

HUMUNITED 2020

Background Guide - Historical Council

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A welcome message by the Secretary General and PGA

Honorable delegates,

Welcome everyone to the first edition of HUMUNITED ONLINE! We are thrilled to have you participating in your respective councils in order to discuss such a pressing issue in our current society, and are very thankful for your dedication and willingness to partake in a conference as special as this one.

We had hoped to see you all in person at this years HUMUNITED, however, we had to adjust and adapt to our current situation and, as the famous scientist Charles Darwin said: “It is not the strongest or the most intelligent who will survive, but those who can best manage change.” And, as we all know, when the music changes, so does the dance. Hence, we put our best efforts into making this event possible and are hopeful that our goal was achieved.

Taking part in MUN conferences has allowed us to enlighten ourselves in many ways that are indescribable, and we are honored to provide all these feelings and experiences for you! Thus, we welcome you to your councils’ Background Guide, knowing how much thought your chairs put into doing their best for you to have more ways to deepen your knowledge in this specific topic.

We wholeheartedly believe that HUMUNITED brings such knowledge to those who participate in it and, therefore, we urge you to enjoy every second of it and truly make the most of your time debating, researching, and allowing yourself to get to know a different perspective on the topic, as well as learning from those who are in your council. Getting to have such an experience is truly something that changes your viewpoint on many subjects and that you hopefully keep seeking knowledge and change because it is honestly essential to humankind.

Yours truly,

Thomás Danelon

Secretary General

Isabella Mazanati

President of the General Assembly

Chairs Greetings

Dear delegates,

We, Sophie Ronchi and Catharina Pinheiro, as your chairs, are more than delighted to welcome you all to the Historical Council in the 1st edition of HUMUNITED Online!

The COVID-19 pandemic is a major shock to the world. The human cost is hard to bear and our thoughts are with all those affected. While governments race to address the immediate issues posed by the outbreak, organizations are already considering how to recover and resume business, once the virus is under control. Having participated in many previous editions, we want to reassure you that adapting in times of crisis is essential and that this edition, with the purpose to celebrate the 5th edition of HUMUNITED, which would've taken place in May, will run just as smoothly.

Just as our online classes have taken place so far, this edition of HUMUNITED will happen through online conferences in which you will debate to find a solution to the threat caused by "*The Asian Flu pandemic of 1957*". It is of common and worldwide knowledge that this topic has become of extreme importance in our daily lives and all countries should be aware of what measures to take when faced with these affrays. Due to the COVID-19 outbreak, our lifestyles have changed radically, thus our hygiene habits as a major consequence of it.

Bear in mind that this is a simulation of a possible emergency meeting established in the midst of the issue here quoted between delegates of various countries relevant or involved. Therefore, focus your research on facts and actions taken while it had occurred. Along the debate sessions, you, as delegates, have a great responsibility to act, resulting in the change of history in this episode and reassembling it better.

But how can this enormous challenge be dealt with? In the Historical Council, we have given you the opportunity to evaluate the past events and measures taken by the nations involved, especially the one you represent and learn through its aftermath to decide if it was truly effective or if it should be altered concerning the best scenario for the world. Historical research is of big importance, especially the ones regarding the decisions during the outbreak of the Asian Flu in order to contain it.

Last, but not least, we are both frankly quite excited to meet all of you and the amusing and polemic debate that is coming ahead. We expect you to have a brilliant performance and dedicate yourselves to get data through research for the debate. If any questions or doubts arise, please feel free to contact us through our emails below.

See you soon!

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About the council

The Historical Council is a continuous crisis committee, making it quite different from the normal HUMUNITED committees. Delegates' decisions and actions will immediately affect the perpetual crisis at hand, and the plots and predicaments that delegates will be asked to deal with. They will make for an unpredictable, volatile, and urgent, but undoubtedly exciting experience. Delegates interested in the council will thus need to be prepared to partake in intensive and urgent debate while still possessing a fine-tuned handle on diplomatic conduct. Detailed research and preparation prior to the conference will be important, but the ability to think on one's feet will also be essential. The matter at hand will be dealt with during October of 1957 and we want to give you the opportunity to discuss mainly security measures taken, as well as a few health-related decisions made to ensure that the world population would be rapidly cured of the pandemic outbreak of the Asian Flu. It is a great chance to re-evaluate the settlements agreed upon in that time and perhaps change the course of agreements that led to the fallout of this important historical mark.

Additionally, we ask you not to dwell on comparisons between COVID-19 and the Asian Flu pandemic of 1957, for in this conference we will be simulating as if we were back in the 50s. Take into consideration that all countries acted otherwise, especially regarding the historical period we find ourselves to be situated in: The Cold War.

Topic Background

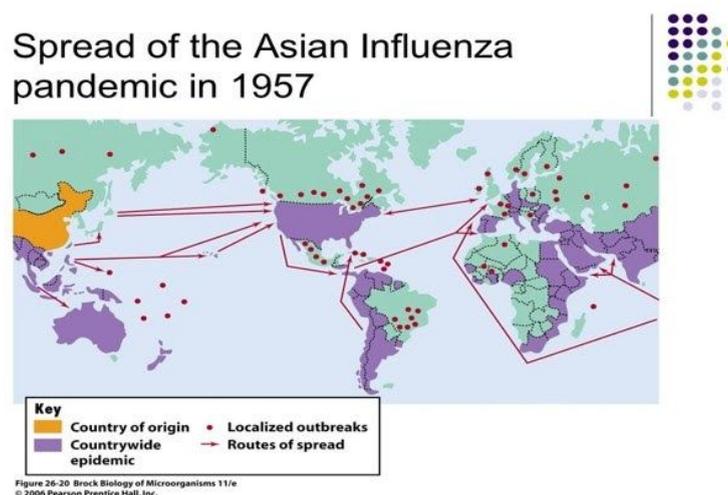
“Although we have had 30 years to prepare for what should be done in the event of an influenza pandemic, I think we have all been rushing around trying to improvise investigations with insufficient time to do it properly. We can only hope that people will have taken advantage of their opportunities and in the end, it may be possible to construct an adequate explanation of what happened.” - So wrote J Corbett McDonald of the Public Health Laboratory Service to Ian Watson, Director of the College of General Practitioners'

Epidemic Observation Unit in the autumn of 1957. He was referring to that year's Asian flu pandemic.

“Epidemic Into Pandemic?” asked a headline in the Washington Evening Star on June 16, 1957. The story noted that two months earlier, residents of a refugee camp in Hong Kong had started experiencing fever, lung congestion, aching muscles, and sore throats.

“This is where air travel turns up a new kind of health problem,” the article noted. “The flu virus requires about three days to produce sickness. A newly infected person can board a plane in the Pacific area and go halfway around the world before he shows symptoms of the disease. Meanwhile, he can exhale the bug in the presence of fellow travelers and so propagate the chain of infection.”

The H2N2 virus would later be traced back to mainland China, with a stop in Singapore. In February 1957, a new influenza A (H2N2) virus emerged in East Asia, triggering a pandemic (“Asian Flu”). This H2N2 virus was comprised of three different genes from an H2N2 virus that originated from an avian influenza A virus, including the H2 hemagglutinin and the N2 neuraminidase genes. It was first reported in Singapore in February 1957, Hong Kong in April 1957, and in coastal cities in the United States in summer 1957. The estimated number of deaths was 1.1 million worldwide. By late summer, the flu was on the march and had invaded southern Europe, Central and South America, and Coastal Africa. It especially targeted children, the elderly, and pregnant women.



The pandemic virus of 1957 caused an illness that was briefly harsh but rarely fatal. Like this year's strain, it emerged in the spring and smoldered over the summer. More than 80 summer camps have suffered swine-flu outbreaks; the picture in 1957 was much the same. As with many pandemic strains, the Asian flu also had an inordinate effect on younger people. By the time the 1957 pandemic had ended, 40 percent of deaths had occurred among people younger than 65, a much larger percentage than in seasonal-flu outbreaks.

The origins of the flu outbreak reported in Hong Kong in April 1957 remain shrouded in mystery. However, it was quickly known that it had an unusually high "attack rate": A substantial fraction of people fell ill once the virus began to circulate in a community. The H2N2 pandemic strain of 1957 was so contagious and encountered such a susceptible world that it out-competed all other strains of influenza A circulating at the time. They were of the H1N1 family, as is this year's strain. H1N1 flu reappeared as the "Russian flu" of 1977, probably the consequence of a laboratory accident in eastern Asia.

Immediately after 1957, all traces of H1 flu in humans disappeared, to be replaced by H2 strains. A similar process occurred again in 1968 when another hybrid virus emerged – again in China – carrying another haemagglutinin, H3. This caused the "Hong Kong flu" pandemic, which killed an estimated one million people worldwide.

But after 1968, the H2 flu disappeared – so anyone born after this year will have no immunity to H2 flu and any escape of the virus in the test kits could be as lethal to them as the Asian flu of 1957.

A similar event happened in 1977, with the sudden reappearance of an H1 flu identical to one that had been isolated in 1950. It is believed that the virus escaped from a faulty batch of live flu vaccines prepared in Russia. But fortunately, that strain had evolved into a much tamer creature than its 1918 predecessor. Unfortunately, the 1957 H2 virus is the most lethal variant of its kind.

The 1957 outbreak was not caused by a coronavirus—the first human coronavirus would not be discovered until 1965—but by an influenza virus. However, in 1957, no one could be sure

that the virus that had been isolated in Hong Kong was a new pandemic strain or simply a descendant of the previous 1918–19 pandemic influenza virus.

The relative unconcern about two of the largest influenza pandemics of the 20th century—it is estimated that the 1968 pandemic, due to an H3N2 influenza virus, was responsible for between 1 million to 4 million deaths globally—presents a marked contrast and, to some critics, a rebuke to today's response to COVID-19 and the heightened responses to outbreaks of other novel pathogens, such as avian and swine influenza. “When hysteria is rife, we might try some history”, opined Simon Jenkins in an article in *The Guardian* titled “Why I'm taking the coronavirus hype with a pinch of salt”. “The [1968] pandemic raged over three years, yet is largely forgotten today”, commented *The Wall Street Journal*, “a testament to how societies are now approaching a similar crisis in a much different way”.

The ultimate testament to the supposed stoicism of earlier generations, according to this line of thought, is the 1918–19 influenza pandemic, in which at least 50 million people worldwide perished, but which resulted in few public monuments and was largely “forgotten” by the collectivity of society.

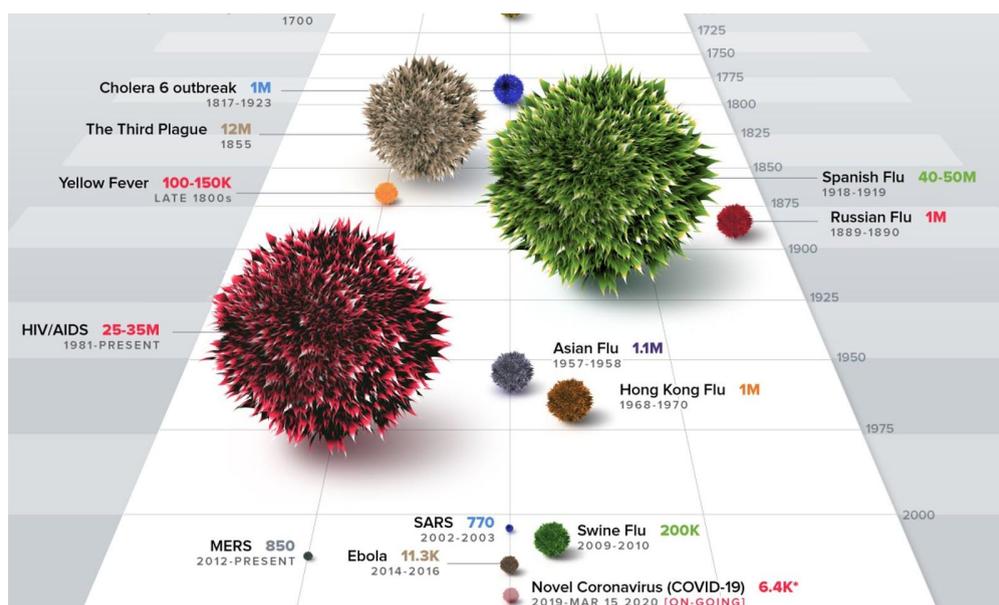
But were people really more stoical in 1918, 1957, and 1968? Or were there other factors that might account for the dampened social and emotional responses to these pandemics? And what should historians make of functionalist and, arguably, selective readings of history that seek to draw moral lessons from the past?

To answer these questions it is necessary to understand the origins of the modern preoccupation with pandemics. Before the mid-19th century, few medical commentators used the term pandemic. That only began to change in the 1890s with the arrival of bubonic plague from southern China—what became known as the Third Plague Pandemic—and the Russian influenza pandemic that broke out in St Petersburg in 1889, which was seen to spread rapidly to Berlin, London, and New York through ship and rail connections.

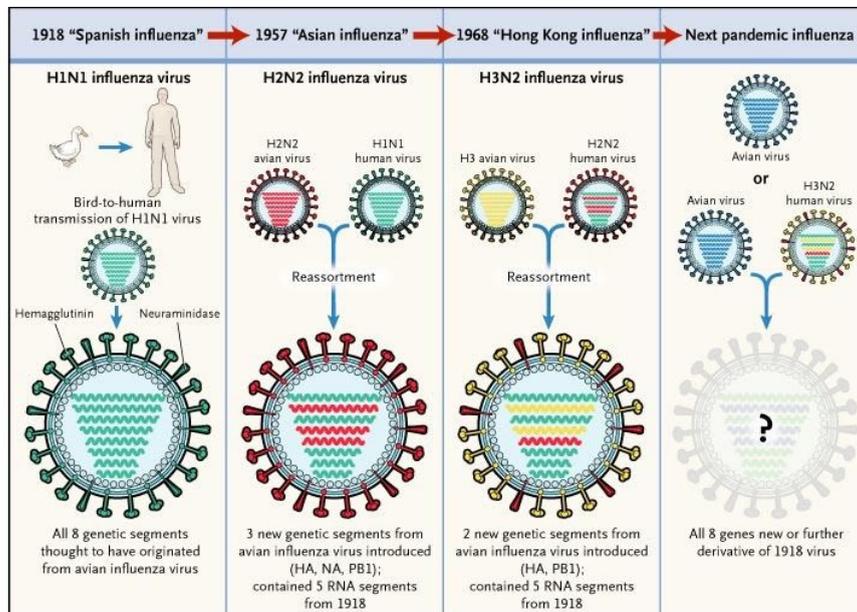
Another crucial factor was the media: thanks to the expansion of telegraphic communications and the growth of mass-market newspapers in the late Victorian period, it became possible to

telegraph news of the spreading infection ahead of its arrival, hence The Lancet's claim in 1890 that “dread” of Russian influenza had been “started by telegraph”. Some critics of the World Government's response to COVID-19 have leveled similar charges at today's tabloid press and at disease modelers, who initially forecasted that, in the absence of suppressive measures, severe acute respiratory syndrome coronavirus 2 could result in the deaths of 500 000 people per country, this type of news has been widely credited with persuading the Government to reverse course and institute a strict lockdown. But is it really necessary, they ask, to risk plunging countries into an economic depression through lockdown measures designed to prevent a wave of mortality given that deaths attributed to COVID-19 are broadly in line with those seen in previous pandemic years? There was no panic in 1957 and 1968, runs this argument, so why the panic today?

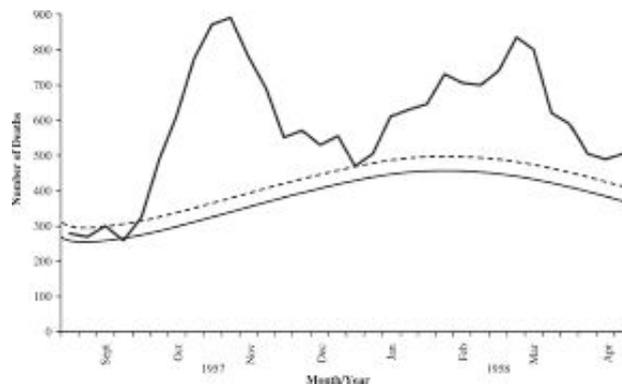
It is questionable whether deaths attributed to COVID-19 are comparable to those recorded during previous influenza pandemics, given that the deaths caused this year were excessively high when compared to last year in the period of March-May. Furthermore, it will not be possible to obtain an accurate accounting of the total excess deaths due to COVID-19 in 2020 before 2021 at the earliest and by then, assuming a vaccine is not deployed in the meantime, many more thousands of people will most likely have died from COVID-19.



Unlike today, in 1957 epidemiologists did not have the ability to track the emergence of a novel pathogen in China—indeed, the initial signal was missed by WHO, meaning that the first time influenza experts knew of the “Asian flu” pandemic was when The New York Times published the report about the outbreak in Hong Kong. In 1957, virologists did not understand the genetic mechanisms behind the emergence of new pandemic strains, hence the initial confusion as to whether this influenza virus was a variation of the H1N1 influenza virus of 1918.



More importantly, realizing that influenza was usually associated with mild or inapparent infections and that quarantines were impractical, public health authorities made no effort to mitigate the spread of the infection by, for instance, introducing border checks or strict isolation measures. Neither did governments consider suppressing the basic reproduction number to buy time for hospitals and front-line health workers (this was because intensive care units were not yet established in 1957 and ventilator technology was rudimentary), nor when the second wave of the pandemic arrived in the autumn of 1957. Therefore, hospitals were overwhelmed by patients.



Publishers were also reluctant to be seen stoking public fears, a reflection perhaps of heightened anxieties due to the Cold War and the launch of Sputnik, as well as the greater respect for medical experts and deference to authority.

Charles Graves, the brother of the novelist Robert Graves, recalled how the news of the influenza outbreak reached his publisher, Icon. It put the publication of his book *Invasion by Virus* on hold, which set concerns about “frightening the public”. Therefore it was not until 1968 that Icon finally agreed to release the title, having been reassured in the meantime that influenza in 1957 “was no real killer”. In his book, Graves compared the 1957 and 1968 pandemics to that of the 1918–19 influenza pandemic and asked “Could it happen again?” His answer was yes. He closed by reassuring readers that history was unlikely to repeat itself before 1998, “by which time the medical profession will know a great deal more about immunization than it did in 1918—or does now.”

Graves was right on both counts, but wrong to think that better medical knowledge of vaccines and statistical modeling would reduce public anxiety about pandemics.

There was some debate at the beginning of the 1957 outbreak as to whether dramatic measures such as school closings should take place, but those efforts were abandoned. Thus, the cornerstone of the disease containment effort focused on the production and implementation of a vaccine and preparations for the care of patients. An effective vaccine program became the de facto key to combating the pandemic. Vaccine production was accelerated, but only limited amounts were available in time. By November of 1957, epidemic cases were declining rapidly, however, only 17% of the population had received vaccines (but vaccine enough for only 17% of the population had been received) . It was too

little and too late to thwart the epidemic. It was estimated that, overall, 25% of the population had experienced illness.

As the epidemic waned, interest in vaccination declined sharply but, in the new year, there was an unexpected recurrence of the disease with an increase in deaths due to pneumonia and influenza from January through March.

A decrease in the number of registered influenza and pneumonia deaths began in mid-November 1957, and by the end of December, the numbers had returned to normal. Unexpectedly, a second, 3-month-long wave of excess influenza and pneumonia deaths began in January 1958 and peaked in late February.

When researching about how the Asian Flu has affected your country, type in “How badly was the Asian Flu pandemic spread at -name of country-” on Google. Try to remain unbiased if you find information about e.g. Brazil, but written in English. It is of utmost importance that you embody your country’s point of view and try to act in congruence with the time (Cold War).

Guiding questions

- How can the governments offer better health services and invest in medication/vaccines in order to avoid an alarming number of deaths?
- How can the financially stable countries help the least favored ones?
- What are the best ways to prevent the spreading of the disease and cure people who are already infected?
- In what alternative ways...
 - can the economy sustain in such a scenario?
 - can the population be made aware of the importance of vaccines?
- How can hunger and poverty be dealt with in the given circumstances?

- What are the best options to assist in any way possible the part of the population who is strongly affected by the pandemic?
- What measures can be taken after the pandemic to rebuild the most affected countries?
- What can be done to prevent future similar pandemics?
- Why weren't measures such as a quarantine taken?
- Can your country's actions be improved, in comparison to 1957?

Further reading

- [1957 flu pandemic | Cause, History, Deaths, & Facts](#)
- <https://www.britannica.com/science/influenza#ref740015>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2714797/>
- [Early Detection of the 1957 Flu Pandemic Helped Slow Its Spread](#)
- [Remembering the 1957 Asian Flu Pandemic](#)

Bibliography

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- Google pictures
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- <https://www.history.com/topics/middle-ages/pandemics-timeline>