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Germany's Corona Crisis: The Authoritarian Turn in Public Policy and the Rise of the Biosecurity State (2020–2022)

Jörg Michael Dostal*

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<Abstract>

This article examines Corona crisis policies in Germany between January 2020 and March 2022. During this period, Corona crisis management can be analytically disaggregated into four different time periods. Each stage of policy-making included steadily growing authoritarianism combined with unclear objectives and erratic communication. Throughout the entire period, policy-making was driven by a closed community of advisors linked to government-financed research institutes, while other groups of experts were excluded from deliberation and decision-making. The almost single-minded emphasis on the rapid rollout of mRNA ‘vaccines’, i.e. efforts to ‘solve’ the crisis by way of pharmaceutical intervention, results currently in the imposition of a new form of authoritarian statehood, namely a ‘biosecurity state’. The three substantial chapters in this paper (II–IV) will discuss, in turn, how actors, ideas, and institutions affected German government policies since the start of the Corona crisis. It is argued that Germany’s closed style of policy-making under crisis conditions severely undermines the norms and values of liberal democracy.

Key words: advocacy coalition framework, biosecurity state, Corona crisis, Germany, policy entrepreneurship, policy process

I. Introduction

The World Health Organization (WHO) declared SARS-CoV 2/CoVID 19 a ‘public health emergency of international concern’ on 30 January 2020 and a pandemic on 11 March 2020. Since March 2020, the Corona crisis escalated into a global crisis, which includes economic, educational, humanitarian, mass communication, political, social welfare, psychological, and other dimensions. From a political science perspective, the decisive feature of the Corona challenge is that it serves as a ‘focusing

event' and 'credible threat' offering policy-makers access to exceptional administrative powers (Kingdom, 1995). In declaring the state the defender of public health, and public health the source of state legitimacy, the state's commands become urgent and enforceable. Once a state of emergency is declared, many of the key tenets of liberal democracy, such as institutional checks and balances, limited government, and a significant degree of autonomy for individuals and civil society bodies, are dramatically downscaled or even abandoned.

This article presents a case study of German policies between January 2020 and March 2022 based on three public policy analytical perspectives that represent, in turn, actors, ideas, and institutions. It will be argued here that Germany's Corona crisis management threatens principles of liberal democracy, namely the institutional checks and balances outlined in the German Basic Law (*Grundgesetz*) and some of the basic civil liberties (*Grundrechte*) stated in the first 19 articles of the Law. Thus, the primary purpose of the current article is to critically scrutinize Germany's ongoing Corona emergency regime. In future research, the relationship between the Corona crisis experience and the parallel crisis of liberal democracy will certainly require further analysis in the light of normative political theories (Böllinger, 2022; Guerot, 2022).

II. Theoretical perspectives on public policy: actors ideas, and institutions

The Corona crisis provides many challenges for analysts seeking to apply political science theories, not least because different stages of the crisis may demand different theoretical approaches. Further irritation arises from the high degree of global authoritarian convergence in Corona policy-making across many OECD and non-OECD countries. This concerns, in particular, the rollout of implicitly (and increasingly

explicitly) mandatory mRNA ‘vaccines’ and ‘vaccine passports’, combined with efforts at establishing wide-ranging digital identity schemes and exclusionary measures against non-compliant citizens. In fact, the data infrastructure of new surveillance policies, once created, is almost certain to become permanent (Milan *et al.*, 2021).

In this broader context, focusing on the German case implies the selection of theoretical approaches that fit the national level, while global governance structures are only briefly discussed. To make up for these analytical limitations, the concluding section will briefly compare the German case with some other OECD societies.

1. Actors: Advocacy coalitions and network analysis

To begin first with the role of actors, one way of organizing case study research is to adopt the advocacy coalition framework (ACF) (Sabatier and Weible, 2007). This analytical framework suggests that policy-making in each subfield is contested by various specialist actors. The ACF approach suggests that coalitions consisting of politicians, experts (including ‘policy entrepreneurs’ offering new ideas that might act as catalysts of change), public and private sector representatives, and others contest for control of policy-making in a given field. Under normal circumstances, there exists a dominant coalition controlling policy-making and one or more contesting coalitions demanding change and advancing policy alternatives.

The ACF framework further contents that actors hold deep core beliefs that are relatively constant over long periods of time. It is also assumed that relatively stable parameters exist at the society-wide level concerning power and resource distribution, constitutional structures, and fundamental sociocultural values. Thus, policy change normally occurs at a slow pace deriving primarily from policy-oriented learning in an incremental manner. However, focusing on stability in policy-making over time appears inappropriate when looking at the Corona crisis.

Crucially, the ACF approach acknowledges that major policy change may take place under certain exceptional conditions, namely (1) external shocks that question

actors' control of policy-making; (2) external policy intervention by 'superior units of government (...) chang[ing] the policy core of the "subordinate" level'; and (3) the appearance of 'policy brokers' advancing a new consensus that is 'viewed by everyone as superior to the status quo' (Sabatier, 1998: 119; Sabatier and Weible, 2007: 199).

In what follows, the ACF approach will be applied with certain analytical adaptations. In particular, it will be stressed that the external shock of the Corona pandemic created *ad hoc* advocacy coalitions emerging from various pre-existing ones. The phenomenon of the rapid formation of new influential coalitions will be analyzed by focusing on 'policy brokers', involving 'alpha politicians' and 'alpha virologists'. This terminology is applied to highlight how those aspiring to act as opinion leaders during the Corona crisis originate from a large variety of pre-existing fields of policy-making while at the same time constructing a new field, namely a community focusing on Corona crisis management.

A second promising theoretical approach to further clarify actor definitions in the Corona context is to apply methods of network analysis. Efforts at 'mapping' the core actors in the current crisis recently emerged from realms and sources outside of mainstream academic political science. Starting with the observation that one of the most surprising features of current events is the high degree of similarity in Corona-related policy-making across OECD countries, China, and many other parts of the world, an anonymous analyst advanced a comprehensive network analysis of institutional and some core individual actors during the current crisis (Club der klaren Worte, 2021; see also Schreyer, 2021).

The analyst in question extracted the publicly available information on funding links between the Gates, Rockefeller, and some other elite foundations, on the one hand, and, on the other hand, research institutions, universities, and top researchers in fields related to virology, the WHO, United Nations (UN), and various national health surveillance bodies. This effort produced a 167-page survey outlining how networks of influence and funding streams overlap in the context of the global

governance of the Corona crisis.

This style of network analysis of the Corona ‘complex’ clarifies that private project financing, deriving from bodies such as the Gates Foundation and targeting the health care sectors, is comparable to or bypasses the funding provided by most state actors. It helps to explain how institutional preconditions for global policy convergence were initiated long before the Corona events. Between 1994 and 2021, the Gates Foundation distributed 43 billion dollars in project grants to US-based institutions and around 27 billion in the context of another 49 states (around half of this amount to Swiss-based bodies), with smaller amounts being distributed elsewhere in the world.

This ecology of influence and mutual dependency between foundations, researchers, and policy-makers permeates the entire health care and related sectors and goes a long way in explaining why Corona policies – lockdowns, mRNA ‘vaccines’, ‘vaccine passports’, biometric surveillance schemes – emerged as similar-looking ‘policy packages’ across the OECD world and in many other countries. To put it differently, networks of influence might utilize the Corona crisis as a catalyst to introduce or speed up policy-making agendas that would be highly controversial under non-crisis conditions and would normally face significant degrees of opposition.

2. Ideas: Policy paradigms, the ‘biosecurity state’, and policy entrepreneurship

New policy-making paradigms may act as a significant driver of policy change and strongly influence states’ selection of policy instruments (Hall, 1993). Indeed, the Corona crisis triggered paradigm change with regard to the relationship between citizens and the state. Since the beginning of the pandemic, citizens increasingly became obliged to offer proof of particular health conditions. They were also asked to submit to quickly normalized regimes of compulsory vaccination(s) (and possibly other practices) in order to (re-)qualify for citizenship rights. In short, a new

biosecurity state paradigm emerged that imposed new sets of duties on citizens and declared those unwilling to follow to be outcasts of society.

In this context, the Italian philosopher Giorgio Agamben recently argued that 'a new paradigm for the governance of men and things' has arrived in which 'health security, hitherto on the margins of political calculations, [is] becoming an essential part of state and international political strategies' (Agamben, 2020, further reference omitted). Agamben further asserts that 'the total organization of the body of citizens in a way that strengthens maximum adherence to institutions of government, producing a sort of superlative good citizenship in which imposed obligations are presented as evidence of altruism and the citizen no longer has a right to health (health safety) but becomes juridically obliged to health (biosecurity)' (ibid.). Furthermore, 'security reasons allowed citizens to accept limitations on their liberty that they previously were unwilling to accept [and] biosecurity has shown itself capable [during periods of so-called 'lockdown'] of presenting the absolute cessation of all political activity and all social relations as the maximum form of civic participation' (ibid.). Finally, it is suggested that economic concerns 'must be integrated with the new paradigm of biosecurity, to which all other exigencies will have to be sacrificed' (ibid.).

Thus, the occurrence of external shocks, such as the Corona crisis and the subsequent introduction of war metaphors in the service of 'public safety', currently enable political executives across the globe to assert control and impose new agendas at short notice and without public deliberation. This links the previous 'War on Terror' since 2001 with the ongoing 'war' against the Corona virus, as called for by the French President Emmanuel Macron and others, namely the 'alliance of public health practices with the nation's security complex brings a new level of militarism to everyday practices of health and wellness' (Armstrong, 2012, online abstract).

Moving on from the focus on policy paradigms, another closely related cause of policy change is to be found in processes of issue expansion and issue contraction. Namely, policy entrepreneurs might search for windows of opportunity to advance 'structural coupling' between three major streams driving policy-making. These

are referred to as (1) problem stream, (2) politics stream (which includes party ideology and national mood), and (3) policy stream (Zahariadis, 2007: 71). By monitoring and manipulating the three streams, policy entrepreneurs seek to ‘couple’ them in order to open windows of opportunity to push through policy changes. This process has also been referred to as ‘solutions searching for problems’ (Kingdon, 1995: 205–206).

Successful policy entrepreneurs will use every available tactic to open windows of opportunity and keep them open for as long as possible. Crucially, a crisis situation might allow the pushing through of an entire sequence of mutually interrelated policy changes. For example, the Corona crisis might be linked to agendas of vaccination, electronic vaccine certificates, and the roll-out of biometric digital identities. These projects all require supportive surveillance technologies that private sector firms are keen to share with state officials. Perhaps the most prominent example is the long-standing digital identity project ‘ID2020’ largely financed by the Gates and Rockefeller Foundations. Thus, private advocacy coalitions heavily lobby their public sector counterparts to accept digital standards that serve their long-term commercial interests, namely to further expand their penetration of public sector procurement and private citizens’ everyday life.¹⁾

It has been observed that ‘manipulating strategies and skills of policy entrepreneurs (...) couple problems, policies, and politics into a single package. Strategies include framing, affect priming, ‘salami tactics,’ and the use of symbols’ (Zahariadis, 2007: 77). The notion of ‘salami tactics’ is particularly useful in the context of observing Corona policy-making: ‘A “salami tactic” basically involves the strategic manipulation

1) A case in point is the effort of the British defense company Thales to encourage state officials to pursue ‘ambitious digitalization’, namely to link vaccine certificates with what is described as ‘digital identity wallets’ (Teyras, 2021). Such new surveillance systems are currently introduced across the OECD. They represent the political marriage between state executives and IT, pharmaceutical, and other corporate actors. In February 2022, the WHO selected Germany-based Telekom to develop ‘electronic vaccination certificates to be checked across national borders’ (Hold, 2022). By now, the amount of corporate involvement strongly suggests that the project of global digital vaccine surveillance will become further entrenched in the near future.

of sequential decision making. Entrepreneurs are assumed to have a grand design of the desired outcome. However, because they are reasonably certain their desired solution will not be adopted because it's too risky, they cut the process into distinct stages which are presented sequentially to policy makers. Doing so promotes agreement in steps' (ibid., 2007: 78). In summary, the Corona crisis allowed policy-makers to use 'salami tactics' at very high speed, which facilitated large-scale imposition of policies that had previously been inconceivable.

3. Institutions: Core executives and decision-making

Thus, one must further explain the relationship between ideas, policy entrepreneurs and institutions whose 'coupling' is required for 'strategic manipulation' to succeed. This includes offering sequential policy advice to core executives and decision-makers to push them in the desired direction and to make them agree while the window of opportunity for policy change stays open. Ideally, an initial set of policy ideas, once pushed successfully, produces a sequence of mutually self-enforcing additional outcomes: the pieces fall into place and cannot be moved again. Those who agree to a single initial proposition must be 'locked in' and marched along to what Zahariadis terms the 'grand design of the desired outcome'.

It should therefore be stressed that the field of ideas is not in any way governed by objective standards. Once emergency conditions are introduced, such as when global governance bodies and national governments declare an acute and current viral danger, the mass public might be distracted from what is really significant about subsequent decision-making sequences. After all, policy change now occurs at high speed without or with minimal public deliberation.

In order to be successful under crisis conditions, policy entrepreneurs must identify the relevant sets of decision-makers and motivate them to go along with what is being suggested. One prominent political science approach to identify relevant decision-makers is to point to the role of core executives embedded in the broader

state bureaucracy and capable of making the machine of government move in particular directions. Crucially, membership of the core executive derives from access to nominal and actual power resources. Thus, careful observation of the policy process is required in order to identify the key actors providing the ‘heart of the machine’ and an ‘effective mechanism for achieving coordination’ (Rhodes, 1995: 12). The core executive’s ability to steer central government activities is always a ‘potential for power’, namely ‘[a]n individual’s impact on policy outcomes depends in part on circumstances which are conditioned by a range of external factors. When circumstances are right, opportunities to act expand’ (Burch and Holliday, 1996: 7).

One major weakness, however, of the core executive concept is that it conceptualizes power as being located at the level of individual state executives, while ignoring private corporate actors, regulatory bodies, and global governance institutions. Since regulatory activities and global governance are frequently based on combined inputs from states, corporations, foundations, and international or intergovernmental bureaucracies – one might just recall how many WHO activities are actually funded by the Gates Foundation – it clearly appears necessary to expand the concept of the ‘core executive’ to highlight how transnational actors might also emerge as new key actors. However, this is beyond the focus of the current article, which only briefly references how German core executives interact with transnational networks of influence and how this might affect their activities at the national level.

III. Germany’s Corona crisis: descriptive account (2020 – 2022)

This section describes Germany’s Corona policy-making from the beginning of 2020 until March 2022. For analytical purposes, the following periodization is suggested: (1) arrival of the crisis from the beginning of 2020 until early March

2020; (2) the first stage of the emergency regime between March and October 2020, starting on 11 March with the declaration of a global Corona pandemic by the WHO, followed first by a speech of Chancellor Angela Merkel on 18 March addressing the German public and then by the passing of the emergency 'Infection Protection Law' (*Infektionsschutzgesetz*) on 25 March in the federal parliament; (3) a second stage of the emergency regime began in November 2020 when formerly limited so-called 'lockdowns' were further expanded into 'hard' society-wide lockdowns lasting until March 2021; (4) a third stage of the emergency regime between April and September 2021 in which the focus was placed on vaccine rollouts; (5) a fourth stage of the emergency regime since October 2021 during which political leaders started to separate those who had accepted 'Corona vaccines' from the 'unvaccinated', thereby creating a major split in society.²⁾

This new set of policies in the context of increasingly authoritarian vaccine rollouts is currently expanding in a manner that might result in the limited or total exclusion of the 'unvaccinated' from access to public life, and possibly including access to workplaces and basic social and human rights. In many OECD countries, the 'unvaccinated' have already been forced out of their employment by those declaring them a health hazard to their colleagues. This 'Corona purge' must certainly be considered a crucial turning point in the history of liberal democracies across the world with possible deep repercussions for the future of republican modes of government.

Therefore, the current crisis must not be understood as a single event, but rather as an ongoing quagmire of experimental policy-making. As the Austrian social critic Nina Proll pointed out, 'the goal [of crisis management] is permanently changing

2) In this article, the term 'unvaccinated' is frequently put in inverted commas to highlight the fact that most people who refuse Covid/mRNA 'vaccines' accepted 'traditional' vaccines earlier in their lives. In this sense, they are not 'unvaccinated'. Conversely, it has become generally acknowledged that the Covid-related 'vaccines' do not deliver 'sterile immunity' to recipients. In this respect, the word 'vaccinated' should also be put in inverted commas given that the Oxford English Dictionary defines vaccines as 'treatment (...) to produce immunity against a disease'.

(...), it is permanently moving in circles, once you finish one topic, the situation is changing and the next claim is advanced' (allesaufdentisch, 2021, minute 9:02–9:33).³⁾ The subsequent sections will briefly analyze each crisis stage (arrival of the crisis and the four distinct periods of crisis management) with reference to actors, ideas, and institutions.

1. Arrival of the crisis

The Corona crisis arrived with news from China and subsequent reporting on the regional and global spread of the virus. On 21 January, the Berlin-based virologist Christian Drosten and fellow authors submitted a paper on the detection of the 'novel coronavirus' through PCR (Polymerase Chain Reaction) testing that was accepted on 22 January and published on 23 January by the high-ranking academic journal 'Eurosurveillance'. This remarkable publication speed—up following overnight peer review was an early example of emergency-driven overhaul of rules and regulations. Scrutinized after the event, the journal editors suggested that '[e]xpedited review does not necessarily affect the filtering function of peer review, nor does it compromise reviewers' ability to critically assess the content, validity and quality of a paper' (Eurosurveillance editorial team, 2021).

Similar arguments were subsequently deployed declaring that vaccine development could be speeded up by cutting out procedural inefficiencies of the regulatory regime in order to save lives. Since the German general public had never before been exposed to virologists as major political actors, the quick introduction of Drosten, and later of other virologists, to the general public established a new hierarchy of political authority and public recognition. This early period was marked by promises of key actors that the situation was under control. The German Health Minister Jens Spahn suggested on 27 January, the day when the first German Corona patient was registered, that 'we are well prepared'. He further suggested that Corona infections were less

3) All quoted German-language sources translated by the author.

severe than ordinary flu infections (ZDFheute, 2020).

2. First stage of the crisis: March–October 2020

The first stage of the actual emergency regime started out with a speech of Chancellor Merkel on 18 March declaring the Corona crisis the most challenging event since World War 2. She promised government transparency declaring that '[t]his is part of what open democracy is about: that we make political decisions transparent and explain them. That we justify and communicate our actions as best we can' (Bundesregierung, official English subtitles, 2020). Another crucial event, pointing in the exact opposite direction of the chancellor's statement, was the drafting, in the second half of March, of a Federal Ministry of the Interior commissioned paper that was written by a cross-disciplinary group of academics. The paper focused on social psychology tools to push the population into rapid and unquestioning cooperation with the authorities, namely to vindicate 'measures of a preventive and repressive nature' (State Secretary Markus Kerber, quoted in Focus Online, 2021). The team of anonymous authors further suggested creating 'wished-for shock effect' (*gewünschter Schockeffekt*) based on triggering people's primal fear (*Urangst*). The paper suggested Corona mortality rates of between one and three percent in comparison to the post-1918 'Spanish Flu' of two percent. These highly inflated figures further added to the sense of imminent danger (fragdenstaat, 2020: 13–14). Finally, it was suggested that state bodies should utilize 'influencers' such as athletes and entertainers to maximize the impact of governmental communication efforts (ibid: 17). The 'confidential' paper was very quickly leaked to a transparent government website. In a damage-limitation exercise, the Ministry of the Interior also published it after a delay of four weeks on its own website.

A focusing event unrelated to the strategic debate within German government circles occurred on 18 March in Bergamo, Italy, vastly adding to the 'fog of the pandemic'. On this day, the German media reported on a 'long military convoy'

transporting Corona casualties from Bergamo to crematories elsewhere because the ‘capacities of the local crematory were insufficient’. It later emerged that the dead bodies – the number of the deceased was around 400, a high figure, but still comparable with earlier winter flu seasons in the locality – had accumulated because earth burials, the most common form of funeral in Italy, had been outlawed due to concern over the health of people dealing with the bodies of ‘Corona casualties’ (Metzdorf, 2021; CORONA.FILM–Prologue, 2021: minute 12:42–13:55). The release of pictures of the military convoy became the strongest single fear-triggering event across Europe in the crucial early stage of the pandemic.

Initial German public policy during the first crisis period focused on a lockdown from mid-March onwards. This lockdown was ‘soft’ in the sense that people’s movements were not heavily policed (with the exception of Bavaria). Many workplaces and essential shops remained open, although public life was visibly downscaled. Around mid-April, lockdown policies were slowly downscaled in favor of a ‘hotspot’ strategy focusing primarily on areas with a high incidence of positive PCR tests. At this time, the government established a ‘politics of statistics’ by privileging a single data point as crucial for controlling the pandemic, namely the ‘seven-day incidence’.⁴⁾ Since the seven-day incidence is determined by *uncontrolled* variables, such as the number of tests conducted, the conditionality for accessing tests, and other factors, no meaningful statement about virus prevalence has ever been possible since the beginning of the pandemic. This was due to the absence of representative cohort studies on virus prevalence over time. The lack of trustworthy empirical data subsequently became a trademark of Germany’s erratic Covid management (Schrappe *et al.*, 2021: 55, see also 52–65).

For some months after the start of lockdowns, face masks and other personal

4) The following example illustrates how the seven-day incidence is produced: A city with 1,000,000 million inhabitants experiences 1000 positive PCR-Corona cases over seven days. First, the number of inhabitants is divided by 100,000 ($1,000,000:100,000=10$). Then, the number of positive Corona cases is divided by the result of the first calculation, i.e. $1000:10=100$. In this example, the seven-day incidence in the city is 100.

protective equipment became unavailable across Germany. During the summer of 2020, the situation slowly normalized and public life was reopened. At this point, masks and protective equipment were reemerging in public, initially at highly inflated prices. Subsequently, mask wearing that had initially been discouraged by virologists and politicians – not least because they were not publicly available – was first recommended, and subsequently required by law. In fact, the issue of masks became heavily politicized and government critics considered this new obligation to be a symbol of political subjugation rather than a public health tool. In particular, the government's demand on people to wear masks in the open air to 'avoid infections' became contested during protest rallies of the so-called 'Querdenker' (German term for 'lateral thinker'). On such occasions, mask rejection became a political statement on the part of oppositionists.⁵⁾

The high point of public protests against the government's Corona emergency measures occurred on 1 August 2020 in Berlin. On this day, citizens from across the political spectrum rallied in protest against the removal of civil liberties and against mask mandates (Habibi, 2020). The German state TV news 'tagesschau' claimed 'around 17,000' participants, whereas the organizers suggested more than one million demonstrators (with the truth somewhere in the middle). The most noticeable message of the protest rally was that nobody wore a face mask.

On 29 August, a second major rally occurred in Berlin. On this occasion, events were framed by state TV journalists as the 'storming of the Reichstag' (the German parliament) because a crowd of around 500 people left the main protest rally to occupy the entrance area of parliament for flag waving and selfie taking. The crowd

5) Pre-Corona, the term 'Querdenker' enjoyed a highly positive connotation in the German language. Since the start of the pandemic, the word acquired a negative connotation in mainstream media sources. At present, Querdenker are accused of questioning 'science' with regard to Corona and of sheltering right-wing extremists. These allegations are denied by the Querdenker movement, which consists of numerous political currents and initiatives. Before the German federal election of September 2021, a new 'Grassroots Democratic Party' (*Basisdemokratische Partei Deutschland*) was founded from among various currents of the movement, which subsequently received 1.4 percent of the national vote.

that was initially controlled by a single digit number of policemen guarding the entrance included a fair number of far right activists with flags of US groups affiliated with the Donald Trump camp. This group was by no means representative of the majority of rally participants. The event underlined how pandemic policies and resulting polarization in society and the media sphere were mirroring similar developments in the USA.

Subsequently, major Querdenker rallies were partially or totally outlawed by the government and excessive police force was used against rally participants on numerous occasions. This included aggressive policing in order to stop and break up rallies, mass arrests, and collecting the personal data of rally participants in order to prepare court cases against those not wearing masks. The mass arrests were justified by claiming that rallies had to be dissolved in order to protect protesters' health against the viral danger of rallying in groups. These new police tactics were a transparent effort to raise the cost of participating in political rallies criticizing the government. In fact, numerous other political rallies, such as those for LGBT and migrant rights, occurred around the same time and passed without heavy policing – although participants did not wear masks on these occasions either.

In conclusion, mask mandates in Germany have been used in a politically charged way – to stop protests that became referred to as consisting of 'Corona deniers'. This negative framing was applied regardless of the fact that the majority of government critics did not deny the existence of the virus. Instead, they criticized how the government exploited the crisis to construct a more and more refined system of emergency laws which served to undermine (and partially abolishing) constitutional liberties.

3. Second stage of the crisis: November 2020-March 2021

Once established, the sketched-out political conflict lines carried over into subsequent stages of crisis management from November 2020 onwards. This period

can be described as a full-scale shift toward lockdown policies. The escalation in German policy-making was part of an international trend toward 'hard' lockdowns across OECD states. Initially announced as a short-term measure (so-called 'Wellenbrecher-Lockdown'), the government subsequently expanded lockdowns in an open-ended manner. In mid-December, expertise from the government-funded Leopoldina Academy was commissioned to vindicate further tightening of the lockdown regime. The Leopoldina statement was helpful for the government in claiming that cross-disciplinary academic opinion demanded 'tight lockdowns to bring down new infections', although government critics strongly suggested otherwise and claimed that the Academy had become unduly politicized (Leopoldina, 2020; Hirschi, 2021).⁶⁾

Between mid-December and 10 January 2021, the lockdown included an almost total closure of education and childcare facilities, mobility restrictions, compulsory mask wearing in most settings, and increased virus testing across the board. The lockdowns were maintained until 10 March 2021, when a step-by-step 'opening' according to regional incidence figures was announced. The economic, social and psychological 'collateral' damage of the 'hard' lockdown was indefinitely higher than what had occurred during the initial 'soft' lockdown between late March and early May of 2020. In fact, this second stage of the crisis must be considered as the period of decisive escalation: it introduced full-scale emergency rule by normalizing the collapse of established social relations and mutual expectations in German society.

At the level of policy instruments, this period also included the large-scale introduction of so-called 'rapid testing', namely 'antigen tests' that are cheaper to provide in comparison to the more expensive PCR tests. This roll out of free testing facilities was at the same time another crucial step on the path to a new principle, namely that the 'untested' (and merely healthy) citizens had to prove that they 'deserved' to enter public spaces, i.e. it introduced biosecurity state principles

6) The four-page Leopoldina statement (2020) is mostly significant for its signatories rather than its content. The signing academics form the advocacy coalition directly linked with Germany's core executive.

into everyday life.

Since March 2021, disagreements between a chancellor advocating lengthy lockdowns regardless of the collateral damage, and regional prime ministers more concerned about practical trade-offs, could no longer be ignored. In a surprise move, the chancellor now suggested introducing additional bank holidays around Easter to further extend the closure of public life. However, she was informed by various other actors that announcing additional public holidays was beyond the authority of the chancellor's office. This particular episode ended with an 'apology' by Chancellor Merkel on 24 March 2021 when she declared the 'idea of an Easter closure a mistake', suggesting further that '[t]his mistake is alone my mistake because I am in the end responsible for everything and carry the final responsibility' (Süddeutsche Zeitung, 2021).

At first glance, this acknowledgement indicated a retreat on her part. Yet subsequent activities showed that Merkel used the apology as a means of distraction while continuing to push for lockdown policies whenever possible. In fact, the so-called 'federal emergency brake' (*Bundesnotbremse*) was subsequently passed in the federal parliament, which linked incidence figures higher than 100 out of 100,000 inhabitants with additional lockdown measures, such as nightly curfews and closure of schools, shops, and other venues. This federal measure remained in place between 23 April and 30 June 2021, regardless of the fact that lockdown policies and highly authoritarian nightly curfews lacked any evidence-based utility in containing the spread of the virus (Bendavid *et al.*, 2021).

Another significant observation is that German lockdowns, announced in order to 'protect the health system from overload', actually started on each occasion at moments in time when the level of hospital admissions had peaked and was declining (Montag, 2021: figure 6). Moreover, Germany experienced below-average mortality rates in 2020 in comparison to earlier years and taking into account societal aging (Kowall *et al.*, 2021). No cost-benefit analysis was conducted during or after the lockdown period in order to evaluate whether these measures ever served useful

purposes. To sum up, the 'fog of the pandemic' still hides enormous current and future social and economic damages of past policy choices.

4. Third stage of the crisis: April–September 2021

The period between April and September 2021 was characterized by a major shift in policy emphasis toward vaccine rollouts that had started in Germany in late 2020. The public discourse issued by politicians, pharmaceutical leaders, influencers and international organizations now emphasized that vaccines were the only available pathway to end the pandemic. It should be stressed that analyzing the 'politico–medical' role of the vaccines requires analytical periodization, namely the claims and promises kept changing throughout the vaccine rollouts.

First, one should acknowledge that early announcements by politicians and experts purposefully raised the expectation that vaccines would constitute the decisive 'game changer'. The highly rushed vaccine development required combining state and corporate power and included media–driven advertisement of the resulting experimental drugs. The announcement by Bill Gates in a Ted–Talk on 24 March 2020, that future international travel would require accepting digital 'vaccine passports', underlined how the vaccine rollout fitted into the broader context of expanding digital surveillance in the service of 'safety'.⁷⁾

In the German context, Chancellor Merkel had already announced in April 2020, around the time of the Gates talk, that a national vaccine rollout would be required. She further claimed in March 2021 that 'the pandemic is only conquered once all

7) The relevant Gates statement marking him as an agenda–setter was as follows: 'eventually what we'll have to have is certificates of who's a recovered person, who's a vaccinated person'. He further added 'so eventually there will be this digital immunity proof that will help facilitate the global reopening up' (TED–talk, 2020: minute 34:15). The second part of the statement was subsequently edited out from the 'official' version of the TED–talk (sentence missing is at the end of the transcript section titled minute 33:25), presumably because it was at this point in time considered too controversial.

humans in the world are vaccinated’ (Bundesregierung, 2020, 2021). In this manner, she extended the time horizon of emergency policies into some undefined future and beyond national policy-making. Thus, vaccine development occurred as a state-corporate project. From the beginning, the ‘vaccine market’ was designed as an oligopoly, in that only a very small number of vaccines were licensed. This meant that corporate concern for product cycles and share prices were taken into account. In turn, states offered implicit guarantees to enforce uptake of the resulting drugs by the citizenry.

Second, there exists a geopolitical dimension to vaccines in the sense that the Chinese, Cuban, Russian, and Turkish products are not currently certified or accepted as proof of vaccination in most European Union (EU) countries. This squarely points to potential future barriers to international travel along still-to-emerge ‘vaccine blocs’ (perhaps similar to the divided world during the Cold War era). Conversely, a country’s membership in the ‘vaccine-producer club’ is geopolitically a sign of strength, pointing to the ability to participate as an active player in efforts to convince other parts of the world to accept ‘national’ products.

Third, the political and medical narrative attached to vaccines became of the utmost importance to convince citizens to accept inoculation. However, crucial early promises proved to be wrong or at least highly misleading. Most notably, it is by now common knowledge that the ‘vaccinated’ can still get infected and infect others. This essential information was never mentioned in the early stages of the vaccine rollout. It currently appears that ‘protection’ against infections is time-limited in scope and only lasts for some months. Furthermore, it became apparent that the ‘vaccinated’ must accept further, as of yet, undetermined rounds of ‘boosters’, in order to retain their vaccination status. Last but not least, those accepting mRNA injections face potentially serious medical side effects at a high rate when compared to long-established non-mRNA vaccines that actually deliver sterile immunity against disease (impfnebenwirkungen.net, 2022).

In the German context, the national vaccine market came to include only four

providers. The most significant is Biontech/Pfizer, namely a combined German and US-based mRNA vaccine developer, in which the 'German' Biontech Corporation enjoyed a Gates Foundation capital injection in September 2019 before emerging as a major mRNA producer in 2020 dominating the German Corona vaccine market. This was the very first time that the company developed a marketable product. The three other providers in order of market share and time of entering the German market were AstraZeneca, Moderna, and Johnson and Johnson, namely corporations linked with the UK in the former and the US in the latter two cases.

As for the political side of the vaccine rollout, one needs to stress that countless politicians, influencers, and vaccine producers made strong assertions that were presented as being based on scientific evidence. These were as follows: (1) 'complete' vaccination (*vollständige Impfung*) would consist of two injections (one in the case of the Johnson and Johnson product); (2) those vaccinated would essentially regain their 'normal' life, i.e. restrictions in everyday life and (inter-) national travel would be removed for those showing proof of vaccination; (3) 'herd immunity' would occur in the sense that vaccination would bring down future infection rates since the vaccinated would enjoy 'full protection' (*vollständige Immunisierung*). As it turned out, since November 2021, none of these initial promises were kept.

5. Fourth stage of the crisis: Feedback on vaccine rollouts and period since October 2021

In the early stages of the vaccine campaign since the end of 2020, the focus was on presenting vaccines as merit goods, and distribution to vulnerable groups was prioritized. Elderly people living in care homes were informed that they could exercise personal 'choice' on whether to accept or reject mRNA injections. However, vaccine refusal actually implied the exclusion from all community activities such as common meals. Since the spring of 2021, vaccination became available to the general public. In late March, the Bavarian Prime Minister Markus Söder stated

that politicians should act as ‘role models’ (*Vorbilder*) in getting vaccinated, and the Chief Executive Officer of Biontech Ugur Sahin declared in April that ‘Europe will have reached herd immunity until July, or at the latest August 2021’ (Bayrischer Rundfunk, 2021; t-online, 2021). The Health Minister Spahn claimed in early September 2021 that ‘we immunize our country; we immunize ourselves back to freedom’ (Deutschlandfunk, 2021). The assumption on the part of most citizens accepting the mRNA ‘vaccines’, strongly encouraged by the state media and opinion formers, was that ‘complete’ vaccination would end the pandemic and restore citizens’ personal freedoms.

This apparent promise very quickly facilitated the development of a new relationship between state and civil society. In particular, electronic immunization certificates installed on smart phones now allowed for the introduction of biosecurity principles into citizens’ everyday life. Journalists started quizzing politicians about their respective vaccine status, and a media debate about whether vaccination should be made compulsory as a condition for employment in sectors such as health and education was started. This very quickly triggered the appearance of new group identities, namely a small number of politicians became publicly called out as ‘vaccination deniers’ (*Impfverweigerer*). The fact that these politicians belonged to different political parties (three high-profile representatives from AfD, Left party, and also the Bavarian Deputy Prime Minister representing the centrist ‘Free Voters’ association) underlined that the mRNA ‘vaccine’ had turned into the ultimate wedge issue, namely that society was split along lines that could not be explained with reference to traditional left-right political divisions.

The vaccine campaign officially continued until September 2021. At this time, the outgoing grand coalition government decided to close most vaccination centers. Remaining ‘unvaccinated’ citizens were told that rapid antigen tests, introduced at the beginning of the year, would no longer be freely available from 10 October onwards. According to the health minister, ‘vaccine deniers’ lacked a sense of community responsibility and therefore were not deserving of access to free testing.

As a result of this verdict, many test centers closed down, while demand for tests in the remaining centers declined significantly.

On 24 September, Germany's federal elections took place. The two outgoing governing parties, the Christian and Social Democrats (CDU/CSU and SPD, respectively), avoided raising the controversial issue of Corona policies throughout the election campaign – since they could hardly hope to claim credit for it. Practically all prominent politicians, including the retiring Chancellor Merkel and the SPD chancellor candidate Olaf Scholz, repeatedly declared that they opposed vaccine mandates. The general impression was that the Green party, the liberal FDP, and the Left party were critical of previous crisis management. They appeared to favor more parliamentary involvement in policy formulation and less emphasis on emergency policies. Only the AfD regularly attacked the government, demanding the immediate end of all emergency measures (Dostal, 2021).

Following the elections, a new coalition government of SPD, Greens, and FDP was negotiated, while the old coalition government continued as a caretaker administration. It initially appeared as if the new coalition government, led by Scholz and entering into office on 8 December 2021, would downscale authoritarian Corona measures. Crucially, the three-party coalition agreed to formally end the 'epistemic situation of national scope', which suggested that parliament would re-gain its core role in policy-making. However, the coalition negotiations dragged on for a couple of weeks. In the meantime, the political atmosphere changed due to quickly rising positive PCR tests and growing hospital admissions that became referred to as the 'fourth (Delta) wave'.

This period of political drift was ended on 19 November by the decision of Germany's Federal Constitutional Court to essentially reject all legal complaints concerning the constitutionality of the previous Corona emergency measures. The Court, since June 2020 chaired by Merkel appointee Stephan Harbarth, a former deputy chair of the CDU/CSU faction in the federal parliament, found past measures, including the highly controversial nightly curfews, to be proportional to the Corona threat

level. The Court further stressed the paradigm of ‘precaution’, thereby declaring that constitutional provisions, namely the protection of citizens’ basic civil rights (*Grundrechte*), could be interpreted in a highly flexible manner. This decision was in turn strongly criticized by many political and legal observers, who suggested that the Court’s *carte blanche* pointed to a collapse of checks and balances in German politics.

Directly afterwards, a dramatic turnaround in German politicians’ position occurred when they shifted almost overnight from opposing to supporting mRNA vaccination mandates. The outgoing Chancellor Merkel now also advocated mandatory vaccinations – she clearly did so to show solidarity with her successor Scholz while also highlighting her closeness to the vaccination agenda of Gates. In a further escalation, incoming Chancellor Scholz stated on 12 December that there were ‘no longer any red lines’ in emergency policy-making. In parallel, a media blitz on state TV and in other legacy media formats, such as talk shows and among influencers enjoying government favors, claimed that the fourth ‘Delta’ wave would result in massive loss of life. The outgoing health minister Spahn went so far to announce that the ‘unvaccinated’ were likely to die from Corona infections before the spring of 2022.

Overall, the transition from one German coalition government to the next did not produce any paradigm change. On the contrary, the biosecurity state paradigm was further expanded. Within the federal parliament, MPs without mRNA ‘vaccine’ record were excluded from the chamber and asked to sit in the ‘visitor gallery’. This created a two-class parliament along biosecurity lines. The spacial separation became ‘necessary’ because the new government ended the ‘testing option’ which had previously allowed the ‘unvaccinated’ to prove that they were not infected with Covid.

By now, it was difficult to avoid the impression that authoritarian measures had developed an increasingly complex life of their own. Another irritating fact was that the government randomly picked data sources that would fit its narrative of the moment. One example was that an initially very reasonable idea, namely replacing

the earlier focus on positive PCR test figures with one monitoring intensive care occupancy rates, was first noisily announced and then silently dropped. In fact, intensive care units were less busy in late 2021 than during the previous winter. Neither the fourth 'Delta' variant wave breaking in November 2021, nor the subsequent rise of the fifth 'Omicron' variant wave since December 2021, triggered hospitalization figures that would have vindicated further tightening of emergency policies. The hospital admission peak was lower than in the previous year (the same was true in neighboring Austria which was running a similar hospital monitoring scheme).

In the meantime, the Biontech co-chair Özlem Türeci scaled down earlier company promises in connection to the vaccine rollout by suggesting that '[a] new normality will occur, in which large shares of the population will be able to act more freely *based on their immunity*' (Deutsche Welle, 2021, emphasis added). This statement indicated a clear commitment to the principles of the biosecurity state – rather than confidence in currently distributed 'vaccines' as game changers restoring 'normalcy'. She further announced that 'we learn every day something new about the virus, for example how it reacts to vaccines' (ibid.).

In parallel, the government-financed health surveillance body, the Robert Koch Institute (RKI), changed its definition of how Corona vaccines were supposed to work. The Institute acknowledged on 2 November that 'vaccine protection declines over time and the likelihood to become PCR-positive in spite of vaccination rises. The risk to transmit the virus possibly unnoticed to other people must be controlled by additionally following the infection protection measures' (Robert Koch-Institut, 2021). On the same day, the chair of the government advisory body on vaccines (*Ständige Impfkommission*) Thomas Mertens used the evening TV news of the second state TV (ZDF) for a crucial update in public communications. He no longer referred to those that had already accepted two previous injections as 'completely vaccinated', but instead described them as 'basic-vaccinated' (*Grundimpfung*). One day later, the RKI chair Lothar Wieler added that 'we will of course have to permanently (*auf Dauer*) booster everybody' (Hohmann-Jeddi, 2021).

It appears fair to suggest that previously raised hopes regarding the current round of mRNA ‘vaccines’, namely that they would end the pandemic and restore normalcy to the vaccinated, were disappointed. Moreover, feedback from other countries such as Israel suggested that those that had been previously referred to as ‘fully vaccinated’ would have their electronic ‘vaccine passport’, and hence their access rights to many public places, remotely ‘switched off’ by national biosecurity authorities. Thus, refusal of further rounds of mRNA injections now meant re-joining the group of the ‘unvaccinated’ and facing the potentially exclusionary consequences. Following the case of Israel, the EU and many other countries introduced obligatory third injections (so-called ‘boosters’) while already discussing fourth and further rounds of as of yet unspecified next-generation vaccines.

According to media coverage, the main remaining promise of current vaccines is that a ‘severe infection’, namely hospitalization and death, is less likely to hit vaccinated people in comparison with unvaccinated people.⁸⁾ The credibility of this unassertive claim – earlier promises regarding mRNA injections had after all suggested comprehensive ‘protection’ – was in turn cast in doubt once it became known that German hospitals counted all patients whose vaccine status was unknown as ‘unvaccinated’. Crucially, it turned out that the vaccine status of up to 90 percent of hospital patients was unknown to the authorities, and they had all counted as ‘unvaccinated’ for statistical purposes. This triggered the faulty narrative of the ‘pandemic of the unvaccinated’, namely the Bavarian Prime Minister and the Mayor of Hamburg both claimed that nearly all intensive care patients in hospitals were unvaccinated (NDR, 2021). The fact that they had had no access to trustworthy data when delivering their statements suggested that they advanced their claims in order to manipulate public opinion.

In Germany, the federal state with the highest vaccination rate, the city state

8) Indeed, Germany’s legacy media follows the line that ‘vaccines’ never fail. Double- and triple vaccinated people with Covid infections are held to experience ‘mild’ symptoms, while those dying post-vaccination in Covid contexts simply took up the vaccine ‘too late’. Further mutations of the narrative, and further rounds of ‘updated’ vaccines, are to be expected.

of Bremen, also registered the highest Covid hospitalization rates in early 2022. Conversely, Saxony and Thuringia, two states with relatively low vaccination rates and high infection rates in November 2021 – then conveniently serving politicians' narrative of the 'pandemic of the unvaccinated' – became the regions with the lowest infections at the beginning of 2022. This demonstrated that new virus variants (Omicron) kept occurring in wave-like patterns regardless of territorial vaccination rates. Indeed, no clear-cut correlations between vaccination levels and infection rates were detectable across the entire EU in early 2022. Since the Omicron variant is easily transmittable while producing milder or no symptoms, hospitalization rates were moderate among vaccinated and unvaccinated citizens at the beginning of 2022 – despite record levels of positive PCR testing.

On January 17, 2022, the German health ministry announced out of the blue that around 20 million citizens would have their 'vaccine status' downgraded to so-called 'basic level' and that those inoculated with the single-shot Johnson and Johnson injection would lose their vaccine status altogether (Beug, 2022). On the same occasion, the status of those who had already passed through a Corona infection and had gained immunity (so-called 'Genesenenstatus') was downgraded from six to three months (in neighboring Switzerland, the same status is currently granted for 12 months). All these major decisions were introduced by changing 'time limit' definitions in the small print of the government health surveillance agency (RKI) website.

This implied that 20 million citizens formerly described as 'fully vaccinated' must either accept 'boosters', i.e. a third mRNA injection, or face the prospect of joining the 'unvaccinated' in terms of being excluded from access to many formerly public spaces and possibly their access to employment and social insurance ('unvaccinated' employees in the social care sector currently face mandated vaccination until mid-March 2022 or are threatened with dismissal). All these policies squarely point to a totally new relationship between citizenship rights and subscription to regular injection regimes as announced by state authorities acting in close alliance with

private pharmaceutical companies and providers of digital surveillance services.

At the beginning of 2022, Germany's political system had moved full circle without changing places. The doctrine of the biosecurity state and discretionary elements of the emergency regime are escalating further. In fact, the representatives of the new coalition government simply waited for the best moment in time post-election to break earlier firm promises to never introduce mandatory mRNA vaccination policies. This unprecedented breach of trust means that German political culture is permanently damaged.

Furthermore, the federal parliament's ill-conceived decision to hand over the right of re-defining time limits on vaccination status to the national health surveillance bodies (in other words, to treat a political question as one to be decided by virologists) is a transparent attempt to delegate blame away from those responsible. Looking at Germany's Corona policies over the last two years suggests a 'political business cycle' which follows infection figures in a wave-like pattern. Since the country's Corona data collection has become totally politicized and unreliable, only decisive negative feedback deriving from society at large – the permanently escalating economic and societal damages of ill-conceived 'measures' – might end the current situation in which the blind are leading the desperate.

IV. Applying competing theoretical perspectives to explain the German case

In this section, the theoretical approaches advanced in section II are applied to the German case study as presented in the previous section III. The purpose of this approach is to examine the relative utility of various prominent theories in the field of political science in the context of Germany's Corona crisis management. In order to facilitate discussion, the order of theories as presented in section II

above is replicated here.

1. German advocacy coalitions during the Corona crisis

In many respects, 'Corona virus politics' can be considered as a totally 'new' field of policy-making. Thus, one might assume that crisis management would require constructing new advocacy coalitions – by drafting various actors from numerous pre-existing fields of policy-making. However, this assertion did in fact not apply to the German case. On the contrary, it appears that a closely connected policy-making community already existed prior to the crisis challenge. In particular, government-financed research institutes, state-funded virologists, and high-ranking political leaders quickly assembled a dominant advocacy coalition, which was based on high degrees of mutual solidarity and closed to outsiders. This group subsequently succeeded in nearly monopolizing Corona policy-making.⁹⁾

The key factor allowing for closed policy-making was tight cooperation between state actors and medical experts. In the political field, the chancellor and the 16 regional prime ministers engaged in 'executive federalism', sidelining parliaments and other political actors. Claiming extreme urgency in decision-making provided a ready-made narrative of self-entitlement. It also vindicated the absence of strategic planning, which was seen as too time-consuming (NZZ, 2021). In its urgent mission, the political core executive was assisted by an exclusive group of 'experts' willing to supply scientific authority in the service of political objectives. This style of policy-making may be summarized as a 'convoy model of politico-medical authority', that is to say, it allowed firm control of the institutional settings dealing with Corona-related issues.

9) As already stated above, the academic sector of the dominant network largely overlaps with those who signed the Leopoldina *ad hoc* statement of 8 December 2020 that enabled the Merkel government to further expand national lockdowns. Signing the statement must be considered as signaling loyalty to the political sectors of the dominant coalition, which strengthened mutual trust while excluding outsiders.

In this context, government-financed (and dependent) health surveillance bodies such as the Robert Koch Institute, Paul Ehrlich Institute, and the National Academy Leopoldina (the natural science research body) provided scientific credentials for network participants. Whether this dominant policy community ever suffered from substantial internal disagreements on how to deal with the crisis is still not known to the public. For external observers, it was easy to gain the impression that a small set of alpha virologists frequently engaged in ‘drama play with pre-assigned roles’, namely that they publicly disagreed on secondary issues, often in a theatrical manner, while long-standing mutual dependency still enforced cooperation behind the scenes. This allowed these virologists to dominate the media system with a never-ending supply of virus/virologist stories. In fact, Germany’s legacy media keenly took up the role of government cheerleader and the absence of critical scrutiny on the part of journalists reached unprecedented levels (Reiser, 2022).

Nevertheless, one minor challenge to the dominant advocacy coalition still emerged from a group of senior academics led by the internal medicine specialist Matthias Schrappe. This group experienced a rapid devaluation of their previous influence on health policy-making under Corona conditions. Members of the Schrappe-led network began raising doubt over the way in which ‘science’ was utilized by the government. Their criticism concerned in particular the absence of ‘honest statistics’, namely the unwillingness of the government to commission representative cohort studies on virus prevalence. According to the Schrappe-led advocacy coalition, ‘better arguments’ did no longer carry their deserved weight in public deliberations (at least in the short term). Until the end of 2021, the group published eight comprehensive critical reports that amount to the most authoritative criticism of the government’s Corona policies emerging from within the existing health policy community (Schrappe *et al*, 2021).¹⁰⁾ Since the group’s criticism was squarely ignored by the ‘Corona

10) Various other interest groups such as medical associations, health insurance companies, and hospital lobbyists did not engage in sustained visible advocacy comparable to the Schrappe-led ACF. They are therefore not analyzed any further here. Their relative passivity could possibly be explained by suggesting that the dominant network did already accommodate their interests.

establishment', the group members started 'venue shopping', that is, members toured the country to give presentations to various specialist publics in the hope of regaining access to policy formulation.

Regardless of their efforts, Schrappe and his associates were over many months largely excluded from access to the legacy media and state TV. The only exception was minor access to regional TV and print media (i.e. there was no coverage in national broadsheet newspapers). Conversely, the dominant coalition nearly monopolized state TV coverage and other legacy media formats. During 2020 and the first half of 2021, non-government aligned experts in relevant fields were generally totally excluded from access to the traditional media. This state of affairs became subsequently referred to as 'attitude journalism' (*Haltungsjournalismus*), which suggested that pluralistic debate at a time of national emergency amounted to a 'false balance', namely mixing 'correct' (i.e. government-approved) and 'wrong' points of view. Indeed, nobody could claim that the government was held accountable by the legacy media in any way.

Finally, the members of the dominant coalition enjoyed numerous, mostly state-issued rewards, such as promotions, research funding, prizes, media fame, and medals. Such 'merit goods' were generously circulated within the dominant network, which further strengthened mutual solidarity. One might also wonder to what extent membership in the dominant national network related to parallel and overlapping Transnational Advocacy Coalitions and their potential gatekeeping roles. For example, the long-standing personal connection (since 1992) between Merkel and Gates, on display in venues such as the World Economic Forum, and the close linkages between the Gates Foundation and many German leaders in the medical, media, and political fields might also be important in explaining the stability of the dominant national coalition engaged in Corona management and vaccine rollouts until the present.

2. Policy paradigms, the ‘biosecurity state’, and policy entrepreneurship in Germany

When looking at the role of ideas and paradigms during the Corona crisis, one must first acknowledge that the initial political framing of the crisis crucially influenced subsequent policy choices. In mid-March 2020, core political actors such as the German interior ministry started focusing on ‘fear communication’ in order to facilitate public compliance with emergency measures. Across the OECD, numerous alpha virologists communicated mathematical models suggesting pandemic mass death following an exponential curve. While the early stages of the crisis certainly provided causes for high degrees of uncertainty on the part of core actors, such excuses became subsequently less convincing. In fact, neither did data gathering on the prevalence of Corona virus improve, nor was there any evidence of institutional learning in Germany’s federal system. Instead, fear communication continued over the entire duration of the crisis due to its strategic utility, namely to enforce compliance with emergency policies and to avoid debate about the actual appropriateness of the measures.

An exemplary case is the German alpha virologist Christian Drosten, who stated on 9 November 2021 that ‘we must calculate with at least 100,000 deaths [in Germany] before the fairway calms down’ (ntv, 2021). A quick check of this particular figure revealed that Drosten had previously announced up to 100.000 infections a day in January 2021 and up to 100.000 infections a week in July 2021 before his most recent prediction. Such statements appear to amount to a permanent oversupply of incongruous communication along lines that intend to demoralize recipients. Indeed, many German citizens no longer pay any attention to Corona news and a near-majority currently believes that the media system engages in scaremongering (*Panikmache*) (Köcher, 2022).

It remains unclear, therefore, whether or not the concept of the ‘biosecurity state’

will be successful in the German context. Crucially, such a paradigm serves existing power structures, namely oligopolistic financial, IT, and pharma corporate interests acting in partnership with state executives. To be sure, the first two Corona years further increased the economic and political power of the global billionaire class at the expense of other business sectors and society at large.

State executives' discretionary power also grew in a near-unprecedented manner. This was particularly the case during the early period of the crisis. Vastly expanded public budgets were advanced in order to 'rescue' employees suffering from the collapse of entire sectors of the economy. However, the crucial question really is: who is leading whom, and who is going to ultimately foot the bill for past, current, and future rounds of crisis management and related 'collateral damage'? Indeed, the apparent strengthening of state executives might prove illusory once the very same actors are forced back into austerity drives after exhausting public budgets and in the context of rising rates of inflation. At some point, state actors will clearly be confronted with public anger that is currently still controlled by prevalence of virus fear.

Keeping in mind the convoluted situation, one might stress that 'biosecurity statehood' is currently still the most plausible candidate for a new policy-making paradigm in Germany and elsewhere. As already observed by Zahariadis (2007) and other authors, the 'manipulating strategies of policy entrepreneurs' are crucial for introducing and expanding new paradigms, such as the one that is now focusing on biometric digital surveillance and mRNA vaccine rollouts as a mode of governance.

Nevertheless, Germany still differs strongly from Chinese and other East Asian governance models. In the German context, numerous elite actors resist modernization and/or digitalization in the health sector and other sectors. German civil society is deeply divided on how to organize public life post-Corona. A mass street movement against the Corona policies has forcefully re-entered the scene since December 2021, starting with rallies in the former East Germany that subsequently expanded across the entire country (Soldan, 2022). In order to defeat such political resistance,

policy-makers increasingly ‘deputize’ private sector, business, and public health insurance actors as an auxiliary police force to implement new systems of ‘vaccine passports’ and related surveillance and exclusionary measures (Geinitz, 2022). This raises many questions about who is going to pay politically and economically for efforts to push through biosecurity modes of governance across the OECD world that were totally inconceivable as recently as the beginning of 2020.

3. Germany’s core executive and decision-making

In terms of discussing the role of the core executive during Corona crisis management, one might first highlight rising degrees of executive autonomy vis-a-vis other governance structures and the broader political system. Looking at Germany during the Corona crisis since 2020, the major institutional ‘winner’ was the so-called ‘Corona cabinet’, namely the *ad hoc* body consisting of the chancellor and the 16 regional prime ministers. In addition, the health ministry also gained crucial emergency powers as defined in the Infection Protection Law since March 2020. The ministries of Finance and of Economics also vastly increased their respective powers in economic governance.

Other parts of Germany’s political system were sidelined during the Corona crisis. The two federal parliamentary branches (*Bundestag* and *Bundesrat*) were mostly reduced to reactive bodies as far as Corona management was concerned. Furthermore, one must highlight that new techniques of governance were crucial in allowing the core executive access to additional power resources. It has been argued that ‘design governance’ might apply techniques of camouflage, public relations, and political ‘education’ to enforce government-led opinion dominance (Milev, 2017). In this context, nominally independent agencies, media, and influencers can serve government objectives, while the ‘struggle against disinformation’ might allow framing political resistance against Corona policies as being aligned with ‘far right’ groups or even ‘terrorism’.¹¹⁾

Another analytically useful interpretation of activities of the German core executive under Corona conditions is the notion of 'experimental governance', i.e. rushed decision-making might be consciously applied in order to further increase discretionary power. In this way, power and purposeful weakness may coexist in a mutual symbiosis. After all, neoliberal statehood is often based on the absence of precautions against the threat of crisis: 'It was neither from the side of the state nor from the side of economic actors of any interest to be prepared: too many costs, too much slowing down of circulation, too much demand for storage' (Lorey, 2021). Thus, the current 'just-in-time epidemiology' (Wallace, quoted in Lorey, 2021) means that policy-making is apparently only ever concerned with the latest challenge, event, or problem.

Indeed, no OECD country has reported since 2020 on strategic efforts to strengthen hospital capacities in the long term. In Germany, Austria and elsewhere, intensive care facilities and expert medical personnel were reduced mid-crisis! Moreover, efforts to protect high-risk groups (people aged 75 or above face a 10,000 times higher risk to die in the context of a Covid infection in comparison to young people) were initially absent and later very poorly executed. In fact, the potential of targeted strategies for general health protection, improved oral medical treatment of Covid, and trustworthy statistical monitoring of the situation still remains largely unexplored. Crucially, the core executives' creative utilization of 'structural weakness' could be understood as another element of camouflage – covering up the actually intended policy goals. While the public is still worried about infection figures, the rollout of a surveillance society based on 'vaccine passports' and removal of basic civil rights from the 'unvaccinated' proceeds at high speed, pointing to ongoing 'power-through-crisis' scenarios with dystopian implications.

11) In recent times, German reality bypassed political science theorizing about 'cancel culture'. The first concern of the newly incoming German interior minister appears to 'switch off' the messenger service 'Telegram' that is popular with critics of Germany's government.

V. Conclusion

The emergence of the Corona virus as a focusing event in global politics since the beginning of 2020 triggered a global wave of state authoritarian responses. Two years into the crisis, one might ask whether the ongoing authoritarian tendencies in OECD and non-OECD policy-making will become the ‘new normal’, namely a permanent state of health emergency facilitating the weakening or collapse of liberal democracy where it still exists. At this critical point, it is all the more important that analysts keep observing the situation calmly and analytically.

First of all, it must be stressed that the Corona crisis remains in permanent motion. Crisis dynamism means ongoing issue expansion and contraction, which in turn strongly suggests that analysts must apply different analytical approaches during each crisis stage. Second, the medical side of Germany’s Corona crisis represents at the beginning of 2022 only one of many agenda items. By now, the situation amounts to a full-scale political crisis, namely a collapse of citizens’ trust in state institutions and the political class due to misleading government promises on mRNA vaccines as ‘game changers’ and the permanent costly extension of emergency measures. Third, state actors and German civil society at large are deeply divided on the wedge issue of vaccine mandates. Fourth, the rise of a strong grassroots movement in Germany opposing vaccine mandates and the entire Corona emergency regime is in turn producing a more explicit authoritarian posture on the side of government actors.

In this context, attempts of Germany’s new coalition government to push for vaccine mandates further escalate existing conflicts in society. In fact, biosecurity statehood remains firmly on the agenda in Germany, many other EU and OECD countries, and on a global scale. Accepting repeated injections of the totally new mRNA ‘vaccine’ into one’s body is now frequently declared a precondition to qualify

for basic citizenship rights in many countries, potentially including Germany (a parliamentary vote on vaccine mandates is scheduled for April 2022). As recent as less than a year ago, such a scenario was described as a 'conspiracy theory' – as was the suggestion that 'full vaccination records' would be declared invalid by governments, thereby removing the 'reward' from those who had trusted previous government announcements. Under the new regime, people appear to be only one missed injection away from losing their citizenship rights! Moreover, once 'vaccine passports' become a precondition for cross-border travel, as is already the case in some countries, traditional national passports will lose their earlier worth to their holders.

One cannot stress enough that no open political debate about the introduction of what one might term 'permanent pandemic citizenship' ever took place. The way in which nominally liberal OECD governments are currently ordering citizens around might be associated with feudalism (serfs' bodies were owned by the gentry), rather than a democratic system in which political leaders are expected to serve all citizens independent of their vaccine or immunity status. This normative political criticism remains valid even if 'opinion polls' (easily manipulated) would indicate that a majority of scared citizens become willing to hand over their constitutional liberties in the hope to gain 'protection'. In fact, fear-driven capture of political power destroys democracy and the rule of law.

It must be stressed that Anglo-American 'liberals' were initially among the main drivers of Covid authoritarianism. They did so by copying (or attempting to copy) Chinese and East Asian pandemic policies such as digital contact tracing, mass testing of populations, and large-scale imposition of lockdowns. Some Anglo-American countries (namely Canada, Australia, and New Zealand) quickly emerged as authoritarian trend setters of biosecurity statehood. In Britain and the federal USA, top-down imposition of emergency rule proved much more contested. Subsequently, Italy, Austria, Germany, and some other EU countries also introduced, or are currently attempting to introduce, 'no vaccination, no job' authoritarian measures. These

countries are currently crucial test cases for the scapegoating and exclusion of the ‘unvaccinated’ from public life, education, and access to employment. Conversely, other countries appear to resist the transition to biosecurity statehood. While one neighboring country of Germany, Austria, did announce a general Corona vaccine mandate in January 2022, only to retreat from it some weeks later, two other neighboring countries, Czech and Denmark, declared that they intended to restore citizens’ normal life without mandates and by abolishing many or all restrictive Covid measures.

In this larger context, Germany is firmly located in the group of countries following authoritarian Covid policies. One quantitative index of Covid ‘stringency’ suggests that Germany is the strictest country in the world together with Laos and in front of Myanmar and India (Covid-19 Stringency Index, 2022). Quantitative measurement problems aside, there can be no doubt that German policies were subject to extensive radicalization over time. The first wave of radicalization occurred in late October and November of 2020 and introduced lengthy lockdown regimes. A second wave occurred around the same time in 2021 when the newly incoming German coalition government led by Chancellor Scholz announced plans to introduce mandatory mRNA ‘vaccine’ policies. On both occasions, salami tactics and a politics of fear were applied to push for compliance.

This recent wave of authoritarianism raises fundamental questions about the nature of Germany’s political system. Many analysts, including senior officials and other seasoned observers, stressed in recent communications their personal surprise about the course of events over the last two years or so, namely how easily basic civil liberties were closed down. This climate of disbelief surrounding the rise of the executive to unprecedented levels of power and *diktat* implies that one must ask once again where political power is actually located in German society. What significance do constitutional provisions, namely the Basic Law, still hold? Who enjoys veto power in the context of policies that are pushed under the cover of the ‘fog of the pandemic’? What role is exercised by professional associations (*Verbändestaat*), the legal system (*Rechtsstaat*), political parties (*Parteienstaat*), or by global agenda—

setters in influencing Germany's core executive and policy-making?

These fundamental questions must be raised at a moment in time when Germany's chancellor signals that he is willing to push for vaccine mandates in the context of biosecurity statehood. In early 2022, German society is locked in a damaging political stalemate. The objective situation currently appears to work in favor of opponents of vaccine mandates, namely the Omicron variant is considered 'mild', hospitalization figures are moderate, and doubt over the current and future efficacy of mRNA 'vaccines' is growing on a global scale. Yet the objective situation may always change at short notice. At present, two contradictory tendencies sustain the stalemate in Germany politics (and elsewhere around the globe). On the one hand, technocratic imposition of policies on 'vaccine passports' still proceeds smoothly in venues such as the EU and elsewhere. On the other hand, nobody really seems to be willing to enforce vaccine mandates at the domestic level. In Germany, the new government was informed in clear terms by various powerful lobbies, such as doctors' associations, that they do not intend to impose unwanted medical procedures on patients.

The decision of Chancellor Scholz to ask individual members of parliament for legislative initiatives on vaccine mandates – rather than to directly put forward government draft legislation – underlines that he also worries about the political costs of deeply divisive policies. By now, German actors and institutions are clearly less unified around emergency modes of government in comparison to the same time last year. The politics of agenda-setting differs fundamentally from the process of implementation, and sudden retreat from the biosecurity agenda is still one potential outcome (as is long-term conflict without clear outcomes).

At the moment of writing, one must seriously contemplate whether biosecurity paradigms will ultimately replace liberal modes of limited government with a new kind of viral emergency regime that will put the 'health' of its citizenry first and their freedoms last. Are we going to be led into a digital prison of our own making in which our smartphones link us to public surveillance systems implementing a

caste-like vaccine status regime? Or are we going to reestablish constitutional liberties as a first step to open the necessary global debate on the future of democracy and how to manage crisis without falling into the trap of authoritarianism?

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독일의 코로나-19 위기: 공공정책에서 권위주의적 전환 그리고 바이오 국가의 등장(2020-2022)

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<국문초록>

이 논문은 2020년 1월부터 2022년 1월까지의 독일의 코로나바이러스 감염증-19 위기대응정책에 대해 연구한다. 이 시기는 크게 4단계로 구분하여 분석할 수 있다. 위기대응 정책의 모든 단계는 증가하는 권위주의와 불확실하고 결함 있는 커뮤니케이션으로 특징지어진다. 전 기간에 걸쳐, 정책은 정부로부터 자금 지원을 받는 연구 기관들을 통해 상호 연결되어있는 폐쇄적인 자문 그룹에 의해 결정되었다. 다른 전문가들은 토론과 의사 결정에서 제외되었다. 정치는 거의 전적으로 mRNA 백신 캠페인의 빠른 실행에만 초점이 맞추어 졌다. 즉, 위기가 제약회사의 개입을 통해 해결될 수 있는 것처럼 묘사되었다. 이 전략은 새로운 형태의 권위주의 국가성, 즉 '바이오안전 국가 (biosecurity state)'의 도입을 의미한다. 제2장부터 4장에서는 코로나바이러스 감염증 -19 위기 발생 이후 독일 정부 정책에서의 행위자, 이념 및 조직의 영향에 관해 고찰한다. 결론적으로 본 연구는 위기 상황에서 독일의 투명하지 않은 폐쇄적인 정치과정이 자유 민주주의의 규범과 가치를 심각하게 침해하고 있다는 것을 주장한다.

주제어: 옹호 연합 프레임워크, 바이오안전 국가,
독일의 코로나바이러스 감염증-19 위기, 정책기업가, 정치과정

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