

CRISIS COMMITTEE

OPERATION LAZARUS

Global Emergency Response to the Green Flu Outbreak

MUN CRISIS STUDY GUIDE

Committee	International Emergency Health Council (IEHC)
Crisis Setting	1936 — Interwar Period
Universe	Left 4 Dead Expanded Lore
Classification	CONFIDENTIAL — DELEGATE USE ONLY

This document contains classified information pertaining to the ongoing Sacro-Necro Viral Outbreak (Green Flu / GF-01 strain).
Unauthorised distribution is a violation of Emergency Decree No. 7 — 1936.

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SECTION I — HISTORICAL BACKGROUND (1900–1936)

1.1 The Pre-Viral Era: Parallel Research Programs

In the early years of the twentieth century, rapid industrialisation and the expansion of colonial medicine created a peculiar environment for scientific ambition. Two seemingly unrelated research programmes — one in the Pacific Northwest of the United States, another in the Imperial laboratories of Nagasaki, Japan — were independently investigating the neurological properties of fungal and viral co-infections observed in mammals. Neither institution was aware of the other's work, yet both were inching toward the same precipice.

In **1903**, Dr. Victor Harlow of the Harlow Medical Research Consortium (Portland, Oregon) first catalogued an anomalous haemorrhagic fever among Pacific Northwest railroad workers that displayed an unusual post-mortem reanimation reflex in laboratory rats. Harlow dismissed the phenomenon as galvanic nerve response and filed no formal report. His notes, however, were acquired by a War Department liaison in 1918.

Simultaneously, the **Imperial University of Nagasaki's** Department of Tropical Pathology was studying Cordyceps-adjacent fungi that affected coastal bat populations. By **1907**, Professor Kenji Murakami had documented a neurotropic strain — internally designated *Batrachochytrium neurotropica* — capable of altering host aggression in macaques. Murakami's funding was quietly transferred to the Imperial Army's biological research bureau in **1910**.

1.2 The Great War & Weaponisation Attempts (1914–1918)

The outbreak of the First World War accelerated fringe research into biological agents. A joint Anglo-American memorandum of **1916** referenced 'cataleptic re-animation agents' as a potential crowd-denial weapon for trench warfare. However, no viable human strain had yet been isolated. The armistice of 1918 effectively shelved these projects — officially.

During the post-war influenza pandemic of **1918–1919**, field physicians in both Japan and the United States reported isolated clusters of recovered patients displaying extreme aggression, photophobia, and partial necrosis of dermal tissue. The reports were attributed to secondary bacterial infection and archived. Modern retrospective analysis strongly suggests these were early, naturally occurring expressions of what would become the GF-01 strain — suggesting the pathogen had existed in low-level zoonotic transmission for decades.

1.3 The Dual Laboratory Incidents of 1928

CRITICAL CRISIS EVENT

On **14 March 1928**, two near-simultaneous laboratory accidents — separated by 9,000 miles — released early variants of GF-01 into the general population. These incidents are considered the true origin of the current pandemic.

The Harlow Consortium Incident (Portland, Oregon — March 14, 1928): A containment failure in Sub-Level 3 of the Harlow Medical Research Building released aerosolised GF-01 alpha-strain into the city's ventilation network. Twelve laboratory staff became Patient Zero candidates. Within 72 hours, a cluster of 34 infected individuals was identified in the adjacent waterfront district. The U.S. government imposed a localised quarantine under the cover story of a 'municipal gas leak emergency.' National Guard units enforced a six-block exclusion zone for eleven days. Official casualty figures listed 67 dead; declassified documents suggest the number exceeded 300.

The Nagasaki Imperial Laboratory Incident (March 14, 1928): A Type-B containment vessel ruptured during a pressure test at the Imperial Army's Biological Research Annex in Nagasaki's Nishiyamate district. The

incident was initially attributed to sabotage by a Korean dissident. The infected zone encompassed three city wards. Imperial authorities quarantined and burned two residential blocks within 48 hours, a measure later lauded in internal military communications as 'surgically effective.' Surviving witnesses report soldiers firing on civilians attempting to flee the cordon. The official death toll — 21 persons — is almost certainly a severe undercount.

1.4 The Years of Silence & Spreading Embers (1928–1933)

Following the 1928 incidents, both governments enacted a strict policy of information suppression. A bilateral back-channel — the **Lazarus Accord** (unsigned, 1929) — ostensibly committed Washington and Tokyo to joint containment protocols and a mutual moratorium on offensive research. In practice, both parties continued independent programmes under new institutional covers.

The Great Depression beginning in **1929** paradoxically aided containment: mass displacement of populations was already occurring for economic reasons, making it easier to rationalise quarantine movements as relief relocations. However, it also created vast populations of homeless and transient individuals who became unwitting vectors. Several minor outbreaks were recorded in American hobo camps (1930–1931), quickly suppressed by federal agents.

In Japan, the virus spread silently through military conscript populations in Manchuria following the **Mukden Incident of 1931**. Japanese field commanders reported 'berserk soldier syndrome' — infected troops attacking their own units. These incidents were classified as battlefield psychosis. The virus had found a new reservoir in the chaos of warfare.

1.5 The Shanghai Cluster & International Awareness (1933–1935)

The first internationally visible outbreak occurred in **Shanghai's International Settlement in August 1933**. A cluster of 89 confirmed cases in the Hongkou district could not be fully suppressed before foreign press correspondents observed and reported on the 'frenzied plague victims.' The story was widely dismissed as sensationalist journalism. The League of Nations Health Organisation (LNHO) sent a two-person delegation, which was denied access by Chinese and Japanese military authorities and filed no formal report.

By **1934**, the British Colonial Office received intelligence reports from Hong Kong, Singapore, and Rangoon describing outbreaks of a 'haemorrhagic aggression fever' with identical presentation. MI6 opened a classified file designated *Operation Lazarus* — the name later adopted for this crisis committee. The Soviet NKVD filed parallel intelligence suggesting Japanese Army Unit 731 had achieved stable human-to-human transmission.

In **1935**, a critical epidemiological paper by Dr. Eleanor Vance of Johns Hopkins University — 'Neurotropic Viral Cascades in Primates: Aggression, Reanimation, and the Missing Pathogen' — was submitted to *The Lancet* and *JAMA* simultaneously. Both journals rejected it under government pressure. Vance was quietly committed to a federal sanatorium. Her paper circulated in samizdat form among virologists.

1.6 Crisis Point: 1936

The year 1936 represents the crisis inflection point. Three simultaneous developments have overwhelmed existing suppression capacity:

- **The Pacific Seaboard Surge:** Confirmed GF-01 outbreaks in Seattle, San Francisco, and Los Angeles waterfront districts, linked to infected cargo vessels arriving from Japanese-controlled ports. The Roosevelt administration has invoked emergency powers under the Public Health Service Act, but containment is fragmenting.
- **The Osaka Cascade:** An urban outbreak in Osaka's Namba district has exceeded 1,200 confirmed infections. Imperial authorities have deployed Army units for perimeter control, but population density is severely hampering containment. The infection is spreading along rail corridors toward Kyoto and Kobe.
- **Intelligence Leak:** A British agent has passed the full contents of the Lazarus Accord and related American and Japanese research files to the League of Nations. The secret of the dual 1928 origins is no

longer containable. An emergency session of the International Emergency Health Council has been convened.

KEY TIMELINE

YEAR	EVENT
1903	Harlow documents anomalous post-mortem reflex in Portland workers
1907	Murakami isolates neurotropic fungal strain in Nagasaki bat populations
1916	Anglo-American memo on 're-animation agents' as trench warfare deterrent
1918–19	Post-influenza aggression clusters — first suspected human GF-01 cases
1928	DUAL INCIDENT: Harlow Consortium & Nagasaki Lab accidents (March 14)
1929	Lazarus Accord — secret bilateral containment agreement (unsigned)
1930–31	Minor outbreaks in American Depression-era transient populations
1931	'Berserk soldier syndrome' in Manchuria — military vectors established
1933	Shanghai International Settlement cluster — first foreign press exposure
1934	UK opens Operation Lazarus file; Soviet intelligence confirms Unit 731 link
1935	Dr. Vance's paper suppressed; virus reaches stable human-to-human transmission
1936	CURRENT CRISIS — Pacific Seaboard Surge + Osaka Cascade + Intelligence Leak

SECTION II — VIROLOGY & EPIDEMIOLOGY OF GF-01

The causative agent of the current outbreak has been designated **Green Flu Strain 01 (GF-01)**, also referred to in classified literature as the **Sacro-Necro Virus (SNV)** or, colloquially among infected populations, 'the Green Flu.' GF-01 is a neurotropic, haemorrhagic RNA virus that combines properties of rabies-like encephalitic viruses and Cordyceps-type fungal neural hijacking mechanisms. It defies standard classification under 1930s medical taxonomy.

2.1 Transmission Pathways

PRIMARY TRANSMISSION (Direct, High Efficiency)

- **Bite & Deep Scratch:** The most efficient transmission vector. Saliva of infected individuals carries extremely high viral loads. A single deep bite delivers sufficient inoculum to establish infection in 98.7% of cases. Incubation following bite: 12–72 hours (mean 24 hours).
- **Blood-to-Blood Contact:** Direct exposure of open wounds or mucous membranes to infected blood. Transmission rate: ~85% with significant exposure. Field medics and soldiers are at extreme risk during combat operations.
- **Aerosol (Close Range):** Infected individuals produce viral-laden respiratory droplets at high velocity during their characteristic screaming and moaning behaviours. Effective range: 1–2 metres. Transmission probability per exposure: ~35%.

SECONDARY TRANSMISSION (Indirect, Moderate Efficiency)

- **Contaminated Water Supply:** GF-01 survives in standing water for up to 72 hours at 20°C. Waterway contamination from decomposing infected remains has caused cluster outbreaks in downstream communities. Boiling is effective.
- **Fomite Contact:** Virus survives on non-porous surfaces (metal, glass) for up to 6 hours. Door handles, rail car grips, and shared utensils in outbreak zones are significant risk surfaces. Standard disinfectants (bleach, carbolic acid) are effective.
- **Animal-to-Human (Secondary):** Following animal reservoir infection, bite or scratch transmission to humans is possible. Efficiency is lower than direct human-to-human transmission due to viral load differences (see 2.2).

TERTIARY / ENVIRONMENTAL TRANSMISSION (Low Efficiency, Long-Range Risk)

- **Atmospheric Aerosolisation (Mass Events):** In conditions of dense infected populations in enclosed spaces (tunnels, warehouses, ships), viral particulate can remain suspended for up to 4 hours. This pathway is responsible for the rapid spread aboard cargo vessels. Gas masks with particulate filtration provide significant but not complete protection.
- **Soil & Decomposition Runoff:** Mass graves and unprocessed remains in outbreak zones leach viral material into soil. Agricultural areas downstream of outbreak zones face contamination risk. Incubation via this route is longer (4–10 days) and infection probability is low (~8%), but the scale of potential exposure makes it an important long-term factor.
- **Reactivation in Corpses:** Most critically, and uniquely among known pathogens, GF-01 maintains replication capacity in recently deceased hosts for up to 6 hours post-death. The virus hijacks residual autonomic nervous system function, producing limited ambulatory movement. Corpses in this state are vectors of primary-level transmission.

2.2 Animal Vectors & Reservoir Hosts

GF-01 has demonstrated cross-species transmission capability across a wider range of mammalian hosts than any previously documented pathogen. The following species profiles are based on field and laboratory data compiled through 1935:

SPECIES	ROLE	TRANSMISSION TO HUMANS
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Corvids (crows, ravens)	Active Vector	Low-Medium (~15% via scratch)	Highly mobile; responsible for long-distance spread across geographic regions.
Rats & Rodents	Reservoir Host	Low (~8% via bite)	Urban rodent populations serve as persistent viral reservoirs. Do not become symptomatic.
Canines (dogs, wolves)	Active Vector	High (~70% via bite)	Become highly aggressive within 18–36 hrs of infection. Pack behavior amplifies spread.
Felines (domestic/wild)	Limited Vector	Low-Medium (~20% via scratch)	Cats appear partially resistant; some become symptomatic, others remain asymptomatic carriers.
Bats	Primary Reservoir (Zoonotic Origin)	Low (direct contact only)	Believed to be the original natural reservoir from which both the Harlow and Harlow variants emerged.
Swine	Amplifying Host	Medium (~40% via blood contact)	Pigs amplify viral load and shed heavily. Pork processing facilities in Southeast Asia are high-risk zones.
Primates (inc. humans)	Definitive Host	Very High (98%+ via bite)	Humans are the most efficient host for full GF-01 neurological transformation.

2.3 Clinical Progression & Symptoms

GF-01 infection progresses through four clinically distinct stages. The speed of progression varies with transmission route (bite = fastest), viral load, and individual immune status. **There is currently no known cure or vaccine.** Supportive care can extend pre-transformation survival. A small subset of the population (~1–2%) appears to carry a genetic variant (CXCR4 polymorphism) providing near-complete resistance to full neurological transformation — these individuals are immune carriers.

STAGE	DURATION	SYMPTOMS	COMMUNICABILITY
Stage 0 Exposure	0–6 hrs	Wound site inflammation. Mild fever onset (37.5–38.5°C). Anxiety, restlessness.	Low Saliva/blood contact only
Stage 1 Prodromal	6–24 hrs	High fever (39–41°C). Severe headache, photophobia (light sensitivity). Nausea, vomiting.	Moderate Respiratory droplets, nasal secretions
Stage 2 Neurological Cascade	24–48 hrs	Rapid escalation: Extreme hyperthermia (41–43°C). Hallucinations and delirium. Aggressive behavior.	High Oral and respiratory secretions
Stage 3 Full Transformation	48 hrs+	Host becomes a 'Common Infected' — fully driven by base predatory instincts. Loss of higher cognitive functions.	Very High All bodily fluids, primarily via bite
Post-Mortem State	Up to 6 hrs post-death	Limited ambulatory reanimation. Slower movement than Stage 3. Viral shedding continues.	High Blood, saliva, feces

2.4 Special Infected Phenotypes

A critical and alarming finding of the 1928–1935 research period is that a minority of infected individuals (~3–5%) undergo radically divergent transformation pathways, producing what field operatives call **'Special Infected'** — individuals with amplified, specific physical mutations. The mechanism is not understood. Current hypotheses focus on pre-existing genetic conditions, immune responses, or variant viral strains. These represent extreme tactical threats:

- **The Hunter:** Develops extreme musculature and a predatory stalking instinct. Capable of leaping 6–8 metres and targeting isolated individuals. Most commonly observed in young male subjects.
- **The Boomer:** Undergoes extreme gastrointestinal proliferation of viral matter, resulting in massive distension and production of bile that attracts other infected. Explosion upon death releases infectious aerosols.

cloud.

- **The Smoker:** Develops elongated, prehensile tongue musculature (up to 15m) capable of constricting and dragging victims. Exhales toxic viral particulate.
- **The Tank:** Rare but catastrophic — extreme hypertrophic musculature, near-total necrotic skin coverage, and resistance to small arms fire. Requires sustained heavy weapons or incendiary devices to neutralise.
- **The Witch:** A withdrawn, lethargic variant — stationary until approached, then attacks with extreme speed and strength. Possibly female-phenotype specific.

SECTION III — CONTAMINATION ZONE CLASSIFICATION

The International Emergency Health Council has adopted a tri-colour zoning system to standardise communication about GF-01 outbreak status across member states. Zone classifications are based on four criteria: confirmed infection density, rate of perimeter breach, civilian evacuation status, and military containment assessment. Zones are reassessed every 48 hours by field epidemiologists where access is possible.

RED ZONES — ACTIVE OUTBREAK / CONTAINMENT FAILURE

Definition: Areas with confirmed, uncontrolled GF-01 transmission. Infected population exceeds uninfected in designated area, OR military cordon has been breached, OR civilian evacuation has failed. Entry by non-military personnel is prohibited. Military entry requires hazmat protocols and armed escort. All Red Zone inhabitants are presumed infected or compromised.

LOCATION	STATUS	NOTES
Portland Waterfront District, USA	RED — Since 1928, recurrent	Site of original Harlow incident; area has never achieved stable containment. Ongoing
Nagasaki Nishiyamate Ward, Japan	RED — Since 1928, contained	Imperial Army maintains hard cordon; area effectively isolated. Population evacuated
Seattle Waterfront, USA	RED — Active Surge (1936)	Three cargo vessels from Yokohama docked infected. Spread to six city blocks. No
San Francisco Embarcadero, USA	RED — Active Surge (1936)	Second vessel-origin outbreak. Federal quarantine declared. Bay area in partial ev
Osaka Namba District, Japan	RED — Active Cascade (1936)	Urban density making containment impossible. 1,200+ confirmed. Army cordon un
Shanghai Hongkou District, China	RED — Endemic (since 1933)	Never fully cleared after 1933 cluster. Chinese Nationalist and Japanese occupatio
Manchurian Front Zones, China	RED — Military Vector	Infected soldiers and civilian displaced populations create persistent outbreak cor

YELLOW ZONES — HIGH RISK / ELEVATED MONITORING

Definition: Areas with confirmed individual or small-cluster cases but where transmission chains have been disrupted or are being actively managed. Also includes areas with no current confirmed cases but with identified exposure pathways to Red Zones (shared rail/shipping/air routes, displaced population flows, or confirmed animal vector presence). Civilian movement is restricted. Medical surveillance is mandatory. Military presence is authorised but non-combat.

LOCATION	RISK FACTOR	NOTES
Los Angeles, USA	Vessel Arrival / Population Spread	Infected vessel intercepted offshore. Two confirmed cases in longshoreman
Kyoto & Kobe, Japan	Proximity / Rail Corridor	Osaka outbreak spreading along Tokaido rail line. Evacuation of tourists and foreig
Tokyo Metropolitan Area, Japan	National Vector Risk	No confirmed cases, but infected rail passengers from Osaka region intercepted. F
Hong Kong (British), China	Port Activity / Intelligence Reports	Multiple intelligence reports of infected stowaways on vessels from Shanghai. Briti
Vancouver, Canada	Proximity to US Red Zones	Receiving refugees from Seattle. No confirmed cases but public health surveillanc
Pearl Harbour / Honolulu, Hawaii	Military Staging + Pacific Routes	US Navy vessels operating in Pacific face exposure via Japanese-controlled ports
Vladivostok, Soviet Union	Border / Intelligence	NKVD reports of infected individuals near border with Japanese Manchuria. Sovie
Manila, Philippines (US)	Pacific Trade Hub	Major Pacific shipping nexus. Strict vessel quarantine protocols in force. Two susp
Singapore (British)	Intelligence / Trade	British intelligence flagging regional spread risk. Gurkha units stationed in potentia
Sydney, Australia	Early Warning	No confirmed cases. Australian government receiving intelligence briefings from L

GREEN ZONES — CONTAINMENT-STABLE / UNAFFECTED

Definition: Areas with no confirmed GF-01 cases and no identified active exposure pathway in the preceding 30 days. Green status does not imply zero risk; it indicates that current surveillance and containment measures are functioning. All Green Zone nations are expected to maintain enhanced port health protocols, fund IEHC operations, and share epidemiological intelligence. **Green status can change to Yellow within 48 hours** with a single confirmed case in a proximate region.

LOCATION / REGION	RISK ASSESSMENT	PROTECTIVE FACTORS
Continental Europe (UK, France, Germany, Italy, Spain)	LOW-MEDIUM	Geographic isolation from Pacific. No direct shipping routes from known Red Zones with
Soviet Union (European Russia)	LOW-MEDIUM	Vast geographic buffer. NKVD internal surveillance. However, Trans-Siberian Railway c
Sub-Saharan Africa	LOW	Minimal direct shipping contact with Pacific outbreak zones. Limited surveillance infrastr
Latin America	LOW	Pacific coast nations (Chile, Peru) at slightly elevated risk from shipping routes. Atlantic
India (British)	LOW-MEDIUM	Major population centres have trade links with Shanghai and Singapore (Yellow). British
Middle East / Ottoman successor states	LOW	No identified exposure pathways. Trade routes do not intersect with known vectors.
Scandinavia / Northern Europe	VERY LOW	Furthest geographic remove from outbreak zones. Stringent national quarantine historie

SECTION IV — GEOPOLITICAL LANDSCAPE & COUNTRY POSITIONS (1936)

The following country briefs outline the position, knowledge base, and policy stance of each major power represented on the International Emergency Health Council as of the 1936 crisis session. Delegates should study their assigned country's position carefully. The disclosure of the Lazarus Accord has created an unprecedented situation of mutual culpability between the United States and Japan — a dynamic that will shape every negotiation in this committee.

UNITED STATES OF AMERICA

★ USA DEFENSIVE /
DAMAGE CONTROL

*Lazarus Accord Signatory —
Primary Responsible Party*

The United States enters this crisis session in the most politically precarious position of any delegation. The leaked Lazarus Accord directly implicates Washington in the suppression of information about the 1928 Harlow incident and subsequent outbreaks. The Roosevelt administration, elected on a platform of domestic recovery, faces the simultaneous challenge of managing active Red Zone outbreaks on the Pacific Seaboard and deflecting accountability in an international forum.

Domestically, the New Deal apparatus is being repurposed for emergency response. The Civilian Conservation Corps (CCC) has been quietly redeployed to establish quarantine perimeters in the Pacific Northwest. The Public Health Service is operating under Emergency Executive Order with its budget tripled. However, the fundamental challenge remains: the U.S. cannot acknowledge the full scope of the 1928 incident without devastating diplomatic and domestic political consequences.

The United States' position will be to emphasise forward-looking international cooperation while resisting any resolution language that constitutes a formal admission of historical liability. Washington will seek to redirect blame toward Japan (whose Nagasaki incident equally contributed to spread) and to present the current U.S. military and public health response as proof of responsible stewardship.

KEY POSITIONS & POLICY DIRECTIVES:

- **Immediate Response:** Supports international quarantine protocols and emergency resource sharing — provided these do not impede U.S. military operational security.
- **Historical Accountability:** Adamantly opposes any resolution framing the 1928 incidents as acts of negligence. Will accept language of 'unforeseen accident' only. Veto-equivalent opposition to reparations language.
- **Research Sharing:** Willing to share epidemiological data collected 1929–1936 (excluding weapons research). Will not declassify pre-1929 Harlow research.
- **Military Involvement:** Advocates for national military authority over containment operations. Opposes international peacekeeping forces operating on U.S. soil.
- **Vaccine Research:** Proposes joint international vaccine research body — headquartered in Washington, with U.S. leading scientific direction.

EMPIRE OF JAPAN

■ JAPAN AGGRESSIVE /
DEFLECTION & EXPANSION

*Lazarus Accord Signatory —
Primary Responsible Party*

The Imperial Japanese delegation faces an extraordinary dilemma. Japan is both a primary responsible party for the global outbreak and the nation currently experiencing the most acute domestic crisis, with the Osaka Cascade threatening to overwhelm military containment. Tokyo's political structure — dominated by an increasingly militarist government following the 1936 February 26 Incident (an attempted coup by Imperial Army officers) — means that civilian diplomats operate under intense military scrutiny.

The Imperial Army's position, transmitted to the Foreign Ministry, is that the GF-01 virus represents a national security asset as much as a public health threat. Internal military memoranda from Unit 731 suggest that weaponised strains are still being developed in Manchuria — a programme that cannot be abandoned without direct Imperial Army authorization. The Foreign Ministry is therefore tasked with protecting military interests while presenting a cooperative international face.

Japan's leverage in this committee is the threat of withdrawal and unilateral action. If cornered on accountability, Japanese delegates are authorised to invoke national sovereignty and refuse international inspection of Manchurian facilities — while simultaneously requesting emergency international medical aid for the Osaka outbreak.

KEY POSITIONS & POLICY DIRECTIVES:

- **Historical Accountability:** Categorically denies any offensive research mandate at Nagasaki. The 1928 incident was a 'tragic natural accident.' Will accept sympathy statements but no liability. Will deflect to American culpability.
- **Manchuria:** Under no circumstances will Japan accept international inspection of Manchurian military facilities. Will offer civilian Red Cross access to Osaka as a diversion.
- **Domestic Emergency Aid:** Seeks international medical supplies, physicians, and logistical support for Osaka without conditions. Frames this as 'Japan is also a victim.'
- **Regional Containment Authority:** Asserts Japanese military authority over all containment operations in East Asia, including occupied Chinese territories. Opposes any resolution granting Chinese or Soviet forces operational authority in the region.
- **Intelligence:** Will share curated epidemiological data. Will not share Unit 731 research under any circumstances.

UNITED KINGDOM

♦ UK PRAGMATIC
MULTILATERALISM

*Informed Observer — Imperial
Interests at Risk*

Britain occupies the unusual position of being a well-informed neutral party with enormous strategic interests at stake. The existence of Operation Lazarus files since 1934 means that British intelligence has a fuller picture of the outbreak's origins than most delegations — and the British delegation is aware of both American and Japanese culpability.

The core British interest is protecting the Empire: Hong Kong, Singapore, Malaya, India, Burma, and Australia are all in Yellow or at-risk zones. The Royal Navy's ability to maintain sea lanes is threatened by infected cargo vessels. The City of London's trade networks through Shanghai and Hong Kong are already disrupted. Britain needs effective international action, and fast — but is also deeply cautious about any resolution that sets precedents for international sovereignty violations, given Britain's own colonial interests.

The British delegation will position itself as an honest broker — leveraging its intelligence advantage to broker agreements between the U.S. and Japan while advancing Empire protection. Britain will use the threat of full intelligence disclosure as a negotiating chip.

KEY POSITIONS & POLICY DIRECTIVES:

- **International Framework:** Strongly advocates a binding international health emergency protocol modelled on LNHO structures, with enforcement mechanisms.
- **Shipping & Trade:** Demands mandatory vessel health inspections at all major Pacific ports as a precondition for continued trade. Will implement unilaterally in Empire ports if multilateral agreement fails.
- **Accountability:** Privately favours accountability language for both USA and Japan but will trade this away in exchange for firm containment commitments.
- **Colonial Protection:** Insists on British military authority over all containment operations in British colonial territories. Will not accept League of Nations forces in Empire territory.
- **Research:** Supports joint international vaccine research. Proposes Imperial College London as co-lead institution.

GERMANY (THIRD REICH)

◆ GERMANY
OPPORTUNISTIC /
SOVEREIGNTY-FOCUSED

*Opportunistic Actor —
Ideological Leverage*

The National Socialist government, in power since 1933 and presently consolidating its rearmament programme in violation of Versailles, approaches this crisis primarily as a geopolitical opportunity. Hitler and the foreign policy establishment around Ribbentrop and Neurath see the outbreak as accelerating the decline of British and American global authority — a development that benefits German revisionist objectives.

Germany has no confirmed GF-01 cases and faces minimal direct exposure risk from current outbreak zones. Berlin's interest in the committee is therefore threefold: to assert its return to great-power status on an international stage, to prevent any international emergency framework that could be used to justify future interference in German internal affairs, and to offer technical assistance (Germany has world-class virology and public health infrastructure) as leverage for diplomatic concessions — particularly the relaxation of remaining Versailles restrictions.

The German delegation will present a technically sophisticated and apparently cooperative face while consistently undermining any resolution that creates binding international inspection authorities or that weakens the principle of national sovereignty over public health.

KEY POSITIONS & POLICY DIRECTIVES:

- **International Authority:** Opposes any binding international inspection regime. All nations have the sovereign right to manage internal health emergencies. Supports voluntary information-sharing only.
- **Technical Assistance:** Offers German virology expertise (Robert Koch Institute) and pharmaceutical industrial capacity for vaccine research — in exchange for formal recognition of German equality of status among great powers.
- **Rearmament Link:** Privately, the Reich sees quarantine zone management as justification for continued military build-up. Will cite outbreak risk as reason for German rearmament in any bilateral discussions.
- **Jewish/Minority Framing:** German internal communications (not shared internationally) attribute outbreak spread to 'racial hygiene failures.' Delegates must be aware this ideological framing exists but operates in back channels.
- **Eastern Europe:** Supports strong eastern containment barriers — aligns with German territorial interest in creating buffer zones.

UNION OF SOVIET SOCIALIST REPUBLICS

★ USSR ASSERTIVE /
ANTI-IMPERIALIST FRAMING

*Independent Intelligence Actor
— Ideological Opposition*

The Soviet Union under Stalin approaches the crisis through the lens of its twin imperatives: industrial modernisation and ideological competition with capitalist powers. Soviet military intelligence (GRU) has independently confirmed the existence of Unit 731's operations and the broad outline of the Lazarus Accord. Moscow has been deliberately sitting on this intelligence pending the optimal moment to deploy it as diplomatic leverage.

The Soviet Union faces a genuine security threat from its Pacific borders: Vladivostok and the Far Eastern Military District are in proximity to Japanese Manchurian operations. The NKVD has already executed several suspected infected individuals near the border. Stalin's internal directives call for absolute border security and shoot-on-sight orders for individuals attempting to enter Soviet territory from Manchuria.

The Soviet delegation will present an ideological counter-narrative: the outbreak is the direct result of capitalist imperialism and military adventurism — specifically Japanese colonialism and American corporate science without public accountability. Moscow will use the crisis to champion a Soviet-led international health framework as an alternative to Western-dominated institutions.

KEY POSITIONS & POLICY DIRECTIVES:

- **Accountability:** Strongly supports full international accountability proceedings against both the U.S. and Japan. Will move to place Lazarus Accord details in the formal record. Frames this as anti-imperialist justice.
- **Border Security:** Insists on Soviet sovereign authority over all containment measures on Soviet territory. Supports a strong eastern containment line against Japanese spread — ideally one that also limits Japanese military reach.
- **International Framework:** Proposes a Soviet-designed international health emergency body with equal representation for all nations — designed to counter Western and League of Nations dominance.
- **Research:** Offers Soviet medical research capacity. Will share NKVD intelligence on Unit 731 selectively — as leverage, not openly.
- **Military Cooperation:** Open to joint Soviet-Chinese (Nationalist or Communist) containment operations in Manchuria — a position that aligns with broader anti-Japanese strategic interests.

FRANCE (THIRD REPUBLIC)

■ FRANCE
MULTILATERALIST /
CAUTIOUSLY ENGAGED

*Multilateralist — League of
Nations Champion*

France in 1936 is a republic under severe domestic strain: the Popular Front government of Léon Blum has just come to power, labour unrest is significant, and the remilitarisation of the Rhineland has shaken French security calculus. France has no direct exposure to GF-01 outbreaks and receives information through League of Nations Health Organisation channels and its own intelligence services operating in Indochina and the Pacific.

French Indochina (Vietnam, Laos, Cambodia) sits in a Yellow-adjacent zone, given trade links with Shanghai and Hong Kong. The Blum government's commitment to the League of Nations makes France a natural advocate for multilateral solutions. However, France is also acutely conscious of not committing resources it cannot afford, given its domestic political and economic situation.

KEY POSITIONS & POLICY DIRECTIVES:

- **League of Nations:** Insists that any international emergency health body operate under League of Nations auspices. Opposes parallel structures dominated by any single great power.
- **Colonial Protection:** Insists on French authority over containment operations in French Indochina. Will commit French colonial military forces to regional containment if a multilateral framework is agreed.
- **Accountability:** Supports accountability language — particularly given Popular Front's anti-imperialist domestic politics — but will not let it block a functional agreement.
- **Funding:** Will contribute to international response fund proportionally. Requests that wealthier nations (USA, UK) bear the primary financial burden.

KINGDOM OF ITALY

◆ ITALY
SOVEREIGNTY-FOCUSED /
OPPORTUNISTIC

*Revisionist Power —
Sovereignty Focus*

Mussolini's Italy is presently engaged in the conquest of Abyssinia (1935–1936) and is in open defiance of League of Nations sanctions. The Italian delegation views this crisis as both a distraction from Italian strategic objectives and an opportunity to demonstrate that Italy can act as a responsible great power — selectively, when convenient.

Italy faces minimal direct outbreak risk. The crisis committee provides Mussolini with a platform to rehabilitate Italian standing after Abyssinia while avoiding any resolution that constrains Italian sovereignty or military operations in Africa. Italy will cooperate on technical measures while opposing any enforcement mechanisms.

KEY POSITIONS & POLICY DIRECTIVES:

- **Sovereignty:** Categorically opposes binding international inspection or enforcement powers. Aligns with Germany on this principle.
- **Mediterranean Security:** Supports strong quarantine measures in Mediterranean ports — frames as Italian initiative to protect European civilisation from 'Eastern plague.'
- **League Sanctions:** Will trade crisis cooperation for movement on Abyssinia sanctions relief. Links are diplomatic, not formally stated.
- **Domestic Use:** Fascist propaganda will frame any Italian contribution to crisis response as proof of national strength and civilisational mission.

REPUBLIC OF CHINA

■ CHINA CRISIS VICTIM /
DEMANDING JUSTICE

*Primary Victim State —
Sovereignty Under Occupation*

The Republic of China under Chiang Kai-shek's Nationalist government presents arguably the most morally straightforward position at the table: China is simultaneously a primary victim of GF-01 (the Shanghai cluster, the Manchurian outbreak corridor) and a victim of Japanese military occupation that has directly interfered with its ability to respond. Chinese territory hosts multiple Red Zones that Chinese authorities cannot fully access due to Japanese military presence.

The Nationalist government is also managing the ongoing civil conflict with the Chinese Communist Party (the Long March having concluded in 1935). Chiang's government needs international recognition, resources, and ideally international pressure on Japan — all of which this committee can provide. China will be an vocal advocate for accountability, for naming Japan as a responsible party, and for international support for Chinese sovereignty.

KEY POSITIONS & POLICY DIRECTIVES:

- **Japanese Accountability:** Primary demand: formal international censure of Japan for suppressing outbreak information and for blocking Chinese containment efforts in occupied territories.
- **Humanitarian Aid:** Requests immediate international medical and humanitarian aid for affected Chinese civilian populations, distributed through Chinese (not Japanese-controlled) channels.
- **Sovereignty:** Insists on full Chinese government authority over containment operations in unoccupied China. Will accept international technical assistance under Chinese command.
- **Manchuria:** Supports international inspection of Japanese Manchurian military facilities — one of few points of alignment with the Soviet Union.
- **League Recognition:** Seeks League of Nations formal recognition of Chinese territorial claims as a component of any crisis resolution framework.

APPENDIX — GLOSSARY OF TERMS & ABBREVIATIONS

GF-01	Green Flu Strain 01 — the primary viral designation for the causative agent of the current outbreak.
SNV	Sacro-Necro Virus — classified internal designation used in early U.S. research documents.
IEHC	International Emergency Health Council — the crisis committee body convened to address the outbreak.
LNHO	League of Nations Health Organisation — the predecessor to modern international health bodies; formally involved since the 1933 Shanghai cluster.
Lazarus Accord	Unsigned bilateral agreement between the U.S. and Japan (1929) committing to joint containment and information suppression of GF-01 origins.
Unit 731	Covert Imperial Japanese Army biological research unit operating in Manchuria. Responsible for weaponisation research on GF-01.
Harlow Consortium	American private-military research institution responsible for the 1928 Portland incident; now operating under federal oversight.
Common Infected	Field term for a fully transformed GF-01 host at Stage 3 — completely neurologically compromised, highly aggressive.
Special Infected	Field term for GF-01 hosts who have undergone atypical physical transformation with enhanced or unusual capabilities.
Red Zone	IEHC classification for an area with active, uncontrolled GF-01 transmission.
Yellow Zone	IEHC classification for an area with contained/emerging cases or significant proximity risk to a Red Zone.
Green Zone	IEHC classification for an area with no confirmed cases and no active exposure pathway.
Immune Carrier	An individual possessing the CXCR4 genetic polymorphism conferring near-complete resistance to full neurological transformation. Approximately 1–2% of population.
Post-Mortem State	The 0–6 hour window following death of an infected host during which limited GF-01-driven autonomic motion is possible. Remains a high-level transmission risk.
Fomite	Any inanimate object that can carry and transfer the virus (door handles, utensils, etc.).
Zoonotic	Refers to a disease naturally transmissible between animals and humans; GF-01 originated via zoonotic transfer from bat reservoir hosts.
Operation Lazarus	MI6 file designation for GF-01 intelligence gathering operations, 1934–present. Also the name adopted for this crisis committee.

actual historical positions or statements. The crisis scenario, outbreak details, and country positions are entirely fabricated for simulation purposes.