

Forum: Historic Security Council (HSC)

Crisis Issue: 1977 Russian Flu

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Introduction

The ongoing Cold War that dominated the latter half of this century was a highly contentious battle for geopolitical supremacy, with both belligerents – the United States of America (hereinafter USA) and the Union of Soviet Socialist Republics (hereinafter USSR) – using militarism through proxy wars, economic influence, and political maneuvering in a bid to bolster their spheres of influence, and establish the fate of the years to come. A few key flashpoints dictated the course of this conflict, ranging from the Korean War (1950-53), the Cuban Missile Crisis of 1962, and the Vietnam War (1955-1975) – but another crisis which presented itself, could have had far more detrimental impacts on humanity as a whole. This crisis, dubbed the “1977 Soviet Flu”, was a biological emergency, manifesting itself in the form of the highly contagious H1N1 virus.

The flu originated in May 1977, with an initial outbreak in the Northern Chinese provinces of Liaoning, Jilin, and Tianjin. Chinese researchers had conclusive biological evidence that pointed to the virus being the H1N1, or *Influenza A*, an extremely contagious microbe that also ravaged humankind in the devastating 1918 Spanish Flu, that infected what approximately 1/3 of the world’s population – or 500 million people – and killed an estimated 10% of them.

This H1N1 virus spread rapidly from a geographical standpoint, with cases, as of early 1978, reported in Siberia in the Soviet Union – precipitating a pandemic-like crisis throughout the entirety of the Soviet Union – as well as nations such as the United Kingdom, its British Colony, the British Hong Kong, and extremely recent incidences of infections in the United States and Canada. The scientific community

also stumbled upon some startling discoveries: the virus predominantly impacted those born post-1950s (<28 years as of 1978), with a concerning majority of cases being primary or middle-school children. The first instances of this flu (from a high school in Cheyenne, Wyoming, USA) are a perfect representative of the demographics of this infection: it attacked a significant proportion of the sample population (70%), with all of those infected being students; no members of the faculty were impacted whatsoever. Virologists in China further corroborated this theory. In addition, while the virus demonstrated relatively low mortality rates, it spread rapidly and therefore attacked a substantial proportion of the under-30 population. This meant that the number of infections was disproportionately high even though the mortality rate was low.

Another highly disturbing discovery in the landscape of this dynamically evolving issue was the possibility of the virus being “anthropogenic”, or produced by either human action or inaction. This meant that either the USSR or China could have artificially produced the virus, after which it could have been subject to a lab-leak, or worse, a deliberate release into the world. At first flush, such a serious accusation may appear to be the product of media sensationalism or misinformation, but members of the scientific community have put forth compelling evidence to incriminate the USSR and China. This conclusion has been derived following the release of a bombshell study released by virologists from the noted *Nature* journal, which found that the Russian Flu had an alarmingly similar biological genome to the virus of the Influenza epidemic of 1949-50. This undoubtedly explains the demographic reach of the Russian Flu – primarily the young population was the most susceptible to infection owing to the fact that a large proportion of the older population already developed immunity against the 1949-50 variant. Another crucial line of reasoning that adequately justifies this theory is that viruses are rapidly evolving due to mutations – the fact that this variant of the virus is so genetically similar to the one in 1949-50 points to samples of this virus being stored in labs and hence subject to human influences. Critics of the lab leak hypothesis largely cite the work of WIB Beveridge, who posited in his paper “*Where did the Red Flu come from?*” that the Russian Flu could not have originated

from a laboratory setting. Regardless, the mere presence of the lab leak hypothesis is set to gain substantial media attention, making it essential for this session of the Historical Security Council to adequately discover the origins of the virus. This could also have had significant geopolitical consequences in a Cold War environment. If nations repeatedly accused the USSR or China of having artificially circulated this virus, it could have become a major political or even military bargaining chip for the nations involved – USSR and China could have used unfounded claims surrounding this theory as an excuse to increase militarism in certain key areas globally, or worse, cease the distribution of medical equipment and resources that are essential to ending the spread of the virus. It is also integral for the HSC to investigate the methods by which the spread of the virus can be mitigated to its fullest extent. In various developed nations so far, the spread of the virus has largely been facilitated by schoolchildren and younger members of the army, but timely preventative measures in the form of large-scale testing (through the “Rapid influenza test”) and an already-developed vaccine (produced for the 1949-50 influenza epidemic) provided a ray of hope for quashing what could escalate into a catastrophic global pandemic quickly. That being said, these testing and vaccination facilities were likely scarce and hard to come by in developing, or third-world nations, where this virus was likely to spread faster owing to a poor level of sanitation and the spread of misinformation. Therefore, developing a framework that can sustainably provide the essential medical equipment to all nations infected in some way is of the essence to this Council, and is especially important considering the fact that this virus was at the time likely to spill over into these developing nations faster than anticipated owing to their geographical proximity with nations such as the USSR, USA, and China, where infections have already wreaked havoc.

Major Parties involved and Their Views

World Health Organization (WHO)

The WHO is the main sovereign body involved with this biological crisis, and is at the centre of scientific development. The organization will be at the core of

preventing its spread to the best of its ability by testing and regulating vaccines, determining its nature, and sensitizing the public to precautionary measures. The WHO will also need to respond appropriately to the news of the lab leak, and take measures to ensure that anthropogenic virus propagation is an issue that ceases completely. Furthermore, as the crisis progresses, the WHO will also need to ensure that they maintain neutrality to all nations involved – the crisis could escalate significantly if the WHO is found to show an inclination towards particular nations. Therefore, the role of the WHO is central to this issue, owing to its bearing on scientific research and development.

Union of Soviet Socialist Republics (USSR)

The USSR, one of the 2 superpowers vying for global dominance, is the main perpetrator of this conflict. Even though it originated in China, it was a KGB agent who initiated its spread across China. The motives for the USSR are extremely clear – debilitating its main rival, the USA, will enable the nation to gain an upper hand in communist expansionism in Asia, and further its grip on global dominance. Even though the virus made inroads into the Soviet Union, they have the means to quash its further spread, owing to the production of vaccines and other medical equipment. This means that the Capitalist bloc nations spearheaded by the USA are likely to have more staggered responses to this pandemic, whereas all the Soviet-backed bloc nations, bound tight by key strategic alliances such as the Council for Mutual Economic Assistance (Comecon), are likely to be provided with the financial aid necessary to overcome this conflict. This divide will mean that while the USSR will see an economic stabilization within months of the leak of the virus, the USA, and by default its NATO allies' economies, will undergo severe recession and budget contraction. This feeds right into another possible ulterior motive for the USSR – its rival will likely allocate more of its limited budget into healthcare as opposed to defense and militarization, further increasing the Soviet advantage. Therefore, the creation of an extreme power imbalance serves as an incentive for the leak of the virus, making the USSR undeniably one of the most important stakeholder nations in the grand scheme of the conflict.

United States of America

The USA is the second most geopolitically influential power in this crisis and is the USSR's key rival in the Cold War. Both nations have engaged in what has so far been a neck-and-neck battle, but coming out of this crisis swiftly is the sole aim of the USA. The US Government, under the Carter administration also has the economic and scientific resources to deal with this crisis, and additionally have the means to significantly influence WHO rulings and legislation. Further, the USA's ever-expanding sphere of influence globally could help counter the spread of the virus, but this will rely on thoughtful and strategic planning. The USA will also need to combine an amalgamation of calculated risks and global cooperation to thereby come out of this crisis unscathed, engendering what is a herculean task for President Carter. The Central Intelligence Agency (CIA) also plays a crucial role in this conflict, as they, under the purview of the US Government, effectively concluded that the Soviet Union was behind the lab leak. This therefore creates an added burden on the government to not only be highly assertive, but also pragmatic, to ensure that while justice is delivered to the perpetrator of this crisis, it does not escalate out of hand.

Non-alignment Movement (NAM)

The NAM is a growing group of nations that claim to not align themselves with any of the 2 superpower blocs. This movement includes a wide range of geographically, socio-culturally, economically, and politically diverse nations. A common thread between all these nations, however, is that they are highly susceptible to influence from bloc politics, owing to geographical proximity. As a result, their attitudes in the face of this crisis will largely impact the future geopolitical landscape. In addition, with reference to the possible spread of the virus, a handful of the NAM nations grapple with agrarian, unstable economies, and thereby exhibit economic scarcity and a low level of public health and sanitation. The NAM nations will thereby need to support each other and seek to formulate solutions that ensure that they not only remain geopolitically non-aligned, but also have the means to counter the spread of the virus. As the crisis

progresses, this will prove increasingly essential to Sub-Saharan African NAM members, who will need to break free from the shackles of a virus mutation.

Development of Issue/Timeline

Date	Event	Outcome
1949 Influenza Epidemic	Influenza epidemic takes place across Western Europe, in nations like Switzerland, Austria, France, Italy, and Belgium.	Thousands killed by the virus, but a smaller geographical impact than the ongoing 1977 Russian Flu.
May 1977	First instance of the Russian Flu occurs in several Northern Chinese Provinces.	Strain of the virus is consequently analysed by Chinese scientists and revealed to be the H1N1 virus. Spreads to surrounding regions and the British Hong Kong in the following weeks and months.

June-July 1977	<p>First reported cases emerge in Siberia; virus spreads throughout the Soviet Union. The USSR relays these instances to the World Health Organization (WHO).</p> <p>Case count: 250</p>	<p>The virus is named the “Russian Flu” as China is not a part of the WHO yet. Virus begins to spread at a far more rapid rate and reaches the United Kingdom within weeks owing to international travel. The WHO changes the status of this flu from an “epidemic” to a “pandemic.”</p>
January 28th, 1978	<p>First reported case of the virus on American shores, in Cheyenne, Wyoming. Schoolchildren are those solely infected.</p> <p>Case count: 3569, Deaths 76</p>	<p>Conclusive evidence points to the fact that this virus primarily impacts the younger segment of the population; the virus spreads throughout the US from Wyoming.</p>
July 1978	<p><i>Nature</i> Scientific Journal releases an article that concludes that the genome sequences of the Russian Flu and that of the 1949-50 Influenza is nearly the same.</p> <p>Case count: 11341, Deaths 32</p>	<p>The birth of the lab-leak theory – scientists begin using this, as well as other journal articles released in 1978, to adequately substantiate the lab-leak theory.</p>

<p>September 1978</p>	<p>CIA releases a bombshell report under ADM Stansfield Turner, USN, Director of Central Intelligence, that provides compelling evidence to show that the USSR and China were complicit in spreading the Russian Flu virus in Northern China.</p> <p>Case count: 120761, Deaths 10257</p>	<p>Sends shockwaves throughout the globe; the media begins to spread rumours that link the spreading of the virus to incumbent Soviet Premier Mikhail Gorbachev. Jimmy Carter confirms that the report is likely 100% accurate. Geopolitical pandemonium ensues.</p>
<p>January 1979</p>	<p>Instances of the virus appear in Northern Africa; weeks later, it has spread to Sub-Saharan Africa. Scientific analysis reveals that this virus has now mutated, turning into a deadly combination of H1N1 and H2N3; people of all age groups are impacted and the mortality rate has increased from <9% to 20% worldwide.</p> <p>Case count: Unknown</p>	<p>Global chaos ensues, and the WHO does not know whether or not this mutation is airborne. Nations scramble to prevent the situation from escalating, and certain nations call lockdowns. Economic growth is thereby hampered, with the Nigerian Stock Exchange indexes plummeting a mammoth - 52% in January 1979. Recession ensues in</p>

	but estimates range from 2.5-2.75 million, Deaths ~520000	Africa.
00 00 hrs, 24th December 1979	<p>Soviets conduct a massive military airlift into Kabul, the capital of Afghanistan, with 280 aircraft and an estimated 25,000 troops. Within a few days, the USSR captures Kabul, with Babrak Kamal, the exiled leader of a Marxist Afghan faction, being instated as the Head of Government.</p> <p>Case count: Approximately 15 million, Deaths ~2.3 million</p>	USSR establishes a communist-based government in Afghanistan, and Asia is under the threat of falling to communism under the “Domino Effect.” Swift military action is expected to take place.

Crisis Stages

Freeze date: January 31st, 1978

Stage 1

The premise of the crisis is revealed and delegates are sensitized to the situation at hand. The first crisis brief is provided, which establishes that new cases in the USA are multiplying every day, and have reached the East Coast with children being affected significantly. The virus has also made inroads into Northern Africa, reportedly transmitted by a Moroccan tourist coming from the UK; it is expected to

quickly engulf Sub-Saharan Africa within weeks. It will also be revealed that a fully developed vaccine has been made by the USSR and is ready for transport globally. However, even though the delegates are yet unaware about the details of the bombshell CIA report, they are given some indication that the USSR may be implicated in a lab leak. Therefore, the first directive provided to delegates is to create an effective framework for the creation, authorization, and distribution of essential medical equipment and vaccines globally. The dilemma here for the capitalist-leaning nations will be whether or not to accept the Soviet vaccines in light of newly established threat perception, or wait for a domestically produced vaccine. Nations in the Soviet Bloc, however, will be expected to convince the Committee that they were not involved in a lab leak of any sort, and that their vaccine is safe for public use. It will also be interesting to look at the non-aligned states' response in light of these new events, as a global situation like this makes it highly likely that they will show some inclination towards either the USSR or the USA. The first stage will therefore dictate the course of the rest of the crisis – it will convey whether or not delegations will carry on harmoniously and collaboratively, or take more antagonistic stances towards each other.

Stage 2

This stage will be highly flexible, with 2-3 main directives announced depending upon how delegates respond to the circumstances so far. The first directive of this stage will be that the USA's CIA has leaked an unclassified report to the *Washington Post*, detailing a Soviet-sponsored operation that aimed to leak the virus. The CIA report includes pictures taken with surveillance and reconnaissance information showing a KGB Agent coming out of a prominent virology institute called BEKTOP, and then travelling with a briefcase to the Sino-Russian Border. Within the 200-metre radius of the border checkpoint, the agent appears to cough on her hand a few times, after which she shakes the hand of a border checkpoint officer and enters China. The whereabouts of the KGB agent remain unknown, but the border checkpoint officer's 2 children fall ill with the flu, and consequently infect around 50-70 classmates. This report was further corroborated by prior scientific research, which

briefly touched upon the possibility of an anthropogenic propagation of the virus. US President Jimmy Carter, in a recorded speech the evening following the press leak, revealed that “the veracity of the CIA report is very high; our government has also collaborated with Mossad to substantiate this claim.” Therefore, delegates will now dictate the course of the conflict; the progression of this committee and its future possibilities will depend on how nations, especially those who are non-aligned and antagonistic to the Soviet bloc, react in wake of this report – they can either adopt an extremely hardline stance by taking economic (sanctions) and military action, or focus on reducing the instances of the virus worldwide. As aforementioned, this segment of the crisis is likely to be highly flexible: after an assessment of whether or not the delegates are focusing on developing their geopolitical standing in lieu of preventing the further spread of the virus, the EB will propose a course-altering directive. It will be announced that the virus has mutated to a different variant of the H1N1 influenza, and is now impacting adults over the age of 25 as well. This will ensure that focus is brought back to the public health crisis at hand, and force delegates to work towards developing a long term peace.

Stage 3

This stage by far will be the most flexible, dependent on the flow of the committee. In order to try to steer the committee towards a more positive outcome, as indicated below, the EB will need to propose directives that make nuclear non-proliferation and affordable healthcare a priority. That being said, owing to the fact that it is essential to keep the committee and crisis progression highly dynamic and evolving, delegates will likely be made aware of the situation in Afghanistan at the time, which the USSR invaded. To further test the mettle of the delegations and their ability to formulate well-thought out solutions and not lose sight of the focus of the crisis, the EB may potentially consider releasing another bombshell revelation (for instance the death of a key political figure owing to the virus). Another development that will be introduced is that the KGB caught a group of American and Israeli spies,

and have held them hostage. These spies, led by an experienced field agent called Hannah Wells, were suspected to be the ones who implicated USSR in their lab-leak theory, and are now being held captive in an abandoned pub. In short, the third stage of this crisis aims to achieve a positive outcome, but this will be made a challenge for delegates owing to potentially disruptive crisis updates.

Positive Outcome

In this dynamically-evolving crisis, the ideal outcome would be twofold: firstly, it would be important to ensure that the virus is contained before deaths skyrocket out of control and a permanent solution is found to ensure that this strain and its mutations cannot manifest itself again. To achieve this outcome, delegates would need to work strategically and formulate practical economic and social policies that bolster allocative efficiency by identifying key areas that require medical resources and aid and then providing these resources on a large scale at low costs. A long-term goal would be to ensure more structured and effective responses to future pandemics, from an economic, social, and humanitarian perspective. It would also be important to achieve stricter regulation for virology centers dealing with deadly virus strains to prevent future anthropogenic human influence.

Secondly, it will be essential for geopolitical relations between both blocs to be relatively stable compared to the start of the crisis, with minimal collateral damage from proxy wars, and, perhaps more importantly, a return to a world where nuclear non-proliferation takes precedence. Although in a practical situation, it will be hard to achieve a world without any kind of military confrontation, delegates should ideally work towards building more peaceful relationships for the future, and foster a sense of transparency between nations. It will also be advisable to ensure that to minimize the highly plausible risk of nuclear escalation, delegates propose solutions that encourage nuclear non-proliferation.

Negative Outcome

A negative outcome in the grander scale of this conflict would be sharp

increases in the number of cases and deaths originating from the virus. This could likely be caused when delegates fail to address the propagation of the virus, and channel all debate and decision-making into militarism and geopolitical maneuvering. As a consequence, it would be far from ideal if the number of cases kept rising, especially in developing nations like India, with poor sanitation and resource scarcity. Further, if economically larger and smaller nations fail to collaborate to come up with effective solutions to bridge the gap in medical resources, it would also be largely considered a negative outcome for the committee. Additionally, if the crisis escalates into all-out military conflict, with the size and frequency of proxy wars fought by both blocs increasing, it would significantly cloud the primary objective of the committee. Another possibly catastrophic situation would arise if the Cold War morphed into a “hot” one, which means that the two superpower nations at odds – the USA and USSR – would directly fight against each other in their respective nations. In conclusion, the burden is therefore on the EB to ensure that all committee directives work towards preventing bloc politics and multilateral divisions between nations, and instead foster a sense of harmony and collaboration to focus on the true issue at hand.

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