10 Germany's response to COVID-19

Federal coordination and executive politics

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10.1 Introduction

Germany was praised for its effective management of the first wave of the COVID-19 pandemic, which occurred from March to May 2020 (e.g., Oltermann 2020). Overall, infection and death rates remained relatively low, and hospitals were never overwhelmed. The second wave, however, hit Germany much harder. The country lost the gains made in the first wave in handling the crisis. Infection and death rates escalated in November and December 2020, and governments struggled to bring them down. Some hospitals had to stop admitting patients into emergency care. Despite several shutdowns, Germany's economy did reasonably well, however.

After the first cases occurred at the end of January 2020, the first measures by governments in Germany were introduced in March 2020. They were similar to those in most other countries: bans on gatherings and events; closures of schools, restaurants, (non-essential) shops, and other premises; travel restrictions and closing of international (and some domestic) borders; procurement of protective personal equipment (PPE), ventilators, and tests.

After a relaxation of most measures in summer, another partial lockdown was imposed in November, when the second wave hit, eventually turning into a hard lockdown including night-time curfews in hotspots (i.e., districts with a high incidence rate). In addition to these containment measures, a range of economic stimulus measures were adopted, such as support for businesses, tax cuts, and a furlough scheme.¹

Although Germany is a rather centralized federation (Kaiser and Vogel 2019), the distribution of powers in the event of a public health crisis puts most responsibility on the *Länder*, Germany's constituent units. The *Länder* decided on the introduction and easing of most measures. However, they coordinated their decisions, under the leadership of the federal government – especially in the beginning of the crisis and again, after a bumpy start, during the second wave. Rather similar measures were introduced, though the specifics and the timing varied. Coordination occurred mostly via the Conference of the Premiers of the *Länder* (*Ministerpräsidentenkonferenz* or MPK), which met frequently with the chancellor. Despite an, overall, coordinated approach to crisis management (Marx 2020), the *Länder* competed in lifting restriction measures in June. Some *Länder* also deviated from agreements with the federal government at the beginning of the second wave in October. Balancing fundamental rights and health protection, administrative courts overturned some measures. This further increased regional variation.

The heavy reliance on *Länder* action to contain the virus does not mean that the federal government was inactive. Besides coordinating *Länder* decisions, the federal government procured PPE and had to bear the bulk of the economic and fiscal burden. Major friction has not occurred, even though disagreements took place about the easing of measures. During the second wave, further tightening of restrictions caused some tensions. The crisis has not led to a shift of authority either. It mainly confirmed the emphasis on coordination and collaboration characteristic of German federalism (Hegele and Behnke 2017; Kropp 2010; Lhotta and von Blumenthal 2015). However, the important role played by the *Länder* was rather unusual. It met a widespread attitude of German citizens expecting to find uniform solutions throughout the country, even if problems vary regionally.

10.2 COVID-19 in Germany: phases and data

The first COVID-19 case was reported on 28 January 2020, in Bavaria, after an infected businessperson returned from a trip to China. Within six weeks, infections spread rapidly across all 16 *Länder* – though Bavaria, Baden-Württemberg, and North Rhine-Westphalia were more severely affected than the other *Länder*. During the first wave, infection rates peaked at the beginning of April, with 6,174 confirmed cases. By 10 January 2021, Germany, the 19th largest country in the world by population (Worldometers 2021), had the 9th highest total number of COVID-19 cases: 1,908,527 (Table 10.1). The highest seven-day-average of new German cases per day was 25,612 on 22 December 2020 and was on a downward slope to 6,723 on 15 February 2021 – 39th in the world for its seven-day average of new cases (Table 10.2).

The number of deaths in Germany from COVID-19 was 65,829, 10th highest in the world (Statista 2021). The case-fatality rate on 14 February 2021 was 2.8 percent, the 6th highest in the world (Table 10.3).

Table 10.1 Key Statistics on COVID-19 in Germany as of 10 January 2021

<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
1,908,527	2,277.9	40,343	48.2	2.1

Source: World Health Organization Weekly epidemiological update – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

Table 10.2 Cases of COVID-19 in Germany as of 15 February 2021

<i>Germany</i>	
Total Cases – February 15, 2021 ^a	2,352,756
New Cases – February 15, 2021 ^a	5,132
Seven-day avg New Cases – February 15, 2021 ^b	6,723

a Total cases and new cases source: <https://coronavirus.jhu.edu/map.html>

b Seven-day-avg new case source: <https://www.google.com/search?client=firefox-b-d&q=world+coronavirus+statistics+data>

Table 10.3 Case-Fatality Ratio and Total Deaths in Germany

<i>Germany</i>	
Case-fatality ratio – February 14, 2021 ^a	2.8%
Total deaths – February 15, 2021 ^b	65,829

a Case-fatality ratio source: <https://www.dw.com/en/as-germans-continue-to-circulate-covid-death-rate-rises/a-56240918>

b Total deaths source: <https://coronavirus.jhu.edu/map.html>

Measures were taken early enough to contain the virus effectively, albeit with some delay. It took some time until governments realized the dynamics triggered by an exponential increase of infections. Minor time lags were caused by the need to coordinate the crisis responses. Due to the hard restrictions adopted on 16 March 2020, the curve flattened significantly. The measures were eased in late April. During the second phase, in summer, the number of infections dropped to about 300 new cases, sometimes even fewer, a day. Trust in government and among citizens was reasonably high and even increased during the first months of the pandemic (Kühne et al. 2020). Surveys revealed that a majority of the citizens either supported the measures adopted or even wanted harder restrictions (see infratest dimap 2020).

In September, the number of infections grew rapidly again. Restrictions were tightened. In late October, after the number of infections had reached more than 18,000 cases a day, Germany finally entered another partial lockdown, which included the closure of restaurants and bars (except for take-away), hotels, sport clubs, and gyms as well as restrictions on gatherings and contacts. Schools and shops remained open. Measures were renewed and further tightened in late November. Nevertheless, the second partial lockdown failed to generate the desired effects. The incidence rate remained high, though with considerable regional variations.

At the beginning of December 2020, Germany had seen more than 1 million registered infections and bemoaned more than 17,000 deaths.² Hospitals still had some capacity for treatment, but capacities started to max out due to staff shortage. Therefore, a stricter lockdown was decided on 13 December, which included the closure of non-essential shops, hair salons and barber shops, schools (or move to online teaching), and childcare centers as well as stricter social distancing rules. These measures applied, in a first instance, until 10 January 2021 – with some lifting over the Holidays, to be decided by each *Land* and depending on infection rates.

While decisions were made rather smoothly during the first wave, the management of the second wave was more difficult. On the one hand, education ministers were blamed for failing to prepare the schools, during the summer break, for a second wave. On the other hand, the *Länder* governments were more hesitant to tighten restrictions when containment measures became increasingly contested. One measure was particularly criticized. Right before the fall break, statutory orders, adopted months before, had to be implemented unexpectedly. These regulations stipulated that as of an incidence rate of 50 infected persons (out of 100,000 inhabitants) in a given county, travelers from this county could not stay in hotels and apartments outside their *Land*. The effect was a *de facto* ban on travel within the federation, right during holiday time. In addition, Germany witnessed a considerable number of

demonstrations against the restriction measures. Even though motivations and attitudes of the protesters differed, a significant share of this movement is linked to the extreme right. As a consequence, some *Länder* governments in Eastern Germany (particularly Thuringia, Saxony, Saxony-Anhalt) were hesitant to impose stricter measures. In these *Länder*, citizens tend to be more skeptical of state intervention and the share of seats won by the right-wing party known as Alternative for Germany (*Alternative für Deutschland* or AfD) in *Länder* parliaments is large. The reluctance of governments in the Eastern *Länder* to tighten restrictions faded in late November 2020, however, after Saxony and Thuringia had become extreme hotspots with counties having an incidence rate of more than 600.

The economic costs caused by the crisis were tremendous. The GDP decreased by approximately 5.0 percent in 2020. After a quick recovery during summer, economic growth came to an end again in November. The federal government adopted several large support packages to assist businesses, individuals, and families and to stimulate the economy. This included various kinds of subsidies as well as a temporary VAT reduction. Two stimulus packages, adopted in March and June, amounted to an impressive €156 billion (March) and €130 billion (June) or 4.9 percent of GDP and 4 percent of GDP, respectively (IMF 2021). During the second lockdown, the federal government generously compensated lost profits of restaurants and hotels, including one-off financial assistance set at 75 percent of revenues in November and December 2019 (*“November und Dezemberhilfe”*). The *Länder* focused on SME and the self-employed providing direct support and loan guarantees.

After years of budget surpluses, public debt will be the highest in Germany’s post-war history (see *tagesschau* 2020). As of September 2020, the federal debt increased by 20.3 percent (€241.5 billion) within one year, while the debt of the *Länder* grew by 9.1 percent (€52.4 billion). Public spending of all levels of government exceeded the previous year’s level by 26.9 percent (BMF 2020). The “black zero,” a metaphor for Germany’s constitutional debt brake (Articles 109, 115 of the Basic Law), was suspended for 2020 and 2021. Germany’s fiscal rule can be temporarily suspended in the event of “unusual emergency situations beyond governmental control and substantially harmful to the state’s financial capacity” (Article 109, paragraph 3, Basic Law), which the *Bundestag* decided on 25 March 2020. It is not an overstatement to assume that the fiscal burden will cause conflicts about how to readjust distributive justice as a basic principle of the German welfare state.

10.3 COVID-19 and federalism in Germany

10.3.1 General features

Germany’s federal system comprises the federal government and 16 constituent units, called *Länder*. It can be described as a prime example of cooperative and interlocking federalism (Kropp 2010), which is bolstered by a strong unitary culture and pressures for harmonization. Centralizing trends can be observed in the legislative sphere, but not in the administrative sphere (Kaiser and Vogel 2019). But even if responsibilities have shifted to the federal level, this did not cause centralization in the classical meaning, that is, activities are not concentrated under the federal authority. Indeed, the *Länder* participate in federal legislation via the second chamber, the *Bundesrat*, which consists of the *Länder* governments.

The main feature of Germany's interlocking federalism is administrative federalism, due to a functional distribution of power (Behnke and Kropp 2020; Hueglin and Fenna 2015), whereby the *Länder* implement federal legislation as their own responsibility and at their own cost. When federal legislation directly affects them, for instance, because they must implement or (co-)finance policies, the *Länder* have a power of veto ("consent laws," about 40 percent of all federal legislation) because a majority of votes (which are counted *en bloc* for each *Land*) is needed in the *Bundesrat*. Complex negotiations between the federal government and the *Länder* are common and often involve *Länder* governed by different parties than those in power at the federal level.

As a consequence of interlocking federalism, there is a strong emphasis on coordination and collaboration. Vertical coordination, between the federal government and the *Länder*, is needed given the functional distribution of powers. It is also required because the *Länder* participate in federal decision-making via the *Bundesrat*. The cooperative nature of German federalism is reflected in the ministerial conferences through which the federal government and the *Länder*, or the *Länder* themselves, coordinate a broad range of policies (Hegele and Behnke 2013, 2017; Lhotta and von Blumenthal 2015). The premiers of the *Länder* meet at least four times a year (as the *Ministerpräsidentenkonferenz* or MPK), of which two meetings include the German chancellor. In times of crisis, the frequency of meetings is higher. Alongside MPK, several policy-specific councils cover a range of policy areas such as education, economy, finances, and health (Hegele and Behnke 2013, 2017). Some of these conferences are purely horizontal institutions while others include the federal government.

The constitutional mandate to achieve equivalent living conditions, the absence of linguistic or ethnic pluralism, and a strong commitment to fiscal equalization have created strong pressures for harmonization and a general aversion to policy diversity. This has been a driver of both centralization and coordination.

10.3.2 *Distributions of responsibilities during the pandemic*

The governance arrangements in the event of a public health emergency confirm the main features of Germany's federal system. However, they give the *Länder* a much stronger role than its overall features would suggest.

The core piece of legislation is the Infection Protection Act (*Infektionsschutzgesetz*, IfSG, adopted in 2001), a federal law. The IfSG authorizes the *Länder* to impose restriction measures such as bans on gatherings or school closures in the event of a public health crisis. Although the *Länder* introduce measures by issuing statutory orders, which corresponds to administrative federalism, the situation somewhat deviates from the usual pattern. Under the IfSG, the federal government is able to coordinate crisis management, but it cannot decide on restriction measures. Indeed, the decision lies entirely with each *Land*. In contrast to other countries, Germany did not have a national stockpile of PPE run by the federal government. Yet, the federal government maintains the responsibility over borders and international travel.

In March 2020, the IfSG was reformed after proving insufficient to fight the pandemic. A first draft of the amended law would have authorized the federal health minister to issue statutory orders without the consent of the *Bundesrat*. It was widely regarded as a blunt attempt of the federal health minister to empower himself. Despite

enormous pressure of time, the federal parliament, the *Bundestag*, was able to alter the draft so that parliament, not the government, would declare and end the ‘epidemic situation of national scope.’ The federal health minister was granted responsibilities, “considering the responsibilities of the *Länder*” (IfSG §5) though, to maintain the health sector. An evaluation clause was also included. Moreover, the provisions were to expire in April 2021. Thus, while the law empowered the federal health minister, it also aimed at setting narrow limits on executive action.

However, even the revised IfSG contained provisions that were not sufficiently specified. The courts again and again overturned restrictions on the grounds that they were not well-founded, appropriate, and effective. According to the “materiality principle” (*Wesentlichkeitstheorie*), which is a basic legal principle developed by the German Federal Constitutional Court, all relevant decisions, particularly those encroaching onto fundamental rights, must be made by parliament. Statutory orders are not sufficient. Consequently, the IfSG was reformed again in November 2020 (see IfSG 2000). § 28a now contains a list of specific measures that the *Länder* are allowed to take such as bans on events and gatherings; travel bans; the requirement to wear face masks; and the closure of shops and other premises. These measures are bound to specific thresholds (incidence of 35 or 50) and are subject to further conditions. *Länder* statutory orders are limited to a duration of four weeks. People must not be socially isolated. A reference to regional circumstances must be given. In that, the law explicitly denies uniform decisions which restrict citizens equally when regions are affected by the pandemic differently.

Counties and cities, which form part of the *Länder*, can also take measures to prevent and fight infections. They are either in charge of executing measures to prevent and fight infections decided by the *Länder* or act on their own responsibility. This includes testing and tracing, the closing of schools, and restrictions on gatherings and movements of individuals. Local health authorities, however, often suffer from staff shortage, which is why the federal armed forces can provide support. Hospitals are a shared jurisdiction, with the *Länder* notably being in charge of hospital planning.

Germany’s public health agency, the Robert Koch Institute (RKI), is a federal government body. It operates under the Federal Ministry of Health. Its main tasks are to provide evidence; to advise the federal government; and to develop norms and standards for health protection and the containment of diseases. Although it is mentioned in the IfSG, the RKI has no monopoly on advising governments.

10.3.3 Implementation of measures

In the first phase of the first wave, coordination prevailed. Bans on gatherings and events; quarantine; shops; the closing of restaurants; the return to classroom teaching; and semester times at universities were all decided by the *Länder* – but only after discussion with each other and the federal government. Both the federal government and the *Länder* procured PPE when hospitals, care homes, and surgeries reported shortages. Temporarily, the *Länder* and local authorities competed in ordering masks and PPE, thereby driving the costs of already rare goods. Procurement by the federal government was coordinated with the *Länder*. While this could be expected, coordination occurred even in areas for which the federal government is responsible and could, in principle, have acted alone – such as borders. Sometimes, the federal government coordinated bilaterally with the relevant *Länder*.

The federal government adopted several economic stimulus measures (summarized above). Some measures included co-funding (e.g., *Kinderbonus*, day care) or were administered by the *Länder* (e.g., temporal help for small and medium-sized enterprises). The federal government also compensated local governments and the *Länder* for losses in revenues and assisted the *Länder* in supporting public transport. These measures sometimes led to the establishment of a formal intergovernmental agreement (*Verwaltungsabkommen*).

The only decisions that were not coordinated concerned the closing of schools – though a certain imitation effect materialized with Saarland being the first *Land* to do so on 13 March 2020, and the others following quickly thereafter. The federal government's decision to reopen borders to EU/Schengen members and the United Kingdom was not coordinated either. Mecklenburg-West Pomerania and Schleswig-Holstein decided to close their domestic borders without consulting the entirety of the *Länder*. None of these decisions led to serious intergovernmental conflict, however.

In the easing, or second, phase of the first wave, coordination persisted. For instance, the *Länder* reached agreement with the chancellor that larger events would still be banned. Overall, fewer decisions were coordinated, however, and fewer intergovernmental meetings were held. This can be explained by the declining infection and death rates, and it never really undermined crisis management or led to serious intergovernmental conflict. In fact, policy diversity remained relatively small. Some tensions could be observed when (some of) the *Länder*, particularly Thuringia, Saxony, or North Rhine-Westphalia, pushed for an easing of restrictions while the federal government, especially the chancellor, as well as Bavaria and Mecklenburg-West Pomerania, were more hesitant. Eventually, the federal government gave in, but agreement that the *Länder* would lift restrictions on their own was reached mainly because the *Länder* had given the federal government no choice. Rather than intergovernmental or partisan disagreement on crisis management, these tensions mainly related to upcoming elections in six *Länder* and the 2021 federal elections. For example, with the leadership of the CDU up for grabs and chancellor Angela Merkel (CDU) not running in the 2021 federal elections, the crisis provided an opportunity for the premiers of two of the largest *Länder* – Armin Laschet (CDU) in North Rhine-Westphalia and Markus Söder (from CDU's sister party CSU) in Bavaria – to gain visibility and credit.

In October, in light of an increasing number of infections, conflicts within the MPK became evident. The federal government insisted on hard restrictions again. The chancellor was not able to convince all premiers that recommendations were insufficient to flatten the curve, however. Tensions also occurred between the reluctant premiers and those who wanted a stricter lockdown. Although agreement to introduce a partial lockdown was finally reached in late October 2020, the *Länder* decided to deviate from the joint resolution. For example, some *Länder* decided to reopen hotels over Christmas. Others, for example, Bavaria and Berlin, reduced the number of persons that are allowed to meet privately.

Another episode also underlined the new assertiveness of the *Länder*. When a federal government draft resolution proposing further tightening of restrictions was leaked in late November 2020, the premiers bluntly rejected the federal government's plan. As a consequence, decisions were delayed at a crucial point of time. However, the pressure on the premiers to come up with a proposal of their own increased. In the end, the *Länder* had no choice but to suggest stricter measures. When it became clear that the partial

lockdown was insufficient to avoid an escalation of infection and death rates, governments also quickly reached agreement to impose a full lockdown. This shows that Germany's intergovernmental relations deliver when swift and effective action is required.

Although coordination – closer at times and looser at others – prevailed throughout the pandemic, the *Länder* maintained their ability to tailor measures to local circumstances, which is one of federalism's main *raison d'être* after all. Coordination did not produce uniformity but left scope for adaptation. For example, some *Länder* with higher exposure to the virus (e.g., Bavaria, Saxony) adopted stricter measures while others with lower infection rates (e.g., Schleswig-Holstein) were able to impose fewer restrictions. However, since October, the chains of infection could neither be traced by the overstrained local health offices nor could outbreaks be contained locally and regionally. The critical public opinion and the opposition parties, among them the Green Party, the Liberal Party and the Left Party, pushed for uniform measures and a centralization of health policy more emphatically than during the first wave of the pandemic. Federalism itself came under pressure.

10.3.4 Intergovernmental relations

The overall pattern of crisis management was coordination, which occurred both vertically, between the federal government and the *Länder*, and horizontally, among the *Länder*. The depth of coordination varied, however. Sometimes, agreement was reached that restrictions would be imposed or lifted, and sometimes coordination also included more specific aspects, such as specific limits or details on protective measures. But sometimes coordination just meant consultation (e.g., in regard to borders).

To coordinate their crisis management, the federal government and the *Länder* relied on existing forums, and especially the MPK. In the first phase of the first wave, the German chancellor and the premiers held weekly meetings, followed by joint press conferences. Decisions on primary and secondary education, including protective measures, were discussed by the Conference of Ministers of Education (*Kultusministerkonferenz*, KMK), and the Conference of Ministers of the Economy (*Wirtschaftsministerkonferenz*, WMK) coordinated the reopening of restaurants. All these conferences are institutions of the executive branch of government. The MPK was convened more frequently in times when problems grew more acute, while the body was rather inactive in summer when infection rates were low.

The Robert Koch Institute provided information necessary for decision-making on both levels of government (Kuhlmann 2020, p. 296). The *Länder* also established advisory boards. In addition, most governments resorted to the expertise of independent epidemiologists and sought economic, sociological, ethical, or legal expertise. Ultimately, federalism and decentralization functioned as an institutionalized learning tool, forcing the actors at all levels of government into a permanent discourse ('yardstick federalism,' Benz 2012). Conflicting research results were publicly debated, and (mostly preliminary) findings continually evaluated, leading to a revision of doctrines and measures, if necessary. An example is the debate on the effectiveness of face masks in containing the pandemic. Prescribing masks in the public as early as in April 2020, the city government of Jena succeeded in avoiding a further increase of the infection rate. This measure was subsequently considered as best practice. Later, masks were made mandatory throughout the country, with some regional variations though.

The crisis also revealed the inherent ambivalence of federalism as a learning tool. Learning also implies drawing lessons from failures, but failures can have dramatic consequences. For example, the premiers of Saxony, Saxony-Anhalt, and Thuringia refused to take strict measures at the beginning of the second wave. Later, they had to admit having been wrong in their evaluation of the exponentially increasing infection rates. In light of dramatic incidence rates and death numbers, the three *Länder* governments readjusted their initial course and adopted even harder restrictions than the other *Länder*. This example shows that self-rule may allow for serious errors of individual governments. In contrast to potential failures of centralized decision making, the consequences of these errors are more contained, however. In Germany's unitary culture, there is often a criticism of trial and error, as institutionalized by federalism, as leading to a diversity of messages that would confuse citizens and undermine public support of the restrictions.

Opportunistic strategies that are deemed typical for federations (Bednar 2009) materialized throughout the pandemic, to some extent. For example, some premiers (e.g., Bavaria, Berlin) argued that the federal government should assume more responsibility; some waited until the MPK had taken measures, arguing that they were somehow obliged to follow. The federal government occasionally attempted to encroach onto the *Länder* responsibilities (i.e., on school policy), and *Länder* governments blamed each other for their failures. Federal politicians, such as the CDU/CSU party group leader in the *Bundestag*, demanded more fiscal engagement of the *Länder* in supporting the economy during the crisis, evoking the opposition of the entirety of the *Länder*.

Overall, strongly institutionalized intergovernmental bodies turned out to be a considerable advantage. These bodies can be convened immediately. Moreover, federal negotiations take place as an iterated game. Actors are usually able to take the interests and positions of others into consideration. This tended to decrease the level of conflict and helped contain defective strategies. Yet, during the second wave, it became apparent that even the MPK struggled to make the *Länder* comply with joint resolutions. Some *Länder* governments adopted deviating policies immediately after MPK meetings, concerning *inter alia* the reopening of schools, which is a core responsibility of the *Länder* and was highly contested.

10.4 Conclusions

Despite these issues, rather than hindering effective crisis management, Germany's cooperative federalism seems to have helped it. The decentralized approach to restriction measures meant that they could be tailored to local circumstances. The most severely affected *Länder* could impose stricter measures than others with fewer cases. Intergovernmental coordination ensured that decentralized decision-making nevertheless would not lead to contradictory measures or harmful policy diversity – which, in Germany, tends to have a negative connotation and is referred to as a “patchwork of measures.” Federalism here functioned as a learning tool, forcing responsible actors and experts into permanent debates about what would be appropriate, effective, and legitimate action. Although this is a considerable advantage when knowledge is not consolidated, contradictory debates and diverging policies have partly unsettled the population and decreased trust in political leadership.

Similar to other federations (see chapters by Fenna, Freiburghaus, Mueller, and Vatter in this volume), executive federalism prevailed since parliaments, particularly on the *Länder* level, were side-lined for most of the pandemic. Consequently, some *Länder* parliaments demanded more veto powers. Berlin adopted a so-called “Covid-19 parliamentary participation law” (*Parlamentsbeteiligungsgesetz*) empowering the *Land* parliament to raise an objection against statutory orders or to change existing ones. The *Land* parliament must also agree to extensions of statutory orders affecting basic rights. Yet, it can happen that more parliamentary participation will finally be at the expense of effective crisis management.

The management of the COVID-19 pandemic did not substantially change federal relations. The pandemic revealed the importance of the *Länder* as providers of public policy, however, and the premiers gained importance and visibility. This does not mean that there was no discussion on the distribution of relevant powers, with some commenters and even politicians seeing a need to centralize powers so as to strengthen the role of the federal government. The crisis uncovered existing shortcomings in public service delivery at the *Länder* level, for instance, regarding digitalization in primary and secondary education. The advantages and disadvantages of federalism in times of a public health crisis were critically discussed, with the overall opinion being, during the first wave, that Germany’s federal system has been rather conducive to its successful crisis response (Behnke 2020; Kropp 2020). This changed during the second wave. Federalism itself was criticized as being ineffective, rigid, and conducive to egoistic behavior by the *Länder* premiers. Intergovernmental cooperation, which has helped contain any solo efforts by the *Länder* governments, is likely to become more complicated when party competition intensifies.

Notes

- 1 The furlough scheme that was in used was the *Kurzarbeit* program, which had been in place before the COVID-19 pandemic to help companies prevent layoffs during temporary drops in sales of products or services.
- 2 At the end of December, the number of infections increased to 1,7 million and more than 33,000 deaths were recorded.

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