race and racism is referred to as colorblind ideology (Delgado & Stefancic, 2017, Hübinette et al., 2012, Törngren 2005) The scholarly argument is that colorblindness is in the way of achieving a true colorblind society (Törngren, 2005: 135), that is; the denial of the role of race is in the way of tackling discrimination and racism, as it is in the Swedish context. Racism is argued to be embedded in all levels of the society, e.g. as organizational and institutional practices (van Djik, 2005). The Swedish paradox of racism is reflected in discriminatory practices and racist discourses in the labor market (Neergaard, n.d.), housing market (Hübinette et al., 2012), and the media (van Djik, 2005). Racism is argued to be the root cause of the structural discriminations that occur (Delgado & Stefancic, 2017, van Djik, 2005) Furthermore, racialized people in Sweden are found to be overrepresented at the disadvantage end in every competitive situation and environment (Kamali, 2005).

Most recently, CRT has caught the interest of public health research in addressing health inequalities as the world has been affected with the covid-19 pandemic (Ford, 2020). Scholars have discovered that there is a disproportionate burden of morbidity and mortality on minority groups across the world (Webb et al., 2020; Razai et al., 2021; Rostila et al., 2021; El Khatib et al., 2020; Yearby et al., 2020, Yaya et al 2020). In Sweden, high mortality risks and rates from covid-19 have been found among individuals born in Somalia, Lebanon, Syria, Turkey, Iran and Iraq (Rostila et al., 2021). While the majority of the countries in Europe opted for total or partial lock-downs, Sweden chose a different strategy to protect the Swedish population from the covid-19 pandemic (Kavaliunas et al., 2020). The Swedish strategy to handle the covid-19 pandemic has been depended on the perceived partnership between the population and the society; built on mutual trust and giving the responsibility to the individual to follow the recommendations from the Swedish Public Health

Agency (Kavaliunas et al., 2020). The Swedish strategy to handle the covid-19 pandemic has been questioned and criticized for its capability to protect vulnerable and marginalized part of the Swedish population such as elderly and migrant groups (Claeson & Hanson, 2020; Lindström, 2020; Rambaree & Nässén, 2020, Habib, 2020; Munoz, 2020; and Pierre, 2020).

The first case of covid-19 in Sweden was reported at the end of January 2020. The Swedish Public Health Agency informed that a woman that had been visiting Wuhan area in China had reached Sweden on January 24, 2020. At the same time, the Swedish Public Health Agency claimed that the agency has routines to take care of such cases in a good and safe manner (Folkhälsomyndigheten, 2020). Despite the confidence of the Swedish Public Health Agency, the morbidity rates and mortality rates in Sweden increased in a greater scale than other Nordic countries. The Swedish Public Health Agency seemed to be undermining the deadly threat of the covid-19 virus. Interestingly, in the public debate over the Swedish strategy and the protection of vulnerable and marginalized people, Sweden has been criticized for failing to protect its elderly (Shau, Thomsen & Silverberg, 2020). In contrast, a debate over other vulnerable and marginalized groups in the population, such as the racialized people in Sweden is non-existing. By the end of mars 2020, the Swedish-Somali medical association raised its concerns about the increasing covid-19 death rates among Swedish Somalis living in the Stockholm area (Randhawa, 2020). In the media; cultural and language barriers, and disparities in public health in general has been argued to be important factors to the disproportionate covid-19 morbidity in the migrant community in Sweden (Randhawa, 2020). However, in April 2021, the Swedish Public Health Agency released a report on migrants and covid-19; "*Migrants and COVID-19 – Confirmed cases, ICU-cases and mortality from 13 March 2020 to 15 February 2021 among foreign-born in Sweden*"(Folkhälsomyndigheten, 2021). The report represents what the Swedish Public Health Agency identifies as underlying causes to the ethnic disparities in covid-19 mortality in Sweden. Thus, it is of interest to study the report, given the CRT perspective on root causes for social inequalities and inequities.

This thesis addresses two lines of scholarships; the scholarly line of critical race studies and its Swedish context, and the existing knowledge on covid-19 pandemic and racial disparities. In the scholarly line of critical race studies it is found that the role of racism in public health inequalities is yet a limited field that needs to be expanded (Ford, 2020). Critical race studies in Sweden is yet a limited field with the need of accumulation of empirical knowledge. Engaging in line with the argument for the need of expanding knowledge about the role of race in the Swedish society, and especially in public health, this thesis seeks to contribute with empirical knowledge on how a Swedish governmental agency that is responsible to promote health equality among the Swedish population represents the underlying causes to ethnic disparities in covid-19 mortality. The existing knowledge on the covid-19 pandemic and racial/ethnic disparities does not provide a critical understanding of



the root causes to the disproportionate outcomes of the covid-19 pandemic on racialized groups in Sweden. Hence, the identified gap in the existing lines of scholarships is the lack of critical race analysis of the representation of underlying causes to ethnic disparities in covid-19 mortality in Sweden.

The aim of this thesis is to conduct a critical race analysis of how the Swedish Public Health Agency has represented the underlying causes to ethnic disparities in covid-19 mortality in Sweden. According to CRT, that is opposed to the colorblind ideology, a race consciousness must frame actions towards social change (Ford 2010). Problem representations are frames of the social reality addressing root causes to the problem and shifting focus on responsibility and blame for social problems (Benford and Snow, 2000, Bacchi, 2012). In a power-struggle over defining meaning in the social world, dominant frames, master narratives, and racist discourses, are taking place and thus, excluding marginalized realities of others (Benford and Snow, 2000; Kamali; 2005; van Dijk 2005). Hence, it is of socio-political relevance to analyze how the Swedish Public Health Agency has framed the representation of the underlying causes to covid-19 mortality rates in Sweden. When applying a race consciousness frame to the representation of underlying causes to ethnic disparities in covid-19 mortality, I argue that it is of importance to both address the role of the term race as a social position in defining social problems, as well as racialization as an underlying cause per se. This duality in addressing racial injustice reflects both the complexity of CRT and the difficulty to address and solve social problems related to race and racialization.

This thesis is consisted of seven chapters. The next chapter provides a literature review of the scholarly line of critical race studies and its Swedish context, and the existing knowledge on covid-19 pandemic and racial disparities. The chapter does also present the identified gap in the literature and the contribution of this thesis to existing knowledge. Chapter three presents the ontological assumptions based on social constructivism, the chapter also presents the theoretical framework consisted of CRT, framing theory and the analytical tool of the WPR approach. The chapter explains how the theories will be used. Chapter four presents the specified aim and research question. Chapter five presents the methods used for conducting this thesis which is a single case study. The chapter does also include a discussion of the relevance for choice of data, data collection and methods for analyzing the data. Chapter six will present the analysis of how the Swedish Public Health Agency represents the underlying causes to ethnic disparities in covid-19 mortality in Sweden. Chapter seven, the final chapter, provides a concluding chapter based on the results from the analysis and contribution to the identified gap in existing scholarships, a discussion of suggestions for future research and the socio-political implications of the findings in this thesis.

## **2. LITERATURE REVIEW**

In this chapter, I will present the scholarly line of critical race studies and its Swedish context, and existing knowledge on covid-19 pandemic and racial disparities. These are two lines of scholarship that are important to explore and interconnect in the case of racial disparities in covid-19 mortality in Sweden. In this chapter, I will also present the identified gap and academic contribution of this thesis by conducting a critical analysis of how the Swedish Public Health Agency has represented the underlying causes of ethnic disparities in covid-19 mortality rates in Sweden. But first, a review of the scholarly line of critical race studies will be presented.

### **2.1. Critical Race Studies**

When exploring the scholarship on critical race studies it quickly becomes clear that the field is limited and resisted in the Swedish context. In qualitative research, critical race theory is found to be an interdisciplinary field that challenges the manifest and dominant racial discourse in deconstructing meanings of race and racism (Parker, 2015).

Critical race theory originally emerged from American scholars in the field of law by the late 20th century (Delgado & Stefancic, 2017). In current context, critical race theory has reached to fields such as education, its intersections with gender, social class, and post-colonialism and other standpoint theories in qualitative research (Parker, 2015) What differs the field of critical race studies from other fields is its activist dimension, that is its attempt to not only to understand our social situation but to change it; not only to ascertain how society organizes itself along racial lines and hierarchies but to transform it for the better (Delgado & Stefancic, 2017). Critical race studies thus aim at questioning existing power structures, practices and policies in a post-racial and neo-liberal world order with the aim of changing the society (Delgado & Stefancic, 2017; Parker, 2015, and Habel, 2008).

Within the field of critical race studies, scholars deconstruct the meaning of race from its biological definition, referring to skin color and the classification and subordination of the non-European body, to a social construction which holds that race and races are products of social thought and relations; categories that society invents, manipulates, or retires when convenient (Delgado & Stefancic, 2017). When it comes to critical race studies and its implications for public health and health inequalities, scholars argue that eliminating racism is central to achieve health equity, however, this requires new paradigms that are responsive to structural racism, contemporary influence on health, health inequities and research (Ford, 2010). Ford (2010) argues that Critical Race Theory offers the field of public health that new paradigm for investigating the root causes of health

disparities. Critical race theory encourages the development of solutions that bridge gaps in health, housing, employment and other factors that condition living (Ford, 2010).

In the Swedish context, a race consciousness is emerging in addressing the role of the socially constructed term of race in Sweden and its relation to structural discrimination in Sweden; and criticizing the colorblindness embedded in social practices and structural marginalization of racialized groups in the society (Hübinette et al., 2012; Törngren, 2005, Hultén, 2007; van Djik, 2005) Critical race studies in the Swedish context are developing, although it remains limited and resisted. Scholars point out that historically, Sweden has developed from being world leading knowledge producers of biological racism to an example of a country of humanity and solidarity. (Hübinette et al., 2012; Törngren, 2005) Hübinette et al. (2012) state that the term race is not discussed in the public and private contexts in Sweden, it is a taboo to articulate or even write the word “race,” instead, the term ethnicity, culture and religion has come to replace what is meant by race. This does not indicate that impact of race in the society is eliminated, rather the practice of prohibiting the discourse of race has resulted in even more difficulties to address social problems regarding racism, segregation and discrimination (Hübinette et al. 2012).

The fact that racialized groups are marginalized in the Swedish society contradicts with the Swedish self-image in regards to the global image as a country of humanity and solidarity (Hübinette et al. 2012). Since the late 20th century, the discrimination against and segregation of racialized groups in the labor market and housing market, the school and the society has increased despite the fact that Sweden is a multicultural society (Hübinette et al. 2012). Hübinette et al., (2012) argue that the dominated explanation to why the non-white minorities are left behind and more vulnerable than the white majority in statistics, is their non-white bodies.

The scholarship about structural discrimination in Sweden acknowledges the various forms of discrimination against migrant groups in Sweden that occurs by institutions with the power over defining 'the other'(Kamali, 2005; Hultén et al., 2007; Hübinette et al., 2012) van Djik (2005) claims that there are several reasons to focus on elite racism instead of civil racism. First, the elite claims that they are not associated with racism, instead they blame the political right wing and uneducated people that live in socioeconomic vulnerable areas and meet migrants on a daily basis. Second, discrimination and stereotypes are taught from public discourses such as political debates, media, educational literature and scientific articles which are largely controlled by the elite (van Djik, 2005).

The scholarship on structural discrimination in Sweden explains how racism is causing the structural discrimination and hence, effects migrant groups life conditions. (van Djik, 2005, Hultén et al., 2007; Hübinette et al., 2012) Studies about the role of racism in structural discrimination that has direct consequences for people's socio-economic position, and hence, affecting their opportunities such as in health is acknowledged.

Although critical race studies are developing in Sweden, it is resisted and its application to address health inequalities is still absent. Engaging in the line of earlier arguments for the need of expanding the critical race field in Sweden, and a race consciousness in studying public health in general, I argue that it is important to critically analyze how the Swedish Public Health Agency has represented the underlying causes of ethnic disparities in covid-19 mortality in Sweden. It is of importance to study covid-19 mortality from a critical race perspective as the predominant color blind perspectives neglect the narrative of the disproportionate burden of covid-19 mortality on racialized groups.

## **2.2. Covid-19 pandemic and racial disparities**

Recalling the need for a race consciousness in attempts to close the gaps in health inequality, Ford (2020) claims that the visible racial inequities laid bare by the covid-19 pandemic serve as both a warning and an opportunity. The inequities warn that the standard approaches to community health sciences on which the field continues to rely have failed to eradicate inequities; they rarely do target the role of racism as a fundamental cause of inequity and now is the opportunity to address it by the powerful tool of public health critical race framework. (Ford 2020).

Research on covid-19 pandemic and ethnic disparities reveal the disproportionate effect of morbidity and mortality rates among ethnic minority groups across the world (Webb et al., 2020; Razai et al., 2021; Rostila et al., 2021; El khatib et al., 2020; Yearby et al., 2020, Yaya et al 2020). The scholars argue that covid-19 has made health inequalities in societies visible (Webb et al., 2020; Razai et al., 2021; Rostila et al., 2021; El khatib et al., 2020; Yearby et al.,2020, and Yaya et al., 2020). It is found that racial/ethnic minority population have a disproportionate burden of underlying comorbidities such as diabetes, cardiovascular disease, asthma, HIV, obesity, liver disease, and kidney disease, and that racial/ethnic minorities and poor people live in urban settings live in more crowded conditions both by neighborhood and household assessments and are more likely to be employed in public facing occupation such as services and transportation that would prevent physical distancing. (Webb et al., 2020). The underlying health conditions and socio-economic conditions make ethnic minority groups especially vulnerable during the covid-19 pandemic. This is also found in El Khatib et al. (2020), Mohapatra et al. (2020), and Yaya et al. (2020).

These scholars argue for the need of ethnic data and the adequate use of such data to understand and address the need of ethnic minorities in measures and policies (Yearby et al. 2020; Yaya et al., 2020; Webb et al., 2020; and El Khatib et al., 2020) Yaya et al., (2020) points out racism as an additional burden which predisposes individuals to high-risk jobs lower quality care as precipitating high rates of infections and covid-19 among ethnic minorities. The underlying causes

of health disparities are complex and include social and structural determinants of health, racism and discrimination, economic and educational disadvantages, health care access and quality, individual behavior and biology (Webb et al., 2020). Scholars argue for the importance and necessity of ethnic minority data for understanding community and local specific conditions in cooperation with target audience(s) and partnership across sectors (Webb et al., 2020). Scholars also point out the power of public policy in enhancing health and also decreasing health inequalities (Webb et al., 2020).

Knowledge about the Swedish strategy to handle the covid-19 pandemic is yet limited. The existing knowledge about the Swedish covid-19 strategy focus on the type of strategy that was chosen and the critique of it in matters of the management to limit the spread of the virus (Habib, 2020; Kavaliunas et al., 2020; and Lindström et al., 2020). The Swedish strategy to handle the covid-19 pandemic has been criticized for its failure to follow recommendations regarding testing and tracing in the beginning of the pandemic as well as the continued defiance in following the evidence-based knowledge regarding the use of face masks in health care settings (Nilson, 2021). When many countries in Europe chose complete lock down or partly lock down strategies to handle the covid-19 pandemic, Sweden chose another strategy. In Sweden, the covid-19 strategy was managed by the Public Health Agency (PHA), and, rather than implementing strict rules and lockdown regulations, the Swedish government chose to advise the Swedish citizens to apply common sense and follow the PHA's recommendations and citizens responsibility, rather than strict restrictions (Komalsingh & Nässén, 2020) The Swedish media has been criticized for not asking critical questions regarding the Swedish strategy (Pierre, 2020).

In population-based court study of the case of Stockholm, in Sweden, Rostila et al. (2020) found that especially high mortality risks from covid-19 was found among individuals born in Somalia, Lebanon, Syria, Turkey, Iran and Iraq. Socioeconomic status, number of working age household members and neighborhood population density attenuated up to half of the increased covid-19 mortality risks among foreign born (Rostila et al., 2020). Disadvantaged socioeconomic and living conditions may increase infection rates in migrants and contribute to higher covid-19 mortality risk (Rostila et al 2020). The findings suggest that many migrant groups are particularly vulnerable to death during covid-19 pandemic and that policies aiming to reduce covid-19 disparities by ethnicity/country of birth should consider such conditions when designing health interventions (Rostila et al., 2020). A survey in Sweden by the public health agency found that immigrants from Somalia, Syria and Iraq are disproportionately infected by covid-19 although Somali swedes are about 0.5% of the national population, they form 5% of the confirmed cases (Yaya et a., 2020).

Sweden is one of the countries that are technologically and scientifically advanced in terms of health care, yet it is known that ethnic and racial minorities continue to experience disproportionate health outcomes which predate the current covid-19 crisis (Yaya et al., 2020). With

lack of use of minority data, it is not only difficult for minority populations to understand the causes and patterns of diseases and their environment, but it also limits the government from recognizing the impact of health and social policies (Yaya et al., 2020). The existing knowledge on ethnic disparities in covid-19 mortality in Sweden is limited, the only explanation found in the literature for the disproportionate burden of the covid-19 pandemic for ethnic minorities in Sweden is known as socio-economic conditions and living conditions.

None of the scholars address the role of race or racism in the case of racial disparities in covid-19 mortality in Sweden. In a bachelor's thesis, Munoz (2020) interrogates the possibility of a white middle class bias in the Swedish government and the National Pandemic groups management of the covid-19 crisis from a post-colonialist perspective, and it is found that the specific vulnerabilities of ethnic minorities and the socio-economic inequalities between majority white swedes and ethnic minorities has not been taken under much consideration by the Swedish government or the national pandemic group, which is then interpreted as resulting from a white middle class bias.

Thus, research on covid-19 and racial disparities respect to mortality rates in Sweden is limited to non-existent. Therefore, it is of importance to study the representation of underlying causes of ethnic disparities in covid-19 mortality in Sweden.

The next subchapter will present the identified gap and argumentation for the scientific importance of the knowledge produced by conducting this thesis.

## **2.4. Contribution**

The scholarly line of critical race studies and its Swedish context, and existing knowledge on covid-19 pandemic and racial disparities, are both limited in their interconnectedness. In the first line of scholarship, it is discovered that that there is a need for the accumulation of empirical studies on critical race studies in addressing how the underlying causes of ethnic disparities in covid-19 mortality in Sweden is represented by the governmental agency responsible for promoting health equality. In the line of existing knowledge on covid-19 pandemic and racial disparities, it is identified that there is a limited and insufficient knowledge about the underlying causes of ethnic disparities in covid-19 mortality rates in Sweden.

As it has been pointed out, in both lines of scholarship, public health policy has the power to decrease health inequalities, and that there is a need of race consciousness and minority specific data both in research and policy making in regards to public health and health inequalities. Based on the identified needs and limitations in the scholarships, this thesis has discovered an important gap to be filled in the existing knowledge on the underlying causes of ethnic disparities in covid-19 mortality

rates in Sweden within the field of critical race studies. The identified gap in the existing lines of scholarships is the lack of a critical race lens on how the underlying causes to ethnic disparities in covid-19 mortality is represented by the governmental agency that is responsible for promoting health equality. Therefore, this thesis aims to fill the gap by conducting a critical analysis of how the Swedish Public Health Agency has represented the underlying causes of ethnic disparities in covid-19 mortality rates in Sweden.

### **3. THEORETICAL APPROACH**

This chapter will begin with presenting the ontological and epistemological premises in this thesis, which are based on social constructivism. The chapter continues with presenting critical race theory and framing theory. Thereafter, the chapter will present the analytical tool used; the 'What's the problem represented to be?' (WPR) approach developed by Carol Bacchi (2012) to understand how actors frame social problems and represent the problems in a certain policy or policy proposal; which is in the case of this thesis how the problem of racial disparities in covid-19 mortality is framed by the Swedish Public Health Agency.

In presenting critical race theory, framing theory and the WPR approach, the aim is to apply the theories on the empirical data. A presentation of the methods for collecting data and analyzing the data will be presented in the next chapter.

The aim is not to develop theories, nor to find causal relationships. The aim is rather to apply already existing theories to a new descriptive case study; a case study on critical race theoretical perspective of the framing of ethnic disparities in Covid-19 mortality made by the Swedish Public Health Agency. The following subchapter will present the ontological and epistemological premises of social constructivism adequate for the aim of this thesis.

#### **3.1. Social Constructivism**

The world is subjectively created and human behavior can only be understood through an interpretation of the meanings, beliefs, and ideas that give people reasons for acting (Halperin & Heath, 2012:40) The understanding of the world in this thesis is that the world is the product of social forces, hence, knowledge is a social construction and reality is socially constructed (Bacchi & Eveline, 2010:117-118) Frames are perceptions of realities engaged in power struggles over defining and constructing meaning in representations of social problems (Benford and Snow, 2000; Bacchi, 2012; Kamali, 2005) Race and racialization are socially constructed terms and contribute to shaping knowledge and reinforce existing racial hierarchies; knowledge production is inherently subjective and hence socially constructed (Ford & Airhihenbuwa 2010). The role of race in knowledge production is central; culture and power shape knowledge production by establishing the processes by which understandings are generated and disseminated, the perspectives informing research aims and interpretations of findings, the types of information deemed important, and whose contributions count (Ford & Airhihenbuwa, 2010). When knowledge production is presumed to be value-free, a majority group's cultural norms, assumptions and methods are likely to dominate research while viable, non-mainstream approaches and understandings remain marginalized (Ford & Airhihenbuwa, 2010).



### **3.2. Critical race theory(CRT) - perspective**

Since its origins in the field of law in the U.S., CRT has developed to an interdisciplinary approach that guides the researcher to conduct anti-racism research and practices; to pay attention to equity when conducting research and practices (Ford, 2010). CRT questions the very foundations of the liberal order, and has an activist dimension (Delgado & Stefancic, 2017). It is activist in regards to its foundation of questioning the liberal order, social situations beyond the understanding of racial lines and hierarchies, CRT tries to transform social situations for the better (Delgado & Stefancic, 2017). This activist dimension of CRT is closely connected to the essence and nature of what a critical theory is. As '*a theory is critical to the extent that it seeks human "emancipation from slavery", acts as a "liberating ... influence", and works "to create a world which satisfies the needs and powers of" human beings*' (Horkheimer 1972b [1992, 246]) in Bohman 2005).

In CRT, the role of race as socially constructed is central and race consciousness is essential for understanding racialized constructs and mechanisms (Ford, 2010). The term race does not correspond to a biological or genetic reality, even though people of common ethnic origin share certain physical appearances such as skin color and hair texture but it has nothing to do with personality, intelligence, and moral behavior (Delgado & Stefancic, 2017). Rather, the term race is socially constructed and refers to as a product of social- thought and relations.

In this thesis, the term race is referred to as a way of categorizing human beings based on physical appearances, language, culture, ethnicity and sometimes religion. This is a practice that traces back to the colonial era which connects certain bodies to certain regions and continents, and hence, determining the who is superior along with who is subordinate based on racial attributions, e.g. the white body in contrast to the non-white body; the racialized body (Hübinette et al., 2012). When becoming racialized, that human being is then a potential target for structural discrimination when it comes to the power of resources, and the power of deciding for his/her living conditions in the social reality (Hübinette et al., 2012; Hultén, 2007; Kamali, 2005). Furthermore, there exist power relations in defining social problems as well, in which the normative objectives are set and controlled by the elite environments based on racist understandings of the 'us' and the 'other' (Kamali, 2005; van Djik, 2005).

In the Swedish context, the term race is abolished. Instead, other terms has evolved that refer to what is meant by 'race' in CRT. A specific term is the term of 'invandrare', meaning 'migrant', in the Swedish context. The term 'invandrare' or migrant in the Swedish context is a social construction of a person with non-Nordic and non-European appearance and culture (Tom et al., in

Hultén et al., 2007). The further away from the Swedish norm in matters of physical appearance such as eye and hair color, the more stigmatized the person as an 'invandrare'. 'Invandrare' is a stigmatized term, in the political arena the term is closely connected to problem definitions and solutions to those that are different and live in exclusion from the Swedish majority. Besides the aspect of differences in physical appearance, the individuals that are categorized as 'invandrare' are often those who live in poverty and are socially disadvantaged (in Hultén et al., 2007). The term is assigned to individuals regardless of their legal status in Sweden, e.g. if the individual holds Swedish citizenship or not. The term is generational, meaning that there is first generation of invandrare; those who are not born in Sweden, second generation 'invandrare' children - born in Sweden, - with parents who are born outside of Sweden (in Hultén et al., 2007). The term is used by different institutions in society; the media, political actors, and other elite environments; and often connected to a negative discourse (Brune, 2004; Strömbäck, 2009; Hultén 2007). In the scholarly line of critical race studies in Sweden, it is acknowledged that even though the word 'race' is abolished from the Swedish language, other terms has replaced it in the discourse of non-white individual in the Swedish society, such as 'invandrare'. There is a clear distinction between physical appearance and the recognition of Swedishness (Habel 2008; Hübinette et al., 2012)

In CRT, racism is ordinary and embedded in all sectors in the society and the everyday life experience for racialized people (Delgado and Stefancic, 2017). This ordinariness of racism in the society makes it difficult to address due to colorblindness (Delgado and Stefancic, 2017; Hübinette et al. 2012; Törngren, 2015). Colorblindness is racist per se, in excluding the experiences of racialized people and limiting the ability to address social inequalities caused by racism. CRT is opposed to the colorblind ideology which does not respect the impact of race and racialization in everyday lives of racialized people. Colorblindness is argued to be making it difficult to adress and solve social problems that regards everyday racism, segregation and structural discrimination since it denies the role of racism in the society; in social practices and social problems and the problematization as such (Hübinette et al., 2012; Törngren 2015).

Structural discrimination refers to the institutional structures, norms and forms of organisations in the society that indirectly and often unintended discriminates against individuals as well as groups with different ethnic background than the majority in a society (Kamali, 2005). Thus, structural discrimination is embedded in procedures and practices that is not intended to discriminate, but in practice, it is systematically excluding certain groups from possibilities in the society (Kamali, 2005). This in turn, is in favor of the privilege and power positions of the majority in the society. Thus, it results in the reproduction of ethnic subordination (Kamali, 2005). Structural discrimination based on race is central to CRT as its core objective is to transform the society for the better.

In contrast to colorblindness, CRT suggests that a race consciousness must frame actions towards social change (Ford & Airhinenbuwa, 2010). Race consciousness is at the core of CRT objective in social research and practice. It suggests that an understanding of racialization is necessary to investigate the role of racism in for example health inequities (Ford & Airhinenbuwa, 2010). Racialization is embedded in the society, and CRT opposes colorblind ideology that ignore the role of radicalization in generating racially differential risks for otherwise non-racial social exposures (Ford & Airhinenbuwa, 2010: 1393).

### **3.3. Framing theory**

The term 'frame' is in its origins defined by the sociologist Goffman (19) and has since then been frequently used in a variety of academic fields (van Hulst et al., 2016). In communication studies, the definition of Entman is commonly referred to, which states that:

*'To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation.'* (Entman, 1993: 52)

The major premise of framing theory is that an issue can be viewed from a variety of perspectives and be construed as having implication for multiple values and considerations (Chong & Druckman, 2007). Framing refers to the process by which people develop a particular conceptualization of an issue or reorient their thinking about an issue (Chong & Druckman, 2007). A frame can be episodic and/or thematic when representing the responsibility of a problem and solutions to the problem. In episodic framing, the responsibility is put on a certain event or individual, whereas in thematic the responsibility is put on a certain context and background specific where the responsibility is put on societal level (Iyengar, 1991) .

The verb framing is understood as an active, processual phenomenon that implies agency and contention at the level of reality construction. It is active in the sense that something is being done, and processual in the sense of a dynamic, evolving process. Benford and Snow (2000) define the core framing tasks as diagnostic framing (problem definition and attributions), prognostic framing, and motivational framing. In diagnostic framing, actors identify the problem and the causes and/or blame, and in prognostic framing a proposition of a solution to the problem is identified; a plan of 'attack' and the strategies to implement the plan (Benford & Snow, 2000). Motivational framing calls for action to solve the problem (Benford & Snow, 2000).

When it comes to critical race perspective and problem definition, the understanding in this thesis is that the discriminatory order in the society, based on racism, would not exist without the power and privilege of racist discourses to define social problems and/or create meaning in a certain context (Kamali, 2005). This is referred to as 'master narratives' in which the discursive differences between the 'us' and 'them' neutralizes the socio-economic inequality in the society, which in turn contributes to keeping the existing power structures (Kamali, 2005). This is understood as having the power and privilege to define a social problem, while it is maintaining racist discourses of interpreting the world and social problems. Recalling Entman's (1993) definition of framing, when selecting a certain aspect of the reality and defining problems, causes and solutions, is a social practice that provides a frame for addressing the problem, however, it is also a social practice that entails exclusions and silences.

To select a certain frame for a social problem is also to exclude and make other frames invisible by excluding the voices, experiences and perspectives that can challenge and destabilize the perceived world that the power relations are built upon. This mechanism is understood as a power struggle to create meaning in the social world; as well as having the privilege to define a problem (van Dijk, in Bortom vi och dom 2005).

### **3.4. WPR - approach**

The WPR approach developed by Carol Bacchi (2012) is a tool for assisting in critical interrogation of public policies. Similar to framing theory, the premise is that what one proposes to do about something reveals what one thinks is problematic (needs to change). Policies and policy proposals contain problem representations and the WPR approach states that:

'... policy is not the government's best effort to *solve* 'problems'; rather, policies *produce* 'problems' with particular meanings that affect what gets done or not done, and how people live their lives' (Bacchi, 2012 p. 22).

Hence, the public is not governed through policies, but through problematizations; how problems are framed. The WPR approach allows for critical interrogation of policies and policy proposals, and reflexivity. Within the WPR approach, policies and policy proposals contain implicit representations of what is considered to be the problem (problem representations) and the task is to critically interrogate and question the problem representation through a set of six questions. An important feature of the WPR approach is the recognition that there exist different truths in the social world and the approach allows for critical interrogation for both the problem representation found in a certain

policy or policy proposal, as well as a critical interrogation of one's own suggestion for problem representation. The WPR approach consists of six analytical questions:

1. 'What's the 'problem' represented to be in a specific policy or policy proposal?
2. What presuppositions and assumptions underlie these representations of the 'problem'?
3. How has this representation of the problem come about?
4. What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?
5. What effects are produced by this representation of the problem?
6. How/where is this representation of the problem produced, disseminated and defended? How could it be questioned, disrupted and replaced?

In this thesis, question one and four will be utilized to develop analytical research questions to fulfill the aim of this thesis. The first question assists in clarifying the implicit problem representation within a specific policy or policy proposal that is about to be analyzed (Bacchi, 2012 p. 22). In respect to the aim of this thesis, which is to analyze how the underlying causes of racial disparities in covid-19 mortality is represented by the Swedish Public Health Agency, the first question make it possible to identify representation of what is considered to be the underlying causes of racial disparities in covid-19 mortality rates in Sweden. The fourth question allows for critical thinking and questioning of possible gaps or limitations in the representation and opens up for potential alternative representations (Bacchi, 2012).

### **3.4. Analytical framework**

The analytical framework in this thesis is developed from previous scholarship on CRT (Ford & Airhihenbuwa, 2010 , Delgado and Stefancic, 2017), framing theory (Entman, 1993; and Benford & Snow, 2000), and the WPR approach (Bacchi, 2012).

As the ontological standpoint in this thesis is found in social constructivism, this thesis induces the socially constructed term of race as central to understanding social inequities in problem representations made regarding racial disparities in covid-19 mortality rates in Sweden. Based on the

core objectives of CRT, the analytical framework in this thesis uses the concept of race consciousness both analytically and methodologically. Therefore, race consciousness frames the research process in this thesis by providing an understanding of racialization as a structural and systematic mechanism embedded in social practices and problem representations. Race consciousness is also providing a critical lens to analyzing contemporary problematizations regarding racial disparities in covid-19 mortality made by the Swedish Public Health Agency.

Hence, CRT is used to guide the critical thinking in this thesis when analyzing the representation of the underlying causes of racial disparities in covid-19 mortality rates in Sweden. Framing theory is used to identify the frames of underlying causes in the report on migrants and covid-19. Also, framing theory is used to categorize the critical interpretations made in this thesis in a systematic manner with respect to the core framing tasks. The WPR-approach is used to develop analytical research questions to critically interrogate and question the specific representation made by the Swedish Public Health Agency.

WPR APPROACH TO CRITICAL QUESTIONING AND INTERROGATION OF POLICY/POLICY PROPOSAL	FRAMING OF UNDERLYING CAUSES OF ETHNIC DISPARITIES IN COVID-19 MORTALITY MADE BY THE SWEDISH PUBLIC HEALTH AGENCY	A CRT PERSPECTIVE ON THE REPRESENTATION OF UNDERLYING CAUSES TO ETHNIC DISPARITIES IN COVID-19 MORTALITY RATES
What are the underlying causes represented to be in a specific problem representation?		
What is left unproblematic in this representation of the underlying causes? Where are the silences? Can the underlying causes be thought about differently?		

## 4. SPECIFIED AIM AND RESEARCH QUESTION

The aim of this thesis is to critically analyze how the Swedish Public Health Agency has represented the underlying causes of racial disparities in covid-19 mortality in Sweden. By using a CRT perspective, framing theory, and the WPR- approach, this thesis will critically analyze the framing of the representation of underlying causes of racial disparities in covid-19 mortality made by the Swedish Public Health Agency. The research question is developed from the scholarly line of critical race studies and its Swedish context, and existing knowledge on covid-19 pandemic and racial disparities. As mentioned in the literature review, the identified gap in existing scholarships and knowledge is the lack of a critical race analysis of the representation of underlying causes to racial disparities in covid-19 mortality in Sweden. Thus, this thesis seeks to fulfill the aim of this thesis by asking:

*How are the underlying causes of racial disparities in covid-19 mortality framed by the Swedish Public Health Agency?*

In order to answer the research question, I have chosen to formulate two subquestions based on the analytical tool of WRP-approach. The subquestions are the following:

- 1. What are the underlying causes of the racial disparities in covid-19 mortality rates in Sweden represented to be by the Swedish Public Health Agency?*
- 2. What is left unproblematic in this representation? Where are the silences? Can the representation be thought about differently?*



## **5. METHOD**

With respect to the aim of this thesis, which is to conduct a critical analysis of how the Swedish Public Health Agency represents the underlying causes of racial disparities in covid-19 mortality rates in Sweden, I have chosen to analyze the only report released by the agency on foreign-borns and covid-19. In this chapter, I will discuss the chosen research design for this thesis, which is a single case study design; an in-depth analysis of how the Swedish Public Health Agency represents the underlying causes of racial disparities in covid-19 mortality rates in Sweden in the released report on foreign-borns and covid-19. I will also discuss the choice of data and data collection. I will also present the method for analyzing the data, which is a qualitative content analysis. The concerns of reliability, validity and generalizability will follow throughout the chapter.

### **5.1. Research design**

In order to fulfill the aim of this thesis and answer the research question of how the representation of the underlying causes of racial disparities in covid-19 mortality is framed by the Swedish Public Health Agency, I have chosen a single-case study as the most suitable research design. A research design is a framework for the generation of evidence that is chosen to answer the research question of interest (Bryman, 2016 p. 39) Reliability, replication and validity are criteria for assessing the quality of social research (Bryman, 2016 p. 39).

A case study entails the detailed exploration of a specific case (Bryman, 2016 p. 40). Reliability is concerned with the question of whether the results of a study are repeatable (Bryman, 2016 p. 41). Validity is concerned with the integrity of the conclusions that are generated from a piece of research (Bryman, 2016 p. 40). In qualitative research, an alternative position for quality criteria appears to be trustworthiness and authenticity (Bryman, 2016 p 384).

Following the logic of social constructivism and interpretivism as a central feature of qualitative research on social problems, a greater concern for quality criteria is transparency. That is, as the world is socially constructed, the interpretivist feature of qualitative research holds that there exists multiple accounts of social reality, therefore, a quality criteria in qualitative research is that the researcher must follow the principles of good practice (Bryman, 2016 p 384). A transparent and reflexive presentation of methodology and theoretical concepts to achieve the findings in the research is of great concern to respond to threats of internal validity and reliability.

The issue of external validity is concerned to be a weakness in single case research design since the case is not a sample of a greater population and it is not possible to draw conclusions applicable to other similar cases. However, in qualitative research, a single case study research design does not seek to reach general and representative findings applicable to other cases. Rather, single

case study researchers argue that the aim is to generate intensive examination of a single case, in relation to which they then engage in a theoretical analysis (Bryman, 2016 p 64).

In respect to the aim of this thesis, the case to be intensively studied is the framing of the representation of the underlying causes of racial disparities in covid-19 mortality rates in the Swedish Public Health Agency report on foreign-born and covid-19. This research is qualitative in nature and holds an ontological and epistemological position based on the premises of social constructivism which is open for interpretation of the social reality. The aim is not to claim an absolute truth about the case to be studied, rather, the study of this case of interest is done from a pre-defined theoretical approach that guides and assists in interpreting the case from a specific perspective.

When reflecting over the choice of research design in this thesis, another suitable one could have been a comparative research design, for example, I could have chosen compare how different actors in the Swedish society frame the representation of underlying causes to racial disparities in covid-19 mortality in Sweden. Another possible comparison could have been to compare how the agency frames racial disparities before and after the outbreak of covid-19. However, the interest of this thesis is not to analyze frames over time, nor to compare different frames. Rather, the interest of this thesis is to gain in depth knowledge of how the Swedish Public Health Agency has framed the representation of the underlying causes of racial disparities in covid-19 mortality rates in Sweden.

## **5.2. Choice of data and data collection**

Since the interest of this thesis is to conduct an in-depth and critical analysis of how the representation of the underlying causes to racial disparities in covid-19 mortality rates in Sweden is represented by the Swedish Public Health Agency, I have chosen to conduct an in-depth analysis of the report on migrants and covid-19; *"Migrants and COVID-19 – Confirmed cases, ICU-cases and mortality from 13 March 2020 to 15 February 2021 among foreign-born in Sweden"* (Folkhälsomyndigheten, 2021). The Swedish Public Health Agency is a governmental agency that operates as a national knowledge-based agency towards an improved public health, by developing and aiding the society in its work for an improved health, preventing disease and protecting against possible health threats (Folkhälsomyndigheten, 2016). In respect to the influence of the Swedish Public Health Agency, both in regards to their role in promoting improved health for the Swedish population, as well as in regards to the role of the agency during the covid-19 pandemic as the responsible agency to handle the pandemic and developing strategies to protecting the Swedish people, the official document released by the Swedish Public Health Agency regarding foreign borns and covid-19 mortality is relevant to the aim of this thesis. The report presents statistics on covid-19 cases including intensive care, and

covid-19 mortality. The report draws on analysis based on records during the period 13 mars 2020 to 15 February 2021. The report was released in 29 April 2021 at the webpage of the Swedish Public Health Agency. The report consist of 61 pages with the aim of presenting how the number of confirmed cases, intensive care provided, and the number of covid-19 deaths is proportionated in the Swedish population based on the inhabitant's birth country. The report seeks to answer how covid-19 is proportionated in the population, if foreign-borns have higher incidence and higher relative risk in regard to confirmed covid-19 cases, intensive care and covid-19 mortality, and how much of the increased risk can be explained by underlying socio-economic factors and living conditions. The report presents data about age, gender, country of birth, and certain socioeconomic and sociodemographic variables such as income, educational level and form of housing. The report also attempts to briefly describe how birth country as a variable can co-varyate with other variables, so called social determinants, and have an effect on different health outcomes, with focus on covid-19. (Folkhälsomyndigheten, 2021)

According to the Swedish Public Health Agency, the report forms a basis for the continuous work with covid-19. Thus, it is of interest of this thesis to study the report as it constitutes the first step in policy making processes that represents the underlying causes which guides and frames future work with the problem of health inequalities and inequities during covid-19 pandemic.

Even though a methodological reasoning on the choice of data suggests that if a researcher wishes to employ documents as a means of understanding aspects of an organisation and its operations, it is likely that he or she will need to analyze more than one document. That is, if we want to treat documents as telling us something about an underlying reality, we will need to employ other sources of data regarding that reality and the contexts within which the documents are produced. These other sources are likely to be significant for developing a contextual understanding of the documents and their significance (Bryman, 2016: 560-561). In this single case of this thesis, the data is first and foremost limited, the only relevant official document found that indicates how the underlying causes of racial disparities in covid-19 mortality rates in Sweden is the released report by the Swedish Public Health Agency. I am aware of the limitation in making broader inferences based on one document, therefore I have chosen to analyze the only existing document in depth, which is considered as comprehensive enough to answer the research question in this thesis.

The term 'documents' covers a wide range of different kinds of sources in qualitative research. A document may be letters, diaries, photographs, newspapers, magazines, websites, blogs, etd. Although primary sources may be more time consuming to collect, documents that have not been produced and placed in the social world by the request of a researcher, may be less time consuming and easier to collect, and reduce bias.

The chosen data is collected from the website of the Swedish Public Health Agency; <https://www.folkhalsomyndigheten.se/>, and the search words 'invandrare'/'migrants', 'urikesfödda'/'foreign born', and 'covid-19' were used to find the report. I found five documents relevant to the search words. Taken together, they provide a context of how the Swedish Public Health Agency addresses health inequalities facing different ethnic groups in the Swedish society. However, I have chosen only one of the documents which was the only one related to migrants and covid-19 mortality. I am aware of the limitations of using only one document in the analysis, which is that it limits the possibility to make greater inferences about the actor that has produced the document. When choosing the specific document in this thesis about migrants and covid-19 mortality I find it as the only suitable source during the writing of this thesis. It is worth to mention that the pandemic is still ongoing which is a contributing factor to the limitations of available data. Furthermore, in the search for relevant documents, I have compared new articles to the chosen report on migrants and covid-19, and found that the report released by the Swedish Public Health Agency more comprehensive than the few news articles on the representation of the underlying causes to racial disparities in covid-19 mortality.

### **5.3. Methods for analyzing data**

Content analysis involves systematic analysis of textual information, such as official documents (Halperin & Heath, 2012: 318). A significant advantage in this case is that a content analysis of an existing official document reduces bias, compared to interviews which is also a relevant source of analysis. However, a content analysis does not eliminate the bias of the researcher. In this thesis, the analytical framework provided in chapter three aims at reducing researcher bias and increasing the reliability and internal validity of this thesis; to contribute the research with good practice and transparency. Using a content analysis, the researcher may get material on decision-making, or in this case, policy problems, without interviewing the policy-maker or decision-maker. Which is both time and cost effective but also chief advantage for reducing bias and prejudice in the research (Halperin & Heath, 2012 p. 318).

Qualitative content analysis seeks to analyze the latent meaning in the content, rather than the manifest content which is more accurate for quantitative analysis. The meaning of the text may not be found on the surface of the content, but 'between the lines' (Halperin & Heath, 2012 p. 319). Qualitative content analysis assumes that it is possible to expose the meanings, motives, and purposes embedded within the text, and to infer valid hidden or underlying meanings of interest to the researcher (Halperin & Heath, 2012 p. 319). It is generally more sensitive to the context in which the texts are produced, and better able to tell us about meanings, norms, values, motives and purposes.

Another type of interpretive and constructivist form of textual analysis is discourse analysis, and critical discourse analysis, which aims at revealing meanings through an examination of the language and discourse and to uncover how discursive practices construct meanings through the production, dissemination, and consumption of various forms of texts. Although a critical discourse analysis is suitable for analyzing latent meaning of the text, it is not suitable for the aim of this thesis. Since the aim of this thesis is to conduct a critical analysis of how the representation of the underlying causes of racial disparities in covid-19 mortality is framed by the Swedish Public Health Agency, I am choosing to analyze the report on migrants and covid-19 through qualitative content analysis to reach the latent meaning; go beneath the surface of the report as a means to question and interrogate the specific representation made.

Furthermore, I am choosing to analyze the collected data by qualitative content analysis instead of quantitative content analysis since this thesis is not interested in the frequency of words used or to what extent certain words are used, rather, this thesis is concerned with the latent meaning of the text, and to analyze the meanings embedded in the case intensively.

When analyzing the data I am reading the official document carefully, when relevant information is identified in sentences and paragraphs, analytical questions derived from framing theory, WPR approach and CRT will be asked to the text in order to reach the embedded meanings of the texts. Based on the knowledge found in CRT, I will especially look for the presence and absence of race consciousness in the representation of the underlying causes of racial disparities in covid-19 mortality. Most interestingly, I will with the help of the knowledge in CRT uncover the silences in the framing of the underlying causes of racial disparities in covid-19 mortality represented by the Swedish Public Health Agency.

## **6. ANALYSIS**

This chapter provides a critical analysis of how the representation of the underlying causes of racial disparities in covid-19 mortality is framed by the Swedish Public Health Agency. The analysis is conducted with the use of a CRT perspective, together with the use of framing theory and the WPR approach. The analysis follows the structure of the analytical framework developed in the theoretical chapter in this thesis. The analysis begins with the identification of how the Swedish Public Health Agency frames the representation of the underlying causes of racial disparities in covid-19 mortality in their report on migrants and covid-19. The analysis further develops in the second question that explores what is left unproblematic in the representation made by the agency, the silences in the representation and alternative thinking about the representation. But first, a brief review of the research problem will be presented to introduce the analysis.

## 6.1. Background

The fact that the covid-19 pandemic has put disproportionate burden on minority groups in developed countries is also reflected in the disproportionate burden in covid-19 mortality rates in Sweden. Research on covid-19 mortality rates in Sweden provide evidence for the disproportionate burden of the covid-19 pandemic on vulnerable and marginalized groups in the Swedish society. The Swedish approach to the role of racism in social inequality, especially in regards to health inequalities, is limited and resisted. Compared to American scholarships on the role of racism and the term race as a social determinant to social discrimination, inequalities and inequities, the scholarly line of critical race studies in a Swedish context is limited. The denial of the role of race and racialization, referred to as colorblindness in CRT, is argued to be an obstacle for addressing racism in the society. The scholarly argument to approach racism is to understand the role of race and racialization when approaching and addressing social inequalities, and to have a race consciousness in knowledge production both in policy making processes as well as in research.

Therefore, CRT is used in this thesis to guide the critical thinking of this thesis when analyzing how the Swedish Public Health Agency frames the representation of the underlying causes of racial disparities in covid-19 mortality in Sweden to contribute with knowledge to the scholarly line of critical race theories in the Swedish context, and to produce new knowledge on how the Swedish governmental agency that is responsible for promoting health equality is framing the representation of the underlying causes of racial disparities in covid-19 mortality in Sweden.

In April 2021, the Swedish Public Health Agency released a report with the title "*Migrants and COVID-19 – Confirmed cases, ICU-cases and mortality from 13 March 2020 to 15 February 2021 among foreign-born in Sweden*". The aim of the report is to present how the number of confirmed cases, the number of intensive health care provided and the number of deaths caused by covid-19 is proportioned in the population based on the inhabitant's country of birth.

To begin with, a clarification of the terms used in this thesis and the terms used in the report is needed to avoid misinterpretations. In this thesis, the question asked studies the representation of the underlying causes of the *racial* disparities in covid-19 mortality. The term *racial* in this thesis refers to distinction in the population made between the white majority population in Sweden and non-white minorities in Sweden. The report however use terms such as *foreign-born*, *migrant*, *'invandrare'*, and *Swedish born*. The prominent term used in the report is *foreign-born* which is, according to the Swedish Public Health Agency, referring to individuals born in another country than Sweden that may be students, refugees, labor migrants, relative migrants, people that have been raised in Sweden and people that are newly arrived in Sweden. Hence, the distinction made in the report

partly reflects the distinction made between the perceived swede and non-swede when measuring 'Swedishness' in terms of ethnic differences.

The report provides statistical evidence that reveals the disproportionate burden of covid-19 mortality in Sweden. In the report, it is found that the confirmed cases of covid-19 is lower among foreign-born compared to people born in Sweden. Although, the need for intensive care and the mortality is higher among foreign-born compared to people born in Sweden. A possible explanation for the lower rates in confirmed cases for the population born in other countries than Sweden is that they may have tested for covid-19 in a lesser extent. The report shows that foreign-born in Sweden have been affected by covid-19 more than Swedish born. The report also shows that the difference between foreign-born and Swedish born is the most in regards to intensive care, and large differences in regard to mortality. Significantly, the relative risk to the need for intensive health care is much higher for persons that are born in Africa and the Middle East, compared to the Swedish born population, although the rates differ during the year of 2020. The results from the report reveals that there is an increased risk to be diagnosed with covid-19 for people born in the Middle East, South-East Europe, South America, Africa, and Asia and Oceania (Folkhälsomyndigheten, 2021: 17) Also, the report shows that the risk to be needing intensive health care is five times more for persons born in Africa and the Middle East, compared to people born in Sweden (Folkhälsomyndigheten, 2021: 20). In regards to mortality, the report shows that the relative risk to die from covid-19 is larger for all regions compared to Sweden, persons born in Africa have 3,4 times increased risk, and people born in the Middle East 2,8 times more risk to die from Covid-19 compared to people born in Sweden. For the other regions the risk was 2 times more (Folkhälsomyndigheten, 2021: 20-23).

As the report serves as an important input for the work to handle covid-19 and the work to decrease health inequalities, it is important to analyze how the representation of the underlying causes of racial disparities is framed by the Swedish Public Health Agency. One of the reasons to why it is important to study the report is that the identification of underlying causes of a problem also sets the path and direction for suggested solutions and actions to solve the problem (Benford & Snow, 2000; Bacchi, 2012, Entman, 1993). Even though a preferable report for the interest of this thesis would contain the whole chain that is explained by framing theory; problem identification, causal interpretations, and suggested solutions, this report of interest is limited to the causal attributions of the problem. It is worth to mention that the covid-19 pandemic is still ongoing and the report may serve as an important input for future policies and problematizations. Therefore, the available and relevant data is limited to the only report on migrants and covid-19 during the writing of this thesis.

As the aim of this thesis is to conduct a critical analysis of how the representation of the underlying causes of the racial disparities in covid-19 mortality rates in Sweden is framed by the Swedish Public Health Agency, I have divided the task into two researchable subquestions. The first

section provides an understanding of the actual representation made by the Swedish Public Health Agency. The second section provides the CRT lens on the representation made by the agency. In the following sections, a critical analysis of the report on migrants and covid-19- *”Migrants and COVID-19 – Confirmed cases, ICU-cases and mortality from 13 March 2020 to 15 February 2021 among foreign-born in Sweden”*, that has been produced and released by the Swedish Public Health Agency, will be presented.

## **6.2. What are the underlying causes of the racial disparities in covid-19 mortality rates in Sweden represented to be by the Swedish Public Health Agency?**

In this section, the first subquestion is answered by identifying what the underlying causes of racial disparities is represented to be by the Swedish Public Health Agency. The Swedish Public Health Agency acknowledges that several social determinants of health are considered to be risk factors rather than one specific factor. In the report, the Swedish Public Health Agency points out age, socio-economic status and housing conditions as significant risks for covid-19 mortality. In the following paragraph, the evidence to support the identification is presented:

*”The risk of needing IVA care and of dying in covid-19 is strongly linked age, but also to socio-economic status and housing conditions. Lower income and shorter education increases the relative risk (13, 20, 34). The risk of becoming exposed to covid-19 is partly linked to an individual's work, where for example the care and nursing professions can involve a higher risk, as can other contact professions there you can not work from home or keep your distance. The pandemic has, among other things, been highlighted housing conditions as a risk factor as the infection spreads through dense contacts. Overcrowding, housing type and population density affect the risks to be exposed, and in combination with age and underlying health they have significance for the risks of needing IVA care or dying in covid-19.”<sup>1</sup> (Folkhälsomyndigheten, 2021: 29)*

In the above paragraph, the Swedish Public Health Agency is pointing out age, socio-economic status and housing conditions as significant underlying causes to covid-19 mortality. In the same paragraph, the agency states that lower income and shorter education increases the relative risk - which is compared to the risk for the population born in Sweden. Also, the Swedish Public Health Agency acknowledges that the risk of being exposed to the virus is partly linked to an individual's work, e.g. within health care professions and other jobs where social distancing is not possible. In addition,

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<sup>1</sup> Original: ”Risken för att behöva IVA-vård och för att avlida i covid-19 är starkt kopplat till ålder, men även till socioekonomisk status och boendeförhållanden. Lägre inkomst och kortare utbildning ökar den relativa risken (13, 20, 34). Risken för att bli exponerad för covid-19 är delvis kopplad till en individs arbete, där till exempel vård- och omsorgsyrken kan innebära en högre risk, liksom andra kontaktyrken där man inte kan jobba hemifrån eller hålla avstånd. Pandemin har bland annat belyst boendeförhållanden som en riskfaktor eftersom infektionen sprids genom täta kontakter. Trångboddhet, boendeform och befolkningstäthet påverkar riskerna för att bli exponerad, och i kombination med ålder och underliggande hälsa har de betydelse för riskerna för att behöva IVA-vård eller avlida i covid-19.”



housing conditions is also interpreted as a risk, that is, overcrowding, housing type and population density affect the risks to be exposed to the virus, in a combination with age and underlying health conditions there is significance for the risks of dying from covid-19.

However, the main risk factors that explains the differences between the population born in Sweden and the population born in other countries is found to be socio-economic factors and housing conditions which is presented in the following quote:

*”Similar to IVA care, it is seen that for those groups of foreign-born with high relative risks of dying in covid-19, the relative risk decreases significantly in relation to the reference group when adjusting for socio-economic factors and living conditions. That is, a large part of the increased risk can be explained by socio-economic factors and housing conditions.”<sup>2</sup> (Folkhälsomyndigheten, 2021: 30)*

In the above quote, the Swedish Public Health Agency confirms that they have evidence that supports the role of socio-economic factors and housing conditions in covid-19 mortality by adjusting the analysis for socio-economic factors and housing conditions which suggests that the relative risk of dying from covid-19 decreases significantly after the adjustment.

The role of socio-economic factors and housing conditions is according to the Swedish Public Health Agency significant to the differences between people born in Sweden and people born in other countries.

In the beginning of the report, the Swedish Public Health Agency acknowledges that the connection between being foreign-born and health in general is affected by several factors, for example migration. This is presented in the following quote:

*”Migration can affect human health in several ways, and interacts with other background factors in a complex way, factors such as level of education, working conditions, living conditions and access to care (8-10). In addition, socio-economic factors before, during and after migration can have an effect on different health outcomes.”<sup>3</sup> (Folkhälsomyndigheten, 2021: 13)*

The above quote is found in the beginning of the report in which the Swedish Public Health Agency attempts to explain differences between different groups in regards to health. It is interpreted as yet another significant factor and condition, however, it is not further developed in the analysis in the report, nor the conclusions of the report.

The interpretation made in this thesis, based on the evidence found in the report on migrants and covid-19 is that the Swedish Public Health Agency represents the underlying causes of racial

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<sup>2</sup> Original: ”I likhet med IVA-vården så ser man att för de grupper av utrikesfödda med höga relativa risker för att avlida i covid-19, så minskar den relativa risken avsevärt i förhållande till referensgruppen när man justerar för socioekonomiska faktorer och boendeförhållanden. Det vill säga, en stor del av den förhöjda risken kan förklaras av socioekonomiska faktorer och boendeförhållanden.”

<sup>3</sup> Original: ”Migration kan påverka människors hälsa på flera sätt, och interagerar med andra bakgrundsfaktorer på ett komplext sätt, faktorer som utbildningsnivå, arbetsvillkor, levnadsförhållanden och tillgänglighet i vården (8-10). Dessutom kan socioekonomiska faktorer före, under och efter migrationen ha en effekt på olika hälsoutfall.”

disparities by analyzing the outcome of covid-19; confirmed cases, the need for intensive health care and mortality between the population born in Sweden and the population born in other countries. Also, it is interpreted as such that the Swedish Public Health Agency represents the underlying causes of racial disparities in covid-19 mortality in Sweden with a socio-economic inequality frame with an attempt to frame migration as a significant root cause. However, the migration frame is not developed in their analysis. Therefore, based on the evidence found in the report, it is in this thesis interpreted that the Swedish Public Health Agency represents the underlying cause of racial disparities in covid-19 mortality in a socio-economic inequality frame between the population born in Sweden and the population born in other countries.

In relation to previous research on covid-19 and differences between different racial/ethnic groups in the society, the representation made by the Swedish Public Health Agency are similar to the evidence found in the majority of the research that has been done previously. For example, previous research have also found that socio-economic conditions make ethnic minority groups especially vulnerable during the covid-19 pandemic (El Khatib et al., 2020; Mohapatra et al., 2020; Yaya et al., 2020; Webb et al., 2020; Razai et al., 2021; Rostila et al., 2021; Yearby et al., and 2020). Thus, the findings on what the underlying causes of the racial disparities in covid-19 mortality in Sweden is represented to be by the Swedish Public Health Agency supports the findings in previous research. However, Web et al., (2020) argues that the underlying causes of health disparities are complex and include racism and discrimination as an underlying cause besides social and structural determinants of health, economic and educational disadvantages, health care access and quality, individual behavior and biology. Thus, the findings in this section suggest that the role of racism is excluded in the representation made by the Swedish Public Health Agency.

In the next section, the representation made by the Swedish Public Health Agency will be critically investigated from a CRT perspective.

### **6.3. What is left unproblematic in this representation?**

#### **Where are the silences? Can the representation be thought about differently?**

In this section, the gaps and the limitations in the representation made by the Swedish Public Health Agency, interpreted from a CRT-perspective, will be presented. Also, an alternative thinking about the representation of the underlying causes of racial disparities in covid-19 mortality in Sweden made by the Swedish Public Health Agency will be presented based on the premises of CRT. In the representation of the underlying causes of racial disparities in covid-19 mortality made by the

Swedish Public Health Agency, I am based on the premises of CRT arguing that the role of racism as a root cause that affects social determinants of health is silenced and has not been problematized.

In the case of the representation of the underlying causes of racial disparities made by the Swedish Public Health Agency the first gap that emerges is the choice of population for the analysis made in their report. In the report on migrants and covid-19, the Swedish Public Health Agency has analyzed relative risks of the covid-19 outcomes based on country of birth for registered inhabitants in Sweden. The following sentences present the evidence for the chosen population of interest in their report:

*"The statistics include information on country of birth for persons registered in Sweden as well as information on income, level of education, occupation and household."*<sup>4</sup> (Folkhälsomyndigheten, 2021: 14)

And:

*"The group includes students, refugees, labor immigrants, relative immigrants, people who grew up in Sweden and people who are new arrivals. "Foreign-born" is, however, a term that is often used in Sweden when we analyze register data, because the information on country of birth is in Sweden's official statistics."*<sup>5</sup> (Folkhälsomyndigheten, 2021: 11)

In the above sentences the Swedish Public Health Agency explain the available information in the statistics used in the report that consists of information on country of birth for persons registered in Sweden. The sentences are interpreted as if the choice of population for the interest of the report excludes other significant parts of the Swedish population. That is, the racialized population that are born in Sweden and live in the Swedish society. For example, individuals with one or two parents that are born in another country than Sweden. Also, non-registered racialized people that live in the Swedish society, such as asylum-seekers and other individuals that are not registered as Swedish inhabitants. In this sense, one of the identified gaps in the population of interest in the report on migrants and covid-19 published by the Swedish Public Health Agency, is that a significant part of the Swedish population and people that live in Sweden during the covid-19 pandemic is excluded from the study. This gap raises important questions; how would the results of the analysis in the report on migrants and covid-19 affect the representation of the underlying causes of racial disparities in covid-19 in Sweden if all people in Sweden would have been included? Why are they excluded from the report?

The following paragraph outlines the acknowledged limitations of the report made by the Swedish Public Health Agency:

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<sup>4</sup> Original: "Statistiken omfattar uppgifter om födelseland för personer som är folkbokförda i Sverige samt uppgifter om inkomst, utbildningsnivå, yrke och hushåll."

<sup>5</sup> Original: "I gruppen ryms bland annat studenter, flyktingar, arbetskraftsinvandrare, anhöriginvandrare, personer som vuxit upp i Sverige och personer som är nyanlända. "Utrikesfödd" är dock ett begrepp som ofta används i Sverige när vi analyserar registerdata, för att uppgiften om födelseland finns i Sveriges officiella statistik."

*”In this report, we have not looked at the prevalence of medical risk factors in individuals, care utilization or at factors within the health care system such as availability of care, and we have not investigated the incidence of covid-19 among children of one or two foreign-born parents. We have not analyzed hospital care other than IVA care. We also did not have access to information on country of birth for people who tested for covid-19, but tested negative. Finally, we have not looked at the different conditions for individuals and groups to follow the recommendations for reducing the spread of infection, or at how well the recommendations have worked for different groups.”<sup>6</sup> (Folkhälsomyndigheten, 2021: 14)*

In the above paragraph, the Swedish Public Health Agency describes the limitations of the report in which it is recognized that children of one or two foreign-born parents are not investigated in the report.

In my attempt to address the silences in the representation made by the Swedish Public Health Agency, I have based on the premises of CRT found that the role of race and racialization; racism in the society, is absent. This of course, is not surprising, but fits well with the scholarly line of CRT within the Swedish context, as the scholarly argument is that the term race is abolished in the Swedish society, no one speaks of it in the public spheres (Hübinette et al., 2012; Carlson, 2012, Törngren, 2005). Also, that the Swedish colorblindness is embedded in organizations and institutions, hence, in social practices and problematization (Kamali, 2005; van Djik, 2005). The representation in the report of interest is produced by the Swedish Public Health Agency which is a Swedish governmental agency and is as expected acting with a colorblind ideology in public spheres. Even if certain actors or individuals in the agency would have a different ideology about addressing and approaching social problems, the colorblind ideology is embedded in the organizational structure, therefore, the outcome; the report, is not representing racism as a root cause for structural discriminations that affect racialized people’s socio-economic positions and living conditions in the Swedish society. This colorblind ideology that is specific in Sweden, is representing the Swedish paradox in the problematization of covid-19 context as well as racism is not addressed at all even though the report addresses socio-economic inequalities such as income inequalities, educational inequalities and differences in housing conditions. This paradox represents the complexity in addressing racism, which is also reflected in the representation of the underlying causes of racial disparities in covid-19 mortality in Sweden. On the one hand, the report is totally silenced about racism, on the other hand the statistics from the report shows that racialized groups

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<sup>6</sup> Original: ”I den här rapporten har vi inte tittat på förekomsten av medicinska riskfaktorer hos enskilda personer, vårdutnyttjande eller på faktorer inom hälso- och sjukvårdssystemet som t.ex. tillgänglighet till vård, och vi har inte undersökt incidensen av covid-19 bland barn till en eller två utrikesfödda föräldrar. Vi har inte analyserat annan sjukhusvård än IVA-vård. Vi har inte heller haft tillgång till uppgifter om födelseland för personer som testat sig för covid-19, men testat negativt. Slutligen har vi inte heller tittat på individers och grupperns olika förutsättningar för att följa rekommendationerna för minskad smittspridning, eller på hur väl rekommendationerna har fungerat för olika grupper.”

in Sweden are disproportionately affected by covid-19 compared to the Swedish born population (Folkhälsomyndigheten, 2021).

When it comes to CRT perspective and problem definition, the understanding in this thesis is that the discriminatory order in the society, based on race, would not exist without the power and privilege of racist discourses to define problems and/or create meaning in a certain context. This is referred to as 'master narratives' in which the discursive differences between the 'us' and 'them' neutralizes the socio-economic inequality in the society, which in turn contributes to keeping the existing power structures (Kamali, 2005). This is understood as having the power and privilege to define a social problem, while it is maintaining the colorblind discourses of interpreting the world and social problems. Recalling Entman's (1993) definition of framing, when selecting a certain aspect of the reality and defining problems, causes and solutions, is a social practice that provides a frame for addressing the problem, however, it is also a social practice that entails exclusions and silences. To select a certain interpretation or frame for a social problem is also to exclude and make other frames invisible by excluding the voices, experiences and perspectives that can challenge and destabilize the perceived world that the power relations are built upon. From a CRT perspective, by not including racism as an underlying cause that contributes to the socio-economic inequalities and hence, racial disparities in covid-19 mortality, the Swedish Public Health Agency is excluding a less accepted frame to the problem. For example, in the report, the Swedish Public Health Agency discuss migration as a contributing factor (Folkhälsomyndigheten, 2021)

The Swedish Public Health Agency is the responsible agency for promoting equal health and a head source of information about the health of the entire population in Sweden. In addition, the Swedish Health Agency has been the agency in charge of the Swedish covid-19 pandemic strategy. Another silence in the representation is a reflection of how the agency has protected the racialized population in Sweden through the covid-19 policies in the strategy.

Lastly, when reflecting about the representation made by the Swedish Public Health Agency and of alternative representations, based on CRT objectives, I am suggesting that the representation of the underlying causes of racial disparities in covid-19 mortality in Sweden could be thought about with a race consciousness frame. That is, a race consciousness must frame actions towards social change (Ford & Airhinnenbuwa, 2010). Race consciousness is at the core of CRT objective in social research and practice. It suggests that an understanding of racialization is necessary to investigate the role of racism in for example health inequities (Ford & Airhinnenbuwa, 2010). Racialization is embedded in the society, and CRT opposes the colorblind ideology that ignore the role of racialization in generating racially differential risks for otherwise non-racial social exposures (Ford & Airhinnenbuwa, 2010: 1393). That is, in the case of covid-19 pandemic, there is no rational proof that the covid-19 virus would discriminate based on race or ethnicity, however, as the report

has shown together with existing research, that racialized groups are more exposed due to structural presumptions and preconditions such as socio-economic inequalities, hence, the possibilities to protect oneself from the virus is racially differential.

The findings in this section are similar to previous research within the scholarly line of CRT, especially within the Swedish context. As scholars argue that the Swedish approach to racism is identified by the anti-racist colorblind ideology that ignores the role of race in the society as well as the experiences and living conditions of racialized people (Hübinette et al., 2012; Törngren, 2005; Carlson; 2012). Also, that a race consciousness must guide social research and practices (Delgado & Stefnacic 2017; Ford 2010; Ford, 2020; van Djik, 2005; Carlson 2012). In the case of this thesis, it is found that the representation of the underlying causes of racial disparities in covid-19 mortality framed by the Swedish Public Health Agency is represented with a socio-economic inequality frame that does not address the role of race and racialization; racism in the society; hence guided by a colorblind ideology that determines the characteristics of the frame in regards to causal attributions.

### Findings and the analytical framework

WPR APPROACH TO CRITICAL QUESTIONING AND INTERROGATION OF POLICY/POLICY PROPOSAL	FRAMING OF UNDERLYING CAUSES OF ETHNIC DISPARITIES IN COVID-19 MORTALITY MADE BY THE SWEDISH PUBLIC HEALTH AGENCY	A CRT PERSPECTIVE ON THE REPRESENTATION OF UNDERLYING CAUSES TO ETHNIC DISPARITIES IN COVID-19 MORTALITY RATES
What are the underlying causes represented to be in a specific problem representation?	- Socio-economic inequality frame (income, education, housing/living conditions)	- Colorblind ideology
What is left unproblematic in this representation of the underlying causes? Where are the silences? Can the representation of the underlying causes be thought about differently?		<ul style="list-style-type: none"> <li>- The total racialized population in Sweden not included in the report</li> <li>- Role of race and racialization; racism in the society</li> <li>- Race consciousness must frame actions towards social change</li> </ul>

## 7. CONCLUSION

In this final chapter, I will provide the conclusion drawn from the findings in the analysis, a discussion of the contribution of the findings for existing literature and future research, and a discussion of the socio-political implications of this study. The aim of this thesis has been to provide a critical analysis of how the representation of the underlying causes of racial disparities in covid-19 mortality rates has been framed by the Swedish Public Health Agency.

In order to answer how the representation of the underlying causes of racial disparities in covid-19 mortality rates is framed by the Swedish Public Health Agency, I have chosen to conduct a single case study through a qualitative content analysis of the official report on migrants and covid-19, that was produced and published by the Swedish Public Health Agency in April, 2021. The research question was derived from the scholarly line of critical race studies in a Swedish context, and existing knowledge about covid-19 pandemic and racial disparities. In order to answer the research question, I chose two of Carol Bacchi's (2012) analytical questions appropriate for critical interrogation and questioning of problem representations as specified questions to answer the general research question. Also, I have utilized CRT and framing theory to guide my critical thinking in the analysis of how the representation of the underlying causes of racial disparities in covid-19 mortality rates has been framed by the Swedish Public Health Agency.

The findings in the analysis is that the Swedish Public Health Agency has represented the underlying causes of racial disparities in covid-19 mortality rates in Sweden with a socio-economic inequality frame guided by colorblind ideology; that is, without addressing the role of race and racialization; racism in the Swedish society. In addition, the findings suggest race consciousness frame as an alternative way of thinking of the representation of the underlying causes. In conclusion, the report on migrants and covid-19, produced and published by the Swedish Public Health Agency reflects the Swedish paradox of approaching racially differential problems with a colorblind ideology; denying or excluding the existence of the role of racism in the society, while the actual reality reveals that racialized people are disproportionately disadvantaged in different competitive situations; e.g. the covid-19 pandemic outcomes.

This thesis has presented a literature review on the scholarly line of critical race studies in the Swedish context, and existing knowledge on covid-19 pandemic and racial disparities. In previous scholarship and existing knowledge, I have discovered that there is a need for the accumulation of empirical studies on critical race studies and approaching health inequality and inequity, such as the covid-19 pandemic disproportionate burden on racialized groups, especially in the Swedish context. In addition, I have identified that there is a limited and insufficient CRT knowledge about representation of the underlying causes of racial disparities in covid-19 mortality in Sweden. In conclusion, the identified gap is the lack of a critical analysis of how the problem of racial disparities

in covid-19 mortality is framed in by the Swedish Public Health Agency. Therefore, the general research question in this thesis is; How is the problem of ethnic disparities in covid-19 framed by the Swedish Public Health Agency?

The conclusions drawn from the analysis suggest that the Swedish Public Health Agency represents the underlying causes of racial disparities in covid-19 mortality as a socio-economic inequality frame, guided by colorblind ideology. The findings suggest the need of race consciousness frame in addressing the underlying causes of racial disparities in covid-19 pandemic outcomes. The contribution of this study to the existing scholarship and knowledge is the critical interrogation and questioning of the colorblind problem representation of racial disparities in covid-19 mortality in Sweden providing alternative and critical thinking of problem representations related to racism and health inequality outcomes in Sweden; the disproportionate burden of the covid-19 pandemic in the Swedish society. Thus, the scholarly line of CRT is through the knowledge produced in this thesis gaining empirical study and evidence for its theoretical assumptions, especially within the Swedish context and its problematization of health inequality outcomes. Furthermore, this thesis has also shown the complexity of doing CRT research; to question established ideologies and ways of thinking and problematization of social problems in Sweden.

This thesis also raises crucial questions for future CRT research in Sweden. First, how can the Swedish complexity of CRT research be addressed and solved? How can CRT research provide useful tools for researching health inequalities and inequities in Sweden? What possible and useful tools can CRT provide public health policy-makers when framing health inequality problems in Sweden? Indeed, the covid-19 pandemic has put disproportionate burden on racialized populations in Sweden and many other countries in the world and this thesis has studied only a part of the bigger context. Suggestions for future research on covid-19 pandemic with a CRT approach could also be research on measuring the race consciousness in the Swedish covid-19 strategy. Another significant study would be to conduct a comparative study on public health outcomes between a country that has adopted a race conscious strategy or public health policy and a country that acts from colorblind ideology in public health policies and measures.

As one of the the significant aims of CRT is to change the society for the better, the emancipatory dimension as such, the findings of this thesis has important socio-political implications. The findings point out the systematic exclusion of the role of race and racialization; racism in the society when problematizing racially differential health outcomes. Second, providing an alternative problem representation from a CRT perspective. The findings in this thesis are also challenging the dominant narratives and discourses in the framing of social problems in a Swedish socio-political context by bringing underrepresented and neglected problem representations to elite environments. In addition, the findings of this thesis are also important for paving way for the need of recognizing



and including the rights of the racialized part of the Swedish population in the beginning of public health policy making and in social policy making in general. However, more research is needed to understand the complexity of addressing racism as a causal attribution of public health inequalities, e.g. how racism interacts with other social determinants of health.

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