

CRISIS: GLOBAL SARS OUTBREAK



JACKRABBITMUN I

L.B. POLY - MAY 25th

BACKGROUND GUIDE TABLE OF CONTENTS

Crisis Director Letter.....	3
Head Chair Letter.....	4
Position Paper Guidelines.....	5
Introduction.....	6
Topic: Global Epidemic.....	7
Current Political Climate.....	8
The Pathology of SARS.....	9
Previous International Incidents	11
Character Biographies.....	13
Questions to Consider.....	15
Additional Resources.....	16



CRISIS DIRECTOR LETTER

Esteemed Delegates,

We are so excited to welcome you to our inaugural Jackrabbit MUN! Crisis committees are unique in their pacing and focus, and we think there is no better way to address the issues that have presented themselves both throughout history and in the present day. It's unusual to have four crisis rooms in a small conference, but there's something for everyone, and we can't wait to see the compromises you reach in Yemen and the cures you chase in the SARS committee. Even better, it's going to be paperless! Technology is an up-and-coming part of the MUN experience, so our chairs will guide you through the computer basics at the beginning of the conference. But before we continue, a brief introduction:

I'm Alexis, one of your Crisis Directors, and I am a senior at Poly in the PACE program. I've been in MUN since sophomore year, and I'm currently the treasurer of PolyMUN. I've been heavily involved in the creation of the digital crisis system that we will be using at the conference and I'm excited to oversee its implementation at Jackrabbit MUN. When I'm not navigating the depths of this year's background guides, I am an editor at Creators Syndicate and enjoy working just a little too much. I will be headed to Georgetown in the fall, where I look forward to pursuing a double major in math and philosophy.

I'm Caris, the other Crisis Director, and I'm also a senior in the PACE program at Poly. My very first Model UN experience was an all-crisis conference, and ever since then I've been hooked. It's been fun, challenging, and incredibly exciting to manage the creation of this year's committees, and as a self-professed crisis fanatic, I almost wish I could be in the rooms with you while you explore them. In the fall I'm headed off to Dartmouth College, where I'll be studying cognitive science on the pre-med track. But until then, you can find me researching the finer points of SARS transmission and brushing up on my Eurasian geography before we all meet on May 25th.

From the both of us, we look forward to hosting you, and we hope you have as much fun preparing for this conference as we've had preparing it for you. Good luck!

Sincerely,

Alexis Soohoo & Caris White

Co-Crisis Directors



HEAD CHAIR LETTER

Esteemed Delegates,

Welcome to Jackrabbit MUN I! Our names are Aurelius Cummings, Kyle Widmark, and Jonah Gaeta and we are proud to be chairing Crisis: Global SARS Epidemic. We are all juniors in the PACE Program at Poly and in our free time you can find us playing sports and doing homework. Chairing this room will be a first for all of us and we couldn't be more excited. This committee is designed for both delegates new to crisis committees along with seasoned veterans. We wish you luck and we cannot wait to meet you all on May 25th.

Sincerely,

Head Chair: Kyle Widmark

kylewooo28@gmail.com

Vice-Chairs: Aurelius Cummings and Jonah Gaeta



POSITION PAPER GUIDELINES

JACKRABBIT MUN POSITION PAPER GUIDELINES

- Position Papers are due at 11:59 PM on May 15th, 2019
- Position Papers should be emailed to: **outbreak.jackrabbit@gmail.com**
- Papers should be 1.5 to 3 pages in length with an additional page for citations.
- Papers should be single-spaced in Times New Roman 12 pt. font and include no pictures.
- Please include the following sections for each committee topic in your position paper:
 - A brief history of recent domestic and international epidemics, particularly SARS
 - Past actions by your country's government
 - Position in the global community and alliances of your country
 - Possible domestic and global solutions
- At the top of each paper, include your country, name, committee, and topic.
- This room is technology optional and delegates will be supplied with LBUSD Chromebooks for communicating with Crisis and receiving press releases.



INTRODUCTION (Letter to Delegates)

Dear Delegates,

Welcome to the Crisis Committee: Global SARS Outbreak. This crisis room is run by an excited team of fellow high school Model United Nation participants focused on providing an enjoyable and intellectual experience. In this room, delegates will first begin as different heads of state from countries all around the globe. Though delegates should mostly adhere to the current foreign and domestic policies of their countries in committee, this committee does take place in the future and delegates may take this into consideration when making decisions. Old alliances may prevail or new ones can form, the choice is ultimately yours. If a delegate's country loses its population to SARS or is taken over by another, the delegate will then become an individual character. These characters have been pre-written and have vital roles in the committee room, ranging from scientists to an African warlord to the Pope. Character assignments will be determined by crisis staff before the conference.

SARS delegates should be well researched on the virus, disaster relief, and country policy, along with the current political climate. On the day of the conference, delegates will find out about the current state of their country and the resources available to them. The room will be fast paced and the Crisis Staff will throw many curveballs at the delegates to make it as interesting as possible. While the Crisis Staff does have an end goal in mind, whether or not the room achieves it is ultimately up to the delegates' actions. We hope you have an amazing experience and feel free to ask us questions before or during committee. Let the games begin!

Sincerely,

Crisis Co-Leads: Kyle Widmark and Vasil Gucev and Crisis Staff

With any questions or comments please email: [**outbreak.jackrabbit@gmail.com**](mailto:outbreak.jackrabbit@gmail.com)



TOPIC: GLOBAL EPIDEMIC

It is September of 2020, and the thirty-second Summer Olympics have just come to a close. A celebratory gathering of millions of people from around the world, the Summer Olympics are typically a time of cooperation and friendly competition. But now, everything has changed, and all it took to undo centuries of international goodwill was one contaminated hand stamp. As thousands of spectators passed through the turnstiles of Tokyo's Olympic Stadium for the Closing Ceremonies, they each unknowingly carried the SARS virus along with them, right beneath their wrists, looking to all the world like an innocent circle of black ink.

The ink of this stamp was the vector for the SARS coronavirus, and when the stamp-bearing spectators returned to their home countries, they brought SARS with them. A large number of the stamped became infected, and for the next few days the world watched as individuals in countless countries developed the symptoms of SARS. All around the globe, people turned up in hospitals complaining of a common cough, which turned into severe pneumonia that in most cases became fatal. Even more terrifyingly, it was impossible to know how many people each stamp carrier infected before succumbing to the end stages of illness.

SARS is a disease of extraordinary destructive potential, and it has just been unleashed worldwide.



THE CURRENT POLITICAL CLIMATE

The year 2020 has brought mounting regional tension and division. Recent tests of Intercontinental Ballistic Missiles by North Korea have proven they can reach the United States and even mainland Europe. Pakistan and India remain deadlocked over the Kashmir Valley conflict and have each repeatedly threatened war, but the possibility of nuclear annihilation is their main deterrent. The United Kingdom's exit from the EU in 2019 weakened both the UK and the European Union economically. The rising tide of conservatism and the unexpected death of Pope Francis in late 2019 has placed pope Innocent XIV on the Holy See.

In late summer of 2020, Russia completely conquered Ukraine. While the global community responded with shock and outrage, Russia's position on the UN Security Council and their powerful military stopped any physical intervention. Although Russia looks to reclaim their former glory through intimidation and conquest, America and China remain the world's two dominant superpowers. America's alliances with Saudi Arabia, Israel, and Turkey have made them a major player in the Middle East and China's growing investment and interest in Africa have given them increased support. Rising economic powers like India and Brazil look to take their place among the global elite. A disease like SARS has the potential to restructure the world order and alter society permanently.



THE PATHOLOGY OF SARS

First introduced by bat colonies in the Yunnan Province in China, Severe Acute Respiratory Syndrome (SARS) is caused by a variant of coronavirus (CoV). The coronavirus is named after its crown-like appearance and typically only causes common cold-like symptoms. However, there are notable variations of the coronavirus including Middle East Respiratory Syndrome (MERS) and SARS that are far more dangerous. While the coronavirus typically cannot perform cross species transmission, SARS is an exception, because it has an especially wide range of glycoproteins (proteins that allow the virus to attach itself to cells), which make it far more transmissible. The SARS CoV has established itself in many species: Himalayan palm civets, raccoon dogs, cats, red foxes, Chinese badger ferrets, and, most importantly, humans.

In addition to its ability to cross species, SARS CoV is extremely infectious. Coronaviruses are mainly transmitted through minuscule droplets of water that travel through the air, as well as fomites (objects that transmit disease through touch) like clothes, furniture, and door handles. This means that the sneeze of one SARS infected host has the potential to not only infect the surrounding people, but also any surfaces the droplets might land on. A single infected SARS patient has the ability to spread the virus to hundreds of others, making SARS one of the most contagious diseases in the world. The small SARS outbreak of 2003 demonstrated this perfectly, when patient zero Liu Jianlun infected many of the people living in his apartment complex, which housed hundreds of residents and spanned several floors.

Unfortunately, SARS is difficult to diagnose because its initial symptoms are very similar to that of a bad cold. A host may experience fevers of over 100 degrees, dry coughs, sore throat, and shortness of breath, none of which are particularly unique symptoms. The true danger of the disease is only revealed once the host develops severe pneumonia, which is often fatal. The only treatment for SARS is continuous ventilation for patients until they recover, which can take anywhere from two to ten days. The virus can quickly escalate and kill its host if not treated, and its severity and ease of contagion make it extremely difficult to treat all of the patients infected by SARS. Even in wealthier countries, it can be incredibly challenging to manage an infected populous, which means that developing nations and those with socialized medicine will be hit particularly hard.



The virus identified in the samples recovered from the victims of the attack on the 2020 Olympics is nearly identical to SARS. It was likely engineered using the SARS virus as a base, but the strain identified is highly unstable, likely a result of genetic tampering. Interestingly, segments of the SARS genome bear resemblance to the strain of influenza that caused the Spanish flu. Like the Spanish flu, the coronavirus takes advantage of young, healthy hosts and turns their immune systems against them in a cytokine storm (a condition where the immune system overproduces immune cells and cytokines which flood into the lungs and cause inflammation and fluid buildup which can be further contaminated with a secondary bacterial infection). Additionally, some patients from drier climates have demonstrated pulmonary hemorrhaging (acute lung bleeding) in later stages of the illness. Accordingly, countries in South America, Africa, and the Middle East will be hit particularly hard by the disease.



PREVIOUS INTERNATIONAL INCIDENTS

SPANISH FLU OUTBREAK OF 1918

The Spanish Flu was a strain of influenza that went pandemic and eradicated three to five percent of the world's population at the time. It killed more people in one year than the Bubonic Plague killed during four years at the height of its spread. Patients infected with the Spanish flu would at first exhibit the symptoms of normal influenza which would rapidly turn into a very vicious pneumonia from whose fate there was no escape. It was spread around the globe through the natural flow of human commerce. It used trade routes and shipping lines to make its way everywhere from India to Brazil. A study found that influenza had been much more severe in humid climates due to the favorable conditions for bacterial superinfections. Since most men were fighting in the first world war at the time, the only medical practitioners around to treat it were students and nurses who would often times fall ill themselves. The celebrations after the war also helped it in its spread.

The Spanish Flu was also radically different genetically from any strains of influenza previously known to man so people had little herd immunity. Though SARS is a CoV, it still shares many characteristics with the strain of influenza in the Spanish Flu and there are many parallels to be drawn. A close examination of how the Spanish Flu was able to spread and infect so many people may prove instrumental with deciding on ways of combating the new strain of SARS.

*I had a little bird,
Its name was Enza.
I opened the window,
And in-flu-enza.*

SARS OUTBREAK OF 2003

The SARS outbreak of 2003 picked up when a “super spreader”, someone with an advanced infection who spreads the virus to hundreds of people, brought it to the ninth floor of the Metropole Hotel. The airborne virus spread across floors, infecting some who would board planes to Vietnam, Hong Kong, and Singapore. The WHO identified that a mystery virus was infecting people of East Asia and issued a global alert. From there, as the disease spread, so too did fear. Hospitals in affected areas recorded operating with half of the usual staff due to fear of being infected.



Incidentally, his may have lead to even greater infections due to the poor treatment of understaffed hospitals. Additionally, it wasn't until the death of James Earl Salisbury that the Chinese government opened up about the spread of the disease in the country. The understaffing of hospitals as well as the lack of clear, open communication may have cost many their lives.

EBOLA OUTBREAK OF 2014-2016

The ebola outbreak of 2014-2016 was the first instance of a pandemic outbreak of ebola. The EBOV virus was first identified in an outbreak in 1976. It is a hemorrhagic fever, meaning it causes acute bleeding in hosts from various different organs. Ebola in particular targets the body's immune system. It infects many of the immune cells that would normally be instrumental to defending the body like the dendrites, the natural killer cells, the monocytes, and the macrophages. The later two of these send a signal for the blood vessels to release fluid into the body along with neutrophils. These signal to release even more fluid which results in the hemorrhaging that characterizes ebola. Ebola also attacks the liver where it causes organ failure and even more internal bleeding. The situation results in the immune system launching a cytokine storm damaging organs and blood vessels even more. The result is an extraordinary mortality rate. Despite this, Ebola's main modes of transmission are limited to the transfer of fluids from one host to another. This hemorrhaging is not unlike that described in the SARS patients of the current outbreak.

In 2003, Ebola had a very easy time spreading in the poor regions of Africa where much of basic sanitation is simply not present. The situation becomes drastically different when it is introduced in a wealthy country. In the United States only 11 people became infected and were quickly quarantined to prevent further infection. The strong central government of the United States was able to react very quickly and very decisively to the outbreak and as a result, many lives were saved. There aren't as many similarities between Ebola and SARS as there are between SARS and Influenza. Despite this, the study of the Ebola outbreak can provide insight on how a modern world dealt with a modern outbreak.



CHARACTER BIOGRAPHIES

HEADS OF STATE PRESENT BY REGION

Americas:

President of the United States

Prime Minister of Canada

President of the United Mexican States

President of Federative Republic of Brazil

President of the Argentine Republic

Europe:

President of the Russian Federation

Prime Minister of the United Kingdom

Chancellor of the Federal Republic of Germany

Prime Minister of the Kingdom of Sweden

Prime Minister of the French Republic

President of the Italian Republic

Middle East:

President of the Islamic Republic of Pakistan

Salman of the Kingdom of Saudi Arabia

Prime Minister of Israel

President of the Republic of Turkey

Asia:

President of the People's Republic of China

Prime Minister of Japan



President of the Republic of Indonesia

President of the Republic of India

Dear Respected Comrade, Chairman of the Workers' Party of Korea, Chairman of the State Affairs Commission of the Democratic People's Republic of Korea and Supreme Commander of the Korean People's Army of the Democratic People's Republic of Korea

President of the Republic of Korea

Africa:

President of the Arab Republic of Egypt

President of the Federal Republic of Nigeria

President of the Democratic Republic of the Congo

President of the Republic of Kenya

***The Heads of State shall represent their respective country's government and interests and shall assume all the power of their government.**



QUESTIONS TO CONSIDER

1. What does your character want to see in a solution? What are your country's official protocols for dealing with outbreaks?
2. How can your country/character help contain the disease globally?
3. What other countries can you either send aid or receive aid from?
4. If conflicts were to arise over resources, refugees, a cure, or something similar, how would you deal with it and who potentially could you ally with?



ADDITIONAL RESOURCES

<https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html>

<https://virus.stanford.edu/uda/>

<https://www.cdc.gov/sars/>

<https://jvi.asm.org/content/80/9/4211>

<https://www.cdc.gov/coronavirus/types.html>

<https://www.healthline.com/health/severe-acute-respiratory-syndrome-sars#symptoms>

