Coronavirus Politics

The Comparative Politics and Policy of COVID-19

EDITED BY

Scott L. Greer, Elizabeth J. King,
Elize Massard da Fonseca, and André Peralta-Santos

Greer, Scott L. *Coronavirus Politics: The Comparative Politics and Policy of COVID-19.*
E-book, Ann Arbor, MI: University of Michigan Press, https://doi.org/10.3998/mpub.11927713.
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UNIVERSITY OF MICHIGAN PRESS
ANN ARBOR

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Published in the United States of America by the
University of Michigan Press
Manufactured in the United States of America
Printed on acid-free paper
First published April 2021

A CIP catalog record for this book is available from the British Library.

Library of Congress Cataloging-in-Publication data has been applied for.

ISBN 978-0-472-03862-6 (paper : alk. paper)
ISBN 978-0-472-90246-0 (OA)

https://doi.org/10.3998/mpub.11927713

We would like to thank the International Institute of the University of Michigan for its generous support in making Open Access publication possible.

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17 THREE APPROACHES TO HANDLING THE COVID-19 CRISIS IN FEDERAL COUNTRIES

Germany, Austria, and Switzerland

Thomas Czypionka and Miriam Reiss

Despite their geographical and cultural proximity, Germany, Austria, and Switzerland can teach very different lessons on how to handle the COVID-19 pandemic. Timing and severity of outbreaks were fairly similar in Germany and Austria (see Figures 17.1 through 17.3), whereas Switzerland faced a higher infection rate at the peak of the crisis (although far from rates in France or Italy). Response measures eventually taken by the three countries were not too different, either, but how decisions were made and subsequently communicated to the public varied considerably.

In all three countries, containment measures were met by a high level of adherence within the population, as mobility indices illustrate (see Figures 17.1 through 17.3). As a result, the three countries fared well in reducing transmission rates and never came close to reaching capacity limits in their health systems. This chapter aims to examine the outbreak responses of the three countries and give insight into the dynamics and rationales behind these responses.

Health Policy Measures

Although **Germany** had its first case of SARS-CoV-2 confirmed as early as January 27, 2020, in Bavaria (a man who contracted the virus from a Chinese colleague), official case numbers increased at a rather slow pace in the subsequent weeks and were still below one hundred by the end of February. Hence, public health measures at that time were essentially limited to testing, contact tracing, and isolation of confirmed and potential cases, as well as communication of recommendations regarding hygiene and physical distancing. In early March, however, the identification of multiple clusters across the country (Robert Koch Institute, 2020b) led to growing public awareness and triggered the gradual introduction of containment measures.

Although some recommendations were issued by the federal government ("Spahn Empfiehlt Absage" ["Spahn Recommends Cancellation"], 2020), early

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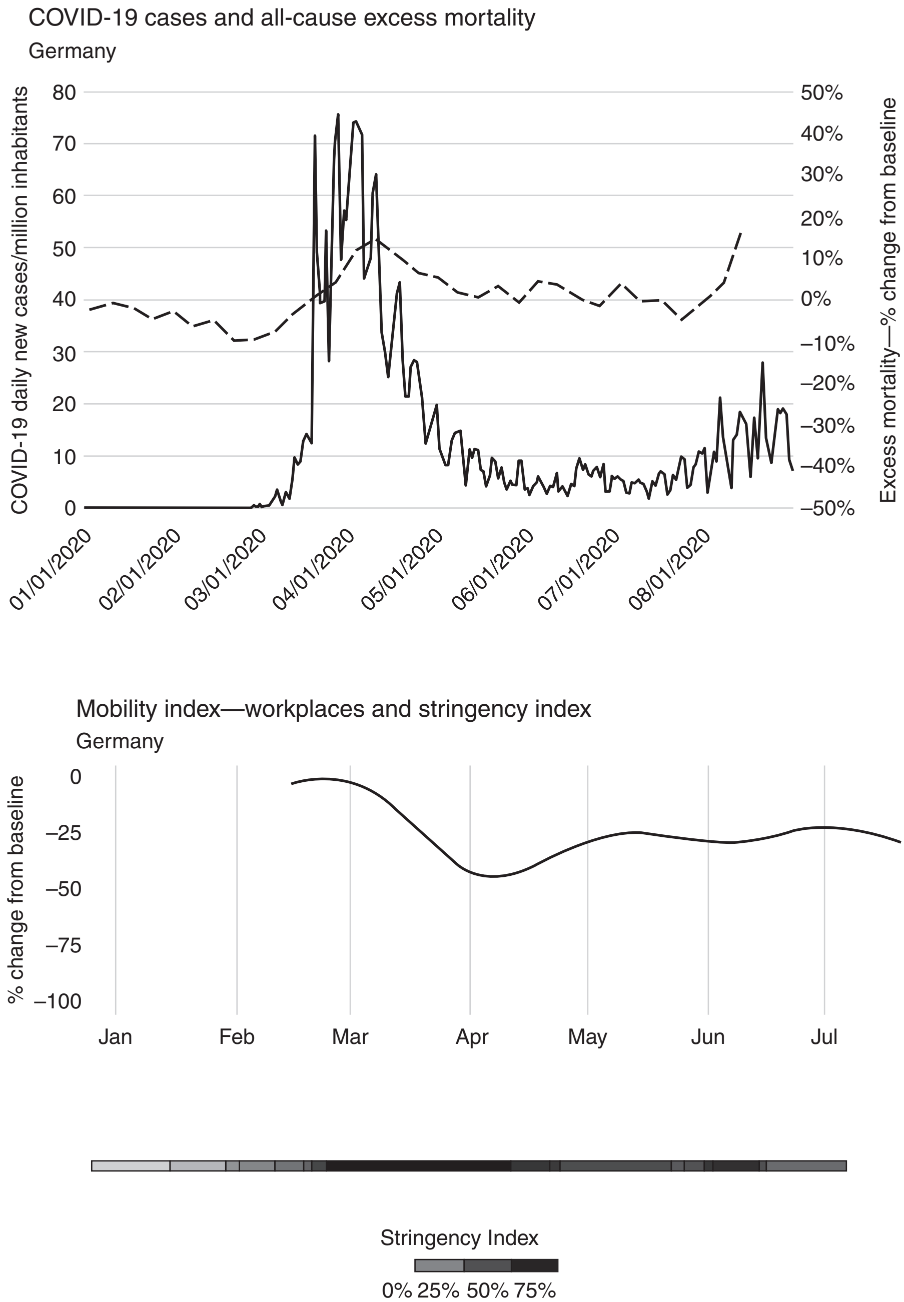

Figure 17.1. Daily confirmed cases of COVID-19, all-cause excess mortality, and change of mobility in Germany.

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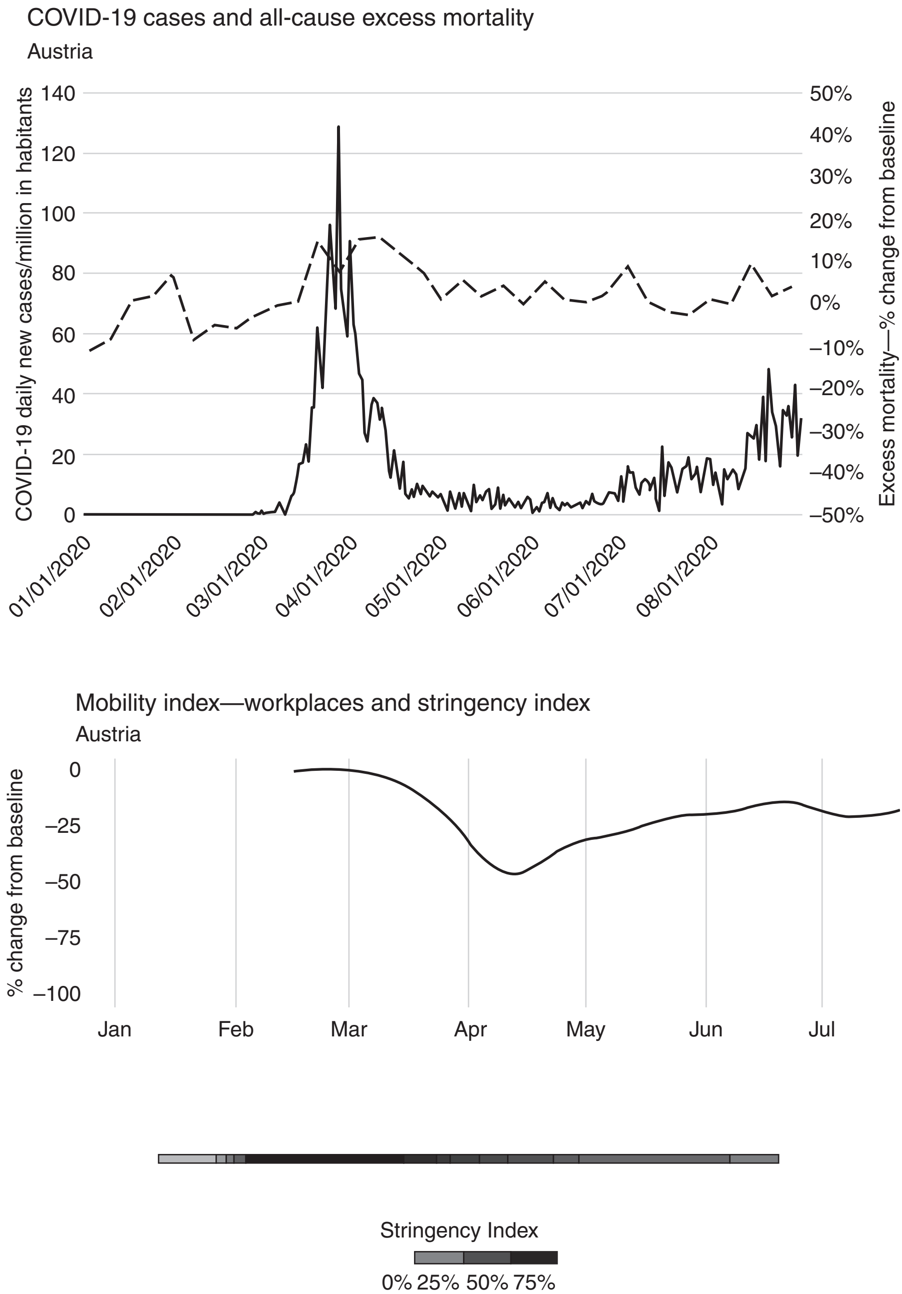

Figure 17.2. Daily confirmed cases of COVID-19, all-cause excess mortality, and change of mobility in Austria.

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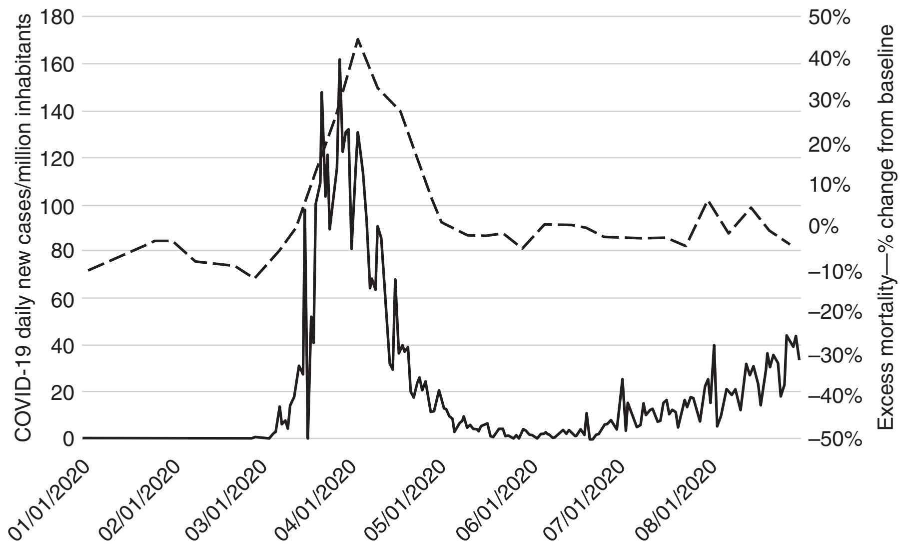

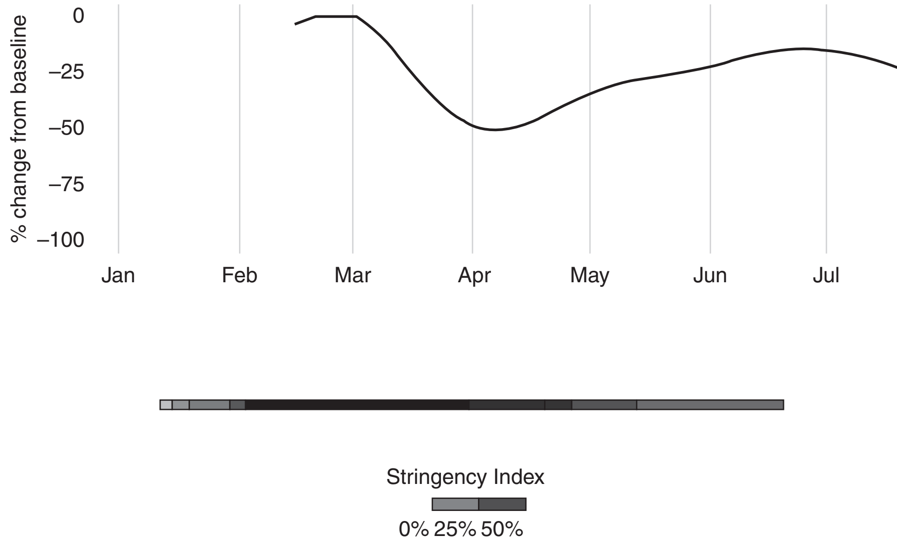

Figure 17.3. Daily confirmed cases of COVID-19, all-cause excess mortality, and change of mobility in Switzerland.

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policy responses were mostly on the state level as they hold the legislative and executive competences in case of a pandemic (Robert Koch Institute, 2020c). Bavaria and North Rhine-Westphalia, where some of the first clusters emerged, were the first states to ban events with more than one thousand participants on March 10, 2020 ("Bayern Untersagt Wegen Corona Großveranstaltungen" ["Bavaria Bans Major Events Because of Coronavirus"], 2020; State Government of North Rhine-Westphalia, 2020). In the following days, the majority of states decided to close schools and nurseries ("Nachbarn Schliessen Grenzen" ["Neighbors Close Borders"], 2020). Increasingly, regional differences in essential restrictions of daily life and businesses led to considerable public dissatisfaction and calls for more centrally aligned interventions (Welty, 2020). Bavaria in particular pressed ahead with restrictive measures such as stay-at-home orders ("Katastrophenfall" [Emergencies], 2020).

Coordinated action on the federal level was eventually taken on March 16, 2020, when Chancellor Angela Merkel announced containment measures for the entire country agreed upon by the federal and state governments. These measures included closure of nonessential shops and sports facilities, school closures, and restrictions for restaurants (Winkelmann & Reichebner, 2020). Furthermore, borders with Austria, Denmark, France, Luxembourg, and Switzerland were shut down ("Kampf Gegen Coronavirus" ["Fight against the Coronavirus"], 2020). Considering the exponential growth path of case numbers, RKI—Germany's federal scientific institution in the field of biomedicine—raised the epidemic risk level to "high" on March 17, 2020 (Robert Koch Institute, 2020b). As European Union (EU) leaders decided on a thirty-day entry ban for non-EU citizens, Germany also widened its travel restrictions to EU citizens from countries classified as high-risk areas ("Deutschland," 2020).

A further notable tightening of lockdown measures followed on March 22, 2020, when the federal government and the sixteen state governments agreed to ban gatherings of more than two people and to mandate a minimum distance of 1.5 meters in public with the exception of families, partners, and persons living in the same household. Residents were only allowed to leave their homes for work, basic errands, helping others, and exercising. The agreement also included the closure of all restaurants and personal service facilities, allowing individual states to impose further restrictions (Federal Government of Germany, 2020a).

Within the health system, service provision was reorganized to safeguard sufficient capacities for management of the pandemic. From mid-March, hospitals were ordered to postpone elective surgeries and nonurgent treatments, while specialized treatment centers for COVID-19 patients as well as an intensive care registry were set up ("Corona: Krankenhaeuser" ["Corona: Hospitals"], 2020; Robert Koch Institute, 2020a). In parallel, restrictions on video consultations and telemedicine in outpatient practice were relaxed, and physicians were granted a temporary provision to issue or renew prescriptions, referrals, and sick notes digitally or via telephone ("COVID-19," 2020). As in many other countries, there were shortages of personal protective equipment (PPE) in the early phase

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of the pandemic. These were particularly severe in general practitioners' (GP) offices, but supplies were also insufficient in hospitals and long-term care facilities; this led to reusing disposable masks. In response, the procurement of PPE was transferred from the states to the central level and handled by the Ministry of Health from early March onward. In addition, Germany prohibited exports of PPE, which led to tensions with other European countries (see later in this chapter) and was later partially revoked (Winkelmann & Reichebner, 2020). What is more, production capacities (e.g., in the textile industry) were soon repurposed to producing masks and respirators.

Testing volumes have been comparatively high in Germany from the beginning of the crisis and were continuously increased (Winkelmann & Reichebner, 2020). Access to testing kits was facilitated by the fact that the first polymerase chain reaction (PCR) test for SARS-CoV-2 was developed by the German Center for Infection Research at Charité Berlin (Charité—Universitaetsmedizin Berlin, 2020). Public and private laboratories were quickly mobilized to increase testing capacities. Because testing is rather decentralized and performed at various types of health facilities, data on test numbers are merged only once a week at RKI.

In the face of a sharp decline in daily new infections, lockdown measures were gradually relaxed beginning April 20, 2020. From April 17, 2020, onward, the majority of states introduced some form of mandatory use of face masks with regulation relaxations, but specific regulations varied by state (Winkelmann & Reichebner, 2020).

Although the introduction of restrictions had to some extent been coordinated on the federal level, exit from lockdown was again mostly guided by the individual states. This can be considered a re-shift to common prepandemic policy, in which federal states were considered to hold the decision mandate (Schlette et al., 2020). In light of the debate on constitutionality, legality, and proportionality of the restrictions that had been imposed, discussions about measure appropriateness and noncoordinated action continued throughout May and June 2020. From the standpoint of democratic politics, it was clear that with the acute phase of the crisis abating, imposing new restrictions or extending restrictions had to be justified more rigorously, whereas relaxation had to be the norm ("Merkel zur Corona-Krise" ["Merkel about Coronacrisis"], 2020; Papier, 2020).

Austria had its first two cases of SARS-CoV-2 confirmed on February 25, 2020 (a young couple that had recently been to Lombardy), four weeks later than Germany's first case. In early March 2020, however, it became apparent that a major infection cluster had been active in the Tyrolean ski resort town of Ischgl from late February onward. Because of the late detection of the hotspot and delayed action from regional authorities, the virus was then carried to other countries (mostly Germany and Nordic countries) and regions by returning tourists who had contracted it in Ischgl.

On March 10, 2020, the Austrian federal government announced that events with more than five hundred participants would be banned and that universities

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and upper secondary schools would have to switch to distance learning ("Coronavirus: Starke Einschraenkungen Beschlossen" ["Coronavirus: Severe Restrictions Adopted"], 2020; Tritschler, 2020). The latter was then extended to all schools; primary and lower secondary schools, however, stayed open for supervision where children could not be looked after privately (Peitler-Hasewend & Jungwirth, 2020).

Continuously increasing case numbers and alarming footage from neighboring northern Italy led the government to announce far stricter lockdown measures only few days later, on March 13, 2020. The Austrian regulations, which later served as a model for the German measures, included shelter-in-place orders with few exceptions, a mandatory 1-meter distance to nonhousehold members and closures of restaurants and nonessential retail. On the same day, in addition to travel warnings and flight bans for several high-risk countries, Austria closed its borders to Italy almost entirely. Furthermore, some severely affected municipalities (including Ischgl) were put under curfew ("Ausgangsbeschraenkungen" ["Curfew"], 2020; "Austria's Tyrol Province Orders Lockdown," 2020).

On March 30, 2020, additional restrictions were announced, most notably the requirement to wear face masks in stores (and later also in public transport) (Habimana et al., 2020). Austria was among the first countries in Europe to introduce the mandatory use of face masks. Furthermore, companies were obligated to enable employees belonging to risk groups to work from home. Accompanying this regulation, a salary replacement scheme for reimbursement of employers' costs was introduced ("Maskenpflicht" ["Mandatory Face Masks"], 2020; Parliament of the Republic of Austria, 2020).

As in Germany, hospitals in Austria were called upon to postpone all nonurgent surgeries and examinations ("Operationen Verschieben Statt Risiken Eingehen" ["Postpone Operations Instead of Taking Risks"], 2020). Specific hospitals or hospital units across the country were designated for treatment of COVID-19 patients ("59 Spitaeler" ["59 Hospitals"], 2020). Physicians were enabled to issue prescriptions electronically, sick notes via telephone, and teleconsultations in psychotherapy were made reimbursable by health insurance funds ("OEGK," 2020). Procurement and distribution of PPE were coordinated by the Ministry of Health from early March 2020 onward. Controversy arose when shipments of PPE destined for Austria were held back at the German border because of the export ban while the health and long-term care sectors began to run short of supplies ("Lkw Mit Schutzmasken" ["Trucks with Face Masks"], 2020). The issue was resolved in mid-March at the EU level when a joint procurement by the EU Commission and export restrictions to non-EU member states was agreed upon (Representation of the European Commission in Germany, 2020).

Testing of suspected cases was initiated either by a call to the helpline 1450 or by a GP (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2020b). Testing volumes were ramped up after increasing criticism that the available capacities were not being used optimally. The target of fifteen thousand tests per day as communicated by the government has, however, not been reached

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as of this writing ("Coronavirus: Das 'Nadeloehr' bei den Testungen" ["Coronavirus: The 'Eye of the Needle' in Testing"], 2020). When daily new cases began to decline, freed-up capacities were partly used for targeted testing of healthcare professionals, residents of nursing homes, and persons working in critical infrastructure ("Coronavirus: Gezielte Tests," 2020). Although there is a uniform definition of testing criteria, actual practice varies by state (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2020b).

The favorable development of infection rates allowed Austria to begin lifting some lockdown measures as early as mid-April 2020 ("Coronavirus: Fahrplan," 2020). Starting with opening shops and restaurants and followed by resumption of classroom teaching in schools, measures were relaxed mostly at two-week intervals to allow for monitoring effects on the epidemiological development and to potentially reassess the strategy ("Coronavirus: Ausgangsbeschraenkungen Laufen Aus" ["Coronavirus: Curfew Expires"], 2020). In late July, the health minister announced the introduction of a traffic-light system that would determine the requirement for a regional reintroduction of containment measures based on a set of indicators. These indicators include epidemiological measures as well as regionally available resources (Gaigg & Mueller, 2020).

In **Switzerland**, the first case of SARS-CoV-2 (a seventy-year-old man who had recently visited Milan) was confirmed on the same day as in Austria (i.e., February 25, 2020). Only three days later, Switzerland was among the first countries in Europe to impose containment measures as the Federal Council banned events with more than one thousand participants (Federal Council, 2020c).

Case numbers continued to rise fast in early March—significantly faster than in Germany or Austria at that time—especially in urban areas (Trein & Rodwin Wagner, 2020). The ban of events was extended to events with more than one hundred people on March 13, 2020, and classroom teaching was suspended in schools and universities, while childcare facilities had to remain open for children where parental supervision was not possible (Federal Council, 2020a).

In the face of continuously increasing case numbers, the Federal Council declared the "extraordinary situation" on March 16, 2020, which allowed them to uniformly impose containment measures across all cantons. Like in the other countries, restaurants and nonessential shops had to close. In addition, border checks were introduced and entry bans imposed. Besides transit and goods traffic, only Swiss citizens, persons holding a residence permit, and persons working in Switzerland were allowed to enter the country (Federal Council, 2020d; Mantwill et al., 2020).

Further physical distancing regulations were announced by the Federal Council on March 20, 2020, after the number of daily new cases had risen to more than fourteen hundred (S. Buehler et al., 2020). Gatherings of more than five persons were banned and a distance of 2 meters between persons not living in the same household was mandated. Although the industry and construction sectors were allowed to continue operating, they were required to follow strict regulations regarding hygiene and physical distancing. In case they did not comply, cantons

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were allowed to close down individual companies (Federal Council, 2020b). This was later extended by the possibility to shut down whole sectors on canton level if deemed necessary (Federal Office of Public Health, 2020d).

A notable measure related to the health system was the authorization of cantons to oblige private hospitals to free capacities for the treatment of COVID-19 patients (Federal Office of Public Health, 2020f). All hospitals were prohibited from performing nonurgent procedures and examinations. Furthermore, the declaration of the extraordinary situation allowed to mobilize up to eight thousand armed forces to assist with healthcare logistics and security (Federal Council, 2020d). Switzerland also faced a shortage of PPE at the outbreak of the crisis, which led to criticism of the authorities for taking action too late (see later in this chapter). As Switzerland, unlike Germany, does not produce much protective gear, it had been heavily reliant on imports. As a result, tensions arose between Switzerland and Germany when shipments of PPE headed to Switzerland were temporarily detained at the German border, as it was later also the case with Austria ("Mask Hysteria," 2020). In April, Switzerland began to produce protective masks ("Coronavirus: Switzerland," 2020).

Testing volumes had been relatively high in Switzerland, albeit not as high as in Germany. Criteria for testing were defined on the national level and had been evolving in the course of the crisis. The actual administration and procedure of testing fell, however, within the responsibility of the individual cantons. They determined whether tests were to be performed in designated hospitals, at GP practices, or by mobile teams (Mantwill et al., 2020). By June 2020, the federal government agreed to assume the total costs for all PCR and antibody tests performed. Before that, the costs were split between health insurers and cantons (Federal Office of Public Health, 2020c).

Switzerland began easing restrictions on April 27, 2020, when hardware stores, hairdressers, and other personal service providers were allowed to reopen and elective medical treatments could be performed again. From mid-May, restaurants and shops were opened and classroom teaching in schools gradually resumed (Federal Office of Public Health, 2020b).

The rather coordinated manner of economic reopening throughout May was later met with challenges, because the Federal Council withdrew from the extraordinary situation and dissolved its crisis unit on June 19, 2020 (Federal Office of Public Health, 2020e). From that point onward, the Federal Council publicly stressed its withdrawal from extraordinary exertion of power and the prime responsibility of cantons to manage a renewed increase in infections (Federal Office of Public Health, 2020e). In the light of slightly increasing case numbers and the occurrence of super-spreader events, this coordinated action proved challenging on questions such as mask regulations in cross-canton public transports or coordinated contact-tracing strategies (U. Buehler, Mueller, & Fritzsche, 2020).

Because Germany, Austria, and Switzerland are so closely interconnected in both economic and cultural terms, cross-country travel and transit has been a highly relevant aspect during the crisis. The three countries belong to the Schengen area

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and therefore normally do not apply any border controls. However, all three countries closed their borders in March 2020, and entry was only granted to foreign citizens under certain exceptions. These exceptions included (essential) work, transit, and goods traffic. In mid-May 2020, the first easing of entry restrictions between Austria, Germany, and Switzerland was announced. Exceptions to the entry ban were extended to also include visits of partners or relatives, important family occasions, care for animals, or maintenance of property (Federal Ministry of the Interior, Building and Community, 2020). As of June 15, 2020, there were no more border controls between the three countries.

Social Policy Measures

As of this writing, the **German** federal government issued two major economic relief packages: the first of EUR 156 billion (approximately 4.9 percent of the gross domestic product, GDP) from mid-March and the second of EUR 130 billion (approximately 4.0 percent of GDP) in late June (International Monetary Fund, 2020). The packages comprise a broad range of measures aimed at stimulating the economy, supporting businesses, protecting jobs, and mitigating the effects of the crisis on socially deprived groups.

Short-time work (*Kurzarbeit*) benefits, which Germany already heavily relied on during and after the financial crisis of 2008, were introduced as part of the first package. Benefits have since been increased and extended multiple times and access has been eased. The plan allows for benefits of up to 80 percent of former net income, with even higher benefits for workers with children (International Labour Organization, 2020b).

Access to basic income support for the unemployed was eased, and unemployment benefits were partially extended. To support families, they received a one-time "family bonus" of EUR 300 per child and increased parental-leave benefits, while access to childcare benefits for low-income families was eased (International Labour Organization, 2020b). Single parents were granted additional tax allowances (Federal Ministry of Finance, 2020). In the field of housing, a rental protection act was enacted that temporarily prevented lessors from terminating rental agreements because of outstanding rent payments ("What's in Germany's Emergency Coronavirus Budget?," 2020).

Self-employed workers and small businesses could apply for a one-time emergency aid if they were heavily affected by the crisis (Arbeitsagentur, 2020). Credit guarantees were granted, and companies expecting losses for 2020 may clear these with tax prepayments they have already paid for 2019. Furthermore, several tax reliefs were granted, including moratoriums on tax debts, adjusted prepayments, and suspensions of sequestrations (International Labour Organization, 2020b). VAT rates were temporarily reduced from 19 percent to 16 percent and from 7 percent to 5 percent, respectively (Federal Ministry of Finance, 2020). Support packages specifically for start-ups and artists also were set up. In addition to

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these federal-level measures, many states individually passed further relief packages (Federal Government of Germany, 2020b).

In **Austria**, a crisis management fund amounting to EUR 4 billion was issued on March 15, 2020, but the fiscal package has since been extended to a total of EUR 50 billion (approximately 9.5 percent of GDP) (International Monetary Fund, 2020). The budgeted measures are similar to the ones taken in Germany.

The central measure taken in the field of the labor market was the short-time working scheme specifically developed for the COVID-19 crisis. As in Germany, the scheme was extended several times. It allowed working hours to be reduced to a minimum of 10 percent at 80 percent to 90 percent of regular pay (International Labour Organization, 2020a). An adapted short-time working scheme in force from October onward involved training opportunities for workers with reduced hours (Reisner, 2020).

The unemployed received a one-time additional benefit of EUR 450, and access to several other social benefits was eased ("Arbeitslosengeld" ["Unemployment Benefit"], 2020; "Austria Plans Coronavirus Help," 2020). Families in need could apply for a benefit of up to EUR 1,200 per month for a maximum of three months from the so-called Corona Family Hardship Fund (Federal Ministry of Labour, Family and Youth, 2020a). Furthermore, workers with care responsibilities can get additional paid leave of up to three weeks (Federal Ministry of Labour, Family and Youth, 2020b).

Support for businesses includes a so-called "hardship fund" that grants one-time cash payments to individual entrepreneurs and small businesses affected by the crisis (International Labour Organization, 2020a). Another fund covers guarantees for loans and subsidies for up to 75 percent of fixed operating costs of businesses that accrued during the lockdown. Special guarantee schemes were established for exporting companies and small and medium enterprises (SMEs) in the tourism sector (Reisner, 2020). Furthermore, the obligation to file for insolvency in case of overindebtedness was temporarily suspended (Scherbaum Seebacher, 2020). Relaxed tax regulations included the temporary deferral of personal and corporate income taxes and social security contributions as well as of value-added tax payments. Employers could apply for reimbursement of social security contributions by the government if operations had to be suspended during the lockdown (Reisner, 2020).

Beginning on March 13, 2020, the Federal Council in **Switzerland** announced several relief packages that amount to a total of CHF 73 billion (approximately 10.4 percent of GDP; International Monetary Fund, 2020) as of this writing.

As in Germany and Austria, firms in Switzerland could claim benefits from a short-time working scheme. The scheme was extended several times. It was adapted to also cover on-call workers and some self-employed, and the application process has been simplified (International Monetary Fund, 2020).

Furthermore, the Swiss support packages involved partial unemployment compensation and compensation for loss of earnings for the self-employed and for some employees affected by the lockdown. In particular, parents with caring

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responsibilities resulting from school closures were eligible for income support (Federal Department of Economic Affairs, Education and Research, 2020a; Federal Office of Public Health, 2020a).

Measures aimed at businesses included direct financial aid for severely affected firms (e.g., in the tourism sector), a loan guarantee program, and bridging loans for SMEs and start-ups and temporary interest-free deferral of social-security contribution payments (International Monetary Fund, 2020). The government also granted specific compensations for the railway and aviation-related businesses, as well as for cancelled events (Federal Department of Economic Affairs, Education and Research, 2020b, 2020c).

Explanation

Germany, Austria, and Switzerland are textbook examples of federal countries, in particular when it comes to the organization of health and social care. However, in the specific context of the pandemic, federal structures came into play in very different ways across the three countries.

In Germany, responsibility for epidemic management fell largely to the sixteen states as well as local public health authorities. Similarly, other policy areas that became relevant in the context of crisis management (e.g., education, regulations for businesses) were largely within state responsibility. Hence, especially in the early phase of the outbreak, Germany's response was mostly characterized by heterogeneity across the individual states. The spread of the virus was rather uneven across the states, which led some state governors to press ahead in imposing measures, whereas others remained hesitant (Schlette et al., 2020). State-by-state management was also foreseen by the German National Pandemic Plan, which was published in 2005. Considering the lack of historical precedent for the current situation, however, it quickly became clear that more coordinated action would be required at least in some policy areas.

As the crisis evolved and case numbers began to increase all over Germany, the federal government began to weigh in. The power of the Ministry of Health was temporarily expanded on the basis of the "Act for protecting the public health in an epidemic situation of national importance," which granted it competences in the provision of pharmaceutical and medical devices, as well as in the planning of the medical workforce (Greer et al., 2020). Furthermore, the so-called Small Corona Cabinet, consisting of the ministers of defense, finance, interior, foreign affairs, health, and the head of the Federal Chancellery, began to play a more central role during this phase (Winkelmann & Reichebner, 2020). However, major decisions on measures such as contact restrictions and border closures still had to be taken in coordination with the states. In extensive and reportedly conflictual telephone conferences, Chancellor Angela Merkel and the members of the Corona Cabinet discussed with state governors until a certain degree of consensus was reached (Fried & Herrmann, 2020). When first reopening steps were considered, state interests

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regained weight, and the level of disagreement between state governors and the federal government increased. As a result, state governors again took the lead in lifting restrictions from early May onward.

In general, regional interests appeared to outweigh party interests in Germany, as state governors heavily criticized measures taken by other governors from the same party, resulting in polyphony about correct behavioral measures in the pandemic. However, this controversy also was fueled by the current discussion around Merkel's succession, both as the leader of the Christian Democratic Union (CDU) and as candidate for chancellorship in the next elections. The party congress scheduled to agree on the new party leader had to be postponed because of the outbreak. The crisis gave some conservative state governors the chance to strengthen their profiles and increase their stakes in the succession race. Before the outbreak, three men were officially in the race for party leadership of the CDU and expected to later on run for chancellor. Among them was Armin Laschet, state governor of North Rhine-Westphalia, whose candidacy was eventually supported by Health Minister Jens Spahn (Karnitschnig, 2020). Because his state was among the first with large infection clusters, Laschet attempted to use the resulting media attention to his advantage, but seemed to have failed to convince the public during his public appearances. Instead, Markus Söder, state governor of Bavaria and leader of CDU's sister party, Christian Social Union (CSU), received wide praise for his handling of the crisis and has since gained popularity all across Germany. Because the two sister parties, CDU and CSU, traditionally appoint a joint candidate for chancellorship, he has increasingly been discussed as the most promising candidate in that race (Rossmann, 2020).

In Austria, although competences on health matters are distributed between the federation and the states, the field of public health—including the management of epidemics and pandemics, according to the Epidemics Act—largely falls within the responsibility of the federation (Bussjaeger, 2020). From the beginning of the crisis, the chancellor and vice-chancellor as well as the ministers of health and the interior were the central figures in the fight against the epidemic. The new government had just been sworn in in early January 2020 after several months of political turmoil and lack of political leadership on the national level. This made the conservative-green coalition particularly eager to show resolve and unity in their crisis response (Czypionka et al., 2020).

The states were clearly in a subordinate role. The system of indirect federal administration required them (and consequently the district authorities) to execute regulations passed at the federal level. In addition, it remained the task of the states to provide sufficient capacity in hospitals or with regard to testing and contact tracing (Bussjaeger, 2020). Furthermore, the states had the power to apply stricter measures in some areas, which allowed the states of Tyrol and Salzburg to impose curfew regulations on some municipalities that were more heavily affected by the outbreak (Gamper, 2020).

Switzerland lies somewhere between Germany and Austria when it comes to the role of federalism in the COVID-19 crisis. The twenty-six cantons usually

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hold a large share of competences in various policy fields, including health policy. Hence, in the early phase of the crisis, some cantons took action independently and imposed first containment measures. However, declaration of the extraordinary situation activated the Epidemics Act, which authorized the Federal Council to impose public health measures on a national level; this in turn shifted the weight of decision-making to the federal level (Belser et al., 2020; Mantwill et al., 2020).

As in Austria, the cantons were responsible for the implementation and detailed configuration of measures while also organizing and maintaining their cantonal health systems (Mantwill et al., 2020). Any restrictions imposed by cantons that went beyond the ones decided upon on at the federal level were at first regarded unlawful by the Federal Council. In particular, this became relevant when the canton of Ticino required all nonessential manufacturing to close despite the federal decision to allow firms to continue production. However, continuous protest from several cantons led the Federal Council to change their stance in late March and allow cantons to make exceptions from the federal decree (Belser et al., 2020; Trein & Rodwin Wagner, 2020). In the transition phase toward exit from lockdown, an east-west rift arose, as the German-speaking cantons called for an end to the lockdown, whereas the more severely affected Italian- and French-speaking cantons preferred to keep restrictions in place (Trein & Rodwin Wagner, 2020). This controversy was among the reasons why the Federal Council decided to leave the potential reintroduction of lockdown measures to the cantons in case of a surge in infection rates.

Whether a federalist or centralist organization of the pandemic response yields better results is a controversial question. Leaving the responsibility with regional authorities allows for testing different policy approaches and subsequently adopting the ones that prove to work best in other regions as well. Because the virus spread unevenly and public health capacities varied by region, a regional response also gave states/cantons the chance to tailor measures to their individual situation (Schlette et al., 2020). Furthermore, regional governments could eventually be held accountable for their decisions (Sturm, 2020). In Germany, for example, policy makers and media stressed federalism as conditional for successfully providing targeted responses and tailored prevention approaches (Esslinger, 2020; Hipp, 2020; Pergande, 2020; von Marschall, 2020). However, a federalist organization of the response also has substantial downsides. A lack of coordination and the resulting regional differences in regulations can create undesired incentives (e.g., "tourism" to regions with stricter or less strict regulations) (Belser et al., 2020). It may also result in confusion and a lack of acceptance in the population, as it may be difficult to justify different responses in regions facing similar situations. Moreover, a centralist approach allows for fast responses because it does not require extensive negotiations and coordination efforts. In addition, knowledge resources on how to fight a pandemic may also have considerable economies of scale. Accordingly, evaluations of the three countries' outbreak responses with respect to the role of federalism vary considerably (Belser et al., 2020; Bussjaeger, 2020; Gamper, 2020; Sturm, 2020).

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Another aspect that was handled very differently across the three countries was communication. This refers to *how* the public was informed about the virus, the epidemiological situation and the measures taken, but also *who* the central figures in crisis management and communication were. Hence, this aspect was interconnected with the role played by experts during the crisis.

In Germany, the role of information provision with respect to the virus and the epidemiological situation—in part resulting from the polyphony from the political players in the beginning of the crisis—was to a great part taken on by the RKI, which can be regarded Germany's national public health institute, and Christian Drosten, director of the Institute for Virology at Charité Berlin. During the peak of the crisis, the RKI and its team of scientists created a steady flow of information by giving daily press conferences and publishing numerous risk assessments, strategy documents, response plans, surveillance reports, and technical guidelines (Wieler et al., 2020). Its recommendations and guidelines were also adopted by authorities in other countries (e.g., the Austrian Ministry of Health; Federal Ministry of Social Affairs, Health, Care and Consumer Protection, 2020a). In her press appearances related to COVID-19, Chancellor Merkel was usually flanked by Lothar Wieler, the head of the RKI. Christian Drosten, an expert on the SARS-CoV-1 virus, became one of the central figures in German media coverage on the virus. He had also been part of the team that developed the PCR diagnostic test and later started a daily half-hour podcast with the broadcaster NDR. The charismatic scientist was dubbed by German media "the nation's corona-explainer-in-chief" (Oltermann, 2020a). Especially in the early phase of the pandemic, the RKI and Drosten were the main advisors to the federal government and the populace in Germany. As the crisis evolved and impacts on other spheres than just health became apparent, the government extended its advisory group to include other disciplines (Schlette et al., 2020).

In comparison, the federal government of Germany played a less prominent role in crisis communication. Although some media viewed her as a leading figure in Europe's fight against the pandemic, Chancellor Merkel, a scientist herself, in fact left the floor mainly to the medical experts. Her communication mainly consisted in calm explanations of the rationales behind strict lockdown measures and appeals for solidarity, stressing the importance to uphold basic human rights (Miller, 2020; Oltermann, 2020b). Especially during Merkel's self-quarantine after having been in contact with a doctor who tested positive, Health Minister Jens Spahn took on a bigger role in the government's communication, which increased his popularity ratings. As a result, although he had previously announced not to run, he re-entered discussions around Merkel's succession as party leader and chancellor candidate (Rossmann, 2020).

In Austria, the characteristics of crisis communication were entirely different from Germany. The federal government was the central entity in decision-making and took the lead in nearly all aspects of communication. Chancellor Sebastian Kurz, Vice-Chancellor Werner Kogler, Health Minister Rudolf Anschober, and Interior Minister Karl Nehammer became the faces of crisis management, as they

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gave press conferences under great media fanfare almost on a daily basis at the peak of the crisis.

The Austrian government did to some extent rely on expert advice. The scientific advisory board of the "Taskforce Corona" at the Ministry of Health included experts in various medical fields. Furthermore, decisions were aided by an agent-based simulation model of epidemic spread developed by a group of researchers at the Vienna University of Technology (Czypionka et al., 2020). However, there was a lack of transparency regarding on which evidence decisions were eventually based, and members of the advisory board began to publicly voice criticism. For example, experts had warned officials to take care of the procurement of sufficient protective equipment and test kits already in February, which would have prevented shortages that occurred at the peak of the crisis. Moreover, several of the advisors in the "Taskforce Corona" had argued for a less strict and more targeted lockdown to contain social and economic impacts. However, in both instances, the government preferred not to follow the expert advice (Tóth, 2020).

Instead, leaked protocols revealed that Chancellor Kurz had, at the peak of the crisis, aimed for a strategy driven by fear ("Regierungsprotokoll" ["Government Protocol"], 2020). His rhetoric was shaped accordingly, very much in contrast to Merkel's calming and unemotional demeanor. He repeatedly drew lines to the disturbing footage from Italian hospitals and famously said in an interview on March 30, 2020, that "soon, everyone will know someone who has died of the coronavirus," although at that time daily new infections had already been decreasing ("Regierungskommunikation" ["Government Communication"], 2020). This strategy was heavily criticized by the opposition. Furthermore, at multiple occasions, it was implied in press conferences that certain activities were prohibited, whereas this was in fact not in line with the actual legislation ("Corona-Verbote," 2020). A lot of controversy also arose around the constitutionality of the measures taken. In the meantime, the Constitutional Court ruled that the legislation, in particular a ban on entering public spaces, was partly unlawful, which provoked even more criticism from the opposition ("VfGH" ["Constitutional Court"], 2020). Nevertheless, the government enjoyed high approval ratings throughout the crisis (Seidl, 2020).

In Switzerland, official crisis communication was also centered around the federal government, but not as exclusively as in Austria, because the principle of collegiality is firmly rooted in its Swiss government. The government's press conferences featured all seven ministers of the Federal Council, most prominently Interior Minister Alain Berset, who is also responsible for health matters. As the measures taken were not particularly harsh considering the country's fast increase in infections, the government's communication strategy was characterized by a measured tone appealing to the public's rationality and solidarity (Wong Sak Hoi, 2020). Berset's promise from April 16, 2020, to act "as quickly as possible and as slowly as necessary" became the mantra of the Swiss crisis management and was even printed on t-shirts to raise money for charity ("Minister's Quote," 2020).

Besides the federal government, the central figure in COVID-19–related communication was Daniel Koch, who at the time was the head of the infectious dis-

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eases unit at the Federal Office of Public Health (FOPH) and was named the government's COVID-19 delegate. Especially early on in the crisis, the civil servant with a medical background was praised by the press for his calm explanations of the epidemiological situation (Romy, 2020).

However, both the government and Koch also had to face some criticism, especially from epidemiological experts. In late January, Swiss epidemiologists published a study on the transmission of SARS-CoV-2 (Riou & Althaus, 2020) and contacted the FOPH to offer their help in preparing for a potential spread of the virus to Switzerland. Officials reportedly were not interested in cooperation, and Koch instead made several statements about the virus not being more dangerous than the common flu. In late February, renowned scientists Marcel Salathé and Christian Althaus publicly criticized Koch and Berset for ignoring their advice and taking action too late, resulting in a severe shortage of masks at the outbreak of the crisis (S. Buehler et al., 2020). The Federal Council eventually decided to set up the "Swiss National COVID-19 Science Task Force," an expert advisory board that also includes Salathé and Althaus. The task force was, however, established as late as March 31 when national lockdown measures had already been in place for almost two weeks (S. Buehler et al., 2020; Mantwill et al., 2020).

The Swiss political system is famous for its tradition of debate and compromise because it constantly needs to coordinate the interests of its twenty-six cantons. With some exceptions—most notably the divide between eastern and western cantons about the lifting of lockdown measures—this spirit was also upheld during the COVID-19 crisis and the government's response was mostly based on a broad political and regional consensus (Trein & Rodwin Wagner, 2020).

Conclusion

Although the three countries studied in this chapter are all prime examples of federalism, Austria and Switzerland showed a decisive, uniform public health response resulting from epidemic laws granting the central level precedence under such circumstances. By contrast, a lot of confusion arose when states in Germany engaged in a wide variety of interventions introduced at different times including even differing social distancing rules. After a phase of more coordinated policy action brought about by Chancellor Merkel, the question of how and when to lift lockdown became fuzzy again. At least in the beginning of the crisis and in the absence of unity in the political leadership, guidance primarily came from prominent scientists. The crisis also found the country in the midst of a struggle for Angela Merkel's succession and its protagonists as competitors in the fight against the virus. Politicians and the public strongly relied on the advice of the Robert Koch Institute and Christian Drosten, a world-leading expert on coronaviruses. By contrast, the Swiss federal government, with its strong tradition of collegiality, steered the country calmly despite a comparably higher death toll. A rift in the unanimous response arose only on the question when to lift the lockdown measures, with Italian- and French-speaking cantons more cautious

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than the German-speaking ones. The main media attention in Switzerland, often dubbed the "land of direct democracy," centered around Daniel Koch, an expert civil servant, at least until he became heavily criticized by prominent Swiss epidemiologists. In Austria, the newly formed and novel (Conservative-Green) government was bound to show strength and unity and implemented comparably harsh lockdown measures at an early stage. Probably reflective of this hegemony of politics over science, the main protagonist on the media during the crisis was not a scientist, but rather Chancellor Kurz. Close ties to Italy and disturbing footage from Italian intensive care units helped to garner support in the population, but were likely also used strategically in government communication to instill a sense of fear.

Although all three countries managed to get through the crisis—or at least the first wave—relatively well, it remains to be seen what effects the different policy approaches will have in the long run. As more and more background information on the dynamics and motivations behind decisions made during the crisis comes to light, policy-makers will be held accountable for their actions. No doubt the comparably good outcome has increased approval ratings for the ruling parties in all three countries. It remains to be seen, however, whether this is a lasting effect or whether some questionable actions (e.g., the disorderly lockdown and transition phases in Germany or the fear-based communication strategy in Austria) will catch up with the ones in charge at the time. This and the question of constitutionality of some of the measures have likely also contributed to the growing number of "corona-deniers." But even the majority of the population may eventually grow tired of mask-wearing and physical distancing. Together with other aspects like prevention in schools or concurrence of COVID-19 and influenza-like illnesses, these challenges will continue to put health systems and political leadership to the test in the face of resurging infection waves.

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