

# **DARK WINTER**

## **Bioterrorism Exercise Andrews Air Force Base June 22-23, 2001**

## **FINAL SCRIPT – DARK WINTER EXERCISE**

### **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.

- 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.
- 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.
- 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.
- 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.

## **INTRODUCTION TO EXERCISE**

### **GEOPOLITICAL CONTEXT BRIEFING**

*Randy Larsen, Deputy National Security Advisor*

#### **Taiwan-China Tensions**

- Angry rhetoric between Taiwan and the People’s Republic of China (PRC) has reached an all time high.
- One month ago, the PRC “tested” medium range missiles along a flight path that passed through Taiwan’s airspace.
- An outbreak of Foot and Mouth disease in Taiwan began about three weeks ago and is having a devastating impact on the local swine industry.
- Press reports have speculated that the current outbreak may have been deliberately introduced by the Chinese. China has denied these rumors.
- Taiwanese officials have compared this outbreak to the 1997 FMD epidemic that transformed Taiwan from an exporter to an importer of pork. As a result, China was able to capture the Pacific Rim pork market.

#### **Nuke/Bio Smuggling**

- Last month Russian authorities, with support from the FBI, arrested Yusuuf Abdul Aziiz, a known operative in Al-Qaida and a close personal friend and suspected senior lieutenant of Usama bin Laden. Yusuuf was caught in a sting operation that had been developing during the last year. He was attempting to acquire 50 kilograms of plutonium and was also attempting to arrange the purchase of several biological pathogens that had been weaponized by the Soviet Union.

#### **Suspected BW Production - Iraq**

- Six months ago, the US lifted sanctions against Iraq and ceased enforcement of the “no-fly zones”.
- Saddam has since pursued an aggressive effort to upgrade military forces and has imported equipment and materials that might be used to build chemical or biological weapons.
- The Al Daura vaccine plant, near Baghdad, closed by UN inspectors after the Gulf War, renewed full-scale production in 2001. The ostensible justification for this was the preparation of vaccines against Foot & Mouth disease.
- There are also reports that several top of scientists from the former Soviet bioweapons program began working in Iraq and Iran 1 yr ago.

#### **Southwest Asia – 2 days ago**

- 2 days ago, Iraqi forces in the South of Iraq moved into offensive positions along the Kuwaiti border.
- The Iraqi government denies any hostile intent and maintains that these troop movements are part of routine military exercises.

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- Yesterday, Kuwait, the United Arab Emirates and Bahrain requested deployment of US, British and French forces to Southwest Asia, to guard against possible attempts by Iraq to seize Kuwaiti oil fields.
- Russia and China oppose Allied deployment.
- The US has announced it is moving an aircraft carrier battle group to the Gulf.

### US Domestic Conditions

- US Economy is in good shape
- Has been especially severe winter and heating oil prices, especially in the Northeast are high.
- Polls show slim majority of Americans oppose a major deployment of US troops to the Persian Gulf
- Most Americans agree that Saddam's Iraqi regime represents a real threat to stability in the region and to American interests.
- Key information on US Oil Imports being distributed.

### MEMO GIVEN TO ALL PARTICIPANTS *Oil Information*

“2001 statistics from the Energy Information Administration:

- US Crude Oil Imports are **8.46 million** barrels per day. Of this, the **US Imports about 26% of its crude oil from the Middle East, or 2.21 million barrels day.** This is comprised of 1.72 million from Saudi Arabia, 0.25 million from Kuwait and 0.24 million from Iraq.
- Other Significant Oil Imports from non-Arab countries are as follows: Canada - 1.29 million, Mexico - 1.03 million, Venezuela - 1.234 million, Nigeria - .859 million
- US production of crude oil (as of 1999) was **5.93 million** barrels per day. Assuming this number has been fairly consistent over the past two years, **the US imports about 60% of its crude oil.**
- The Strategic Petroleum Reserve (SPR) currently has about 540 million barrels in its reserves located in Louisiana and Texas. (Not all of this is crude oil). According to the SPR, this would be sufficient to supplement US oil requirements for **54 days.** Keep in mind that the maximum estimated speed for draw-down in an emergency is **4.3 million barrels a day.**
- If all imports to the US were stopped during a crisis, the SPR could not keep up with daily US requirements due to draw-down limitations.”

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**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:

- What policies and priorities should govern smallpox vaccine distribution?
- Should plans for military deployment to SW Asia proceed?
- 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?
- What should the American people be told?

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**MEMO TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF DEFENSE, CHAIR OF THE JOINT CHIEFS OF STAFF**  
*Flexible Deterrent Options*

Forces currently in theater: 25,000 including one carrier battle group

**Option One: 5 Day closure**

*Limited capability to thwart an invasion of Kuwait by existing Iraqi forces currently positioned near border. Primarily a visible commitment. (Very high risk if Iraq invades)*

Vigilant Warrior (Army Brigade w/ equipment prepositioned in Kuwait)

3000 active duty, 500 reserves including 300 medical

Air Expeditionary Wing (4 fighter squadrons)

1000 active duty

Intelligence, Surveillance, and Reconnaissance (ISR) package

(U-2, JSTAR, EP-3, AWACS)

500 active duty

B-52 deployment to Diego Garcia

500 active duty

**Option Two: 21 Day closure**

*Significant capability to prevent the Iraqi capture of Kuwait, or at a minimum, delay the success of an Iraqi invasion until additional forces can be deployed. (Medium risk if Iraq invades)*

Vigilant Warrior

Air Expeditionary Force (12 fighter squadrons)

Additional ISR Package

Additional carrier battle group

10,000 active duty

Marine Expeditionary Force (With MPF from Diego Garcia)

30,000 active duty

Combat Support Hospital

500 reserves

Corps Support Command

1000 reserves

**Option Three: 14 Day closure, but requires Presidential Select Reserve Call-up and Civil Reserve Air Fleet Stage I to meet this timeline**

*Strongest deterrent option. Demonstrates resolve. Same combat capability of option two. Reduced closure time comes at the political cost of a Presidential Select Reserve Call-up and activation of the Civil Reserve Air Fleet Stage I. Reduces capability to respond to a potential crisis in other theaters. (High risk globally, medium risk in SWA)*

Vigilant Warrior

Air Expeditionary Force (20 fighter squadrons)

Additional ISR Package

Additional carrier battle group

Marine Expeditionary Force (With MPF from Diego Garcia)

Combat Support Hospital

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**MEMO TO PRESIDENT, NATIONAL SECURITY ADVISOR, SECRETARY OF  
DEFENSE, CHAIR OF THE JOINT CHIEFS OF STAFF**  
*Flexible Deterrent Options*

Corps Support Command

**Offensive Force to Remove Iraq from Kuwait**

400,000 personnel (100,000 reserve component)

### **NSA GERGEN'S REMARKS, 7:00 PM**

Before we begin this evening ... I think it is important you see what is currently on the local TV station in Oklahoma City. The White House Press Office just sent this over. I am sure this will soon be picked up by the major networks. This was taped from a live broadcast about 15 minutes ago.

### **VIDEO NEWSCLIP 1**

#### **PRESIDENT NUNN'S OPENING REMARKS**

- 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.
- 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.
- 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.
- 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.
- As it happens, Oklahoma's Governor Keating is in town today and has joined us for

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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.

- 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*

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

### SMALLPOX BRIEFING

*Thomas Inglesby, Special Assistant to Secretary Hamburg*

#### **Smallpox: Historical Background – Slide 1**

- Last case on planet 1978

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- Last case in US in 1949 (Texas)
- Officially stored only in 2 places--CDC & Russian Lab
- Prior to eradication – killed 300 million in 20<sup>th</sup> century

Photo – Smallpox Disease Progression – Slide 2

### Smallpox Disease Progression



#### Features of Disease – Slide 3

- No symptoms at time of exposure
- 9 – 17 days later: fever, malaise, rash
- Rash: red spots → become painful pustules
- No treatment for persons with disease
- At least 30% who get the disease would die
- Survivors have scars for life, may be blind

#### Slide Comments:

- *Average incubation period is 2 weeks*
- *Mortality rate may be higher in children*

Photo – Smallpox Cases – Slide 4

## Examples of Smallpox Cases



### How Contagious is Smallpox? – Slide 5

- Person to person spread occurs
- Contagious from rash onset until scabs heal (2 weeks)
- Spread by droplets breathed or coughed into air
- Usually requires close contact (< 6ft.)
- Isolation and vaccination can prevent spread

#### Slide Comments:

- *Close contacts are household and work contacts, health care workers.*
- *In exceptional circumstances can spread over long distances.*
- *Long distance spread usually occurs with cough*
- *Outbreak in Germany, 30 persons working or visiting in a hospital caught smallpox from one hospitalized patient who never left his room*
- *Isolation of patients prevents transmission*
- *Vaccination of contacts can prevent them from developing disease*

### Health Care System Readiness – Slide 6

- U.S. doctors/nurses have no experience with smallpox
- No means of rapid diagnosis, no treatment available
- Hospitals have few isolation rooms designed for highly contagious patients

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- No surge capacity in health care system - Just-in-time methods for staffing, drugs, supplies

### Slide Comments:

- *It is doubtful that hospitals could handle even 10% increase in patient demand over a sustained period.*
- *Concerns whether staff will come to work if at potential risk of getting lethal disease or bringing it home to their families*

### **Photo – Smallpox victim – Slide 7**



### **Smallpox Vaccine – Slide 8**

- Protects people from dying --if given no more than 3 or 4 days after exposure
- Routine U.S. vaccination stopped in 1972
- Immunity wanes over time: estimated 80% U.S. population now susceptible
- 1/300,000 got serious, possibly fatal reactions to vaccine

### Slide Comments:

- *Vaccine protects if given before symptom onset*
- *No one younger than age 30 y/o vaccinated*
- *Maybe as many as 1/5000 today would have serious possibly lethal vaccine complication*

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### Smallpox Vaccine Supply – Slide 9

- U.S. stocks: 12M doses --Swiftwater, PA
- World supply: 60M doses -- no data, no sharing agreements
- CDC contract for 40M doses; first deliveries -- 2004

#### Slide Comments:

- *14 nations report having some supply of vaccine (SEC STATE will be getting that information*

### SITUATION BRIEFING [slides]

*Dr. Tara O'Toole, Deputy Secretary of HHS, Chair of the Deputies Committee meetings*

### Status of Epidemic – Slide 1

- 20 smallpox cases, lab confirmed, Oklahoma City
- 30 additional cases suspected: 14 in OK; 9 in GA; 7 in PA
- Source of infection unknown
- Presumed exposure Dec 1<sup>st</sup>

### Photo of First Case – Slide 2

*We believe media has this photo*

## 1<sup>st</sup> Smallpox Case – Oklahoma City



Photo of Arms of First Case – Slide 3

## 1<sup>st</sup> Smallpox Case – Oklahoma City



### Status of Epidemic: Actions Taken – Slide 4

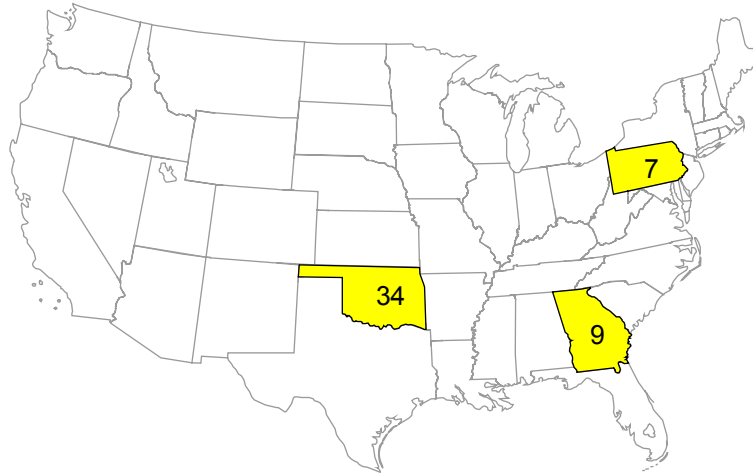
- CDC officials en route to OK, PA, and GA
- Lab specimens en route to CDC
- 100,000 doses of vaccine released, ETA=12 hours
- Vaccination restricted to close contacts, HCWs, investigators
- 100K doses to PA, GA pending lab confirmation

#### Slide Comments:

- *Doses released are preliminary shipments made with consensus of Sec Hamburg, CDC Director and OK Commissioner of Health.*
- *Additional vaccine only to be released pending decisions reached at this meeting*

Map of Cases in 3 states – Slide 5

## Smallpox Cases Reported December 9



### Potential Origin of Outbreak: Slide 6

- Accidental or intentional release of virus
- Only two labs in world permitted to have virus – CDC and Vector in Russia
- Illicit diversion of virus plausible
- Once viral stocks in hand, no major technical problems to grow, disseminate virus

### Slide Comments:

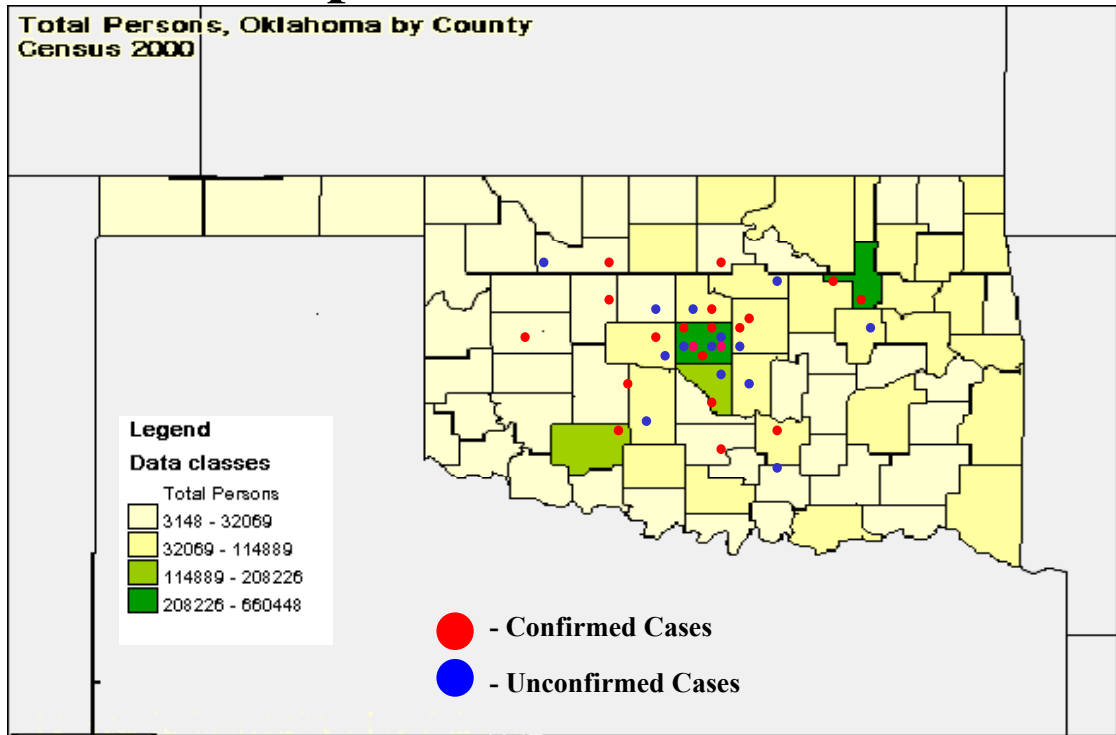
- *Readily available off-the-shelf aerosol technologies used in Ag or Pharm applications believed most likely = best guess*

### Status of Epidemic: Actions Taken – Slide 7

- Outbreak investigation begun
- FBI, Public Health interviews with patients and contacts
- Information to stop disease spread, identify source of exposure
- Active medical surveillance to identify additional cases
- Alert, educate information to medical community & media

Map of Cases on Oklahoma Grid – Slide 8

## Smallpox Cases – Oklahoma



### Situation Briefing: Next Steps – Slide 9

- Victims: Isolate until rash heals, supportive care
- Contacts: Identify, vaccinate, fever watch: if fever, then presume smallpox and isolate
- Protection of healthcare workers
  - Minimize exposure
  - Vaccinate
  - Strict respiratory precautions
  - Isolation rooms
  - Appropriate handling of infectious materials

### Slide Comments:

- *Equipment used to prevent TB –special masks, gloves, gowns, in short supply*
- *Isolation rooms to prevent airborne spread also in short supply*

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### Situation Briefing: Next Steps – Slide 10

- Smallpox incubation period: 9 – 17 days (avg - 14 d)
- If initial attack Dec 1; now seeing 1<sup>st</sup> generation
- 2<sup>nd</sup> generation to begin approx on December 20<sup>th</sup>
- Historically: single case infected 13 – 20 others
- Today: few immune; mobility of population; urban conditions -- encourage spread

“Mr. President, Deputies Committee working on vaccine distribution policy options – should be available in 30-60 minutes. Recommend getting update from FBI at this time.”

### FBI REMARKS

*Barbara Martinez Chief, WMD Operations Unit, FBI*

- 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.
- 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.
- The Domestic Emergency Support Team will be vaccinated within next few hrs and will be on the ground in Oklahoma and elsewhere as needed.
- We are also now establishing a Joint Operations Center in Oklahoma and will be coordinating information dissemination through a Joint Information Center.



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### MEMO GIVEN TO DCI, FBI DIRECTOR

#### **Several States, Groups Could Have Capability to Build Smallpox Weapon**

- 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.
- 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**

- 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.
- 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.
- 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**

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

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**MEMO TO SECRETARY OF STATE**

**Smallpox Vaccine stocks as of 1998 – Reports made by countries in response to World Health Organization Survey**

- Best available estimates
- 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.
- 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.
- No sharing agreements exist between US and other countries for smallpox vaccine

South Africa	30,000,000
Brazil	0 (1994)
Canada	346,280
Peru	0
Egypt	3,000 (1994)
Iran	1,500,000 – believed not effective (faulty storage)
Iraq	0
Belgium	0
Denmark	1,630,000
Finland	10,000 (1994)
France	0
Germany	0 (1994)
Hungary	1,000,000 (1994)
Netherlands	3,000,000
Sweden	0
Switzerland	500,000
U.K.	3,650,000 (1994)
India	6,396,840
Thailand	0
Australia	0
Cambodia	0
China	0
Japan	Did not report
Korea	9,940,000 (1994)
New Zealand	0

- 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**

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

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Georgia. Blames US for its decision to continue working on smallpox virus despite near unanimous consent by world community to destroy remaining virus stores.

### NSC MEETING DISCUSSION

#### VACCINE DISTRIBUTION POLICY OPTIONS BRIEFING [slides]

*Dr. Tara O’Toole, Chair of the Deputies Committee*

##### **Smallpox Vaccine – Background – Slide 1**

- 12 M doses in U.S. stockpile
- Foreign supplies limited;
- Must give 3 – 5 days after exposure
- Exposure determined by history -- no rapid, reliable tests
- Possible serious or lethal complications in 1/5000

##### **Smallpox Vaccine – Decision Points – Slide 2**

- National vs. state vaccination policy?
- Ring vaccination vs. mass immunizations?
- Hold 2.5 M doses for DOD? key officials?
- Vaccinate HCWs, public safety, elected officials? Their families?
- Distribute to states now vs. wait for cases?
- Size of aliquots to states?
- Mandatory vs. voluntary immunization?

##### Slide Comments:

- *Now—Sec HHS/Surg Gen/Dir CDC can release vaccine to states. Should president retain this authority?*
- *Can Feds enforce priorities if it sets them. Immunization programs administered by local officials.*
- *HCWS, public safety, -- arguably essential personnel with high risk of contact with victims.*
- *In TOPOFF exercise, vaccination of families was key issue*

##### **Vaccine Policy – Decision Points – Slide 3**

- Ring Vaccination – close contacts, healthcare workers, investigators
  - Minimize use of vaccine
  - Logistical, personnel hurdles
  - Loose vs. tight definitions

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- Mass Immunizations – Preferred if adequate supply
  - Logistically easier
  - Shotgun approach—may hit target/ stop spread
  - Still must do contact tracing

### Slide Comments:

- *Ring vaccination used in the smallpox eradication program*
- *Ring vaccination: get it wrong—people die because you missed*
- *Mass immunization may reduce public anxiety—recent meningitis outbreaks (1-3 persons sick) created great public anxiety*

### Populations of Affected Cities/States – Slide 4

Cities with Cases	OK City	Atlanta	Philadelphia	Total
City population	1.1M	416K	1.5M	~3M
Metro Area Population	1.1M	4.1M	6.1M	~11.3M
States with Cases	OK	GA	PA	
State population	3.5M	8.1M	12.3	~23.8M

### Deputies Committee Recommendations on Disease Containment – Slide 5

- Isolate patients (hosp isolation, dedicated centers)
- Contacts: vaccinate; stay home; fever watch; if fever move to treatment center
- Vaccination, isolation not forcibly imposed
- Minimize gatherings, close schools in affected states

### Deputies Committee Recommendations on Public Communication – Slide 6

- Anticipate great public anxiety about disease and possible vaccine limitations
- Public confidence and engagement critical for ending disease transmission
- Maximize transparent decision-making

### Slide Comments:

- *About disease and possible vaccine limitations*

### Vaccine Policy Distribution Recommendations – Slide 7

#### Option 1: Directed Vaccination + DOD

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- Vaccinate only contacts, key personnel (i.e. likely contacts) in case states
- Hold 2.5M doses for DOD
- Same directed strategy if more cases in new states

### **Option 1: Directed Vaccination + DOD – Slide 8**

- Pros
  - Focuses immunization on those at highest risk
  - Preserves vaccine
  - Seen as rational/equitable
  - Preserves DoD strategic flexibility
- Cons
  - Logistically challenging
  - May miss contacts
  - Public anxiety -- most not vaccinated
  - ? Public reaction to DoD hold

### **Option 2: Citywide + DOD + New States – Slide 9**

- Residents of OK City, Atlanta, and Philadelphia
- Contacts and essential personnel who are not city residents
- 2.5M held for DOD
- 500K to additional states when cases identified

### **Option 2: Citywide + DOD + New States – Slide 10**

- Pros
  - Creates immunity (firebreak) in affected cities
  - Less anxiety in affected cities
  - May reduce risk of missed contacts
  - Preserves DOD strategic flexibility
- Cons
  - Cannot continue policy for additional cities
  - Mass immunizations challenge; must still track contacts
  - Lessen anxiety in affected cities; ?more elsewhere
  - ? Public reaction to DoD hold

### **Option 3: Citywide + DOD + All States Now – Slide 11**

- Residents of OK City, Atlanta, Phil.
- Contacts and essential personnel who are not residents
- 2.5M held for DOD
- 125K to all states now

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### Option 3: Citywide + DOD + All States Now – Slide 12

- Pros
  - Creates immunity (firebreaks) in affected cities
  - Lessen anxiety in affected cities
  - May reduce risk of missed contacts
  - Preserves DOD strategic flexibility
  - Even distribution across nation of remaining vaccine
  - Allows rapid vaccination of new cases, key personnel in newly affected states

### Option 3: Citywide + DOD + All States Now – Slide 13

- Cons
  - Cannot continue policy for additional cities
  - Logistically challenging
  - Depletes vaccine stocks
  - Cedes federal control of vaccine to states
  - ? Public reaction to DOD hold

### Vaccine Policy Options – Slide 14

	<u>Vaccine Remaining</u>
#1. DIRECTED VACCINATION + DOD	12M
#2. CITYWIDE + DOD + NEW STATES	8.9M*
#3. CITYWIDE + DOD + ALL STATES NOW	6.1M*
	1.4M*

\*Doses remaining do not include new contacts, new states

### **MEMO GIVEN TO PRESIDENT AND NATIONAL SECURITY ADVISOR** **9:30**

- “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.
- 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.
- *We have a 30 minute video clip you need to see urgently.*

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- **Deputies Committee Recommends that the President address the nation no later than 10:00 p.m. EST. Deputies Committee Recommends President address following issues:**
  - Facts as available to government
  - Federal roles and responsibilities
  - State roles and responsibilities
  - What the public should do
  - Clarify American response to incident for benefit of international audience.”

### VIDEO NEWSCLIP 3

*White House Press Secretary delivers draft press statement to the President and NSC for consideration.*

## NSC DISCUSSION

10P

*President, National Security Advisor, Secretary of HHS, and Director of CDC's Bioterrorism Program move to press room to deliver statement*

*Press statement delivered in press room, broadcast to auditorium*

**END**

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

8A

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.

**VIDEO NEWSCLIP 3**

**Review of News Summaries [Slides]**

*US Smallpox Cases Mount; Congress Demanding Retribution*

- 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.
- 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*

- 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.
- 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*

- 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*

- 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*

- Many countries have closed their borders to persons traveling from the US unless



## FINAL SCRIPT – DARK WINTER EXERCISE

they can show proof of recent smallpox vaccination. The possible economic impact of lost international trade may reach billions of dollars.

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

### *Government Response Criticized*

- 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*

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

- 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*

- 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*

- 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 PRESIDENT, NATIONAL SECURITY ADVISOR,  
SECRETARY OF DEFENSE, CHAIR OF JOINT CHIEFS OF STAFF, DCI**  
*Status Of Military Situation in SW Asia*

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**FINAL SCRIPT – DARK WINTER EXERCISE**

## FINAL SCRIPT – DARK WINTER EXERCISE

### **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”)***

- If the State requests Federal assistance, the President may declare a national emergency for mobilization of Federal resources in support of State efforts.
- 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)***

- Army and Air Force may not be used for law enforcement. DOD policy extends the prohibition to Navy and Marines.
- National Guard in State-status are not covered by the Posse Comitatus Act.
- Federal troops (incl. Federalized National Guard) may be used for law enforcement if the President invokes the Insurrection Act to quell civil disturbances.
- 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))***

- 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”)***

- Public health law is primarily a State concern.
- Judicial decisions indicate that forcible inoculation and quarantine of infected patients may be constitutional.
- 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.
- SecHHS has not promulgated any regulations under this authority.
- 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).
- 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.)***

- State and local governments have primary responsibility for quelling rebellions (32 C.F.R. § 215.4(a)).
- 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) rebellions

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## FINAL SCRIPT – DARK WINTER EXERCISE

### **MEMO DELIVERED TO ATTORNEY GENERAL**

#### ***Emergency Legal Authorities***

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.

- Before committing U.S. troops, the President must issue a proclamation for rebellious citizens to disperse, cease, and desist.
- Some government attorneys believe that the Insurrection Act is subject to a very liberal interpretation.

#### **Martial Rule**

- 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.”
- 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.
- There are judicial decisions and scholarly articles indicating that the President has some metaConstitutional authority to act in times of national emergency.
- 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.
- 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.
- 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 (Segment 2 Decisions)**

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

- Given vaccine shortage, how can spread of smallpox be contained?
- How can we best balance disease containment, economic disruption, and protection of civil liberties?
- Should National Guard troops be federalized?

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- Should overseas deployment continue?
- What federal actions should be taken in order to care for the sick?
- What additional assistance can the Federal government provide to states?
- What should American people be told?

### **MEMO TO ATTORNEY GENERAL, FBI DIRECTOR** *WMD Unit Assessment*

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.

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:**

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.

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**

*Delivered immediately following Video Clip and Review of News Summaries*

- 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

## FINAL SCRIPT – DARK WINTER EXERCISE

Deputy Secretary of State Mr. Bud St. Germain.

- To review the major events of the last 5 days:
  - 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.
  - 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.
  - 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.
  - Unfortunately, the lack of vaccine and efforts in various states to stop the spread of smallpox have lead to some serious economic disruptions and, in some areas, civil unrest. More on this in a moment.
  - 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.
  - 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.
  
- 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.

### SITUATION BRIEFING

*Dr. Tara O'Toole, Chair of the Deputies Committee*

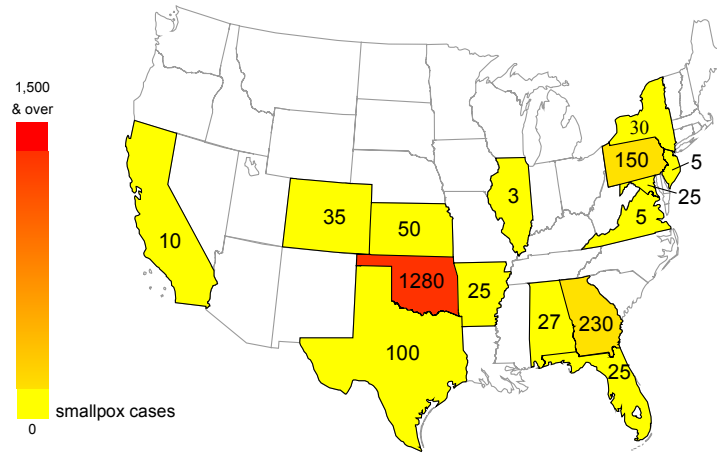
#### Status of Epidemic – Slide 1

- 2000 cases in 15 states
- Isolated cases in Canada, Mexico, and United Kingdom
- 300 dead as of today
- All cases appear due to 3 initial attacks in OK, GA, PA
- No forensic evidence; PH investigation points to 3 shopping malls at sites of exposure

# FINAL SCRIPT – DARK WINTER EXERCISE

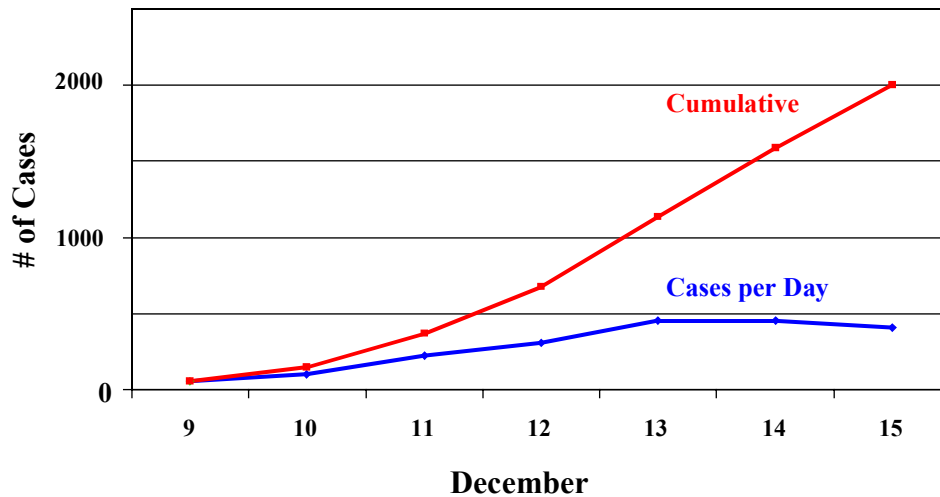
## MAP of Cases – Slide 2

### Cumulative Reported Smallpox Cases December 15 - Total = 2000



## Line Graph of Cases – Slide 3

### Smallpox Cases December 9 – December 15



## Summary of Vaccine Distribution – Slide 4

- Dec 9-10: contacts, essential personnel, DOD only
- DOD: 250K for SW Asia deployment; 1M for frontline warfighters and support;

## FINAL SCRIPT – DARK WINTER EXERCISE

500K for NG

- Rapid identification/vaccination of contacts difficult; expanding definition of ‘essential personnel’
- Dec 11: as cases rise, growing political pressure to vaccinate more broadly: 1M doses each for OK, GA, PA
- Dec 11 –14: 500K to each of 12 affected states

**Vaccine Remaining:  
1.25M doses**

### **Situation Briefing: Status of Epidemic – Slide 5**

- Medical care system overwhelmed in states with smallpox – staff shortages; fearing smallpox many seek care
- Insufficient hospital isolation rooms – concerns that non-smallpox patients will be infected
- As vaccine dwindles & cases rise, growing public outcry for forcible transfer to isolated facilities
- Contacts not complying with voluntary home isolation and fever watch
- Too many contacts to monitor for signs of disease

### **Situation Briefing: Status of Epidemic – Slide 6**

- Dangerous misinformation in some media:
  - Reports of good vaccine/bad vaccine; government saving good vaccine for elites
  - Advice to flee cities /hide in remote areas
  - Smallpox ‘cures’ offered on internet
  - Hate speech targeting certain ethnic groups
  - Claims that poor neighborhoods in affected states denied vaccine

### **Public Health Actions Taken – Slide 7**

- Schools closed nationwide; public gatherings limited in affected states
- States’ efforts to limit non-essential travel vary – airports, rail, buses closed/reopened; transport slow-down causing local shortages
- National Information Center established by HHS; frequent media/internet updates on epidemic; information on how public can prevent transmission & who should get vaccinated
- HHS establishing secure Internet site for med/pub health community
- 3 US drug manufacturers agree to make vaccine – 6 million doses/month in 5 weeks

### **International Public Health Actions Taken – Slide 8**

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- All countries with vaccine contacted, only UK willing to donate vaccine – 500,000 doses to be delivered
- Netherlands, Denmark, Germany have agreed to begin vaccine manufacture, first delivery at least 3 months – US access to vaccine under discussion
- Russia offering to provide 4 million doses of vaccine
- Collaborating with EU, UN on international vaccination documentation for purposes of ensuring continued trade/travel
- UN Security Council, WHO and World Medical Association condemned use of bioweapon in US

*Mr. President, Deputies Committee will have Disease Containment Options available to you in 1 hour.*

### **FEMA REMARKS**

*Delivered by Jerry Hauer, FEMA Director after O'Toole Situation Brief*

#### **Healthcare System Struggling Under Stress**

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.

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Exhaustion from long hours and stress is a serious problem.

### **Update on Implementation of Federal Response Plan**

- 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.
- 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.
- 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.
- 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.
- 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.

### **DEPUTIES RECOMMENDATIONS FOR DISEASE CONTAINMENT**

*Dr. Tara O'Toole, Chair of Deputies Committee*

#### **Disease Containment Options: Considerations – Slide 9**

- Restrict smallpox patients to dedicated facilities? – voluntary vs. mandatory
- Assemble contacts of patients in designated sites? – voluntary vs. mandatory
- Establish national travel policies? – voluntary vs. mandatory
- Legislation to prohibit dangerous information?

#### **Disease Containment: Deputies' Recommendations – Slide 10**

- Mandatory isolation of all smallpox victims in hospitals or preferably dedicated facilities
- DOD assets to assist in provisions and staff for dedicated smallpox treatment

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centers

- Encourage voluntary home isolation of contacts using NG and DOD assets to supply food/track fevers, etc. (mandatory grouping of infected and non-infected contacts too dangerous)
- Penalties for promulgating dangerous information
- Establish federal travel restrictions
- Economic impacts
- Cancel all public gatherings in affected states, non-essential meetings of >50 people elsewhere

### MEMO GIVEN TO DCI

#### *Possible Quarantine Area near Samarra, Iraq*

### MEMO GIVEN TO DCI

#### *Chinese Involvement with Smallpox*

- PRC Cabinet officials and high ranking members of the PLA conducted what appears to be an unscheduled meeting on Dec 12<sup>th</sup>. 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.
- Shortly following the Dec 12<sup>th</sup> 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)

- 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.
- 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*

- The Department of Justice is receiving numerous credible allegations that persons with symptoms “suspicious for smallpox” have been illegally arrested or detained in

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## FINAL SCRIPT – DARK WINTER EXERCISE

### MEMO DELIVERED TO ATTORNEY GENERAL

#### *Civil Liberty Abuse*

designated “isolation wards.” There are widespread reports that the poor and people of color are more likely to be “isolated” than others.

- Not all persons placed in these isolation wards have been vaccinated, thus possibly exposing uninfected individuals to smallpox.
- The ACLU has just sued PA over its decision to initiate mandatory vaccination of patient contacts and the imposition of travel restrictions.
- 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.
- 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

9:30

### VIDEO NEWSCLIP 4

### 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,

- 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.
- 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.
- 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.

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- 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, 47<sup>th</sup> Governor of Texas”

## NSC DISCUSSION

10:30

**END NSC DISCUSSION** *President and his designees move to Press Room*

10:55-  
11:30

**PRESIDENTIAL PRESS CONFERENCE**

**FINAL SCRIPT – DARK WINTER EXERCISE**

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

**VIDEO CLIP 5**

## FINAL SCRIPT – DARK WINTER EXERCISE

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

#### *Smallpox Cases Skyrocket; 2<sup>nd</sup> 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*

- 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*

- 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*

- 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*

- 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*

- 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.
- In Houston, Chicago, and LA yesterday, fear of smallpox had deadly ramifications as individuals used violence to keep others at a distance.
- 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 DELIVERED TO PRESIDENT, NATIONAL SECURITY ADVISOR,  
SECRETARY OF DEFENSE, CHAIR OF JOINT CHIEFS OF STAFF, DCI**  
*Status Of Military Situation in SW Asia*

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### **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:

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

### **PRESIDENT'S REMARKS**

- 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.
- 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
- Obviously there is now understandable concern and fear about the recent sharp rise in smallpox cases.
- 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.
- 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.
- 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.
- Dr.O'Toole has an update on the epidemic.



# FINAL SCRIPT – DARK WINTER EXERCISE

## SITUATION BRIEF

*Dr. Tara O’Toole, Chair of the Deputies Committee*

### Status of the Epidemic – Slide 1

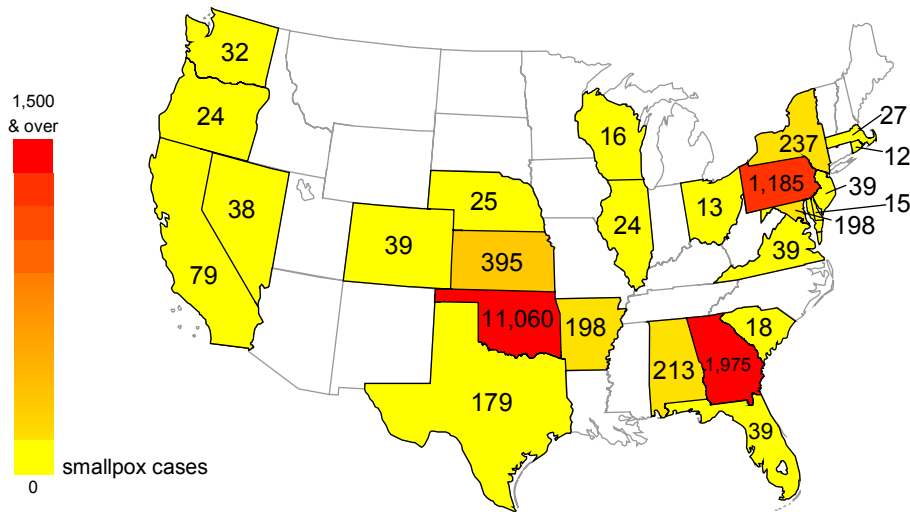
- Past 48 hrs: 14,000 new cases in 25 states reported to CDC
- 1,000 dead; 200 from vaccination
- Estimated 5,000 more deaths over 2 weeks
- Overseas cases (10 countries) likely due to travel from US

#### Slide Comments:

- 16,000 cases = 14,000 cases last 24 hrs + first generation

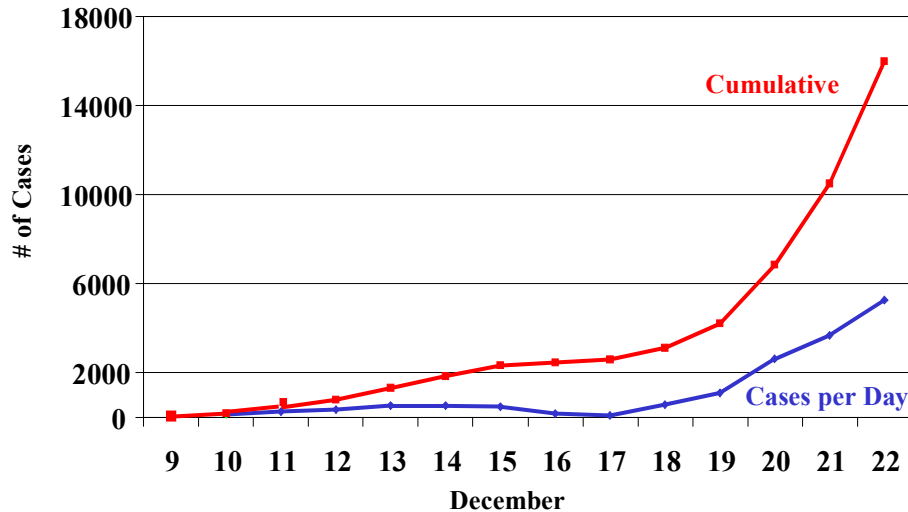
### Map of Cases – Slide 2

## Cumulative Reported Smallpox Cases December 22 - Total = 16,000



Line Graph of Cases – Slide 3

## Cumulative Reported Smallpox Cases December 22 - Total = 16,000



*We believe new cases represent contacts of victims of original release of smallpox. Cannot rule out additional attacks*

### Situation Briefing: New Smallpox Cases – Slide 4

- ? unidentified contacts of initial victims
- ? contacts not vaccinated in time
- ? vaccination ineffective
- Timing, pattern of cases suggests no new attack

#### Slide Comments:

- Majority of new cases evaluated thus far appear to have high probability of exposure to original smallpox victims;
- CDC, health agencies, FBI working feverishly to interview victims, ID contacts

### Situation Briefing: Status of Epidemic – Slide 5

- Vaccine depleted – including supply from UK, Russia
- 12 million doses/month U.S. vaccine – ready in 4 weeks
- Restrictions of Nonessential travel in place; shortages of many foods/huge impact on national economy
- Flight from cities with announcement of new cases

## FINAL SCRIPT – DARK WINTER EXERCISE

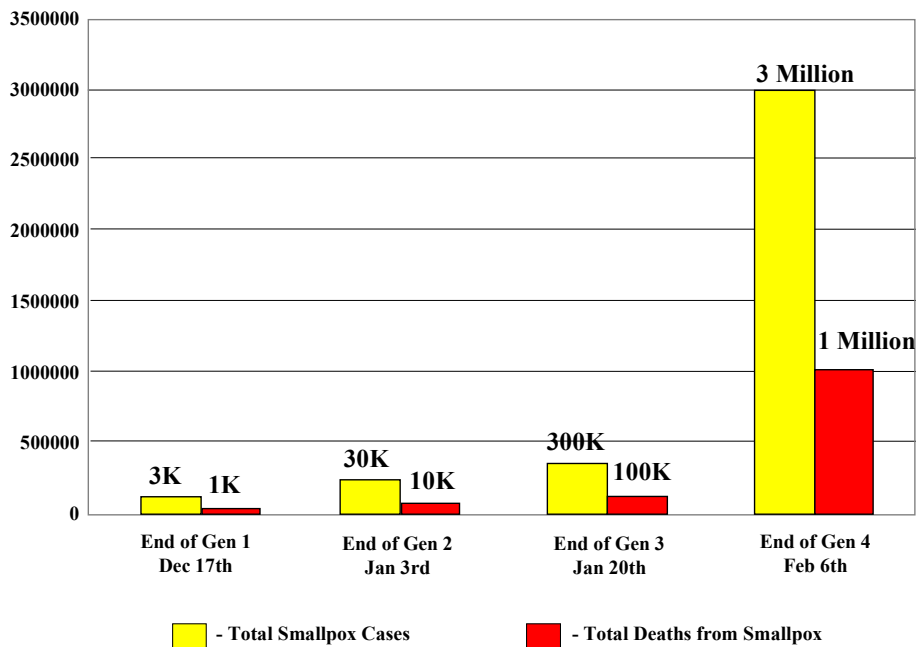
- Canada/Mexico have closed borders to U.S.; tight restrictions on entry to U.S.
- Growing demand for mandatory grouping/isolation of all contacts of smallpox patients
- Contact tracing effectively impossible, especially in cities (100 contacts/case = 1.6M contacts)

### Historical Precedence – Slide 6

- Introduction of smallpox into susceptible populations
- 16<sup>th</sup> Century Spaniards carry smallpox to New World
- No previous history of smallpox in Western Hemisphere
- One half of 25M Aztec population died of smallpox

### Situation Briefing: Projection of Smallpox Cases, Deaths – Slide 7

## Projected Smallpox Cases



### Slide Comments:

- We project we will see a total of approximately 30,000 cases of smallpox emerging over the next 6 days.
- Within 23 days, we could see as many as 300,000 victims as the 3<sup>rd</sup> generation of cases becomes apparent. We will still have no new smallpox vaccine at this point.

## FINAL SCRIPT – DARK WINTER EXERCISE

- These numbers are highly speculative

### **MEMO TO SECRETARY OF STATE**

- Russia, France, Nigeria and other countries are demanding that the US release vaccine to help fight spread of smallpox overseas.
- Russian asking UN Security Council to declare US has moral obligation to share any vaccine it produces with the rest of the world.
- Cuba has offered to sell smallpox vaccine to US. Cuba's biotech sector, which we know to be quite advanced, claims it can quickly produce high quality vaccine using state-of-the art techniques.

### **MEMO TO DCI, FBI DIRECTOR**

#### ***Iraqi Defector Claims Iraq behind Attack***

- Prominent Iraqi defector is claiming that Iraq arranged the bioweapons attacks on the US through intermediaries. This information is now deemed highly credible. There is no forensic evidence to support this claim however. Iraq has denied any involvement; however Iraq's Deputy Minister has vowed to retaliate in 'highly damaging ways' if US takes action against Iraq.

1:00

#### **MESSAGE DELIVERED TO MEETING. PRINTED COPY GIVEN TO ALL**

*30 minutes prior to conclusion of segment*

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.

### **NSC DISCUSSION**

2:15 -  
3:45

### **HOTWASH – DEBRIEFING**

PROPERTY of

Johns Hopkins Center for Civilian Biodefense, Center for Strategic and International Studies,  
ANSER, & Memorial Institute for the Prevention of Terrorism

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