

EUROPEAN POLICY AGAINST CORONA: ADEQUATE RESTRICTIONS OR A KIND OF HYGIENIC-TOTALITARISM?

Wolfgang Eibner ¹
Ernst-Abbe-University of Applied Studies Jena

Abstract

The corona pandemic is keeping the world under its spell: time for an economic and political stocktaking. The article covers the following topics:

Why is the current pandemic leading to such harsh government responses worldwide and also in industrialized countries? Is the reason for this a deadly pandemic or is it rather a neoliberal cost-minimizing health care system that saves costs ignoring any consequences for its efficiency?

Are the previous harsh measures of the countries' governments to restrict social and economic life scientifically epidemiologically analyzed and thus expedient, or is the state acting primarily fear-based: So is the sense of proportion given to all the measures to combat the pandemic that deeply interfere with our social freedoms?

What will be the central economic costs of the economic and social lockdown and thus the consequences for our economy, for our civil rights and our free society?

Keywords: corona, corona pandemic, fundamental rights, freedom, lockdown, costs of lockdown, educational deficits following lockdown, mortality of Corona.

JEL: H12, I15, I18, I25, K20, Z18.

1. Research purpose

Topicality: the corona pandemic has been keeping the world under its spell for a year now: time for an economic and political stocktaking.

Aim of the discussion: the question of the following considerations will be how the hard cuts in the economy and civil rights are to be assessed economically and socially: Are the lockdowns, which are massively burdening the economy in almost all European countries, appropriate because a deadly pandemic threatens us or are they possibly only taken place because our health system of all of us can no longer fulfil its original function of providing care for the population even in times of crisis. What will be the long-term economic costs of the drastic lockdowns?

This question can also be asked more pointedly:

- Does a deadly virus endanger us and are our health or even our survival dependent on it, as in times of plague, to limit our contacts to a minimum – with massive restrictions on our civil rights guaranteed by the Basic Law? Does this necessity

¹ Prof. Dr. rer. pol. Wolfgang Eibner, Fachbereich Wirtschaftsingenieurwesen, Ernst-Abbe-Hochschule Jena, Carl-Zeiss-Promenade 2, 07745 Jena, w.eibner@eah-jena.de
Prof. Dr. Wolfgang Eibner, Department of Industrial Engineering, Ernst Abbe University of Applied Sciences Jena, Carl-Zeiss-Promenade 2, 07745 Jena, Germany, w.eibner@eah-jena.de

also justify catastrophic effects on our economy in the sense of possibly hundreds of thousands of insolvencies of companies and self-employed persons – with subsequently exploding unemployment and the worst recession?

- Or is the threat to the citizen resulting from the current corona pandemic rather because
 - there is an inadequately prepared health care system that is primarily set up to minimize costs in a neoliberal way, and
 - that we are surrounded by politicians who act in short-term activism without any long-term strategically oriented thinking and by this hitting its citizens and the economy massively and sustainably via the serious encroachments on fundamental rights and over long-term lockdowns, so that the livelihoods of many citizens are destroyed and thus causes future social and economic costs of the most diverse kind not yet foreseeable extent?

Research objective

In the following, using the example of Germany, four central and very specific questions arising from the corona crisis will be examined in more detail with regard to

- economic development in the long term, on the one hand, and
- our freedom in the form of self-determined life in a free society of HAYEKian character (cf. Friedrich August von HAYEK, 1944 und 1979).

The four objectives to be researched are:

1. Why is the current pandemic causing such harsh government responses worldwide and also in developed industrial countries? Why are countries like Germany also afraid of an exponential increase in mortality?
Can a decline in efficient health systems induced by neoliberal economic policies be (co-)responsible for this (Chapter 2)?
 2. How is the corona pandemic communicated: hysteria based on absolute numbers or real threat of a deadly pandemic? How is the mortality of Covid-19 to be assessed and is the right balance of proportion given to all the measures to combat the pandemic that deeply interfere with our social freedoms (Chapter 3)?
 3. What will be the central economic costs of the economic and social lockdown (Chapter 4)?
 4. And last, but not least: From a scientific point of view, what conclusion can be drawn from the previous efforts to fight the pandemic and to react adequately in the sense of an optimized cost-benefit analysis – taking into account of course as the highest value: **to survive** – (Chapter 5)?
- 2. Corona crisis: the result of a deadly pandemic or rather the result of neoliberal health systems that have been cut back?**

2.1. The responsibility of neoliberal economic policy for the current situation

In particular, our Western societies with the USA at the forefront of the "neoliberal economic evolution", but also China with a hidden, but all the more radical system of

economically globalized exploitation of our planet, have been pursuing a globalization capitalist path since the early 80s and 90s at the latest, which not only overwhelms our planet, but also us citizens.

Neoliberalism was able to generate an unprecedented, ever-increasing material supply of goods to the world and the resulting growth and often prosperity.

The dark side of this undeniable material track record, however, lies in the fact that neoliberalism worldwide disadvantages, if not exploits, people with lower education in particular – even more so in developing and emerging countries as cheap workbenches for supplying the so-called industrialized world.

This exploitation is taking place in favor of ever higher profits for fewer and fewer globalization winners, ever more fragile social systems and ever more globalized supply chains.

This neo-liberal economic concept leads to

- a "life beyond all resources" in the sense of an increasing extinction of animal and plant species through the destruction of their last habitats, deforestation of the last primary forests, in particular in the Amazon, Indonesia and Central Africa, causing by this, among other reasons also the climate changes, on the one hand, and
- on the other hand it also leads above all to increasing social dislocations as a result of a redistribution of wealth gains from the "bottom" to the "top".

In his two pioneering works (Thomas PIKETTY, 2013/2014, 2020), Thomas PIKETTY has clearly and irrefutably worked out that since the beginning of the "neoliberal revolution", the so-called monetarists in science and politics have been working on a dramatic redistribution of income and above all assets to the supreme decile (10%) in income or even percentile (1%) in the assets of the population.

In plain language, this means that the great economic gains from globalization not only bypass the great mass of the population, but the great mass of the population is becoming poorer and poorer and lives in an increasingly precarious economic environment:

instead of lifelong professional security most people's live is determined by questionable, fixed-term employment contracts, ailing health systems, overtaxed retirement provision, child-hostile living and working conditions, worsening environmental conditions, etc.

What we as citizens and society have not seen or did not want to see in recent years is the following dramatic change, which the (Keynesian) order of the 50s, 60s and 70s differs so fundamentally from that at least since the beginning of the 80s evolving neoliberal economic structure:

- **the economy had to serve the people;**
- **now people must serve for the economy.**

All production factors – and this includes people – must be cost-minimized, rationalized, and quickly substitutable at any cost. Only then is the company competitive and can still provide jobs at all.

And that is precisely the dilemma: No company, not even a single society (state, government, population) can evade this "exploitation optimization" without falling completely out of the economic cycle.

This focus on minimizing costs, no matter what the consequences will be, does not exclude the health system – and this gives rise to the reference to the current corona crisis:

Since the beginning of the 1990s at the latest, **hospitals** (as well as nursing homes) have increasingly **no longer been run in a care-oriented manner, but in a profit-oriented manner**. State hospitals are increasingly being privatized and thus run more and more openly in a "cost-responsible manner" – which results in massive savings in personnel and fewer and fewer resources for imponderables and for crisis prevention.

So it is hardly surprising that the deaths in the context of the corona pandemic are greatest where the health systems are ailing due to insufficient investment and / or are managed with too few staff (competent, trained nursing staff). Unprofitable hospitals are being closed – thereby increasing potential supply bottlenecks or even gaps in times like these (pandemics).

2.2. The corona pandemic in the environment of neoliberally optimized health systems

In a nutshell, "neoliberalism" stands for maximum cost-efficiency in a free market economy, in which social aspects are only viewed as cost factors that inhibit competition.

A central component of neoliberal thinking is the privatization of almost all areas of life, the state ultimately only is responsible for the legal system and legal framework, which of course should be as business-friendly as possible and "deregulated".

Exactly this policy has been implemented also in the health sector worldwide for over 30 years:

- "unprofitable" hospitals are closed (which in reality means that every treatment of sick people has to make a profit!),
- any "overcapacities" of beds and especially staff in clinics and nursing homes - including intensive care capacities - will be reduced and
- permanently employed specialist and nursing staff are increasingly being replaced by temporary employment agencies or contract workers.

If unforeseen burdens or even a pandemic hit such "optimized" health systems, the disaster is inevitable.

Figure 2.1 gives an overview of the considerable decline in the number of hospitals using the example of Germany from 2000 to 2020. In addition, this figure shows the development of the number of people in Germany who are 80 years of age and older.

From this comparison it becomes clear how problematic the dismantling of hospitals and thus of inpatient treatment options is, when at the same time a rapidly increasing number of elderly citizens naturally requires increasing - and not decreasing - supply capacities; a development that is symptomatic not only for Germany but, of course, in gradations of positive and negative kind, for the whole of Europe.

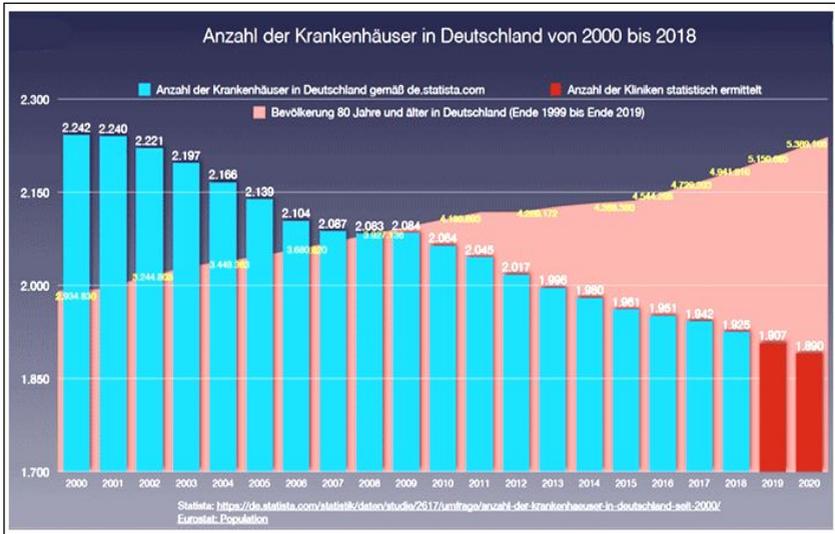


Figure 2.1: Change in the number of hospitals in Germany (on the left) and the number of the population aged 80 and over (on the right) for 2000 to 2020 (Foodfibel Newsletter, 2021)

What seems completely incomprehensible is the fact that in 2020 a further 21 hospitals were closed despite the corona pandemic and another 30 hospitals will be closed unchecked in 2021 despite alleged massive overloading of the health care system in Germany (Christian SCHWAGER, 2021).

Both measures lead to a further decline in the number of beds available. It is by no means the case that fewer hospitals are improving overall health care by increasing the number of beds; rather, the closings actually lead to a deterioration in patient care. From 1991 to 2018 the number of hospital beds in Germany fell from 665,505 to 498,192 (Reimbursement Institute, 2020).

3. On the mortality from Covid-19 and the appropriateness of the paternalistic government measures

3.1. Absolute versus relative consideration of the corona numbers

Politics, the press and, unfortunately, the virologists who are respected there operate worldwide with absolute figures. Absolute numbers of hundreds or even thousands of Covid-19 infections per day, e.g. in Germany, or even in India with hundreds or thousands of deaths per day, shock people and forbid eo ipso any criticism of even the toughest measures of interference in social and economic life. The credo is: "Without these measures, death cannot be stopped". Thousands of deaths per day is what feels like an apocalypse.

- Not only the economist should see all this very striking information **in a relative perspective**:

Without Corona, around 1 million people die per year in Germany, i.e. almost 3,000 people every day, more in winter and less in summer.

How many of these people die of cancer or other diseases caused by this as a result of particulate matter or other industrial pollution is beyond the public domain: No PCR or rapid tests can be used to derive allegedly "objective" numbers of the risk of death. (Especially not for those who simply die of old age.)

The German Society for Hospital Hygiene (DGKH) puts the number of annual deaths in hospitals from multi-resistant "hospital germs" at up to 30,000, i.e. almost 1,000 people per month. Every tenth hospital patient in Europe becomes infected in the clinic. Every year three million people fall ill with so-called nosocomial infections caused by microorganisms, which are temporally related to a hospital stay. In Germany alone, between 500,000 and a million people are infected with the problem germs during hospital stays. For patients in intensive care units, the risk of infection is even over 15 percent. (DGKG, 2007).

These are numbers on the order of the corona pandemic.

None of these dying scenarios has ever led to serious reactions from the state in order to avert acute danger: In the past, the health of the citizens was not protected by generally binding activities to reduce particulate matter or to protect the climate. If so, then ultimately only by invoking "moral persuasion". Against the high mortality in hospitals, which could be significantly reduced with simple – but costly – means of hygiene in hospitals, nothing has been done in Germany to this day.

The state only requires hygiene rules where it does not cost it: With the population at a distance, mask and entry bans.

In the context of the corona pandemic, everything is suddenly very different:

- infections with Covid-19 – whether completely without symptoms, with mild symptoms or a severe course of the disease – are added up to daily new horror reports that startle the population as well as politicians.

The newly emerging **mutations** are even referred to as "**zombie-like mutants**" in politics and the press, which again drastically illustrates their danger in a populist and / or terrifying way.

The reader or news listener is of course frightened by hundreds of corona deaths per day – although these numbers are even announced in official announcements as "died of or with Corona" (Covid-19 viruses): The statistics do not even provide any answer to the elementary ones important question of how many of those who died "of or with" Corona have now actually died of Covid-19.

In general, there were no statistically reliable statements about the actual mortality of the virus until the editorial deadline of this article (June 15, 2021): neither in general nor in individual age clusters.

In this context, explicit reference should be made to the scientifically well-researched work of the biologists Karina REISS and Sucharit BHAKDI (Karina REISS / Sucharit BHAKDI, 2020): The two authors accuse the media of REISS and BHAKDI of often not interfering with the virus and the viral disease distinguish. The number of infections is announced every day without emphasizing that not every infection leads to a serious illness with hospitalization or even ventilation, rather the majority of infections are symptom-free. (René SCHLOTT, 2020a.)

In a study from October 14, 2020, the World Health Organization (WHO) states a median mortality of infected people in the regions and age groups examined of 0.14% to 0.23% and writes that the mortality at the beginning of the pandemic was overestimated: "*The inferred infection fatality rates tended to be much lower than estimates made earlier in the pandemic*" (John P. A. IOANNIDIS, 2020).

In addition, the criticism of the informative value of the **PCR test**, which is used worldwide as an indicator of a Covid-19 infection, is not easy to ignore:

In the PCR process, traces of the virus genome are reproduced – in many cycles. In Germany all tests are evidently trimmed to high values through a large number of cycles, except for 45. However, a positive result does not mean that the person affected is always contagious. Even genetic components from a previous flu can lead to a positive outcome. The New York Times reports that the majority of the actually false-positive PCR results in the USA are based on such high cycle values [source: Apoorva MANDEVILLI, 2020]. There it is discussed to generally reject tests with more than 30 cycles. (Volker NIES (2020)

The more tests are carried out and the more cycles the PCR result is based on, the higher the number of cases and thus also the so-called “false-positive results”; this possibly also explains why China is now considered to be almost corona-free despite the pandemic disaster of early 2020 (if fewer PCR cycles are used in the analysis to determine actual infections).

Renowned Chinese scientists also assume up to 40% of so-called “false-positive PCR test results” (Xueliang WANG et al., 2020), so that the number of allegedly infected people, taking into account the exponential increase in the probability, could be included with a high number of cycles getting a positive test result are significantly lower than officially announced.

The economist will not be able to answer these questions:

- However, he has to insist that the virologists will take a clear, science-based position on this, especially if their recommendations are the basis of massively drastic political decisions.

The change of the corona crisis from the "potentially fatal pandemic", which still determined the months of March to May 2020 in public, to a quieter course of the pandemic from May to October, which in many ways increasingly showed the traits of a controllable flu-like viral disease, was noticed by large parts of the population, without the politicians responding "appropriately" from the point of view of many citizens. The drastic increase in infections from November 2020, which has since led to renewed

massive restrictions on the economy and society across Europe (as of the end of May 2021), so far has not been accompanied by any actual oversteering of the health system.

Should this still be the case in the further course of the pandemic, this is not necessarily a sign that the corona apocalypses are right after all: **the German Society for Pneumology had already warned of this in 2005** – 15 years before the pandemic – **that an onslaught of people with shortness of breath to be expected in the event of a flu epidemic requires significantly more capacities in the intensive care unit** and, in particular, **significantly more devices for non-invasive ventilation must be kept in stock** (Ärzte Zeitung, 2005).

In the course of the above-mentioned neoliberal "reforms" in the health sector, money was never provided. Correspondingly, not only has nothing been done in the sense of this, but on the contrary, hospitals have been massively privatized and closed through the afore mentioned neoliberal economic policy, and personnel in all demands including intensive care units have been reduced.

The high number of pandemics at the beginning of the pandemic, especially in China, northern Italy and parts of Spain, is primarily a consequence of overburdened, neoliberal "broken down" and / or (moreover) inefficient health systems - as in Italy in particular at the beginning of the pandemic in Bergamo (cf. Angela GIUFFRID, 2021) with too few resilient intensive care units or generally inefficient healthcare system. In addition, doctors did not yet have any experience or specific therapeutic knowledge with and about Covid-19.

In particular, at the beginning of the pandemic, a variety of - as was then shown - unsuitable drugs were used on a trial basis, and intubation was carried out very early in the event of insufficient oxygen supply, both of which led to increased mortality and again led to a significant increase from December 2020 (cf. Martina FRÜHBIS, 2020): 50% of intubated corona patients die, most by inflammation caused by this). The first treatment studies by the WHO and patients with ultimately lethal drugs (including hydroxychloroquine) have also been carried out (cf. the study by REMAP-CAP, 2020), which is said to have led to the excess mortalities observed in 2020.

3.2. On mortality from Covid-19

According to the Johns Hopkins University (as of March 17, 2021), the **mortality** from Covid-19 – on average for all age groups – is **0% as the minimum value (Singapore)** to **4% as the maximum value (Bulgaria)** of the infected; for Germany the value is 2.8%, and for Estonia it is 1%; averaged over all countries surveyed a little over 2% (Johns Hopkins University, 2021).

Singapore has one of the best financed and most efficient health systems in the world: In 2020, Singapore took first place in the Bloomberg Health-Efficiency Index (cf. Lee J. MILLER / Wei LU, 2020), which even under corona conditions measured life expectancy and medical reviewed editions of a country. This also appears to be a strong indication of the crucial role played by the quality of the respective national health systems in assessing and managing the pandemic..

- This index also rates the German health system as "inefficient"; Bulgaria even as one of the most inefficient in the world.

When analyzing the mortality data from the Johns Hopkins University, it can also be observed that the information on the mortality of Covid-19 falls over time - a reason for this is not given, but it might be the increasing experience of successful treatment methods.

On the other hand, the mortality is strongly dependent on the age structure of the sick: In younger people, the mortality in Germany is in the per thousand range, in over 85-year-olds it is up to 4%.

The 2018 flu wave claimed around 20,000 more flu deaths in Germany in March 2018 than in March 2020. A weekly corona-related excess mortality of 600 to a maximum of 1,700 people can only be identified for April 2020 (with a total of around 20,000 deaths per week). According to Destatis, the significantly higher excess mortality of over 3,000 people reported for the 33rd calendar week 2020 is heat-related; 27 people died of Corona this week in August (Destatis, 2020).

The first obvious excess mortality for Germany can only be determined from November 2020, as the analysis by Destatis from January 2021 in Figure 2.2 shows.

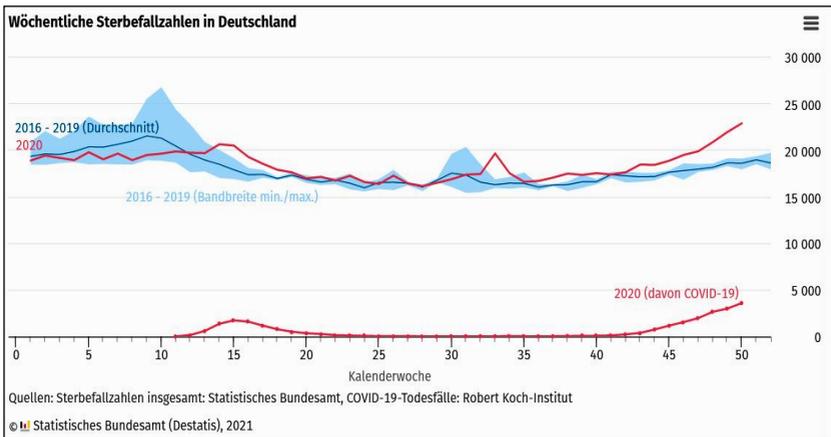


Figure 3.2: Weekly death rates in Germany and corona-related excess mortality in Germany in 2020 (red) compared to weekly averages 2016-2019 (blue) (Destatis, 2021b)

Even at this point in time, however, there is still no excess mortality compared to the typical "flu weeks" at the beginning of the year. However, given the sharp increase in Covid 19 diseases that was observed especially from November 2020, a further increase in mortality was to be expected in the first few weeks of 2021:

A follow-up analysis by the German Federal Statistical Office confirms the fear expressed in November of a sharp increase in deaths, as Figure 2.3 shows.

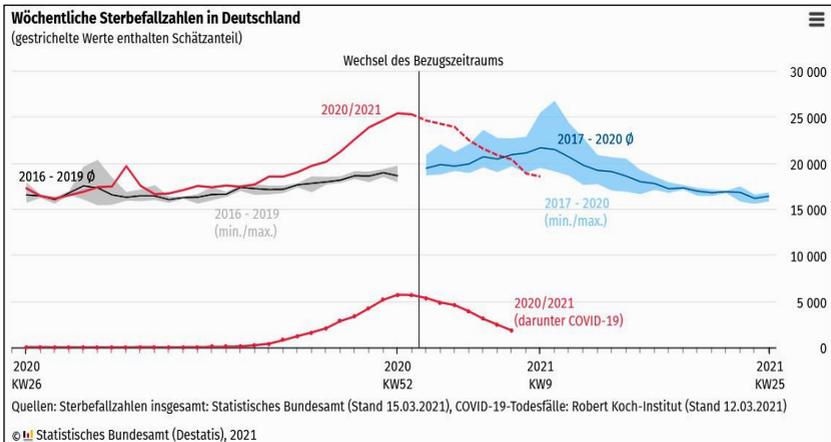


Figure 3.3: Weekly number of deaths in Germany and corona-related excess mortality since the start of the corona pandemic in Germany, as of March 15, 2021 (red) compared to weekly averages 2016-2019 (blue) (Destatis, 2021a)

- Without measures against the spread of the virus, an exponential upward outbreak of the mortality curve could in fact occur, which would then flatten out when the so-called herd immunity (of the survivors) is reached.

Empirically, however, the high death rates in December and January are not higher than the number of cases in "normal" flu years. For the end of February and March, the number of cases is even below the number of "normal" flu deaths. When interpreting these graphs, however, it should not be forgotten that this could be the result of the comprehensive lockdown.

However, the effect of a lockdown on the current pandemic is not even undisputed in science, cf. the study by: Eran BENDAVID / Jay BHATTACHARYA / John P. A. IOANNIDIS / Christopher OH, 2021.

"We're falling into a trap of sensationalism. [...] We have gone into a complete panic state. [...] There is a lethal virus circulating out there. We all have responsibility to do our best to contain it as much as possible. It's not a joke. It's not a conspiracy. It's not fake, but we don't panic. We don't destroy our world. We don't freeze everything."
(Cited from John P. A. IOANNIDIS in: Peter JAMISON, 2020.)

- In order to answer the question about the concrete numerical effect of a lockdown, how precisely it ever might be designed, on actual mortality, the economist would look to substantial studies on the question of the specific effects of lockdown as the cause of a no further increase in deaths compared to the natural development of case numbers as part of a normal flu cycle.

This would require investigations of specifically definable hotspots, but these are still not available: To date, the German Federal Government cannot provide any information on where and how the general lockdown affects the actual number of cases and how:

The Robert Koch Institute writes verbatim in its daily situation reports: *"The high nationwide case numbers are caused by mostly diffuse events with numerous accumulations, especially in households, in the professional environment and in retirement and nursing homes"* (Robert Koch Institute, 2021).

The concrete information content about infection routes is therefore zero, and it is not clear how a lockdown could contain such "diffuse events in households, in the professional environment and in retirement and nursing homes".

On the contrary, there is a new US study, published in December 2020 in the renowned The New England Journal of Medicine, which believes to prove that quarantine and lockdown do not lead to any measurable change in the course of the infection (Andrew G. LETIZIA / Irene RAMOS / Ajay OBLA et al., 2020):

- **This is all basically very little knowledge compared to very incisive measures.**

3.3. The question of the adequacy of lockdowns in the light of the facts known

The question that arises today is:

- **To what extent could effective measures against an exponential outbreak of mortality have been achieved by means other than a massive lockdown, which massively interferes with the freedom of citizens and entrepreneurs?**

This is a more than justified question, in particular, since evaluations show that the average age of those who died of or with Corona in Germany is over 80 years, as Figure 2.4 shows.

Specifically, it is 86 years (as of March 2021); incidentally, according to the average life expectancy.

Almost 90 percent of the people who died in connection with the corona virus were 70 years or older at the time of death. The proportion of previous corona deaths in the age range from 0 to 49 years was only 0.8 percent of all those who died from or with Covid-19 as of March 25, 2021 (Matthias JANSON, 2021).

With this, the question arises again very emphatically whether there would not have been other, more targeted measures that could have been taken to protect the primarily affected group of older people without a large part of the economy and civil society set in a months-long lockdown with resulting dramatic economic and social consequences. Chapter 4 will come back to this.

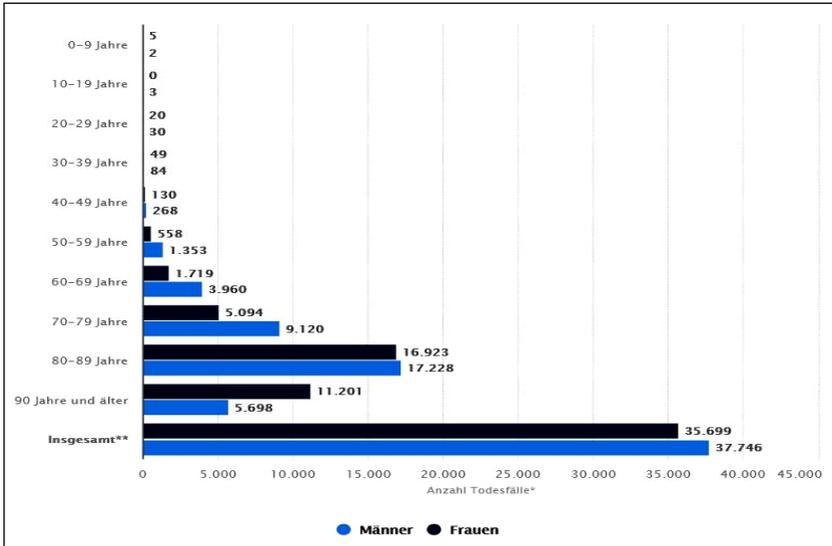


Figure 3.4: Distribution of deaths with coronavirus (Covid-19) in Germany by age and gender, as of March 16, 2021 (Statista, 2021c)

Why has politics reacted so harshly by closing large parts of public life in a way that was unprecedented and previously unthinkable in the world?

Two answers come to mind:

- firstly, the presumption – currently also re-emphasized by the WHO – that the virus could possibly originate from a high-security laboratory in Wuhan and thus appeared to governments worldwide to be completely unpredictable, and
- second, the extremely high number of deaths right at the start of the pandemic, first in China and then particularly in Italy.

The problem, however, is that the Corona crisis may only have such dramatic consequences for the health systems of the "rich industrialized countries" (Italy, Spain, France) first in spring 2020 and then again from December 2020 – and thus enforced this rigorous "Pandemic absolutism" – because

1. on the one hand, there was no experience of treating this disease,
2. the health systems of many of the countries affected for the first time were simply unprepared or even inefficient and
3. because global neoliberal economic policy has "optimized" the health systems through cost efficiency programs for decades.

In the health care system of many neoliberal "optimized" countries – such as for example in Spain and Italy – that is the countries affected by particularly high death rates, there are only 8 or 9 beds for intensive care for 100,000 citizens; with 34 such treatment

options per 100,000 citizens (Mathias BRANDT, 2020), Germany is still one of the countries with the most intensive care beds in the world.

But their use also depends on available or rationalized medical staff, which also puts Germany's comparatively good equipment with intensive care beds into perspective if the specialist and nursing staff necessary to care for intensive care patients is lacking. And that is particularly lacking in Germany, as a result of decades of deterioration in working conditions and wage dumping. (Cf. a study by the Hans Böckler Foundation, 2021.)

This dramatic shortage of nursing staff is not a recent development: For around 30 years, it has been pointed out again and again that there is a maximum need for action here, and in 2017 the German "Ärzte Zeitung" (Doctors' Review) again complained that the need for care has still not relaxed, but has worsened: since 2011 **the personnel gap had almost tripled** (Arno FRICKE, 2017).

However, nothing has happened in this regard since then – because it would cost money to make the job more attractive.

Even at the very latest in the pandemic, hospitals are continuing to outsource staff (Tagesschau, 2021): "Outsourcing" saves money - regardless of the pandemic, the central goal is and remains the "raising of cost-cutting potential". The only thing that matters is minimizing costs; the future of healthcare and the quality of patient care are of secondary importance.

If necessary, politicians must ensure that appropriate measures of whatever scope avoid excessive demands on the health system.

US President Dwight D. EISENHOWER coined the term "military-industrial complex" in the 1950s (Dwight D. EISENHOWER, 1961): This may have found its counterpart in the "health-industrial complex", the one with maximum fear-based lobbying influences or even controls politics and society.

The previous explanations show two points:

- on the one hand, there is a risk that at the beginning of the pandemic - when the drastic measures to combat the pandemic were initiated - the mortality of the new coronavirus was far overestimated and
- on the other hand, **a large part of the dramatic consequences of the pandemic seem self-made:**
 - **by failing to take the necessary precautions.**

In an interview with German-Ethics Counselor Sigrid GRAUMANN, the German Ethics Council also ultimately stated that - even in the pandemic wave of November 2020 - the **entire restrictions** were not and will not be taken due to the infection with the virus or due to the high mortality, but **solely from the fear that an exponential growth in the number of patients to be cared for in hospitals could overwhelm the health system:** "The point is not the absolute number, but the fear of no longer being able to deal humanely with the seriously ill. Politics and society are afraid of losing control" (Hannes KOCH, 2020).

From all these considerations, the impression arises that ultimately **politics** in the corona crisis was or **is not able to react appropriately to the pandemic requirements.**

- **This leads to the fundamental question: Is there a good sense of proportion given all the measures to combat pandemics that deeply affect our social rights?**

Jakob AUGSTEIN wrote in April 2020 during the first lockdown in a very outstanding but hostile commented contribution (Jakob AUGSTEIN, 2020):

"For some reason, the state and society have committed themselves to this 'pandemic absolutism', and one gets the impression that the higher the stakes – in terms of human suffering and economic costs – the less we can move away from this decision."

And another very important sentence from AUGSTEIN: *"Didn't anyone notice how strange it is that in the dispute about the 'easing' - a term that is mainly known from the penal system - those people have to justify themselves who demand a return to the civil liberties, but not those who want to continue to curtail freedoms? "*

The corona crisis is increasingly changing the relationship between state and citizens in the direction of a paternalistic welfare state, which the free society must not allow to slide into an authoritarian hygienic regime that increasingly interferes in the most private areas of life.

- **The measures to combat the pandemic have a massive, fundamental and diverse influence on the foundation of our liberal basic order.**

Bans on economic activity deeply affect the civil liberties and their livelihoods: The result is high numbers of self-employed bankruptcies and a sharp rise in unemployment among dependent employees – with the result that they lose a self-determined life and slide into increasing dependence on state welfare systems, up to the threat of individual poverty in old age.

Prohibitions in the organization of the private living environment such as the prohibition of visiting friends and even family members outside of one's own household, prohibited use of leisure activities of any kind (gastronomy, sports, concerts, parties, etc.) or even – and particularly profound and possibly tragic – prohibited visiting people in retirement homes or even hospitals and palliative wards, some of whom are lonely or even die without any opportunity to be with relatives, represent the most massive impairment of our way of life.

In the following chapter, some aspects of the resulting economic costs will be considered as examples.

Economic costs of a lockdown:

4. Educational deficits, recession, poverty-related reduction in life expectancy, structural consequences and indebtedness

Our third specific question is:

- **What will be the key economic costs of the economic and social lockdown?**

Our lives are massively threatened by the corona crisis:

- by the virus on the one hand
- u and especially through the corona-related consequences for our economies and our prosperity on the other hand.

From the **large number of economic follow-up costs** of the measures against the Corona crisis, **only five aspects are treated** as an overview below:

1. the **economic costs of the loss of education**, primarily at schools, but also at universities as a result of only limited school attendance or only digital studies,
2. the long-term consequences for **employment and economic growth**,
3. the **costs of poverty**, old-age poverty **resulting from unemployment and destroyed self-employed livelihoods** and the associated **significant reduction in life expectancy** of those affected,
4. the massive **changes in the commercial structure** in general and **in our inner cities** in particular as a result of the lockdowns and
5. the consequences of the massive state financial aid in the Corona crisis for **state finances**.

4.1 Educational sector: costs of loss of education

On the one hand, there are the exorbitant costs of the educational backlog resulting from the lockdowns. According to calculations by the Ifo Institute, missed lessons and poorer learning conditions not only reduce the income of school leavers in the short term, but also their productivity over their entire life.

As a country without any raw materials, Germany lives solely from the “brain” of its population: from innovation and development, from the fact that, as a high-wage country, we have higher productivity and innovative strength than some other countries. In this respect, a lockdown in the education sector will hit the German economy to the core of its future viability.

The Ifo Institute had already calculated in 2020 that school closings of a third of the school year in Germany would result in around 2.6 trillion Euros in subsequent 80 years or 1.3 percent of future gross domestic product. (Cf. CESifo study by Elisabeth GREWENIG / Philipp LERGET-PORER / Katharina WERNER / Ludger WOESSMANN / Larissa ZIEROW, 2020.) With the development in 2021, we can assume that a whole school year will be lost. The resulting costs increase more than linearly to those already calculated by the Ifo Institute.

In addition, the results of studies from various countries make it clear that missed schooling cannot be replaced or even rescheduled through "homeschooling".

During the first lockdown in spring 2020, the schools were sometimes closed for months, in the last week of November 2020, according to the Conference of Ministers of Education and Cultural Affairs, 12.8 percent of the schools were in restricted presence due to corona cases, 0.5 percent were completely closed (Roland LINDENBLATT, 2020). In 2021, the situation had worsened until Mai.

Just as school policy has been going so far during the Corona crisis, there can only be one solution in terms of the sustainable education of our children: a complete repetition of the failed school year 2020/21. But that too is of course not feasible, since the schools are not in a position to implement such a - basically the only sensible – measure in terms of capacity, neither in terms of the spatial infrastructure nor the staffing capacity: An additional year is in our (also always cost-cutting) school system not manageable.

Our education sector has also been deprived of all reserves for decades neoliberally: With decades of teacher shortage, dilapidated school buildings and rather non-existent digital equipment and predominantly non-digital-savvy teachers, schools have no way of even remotely compensating for the educational loss since March 2020.

This is a serious political failure and for one of the richest countries in the world not only absolutely unacceptable, but also threatening the future.

In the higher education sector, the "education lockdown" is not as dramatic as in schools: teaching takes place across Germany, digital lessons - albeit at very different levels - are offered by all universities. However, especially in technical courses, purely digital teaching is not expedient: internships in laboratories, concrete learning on the technical object is not possible solely virtually. And it is precisely these technical courses that are indispensable for the future competitiveness of the German and the European economy.

The students also know that no targeted training is possible in Corona times: matriculations are falling significantly, young people decide to either postpone starting their studies or they decide to replace the usual university studies with a degree at "Dual universities": Students do their theory-based study at the university alongside to having practical phases in a company involved in the study: The number of enrollments in the area of dual study increases significantly in the Corona crisis.

From an individual point of view, this is understandable and sensible – but also problematic from an economic and educational policy point of view: The foundation of German and European competitiveness lies not only in professional "training courses", but the future is essentially shaped by scientifically comprehensively educated people – even if this is not necessarily the case at the moment seems to be.

4.2 Economic growth and employment

The second major problem is the impact of the lockdown on economic growth and employment.

In the short-term perspective, the economist looks at the changes in the numbers on short-time work and unemployment as well as the change in real economic growth. Without going too much into detail at this point, it is obvious that the Corona crisis is leading to a massive – and probably also lasting – deterioration in all of these key figures.

- Currently (as of March 2021) the strong recession following the lockdowns is not yet fully recognizable.

There are three main reasons for this:

1. The lockdown-related drop in production and demand and the resulting heavy job loss still could be masked by extending the period of entitlement to short-time work benefits.

From February 2020 to February 2021, the number of unemployed in Germany rose relatively moderately in relation to the crisis by 500,000 people from 2.4 to 2.9 million unemployed (Statista, 2021b: Number of unemployed in Germany from February 2020 to February 2021).

Figure 4.1 shows the increase in short-time working; the longer the lockdown lasts, the fewer short-time workers will be able to return to their jobs after the short-time work regulation expire.

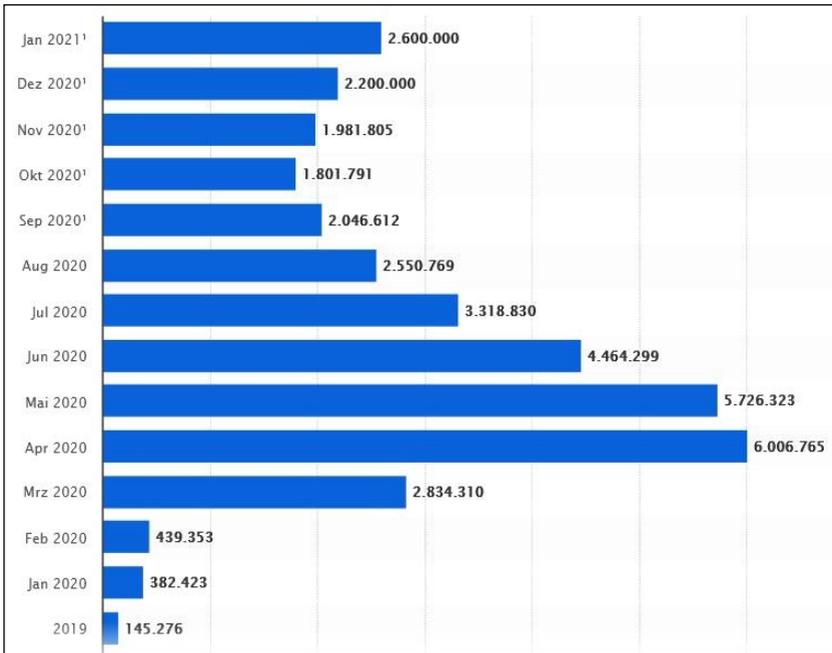


Figure 4.5 Short-time work in Germany during the lockdowns until January 2021 compared to 2019 (Statista (2021a))

2. Due to the corona-related temporary suspension of the obligation to file for insolvency in the course of the adoption of the law on the further development of restructuring and insolvency law (SanInsFoG), many affected companies, tradespeople and the self-employed have not yet had to register their de facto insolvency: The German credit agency Creditreform estimates the number so-called Zombie companies (including small businesses) to 700,000 to 800,000 in Germany.

The term zombie company describes companies that are already over-indebted.

Many of these companies are insolvent if the temporary exemption in the years 2020/2021 from the obligation to file for bankruptcy is lifted, with the consequence of a significant increase in unemployment. Others may be able to continue as zombie companies because of government aid or withdrawals from private assets (until these are used up).

In the long term, however, these companies will no longer be able to survive on the market.

3. With the help of various state financial aids, many companies were able to compensate for the previous slump in sales together with existing savings and liquidity reserves at least to the extent that they did not have to close because of insolvency. However, the longer the economy cannot return to normal, the more companies and self-employed people will be insolvent - with all the resulting consequences for unemployment and negative economic growth.

4.3 Lockdown-induced reduction in life expectancy

The third major economic problem resulting from the Corona crisis is the *reduction in life expectancy* resulting from increasing poverty.

For example, Studies by the Max Planck Institute for Demographic Research (MPIDR) or the Robert Koch Institute (RKI) clearly show a very **strong relationship between unemployment and poverty** on the one hand and **lower life expectancy or premature death risk** on the other:

A study by the MPIDR from 2019 shows up to eight times higher mortality for the lower quintile (20% of the poorest men in employment, including unemployed men) compared to the top quintile (20% of men with the highest level of education and highest income); in women, the corresponding increased mortality probability is “only” a factor of 5 (Pavel GRIGORIEV / Rembrandt SCHOLZ / Vladimir M. SHKOLNIKOV, 2019).

On an annual basis, this corresponds to a lower life expectancy in Germany of significantly more than 10 years for men and just under 6 years for women, as can be seen from a study by the Robert Koch Institute (Robert Koch Institute, 2014, Table 1).

A permanent rise in unemployment of two million (and this is quite realistic due to the corona) in extreme cases can lead to a loss of life for this group of 20 million years. This shortened lifetime is also burdened by increased disease symptoms (Alexander AHAMMER, 2020).

For Germany, DIW expects unemployment to rise by around 581,000 as a result of the November lockdown alone (still largely cushioned by short-time work) and a decline in GDP of around 12% in November, resulting in a decline in GDP of around another percent the annual view. In addition, the repeated switching off and on of large parts of an economy causes massive and long-term structural damage (Finanznachrichten, 2020).

The very high additional unemployment caused by the measures to contain the Corona crisis in the USA and Europe will result in a significant excess mortality in the future, and the many millions of poverty deaths in the Third World are not yet taken into account (!) – which leads back to above first quote from Jakob AUGSTEIN:

"For some reason the state and society have committed themselves to this 'pandemic absolutism', and one gets the impression that the greater the stakes - in terms of human suffering and economic costs - the less we can deviate from this decision." (Jakob AUGSTEIN (2020)).

The economic effects - the human suffering and the economic costs - of the state measures to control the pandemic are not abstract, they generally result in a considerable poverty-related future excess mortality and have a very concrete influence on the living environment of all of us through short-time work, unemployment, and destroyed livelihoods of self-employed in all areas of production and especially in the area of services that are so important for our economic growth.

4.4 Fundamental long-lasting shifts in basic economic structures of our economy

In addition to the direct consequences of the lockdown described above, **the fourth economic problem area** is the **structural shifts in the national economy**.

The longer parts of the economy such as retail, gastronomy, hotel or event management as well as a large number of various other service providers and art etc. are closed or can only act to a limited extent, the greater the likelihood that customers will change their demand behavior and that they even after an economic normalization will no longer find their way back to their pre-crisis behavior. This will lead to massive and probably also lasting structural shifts in the economy.

Only two aspects shall be mentioned:

- The latter leads to a problem that is possibly even greater and permanent: the increasing displacement of retail by mail order. This primarily affects many catering establishments, certain services such as e.g. nail salons, but also the hotel industry. In the catering industry alone, of 222,000 companies with more than 2.4 million employees in March 2021, over 70% are considered to be highly threatened (Der Spiegel, undated, 2021). Not only are a large number of small retailers affected, but also corporate chains that have either become generally insolvent or close many locations for cost reasons due to the loss of so-called "volume sales". As of March 2021, the German Association of Towns and Municipalities assumes that 82,000 retail stores will not reopen and 450,000 jobs will be lost (Reuters, 2021). More and more retail chains are announcing that they will have to close massive branches: As of April 2021, 120,000 branches are expected to close (Thomas SCHMIDTUTZ, 2021).
- Letzteres leitet über zu einem möglicherweise noch größeren, weil sich dauerhaft auswirkenden Problem: die **zunehmende Verdrängung des Einzelhandels durch den Versandhandel**. This then increasingly affects retailers and local companies, whose customers will retain the "digital shopping" behavior that was practiced and increasingly internalized during the corona lockdown. Since significantly fewer people are employed in the mail order business than in the retail trade and, instead of skilled workers, only semi-skilled or even unskilled

employees are employed there, this is an additional lasting burden for economic growth, employment, and for the financing of the social security funds in particular, and the state budget in general.

4.5 Corona financial aid in the corona crisis and its effects on national debt

The fifth problem area is the high level of state aid to compensate for the dramatic loss of income in the economy and its **consequences for the state budget and national debt**.

In the course of the Corona crisis, the federal and state governments have decided on a variety of bridging aids that have so far prevented an economic collapse of many companies in the sectors of the economy that have been hard hit by the lockdowns and thus also publicized the economic consequences of the lockdowns as *"not that bad"* to appear (as of Mai 2021):

Without these state funds, an economic slump like the one in the Great Depression of 1929 would be almost inevitable, as a result of the otherwise short-term bankruptcies of many companies and self-employed persons affected by the lockdown.

At this point, financial policy aspects will only be briefly named using Germany as an example – It should be clear that the long-term financial consequences of the Corona crisis will hit the vast majority of European countries even harder.

States are severely affected, in particular by the probably long-term global deterioration in the situation of their public finances:

- as a result of massive tax shortfalls (in Germany alone, around 81 billion euro of tax shortfalls in 2020 will add to 10.2% of the total usual annual government revenue (cf. Federal Ministry of Finance - Section I A 5, 2020), and
- due to massive economic aid (in Germany in the amount of more than 310 billion euro in 2020, i.e., around 40% of the "normal" state budget [federal government, states, municipalities]; this amount will be exceeded in 2021).
- The annual national debt of the federal government in Germany alone increased from zero or active repayments as a result of budget surpluses in the years since 2012 to a debt of more than 130 billion euro in 2020 due to corona. The total debt of Germany (federal government, states, municipalities) did rise alone in 2020 with 275 billion euro by around 13%.

For 2021 (as of March 2021) net additional federal debt of around EUR 240 billion is planned - in addition to the consumption of remaining reserves of almost 50 billion euro, which were originally planned for the financing of the integration of refugees were. For 2021, this corresponds to a net new debt ratio of around 50% of total federal spending or an underfunding ratio in the federal government of over 60% and thus represents historically unattained values.

In March 2021, another 81.5 billion euro in new debt alone are planned in the federal budget for 2022.

In addition to borrowing from the federal government, there are of course to add the debts of the federal states and municipalities, which together should roughly reach these amounts again.

It is obvious that the greater the debt burden, the smaller the room for maneuver of a state that wants to actively shape the future. Only in the event that the interest on the national debt is very low or even zero the negative aspects of national debt can be ignored in terms of growth policy (cf. in detail: Wolfgang EIBNER, 2021, Volume 1, Chapter 10 and Volume 2, Chapter 16.).

The more Corona - as a virus or in the form of rescue measures - affects our economy, the more our future living environment will inevitably deteriorate:

- **Money can only be “printed” for a short time in order to cushion a recession;** this is not possible in the long term if one does not want to inflate the value of money.

5. Conclusion: The need for an open, democratic, and scientifically based discourse

Our final fifth specific question:

- **What conclusions can be drawn from a scientific point of view from previous efforts to assess the pandemic appropriately and then adequately in the sense of an optimized cost-benefit analysis - taking into account "survival" as the highest value - to react?**

The measures to combat the corona pandemic lead to enormous short-term and, in particular, long-term costs: In this respect, it is extremely important to intensively examine all measures taken or to be taken in the future with regard to their benefits and costs for society as a whole and to constantly question them.

“Let's just imagine how the pandemic would have gone if the state had acted as a precaution a year ago. [...] The hospitals were better equipped with material and, above all, with staff, production quickly switched to its own masks and filters, and all available research resources were put into broad vaccine production. In the summer schools and administrations were digitally overhauled, new findings about the infection process were widely discussed from a virological as well as psychological and social perspective. Companies had to adhere to mandatory hygiene measures and were supported in the transition to the home office or in the event of reduced production. Politicians communicated [...] transparently both the short-term and a medium-term plan to combat the pandemic” (Ines SCHWERDTNER, 2021).

Nothing like that happened.

“Instead, the end of our restrictions on freedom is still linked to the achievement of herd immunity through vaccinations. At the same time, we are warned of the unforeseeable developments in mutations. Who knows what mutations are still to come? [...] If Merkel's Corona course does not change, will we get our freedom back much later - or not at all?” (Jakob AUGSTEIN, 2021a).

- **We are now (May 2021) talking about "PRIVILEGES", which CAN be granted if we are vaccinated or at least tested. In the past, such privileges were FUNDAMENTAL RIGHTS of a free citizen.**

Whatever the future assessment of the corona pandemic and how long its diverse effects will still be felt:

For the enlightened citizen it is important for a meaningful discourse on this question and for all the considerations made so far **to question things and always think in terms of alternatives. The world and its problems are never just black or white.**

The scientist is in the tradition of the Enlightenment to look for truths about causalities via thesis and antithesis and - perhaps - to find them.

The focus of all these writings is always the responsibility towards the individual and society and the search for truth that can be objectified.

And this search definitely includes unrestricted freedom of expression that allows minor opinions and, if necessary, must refute or accept them in open discourse through clear arguments using objective facts.

An arbitrary removal (without a court order) of opinion contributions on social media such as Youtube, Facebook, Twitter and many more or their complete disregard in the mass media stands for legally certainty-free states without freedom of expression such as e.g. China, but by no means the supposedly free states of the West as in Europe in particular.

A free society should always orient itself to **VOLTAIRE**:

“Le droit de dire et d’imprimer ce que nous pensons est le droit de tout homme libre, dont on ne saurait le priver sans exercer la tyrannie la plus odieuse”:

“The right to say and print what we think is the right of every free person, which cannot be denied without exercising the most hideous tyranny”. (Quote from VOLTAIRE, from Chrétien-Guillaume de Lamoignon de MALESHERBES, 1814, p. 418.)

- So let's question our “reality” in general: in an open discourse based on scientifically founded facts and causalities.

And this is by no means only a responsibility for virologists, but also economists, lawyers and other experts.

Democratically legitimized, constitutional considerations of legal interests can protect against absolutist decisions out of fear or on the basis of totalitarian visions of a “virus-free society”.

The Basic Law does not recognize a “super fundamental right” of health that overshadows other fundamental rights, as the President of the German Parliament Dr. SCHÄUBLE (heavily criticized for this) stated (Helmut LASCHET, 2020). Playing off health and freedom rights against each other can be just as ineffective as human life against human rights (see Rolf GÖSSNER, 2020).

The causal chains underlying the corona crisis are extremely complex; politicians are well advised to repeatedly question their analyzes and measures at short intervals and to modify them if necessary.

This also at the price of having to admit, if necessary,

- on the one hand, possibly to have made a mistake in assessing the pandemic risk when weighing the opinion of purely medically thinking virologists with the resulting economic costs and social restrictions on our freedom, or,
- on the other hand, having typical hotspots too slackly analyzed and then checking them.

And we as citizens are urged to repeatedly critically question what information politics and the media deliver to us (on the internationally significant standard work on manipulation of and by media, see: Noam CHOMSKY, 1997).

Politicians in particular have to face up to this open discourse, since their decisions are based in almost all cases on well-organized lobbyists from a wide variety of interest groups - and, in the absence of their own expertise, ultimately have to orient themselves. It is obvious that there is a risk of massive manipulation of political decisions by various interest groups.

But - and not to forget - such a discourse also includes the obligation of the citizen to follow the restrictions considered necessary - and not to ignore their observance and thus effectiveness "behind closed doors". This is necessary not to bring the society into a position where any further restrictions that may become necessary will drive the political costs and the resulting economic and social restrictions into ever higher dimensions.

The article closes with a final word on the general danger of "totalitarian" beliefs, "doing the right thing": The dangerous thing about hygiene absolutism, as well as about totalitarianism in general, but also about the denial of facts, is not,

"[...] that evil intends to do evil, but that what is well-intentioned is excessively expanded until it finally devours everything else in society. The 'totally good' is also so dangerous because the totally good believe until the last moment that they are on the right side. They are completely blind to the insight that they have themselves to be limited – especially in their best intentions" (René SCHLOTT, 2020b).

Bibliography

(Last access to the internet sources on 15 June 2021)

1. Ärzte Zeitung, o. V. (2005): Influenza/Grippe: „Bei Grippe-Pandemie müssen viele Menschen beatmet werden“, in: Ärzte Zeitung, of March 21, 2005, <https://www.aerztezeitung.de/Medizin/Bei-Grippe-Pandemie-muessen-viele-Menschen-beatmet-werden-333082.html>.
2. **Ahammer, A.** (2020): Arbeitslosigkeit macht krank. Arbeitslose leiden nicht nur häufiger an physischen wie psychischen Krankheiten, auch das Umfeld ist betroffen, in: Der Standard, of June 23, 2020, <https://www.derstandard.de/story/2000118224715/arbeitslosigkeit-macht-krank>.
3. **Augstein, J.** (2020): Bizarre Blüten. Corona. Gesellschaft und Politik haben sich auf einen Pandemie-Absolutismus festgelegt. Das schadet am Ende mehr, als es nützt, in: der Freitag. Die Wochenzeitung, no. 18 of April 30, 2020, p. 1, <https://digital.freitag.de/1820/bizarre-blueten/>.

4. **Augstein, J.** (2021a): Das unerreichbare Ziel. Corona. Seit einem Jahr versucht Angela Merkel mit ihrem Kurs etwas, das sie nicht kann – und versäumt, was sie können müsste, in: *Der Freitag*, no. 13, of March 31, 2021, p. 1, <https://digital.freitag.de/1321/das-unerreichbare-ziel/>.
5. **Bendavid, E. / Bhattacharya, J. / Ioannidis, J. P. A. / Oh, Ch.** (2021): Assessing mandatory stay-at-home and business closure effects on the spread of COVID-19, in: *European Journal of Clinical Investigation*, of January 5, 2021, <https://onlinelibrary.wiley.com/doi/10.1111/eci.13484>.
6. **Brandt, M.** (2020): Corona-Krise. Deutschland hat vergleichsweise viele Intensivbetten, in: *Statista. Coronavirus und Covid-19*, of April 2, 2020, <https://de.statista.com/infografik/21318/ausstattung-mit-intensivbetten-im-vergleich/>.
7. Bundesministerium der Finanzen – Referat I A 5 (2020): Ergebnis der Steuerschätzung September 2020, https://www.bundesfinanzministerium.de/Content/DE/Standardartikel/Themen/Steuern/Steuerschaezungen_und_Steuer_einnahmen/Steuerschaezungen/2020-09-10-ergebnisse-158-sitzung-steuerschaezungen-dl.pdf?__blob=publicationFile&v=2.
8. **Chomsky, N.** (1997): *Media Control. The Spectacular Achievements of Propaganda.* Seven Stories Press, 1997.
9. Der Spiegel, o. V. (2021): Branchenverband warnt vor Massensterben bei Hotels und Gaststätten. Drei Viertel der Betriebe sind existenzbedroht: Vor einem Massensterben warnt der Hotel- und Gaststättenverband. Die zwangsgeschlossene Branche brauche endlich ausreichende Coronahilfen, in: *Der Spiegel*, of March 18, 2021, <https://www.spiegel.de/wirtschaft/dehoga-chef-guido-zoellick-warnt-vor-massensterben-bei-hotels-und-gastronomiebetrieben-a-892e7f25-ee0d-46eb-b53b-af84658301c1>.
10. Destatis (2020): Sterbefälle und Lebenserwartung. Sonderauswertung zu Sterbefallzahlen des Jahres 2020, of October 2, 2020, <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaelle-Lebenserwartung/sterbefallzahlen.html>.
11. Destatis (2021a): Sterbefälle und Lebenserwartung. Sonderauswertung zu Sterbefallzahlen der Jahre 2020/2021, as of March, 16, 2021, <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Bevoelkerung/Sterbefaelle-Lebenserwartung/sterbefallzahlen.html>.
12. Destatis (2021b): Sterbefallzahlen und Übersterblichkeit, January 8, 2021, <https://www.destatis.de/DE/Themen/Querschnitt/Corona/Gesellschaft/bevoelkerung-sterbefaelle.html>.
13. DGKG, 2007: Krank im Krankenhaus, https://www.krankenhaushygiene.de/pdfdata/krank_im_krankenhaus2007.pdf.

14. **Eibner, W.** (2021): Volkswirtschaft und Wirtschaftspolitik. Volume 1: Grundlagen unserer Volkswirtschaft and Volume 2: Wirtschaftspolitik; both volumes also as Kindle E-Book, 2. edition 2021 und epubli print, Stuttgart 2021.
15. **Eisenhower, D. D.** (1961): Farewell Address to the Nation of January 17, 1961, <https://www.youtube.com/watch?v=CwSk5Jqoadk>.
16. Finanznachrichten (2020): IW: November-Lockdown kostet rund 600.000 Jobs, in: FinanzNachrichten.de, of November 1, 2020, <https://www.finanznachrichten.de/nachrichten-2020-11/51114894-iw-november-lockdown-kostet-rund-600-000-jobs-003.htm>.
17. Foodfibel (2021): Gesundheit im Jahr 2021, in: Foodfibel Newsletter, <https://www.foodfibel.news/gesundheit-im-jahr-2021/>.
18. **Frank, A.** (2021): Maßlos maßhalten, in: Der Freitag, no. 10, of March 11, 2021, p. 17, <https://digital.freitag.de/1021/masslos-masshalten/>.
19. **Fricke, A.** (2017): Personalmangel. Krankenhäusern gehen die Intensivpflegekräfte aus. Auf deutschen Intensivstationen fehlen mehr als 3000 Spezialpflegekräfte, in: Ärzte Zeitung, of July 26, 2017, <https://www.aerztezeitung.de/Politik/Krankenhaeusern-gehen-die-Intensivpflegekraefte-aus-300015.html>.
20. **Frühbis, M.** (2020): Zu hohe Sterblichkeit durch Intubation: Frühe künstliche Beatmung ist größter Fehler im Kampf gegen Corona, in: Salzgrotte Bürstadt, Corona Infos of December 28, 2020, <https://salzgrotte-buerstadt.de/corona-infos/zu-hohe-sterblichkeit-durch-intubationlungenarzt-fruehe-kuenstliche-beatmung-ist-groesster-fehler-im-kampf-gegen-corona/>.
21. **Giuffrid, A.** (2021): Italy ‘mised WHO on pandemic readiness’ weeks before Covid outbreak. Preparations not reviewed since 2006 but self-reporting in February 2020 claimed they were at highest level, in: The Guardian, of February 22, 2021, <https://www.theguardian.com/world/2021/feb/22/italy-mised-who-on-pandemic-readiness-weeks-before-covid-outbreak>.
22. **Gössner, R.** (2020): Durchregieren per Dekret. Corona-Krise. Die parlamentarische Demokratie befindet sich im Ausnahmezustand. Das muss sich ändern. Die Novelle des Infektionsschutzgesetzes ist da keine gute Nachricht, in: Der Freitag, no. 47, of November 19, 2020, p. 4, <https://www.freitag.de/autoren/der-freitag/durchregieren-per-dekret>.
23. **Grewenig, E. / Lergetporer, Ph. / Werner, K. / Woessmann, L. / Zierow, L.** (2020): COVID-19 and Educational Inequality: How School Closures Affect Low- and High-Achieving Students, in: CESifo Working Paper, no. 8648 of October 2020, Munich 2020, <https://www.cesifo.org/de/publikationen/2020/work-ing-paper/covid-19-and-educational-inequality-how-school-closures-affect-low>.
24. **Grigoriev, P / Scholz, R. / Shkolnikov, V. M.** (2019): Socioeconomic differences in mortality among 27 economically active Germans: a cross-sectional analysis of

- the German Pension Fund data, in: BMJ Open 2019, <http://dx.doi.org/10.1136/bmjopen-2018-028001>.
25. Hans-Böckler-Stiftung (2021): Arbeitsbedingungen in der Pflege. In Deutschland herrscht schon seit Jahren Pflegenotstand. Und auch wenn sich das Gesundheitssystem in Deutschland während der Corona-Krise bisher besser aufgestellt präsentiert als viele im Ausland, sollte klar sein: Mit Lob und minutenlangem Klatschen allein ist es nicht getan, <https://www.boeckler.de/de/auf-einen-blick-17945-zahlen-und-studien-zum-pflegenotstand-und-wege-hinaus-17962.htm>.
 26. **Ioannidis, J. P. A.** (2020): Infection fatality rate of COVID-19 inferred from seroprevalence data, in: WHO, Bulletin of the World Health Organization; Type: Research Article ID: BLT.20.265892, https://www.who.int/bulletin/online_first/BLT.20.265892.pdf.
 27. **Jamison, P.** (2020): A top scientist questioned virus lockdowns on Fox News. The backlash was fierce, in: The Washington Post, of December 13, 2020, <https://www.washingtonpost.com/dc-md-va/2020/12/16/john-ioannidis-coronavirus-lockdowns-fox-news/>.
 28. **Janson, M.** (2021): Pandemie-Opfer. 89% der Corona-Toten waren im Alter 70+, in: Statista, of March 25, 2021, <https://de.statista.com/infografik/23756/gesamtzahl-der-todesfaelle-im-zusammenhang-mit-dem-coronavirus-in-deutschland-nach-alter/>.
 29. Johns Hopkins University of Medicine (2021): Coronavirus Resource Center: Mortality Analyses, <https://coronavirus.jhu.edu/data/mortality>.
 30. **Koch, H.** (2020): Ethikrätin Graumann zu Maßnahmen: „Furcht vor dem Kontrollverlust“ Warum gibt es bei 11.000 Coronatoten einen Lockdown, während 25.000 Grippe-Opfer und 30.000 Sterbefälle durch Raucherkrebs in Kauf genommen werden? In: TAZ, of November 15, 2020, <https://taz.de/Ethikraetin-Graumann-zu-Massnahmen!/5726067/>.
 31. **Laschet, H.** (2020): Gesundheit ist kein absolutes Grundrecht, in: Ärzte Zeitung, of May, 27, 2020, <https://www.aerztezeitung.de/Politik/Gesundheit-ist-kein-absolutes-Grundrecht-409810.html>.
 32. **Letizia, A. / Ramos, I. / Obla, A.** et al. (2020): SARS-CoV-2 Transmission among Marine Recruits during Quarantine, in: The New England Journal of Medicine, of December 17, 2020, <https://www.nejm.org/doi/full/10.1056/NEJMoa2029717>.
 33. **Lindenblatt, R.** (2020): Die Schulausfälle werden Billionen Euro kosten, in: Capital, of December 6, 2020, <https://www.capital.de/wirtschaft-politik/die-schulausfaelle-werden-billionen-euro-kosten>.
 34. de Malesherbes, Chrétien-Guillaume de Lamoignon: Mémoire sur la liberté de la presse, Paris, edition of 1814.

35. **Mandavilli, A.** (2020): Your Coronavirus Test Is Positive. Maybe It Shouldn't Be, in: New York Times, of August 29, 2020, update of September 9, 2020, <https://www.nytimes.com/2020/08/29/health/coronavirus-testing.html>.
36. **Miller, L. J. / Lu, W.** (2020): Asia Trounces U.S. in Health-Efficiency Index Amid Pandemic, in: Bloomberg News, of December 18, 2020, <https://www.bloomberg.com/news/articles/2020-12-18/asia-trounces-u-s-in-health-efficiency-index-amid-pandemic>.
37. **Nies, V.** (2020): „Werkzeug zur Panikmache“. Kritik am Corona-Lockdown: Anwalt Reiner Füllmich greift Virologen Drosten und RKI-Chef Wieler scharf an, in: Fuldaer Zeitung, of November 22, 2020, <https://www.fuldaerzeitung.de/fulda/corona-luege-reiner-fuellmich-klage-christian-drosten-virologe-lothar-wieler-goettingen-90096522.html>.
38. **Piketty, Th.** (2013/2014): Le Capital au XXIe siècle, french original edition 2013; Capital in the Twenty-First Century, Harvard University Press 2014.
39. **Piketty, Th.** (2020): Capital et Idéologie, french original edition 2020, Capital and Ideology, Harvard University Press 2020.
40. Reimbursement Institute (2020): Anzahl Krankenhausbetten in Deutschland, <https://reimbursement.institute/wp-content/uploads/Anzahl-Krankenhausbetten-in-Deutschland.png>.
41. **Reiss, K. / Bhakdi, p.** (2020): Corona Fehlalarm? Zahlen, Daten und Hintergründe, Goldegg Verlag, Berlin 2020.
42. REMAP-CAP (2020): Randomized, Embedded, Multifactorial Adaptive Platform trial for Community-Acquired Pneumonia. COVID-19 Antiviral Therapy Domain-Specific Appendix Version 2.0 dated April 1, 2020, https://static1.squarespace.com/static/5cde3c7d9a69340001d79ffe/t/5ea3fd83f222897b8d528195/1587805583231/REMAP-CAP+-+COVID-19+Antiviral+Domain-Specific+Appendix+V2.0+-+01+April+2020_WM.pdf.
43. Reuters (2021): Virus-Ticker-Städtebund – „Befürchtung, dass wir Innenstädte nicht mehr wiedererkennen“, in: msn Finanzen, of March 31, 2021, <https://www.msn.com/de-de/finanzen/top-stories/virus-ticker-st%C3%A4dtebund-bef%C3%BCrchtung-dass-wir-innenst%C3%A4dte-nicht-mehr-wiedererkennen/ar-BB1f8v9q?ocid=uxbndlbing>.
44. Robert Koch-Institut (2014): Soziale Unterschiede in der Mortalität und Lebenserwartung, in: GBE Kompakt, Zahlen und Trends aus der Gesundheitsberichterstattung des Bundes, 2/2014, https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GBEDownloadsK/2014_2_soziale_unterschiede.pdf?__blob=publicationFile.
45. Robert Koch-Institut (2021): Täglicher Lagebericht des RKI zur Coronavirus-Krankheit-2019 (COVID-19) of March 11, 2021: Zusammenfassung der aktuellen

Lage,https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/Situationsberichte/Maerz_2021/2021-03-11-de.pdf?__blob=publicationFile.

46. **Schlott, R.** (2020a): Corona, anders gesehen, in: Der Freitag, no. 32, of August 6, 2020, p. 13, <https://www.freitag.de/autoren/der-freitag/corona-anders-gesehen>.
47. **Schlott, R.** (2020b): Verschobene Grenzen. Corona. Die Politik ist blind für die Einsicht, dass sie sich selbst begrenzen muss. Immer öfter erliegt sie der autoritären Versuchung, in: Der Freitag, no. 37, of September 10, 2020, p. 1, <https://www.freitag.de/autoren/der-freitag/verschobene-grenzen>.
48. **Schmidtutz, Th.** (2021): Immer mehr Ketten verkleinern sich. Douglas, MediaMarkt-Saturn, Esprit: Alarm in den Innenstädten - 120.000 Läden stehen vor dem Aus, in: Merkur.de, of April 10, 2021, <https://www.merkur.de/wirtschaft/mediamarkt-saturn-douglas-esprit-studie-handel-innenstaedte-deutschland-genth-90291617.html>.
49. **Schwager, Ch.** (2021): Krankenhaus-Sterben. Kliniken werden geschlossen, obwohl das Gesundheitssystem vor dem Kollaps steht. Deutschland, 2020: Während der Corona-Pandemie gehen 21 Krankenhäuser of Netz. In diesem Jahr folgen weitere. Wie kann das sein? In: Berliner Zeitung, of January 22, 2021, <https://www.berliner-zeitung.de/gesundheits-oekologie/kliniken-werden-geschlossen-obwohl-das-gesundheitssystem-vor-dem-kollaps-steht-li.132283>.
50. **Schwerdtner, I.** (2021): Sorge, Staat, sorge! Deutschland taumelt in die dritte Welle, manche sprechen von Staatsversagen. Aber die Misere reicht tiefer: 30 Jahre Neoliberalismus verhindern vorausschauende Politik, in: Der Freitag, no. 13, of March 31, 2021, p. 6, <https://digital.freitag.de/1321/sorge-staat-sorge/>.
51. Statista (2021a): Anzahl der Kurzarbeiter in Deutschland von 1991 bis 2019 (Jahresdurchschnittswerte) und in den Monaten von Januar 2020 bis Januar 2021, <https://de.statista.com/statistik/daten/studie/2603/umfrage/entwicklung-des-bestands-an-kurzarbeitern/>.
52. Statista (2021b): Arbeitslosenzahl in Deutschland von Februar 2020 bis Februar 2021, <https://de.statista.com/statistik/daten/studie/1319/umfrage/aktuelle-arbeitslosenzahl-in-deutschland-monatsdurchschnittswerte/>.
53. Statista (2021c): Todesfälle mit Coronavirus (COVID-19) in Deutschland nach Alter und Geschlecht (as of March 16, 2021), <https://de.statista.com/statistik/daten/studie/1104173/umfrage/todesfaelle-aufgrund-des-coronavirus-in-deutschland-nach-geschlecht/>.
54. Tagesschau (2021): Trotz Corona: Deutsche Kliniken lagern immer mehr Personal aus: Tagesschau.de, of April 5, 2021, <https://www.tagesschau.de/newsticker/liveblog-coronavirus-montag-189.html#Trotz-Corona-Deutsche-Kliniken-lagern-immer-mehr-Personal-aus>.
55. **von Hayek, F. A.** (1979): The Constitution of Liberty, 29. edition, Abingdon, OX. 1979.

56. **von Hayek, F. A.** (1944): *The Road to Serfdom*, 1. edition, Abingdon, OX. 1944.
57. **Wang, X. / Yao, H. / Xing, X. / Zhang, P. / Zhang, M. / Shao, J. / Yanqun Xiao, Y. / Wang, H.** (2020): Limits of Detection of 6 Approved RT-PCR Kits for the Novel SARS-Coronavirus-2 (SARS-CoV-2), in: *Clinical Chemistry*, volume 66, no. 7, July 2020, pp. 977-979, <https://academic.oup.com/clinchem/article/66/7/977/5819547>.