

Bio & Terror Bible

EXPOSING THE COMING BIO-TERROR PANDEMIC

BIOTERRORBIBLE.COM: To date, there have been 5 published bio-terror war-games that shed light on possible future bio-terror attack scenarios. Based on these elaborate war-games, it can only be concluded that a bio-terror attack is in the cards and may be played in a last ditch effort to regain political, economic and military control of society.

Title: Dark Winter Pretext for TOPOFF/CCMRP/CDRNE Martial Law Drills

Date: June 22-23, 2001

Source: [Prison Planet](#)

Abstract: This exercise was made possible by grant funding from The McCormick Tribune Foundation and The Oklahoma City National Memorial Institute for the Prevention of Terrorism.

On 22-23 June, 2001, the Center for Strategic and International Studies, the Johns Hopkins Center for Civilian Biodefense Studies, the ANSER Institute for Homeland Security, and the Oklahoma City National Memorial Institute for the Prevention of Terrorism, hosted a senior-level war game examining the national security, intergovernmental, and information challenges of a biological attack on the American homeland. With tensions rising in the Taiwan Straits, and a major crisis developing in Southwest Asia, a smallpox outbreak was confirmed by the CDC in Oklahoma City.

During the thirteen days of the game, the disease spread to 25 states and 15 other countries. Fourteen participants and 60 observers witnessed terrorism/warfare in slow motion. Discussions, debates (some rather heated) and decisions focused on the public health response, lack of an adequate supply of smallpox vaccine, roles and missions of federal and state governments, civil liberties associated with quarantine and isolation, the role of DoD, and potential military responses to the anonymous attack.

Additionally, a predictable 24/7 news cycle quickly developed that focused the nation and the world on the attack and response. Five representatives from the national press corps (including print and broadcast) participated in the game, including a lengthy press conference with the President. Several articles and reports will be produced in the coming weeks and months.

Additionally, at least one Congressional hearing will be conducted to explore the lessons learned by the key participants. The first hearing is scheduled for the week of 22 July with the Subcommittee on National Security, Veterans Affairs and International Relations (Congressman Shays, Chairman) ([Prison Planet, 2001](#)).

Title: Final Script: Dark Winter Exercise: Bioterrorism Exercise Andrews Air Force Base June 22-23, 2001

Date: June 22-23, 2001

Source: [UPMC](#) (PDF Below)

Abstract:

EXPLANATORY NOTE TO THE EXERCISE SCRIPT

In their roles as National Security Council (NSC) members responding to the smallpox crisis, exercise

participants were given information about unfolding events in four important ways: briefings, memos, newspaper summaries, and video news clips.

1. Each of the three segments began with briefings delivered to the NSC meeting by exercise controllers playing the roles of deputies or special assistants. Subsequent briefings in each segment provided NSC “players” with possible policy options for consideration.
2. Throughout the exercise, individual participants were given memos on issues or events within the purview of their position or agency. Participants responded to events in whatever way they felt appropriate.
3. The exercise began with a briefing on the geopolitical context in which the scenario occurs. At the start of segments 2 and 3, summaries of relevant news coverage of the epidemic were shown.
4. At five different times in the exercise, video news clips were shown which conveyed the breaking news stories occurring at that time in the scenario. The text of the news clips is not shown in this exercise script.

This script includes only information that was delivered to the participants. The comments and decisions made by participants during the exercise are not part of this exercise script. They will be summarized in separate reports.

SEGMENT 1—December 9, 2002: NATIONAL SECURITY COUNCIL MEETING: MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR, 7:00 PM

The Deputies Committee recommends focusing meeting and decision-making on following issues:

1. What policies and priorities should govern smallpox vaccine distribution?
2. Should plans for military deployment to SW Asia proceed?
3. What should we tell our allies about the source and scope of the outbreak, risk of spread abroad, implications for military coalition in the Gulf?
4. What should the American people be told?

VIDEO NEWSCLIP 1: PRESIDENT NUNN'S OPENING REMARKS

1. The original agenda of this National Security Council (NSC) meeting was to focus on the developing crisis in Southwest Asia. However, the Secretary of Health and Human Services called one hour ago to report that the Centers for Disease Control (CDC) has confirmed that at least one case of smallpox – and maybe as many as 20 – have occurred among civilians in Oklahoma City.
2. This is an extremely serious situation. Smallpox no longer exists in nature. Presumably, this disease has been deliberately introduced and these cases are the result of a bioterrorist attack on the United States. We have received no notifications from other countries or groups claiming credit, and at present the FBI has no information regarding who might have mounted this attack or how they accomplished it.
3. A large proportion of the world population is now susceptible to smallpox. If this situation is not handled correctly we could be facing the beginning of a nation-wide or global epidemic. No doubt, the prospect of contracting this dreaded, lethal, highly contagious disease will cause great concern among US citizens and the world community. The outbreak may also have significant economic impacts.
4. It is reasonable to assume that this attack is related to decisions we may make to deploy troops to the Mid-East; maybe it's meant to distract US leadership or to intimidate the civilian population. On the other hand, there may be no direct linkage to events in the gulf. The FBI and CIA are working on these matters, but we have few facts right now.

5. As it happens, Oklahoma's Governor Keating is in town today and has joined us for this meeting, although he is understandably anxious to get home. We will first hear from Gov. Keating. Then we will have briefings on what we might expect in a smallpox outbreak, and more on what is happening on the ground in Oklahoma and elsewhere.

6. Finally, I would like to hear your thoughts on what our priorities and actions ought to be.

GOVERNOR'S REMARKS

Frank Keating, Governor of Oklahoma

1. It appears my state has been attacked with a smallpox weapon. We are not sure yet how many people are affected. Media have been barraging our public affairs office for comment since CDC confirmed the diagnosis an hour ago.

2. We understand that the emergency rooms in Oklahoma City are extremely crowded - our state health department is having difficulty getting information directly from hospital management because many phone lines have gone down, apparently from overuse. The city is calm, although we have heard from CNN that many hospital staff have failed to show up for work since the first suspicions of smallpox were reported yesterday evening.

3. Local news media are broadcasting nothing but news and comments on the smallpox story. Hospitals in Oklahoma City have already activated their disaster plans to cope with the security issues raised by the increased patient demand on emergency rooms and the presence of so many journalists. I have been in close contact with the Oklahoma Adjutant General in the last few hours, who has been making preparations should the Oklahoma National Guard be needed during this situation.

4. My Commissioner of Health advises me that at the minimum we need to begin rapid vaccination program of all persons that have come into contact with the identified smallpox patients as well as health care workers in Oklahoma City.

5. I understand CDC has released vaccine, but it's unclear how much we'll get. I would like to tell people when I go before the cameras in a few hours that each and every one of the 3.5 million citizens of Oklahoma will receive the smallpox vaccine in the next 72 hours. I think it's important we reassure people that the government is going to take care of them.

6. Based on advice from the OK Commissioner of Health and The OK Adjutant General, I am declaring a State of Emergency and requesting that, you Mr. President, invoke the Stafford Act. The nature of the crisis will require it.

7. I have just declared a state of emergency to mobilize state response. The nature of this disease should be of immediate national concern. Therefore, I am requesting that you, Mr. President, declare a state of emergency in the State of Oklahoma.

FBI REMARKS

Barbara Martinez Chief, WMD Operations Unit, FBI

1. The FBI is the Lead Federal Agency to respond to the Crisis Management phase of bioterrorism or other forms of WMD Terrorism. Our primary role is to provide attribution for the crime, prosecution of the perpetrators. FEMA and HHS will lead consequence management efforts and have already initiated this response.

2. The FBI's Federal On-Scene Commander is on the ground in Oklahoma. We will have 200 FBI agents on the ground in Oklahoma within 24 hours. We are coordinating with CIA, NSA on possible perpetrators. We are pursuing investigation into the sources of the outbreak in cooperation with CDC and local public

health agencies. We have no credible leads at this moment.

3. The Domestic Emergency Support Team will be vaccinated within next few hrs and will be on the ground in Oklahoma and elsewhere as needed.

4. We are also now establishing a Joint Operations Center in Oklahoma and will be coordinating information dissemination through a Joint Information Center.

MEMO GIVEN TO DCI, FBI DIRECTOR

Several States, Groups Could Have Capability to Build Smallpox Weapon

1. Parties with capability to mount smallpox attacks include: Russia, Iraq, China, possibly N. Korea, Iran, though certainly other nations with industrial biotech base would have capability. Less likely are autonomous groups – specifically Bin Laden. We cannot rule out the possibility that the smallpox virus was transferred to unidentified groups or nations via criminal activities or illicit arms trade.

2. For several years the intelligence community has attempted to track former Soviet scientists who played key roles in the Soviet BW program. Particular attention has been paid to those who worked in the smallpox weapons program. We know that several of these individuals are currently in Iran, Iraq, Israel, UK, US and possibly N Korea. The bottom line, however, is that any well-funded terrorist organization that had access to these one or more of these scientists and cultures of smallpox virus would have the capability to launch this attack.

Former Bioweapon Smallpox Expert said to be in Iraq

1. Six months ago, a Russian biologist who had immigrated to Canada was interviewed by Canadian security officials as part of a government employment background check. During interview, the scientist mentioned that he had worked at Novosibirsk in 1990. His work was focused on mousepox, but he had become acquainted with several scientists that were involved with “serious, classified research” on smallpox.

2. The scientist described the difficult times that followed the break-up of the Soviet Union and the impact on scientific cadre. He had eventually received permission to go to Israel and later moved to Canada. Some of his fellow scientists were not so lucky (especially those working on “classified” projects). However, one of the leading smallpox scientists that he knew had received an offer on employment from Iraq and the Russian government allowed him to accept the offer.

3. Unrelated repeated rumors that Soviet smallpox cultures were received by Iraq, Iran, North Korea.

HUMINT and UNSCOM data indicate Iraq BW program worked with camelpox

1. Iraq known to have experimented with camelpox. Thought by some to have considered this a surrogate for smallpox investigations and smallpox weapons development.

MEMO TO SECRETARY OF STATE

Best Available Estimates

1. Listed below are mix of 1994 and 1998 data – believed to be current upper limits for each of the countries since no new vaccine is being produced.

2. Concerns exist regarding potency and safety of the vaccine from each country produced, tested, stored outside US. Non-US vaccine may be ineffective, may increase rate of side effects.

3. No sharing agreements exist between US and other countries for smallpox vaccine

No reports available from former States of the Soviet Union, Poland, Czech Republic or Taiwan—of these, only Russia is likely to have any large supply.

PRC Holding US Responsible

1. PRC has announced it is holding US responsible for the re-introduction of smallpox. It has raised the question of lab accident being responsible, given cases appearing in Georgia. Blames US for its decision to continue working on smallpox virus despite near unanimous consent by world community to destroy remaining virus stores.

MEMO GIVEN TO PRESIDENT AND NATIONAL SECURITY ADVISOR 9:30

1. "White House and multiple government agencies, including HHS, DOD and the FBI are receiving a very high volume of inquiries regarding the alleged smallpox attack in Oklahoma. A majority of media sources are reporting that the disease is fatal in 30% of cases, is highly contagious, and there is no effective treatment. News organizations have also determined the US has a limited supply of vaccine available to the nation and are making inquiries as to vaccine distribution.

2. The White House has in the past hour received requests from the primary news networks and newspapers for a statement from the President on the crisis.

3. We have a 30 minute video clip you need to see urgently.

SEGMENT 2—December 15, 2002: NATIONAL SECURITY COUNCIL MEETING

Randy Larsen, Deputy National Security Advisor reviews headlines: "It's now December 15, 6 days after last night's segment. We're going to show footage from this morning's NCN broadcast and quickly review the major media stories.

US Smallpox Cases Mount; Congress Demanding Retribution

1. As many as 300 are now dead. Members of Congress from both parties, responding to increasing rage and fear among their constituents, are demanding swift action against perpetrators of the bioterrorist attack.

2. Senior government officials report a number of leads. FBI is working closely with national security agencies and federal and state public health officials to solve the crime.

Hospitals Overwhelmed; Care Suffering

1. As tens of thousands of ill or anxious persons seek care around country, hospitals in most highly affected states face desperate situations. Doctors, nurses are scared and exhausted. Many hospital employees are not showing up for work for fear of contagion. Employees who do report for work must struggle to get through the crowds.

2. Most hospitals report grossly inadequate supplies and insufficient isolation rooms to care for patients with smallpox. Some hospitals in Pennsylvania reportedly face imminent bankruptcy and possible closure as the need to care for floods of anxious patients interrupts normal revenue streams.

Mothers Plead for Vaccine as Supply Dwindles

1. As the smallpox death toll continues to rise, pictures of children sick and dying from smallpox have been widely televised on local and national news around the nation. Television footage of a tearful mother holding her toddler, pleading for vaccine and being pushed back by police in riot gear is being aired repeatedly.

Violence Breaks Out at PA Vaccination Sites

1. Vaccination distribution efforts are chaotic and have caused violence in some areas. With vaccine in short supply, increasingly anxious crowds mob vaccination clinics. Riots around a vaccination site in Philadelphia left two dead. At another vaccination site, angry citizens overwhelmed vaccinators. Police and the National Guard was called in to suppress violence.

Borders Closed to US Trade, Travelers

1. Many countries have closed their borders to persons traveling from the US unless they can show proof of recent smallpox vaccination. The possible economic impact of lost international trade may reach billions of dollars.

2. Canada and Mexico are requesting that the US share the smallpox vaccine stockpile.

Government Response Criticized

1. Criticism of the federal government's failure to have sufficient smallpox vaccine on hand to immunize the entire US population has been pervasive, bipartisan and vociferous. The single pharmaceutical company capable of producing smallpox vaccine has reported that at most it can produce 4 million doses per month, even if all FDA regulations are waived.

Governor Considers Closing Stores to Halt Disease Spread; Merchants Anxious about Holiday Sales

1. Four days ago, using his emergency powers, Governor Keating closed all schools, colleges, and universities and cancelled sporting events and other public gatherings.

2. The Governor's office is reportedly now weighing a decision to close stores. Merchants throughout the state have petitioned the Governor's office to keep shops open, citing the importance of holiday season for business. Already shoppers are sparse, with many avoiding places where there are crowds. Malls across the country are nearly deserted.

Food Shortages in Some Cities; Many Restaurants Close

1. Due to slow downs in transportation and reluctance of drivers to make deliveries to areas with smallpox cases, some cities are beginning to experience shortages of milk, bread and other staples. Panic buying has begun to occur in parts of Philadelphia.

DOD Reluctant to Release Assets for Civilian Use

1. Pentagon spokesman cites readiness requirements as explanation for the Defense Department's reluctance to augment civilian health care system with supplies and personnel. As potential for conflict grows in Mideast, defense experts contend that the military must maintain all strategic options.

National Guard Invaluable in Crisis; Special Teams of Little Use

1. The National Guard has performed critical services in all states affected by the smallpox crisis. From establishing communication links between hospitals and public health agencies, to delivering vaccines, to providing security at emergency rooms overrun by anxious patients, the Guard has played many vital roles. But the specially trained teams designed to respond to chem. and bio attacks have found little call for their expertise.

MEMO DELIVERED TO ATTORNEY GENERAL

Emergency Legal Authorities

Federal Role in Disaster Relief: The Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. § 5121 et seq., called the “Stafford Act”)

1. If the State requests Federal assistance, the President may declare a national emergency for mobilization of Federal resources in support of State efforts.
2. Aid (e.g., vaccines) may not be distributed in a discriminatory manner.

Use of Federal Troops for Law Enforcement Purposes: The Posse Comitatus Act (18 U.S.C. § 1385)

1. Army and Air Force may not be used for law enforcement. DOD policy extends the prohibition to Navy and Marines.
2. National Guard in State-status are not covered by the Posse Comitatus Act.
3. Federal troops (incl. Federalized National Guard) may be used for law enforcement if the President invokes the Insurrection Act to quell civil disturbances.
4. Other exception includes preventing the loss of life or property during serious disturbances or calamities, and protecting Federal property and governmental functions.

Reserve Mobilization: (10 U.S.C. § 12304(b))

1. The President may order reserve units to active duty in response to a WMD incident.

Civil Liberties: (42 U.S.C. § 264, called the “Federal Quarantine Law”)

1. Public health law is primarily a State concern.
2. Judicial decisions indicate that forcible inoculation and quarantine of infected patients may be constitutional.
3. SecHHS has the authority to issue regulations that authorize Federal agencies to respond to the spread of a communicable disease across State lines, likely including quarantine of patients, forcible blood draws and inoculations, disposal of bodies in ways contrary to personal beliefs, and related restrictions on liberty.
4. SecHHS has not promulgated any regulations under this authority.
5. DirCDC may take measures, likely including the list set forth above, to prevent the spread of a communicable disease upon determining that a State is not acting sufficiently to prevent the spread of that disease (42 C.F.R. § 70.2).
6. A person who has a communicable disease “in the communicable period” shall not travel from one State or possession to another without a permit from the health officer of the State if such a permit is required under the law of the destination State (42 C.F.R. § 70.3).

Quelling Civil Disturbances: The Insurrection Act (10 U.S.C. § 331 et seq.)

1. State and local governments have primary responsibility for quelling rebellions (32 C.F.R. § 215.4(a)).
2. The President may use the military (including the Federalized National Guard) to quell (1) civil

disturbances in a State (upon the Governor's request), (2) rebellion that make it difficult to enforce Federal law, or (3) any insurrection that impedes a State's ability to protect citizens' constitutional rights and that State is unable to unwilling to protect these rights.

3. Before committing U.S. troops, the President must issue a proclamation for rebellious citizens to disperse, cease, and desist.

4. Some government attorneys believe that the Insurrection Act is subject to a very liberal interpretation.

Martial Rule

1. The Constitution charges the President to "take Care that the Laws be faithfully executed" and the Congress to "call[] forth the Militia to execute the Laws of the Union."

2. 32 C.F.R. § 501.4: "Martial law depends for its justification upon public necessity. Necessity gives rise to its creation; necessity justifies its exercise; and necessity limits its duration. The extent of the military force used and the actual measures taken, consequently, will depend upon the actual threat to order and public safety which exists at the time." The President normally announces his decision by a proclamation, which should detail the substance of the martial rule.

3. There are judicial decisions and scholarly articles indicating that the President has some metaConstitutional authority to act in times of national emergency.

4. The preconditions for martial rule are unclear, but it is likely that the preconditions for imposing martial rule are satisfied if a crisis threatens to undermine the stability of the U.S. Government.

5. The parameters for martial rule are unclear, such as whether martial rule could be imposed over entire swaths of the U.S. or whether martial rule must be confined only to areas in which the crisis is occurring.

6. Options for martial rule include, but are not limited to, prohibition of free assembly, national travel ban, quarantine of certain areas, suspension of the writ of habeas corpus [ie, arrest without due process], and/or military trials in the event that the court system becomes dysfunctional.

MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR

The Deputies Committee recommends focusing meeting and decision-making on following issues:

1. Given vaccine shortage, how can spread of smallpox be contained?
2. How can we best balance disease containment, economic disruption, and protection of civil liberties?
3. Should National Guard troops be federalized?
4. Should overseas deployment continue?
5. What federal actions should be taken in order to care for the sick?
6. What additional assistance can the Federal government provide to states?
7. What should American people be told?

MEMO TO ATTORNEY GENERAL, FBI DIRECTOR

WMD Unit Assessment

1. [There is a very high probability this attack was conducted by either a state or a state-sponsored international terrorist organization. The probability that a domestic terrorist organization or individual, acting without state sponsorship, conducted this attack is virtually zero.](#) There is a high probability that former Soviet scientists were involved in the development of this weapon.

2. The individuals who launched this attack likely departed the US more than a week ago, however, there is no way at this time to determine if additional attacks were made in other states. The only indications we will have of such attacks will occur 9-14 days following such an attack is when the first clinical symptoms appear.

Discussion

1. While plague, anthrax or ricin weapons could be developed and delivered by well-funded and technically sophisticated domestic terrorist organizations, the acquisition, production and delivery of a smallpox weapons would pose far too many challenges for any known or suspected domestic organizations.

2. The plague bacteria can be found in many rats above the 5000-foot level in Colorado. Anthrax is endemic in many parts of the world. Both can be readily acquired in laboratories and universities both here and abroad. Most undergraduate chemistry students could extract ricin from castor beans. However, an initial sample of the smallpox virus probably came from the Soviet Union, or perhaps a country such as North Korea where we know that as recently as two years ago Special Forces soldiers were still receiving smallpox vaccines. [The production and weaponization of this sample would far exceed the technical capabilities of any known or suspected domestic, or for that fact, international terrorist organizations. This is most likely either a state sponsored international terrorist attack or an act of war.](#)

PRESIDENT'S REMARKS

Good morning. I am sorry to announce that the Secretary of State is ill. He has been hospitalized at Bethesda Naval Hospital. I know all of our prayers are with him. All persons at this meeting should have been vaccinated by now. We have with us Deputy Secretary of State Mr. Bud St. Germain.

To review the major events of the last 5 days:

1. As far as we can determine, there is no evidence of additional bioterrorist attacks beyond what were apparently the 3 attacks in OK, GA, and PA on or around December 1.

2. FBI and CIA are vigorously pursuing all leads, but so far there is no forensic evidence or clear smoking gun that identifies the perpetrators of these crimes.

3. We will shortly hear about details of the nation's response to the epidemic from Dr. O'Toole and from FEMA Director Hauer. Our vaccination strategy has proceeded relatively smoothly in OK – my compliments to Governor Keating and thank you for being with us today.

4. Unfortunately, the lack of vaccine and efforts in various states to stop the spread of smallpox have led to some serious economic disruptions and, in some areas, civil unrest. More on this in a moment.

5. Lastly, as to events in the Gulf, Iraq has not moved troops away from the Kuwaiti border, despite our warnings. The good news is they haven't advanced, either.

6. I understand there are serious questions about our ability to both proceed with military action in SWA, and provide DOD assets in support of our response to the smallpox crisis here at home.

7. We will hear an update on the epidemic from Dr. O'Toole and then quickly turn to some key issues and decisions. As you know, I have scheduled a press conference for 2 hours from now.

FEMA REMARKS

Healthcare System Struggling Under Stress

1. In a number of states, The National Guard is being used to support the struggling health care system. Guardsmen are delivering food and critical supplies and maintaining security at hospitals, but there are insufficient numbers to do all that is required.
2. FEMA has been receiving disturbing reports from many parts of the country that medical care for non-smallpox related illnesses is being significantly disrupted by the epidemic.
3. Citing growing shortages of medical supplies and increasingly dangerous conditions for patients. In the last few hours 3 States have requested HHS seek human and material resources via the Joint Task Force for Civil Support of the Joint Forces Command.
4. Red Cross Volunteers have been setting up shelters with cots in some areas where health care facilities have become non-functional, though numbers of volunteers are fewer than have been available during recent disasters. Fear of contagion is presumably keeping people away.
5. Efforts to isolate smallpox patients and stop person- to -person spread have varied from state to state. Many states have closed schools, prohibited public meetings. Some states have closed transportation links, including airports.
6. OK and GA are attempting to keep smallpox patients and contacts in their homes; getting food and appropriate medical care to all affected is proving difficult.
7. In Oklahoma, the worst affected state, most of the 138 hospitals are experiencing never before seen numbers of patient visits. 20 hospitals have closed doors, citing dangers to their staff and patients, though it's unclear if these closures were legal. Hospitals in all states—even those without smallpox cases—are seeing unusually large numbers of patients and are desperately short staffed, in spite of extended shifts and calls for retired professionals to volunteer to care for the sick. Exhaustion from long hours and stress is a serious problem.

Update on Implementation of Federal Response Plan

1. The National Disaster Medical System (NDMS) has turned out to be less effective than we had hoped. The federal response plan called for hospitals in unaffected areas to accept patients from overloaded regions in crisis.
2. In practice, we don't want to be transporting contagious smallpox victims around the country. Almost all medical facilities affected by smallpox immediately initiated their emergency response plans and discharged everyone who could possibly go home. The non-smallpox patients who were left hospitalized are too sick to move.
3. Finally, most US hospitals don't have the staff to care for extra patients even in normal times. Now, with so many hospital workers afraid to come to work, staff shortages are even worse making it impossible for NDMS hospitals to accept additional patients.
4. In Georgia, efforts by governor to transfer all smallpox patients to a single, designated "smallpox hospital" were abandoned after strenuous legal resistance by the hospitals involved. Small-scale violence has occurred outside a number of hospitals in GA and PA. The Police and National Guard had to be called in to maintain order in some locations around smallpox vaccine distribution sites in both states.
5. Disaster Medical Assistance Teams (DMATs) are the 30-person volunteer units in the NDMS that are meant to provide supportive medical care in disasters. DMATs have only provided modest medical support to some cities in the last six days – some volunteers have concerns about their own health and safety,

some are needed in their own states. It is estimated only 2,000 of the 7,000 personnel who comprise the DMATs are on the ground helping with medical care in affected states across the nation. For comparison, it requires many thousands of persons to keep a single large university hospital functioning routinely.

MEMO GIVEN TO DCI

1. Possible Quarantine Area near Samarra, Iraq ([Blank](#))

MEMO GIVEN TO DCI

Chinese Involvement with Smallpox

1. PRC Cabinet officials and high ranking members of the PLA conducted what appears to be an unscheduled meeting on Dec 12th. President Jiang Zemin is believed to have attended. Sources with partial access to the meeting indicate the American outbreak was discussed in great detail. Outbreak appears NOT to have originated from the Chinese government.
2. Shortly following the Dec 12th meeting, SIGINT and IMINT suggest Chinese forces within the Nanjing military region are preparing to stand down current military exercises. Warships in South China Sea returning to port.

MEMO DELIVERED TO DCI

Expanded Iraqi Exclusionary Zone: Image Intelligence (Iraq)

1. Wide area satellite imagery taken of a suspected bioresearch facility outside of Samarra, Iraq reveals what appears to be an expanded "exclusionary zone" around the facility. Security checkpoints now exist (in a 10 mile radius) on all approaches to the zone. It appears that all civilian activity within the zone has ceased. Several small villages show no signs of human, animal or vehicular activity. Activity in and around the biofacility appears normal.
2. Previous imagery from several weeks earlier had shown security checkpoints in the near vicinity of the facility and normal activity in the now deserted villages.

MEMO DELIVERED TO ATTORNEY GENERAL

Civil Liberty Abuse

1. The Department of Justice is receiving numerous credible allegations that persons with symptoms "suspicious for smallpox" have been illegally arrested or detained in designated "isolation wards." There are widespread reports that the poor and people of color are more likely to be "isolated" than others.
2. Not all persons placed in these isolation wards have been vaccinated, thus possibly exposing uninfected individuals to smallpox.
3. The ACLU has just sued PA over its decision to initiate mandatory vaccination of patient contacts and the imposition of travel restrictions.
4. Reports of beatings and harassment of persons of dark skin and of Arab Americans are increasing in numbers and violence. One hour ago, three teenaged youths of dark complexion were shot dead in downtown Chicago. The perpetrators and motive are unknown, but it is believed that the victims were killed because they appeared to be of mideastern descent. Two mosques have been defaced in past 24 hrs; one suffered serious fire damage.
5. In some locales, efforts by FEMA and other federal and local agencies to contain the crisis are

interfering with FBI efforts to establish the cause and identify the perpetrators. Relations between the FBI On-Scene Commanders and FEMA officials have deteriorated in several areas of the country.

NSC DISCUSSION: VIDEO NEWSCLIP 4: 9:30: STATEMENT BY GOVERNOR OF TEXAS

Read by NSA to the NSC Meeting

“The Governor of Texas, Rick Parsons, has just delivered the following statement by radio: My fellow Texans,

1. The threat of the smallpox virus in Oklahoma represents a clear and present danger to Texas. As a result, I have used my Emergency Powers to order Texas National Guard personnel to assist the State Police in suspending all surface and air transportation between Texas and Oklahoma. No individuals may enter Texas from Oklahoma without proof of a recent smallpox vaccination. All air traffic originating or passing through the state of Oklahoma will similarly be stopped and turned back.

2. I have not taken this action lightly. I deeply sympathize with the people of Oklahoma and with those Texans whose loved ones are living there. Nonetheless, the urgency of the current crisis demands action. As the Federal government has to date proven unable or unwilling to prevent the spread of the smallpox virus, I am left with no alternative.

3. While I cannot speak for other governors, I would encourage my colleagues in the states of New Mexico, Colorado, Kansas, Missouri, and Arkansas, to take similar action. Only by containing the disease at its current locations, can we hope to limit the spread of the deadly smallpox virus.

4. The prayers of my wife Anita and I go with all the victims of this terrible attack and those unable to return home. God speed.

~Rick Parsons, 47th Governor of Texas”

SEGMENT 3—December 22, 2002: NATIONAL SECURITY COUNCIL MEETING

Review of News Summaries by Randy Larsen, Deputy National Security Advisor

1. Smallpox Cases Skyrocket; 2nd Attack Possible as Toll Climbs Above 15,000

In last 2 days, thousands of new smallpox cases have been reported throughout the US. There are now cases reported in 25 states. CDC reports that the timing of the appearance of cases, as well as the initial epidemiologic investigation suggests new smallpox cases are the result of contacts with initial attack victims in early December. However, the evidence available does not rule out second or ongoing attacks.

Smallpox Shatters Image of US as Superpower

1. The growing smallpox crisis is causing grave economic damage to US businesses and many international investors. Measures needed to contain the epidemic may grow increasingly harsh in the face of vaccine depletion and rising numbers of victims. Americans can no longer take basic civil liberties such as freedom of assembly or travel for granted.

States Shutdown as Pox Cases Climb

1. GA and PA were in chaos yesterday as news of a resurgence of smallpox cases swept the country. Massive traffic jams were caused by millions seeking to outrun infection. Most businesses in Atlanta and Philadelphia were closed, as were many banks and post offices.

Mayor Fears Public Health Warnings Ignored

1. The mayor of Philadelphia went on TV to plead with city residents to heed public health advisories today as angry citizens denounced the government's failure to stop the smallpox epidemic. A new New York Times poll of voters indicated that a majority of Americans think that the state and federal governments have lost control.

Public Opinion Divided on Nuclear Response to Bioattack

1. An overnight CNN/gallup poll states that slightly less than half (48%, poll's margin for error +/- 5%) of Americans believe that President should consider using nuclear weapons against any nation proven to be responsible for attacking the US with smallpox.

With No Vaccine Left, Use of Deadly Force Rising

1. The earlier violence along the Texas-Oklahoma border appears to have subsided. Oklahoma State Police and Texas Department of Public Safety Officers along with the Texas and Oklahoma National Guard have reported only widely scattered incidents in the past several days. No additional deaths have been reported in the past five days.

2. In Houston, Chicago, and LA yesterday, fear of smallpox had deadly ramifications as individuals used violence to keep others at a distance.

3. In NYC, one family used a cache of guns to keep police at bay for hours following their attempt to escort two family members with suspect smallpox to isolation areas. At the end of the standoff, three family members and two police officers were dead.

MEMO GIVEN TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF HHS, FEMA DIRECTOR

The Deputies Committee recommends focusing meeting discussion and decision-making on the following issues during this segment:

1. What are proper priorities of federal government at this point?
2. Given the increase in smallpox cases and lack of vaccine, what is the federal government willing and able to do to contain the epidemic?
3. How should DoD assets be distributed given the situation at home and overseas?
4. What level of certainty is needed to assign attribution for the smallpox attack? What, if any, retribution is appropriate?

PRESIDENT'S REMARKS

1. I am relieved that I can announce that the Sec State has passed the danger point and appears to be slowly recovering. Other than that, the situation is clearly far more grave.

2. We now believe that by using various private US pharmaceutical facilities we can be manufacturing about 12 million doses of smallpox vaccine per month. First dose will still not be available for 5 weeks. We must keep in mind that this will be an unlicensed vaccine that will not have been tested in humans

3. Obviously there is now understandable concern and fear about the recent sharp rise in smallpox cases.

4. We are all very grateful for Governor Keating's leadership during this crisis. In spite of suffering the

largest number of victims of any state, Oklahoma has reacted with remarkable calm and fortitude. I'm pleased you could be with us again today and value your counsel as we go forward in making some difficult decisions.

5. The problems confronting us include questions about the best use of federal resources in managing the smallpox crisis as well as decisions dealing with the situation in the Gulf.

6. We will begin with a series of briefings and must then quickly turn to key issues and decisions. As you know, I have schedule a press conference for 2 hrs from now.

7. Dr.O'Toole has an update on the epidemic.

MESSAGE DELIVERED TO MEETING. PRINTED COPY GIVEN TO ALL

1. The NY Times, Washington Post, and USA Today receive anonymous letters demanding the immediate removal (one week) of all US forces from Saudi Arabia and all war ships from the Persian Gulf. Failure to comply will result in renewed attacks on US, which will include anthrax, plague and small pox. Each letter also contained a genetic fingerprint of the smallpox strain matching the fingerprint of the strain causing the current epidemic ([UPMC, 2001](#)).

Title: Dark Winter: A Simulated Terrorist Attack On Three American Cties Using Weaponized Smallpox

Date: June 22-23, 2001

Source: [Backwoods Home](#)

Abstract: Historically, smallpox has been the most deadly of all diseases for humans, killing between 300 and 500 million in the last century alone, far more than the 111 million people killed in all that century's wars combined. It is easily spread, kills 30% of those infected, and terribly scars and sometimes blinds those who survive. It was declared eradicated from Earth in 1980, but the Soviet Union has acknowledged maintaining a secret biological weapons program since then that employed 60,000 technicians and scientists. One fear is that some of the smallpox the Soviets worked with has gotten into terrorist hands, or that unemployed Soviet scientists desperate for money have been hired by Iraq, Al Qaida, or other terrorists.

June 22-23, 2001, nearly three months before the attack that toppled New York's World Trade towers, the United States conducted a major simulation of a terrorist smallpox attack against three American cities. It was named Dark Winter, and it lived up to its name. Within seven weeks, one million Americans were dead and the disease had spread to 25 states and 13 foreign countries. In the face of the out of control epidemic, panic had spread across America, interrupting vital services such as food deliveries to supermarkets, and our Government considered the possibility of a nuclear response, although against whom it was not clear.

Following is a reenactment of that exercise, edited for brevity but containing all the essential elements. The exercise took place at Andrews Air Force Base in Maryland, and was attended by many senior level government officials. Participating institutions included the Johns Hopkins Center for Civilian Biodefense Strategies, the Center for Strategic and International Studies, the Oklahoma National Memorial Institute for the Prevention of Terrorism, and the Analytic Services Institute for Homeland Security.

Former U.S. Senator Sam Nunn of Georgia played the President of the United States, Governor Frank Keating of Oklahoma played himself, five senior journalists who worked for major news organizations participated in mock news briefings, and a number of other participants played various key government positions ranging from the Director of Central Intelligence to key Government health advisors. Fifty people connected with U.S. bioterrorism policy preparedness observed the exercise.

The goal of the exercise was to increase awareness among Government officials of the danger of such an attack, and to examine the decision challenges the highest levels of Government would face if confronted with a biological attack. The ultimate aim was to improve strategies of response.

Smallpox was chosen as the disease because historically it has been the most feared and deadly of diseases, and one of the more likely choices for terrorists. It is not only easily spread from one person to another, but there is no effective medical treatment. It may also be unstoppable in an unvaccinated population, and since the United States' mandatory vaccination program was stopped in 1972, the U.S. population is very susceptible to smallpox. Even that part of the population that was vaccinated as late as 1972 may have little or no protection against the disease.

Although smallpox was declared eradicated in 1980, two official repositories of the variola virus were kept: one at the Centers for Disease Control and Prevention in Atlanta, and the other at the Russian State Research Center for Virology and Biotechnology in Koltsovo, Novosibirsk in central Siberia. Those supplies were to be used for scientific research and vaccine development, but it is now known that both countries maintained secret biological weapons programs since 1980. By 1990 the Soviet Union had a facility capable of producing 80 to 100 tons of smallpox a year, and it typically warehoused 20 tons. Although Russia and the United States have since abandoned their biological weapons programs, other countries still have them. It is thought that several rogue states like North Korea and Iraq and possibly terrorists have obtained samples of the smallpox virus.

Although the exercise took only two days, it simulated a time span of two weeks occurring between December 9-22, 2002. The exercise involved three National Security Council (NSC) meetings taking place on Dec. 9, 15, and 22, with the participants being made aware of evolving details of the attack and being required to establish strategies and make policy decisions to deal with it.

Exercise controllers acted as special assistants and deputies, providing facts and suggesting policy options to deal with the smallpox outbreak. Simulated newspaper coverage and TV video clips of the ensuing epidemic were also shown to participants, and various simulated memoranda, intelligence updates, and top level assessments of the spread of the epidemic were provided to key players whose jobs would normally require such information.

Each of the three NSC meetings began with controllers giving the NSC players briefings on the progress of the attack, an assessment of who the perpetrators might be, the response of the public, the comments of foreign governments, and any other information they would normally receive in such an emergency.

Assumptions

Several assumptions were made for this exercise, based on historical evidence and a variety of data related to susceptibility to smallpox:

Assumption 1: It was assumed that the initial attack was from "weaponized smallpox," similar to what the former Soviet Union would have developed in its secret bioweapons program.

This would be a far more efficient way of attacking the U.S. than with, say, infected jihad volunteers walking among the U.S. population. Weaponized smallpox can be aerosolized and dispersed in a variety of ways, such as attaching an aerosol device filled with weaponized smallpox, complete with a timer, to the wall of a shopping mall, airport, or ventilation system of an enclosed stadium, or attaching a spraying device to an unmanned drone (UAV) that has been programmed with global positioning (GPS) maps and flying it over a populated area.

Assumption 2: The U.S. population's "herd immunity" to smallpox was 20%, so that 228 million of its citizens were highly susceptible to infection.

This is a matter of debate. It is known that 42% of the population has never received a smallpox vaccination, and the remainder have declining immunity from vaccinations about 30 years ago. No one knows for sure, but epidemiologic data suggest that initial vaccination gives protection for 5 to 10 years, while revaccination gives even greater protection, possibly more than 10 years. Those who have been vaccinated twice, then, say as a child and while in the military, should have the greatest immunity.

Assumption 3: The transmission rate of the disease was 10 to 1, that is, each infected person infected 10 others.

Although transmission rates have varied widely historically depending on susceptibility of a population, the strain of disease, and various social, demographic, political, and economic factors, the simulation designers considered a 10 to 1 transmission rate a conservative estimate. The U.S. population, they pointed out, is highly susceptible because vaccinations stopped in this country 30 years ago. Also, we are a highly mobile society. By the time the first victims are diagnosed with smallpox (9-17 day incubation period), the disease will have already begun spreading to a second generation of victims. Some of the initial victims and the second generation of victims will have travelled to other cities by that time. Since few American doctors have ever seen a case of smallpox, and since the initial symptoms resemble flu, diagnosis is liable to be slow.

For this simulation, the 10 to 1 estimate was based on 34 smallpox outbreaks in the past involving cases of smallpox being accidentally imported into a country that no longer had endemic smallpox. Twenty four of the outbreaks occurred in winter, which is the time when smallpox spreads most readily and which is the time within which the simulated attack occurs. Of these 24, 6 outbreaks most closely paralleled the conditions of the Dark Winter exercise, and they were used to make the 10 to 1 estimate. The number of second generation cases in those 6 outbreaks ranged from 10 to 19.

One reason the 10 to 1 estimate is thought to be on the conservative side is because of the 1972 outbreak in Yugoslavia, which encompassed many of the aspects one finds today in American society, namely, a great number of susceptible people and a wide geographic dispersion of cases. In that outbreak a man on a religious pilgrimage to Mecca and Medina was infected with smallpox while in Iraq, then brought it back to Yugoslavia. His infection was not diagnosed, nor were the 11 people he infected suspected of having smallpox. Not until 140 new cases developed was the epidemic recognized as smallpox. Some 35 people died from this single initial infection.

Assumption 4: The U.S. Centers for Disease Control and Prevention (CDC) had 12 million doses of vaccine available at the time of the exercise.

The CDC actually had 15.4 million doses, but practical experience from the 1960s and 70s smallpox eradication programs showed that it was common to lose 20% of a vial's vaccine due to inefficiencies and waste.

Assumption 5: In the initial attack at three shopping malls in Oklahoma City, Philadelphia, and Atlanta, 3,000 people were infected.

This is considered a plausible scenario scientifically since it would take only 30 grams of weaponized smallpox to infect 3,000 people via an aerosol attack.

The 1st NSC meeting, Dec. 9, 2002: The Initial Attack

On December 9, 2002, during the first of three NSC meetings that will take place in this simulation, the 12 NSC members are told that a smallpox outbreak has occurred in the U.S. In Oklahoma, 12 cases of smallpox have been confirmed, with 14 more suspected. There are also suspected cases of smallpox in Georgia and Pennsylvania.

The governor of Oklahoma, Frank Keating, who is in town to make a speech, attends the meeting. NSC members are briefed on the disease, its lethality, its contagion, and the availability of smallpox vaccine.

All this takes place against a backdrop of the following geopolitical situation:

1. Iraq is again threatening to invade Kuwait, and leaders of Kuwait, the United Arab Emirates, and Bahrain have requested the U.S., Britain, and France deploy troops to the region. The NSC meeting has been called to consider deploying forces.
2. Since sanctions against Iraq had been lifted six months prior, it has been discovered that Saddam Hussein is aggressively pursuing a bioweapons program.
3. Several top scientists from the former Soviet secret bioweapons program are believed to have been working in Iraq and Iran for the past year.
4. An Al Qaida terrorist was recently caught trying to buy plutonium and biological pathogens from Russia.

President Nunn informs the NSC members that the agenda of the meeting has changed, that the U.S. has been subjected to a suspected smallpox attack, and that it could be related to their anticipated decision to deploy troops to the Mideast. No one has yet taken credit for the attack.

He introduces Governor Keating, who says hospital emergency rooms in Oklahoma City hospitals are very crowded and that many in the hospital staff have failed to show up for work, fearing a smallpox infection they might bring home to their families. The media is broadcasting nonstop news about the smallpox outbreak, and the Governor is already considering calling out the National Guard if fear continues to grow among the populace. He has already declared a state of emergency and requests the President do the same. He goes before the news cameras in a few hours, he says, and he'd like to be able to tell the people of Oklahoma that all 3.5 million of them will get the smallpox vaccine within 72 hours.

The NSC is then briefed on smallpox, using various slides of actual smallpox cases and statistics relating to the progression, spread, and lethality of the disease: U.S. doctors have no experience with smallpox and there is no rapid diagnosis or treatment. Isolation or vaccination are the only defenses. Only 12 million doses of vaccine are available, and a CDC contract for an additional 40 million doses will not be filled until 2004. The worldwide supply of vaccine is 60 million doses, but some of it is believed worthless due to inadequate storage by some countries.

The NSC members are told that the CDC has sent 100,000 doses of smallpox vaccine to Oklahoma, with vaccinations restricted to infected people, their close contacts, and investigators.

Council members are also told that the attack most likely occurred about Dec. 1, due to at least a 7-day incubation period for the disease. The second generation of cases, then, would be about Dec. 20, 11 days away. Urgent action is needed to halt the spread of the disease, but a modern, urban, mobile population, coupled with a limited supply of vaccine, does not offer encouraging prospects for controlling the outbreak.

The FBI tells the Council they will have 200 agents vaccinated and sent to Oklahoma within 24 hours, but they have no leads as yet. Several possible culprits are named: Iraq, Iran, North Korea, China, Russia all have the capability. But anyone who has obtained samples of smallpox, possibly from an unemployed Soviet scientist, could grow smallpox and launch an attack.

Council members consider their options. The CDC and local authorities would already be isolating victims and their closest contacts. Should public gatherings be curtailed and schools closed? How should the available vaccine be distributed? Should the National Guard be activated, and should it be under state or federal control? Should there be mandatory or voluntary vaccinations? What should the public be told? What should be done about the deployment of troops to the Mideast?

They agree to inform the public quickly and completely to ensure cooperation with disease control measures. They decide to use the “ring method” of vaccination, which worked so successfully in eradicating the disease in the 1960s and 70s. With the ring method, all first contacts with the victim are vaccinated, then a second ring of secondary contacts are vaccinated. The NSC decides the ring method should also be used in other states, should the virus break out there. For strategic purposes they reserve 1 million doses of vaccine for Department of Defense (DOD) needs, and instruct the DOD to determine its priorities. They also decide to deploy an additional aircraft carrier battle group to the Persian Gulf to join the one already there.

The final action of the NSC is to prepare a presidential statement for the news media, which the President delivers to a nationwide audience from the press room.

The 2nd NSC meeting, Dec. 15, 2002: The Outbreak Spreads

The second NSC meeting opens with a review of the following news video clips:

1. 300 people are dead and 2000 are infected in 15 states. Hospitals are overwhelmed as tens of thousand of sick or fearful people seek medical help. Many hospital employees are not showing up for work.
2. The epidemic has spread to Canada, Mexico, and the United Kingdom, with Canada and Mexico asking the U.S. for vaccine.
3. Violence has broken out in some areas, with riots around a vaccination site in Philadelphia leaving two dead. Police and the National Guard are trying to control the crowds.
4. Many countries have closed their borders to people travelling from the U.S. unless they can show proof of recent smallpox vaccination.
5. Governor Keating is considering closing all stores to try and halt the spread of the disease. Malls across the country are already virtually deserted. The Governor has closed all schools and universities and cancelled all sporting events.
6. The federal government is being widely criticized from all quarters for failure to have an adequate smallpox vaccine on hand. 7. The lone pharmaceutical company capable of making smallpox vaccine says that at most it can produce 4 million doses per month, even if all FDA regulations are waived. Russia has offered to provide 4 million doses of vaccine.
7. Panic buying is beginning to occur in some cities as food deliveries are slowed by the reluctance of truckers to go into areas with smallpox. There are sporadic reports of people of Arab appearance being assaulted on the street.

A memo is given to the Attorney General. It clarifies the Stafford Act, the Posse Comitatus Act, the Federal Quarantine Law, the Insurrection Act, and Martial Law, all laws designed to invoke federal authority in a national emergency. Among other things, the laws would allow the President to declare a national emergency and use military troops to quell civil disturbances, authorize the forced inoculation and isolation of people who could spread a communicable disease, restrict travel, dispose of bodies in ways contrary to personal beliefs, suspend habeas corpus (that is, arrest without due process), and curtail other liberties as needed.

Another memo to the FBI Director and Attorney General states there is a high probability that the attack came from another state or a state-sponsored terrorist group, and that an initial analysis of the smallpox used indicates it came from Soviet Union stocks or North Korea. The memo notes that as little as two years ago North Korean Special Forces were still receiving smallpox vaccine.

The President is handed a memo suggesting it may be problematic going forward with a war in the Persian Gulf, given the severity of the domestic crisis. He addresses the council members, announcing that the Secretary of State is ill and hospitalized. He says the lack of vaccine and the tactics of some states to stop the epidemic has led to serious economic disruption and civil unrest in some areas.

The Chair of the Deputies Committee, Dr. Tara O'Toole, outlines the progress of the epidemic and says all cases appear related to three initial attacks in Oklahoma, Georgia, and Pennsylvania. Vaccine, unfortunately, is running out amid growing political pressure to vaccinate more broadly. One million doses of vaccine are still being held for military personnel facing the potential war in the Persian Gulf. With all the vaccine that has been distributed, 1.25 million doses remain.

Dr. O'Toole further states that there is growing public demand for the forcible relocation of infected people to isolated facilities. She says contacts of infected people are not complying sufficiently with voluntary home isolation. There is also dangerous misinformation in some media about good vaccine and bad vaccine, advice to flee cities, claims that poor neighborhoods are being denied vaccine, and hate speech directed at certain ethnic groups.

The FEMA Director delivers his remarks: Health care facilities have become nonfunctional in some communities due to overcrowding and workers staying away from their jobs. At least 20 hospitals have closed their doors in Oklahoma. In many states National Guard troops are providing security at hospitals, even delivering food and critical supplies. Many states have prohibited public gatherings, stopped transportation, and closed airports.

Once again the NSC considers its options. Members decide to leave the National Guard, as well as quarantine and isolation issues, in the hands of the states. They will accept the vaccine from Russia, and proceed with a crash program to manufacture vaccine even though liability issues have not been resolved. They opt for mandatory isolation of all smallpox victims in dedicated facilities. They will encourage voluntary isolation of contacts using National Guard and Defense Department resources to supply food. Federal travel restrictions will be established, and penalties will be imposed for the promulgation of dangerous information.

An intelligence memo is given to NSC members: It indicates that a new exclusionary zone has been established by Iraq around a suspected bioresearch facility near Samarra. Activity at the facility appears normal but villages for a 10-mile radius around it appear to have been abandoned.

In a memo delivered to the Attorney General, there are reports of increasing incidents of violence, mainly against people with dark skin or who appear Arab-American. Two mosques have been defaced and one burned in the last 24 hours. In downtown Chicago, three dark skinned youths were shot dead, apparently because they looked Middle Eastern. The ACLU has sued Pennsylvania over the issues of mandatory vaccination and curtailment of transportation.

The NSC watches a newsclip in which the Governor of Texas announces the suspension of all travel between Texas and Oklahoma. He urges other governors to do the same, and he strongly criticizes the federal government for being "unable or unwilling to prevent the spread of the smallpox virus."

President Nunn addresses the nation on national TV. He relates the gravity of the crisis and appeals for Americans to remain calm and work together to defeat the virus, and to heed the advice of their elected leaders and health officials.

The 3rd NSC meeting, Dec. 22, 2002: A Crisis Out of Control

The third and final NSC meeting opens with a review of news video clips:

1. The number of smallpox cases has reached 16,000, with 1,000 people now dead. The epidemic has spread to 25 states and 10 other countries. Although investigation suggests all cases are related to the initial attack in three states, the evidence does not rule out additional or ongoing attacks.
2. The U.S. is suffering severe economic damage. In Atlanta and Philadelphia, most businesses are closed and massive traffic jams are occurring across the state as people try to flee the disease.
3. A New York Times poll indicates that most Americans think that the state and federal governments

have lost control of the epidemic. A CNN/Gallup poll says nearly half of Americans think the President should use nuclear weapons against any nation proven responsible for the smallpox attack.

4. Violence is spreading across the nation as individuals try to keep others suspected of having smallpox at a distance. In New York, two police officers and three family members were killed when the police tried to escort two family members with smallpox to an isolation area.

Then Dr. O'Toole once again outlines the progress of the epidemic for the NSC:

1. In the past 48 hours there have been 14,000 new cases. Of the 1,000 dead, 200 have been from reactions to vaccination. It is estimated that 5,000 more will die within the next two weeks.
2. The vaccine has now been depleted, and the U.S. can produce only 12 million unlicensed doses a month, beginning in four weeks.
3. A major impact on the U.S. economy continues and there are shortages of many types of food across the nation. People are fleeing cities after the announcement of new smallpox cases.

The NSC asks for a worst case scenario. It is stark:

1. By the end of the second generation of smallpox cases (about Jan. 3), 30,000 will be infected and 10,000 dead.
2. By the end of Generation 3 (Jan. 20), 300,000 will be infected and 100,000 dead.
3. By the end of Generation 4 (Feb. 6, which is 7 weeks after the start of the epidemic), 3 million will be infected and 1 million dead.

A memo is given to the Secretary of State:

1. Russia, France, and Nigeria are demanding the U.S. share any vaccine it has to help fight the overseas spread of the epidemic.
2. Cuba has offered to sell smallpox vaccine to the U.S. Cuba claims it has the know-how to produce the vaccine quickly.

Another memo is handed to the Director of the FBI and the Director of Central Intelligence (DCI):

1. credible Iraqi defector claims Iraq is behind the smallpox attack. Iraq has previously denied involvement, but has also warned the U.S. that it will retaliate against any U.S. attack in "highly damaging ways."

Finally, a printed message is handed to all members of the NSC. It states that the New York Times, Washington Post, and USA Today have received anonymous letters demanding the U.S. withdraw its forces from the Persian Gulf and Saudi Arabia. The letter claims responsibility for the smallpox attack and contains a generic fingerprint of the smallpox strain matching the fingerprint of the strain causing the current epidemic. Unless the U.S. forces withdraw in one week, it warns of renewed attacks using smallpox, anthrax, and plague.

The Dark Winter exercise ends with the NSC discussing how to respond. If the American people demand they use nuclear weapons, against who? Should they withdraw U.S. troops from the Persian Gulf? And finally, with no vaccine remaining and the epidemic out of control, how do they control the current spread of smallpox and any new attacks with disease?

End of Dark Winter Exercise

Astonishing! The United States had been brought to its knees by a virus delivered covertly by terrorists who lurk in the dark recesses of the world. Few thought it remotely possible before the exercise, but afterwards many inside and outside of Government became alarmed at the possibility.

The Dark Winter exercise was no trivial undertaking. It was carefully planned and orchestrated, primarily by the prestigious John Hopkins University in Baltimore, Maryland, to answer one question: Could America withstand an attack of human-inflicted disease. The answer was a resounding No! — at least in the case of smallpox. We flunked the exercise on a catastrophic scale.

Three months after the exercise the U.S. was subjected to the September 11 attacks against the World Trade Centers in New York City and the subsequent anthrax mail attacks in Washington, D.C. Suddenly the attacks of terrorists were not just the stuff of “what if” simulations like Dark Winter. Our Government began working on defense strategies against such attacks, and it started evaluating its stocks of smallpox vaccine.

The vaccine situation is different today than it was in June of 2001 when the Dark Winter exercise took place. The U.S. has found more vaccine than we thought we had, and we have diluted other vaccine to make it stretch far enough to cover the American population. There are still questions about the effectiveness of this diluted vaccine after so many years in storage, but new vaccine to cover the entire population is being manufactured and will be ready in early 2004 ([Backwoods Homes, 2001](#)).

Title: The Center For Disease Control's Public Health Response To The Threat Of Bioterrorism

Date: July 23, 2001

Source: [University of Virginia](#)

Challenges Highlighted in Dark Winter Exercise

CDC has been addressing issues of detection, epidemiologic investigation, diagnostics, and enhanced infrastructure and communications as part of its overall bioterrorism preparedness strategies. The issues that emerged from the recent Dark Winter exercise reflected similar themes that need to be addressed.

- 1. The importance of rapid diagnosis —** Rapid and accurate diagnosis of biological agents will require strong linkages between clinical and public health laboratories. In addition, diagnostic specimens will need to be delivered promptly to CDC, where laboratorians will provide diagnostic confirmatory and reference support.
- 2. The importance of working through the governors' offices as part of our planning and response efforts —** During the exercise this was demonstrated by Governor Keating. During state-wide emergencies the federal government will need to work with a partner in the state who can galvanize the multiple response communities and government sectors that will be needed, such as the National Guard, the state health department, and the state law enforcement communities. These in turn will need to coordinate with their local counterparts. CDC is refining its planning efforts through grants, policy forums such as the National Governors Association and the National Emergency Management Association, and training activities. CDC also participates with partners such as DOJ and FEMA in planning and implementing national drills such as the recent TOPOFF exercise.
- 3. Better targeting of limited smallpox vaccine stocks to ensure strategic use of vaccine in persons at highest risk of infection —** It was clear that pre-existing guidance regarding strategic use would have been beneficial and would have accelerated the response at Dark Winter. As I mentioned earlier, CDC is working on this issue and is developing guidance for vaccination programs and planning activities.
- 4. Federal control of the smallpox vaccine at the inception of a national crisis —** Currently, the smallpox vaccine is held by the manufacturer. CDC has worked with the U.S. Marshals Service to conduct an initial security assessment related to a future emergency deployment of vaccine to states. CDC is currently addressing the results of this assessment, along with other issues related to security, movement, and initial distribution of smallpox vaccine.
- 5. The importance of early technical information on the progress of such an epidemic for consideration by decision makers —** In Dark Winter, this required the implementation of various steps at the local, state,

and federal levels to control the spread of disease. This is a complex endeavor and may involve measures ranging from directly observed therapy to quarantine, along with consideration as to who would enforce such measures. Because wide-scale federal quarantine measures have not been implemented in the United States in over 50 years, operational protocols to implement a quarantine of significant scope are needed. CDC hosted a forum on state emergency public health legal authorities to encourage state and local public health officers and their attorneys to examine what legal authorities would be needed in a bioterrorism event. In addition, CDC is reviewing foreign and interstate quarantine regulations to update them in light of modern infectious disease and bioterrorism concerns. CDC will continue this preparation to ensure that such measures will be implemented early in the response to an event.

6. Maintaining effective communications with the media and press during such an emergency. The need for accurate and timely information during a crisis is paramount to maintaining the trust of the community. Those responsible for leadership in such emergencies will need to enhance their capabilities to deal with the media and get their message to the public. It was clear from Dark Winter that large-scale epidemics will generate intense media interest and information needs. CDC has refined its media plan and expanded its communications staff. These personnel will continue to be intimately involved in our planning and response efforts to epidemics.

7. Expanded local clinical services for victims — DHHS's Office of Emergency Preparedness is working with the other members of the National Disaster Medical System to expand and refine the delivery of medical services for epidemic stricken populations ([University of Virginia, 2001](#)).