

## **Luxembourg: All Hands on Deck**

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### **Introduction**

The Covid-19 crisis hit many European small states including Luxembourg hard at a relatively early stage. While the number of confirmed cases remained in the low single digits in early March 2020, the country experienced a sudden increase in cases in mid- to late-March and became one of the most affected countries in the world. As a result, the government declared a state of emergency on 18 March 2020. On 21 March 2020, the Luxembourgish parliament, the Chambre des Députés, prolonged the state of emergency by three months (Högenauer 2020a). At the end of April face masks became mandatory in public transport and shops. By June, the infection rate was low and the state of emergency expired. While the first wave was marked by a high degree of solidarity and coordination, when a second wave built up in October 2020, the government response came late and was half-hearted, leading to steep rise in infections and a longer period of high numbers of cases. Vaccines became available from January 2021 onwards, and by July every citizen had received an invitation to be vaccinated.

The crisis presented a challenge not just, because home office, social distancing and closures of restaurants, bar and shops became necessary, but also because of Luxembourg's economic dependence of open borders with neighbouring states. On one side, the French neighbouring region

was severely affected by Covid-19, which overwhelmed its health system, and Luxembourg was worried that France might forcibly draft health workers employed in Luxembourg into its health system. On the other side, Luxembourg was concerned about Germany's unilateral decision to close borders. While cross-border workers were allowed to continue their commute, there was a constant fear that this might change (Högenauer 2020b). As a result, Luxembourg had to adapt its health system at great speed to a highly infectious disease while securing the supply of medical goods and the presence of medical staff.

This chapter argues that Luxembourg managed to overcome the first wave of Covid-19 infections by declaring a state of emergency that facilitated decision-taking by the government, by appealing to solidarity, by imposing stringent measures on citizens, by mobilizing a wide range of medical and other volunteers and by adapting the health system at record speed. The response was facilitated by a pre-existing tradition of consensual decision-making (cf. Lorig 2008) and broad agreement on the nature of Covid-19 and possible solutions to the crisis. However, it also argues that the political reaction to the second wave was fundamentally different. As an underprepared government guided by short-term political calculations mounted a late and incoherent response, the crisis policies became more politicized.

### **Patterns of governance**

The Grand Duchy of Luxembourg is the EU's second smallest member state with around 600,000 residents. It is a unitary state and a constitutional monarchy with a parliamentary democratic regime. Both the government and the parliament have the power of initiative. The parliament normally has to approve legislation. (Dumont, Kies and Poirier 2016).

The Luxembourgish parliament is unicameral and part-time. It consists of only 60 MPs who have limited administrative resources at their disposal and thus struggle to acquire expertise independently

from the government (Schroen 2008). However, the Council of State also provides input into the legislative process by commenting on laws before the vote in parliament. This arrangement is designed to stimulate debate and introduce another perspective in the legislative process. Finally, the activity of the government and parliament is also checked by a Constitutional Court, a Court of Auditors and an Ombudsman. However, major constitutional disputes are rare and the Constitutional Court did not play a role during the pandemic. A special feature of Luxembourg's society is that it consists of almost 50 percent of foreigners as a result of sustained immigration mainly from other European states. Governments consist of coalitions of two to three parties. The government in power during the crisis (Liberals, Socialists, Greens) held a narrow majority.

The Covid-19 pandemic affected the functioning of the polity in several ways: Firstly, the government declared a state of emergency on 18 March 2020, which was extended by parliament for the maximum duration of three months on 21 March 2020. As a result, the government gained considerable powers, such as the power to govern by decree without the need for parliamentary approval. However, parliamentary control remains strong, insofar as any prolongation of the state of emergency beyond an initial ten-day period requires a two-thirds majority in parliament. The state of emergency could not be extended beyond three months and can be terminated early by parliament. All emergency decrees expire at the end of the state of emergency, unless turned into proper laws, and they cannot violate the constitution (cf. Högenauer 2020c). In the case of Covid-19, the parliament unanimously supported the declaration of the state of emergency and generally provided cross-party support for the emergency policies of the government during the first wave. This is not unusual, as Luxembourg has a strong culture of (cross-party) consensus and super-majorities in many policy areas, including for example EU affairs or social policy. Thus, questions of national health and the need to soften the impact of Covid on employees and businesses benefit in principle from broad support. There were nevertheless complaints from the opposition that the government did not pass on all its information

about the crisis, which made it difficult for parliament to fully understand the government strategy (Tageblatt.lu 23/07/2020). In addition, all opposition parties complained that the president of the parliament – a member of a government party – abused his power by frequently blocking pesky parliamentary questions on minor formal grounds (RTL.lu 19/05/2020). The traditional weakness of the Luxembourgish parliament thus also manifested during the Covid-19 crisis. As a result, the opposition parties became more critical of government during the second wave from October 2020 onwards and laws were increasingly passed by the majority parties with complaints from the opposition about the government 1) rushing laws through parliaments, 2) providing only limited information to parliament and 3) being unreceptive to proposals from the opposition.

The government also adapted its communication strategy during the crisis. Whereas initially information was provided primarily in Luxembourgish (on radio and TV due to the importance of government press conferences) and then conveyed in German and French by newspapers, the government started to make a deliberate effort to provided printed flyers to letterboxes also in Portuguese (largest minority) and English (for foreigners more generally). The Luxembourgish polity thus became more inclusive, as the government realized that an effective Covid-19 response required the cooperation of the whole population.

As one of the most pro-European member states (Harmsen and Högenauer 2020), Luxembourg was generally in favour of a concerted EU approach to the crisis, for example as regards the EU's internal borders. However, in practice it was felt that the EU failed to deliver on open internal borders and negotiations with neighbouring states took place mainly on a bilateral basis. Luxembourg was particularly disappointed about the approach of states to the Schengen agreement, when Germany unilaterally closed its borders and prolonged the border closure several times without even informing neighbouring governments (Högenauer 2021).

On the whole, due to the unitary nature of the state consisting of only two levels – the national level and the local level – the state of emergency led to a situation where authority was concentrated in the hands of the government, which de facto determined the policies. However, this concentration of authority was supported by parliament, which could have refused the prolongation of the state of emergency or revoked it at any time, and it was informed by network governance in that various actors including the scientific community actively contributed their expertise.

### **Politics and (de)politicization**

The declaration of the state of emergency on 18 March 2020 meant that the government became the principal actor right at the start of the first Covid-19 wave in Luxembourg. The parliament continued to meet remotely and in larger temporary premises. It monitored the key decisions of the government and had the power to end the state of emergency or overrule government decisions if necessary (although this did not happen in practice). Within the government, the ministry of health was in charge of the medical logistics of the crisis and the monitoring of the outbreak. The ministers responsible for the interior, economy and social affairs took charge of the enforcement of Covid measures (e.g. social distancing, wearing of masks, closures of certain venues) and the measures to support the economy and employees (see section on policies). The prime minister and foreign ministry played a role in negotiations with other states and the EU and the coordination of the different ministries and the communication of the government's policy to the general population, although all key ministers regularly organized press conferences. In the first few weeks, there were often daily press conferences by one or more ministers.

The Covid-19 crisis was initially marked by consensus politics, so that party political differences played a very marginal role. For example in March 2020 all parties agreed that the normal political processes would not allow a fast enough reaction to the crisis and they all supported the declaration

of the state of emergency as the saving of lives should have priority. The opposition did voice some criticism of the crisis management, but in practice supported the measures of the government. For example, the Christian-Democrat CSV demanded a stricter curfew rules and a tighter definition of exceptions. It also criticized that supermarkets could open and sell everything, while small shops selling the same goods had to close. The right-wing ADR argued that the mistakes of the government influenced the current situation. The left-wing Déi Lénk demanded more solidarity with homeless people and small businesses and that the government would cover wages to 100 percent. The Pirate party demanded a better communication of the reasons behind restrictions. Thus, the first few months of the crisis were marked largely by depoliticization and an emphasis on national unity (Högenauer 2021). However, as the government parties blocked pesky parliamentary questions from the opposition and as the government did not provide sufficiently detailed information to the parliament, the consensus eroded somewhat over time and when the Covid-19 decrees had to be turned into laws at the end of the state of emergency, the opposition parties abstained (RTL.lu 14/07/2020; Tageblatt.lu 23/07/2020).

Like parliament, the Conseil d'Etat facilitated the fast passage of the declaration of the state of emergency in March. However, in June, when the emergency decrees had to be transformed in to a law, it criticized that the social distancing measures contained in the law were limiting individual freedoms too much, especially in their impact on private gatherings. It felt that the low number of daily infections no longer justified the state's intervention in people's private lives. As a result, the legislative proposal was changed and the law only foresaw recommendations for private gatherings, but no legal limits (RTL.lu 25/06/2020). Unfortunately, this soon proved to be a mistake, as the number of cases started to climb almost as soon as the law had been adopted – mostly due to private gatherings. The law thus had to be adapted to introduce new restrictions.

The Luxembourgish population was generally highly supportive of the government's crisis measures during the first wave. While there are generally fewer surveys in Luxembourg than in larger countries, the 'Politmonitor' surveys by TNS Ilres showed that support for the governing parties increased, with the exception of the green party (Wort.lu 1/07/2020). In addition, a survey by Quest revealed that 97 percent of respondents trusted the health system, 88 percent the government, 86, 84 and 83 percent respectively the police, courts and parliament (Tageblatt.lu 20/04/2020). Various smaller surveys by the newspaper *Luxemburger Wort*, for example, also showed that readers overwhelmingly favored clear and strict social distancing rules and the cancellation of large events and concerts.

The societal support also expressed itself in a number of initiatives. For example, the voluntary fire brigade helped with the distribution of masks, while the scouts and some university students and other volunteers organized a grocery delivery service for the elderly and other risk groups. The government received support from the Covid-19 task force of Luxembourgish research institutions, comprising the Luxembourgish research council (FNR), the University of Luxembourg, LISER, LIST LIH, LNS and Luxinnovation (Research Luxembourg, 2022). This includes statistical modelling of likely spread patterns, the identification of long-term health risks, drug trials, digital health solutions, the mobilization of volunteers for the medical sector and the development of training programmes for voluntary staff, economic predictions, input on organization of supply chains etc. Parts of the task force also help with the coordination of the ideas, initiatives and efforts of private companies. The result of this initiative was to increase the administrative and research capacity of the public administration and institutions.

The second wave saw a re-politicization of the crisis management, in that the government reacted only after the infections increased exponentially and reached over 600 new infections per day. As a result of this and poor responsiveness towards the opposition, crisis measures had to rely on the governing majority and the media also questioned the coherence of measures (e.g. on how many

people can meet under what circumstances) on several occasions. In addition, a persistent debate on the situation in schools emerged, with newspapers and experts regularly questioning the claim that Covid-19 did not spread in schools (or at least that this did not significantly contribute to the spread of Covid). This also led to complaints from school teachers and their unions, as they felt insufficiently protected. They also questioned the policy at classes (and teachers) would not be quarantined in the case of a single infection, but only in the case of multiple infections per class, despite the fact that the teachers were usually teaching several different classes and could thus spread the virus quickly. In addition, teachers complained about the incoherence of rules whereby they were asked to self-isolate in their private lives after a case of infection in one of their classes, but at the same time had to continue to teach in person dozens of school children. The government eventually dropped this controversial claim about Covid-19 not spreading in schools in late 2020/early 2021 after massive criticism.

The management of the second wave also became politicized more generally, as reflected in surveys that show a marked drop in the popularity of the government in general and in satisfaction with crisis management in particular. Thus, while nine out of ten respondents had found the crisis management of the government “good” in March/April 2020, only six out of ten were satisfied in November 2020. In addition, now only one if four respondents rated the government’s response as “very good” (Luxemburger Wort 11/11/2020). The most typical complaint was indeed that the measures were too soft.

The start of the vaccination campaign also led to some politicization in that in March 2021, only 54 percent of Luxembourgers felt that the vaccination campaign was organized well, the main complaint being that it was progressing too slowly. Around 66 percent of residents were willing to get vaccinated in March 2021 (Wort 23/03/2021). However, according to Eurobarometer, 11 percent of residents say that they will never get vaccinated (Flash Eurobarometer 494, 2021). That said, the media and most

political parties strongly support the vaccination campaign, as do health experts, research centres and the University of Luxembourg. Initially there were no large protests against the Covid measures, unlike in neighbouring Germany or France, for example, although so called “white marches” against masks and vaccinations gathered several thousand people in autumn 2021. Satisfaction with the work of the government improved again after the start of the vaccination campaign and waiting lists for volunteers who wanted to get vaccinated with AstraZeneca, for example, met with high demand. Ultimately, while a minority of the population rejects the Covid-19 measures, the overwhelming majority supports them, especially vaccinations.

In parliament, the pattern of autumn 2020 – the divisions between government and opposition parties – largely continued in spring 2021. Thus, when the government decided to relax the rules substantially after 16 May 2021, the opposition criticized that the rules for exceptional “experimental” large events were not strict enough, that it was not clear how a visit to a restaurant with testing would work in practice and that vaccinated people and people with antibodies should be treated like people who tested negative (Wort 7/05/2021).

## **Policy Responses**

During the first wave, Luxembourg adopted stringent measures in response to the Covid-19 crisis that combined authority with nodality (i.e. information) and that used the treasurer to alleviate the impact of the crisis on companies (Hood & Margetts, 2007): the *Règlement grand-ducal du 18 mars 2020 portant introduction d'une série de mesures dans le cadre de la lutte contre le Covid-19* essentially restricted or shut down a range of economic activities: all shops were closed except for those that sold groceries, medical supplies, hygiene products and petrol. Residents were ordered to stay at home and to leave only for necessary purposes, mainly necessary shopping trips, visits to the doctor or care for dependent relatives. Physical activities like running, cycling or jogging were allowed throughout the

day, but only if they started ‘at the doorstep’. Excursions by car to recreational areas were not allowed. Playgrounds and sports facilities were shut down and residents were not allowed to be in public with people who did not belong to their household. Private visits were also forbidden, except for the purpose of providing necessary care or in the framework of the shared custody of children. Immigration was temporarily suspended, and the permits of existing immigrants were automatically prolonged. Employers were asked to impose home office wherever possible. All classroom teaching in schools and at university was immediately suspended and replaced with remote teaching. Thanks to broad societal support, the uptake of the social distancing measures was generally good, except for a small minority. The government tried to improve the uptake of measures through good communication with the public. For instance, it held a large number of press conferences, especially during the first weeks of the crisis where different ministers would speak to the press almost daily. These were covered by all major news outlets. The government and municipalities also distributed leaflets with the rules, reminders and updates of the rules and explanations of how to wash hands or wear a mask in multiple languages, including Luxembourgish, German, French, Portuguese and English. In addition, businesses and individuals were facing substantial fines for flaunting these measures: individuals faced fines of 150€ or more for violations of social distancing rules, while shops, cafés, bars and restaurants that opened illegally were fined 4000€ at the first infraction and up to twice the amount at the second infraction. The police monitored and enforced compliance, for example by driving through residential areas to check that residents did not use playgrounds or move around in groups. There were also regular checks on businesses. The number of checks and the number of infractions found were published regularly by the various news outlets, so that people were aware that the rules were being enforced. As a result, after the initial exponential increase of infections in March and early April, the rate of infection dropped to single digit numbers in late May and early June of 2020.

However, the government was also aware of the importance of being able to obtain certain types of information. Thus, one of its earliest measures was to require hospitals to inform about their situation including their supply of medical equipment such as masks and protective gear. In addition, once a sufficient number of masks had been secured in late April with the help of a crisis unit that included Chinese-speakers, the government made the wearing of masks mandatory on public transport and in shops, banks and other businesses. In order to ensure compliance, the decision was widely communicated in the media and through leaflets and every resident received a ‘starter kit’ with five masks. Later in May, every resident and cross-border worker received another 50 masks. The police was again charged with monitoring compliance.

Having learned the lessons from the Italian case, the government adopted special arrangements for the health sector to avoid infections in hospitals and to prepare for large numbers of Covid-19 patients. Here, organization and cooperation with experts was important: several triage centres were created in large structures (e.g. concert halls) across the county as large-scale testing and treatment facilities. Containers with additional intensive-care beds were set up next to hospitals to expand capacity. The military helped with the setup of the temporary infrastructures and secured the delivery of medical supplies after a series of thefts. As the government was afraid of shortages in medical staff, especially if the borders were to be closed or if staff became infected, it developed policies designed to improve the labour supply. Firstly, it offered cross-border medical staff the opportunity to move to a number of now-empty hotels near their hospitals with their families. A number of nurses and doctors made use of this opportunity, as this measure reduced their commute and thus their stress levels. Secondly, the maximum allowed working hours for medical staff were increased, so that the system could address spikes in infections. Thirdly, a medical reserve was created: the government encouraged residents with medical experience (e.g. retired medical staff, people with training for emergency care...) to sign up on a website. General practitioners were allocated specific tasks, e.g. to work in

Covid-19 triage centres, check on care homes or secure the medical care of the general population. In addition, self-employed doctors were offered the possibility to sign short-term employment contracts with the government. Medical students also volunteered.

The government relied on the cargo branch of the national airline, Cargolux, to secure essential medical supplies such as masks, protective gear or breathing apparatuses. The government also started large-scale testing in June 2020 (still ongoing in August 2021 at the time of writing) with invitations regularly being sent out to random samples of citizens. When the Covid-19 infections increased in July 2020 probably due to people returning from holidays and enjoying more social contacts, the government offered free Covid tests for residents going abroad and for those arriving in Luxembourg. These measures and the wider economic context left a mark on public finances. The government used the treasury to support businesses with a series of measures. For example, small businesses could obtain direct payments and businesses could ask the state to cover up to 90 percent of salaries of employees on short-time. As all schools and childcare facilities were physically closed, employees with children could request parental leave for one parent until mid-July 2020. However, while this was convenient for parents, it meant that some businesses or units experienced a sudden drastic shortfall of workers. Overall, as a result of these measures, government spending had increased by 21.9 percent in the second quarter of 2020 compared to 2019 while receipts dropped by 12.1 percent (RTL.lu 17/07/2020).

Paradoxically, the government did not carry over the lessons from the first wave to the second wave. Thus, when infections rapidly increased from about 100 per week to over two hundred in early October 2020 and then ‘exploded’ to 600 and more per day, the government only announced new measures when infections were at over 600 cases per day and by the time they were adopted, there were 800 and more cases per day. Also, the measures were quite lax given both the numbers in absolute terms and the state of the medical system, where some hospitals had to close their emergency

stations due to the high numbers of infection among staff. This may have been the result of political concerns about a second lockdown. Thus, restaurants remained open, but with stricter limits on the number of persons per table, social gatherings were limited, but shops remained open until 28 December, by which time the wave had already abated, and – controversially – schools remained open. In addition, the ministry of education presented a report that was widely criticized for presenting data in a misleading way and for misinterpreting data on infections in schools, leading to the false claim that Covid does not spread in schools. The government policies lost in terms of authority and information, in that the semi-soft and semi-hard rules were at times inconsistent and overly complex, which made it difficult for citizens to remember how many people were allowed to do what where and under what conditions.

However, the extensive economic support for particularly affected businesses was maintained and financial support for partial unemployment extended until the end of 2021. The economic governance of the crisis – aided by the wealth of the country – was relatively successful with 2021 being marked by economic recovery. In addition, the vaccination campaign (from late December 2020 to summer 2021) was relatively well organized, starting with key medical staff, and then with the elderly and a limited number of other vulnerable persons. By later June/early July all adults had received an invitation for a first vaccination. Vaccinations have not been made mandatory, though.

## **Conclusions**

Luxembourg reacted quickly to the first wave of Covid infections. It monitored new infections closely and implemented a national emergency within a few days of daily infections rising beyond single digit figures. As a result, the government could govern by decree until June 2020. The parliament was overwhelmingly supportive of the declaration of the state of emergency and confirmed it with the votes of the opposition.

Despite the exponential rise of infections in late March 2020, which made Luxembourg one of the top 10 countries in terms of infections per million of inhabitants, and despite the constraints of being a small state (e.g. the absence of less affected regions that could assist severely affected parts of the country), Luxembourg managed to steer through the first wave relatively well. The reason for this is that the government reacted very quickly and increased the capacity of the health system with hospital-containers and the creation of dedicated Covid-19 triage and treatment centres in large venues such as concert halls. In addition, it successfully created a register of health professionals that it could mobilize if necessary. An alliance of research institutions supported the government with advice ranging from medical treatment to the logistics of Covid-19 and supply chains to the psychological side-effects of Covid-19. A number of voluntary initiatives supported citizens that were at high risk.

Luxembourg managed to successfully overcome the first wave of Covid-19, and the infection rate dropped to single digits in June. However, once social distancing measures were lifted, the infection rate increased again and built up to a small wave in July and early August. After a further period of stability, the second wave erupted in October 2020 with cases increasing from about 100 to 850 per day within just a couple of weeks. The very late response from the government with comparatively soft measures at a time when the health system was already under severe pressure with some hospitals having to close their emergency units drew substantial criticism and led to a growing debate about the crisis management.

The vaccination campaign started in late December 2020. Unlike in neighbouring countries like Germany, Luxembourg first vaccinated medical staff, and only then invited the general population starting with retirement homes and then progressing based on the age and health status of individuals. As in many other European countries, the slow start of the campaign initially caused dissatisfaction, as a large majority of the population was eager to get vaccinated. However, the campaign rapidly

accelerated especially from May 2021 onwards, and by July every adult had received an offer. Despite cooperation with experts on a large-scale information campaign, about one third of the population (and especially the younger population) did initially not take up the offer. Thus, one of the major points of debate in autumn 2021 were the rights of non-vaccinated persons.

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