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# Abstract

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**Title** Responsibility in Principle: The Corona Commission’s Review of Sweden during the Pandemic. [Lag och institutionella strukturer i Coronakommissionens betänkanden: En retorisk analys av ansvarsprincipen]

**Abstract** In summer 2020, the Swedish government appointed an independent commission to evaluate measures taken by the state, local authorities, and administrative agencies to contain the spread of the Coronavirus. This essay analyzes the seventeen-hundred-page report submitted between December 2020 and February 2022 as a rhetorical arc. In it, responsibility is constituted first as a structural function; second, as a legal consequence; third, responsibility becomes an obligation on the part of both the Commission and its readers to accept a posture of “epistemic humility.” This epistemic humility, I argue, moderates significantly the articulation of a conclusive assessment. The essay contributes to the transdisciplinary study of COVID-19 pandemic impact. Further, it contributes to the study of rhetorics of governance in Western liberal democracies, extending critical research on the operations of state authority and the spheres of expertise whereby such authority demands public deference and embodied compliance.

**Keywords** COVID-19, public health, Sweden, pandemic, Tegnell

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E. Johanna Hartelius:

## Lag och institutionella strukturer i Coronakommissionens betänkanden

### En retorisk analys av ansvarsprincipen

Under sommaren 2020 tillsatte den svenska regeringen en oberoende kommission för att utvärdera de åtgärder som vidtagits av staten, kommunerna och förvaltningsmyndigheterna för att begränsa spridningen av coronaviruset. Jag analyserar här den sjuttonhundra sidor långa rapport som lämnades in mellan december 2020 och februari 2022 som en retorisk båge. I rapporten konstitueras ansvar först som en strukturell funktion; därefter som en juridisk konsekvens; och slutligen blir ansvar en skyldighet för både kommissionen och dess läsare att inta en hållning av "epistemisk ödmjukhet." Denna epistemiska ödmjukhet dämpar formuleringen av en slutgiltig bedömning. Essän bidrar till den transdisciplinära forskningen om covid-19-pandemins inverkan. Vidare bidrar den till studiet av styrningsretorik i västerländska liberala demokratier, och utvidgar den kritiska forskningen om statlig auktoritets funktioner samt de expertsfärer genom vilka sådan auktoritet kräver offentlig underkastelse och kroppslig efterlevnad.

**D**uring the tumult of spring of 2020, Sweden stood out internationally with its approach to curtailing the soon-to-be pandemic spread of the SARS-CoV-2 Coronavirus, committed to the idea that "life has to go on" (Erdbrink & Anderson, 2020). State epidemiologist Anders Tegnell, who became the face of the Swedish Public Health Agency's (Folkhälsomyndigheten) polarizing strategy, referred to national lockdowns as "using a hammer to kill a fly" (Milne, 2020). For its maintenance of ostensible normalcy, Sweden was both criticized and commended. *The Lancet* referred to such normalcy as an "enigma," a "de-facto herd immu-

nity approach, allowing community transmission to occur relatively unchecked” (Claeson & Hanson, 2020, p. 259). Meanwhile, the Swedish model enthused right-wing conservatives in the United Kingdom and the United States, where anti-lock-down protestors in Minnesota could be seen in April of 2020 with “Be Like Sweden” poster-boards (Savage, 2020, p. 33).

On June 30, 2020, the central government of Sweden (*regeringen*) appointed an independent commission to “evaluate” various measures taken by the state, local authorities, and administrative agencies to “contain the spread of the virus that causes the COVID-19 disease and the effects of the spread” (R1, p. 3, 25). The purpose of the Corona Commission’s (*Coronakommissionen*) evaluation was to ensure that “Swedish society might learn from what happened” (R1, p. 298). The commission consisted of sixteen experts, half appointed at its formation and half on the first of August 2020, including a professor of political science, a doctor of infectious diseases, several economists and attorneys, a priest, and a professor of social gerontology. The directive issued to the commission establishes two starting points for the evaluative work. First, that Sweden’s preparedness for a major crisis is by law contingent on the “principle of responsibility” (*ansvarsprincipen*), according to which the person or unit that is responsible for certain operations under ordinary circumstances has the same responsibilities in a crisis (R1, p. 287, 290). Second, that Sweden’s strategy was based on the “voluntary prevention” (*frivilliga förebyggande arbetet*) or, the responsible conduct of both infected and uninfected individuals to minimize contagion (R1, p. 293). The Corona Commission published three reports totaling over seventeen-hundred pages on December 15, 2020, October 18, 2021, and February 17, 2022.<sup>1</sup>

This essay analyzes the five volumes of the Corona Commission’s report in order to account for how the pandemic, its management in general, and, in particular, responsibility in the Swedish context are “rendered by means of language” (Bernard-Donals, 2020, p. 226). I am principally concerned with allocative rhetorics of responsibility as a constitution of what is real. The way an exponentially rising graph of global COVID-19 deaths (Cintron, Bleeden, & Corcoran, 2020, p. 247) might exemplify a “modernist” visualization of reality (p. 248), the Corona Commission’s conclusions are rhetorical “ways of knowing, as well as potentially ways of living and governing, [...] the foundations for the production of political, legal, social, and economic orders” (p. 249). Understanding the report and the orders it establishes is a means of critically accessing what the pandemic was, or is, in Sweden.

I approach the Commission’s text as a rhetorical arc within which each report is a move. In the first move, responsibility is constituted as a structural function. In the second, it is a legal consequence. And, in the third, responsibility becomes an obligation on the part of both the Commission and its readers to accept a posture

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1 Translations from the original language are the author’s, worded as close to the original phrasing as possible, even when this results in atypical English. In some instances, I retain the original term or name for legibility and fidelity.

of “epistemic humility.” This posture of humility, I argue, moderates significantly the articulation of an assessment of what may be known, not only about potential future crises but importantly also about what *might have had happened* if Sweden’s authorities had acted differently. Typically, epistemic humility is a self-reflective or deferential virtue of the skeptic tradition. In times of intensified, high-stakes disputes, arguments in favor of open deliberation might be made for epistemic humility. Mazzocchi (2021) argues, for example, that the pandemic crisis illustrated reasons for public communicators of scientific information to “embrace the right dose of epistemic humility,” both recognizing “the intrinsic limitations of human cognitive capacity” and assuming “a disposition to behave virtuously when interacting with other epistemic agents” (p. 92). Epistemic humility, Levy (2023) claims, compels “ordinary people [to] reduce their confidence in their beliefs when they realize that their grasp of its grounds is weaker than they had thought” (p. 3143). However, while skepticism can be a healthy check on (over)confidence, trouble may arise when humility eclipses a decision or judgment that requires sufficient confidence. If confidence insufficiency is extended indefinitely, this allows humility likewise to extend inconclusiveness. In other words, when the evidence never seems to be enough, a conclusion never has to be reached. Epistemic humility, I argue, allows the Commission to spend hundreds of pages conceptually diffusing responsibility, ultimately to evade any specific assertions. Thus, the third move concludes the rhetorical work of the first two; humility as a conclusion nullifies the ascription of responsibility. Or, put simply, in the first move, responsibility is structurally complicated; in the second, responsibility is legally complicated; in the third and final move, responsibility is embracing humility in the face of complexity.

My essay makes a substantive contribution to two areas of inquiry. First, it adds to the transdisciplinary study of the social and cultural impact of the COVID-19 pandemic. My case study of Sweden provides a unique perspective on how representatives of the public retrospectively interpreted pandemic crisis management at multiple levels of administration. Specifically, I offer insight into the cultural meaning and significance of the concept of personal freedom and responsibility in Sweden. Second, my essay expands existing scholarship on an ideologically prominent genre: the assessment report. By analyzing the Corona Commission’s work as a “ritual[l] of verification [...] whose essence is the production of comfort” (Power, 1997, p. 123), I demonstrate how technical proceduralism confounded responsibility. My essay contributes to the study of rhetorics of governance in Western liberal democracies, noting how the Corona Commission’s report constructs the event of the pandemic primarily as a matter of institutional and legal structures. My case study extends critical research on the operations of state authority and the spheres of expertise whereby such authority demands public deference and embodied compliance.

## Government Messaging, News Media, and Public Discourse in the Pandemic Crisis

In this section, I survey themes pertinent to my analysis in the transnational and multi-disciplinary research on the COVID-19 pandemic. To begin, researchers have extensively examined how governments communicated with publics, and “how media in different countries construct as well as legitimize political leadership during transboundary crises” (Wagner-Olfermann, 2022, p. 299). Similar to my focus, Williams and Wright highlight how language “render[s] opaque precisely who is responsible for key, contextually pertinent processes and actions in fighting the virus” (p. 89). As Guttman and Lev (2021) note, “emphasizing solidarity and the responsibility of the public [...] can obfuscate the obligations of the authorities. It can divert attention from the fact that the serious challenges of the pandemic (e.g., limited resources for testing or medical treatment, crowdedness) are a result of previous government policies that resulted in the neglect of the healthcare infrastructure and contributed to health and socioeconomic inequities” (p. 121). My case study extends this research on government rhetorics on both the agency of experts as well as leaders and individual citizens.

Much of the work on government and official communication emphasizes the cultural particularity and range of pandemic experiences on a global scale. Ahn et al., (2021) offer a multi-country survey analysis of the degree to which institutional trust affects public perception of information provided by the governments of South Korea, Singapore, and the United States. They rely on a conceptual framing that distinguishes between “indulgent countries [that] tend to resist controlling individual freedoms,” and “restrained countries [that] tend to encourage control over individuals’ impulses” (p. 730). Elers and Dutta (2023) demonstrate the importance of studying government messaging in the context of regional culture and local norms, finding that trust in government and other formal institutions (p. 206, p. 215) determines how people process information, particularly for high-risk, minoritized groups.<sup>2</sup> In the fields of journalism and news media, Pollock et al., (2024) conducted a multicity framing study of newspaper coverage of local government responses, assessing specifically the relationship between coverage in “legacy media” (p. 256) and public perceptions of the crisis, including attitudes toward continued lockdowns versus re-openings. Solvoll and Høiby (2023) conducted a framing content analysis of Norwegian news and debate programs on radio and television, noting how the crisis became economic and social as well as medical.

Adjacent to studies of how governments and political leaders communicated with publics is the study of how scientific information was communicated during the pandemic by representatives of the scientific community. Weber, Backer, and

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2 In addition to the special issue edited by Mohan Dutta, the *Journal of Applied Communication Research* also dedicated the inaugural 2022 issue of *Communication Interventions* to the subject of “Quarantined across borders” (vol. 50). This rich collection offers auto-ethnographic, performative, transnational, decolonial, intersectional, and feminist perspectives on how the pandemic was experienced and what modes of coping were available to various communities.

Brubach (2022), for example, examine how a public education campaign was designed and the authors note the potential consequences of a lack of crisis preparedness in a state agency (Health and Human Services) in a way that parallels some of my findings regarding Swedish agencies. Identifying Anthony Fauci (to whom Tegnell was the Swedish counterpart) as the infectious disease expert at the forefront of the White House task force, Ceccarelli (2020) explicates the utility of strategic ambiguity and polysemy in expert commentary on the crisis. As Ceccarelli notes, science communication, including but not limited to a global health threat, is an essential part of a functioning public. As Gibson, Letiecq, and Finkelstein (2023) argue, however, “the catch” with public deference to information and instructions issued by experts is that “trust in institutions requires the leaders of these institutions to *act in ways that merit this trust*” (p. 416). And, as Condit (2020) argues, problems arise when scientific expertise (e.g., about protective facemasks), which even as an authoritative stance is “fragmented, probabilistic, incomplete, and changing” (p. 255), is shared directly with a general public who is instructed and expected to comply with guidelines.

In the field of communication research broadly, attention is increasingly directed to public attitudes toward individual responsibility, including its implications for behaviors, specifically in this case health-related behaviors like masking and vaccination. For example, Rains, Harber, Warner and Leroy (2022) examine reactions to masking and mask mandates in relation to presumptions about individual responsibility, particularly when irresponsible behaviors are perceived as a threat to the health and wellbeing of others (p. 542). Allen et al., (2023) find that those who, in connection with information processing, see vaccination as an individual responsibility toward the common good are more likely to vaccinate themselves and their children, as well as engage in other prosocial behaviors (p. 21, p. 23). Complementing this research, my analysis contributes to the study of how regional norms and cultural presumptions shape the relationship between public behaviors, public understandings of responsibility and agency, and government messaging.

### *Vägval* (Chosen Path) and *Ansvarsprincipen* (Principle of Responsibility)

Over a period of twenty months, the sixteen members of the Corona Commission scrutinized the operations of Sweden’s governance forms, the delivery mechanisms of social services, healthcare and welfare, read countless reports, interviewed experts, officials, doctors and nurses, and joined collaborative research efforts at Stockholm University and other institutions. The language of regeringen’s inaugural charge in fifteen subsections directs the commission to “evaluate [...] measures,” “shed light on structural causes,” “make an international comparison,” and “make suggestions for [corrective] measures on the basis of its observations” (R1, p. 26). The Corona Commission reported formally to regeringen on three occasions: The first report, titled “Eldercare during the Pandemic,” was published on December 15, 2020. The second report, the first volume of which is titled “Sweden during the Pan-

dem: The Spread of Disease and Protection against the Spread” and the second of which is titled “Sweden during the Pandemic: Healthcare and Public Health,” was published on October 18, 2021. The third report, the first volume of which is titled “Sweden during the Pandemic: The Economy of the Society, Corporations, and Individuals” and the second of which is titled “Sweden during the Pandemic: Pre-conditions, Decisions, and Evaluation” was published on February 17, 2022. In total, the report is over seventeen-hundred pages, including appendices naming expert individuals, agencies, and external research reports with whom the commission consulted.

In this section, I analyze the Corona Commission’s text as a rhetorical arc within which each report is a move. In the first move, responsibility is constituted as a structural function. In the second, it is a legal consequence. And, in the third, responsibility becomes an obligation on the part of both the commission and its readers to accept a posture of “epistemic humility.” This ordering on my part imposes a certain interpretative clarity onto a strikingly reiterative text wherein topics overlap. I have chosen to organize the three reports in terms of how responsibility is constituted through structural, legal, and epistemic *topoi*, rhetorical commonplaces, because these are especially prevalent in each report, which are intelligible in light of each other.<sup>3</sup>

It should be noted before I proceed that phrases and words that bespeak culpability are not absent from the reports. In particular, the summary in the first report and the conclusion in the second volume of the final report contain explicit language that assigns responsibility. What my analysis attempts to capture is *how* that language becomes hidden in plain sight. I am after the subjects that have the rhetorical force strong enough to make the overall impression of a state-appointed evaluation not very evaluative, even when evaluative statements are present. By capturing what is rhetorically potent enough to obscure or drown out articulations of blame, I shed light on how a public makes sense of its leaders’ and government’s decisions and actions in a moment of disaster. As Kennedy’s (2020) remarks on “wake work” and Black pandemic necropolitics suggest, culpability can indeed *be* a legal and infrastructural reality, while discourses *about* structures appear to equivocate even explicit ascriptions of responsibility, or “absolve” (p. 288) those appointed to make assessments from making them.

## Move 1: Responsibility as Structural Complexity

At the time when the Corona Commission published its first report, more than seven thousand Swedes had died with a diagnosis of COVID-19, close to ninety percent of whom were over seventy years old. The fear and chaos that such figures brought into the general public’s attitude toward Sweden’s crisis management were

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3 Commonplaces, or *koinoi topoi*, are general resources for creativity and discovery, where rhetors formulate messages with regard to audiences’ “habits of thought, value hierarchies, forms of knowledge, and cultural conventions” (Warnick, 2008, p. 108).

an impetus for regeringen's creation of a special commission. As the first report notes, "A central goal in the Swedish strategy is to protect the elderly and other groups at risk. Despite this goal, these are the groups that have been especially severely affected by COVID-19" (R1, p. 31). The questions that begin the commission's first report are, "Were the institutions of eldercare such that they were prepared to handle the pandemic? And did the authorities and various agencies make necessary and reasonable decisions to prevent the virus from spreading to elder care?" (R1, p. 24). In response, the report summary states that the decisions and subsequent implementations "according to our overall assessment [...] were late (*sena*) [and] inadequate (*otillräckliga*)" (R1, p. 14). In light of this, the commission finds that "the strategy to protect the elderly has failed (*misslyckats*)" (R1, p. 14). The summary section further links this failure to weak institutional oversight: "The Public Health Agency (Folkhälsomyndigheten, FHM hereafter) and the National Board of Health and Welfare (Socialstyrelsen) should immediately have placed more emphasis on the conditions in long-term care facilities" (R1, p. 19). This concern with the pandemic's impact on care facilities, specifically their structural context, is central to the first report and will be my focus in this section.

The story that the first report tells about how elderly Swedes contracted the Coronavirus, became ill, and in many cases died, is a story of structures – institutional, governmental, and historical. It places their lives and deaths and the question of who might be responsible for them inside structural complexities, and in so doing makes those complexities the dominant subject of the report. To begin, structures operate procedurally, and proceduralism depends on a sort of "setting," a circumstantial state of affairs. In Sweden, the circumstances of a pandemic-in-progress, such as was the case in February of 2020, constitute a "civil" crisis (R1, p. 127) as opposed to a war or a threat of war, and therefore does not prompt a change in the procedures through which authority is exercised (R1, p. 128). A civil crisis is not an exception to governmental or structural operations (R1, p. 142). This classification of reality exemplifies the power of structures and highlights the implications of this power.

That the escalating emergency of early spring of 2020 was classified as a civil crisis meant that three of Sweden's operative principles applied. As the report notes, the principle of similarity or continuity (*likhetsprincipen*) means that to the extent possible, operations of any given institution or agency in a time of crisis should remain consistent with operations under normal circumstances (R1, p. 130). Second, the principle of proximity (*närhetsprincipen*) means that a crisis should be managed at the lowest or most local organizational level (R1, p. 130). Third, as mentioned above, the principle of responsibility (*ansvarsprincipen*) means that the person or entity that is normally responsible for certain activities or services remains responsible for them in a crisis. The consequence of the "civil crisis" classification and the three principles is that attention turns toward the various institutions that normally oversee and provide medical and social services. The report notes, "According to the principle of responsibility, one who is responsible for operations in normal situations has the equivalent responsibility in a crisis. This means

as a point of departure that that the regions' and the municipalities' responsibility for care and welfare (*vård och omsorg*) remains unchanged even in a pandemic" (R1, p. 246). To clarify, noting this rhetorical turn to institutionalism does not inherently necessitate criticism or endorsement; it recognizes the turn itself so as to analyze its impact.

The structuralizing of responsibility in the first report is accomplished discursively through an extensive description of two local levels of Swedish governance. There are in Sweden twenty-one regions (*regioner*), a geographical area that roughly corresponds to a county, and two hundred and ninety municipalities (*kommuner*). Rather than a hierarchical relationship, the former manages healthcare and hospitals while the latter provides eldercare, including over eighty percent of long-term residential facilities (R1, p. 89). The report notes both that this bifurcated administrative arrangement involving thousands of employees requires extensive coordination under the best of circumstances (R1, p. 246), and that it raises questions regarding the "boundaries of responsibility" (*ansvarsgränserna*). Specifically, while the municipal services for the elderly includes relatively routine healthcare for in-home recipients (*vårdtagare*) and those in residential facilities, the split system (or structure) has made "the role, responsibility, and function of the medical doctor increasingly peripheral" (R1, p. 61). The kind of care provided specifically by a medical doctor "is the region's responsibility and the region may not give this responsibility over to a municipality" (R1, p. 74). According to the report: "The municipalities' health and medical care is extensive, but the responsibility for doctors' interventions lies with the regions, and the municipalities are basically prohibited from hiring their own doctors within eldercare" (R1, p. 81). As a result, the commission finds, hundreds of elderly patients, many of them critically ill or dying, were never evaluated by a doctor (R1, p. 22, p. 239), or were diagnosed remotely by a doctor with no prior knowledge of their medical histories (R1, p. 273). If this "fragmented" (R1, p. 111) structure of authority was a logistical problem before the pandemic, it became an overwhelming emergency in spring 2020, when municipal eldercare was "unprepared for such a challenge" (R1, p. 124).

One of the kinds of structures in which the first report locates Sweden's pandemic response, particularly in terms of responsibility, is historical. It does so alongside and in relation to structures of authority, governance, and administration. Chapters three, four, and five chronicle the cultural and regulatory shifts that led to the contemporary umbrella term for group or assisted living, convalescent homes, retirement homes, and other long-term care facilities: *särskilt boende* (literally, special living) (R1, p. 59). At the beginning of the twentieth century, "old folks' homes" replaced what had been colloquially known as "fattigstugan," which roughly translates to a home for the destitute (R1, p. 54). In the postwar decades, a "shift in perspective" (R1, p. 53) led to an increase in at-home services for the elderly (*kvarboende*), and a view of residential group homes as occupied by "guests" (R1, p. 55). Importantly for my purposes is not that this *is* the history of Swedish eldercare, but rather that in evaluating Sweden's response to the pandemic, the Corona Commission's report *recounts* this history in considerable detail. The structure of history it-

self becomes the prevalent message, even as ascriptions of responsibility are explicit: “We have found that eldercare was ill-prepared and ill-equipped when the pandemic hit, and that this was due to structural deficiencies that were known long before the breakout of the virus. The current regering and its predecessors who also had knowledge of this bear the ultimate responsibility for these deficiencies” (R1, p. 22). The responsible parties are identified, but responsibility as a meaningful concept is structuralized at multiple authoritative levels and timeframes.

## Move 2: Responsibility as Legal Complexity

The Corona Commission’s second report, published in October of 2021 in two volumes, anticipates the “epistemic humility” posture of the third report by asserting, “No one should believe that we thereby are trying to avoid the difficult and delicate assessments contained within our charge. They will be made when we know yet a little more” (R2, v1, p. 45). In this section, I demonstrate how the second report constructs the pandemic crisis, specifically the responsibility for managing it, as a legal complexity. It matters here that my purpose is not to survey Sweden’s laws and government regulations but to examine how these function rhetorically within the texts of the Corona Commission. In the text, recurring references to, for example, the Communicable Diseases Act (*Smittskyddslagen*), legalize the event of the pandemic; not therein making it lawful or unlawful, but rather making its unfolding a matter of legality.

Chapter 4 of the second report’s first volume extensively covers Sweden’s Communicable Diseases Act of 2004, which “assure[s] public protection against the spread of contagious diseases” (R2, v1, p. 98). At the time of its revision from the 1988 predecessor, the global concern regarding viral contagion was primarily sexually transmitted diseases that spread differently than the Coronavirus. The behaviors that lead to transmission then may be more easily regulated (than, for example, breathing near others or touching doorhandles), and the communal spread may be slower. Moreover, the central premise of how *Smittskyddslagen* (SSL hereafter) defines the threat that various diseases pose to society, and regulates both the public’s behaviors and relevant institutions’ responses, rests on an individual’s free will and liberty (“frivillighet”) (R2, v1, p. 147). In a chapter section titled “Responsibility,” the commission notes that by law, each person in Sweden is responsible for “contributing to the prevention of the spread of contagious diseases through attentiveness and reasonable precautions” (R2, v1, p. 107). Anyone who suspects they might have a contagious disease that is a “public health risk” (*allmänfarlig sjukdom*) is responsible, by law, for informing others of the disease and seeking medical attention (R2, v1, p. 101). This emphasis on individual responsibility, which appears in all three reports, is in the second report closely linked to law, specifically law that pertains to communicable diseases. As noted above, because Sweden classified the pandemic as a civil crisis, SSL applied as it normally would have. The implications of this can hardly be overstated; prevalent guidelines were the same as they would have been with a small section of the population being sick

(e.g., with seasonal influenza) as it did with much of the world being sick or contagious with a deadly virus. The individualization of agency and responsibility is, in the report, in tension with the responsibility of FHM, which, as noted above, was the government public health agency that had “come to play the main role in Sweden’s handling of the pandemic” (R2, v1, p. 97).

In the section on responsibility, the commission connects SSL with FHM, stating that according to the law, FHM “is responsible for coordination of protection against communicable diseases on a national level, and shall take the initiatives required to maintain effective protections” (R2, v1, p. 108). In accordance with Sweden’s constitution, FHM “shall monitor and continuously develop protection against contagion and follow and analyze the epidemiological status nationally and internationally” (R2, v1, p. 108). Thus, in short, is established a legal framework for the agency that, as far as the Swedish public was concerned, was responsible for crisis management; the actions and inactions of the government authority that was the most publicly visible were dictated by the law. The next sentence in the report, however, notes that SSL contains “no further regulations” regarding FHM’s activities (R2, v1, p. 108). In noting this, the report rhetorically connects a legal discourse and institutional structure, highlighting how individual responsibility is the center of the former, and alleviates the official responsibility of the latter. This, I submit, renders FHM legally constrained, thereby less culpable. Further, intensifying the impression of overwhelming legal complexity, the municipalities, the level of local governance that was primarily responsible for eldercare, has no specified responsibility under SSL (R2, v1, p. 139). As stated in the summary of the second report: “The laws that regulate the containment of communicable diseases were inadequate to meet a serious epidemic and pandemic breakout. The decentralization and fragmentation of Sweden’s [approach to] protection make it difficult to know who is responsible overall (*bär ansvaret för helheten*) when a serious infectious disease afflicts the country” (R2, v1, p. 24; R2, v2, p. 712). A later passage states that SSL was “inadequate” because it is “individually directed” (*individinriktad*) (R2, v1, p. 40). The consequences of the legal complexities that the second report describes, specifically in terms of responsibility, emerge as a sort of tragicomic necessity, as though Swedish law is to blame for certain baffling realities.

Sweden’s ministerial rule delegates the operations of government to various local levels. As became evident in media debates during the pandemic, public perception is that higher levels of government may not interfere with so-called *förvaltningsmyndigheter*, independent administrative authorities. In some cases, the policies of such local authorities are ultimately decided by their director, which is how Anders Tegnell became the face of Sweden’s pandemic management (R2, v1, p. 125). Under his direction, early preparations in spring of 2020 were “hindered” by how FHM “toned down the risk of a larger outbreak in Sweden” (R2, v2, p. 459). The implicit question of the second report’s legal treatment of responsibility is: Could the authority of FHM and Tegnell legally have been superseded? And—although the third report asserts unambiguously that the law only prohibits individual ministers interfering with the activities of lower administrative authorities and that regeringen

“may and should collectively make decisions regarding the authorities” (R3, v2, p. 300), especially in a “large disaster that affects the nation and its people, since this could hardly be a task for the parliament, individual municipalities or courts” (R3, v2, p. 283; see also R3, v2, p. 647)—the second report’s rhetorical focus on laws creates the impression that these dictated by necessity Sweden’s fate. In so far as responsibility reflects legality, whatever happens in a crisis is simply the outcome of constraints that exceed particular decision-makers, their intent, and their responsibility.

In the preceding section, I analyzed the conceptual and practical tension between the institutional authority of Sweden’s regions and municipalities, and how this structuralizes the pandemic crisis. In terms of how the crisis is rhetorically constructed in the second report as a legal matter, a similar kind of tension appears. Here, the legal complexity pertains specifically to how the medical equipment and protective gear (masks, facial shields, gloves, and gowns) used in hospitals, eldercare, and primary care facilities were contingent on two distinct regulatory frameworks administered by two separate authorities. As the summary of the second report notes, the protective gear of which there was an emergency shortage in the early stages of the pandemic “protects both employees and care recipients” (*vårdtagare*) (R2, v1, p. 33). For the former, the Swedish Work Environment Act (*Arbetsmiljölagen*), requires that employers provide employees with the materials they need to work safely (R2, v1, pp. 305-316). For the latter, as discussed above, SSL is the legal framework in which FHM implements measures to contain the spread of disease; and when such implementation involves the medical and social services of the regions and municipalities, regulations become further complicated. In the words of the commission, “It is now clear that [...] the two administrations actually had different perceptions of the use of protective gear, and could not agree” (R2, v1, p. 34). This disagreement became urgent, as the report notes, when the guidelines for employees (notably in hospitals overseen by the regions) seemed to exceed cautionary guidelines offered by FHM. Put directly, a doctor in full protective gear making a visit to an eldercare facility wherein the staff may or may not have had access to something as basic as a mask became a visual anecdote, not only causing fear and frustration for those working in eldercare services and the Swedish public generally, but also, in the report, interpreting a material problem in terms of its legalities.

I have illustrated in this section how the second report of the Corona Commission rhetorically constructs responsibility in legal terms. The effect is similar and related to the structuralizing of responsibility I examined in the preceding section. Responsibility is made intelligible not in relation to human decisions or relationships, such as the relationship between those who govern and the governed, or those who are sick and those who care for them, but rather in relation to institutions and laws. The Corona Commission represents SSL as an impersonal agent that, regardless of widespread illness and death among the vulnerable, persisted with routine operations and, when presented with the option of adjustment, insisted that changes would only be made on the basis of incontrovertible scientific evidence. And, as the third report notes, this could naturally not be established quickly

enough about a new and unknown virus (R3, v2, p. 452, p. 523). An attempt to address this, the commission notes, came when, “the parliament (*Riksdagen*) decided in the middle of April 2020 on a new temporary legislation giving the government the option of restricting or closing certain operations/activities (*verksamheter*). But this law would never be used. Swedish measures against contagion—particularly during the spring 2020—instead took the form of general advice and recommendations from FHM” (R2, v1, p. 236, p. 214; R3, v2, pp. 269–270). At the conclusion of the second report, the commission, “aware of the temptation and perils of hindsight” (R2, v2, p. 712), defers its own responsibility of assessment: “Whether this choice of path was justified—or if it had been better to take other types of measures—we will return to in our final report” (R2, v2, p. 711). The next section examines how this question of what was justified becomes rhetorically circumscribed by the notion of humility.

### Move 3: Responsibility as Epistemic Humility

As argued above, the rhetorical arc of the three reports moves from constituting pandemic responsibility first as a structural complexity and then a legal complexity. In the third move, responsibility turns inward toward the Corona Commission, specifically determining its evaluative conclusions, or the trenchancy thereof. The commission finds epistemic humility to be the most responsible stance. The commission notes that, as the crisis is still ongoing, “we will now be humbled by the fact that it is in many regards difficult to reach *any certain conclusions* [emphasis added]” (R3, v1, p. 48). The commission “implores” the public to keep a “humble view of knowledge” (*ödmjuk kunskapssyn*) (R3, v2, p. 222). With respect to how much remains unknown, “we submit that the most reasonable posture is a humble knowledge-view, moderation regarding an uncertain knowledge context” (R3, v2, p. 226). As I demonstrate below, the epistemic humility permeates the final reports, nullifying the discursive impact that the evaluative sections might otherwise have had.

Importantly, in so doing, it neutralizes not only the statements of evaluation and culpability in the third report—what “should have” been done by whom—but also the ones in the first and second. The third report and its totalizing emphasis on humility become the lens, I propose, through which the commission’s entire text must be read. The third report enacts epistemic humility in three forms: a reluctance to make a causal inference, a reluctance to make comparisons, and a reluctance to issue final judgments.

The final report reflects a reluctance on the commission’s part to make any causal inferences: “The commission elects not to speak on the number of cases or deaths that could have been avoided, or caused, if the agencies had acted differently” (R3, v2, p. 238). This reluctance to articulate cause and effect applies to official policy as well as personal choices. Regarding the latter, for example, the commission suggests that individual behaviors such as handwashing and avoiding travel (R3, v2, p. 233) depend on too many factors (R3, v2, p. 235) to attribute to something like directives from authorities (R3, v2, p. 484). Assuming humility in terms of what

may be known about individual circumstances, the commission finds it “difficult to determine why or why not people have worked from home” (R3, v2, p. 236). In other words, “In principle, the effect of a certain intervention, for example a recommendation to use face masks, could either be stronger or weaker depending on how people’s responses and compliance reproduce socially between individuals” (R3, v2, p. 228–229). In terms of making causal inferences to certain agencies’ actions, the commission’s humility extends to both the pandemic beginnings and to pre-pandemic decisions. For example, discussing how multiple investigations over the past decades have found shortcomings in Sweden’s crisis readiness that were never remedied (R3, v2, p. 319), the commission finds that, “It is difficult to draw certain conclusions about the causes of the continuous deficiencies in the capacity to manage crises” (R3, v2, p. 320). Assessing the initiatives taken in early spring of 2020, then, “It is genuinely difficult or impossible to calculate how many cases, hospitalizations, or deaths depend on a single measure, or even the total package of interventions” (R3, v2, p. 237). In avoiding cause, the third report imports the idea of complexity from the first and second reports.

In its final submission, the commission is adamantly opposed to articulating the kind of intra-Nordic comparisons that public discussions centered on throughout the pandemic. It states, “Here we try to explain why it is difficult to draw certain conclusions about part of the pandemic—for example comparing different countries’ measures, to understand what causes behavioral changes, and to evaluate how effective actual or hypothetical measures have been, or could have been” (R3, v2, p. 222). Highlighting the complexity of cultural particularities, “The commission has only with the utmost caution and only in exceptional cases made comparisons between countries to understand Sweden’s handling of the pandemic.” (R3, v2, p. 226). In commentary on making causal inferences and transnational comparisons, the commission references a study in Bangladesh concluding that face masks decrease the spread of the disease; “unfortunately,” the commission laments, the external validity of this study in relation to Sweden is weak since “all too much distinguishes Bangladesh from Sweden” (R3, v2, p. 232). To wit, “How one country has fared in comparison to other countries is not a receipt for how good or bad its strategy has been” (R3, v2, p. 238). Here, epistemic humility as an exercise in responsible assessment would seem to move the commission afield from its original charge, foreclosing a comparative perspective on national crisis management.

It is instructive to consider the commission’s reluctance to make a comparative evaluation in relation to the frustration that the Swedish public expressed during early stages of the pandemic, when Norway imposed relatively severe restrictions and suffered relatively low death rates. Speaking directly to this, the report states, “The commission does not use the neighboring countries’ more preferable outcomes as a basis to argue that Sweden’s actions should have been more enduring or more forceful” (R3, v2, p. 229). In these excerpts, the commission’s humility is still closely connected to avoidance of causal reasoning, adding the unknowable variation between neighboring countries might entail. Foregoing such inferences, the commission states, “In light of present knowledge (*nuvarande kunskapsläge*), the

commission is not convinced that the longer or recurring lockdowns that have occurred in other countries are necessary in the event of a new serious epidemic outbreak”; such an approach “robs [...] people of their freedom in a way that could hardly be justified other than under severe threat” (R3, v1, p. 24). Indeed, the commission deems Sweden’s protection of individual freedom a “significant win” (R3, v2, p. 642).

A third way in which the commission enacts epistemic humility, the posture of responsibility vis-à-vis its assignment, is in withholding a final judgment. At the end of its extensive labor and a series of lengthy reports, the commission states, “It should be noted that we are not assessing questions of legal responsibility or demanding accountability. The commission is not a court of law. We are simply speaking to what in our assessment has occurred, what deficiencies have been found, and whether someone might be seen as responsible for them” (R3, v2, p. 655). Thus, even as the issue of responsibility is explicitly addressed and institutions linked to specific duties (hospital management, eldercare oversight, etc.), the report’s conclusive impression is overwhelmingly inconclusive. The commission “is not claiming that regeringen handed off responsibility for the containment of the spread during the pandemic” (R3, v2, p. 658). Rather, what the commission refers to as humility is enacted through a suspension of judgment, returning to the complexity of how, by law, the decentralized political structure of Sweden “leads to an ambiguous accountability and a system that is difficult to steer” (R3, v1, p. 26). The “difficulty” makes the commission’s avoidance of judgment or even conclusive evaluation appear justified, or as a responsible attention to a complex situation. It insulates itself from claims about how the “steering” was done.

The “ambiguous accountability” in the excerpt above is given more context as the commission describes the troubles it experienced with research and fact-finding. For example, “The commission has had a difficult time getting detailed answers while questioning cabinet ministers” [and therefore] “it has not been possible to get a comprehensive picture” (R3, v2, p. 454). In short, this was a matter of access, and an obstruction for a commission appointed to assess and evaluate. Regarding the “mantra” repeated by both regeringen and FHM in Swedish news media— “The right measure needs to be implemented at the right moment”—the report states that the commission has been “unsuccessful in getting an answer to” what this means (R3, v2, p. 455). Further, in terms of the work of gathering information, the commission reports to have been told by the Government Offices (*Regeringskansliet*), that no records were kept during high-level discussions of pandemic management (R3, v2, p. 340), and therefore that “it is not possible to fully evaluate the critical decisions that have been made regarding various measures and choices of paths. The commission has only been able to get limited insight into measures that were discussed but never led to a concrete decision by regeringen.” (R3, v2, p. 427; see also R3, v1, p. 49)

While this might seem at best implausible, the commission’s language is tempered: “It has surprised us that we have found so little documentation of discussions regarding expected reactions from and needs of the public” (R3, v2, p. 650). With

“no knowledge” and “limited insight,” the commission cannot, within the discursive logic of the report, issue a definitive judgment, particularly given the structural and legal complexities with which the reader has thus far been inundated.

Looking toward the future, the commission reiterates that, “It is genuinely difficult to predict where the pandemic is headed” (R3, v2, p. 221). In lieu of predictions, the commission returns to one of the items in its charge and ultimate goals, “to contribute to managing the next civil crisis,” and in so doing “make use of hindsight’s wisdom” (R3, v1, p. 46). Further, the commission revisits a perspective from early in the report: “It is probably not possible to be fully prepared for an outbreak of an unknown virus that leads to a pandemic whose severity and duration are difficult to predict. But a lesson should be that we continuously must practice our capacity for creative and proactive thinking” (R2, v1, p. 43). Thus, the third move of the report’s rhetorical arc—the first constituting responsibility as a structural complexity and the second a legal complexity—is humble anticipation if the world should again find itself in an unprecedented crisis.

## Implications

This essay contributes primarily to two fields of inquiry. First, it informs the international and transdisciplinary study of public discourses surrounding the COVID-19 pandemic and their political, economic, and sociocultural impact. As indicated above, ample research examines how governments across the world responded to the crisis, how news coverage and social media circulated messages about these government responses as well as public behaviors, and how the collective and individual experiences of the crises varied vastly depending on circumstances. In a comparative and intercultural perspective, my analysis of Sweden’s response contributes to ongoing research. Specifically, it directs attention to how this response was retrospectively interpreted, and does so with respect to the nuances of the original language.

As both media coverage and my analysis above make clear, the single most frequently recurring theme in discourses about Sweden’s approach to the pandemic was individual responsibility and personal freedom. This refers to a strategy based on the assumption that people voluntarily comply with precautionary directives in the self-interest of avoiding contagion and possibly out of moral obligation to others. This premise of liberty as the individual’s election to do good or evil—to choose responsibility or irresponsibility—elides any number of circumstantial particularities (familial needs, occupational demands, cognitive capacity, etc.). The “that’s just how it is” survey of institutions and laws has the rhetorical effect, I argue, of intensifying individual responsibility while to some degree detaching individuals from the organizational forms intended to mediate between them. To put it simply, while it is one thing to assess whether Swedes in fact chose to follow directives, potentially based on generally high levels of trust in authorities (R3, v2, p. 456), it is another to consider what the Corona Commission’s *emphasis* on individual responsibility *means*. The rhetorical emphasis must be critically contextualized

in studies of the pandemic not only with regard to what happened in various places in the world, but also in relation to how individualization functions symbolically. My essay demonstrates that, within the report as a whole, personal responsibility and the autonomy it presumes functions as a counterpoint to the extensive, detailed, and reiterative discussion of organizational structures, histories, and legalities.

In the global crisis that the pandemic presented, uncertainty confounded normalcy in several interconnected ways: uncertainty regarding the make-up and mutations of the virus made prevention strategies inconsistent; uncertainty regarding authorities' jurisdictions fostered resentment; and uncertainty regarding individual responsibility *in the context of general uncertainty* provoked collective angst, making individual behaviors a referendum on morality. My essay reveals how the Corona Commission rhetorically organized multiple uncertainties by affirming the individualism of citizens and structuralizing the processes of agency, thereby de-personalizing these enough to distribute responsibility beyond accountability.

Second, my findings in this essay contribute to the study of an ideologically prominent genre: the assessment report. In the context of the pandemic, examples abound of reports assessing the impacts of the crisis. My rhetorical analysis directs attention to how a public, via selected representatives, makes sense of a trauma to its "existential values" (R3, v2, p. 636), allocating responsibility amid and after profound disruption. The sensemaking, I submit, ought to be seen as in some sense reflective of a cultural commitment to reinforce institutions of authority against a demand for fundamental change. That is, while the Coronavirus might have challenged "existential values," the report that was commissioned to examine Sweden's leaders' actions does not itself challenge the status quo. The three-phased rhetorical arc that my essay traces makes the questions to which the public requested answers deferrable indefinitely. Individuals were responsible, yet responsibility ends up in no particular place when the principles of continuity, proximity, and responsibility function as they should, which is to say as they *normally would*.

To understand the task of the Corona Commission, it is instructive to draw on Michael Power's (1997) study of auditing, which "has become a benchmark for securing the legitimacy of organizational action" (p. 10) and is "increasingly essential to the operationalization of organizational governance in different programmatic fields" (p. 67). Power emphasizes, a "deep epistemological obscurity" (p. 28) makes audit "not a science" (p. 87) but a "production of incremental assurance" (p. 69). Power writes, "Making audits work is the constant and precarious project of a system of knowledge which must reproduce itself and sustain its institutional role from a diverse and *humble* [emphasis added] assemblage of routines, practices, and economic constraints" (p. 89). The Corona Commission skirted the "medieval function [of] judgment" (p. 40) and leaned into humility. The commission exemplifies the audit as applied to the field of public service wherein "problems of legitimation for the state" are resolved (p. 66).

With Power (1997), the Corona Commission reports may be seen as rhetorical "rituals of verification" (p. 123), administering to the public need to reduce uncer-

tainty. He writes, “Auditing has the character of a certain kind of organizational script whose dramaturgical essence is the production of comfort” (p. 123). My essay demonstrates how, following the Corona Commission, the Swedish public may be comforted not by how the deficiencies of FHM or regional government offices will be fixed, or by responsible parties claiming responsibility, but by the fact or ritual of the review. Consolation and comfort are traceable, thus, to the inherent potential of a commissioned review. Knowing what happened and why may lead to a plan for future action. Yet, the comfort that this seizure of potential provides alleviates a range of other exigent concerns – what did the commission actually find? According to Power, “the fact of being audited deters public curiosity and inquiry and the users of audits are often just a mythical reference point” (p. 127). The commission affirms the state’s foreclosure of a public dialogue (for example, about crisis preparedness or ethical governance in Sweden). Responsibility as the commission constitutes it has no access points or mechanisms for public recourse (Ganesh, 2007). A discursive event like the commission’s report may thus be “a substitute for democracy rather than its aid” (p. 127). The technical proceduralism of the commission is comforting enough to serve the commission’s purpose.

My analysis of the Corona Commission’s report indicates how the rhetoric of auditing has the capacity to tolerate inherent paradox. The rhetorical genre of assessment, as my case study reflects, can contain utterances about responsibility but distribute it, for example to organizational and legal structures, such that the impact of the discourse as a whole is otherwise. As a rhetorical act, the audit serves the purpose of assurance; it conveys to its audience or stakeholders that assessment is being conducted. Technical procedures are being adhered to, and this incrementalism is itself the center of attention. There is an epistemological aspect to the genre, which is to say that it is compelled by an institutional impetus to know something. However, assessment epistemology is framed by obscurity and humility in a way that confounds its relationship to a rhetorical objective and material impact.

The implications of essay inform the critical study of rhetorics of governance in Western liberal democracies, specifically as these manage public perceptions of legitimacy. Nikolas Rose’s (1996) work on the formulae of “advanced liberal rule” is instructive for articulating the implications of my findings. With Rose, the extensive distribution or decentralization of Sweden’s governmental hierarchy might be characterized as a “translation of political programmes articulated in rather general terms—national efficiency, democracy, equality, enterprise—into ways of seeking to exercise authority over persons, places and activities in specific locales and practices” (p. 43). Rose writes, “Governmentality both extends the concerns of rulers to the ordering of the multitudinous affairs of a territory and its population in order to ensure its wellbeing, and simultaneously establishes divisions between the proper spheres of action of different types of authority” (p. 42). What Rose foregrounds is the establishment of proper order and divisions, and the implicit claim to legitimacy. In the governmentality that Rose describes, evaluation is a discourse about governmentality. The evaluative surveying of a series of events becomes about the

laws and structures that complicated those events, even when the initial question prompting the survey concerns responsibility.

Rose's Foucauldian lens on political biopower makes him a valuable interlocutor on the subject of a viral pandemic wherein the stakes include, on one hand, human bodies, and on the other, the "truth claims of expertise [...] in the devices of social rule" (p. 40). The latter wields epistemological authority over the former; the disciplining of the bodily as human comportment produces "subjective conditions, the forms of self-mastery, self-regulation and self-control, necessary to govern a nation now made up of free and 'civilized' citizens" (p. 44). In these conditions, individual responsibility becomes a discursive effect of the state; not through the direct commands of political rulers—this would be as crude as "killing a fly with a hammer" (Milne, 2020)—but "through a responsabilization discourse in which the individual body is conceptualized as a central agent, one whose practices—be it hand sanitization or keeping socially distant from the elderly—are framed as crucial to overcoming the crisis" (Sjölander-Lindqvist, et al., 2020, p. 9). The relationship between efficiency as governmentality and inefficiency of bodily self-regulation, wherein the latter falters, is calibrated such that the institutions that manage biopower implicitly can allocate blame away from themselves.

The crisis, the "state of emergency" (Burgess, 2020, p. 334), that Sweden ironically did not invoke, amplifies the professional choreography of individuals by expert institutions. The institutions are vested with the power of "the 'know-how' that promises to render docile the unruly domains over which government is to be exercised, to make government possible and to make government better" (Rose, 1996, p. 45). A deadly and contagious virus is indeed the kind of unruly domain, or event, that institutional authority manages by organizing divisions of jurisdiction among experts. As if by sleight of hand, then, responsibility slips in-between domain-restricted expertise and domain-designated administrations. My analysis indicates that the Corona Commission's report constitutes responsibility as structural and legal, therein rendering itself humble at the prospect of judgment and performing for the public deference to governmentality itself.

## Conclusion

The massive impact of the pandemic throughout the world continues to be the subject of transdisciplinary research. At the end of the Corona Commission's third report is an amendment, a somewhat unexpected page and a half, or what in American English might be referred to as a dissenting opinion. It is authored by Camilla Lif, the priest who served on the commission. Lif notes that, while she agrees with the report's findings and believes the commission did what it was instructed to do "as the directives were written," these did not include shedding light on certain questions that she "during the course of the pandemic" came to see as "just as important" (R3, v2, p. 685). These questions, according to the amendment, pertain to how officials and leaders "with power and responsibility" did not "concretize ethical principles," which transferred "unsolved problems and dilemmas" through-

out organizational networks and hierarchies (R3, v2, p. 685). Although muffled, Lif's concern seems to be with the decisions forced upon those providing medical care in various forms. She passionately advocates for a discussion “at all levels of society” (R3, v2, p. 686) of the ethics involved in future pandemic management” (R3, v2, p. 685).

One of the ambiguities in the Corona Commission's report that a rhetorical analysis is especially poised to identify, compared, for example, to a legal analysis, is between causal and moral responsibility. Moral responsibility is concerned with what one should do or not do, or should have done or not done, based on allegiances to precepts, duties or roles, individuals or communities, etc. But in the case of the Corona Commission's evaluation, the relationship is ambiguous between a moral “should,” a statement about the responsibilities with which an institution has been entrusted, and the cause-effect responsibility. Complicating the principle of responsibility (*ansvarsprincipen*), presumes not only that one who is responsible for certain operations under normal circumstances remains responsible for them in a crisis, but more importantly that the crisis will not significantly change the responsible individual's or organization's attitudes or *modus operandi*. That is, it presumes that responsibility in specified fields and tasks can and will function; that whoever is “holding the baton” is not going to drop it. This presumption, in the context of a global health threat to “our way of life [and] social contract” (R3, v2, p. 636), is at best uncertain, at worst absurd. Responsibility in the absence of public critical engagement is curtailed through processes that are endemic to the state; if not by design, then at least as functioning normally, which in 2020 became devastating to Sweden's most vulnerable.

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