

Income losses due to the covid pandemic and the benefits of the welfare state

– The situation in Germany

Gerhard Bäcker(University of Duisburg–Essen)

The ongoing Covid 19 pandemic poses major challenges for the German welfare state. The first task is to protect those who have contracted covid and are unable to work with regard to their medical care and the resulting loss of income. Continued payment of wages and subsequent sick pay offer reliable protection here. However, it is also a matter of making compensation payments to those who have lost their jobs due to the economic slump or who are bridging the crisis through short–time work. In addition, there is the need to compensate for loss of income in the event of imposed quarantine. In summary, the social security system has passed this test well. This has been helped by the temporary extension of many social benefits. And new benefits have been added as part of the Infection Protection Act. However, there are deficits in the protection of the self–employed, especially the solo self–employed.

The current problem is whether and how the unvaccinated can be urged to be vaccinated by excluding them from certain benefits.

1. Health, economic and social Consequences of covid 19.

Covid19 also hit Germany hard - and still the pandemic is not over. In the fall of 2021, another wave will sweep the republic, and infection rates and hospital admissions will rise again. However, the health problems are less threatening than they were a year ago. The

now high rate of fully vaccinated individuals and the government's extensive countermeasures have helped prevent the worst.

The (few) available data and trends on the health consequences can be named in key words (cf. Destatis 2021, p. 483 ff.; RKI 2021; BMWI 2021)

- By the end of October 2021, a total of around 4.5 million infected persons had been registered by the health authorities, with the number of unregistered persons estimated to be significantly higher. The average age of those affected is around 40 years.
- The 7-day incidence per 100,000 population averaged across the country peaked at 190 at the end of December 2020. In May 2021, the 7-day incidence was 165, and in October 2021, it was 125. These averages mask the fact that individual regions and cities were and are much more severely affected.
- By the end of October 2021, nearly 100,000 deaths from and with Corona had been recorded. This corresponds to 114 persons per 100,000 inhabitants.
- It is not known whether and to what extent the total number of infected persons has actually shown or is showing symptoms of the disease. The data also do not indicate the proportion of infected persons who received outpatient medical treatment.
- The hospitalization rate, i.e., the number of covid patients admitted to hospitals per 1000,000 population (in normal and intensive care units), reached its maximum of 15 in December 2020. A state of missing intensive care beds was avoided.
- What is not known is the number of people who have been ordered into home-based quarantine for suspected or actual infection and the age structure and employment status of those affected.

In order to prevent the virus from spreading even more unchecked, far-reaching restrictions have been imposed on economic, social and civic life since March 2020. These include, in particular, the multiple and in some cases prolonged lockdown in large areas of the service sector, the closure of kindergartens and schools, the restriction of the population's mobility and the relocation of desk jobs to a home office. As a result of these

measures, which have since been largely lifted, there has been a harsh economic setback, with gross domestic product falling by 3.7% in 2020 and only a slow recovery in 2021. This is exacerbated by the distortions in international trade relations, which are leading to delivery difficulties and production losses for large sections of industry.

A comparison of Germany's economic data with those of other EU countries shows that the decline in GDP has still been quite modest. This is mainly due to the fact that the German welfare state proved its worth to an extraordinary degree during the crisis, stabilizing overall economic demand and preventing social emergencies (cf. Aust/Rock 2021, p. 262 ff.). The social safety net has not only held up, but has been considerably extended during the crisis. Worth mentioning here is, above all, the massive expansion of short-time work. This has prevented a steep rise in unemployment and safeguarded companies' staffing levels.

In 2020, an average of almost 2.9 million employees were on short-time work and received short-time allowances (Herzog-Stein et al 2021). During short-time work, the employment relationship remains in place, but working hours are reduced (in extreme cases to as much as 100% = short-time work zero). The lost wages are replaced by a short-time allowance of 60% of the net wage, financed by unemployment insurance. If those affected have children, the replacement rate increases to 67%. In order to limit the loss of income for employees who have been on short-time working for months, a special temporary regulation has increased the replacement rates to 70% (77% with children) from the fourth month and to 80% (87%) from the seventh month (limited until the end of 2021).

To protect the population on a social level, however, bonus payments were made to families and low-income households, the regulations governing basic benefits were relaxed and their benefits increased, and value-added tax was temporarily reduced. Finally, companies and the self-employed have been supported by generous economic aid, so that there have been no large-scale insolvencies. All in all, it can be concluded in an interim conclusion that the social consequences of the Covid19 pandemic have been at least

partially compensated or cushioned, so that a drastic economic slump could be avoided by stabilizing private consumption. The combination of falling tax and contribution revenues on the one hand and significant additional spending by the federal, state and local governments and the social security systems on the other has inevitably opened up deep holes in public budgets (Klemm/Knieps 2021, 67 ff.). Maintaining the solvency of unemployment insurance in particular, and also of statutory health insurance, was only possible by topping up the budgets of these contribution-financed insurance branches with taxpayers' money. A massive increase in the federal government's net new debt was therefore inevitable and economically imperative (cf. Roßbach 2021, p. 1 ff.).

2. Financial protection in case of covid-related loss of income.

This paper focuses on the question of how the German welfare state protects those employees who are unable to work due to covid infection and/or covid illness and/or the imposition of a quarantine, and who accordingly do not receive regular employment income for a shorter or even longer period of time. For this group of people, too, it is evident that the social benefit system in Germany provides satisfactory coverage overall. With one central exception, there are no demands for benefit improvements and/or far-reaching reforms. This exception concerns the basic structure of the German social security system: Characterized by the orientation solely toward dependent employees, which has been a common thread from Bismarck's social reforms to the current situation, the self-employed remain largely unprotected. They have to take out voluntary private insurance, which in practice leads to considerable problems and gaps in coverage. Overall, the covid pandemic has made it clear, as if through a burning glass, that this traditional orientation has long since ceased to correspond to the reality of working life and needs to be reformed in the direction of a citizens' insurance scheme covering all employees (cf. Bäcker/Naegele/Bispinck 2020, p. 754 ff.).

For a better understanding of income protection for dependent employees, a distinction

must be made between different case constellations:

- (1) Employees who are sick with Covid-19 and incapacitated for work and are treated and cared for as outpatients or inpatients.
- (2) Employees who are infected but not incapacitated for work, but who must remain at home because of the risk of infection.
- (3) Employees who are suspected of possibly being infected or ill, but who must stay home because of the risk of infection.
- (4) Workers who have to interrupt their work because daycare centers and schools are closed as a result of the pandemic and children have to be cared for at home.

Case (1) has no Covid-specific features; it is a general problem of how to secure income in the event of an inability to work due to illness. In Germany, compensation for loss of income is provided by a two-tiered system.

- Continued payment of remuneration in the event of illness as an employer benefit for a maximum of six weeks of incapacity for work
- Follow-up payment of sick pay by the statutory health insurance for a longer period of incapacity for work.
- And when children become ill, whether from covid or other diseases, parents who interrupt their work are entitled to children's sick pay.

In cases (2) and (3), state health departments impose a quarantine of up to a maximum of 20 days to prevent the spread of the virus. Also in case (1), the hospital or home may be left only if recovery is proven. Financial protection in cases (2) and (3) is the responsibility of a special state compensation payment, which is regulated in the Infection Protection Act.

In case (4), parents also receive a state compensation benefit.

3. Continued payment of wages in the event of illness

In principle, employees who fall sick retain their job despite their incapacity for work. This regulation applies to all dependent employees, regardless of the type of employment

contract and employment relationship. Self-employed persons, however, are not covered by law (with a few exceptions); they must make private provision.

If employees become incapable of work due to sickness, irrespective of the cause, the employer must continue to pay their full salary for the first six weeks they are off work (cf. BMAS 2020a, p. 80 ff.; Schewe 2021, p. 15 ff.). As with normal pay, taxes and social security contributions must be paid on continued payment. It is therefore a gross entitlement.

Anyone contracting a “new” and different disease is entitled to have his or her salary paid for a further six weeks. The entitlement applies to all employees regardless of working time and extends to periods of rehabilitation. However, the employment relationship has to have lasted four weeks without interruptions before employees are entitled to receive full pay when sick.

Employees are obliged to immediately inform their employer of any sickness requiring an absence from work and the likely duration of this absence. If the incapacity lasts for more than three calendar days, employees are obliged to submit a medical certificate to the employer.

All employees are eligible. Length of job tenure is irrelevant; this also includes temporary employees, temporary workers and mini-jobbers (employees with a monthly income of less than 450 euros). If the employment contract ends, the continued payment of remuneration also ends. Only for short-term temporary workers, whose employment is for a total of less than 4 weeks, the Continuation of Wage Payments Act does not generally provide for continued payment of wages in the event of illness.

Incapacity for work exists if an employee is unable to do the work required in their last occupation or an occupation of a similar nature due to their state of health, or if this is possible only at the risk of aggravating the illness. Incapacity for work also exists if an employee is unable to undertake all the tasks required of them. There is no such thing as partial incapacity for work.

The certificate of incapacity for work is always based solely on the doctor’s prognosis. If

the employee feels able to return to work sooner, he or she may resume work even before the the sick leave certificate has expired. In Germany, insured persons are free to choose which doctor to consult. There are no assignments to specific physicians.

Continued payment of wages is limited to a maximum of six weeks. If an employee repeatedly falls ill with the same illness within twelve months (calculated from the start of the first illness), these days of illness are added up until the six weeks are reached. However, if the employee becomes incapacitated for work due to different illnesses contracted consecutively, then there is an entitlement to up to six weeks for each case of illness. If someone recovers after six weeks and returns to work, but then calls in sick again for another reason, he or she is again entitled to continued payment of wages for up to six weeks.

Self-employed persons do not work for a company, but work for their own account and live off their profits. In this respect, they are naturally not entitled to continued payment of wages in the event of illness. They must take out private health insurance. There is no obligation to take out private daily sickness benefits insurance. This also applies to the growing group of solo self-employed.

In practice, it is difficult to distinguish between actual self-employment and bogus self-employment. Bogus self-employment occurs when a person provides independent services or work for an external company according to the underlying contract, but actually performs non-self-employed work in an employment relationship. If bogus self-employment is established and confirmed by the courts, then the company for which the person in question works is obliged to continue paying wages in the event of illness.

4. Sick pay

Sick pay is a wage replacement benefit paid by the (SHI) statutory health insurance scheme in the event of incapacity for work due to illness (cf. BMAS 2020 b, p. 229 ff.). As a rule, it is paid after the employer has continued to pay wages Entitlement begins at the start of the insurance and from the day on which a doctor has determined that the person is

unable to work. There are no waiting periods. However, if the employment relationship has been in existence for no more than ten weeks, there is no entitlement to sick pay.

Anyone who is treated as an inpatient in a hospital, preventive care or rehabilitation facility at the expense of the health insurance fund is also entitled to sick pay even if they are not incapacitated for work. In the event of an accident at work, the statutory accident insurance is responsible for paying an injury benefit.

In Germany, the system of social security in the event of illness is characterized by the insurance principle. One particular feature that sets it apart from other European countries is the coexistence of statutory and private health insurance schemes (cf. Bäcker/Naegele/Bispinck 2020, p. 671 ff.). According to Social Code Book V (Sozialgesetzbuch, SGB V), anyone living in Germany must be covered by either the statutory or private health insurance systems (compulsory insurance). In 2019 around 73 million people were insured under the statutory social health insurance scheme (SHI). 8.9 million have the opportunity to be a member of a private health insurance scheme.

Only those insured under the statutory scheme are entitled to sickness benefits. In private health insurance, an additional (and expensive) contract for daily sickness benefits can be taken out on a voluntary basis.

Employees who earn less than 450 euros per month (so-called mini-jobbers) cannot receive sick pay, as they are not subject to compulsory insurance. The majority of these are married women. In the event of illness, they are covered by their spouse's insurance. They have a derivative right to the full range of SHI benefits - but not sick pay. However, they are entitled to continued payment of wages (see above)!

Special conditions apply to employees who exceed the above-mentioned income limit (compulsory insurance limit). If they insure themselves through a private health insurance scheme, they are not entitled to sickness benefits under the law. If they voluntarily insure themselves in the SHI scheme, they are entitled to sickness benefits.

Since self-employed persons (with some exceptions) are not members of the SHI, they

also do not receive sick pay in the event of illness. They can take out private daily sickness benefit insurance but are not required to do so.

The sick pay rate is 70 per cent of the regular gross wage but no more than 90 per cent of the net income. As a result of the income threshold, the maximum amount of sickness benefit is 113 euros a day (2021), or around 3,386 euros gross per month. Sickness benefit can be topped up by employers if this is provided for in collective agreements, as is the case for public-sector employees.

Sickness benefit can be drawn for 78 weeks within a three-year period for the same illness. Individual periods are added together. If a different illness is diagnosed during a period of incapacity for work, the payment of sickness benefits is not extended. Individuals who are no longer able to do their jobs because of illness have to claim other benefits. They can apply for a reduced earning capacity pension or a special form of unemployment benefit.

As described above, the incapacity for work certificate is issued following a doctor's assessment that the employee's state of health renders them unable to work in their previous occupation or one of a similar nature or that they can do so only at risk of aggravating the illness.

5. Sickness benefit in case of a child's illness

When children fall ill and need to be looked after, the problem arises as to who will take on this task. If a sick child cannot be cared for by relatives or caregivers, then - if both parents are employed - one parent must take a break from work. If employees are members of the SHI scheme, they are entitled to time off work and to sickness benefit paid by the SHI.

The following conditions must be met: The child must be under twelve years of age (no age limit for disabled children). The parents and the child must be covered by the compulsory health insurance scheme. There is no person in the household who can take on the task. A medical certificate issued by a pediatrician confirming the child's need for care

must be submitted as soon as possible (at best on the 1st day of illness)

Employees who have private insurance are not entitled to child sickness benefit. They may take out appropriate supplementary insurance.

Children's sick pay is a temporary benefit: Both parents are entitled to be released from work for 10 working days per calendar year. If there are several children, the possible days off per parent increase to a maximum of 25 working days per year. Single mothers or fathers are entitled to a total of 20 days' paid time off; if there are several children, the entitlement increases to a maximum of 50 working days per calendar year.

The amount of children's sick pay is 90% of the net earnings lost. Employee contributions to the statutory social insurance schemes (pension insurance, unemployment insurance, nursing care insurance - but not health insurance) are deducted from this amount.

If the child is 12 years and older, there is no statutory entitlement to time off or children's sick pay. If these children need care, nevertheless, and one parent has to take time off work, then an individual solution must be found. Unpaid leave of absence can be agreed with the employer or vacation days must be used. Problems arise when the parents concerned call in sick themselves. If no medical certificate is available, the employer can issue a notice of termination of employment.

It is also possible for a parent to switch from a full-time job to a part-time job. Employees are entitled to an (unpaid) reduction in their working hours if the company employs more than 15 people. The employer may only refuse this in exceptional cases if operational reasons prevent this. A legal entitlement to a temporary switch to part-time work with a right to return to full-time work (bridge part-time) has existed only since 2019, but the employer must employ at least 45 employees and the duration of the bridge part-time must be at least one year and no more than five years.

6. Income compensation for isolated workers or for caring parents.

Employees who are subject to an officially ordered quarantine but are not sick and

incapacitated for work receive full, tax-financed income compensation under a special law aimed at protecting against infection (Infection Protection Act).

The amount of the benefit is equal to continued pay, paid by the employer, who in turn is reimbursed from tax funds. This applies to employees who have not tested positive but must be quarantined as a precaution, as well as employees who are infected but have no symptoms. This does not apply to individuals who voluntarily enter quarantine without an official order. From the seventh week onwards, workers receive compensation equivalent to sick pay, financed not by the statutory health insurance scheme but out of general taxation.

Persons who are isolated but not incapacitated continue to work in the home office during quarantine, and the employer must pay regular wages. This does not apply to the large number of those employees who cannot work from home (factory workers, transport and logistics workers, etc.). They receive income compensation under the Infection Protection Act.

These income replacement benefits have been expanded since the beginning of the Corona crisis. The Federal Government and the parliament adopted a number of special regulations at the beginning of 2020 and extended them several times. They are expected to last until December 2021.

- If schools and daycare centers are closed due to the pandemic, working parents who have to care for their children at home and cannot work because of this will receive income compensation under the Infection Protection Act. The compensation amounts to 67 percent of the monthly net income - a maximum of 2,016 euros and limited to a maximum of ten weeks (for single parents it is up to 20 weeks). Payment is made by the employer, who receives reimbursement from the relevant authority. The prerequisite is that care cannot be provided elsewhere for children under the age of 12 and flexitime or overtime credits have been exhausted (limited until 31.12.2021).
- If the child is ill, regardless of the type of disease, parents can apply for 40 instead of 10 days of sickness benefit in case of illness of a child per child and parent until Dec. 31,

2021 (max. 65 days in total). Single parents are entitled to 60 days per year, with a maximum of 130 days in the case of several children. All legally insured working parents who are themselves entitled to sickness benefits are eligible.

7. Incapacity for work and sick leave under covid conditions

The available initial data indicate that the pandemic has greatly increased spending in the health care system. This mainly relates to the treatment and care of (seriously) ill patients in hospitals, as well as the costs of PCR tests, rapid tests, masks and, above all, the costs of the vaccination campaign.

It was feared that as a result of the high number of infected and sick people, the sickness rate of employees had also increased (cf. Bäcker 2021). However, the opposite is the case: the available data indicate that the number and proportion of employees who were incapacitated for work overall due to illness have declined: Compared to 2019 (4.4%), sick leave averaged 4.3% in 2020. And for the first half of 2021, the average value is expected to be 3.8% (BMG 2021).

The reasons for this decline are manifold and cannot yet be conclusively assessed:

- Quite decisively, it is obvious that the (viral) colds and flu infections that are otherwise common in the cold season have hardly occurred as a result of widespread compliance with the so-called AHA regulations (keep your distance, observe hygiene, and wear everyday masks) and the restriction of public life and mobility.
- The spread of home office activities has also led to fewer and shorter social contacts and thus to a decline in respiratory and similar infectious diseases. Between January and June 2021, there was a requirement for companies to offer home office work where possible (cf. Ifo/Infas 2021). In addition, employees who work in a home office report sick less frequently or less quickly in the case of minor illnesses (certificate of incapacity to work issued by a doctor): the often long journey to and from the workplace is no longer necessary and it is easier to take a cure despite continuing to work at home.

- In the meantime, in order to avoid full waiting rooms at doctors' offices, it has even been made easier to issue a certificate of incapacity for work in the event of cold symptoms: one telephone contact with the doctor was sufficient for this purpose. After the telephone conversation, the doctor may issue a certificate of incapacity for work for seven days and, if necessary, extend it for another seven days.
- It can also be assumed that the reduced working hours as a result of the greatly expanded short-time work (up to zero short-time work) mean that the work-related stresses and strains for some activities are reduced.
- Employees who have been sent into quarantine but have no infection or are symptom-free infected are not considered to be unable to work due to illness and are accordingly not recorded in the sick leave statistics.

These general trends conceal differentiated findings that still need to be analyzed in more detail in research (Meyer et al.; p. 522 ff.). It can be assumed, for example, that employees in the nursing professions in particular will be exposed to greater health risks during the pandemic. It is also to be expected that mental illnesses, which have become increasingly significant anyway, have gained even more weight (cf. Waltersbacher et al., p 67 ff.).

8. Protection of the self-employed

As mentioned above, the benefits of continued remuneration and sick pay in the event of a Covid illness relate solely to dependent employees. With a few exceptions, self-employed persons are excluded from this, as they are not members of the statutory health insurance and also do not have an "employer". They are, however, subject to the obligation to take out private insurance. As part of this private insurance, they have the option, but not the obligation, to take out additional insurance for loss of income due to illness (daily sickness allowance).

What happens if self-employed persons are not allowed to work due to a suspected infection/quarantine, or for self-employed persons who have to take care of their children

due to daycare or school closures and therefore cannot work? For the first six weeks, the Infection Protection Act provides compensation in the amount of the loss of earnings. This is based on the earnings determined in the tax assessment. From the beginning of the seventh week, compensation is granted in the amount of 67 percent of the loss of earnings incurred by the employed person; for a full month, a maximum amount of 2,016 euros is granted.

A fundamentally different problem arises if, due to the Corona crisis, businesses are affected by the lockdown or suffer significant losses in sales as a result of the contact restrictions. In these cases, the companies receive economic aid or bridging aid from the state on application in order to prevent insolvencies and business closures. This applies to companies, solo self-employed persons and freelancers for covering fixed operating costs from a drop in sales of 30 percent - according to the current legal situation, limited until March 31, 2022. The state has spent more than 140 billion euros on this so far. The exact regulations, because they are complicated, cannot be presented here. What is important, however, is that it is about maintaining the business, not about protecting the personal income of affected self-employed persons (this distinction does not apply to solo self-employed persons, of course). In the German welfare state, income risks of the self-employed are not covered by the social security system. They are not entitled to unemployment benefits or short-time allowances, but are ultimately referred to basic security, which, however, only provides benefits if indigence exists, if income and assets (in the context of the private household) have been used beforehand.

9. Vaccination status and income replacement services

There is no mandatory vaccination in Germany. Although the vaccination campaign got off to a slow start at the beginning of 2021, around 67 percent of the population (aged 12 and over) is now (end of October 2021) fully vaccinated. However, this also means that one-third of the population is not yet vaccinated. The reasons for the resistance to being

vaccinated are manifold and cannot be analyzed here. Since appeals and campaigns have so far had only a limited effect, attempts are being made - to an increasing extent - to increase the vaccination rate by indirect means (“mandatory vaccination through the back door”). This includes making access to public buildings and facilities, restaurants, bars, sports venues, events, etc. only possible with electronic proof of vaccination. And starting in November 2021, unvaccinated people for whom a quarantine is ordered will no longer receive compensation for their lost earnings. However, this does not apply to unvaccinated people who fall ill. The principle that entitlement to continued payment of wages and sick pay applies regardless of the nature and cause of the illness will not be affected.

10. A current supplement

At the time of writing this article, it was not known, that the former statements „the worst has been prevented“ and „high rate of fully vaccinated individuals“ are by no means true these days. Germany is in the midst of a fourth covid wave, which is more severe than ever before: The incidences in mid-December are on national average about 500, in some regions even more than 2000. The hospitalization rate is increasing. More and more hospitals are reaching the limits of their capacity, there is a lack of beds (in the intensive care units) and at the same time of staff. Politicians reacted too late, although the vaccination rate stagnated at about 63% of the population for several weeks. Since mid November, severe restrictions have been imposed again:

- Reintroduction of the general mask obligation
- Access restrictions in the public facilities (hospitality, events, trains, authorities etc.) for vaccinated, recovered, and daily tested only
- No general vaccination requirement yet, but for certain professions
- In particularly affected regions, reintroduction of lockdowns in wide areas of the service sector and nighttime curfews for nonvaccinated persons
- Obligation to work from home (if operationally possible)

In essence, the aim is again to reduce contacts between people as far as possible in order to limit the spread of the virus. And above all, the aim is to increase the vaccination rate, both for booster vaccinations and for first-time vaccinations.

It is foreseeable that compulsory vaccination for the entire population will be introduced in the spring of 2022. Until then, massive pressure will be exerted on the unvaccinated:

- No compensation payments in the event of an imposed quarantine.
- Access to work only with vaccinated, recovered and daily tests; the unvaccinated who do not submit a test, will not be paid.
- Contact restrictions in private and public spaces, no access to public facilities, restaurants, retail outlets

References

- Aust, A., Rock, J. (2021): Die sozialstaatliche Krisenbewältigung, in: Soziale Sicherheit 07/2021, p.262–266.
- Backer, G. (2021): Seit Beginn der Covid-19 Pandemie: Rückgang des Krankenstandes, in: IAQ (Hrsg.): Sozialpolitik-aktuell https://www.sozialpolitik-aktuell.de/files/sozialpolitik-aktuell/_Politikfelder/Arbeitsbedingungen/Datensammlung/PDF-Dateien/abbV1_Thema_Monat_08_2021.pdf
- Backer, G./Naegele, G./Bispinck, R. (2020): Sozialpolitik und soziale Lage in Deutschland, 6. Auflage, Wiesbaden.
- BMAS (Bundesministerium für Arbeit und Soziales) (Hrsg.) (2020 a): Übersicht über das Arbeitsrecht/Arbeitsschutzrecht, Nürnberg.
- BMAS (Bundesministerium für Arbeit und Soziales) (Hrsg.) (2020 b): Übersicht über das Sozialrecht, 16. Auflage, Nürnberg.
- BMG (Bundesministerium für Gesundheit) (2021): Kennzahlen der Gesetzlichen Krankenversicherung https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/Statistiken/GKV/Kennzahlen_Daten/KF2020Bund_Juli_2020.pdf
- BMWi (Bundesministerium für Wirtschaft und Energie) (Hrsg.) (2021): Corona Daten Plattform <https://www.bmwi.de/Redaktion/DE/Coronavirus/corona-datenplattform.html>
- Herzog-Stein, A. et al. (2021): Germany's labour market in Coronavirus Distress, IMK Working Paper No. 2009, Düsseldorf.
- Ifo/Infas (2021): Homeoffice im Verlauf der Corona-Pandemie, Themenreport Corona-Datenplattform, 02, Bonn. https://www.bmwi.de/Redaktion/DE/Downloads/1/infas-corona-datenplattform-homeoffice.pdf?__blob=publicationFile&v=4
- Klemm, A.-K., Knieps, F. (2021). Unter dem Corona-Brennglas: Erste Lehren aus der Pandemie, in: Gesundheits- und Sozialpolitik 04/05/2020, p.67–73.
- Meyer, M. u.a. (2021): Fehlzeiten im Jahr 2020 im Zusammenhang mit der Covid-19-Pandemie, in: Badura, B. et al (Hrsg.): Fehlzeitenreport 2021 – Lehren aus der Pandemie, Berlin p.512–535.
- RKI (Robert Koch Institut) (2021): Covid-19 https://www.rki.de/DE/Content/InfAZ/N/Neuartiges_Coronavirus/nCoV.html
- Roßbach, G. (2021). Die Finanzentwicklung der Rentenversicherung und ihr nahestehender Institutionen in der COVID-19-Pandemie, in: Deutsche Rentenversicherung 03/2021, p.1–15.
- Schewe, P. (2021): Finanzielle Sicherheit bei langer Krankheit, Lohnfortzahlung – Krankengeld – Übergangsgeld – Arbeitslosengeld – Erwerbsminderungsrente, Regensburg.
- Statistisches Bundesamt (Destatis): Auswirkungen der Coronapandemie – Zahlen und Fakten zur Coronapandemie, in: Datenreport 2021, pp.483–503.
- Waltersbacher, A. u.a. (2021): Die soziale Resilienz von Unternehmen und die Gesundheit der Beschäftigten während der Covid-19-Pandemie, in: Badura, B. et al (Hrsg.): Fehlzeitenreport 2021 – Lehren aus der Pandemie, Berlin, p.67–102.