# Theory – Must Be In Germany

### 1NC: Corona Theory

#### Interpretation – debaters must be in Germany.

#### Violation – they’re in[x] – screenshot prove and also verify I meet.

* Insert screenshots

#### Germany is the best place to be during corona. It has lowest mortality rate – variety of factors like robust testing, BARS healthcare system, and high nurse-to-patient ratio explain.

Sepkowitz 3-25 [Kent Sepkowitz, “Why is Covid-19 death rate so low in Germany?,” CNN (March 25, 2020).]

As of this past weekend, nine countries had diagnosed more than 9,000 cases, and three -- South Korea, Switzerland, and Germany -- had deaths rates well below the others. For South Korea, this in part is due to the cases occurring in much younger people, while the information in Switzerland is only now emerging. But for Germany, Covid-19 is being diagnosed in the same middle-aged people as other countries. The deaths in Germany also fit the seemingly established pattern of also occurring among the very old. Yet even with similar populations of infected patients as, for example, France, Spain and the US, the German Covid-19 mortality rate is about 0.4% What are the Germans doing right? Recent articles have raised this issue with several theories put forth by local experts. Some feel that it is a temporary situation, since Germany, like South Korea, has been aggressively testing its population from the outset. Aggressive testing likely will identify persons otherwise too well to come to medical attention, thereby diluting the tested pool with a large set of infected but otherwise well people who are likely to remain so. German authorities are concerned that, in the coming weeks, the wave of the very sick will appear in Germany, too, leading to a rising mortality rate. Perhaps. Others have speculated that the first cases in Germany were older adults who had used an early spring vacation to go skiing in countries that turned out to have high rates of Covid-19. So yes, goes this thinking: the German cases are in older persons, but all were well enough to ski, that is, they were people without the various other medical conditions that increase risk of death. There might be other explanations. With any infection, there are four basic questions to ask when looking at broad differences in death rates. Is the virus different here versus there? NO. Right now, there is no evidence that the virus is mutating toward a more potent strain in the US. Is one country diagnosing the virus sooner than another? YES. As above, this may be skewing German and South Korean results by identifying asymptomatic and mildly symptomatic persons unlikely to require medical care. Hospitalization rates by country, currently not tracked, would help sort out the contribution of aggressive testing to survival rates Is the infected patient different here versus there? YES. South Korea (young patients) and Italy (old patients) are unique in the outbreak, and the characteristics in Iran are not well known. All other countries with specific information, from China to even the US epicenter of New York City, have shown the same basic distribution with respect to age, sex (more men than women) and smoking. Is the health care system different here versus there? OH YES. Health care system differences at the country level are hard to examine: information is sparse and, given the 50,000-foot view, possibly misleading. However, health care experts typically can rely on "structural measures" to determine the quality of a hospital or a state or a country. These measures are used in the well regarded US News and World Report hospital ranking system and include easily gathered information such as staffing ratios, education level of practitioners and number of specialists and specialty beds, including those in an intensive care unit. The World Bank tracks health care information by country on three relevant structural measures (though recentness of information varies country to country), each measured per 1,000 general population: doctors, nurses and hospital beds. They and other sources also track two other relevant variables: lifespan per country and health care spending per individual. Neither of these demonstrate differences in affected Western European countries that might explain a difference in Covid-19 survival. A New York family in love and fear A New York family in love and fear Furthermore, longevity, which may reflect facility with management of chronic conditions such as hypertension or diabetes as well as diet, is about two years higher in Italy, Spain, and France than Germany, which ranks 27th in the world. Structural measures, however, may provide insight. Higher doctor and hospital bed numbers don't vary meaningfully, but one variable stands out: Nurses per 1,000 people in the general population. Nurses. Among the nine countries with the highest number of Covid-19 cases, the country that has the highest nurse rate also has the lowest death rate from the disease. Germany has 13.2 nurses per 1,000 (echoing a trend for high nurse numbers throughout Northern Europe) far above the other heavily Covid-19 affected countries.

#### Lean heavily neg on the corona question – they’re in denial and aren’t in the correct epistemological position to make judgements about what they should do about corona.

**Havrilesky 3/13** [Havrilesky, Heather. “Denial Is the Only Thing We're Prepared For.” The Cut, The Cut, 13 Mar. 2020, [www.thecut.com/2020/03/americans-are-in-denial-about-coronavirus.html](http://www.thecut.com/2020/03/americans-are-in-denial-about-coronavirus.html). //Massa]

We **Americans have been training for this pandemic with denial.** From the minute we were born, **our culture has taught us to embrace fantasy at every turn**, over every other option available to us. From our first day on Earth, **we were ushered into a culture so vacuum-sealed against grappling with harsh realities** — poverty, suffering, oppression, war, sickness, aging, dying — that even the faintest whiff of these things incites vertigo immediately. It’s not that many of us aren’t or haven’t been poor or suffered or been oppressed or sick. **It’s just that the American profit-driven**, marketing-and-entertainment-curated **bubble tricks us into believing that we’re still in control**, we can still find comfort, **we can still escape somewhere.** **The mall will never close**, the internet will never go dark, we will live forever, and our lives will grow happier and richer and more fulfilling by the year.

#### Corona is a voter – people are bed ridden and can’t debate and its spread kills people which o/w since you need to be alive to debate.

#### Drop them – a) they need absurd punishment to pack up stuff and leave, b) they have a 7-6 rebuttal advantage and the 2ar to make args I can’t respond to, c) it deters future abuse and sets a positive norm.

#### Use competing interps – a) reasonability invites arbitrary judge intervention since we don’t know your bs meter, b) collapses to competing interps – we justify 2 brightlines under an offense defense paradigm just like 2 interps.

#### No RVIs – a) illogical – you shouldn’t win for being fair – it’s a litmus test for engaging in substance, b) norming – I can’t concede the counterinterp if I realize I’m wrong which forces me to argue for bad norms, c) chilling effect – forces you to split your 2AR so you can’t collapse and misconstrue the 2NR,

#### Neg theory outweighs – a) its justified in response to aff abuse, b) eval after 2NR