

## ARGUMENT

# America's Pandemic War Games Don't End Well

One simulation of an uncontrolled disease outbreak concluded with riots and the National Guard on the streets.

BY **MARK PERRY** | APRIL 1, 2020, 5:23 PM

On June 22, 2001, a group of well-known U.S. officials and a handful of senior policymakers gathered at Andrews Air Force Base in Maryland for a senior-level exercise that simulated a biological weapons attack—an outbreak of deadly smallpox—on the United States. Designed by the Johns Hopkins Center for Civilian Biodefense Strategies (now called the Center for Health Security) and the Washington-based Center for Strategic and International Studies (CSIS), the day-and-a-half-long “**Dark Winter**” simulation was conducted to gauge how senior leaders would respond to such an attack and included such high-level participants as Sen. Sam Nunn (who played the president), former White House advisor David Gergen (the national security advisor), and the retired career diplomat Frank Wisner (the secretary of state). But Dark Winter has since become legendary in senior policymaking circles in Washington for a different reason: It has regularly been cited by its designers and participants as the clearest exhibit of the spiraling stresses, and potential social collapse, that could be sparked by a public health crisis.

Dark Winter (which stipulates a smallpox attack by an unknown assailant) is not COVID-19 (a disease inadvertently spread by human contact), of course. But the fallout from the coronavirus pandemic bears an eerie resemblance to the simulation: leaders hampered by an inability to address a crisis they hadn't foreseen (“We'd have been much more comfortable with a terrorist bombing,” Nunn later said in congressional testimony); national decision-making driven by data and expertise from the medical and public health sectors; management options limited by the swift and unpredictable spread of the disease (and a limited supply of resources).

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and federal authorities; the rapid spread of the outbreak (the only way to treat smallpox is by vaccinating people); and unpredictable flights of civilians from

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political uncertainty (with sporadic rioting—quelled by National Guard units—in large urban areas as grocery stores are shuttered); and an increasing reliance on the willingness (and unwillingness) of individual citizens to self-quarantine to stop the spread of the contagion.

The Dark Winter exercise ended on the second day of the simulation after three long sessions—and purposely without resolution. But then, the exercise’s goal was not to predict the future but to dramatize the issues faced by the federal government during a nationwide health crisis. In this it masterfully succeeded, showing that what begins as a localized disease outbreak (of smallpox appearing in Oklahoma City and then in two other densely populated urban areas) can quickly become a crisis that envelopes the entire nation and the world: State borders become chokepoints crowded with those fleeing the disease, Canada and Mexico close their borders with the United States, and foreign nations restrict the travel of American citizens. There is no worst-case scenario, with the collapse of American democracy, but democratic institutions are severely tested and strained. After Dark Winter was concluded, the participants drew clear lessons from the exercise, focusing on the federal government’s lack of preparation for a public health crisis.

The lessons drawn from the 2001 Dark Winter exercise provided a stark preview of what the United States would face in 2020: the unfamiliarity of governing officials with public health issues and the medical options available to address them; a likely lack of good information in the earliest moments of the crisis (Is the outbreak localized? How many Americans are infected? Where are they located? What health resources are available to treat them?); an unfamiliarity with the health care system and how medical care is actually delivered; the indecision surrounding the impact of quarantine orders (Should they be voluntary or required? Should they be local, statewide, or national? How should they be enforced?); the necessity of providing a medical surge capability that would alleviate the strain on hospitals and care providers (the U.S. military can build hospitals and quickly—as one participant noted—but who’s going to staff them?); and the need to act quickly and decisively to identify the threatening virus and, more crucially, to identify who is infected and who isn’t.

These lessons rippled out into the policymaking community, particularly after its participants and designers briefed key members of Congress on their findings. Included in the briefings were videotapes of the exercise that dramatized the crisis. John Hamre told members of Congress that the exercise had shown that the U.S. had not agreed, according to retired Air Force

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simulation for CSIS), was Vice President Dick Cheney, who sat through the presentation (just nine days after 9/11) in his office at the Eisenhower Executive Office Building before offering his own judgment. “This is terrifying,” he said.

“Dark Winter was an exercise designed to push the system to failure in order to learn about its vulnerabilities,” said Andrew Lakoff, a professor of sociology at the University of Southern California who has studied Dark Winter and its impact. “The lessons of Dark Winter shaped biological preparedness policy for the next 10 years, but it is always difficult to ensure that preparedness is sustained over time.”

Trained as a sociologist and anthropologist of science in medicine, Lakoff is the author of *Unprepared: Global Health in a Time of Emergency*, an account of global and national responses to disease outbreaks from the SARS epidemic through the spread of the Ebola virus. So it is no surprise that Lakoff has been following the national response to the coronavirus pandemic closely—and worrying that the crisis portrayed by Dark Winter is being replayed now, in what is clearly not a simulation.

Not surprisingly, Lakoff’s worries are reflected among a growing number of health care providers, medical professionals, and policymakers who not only cite Dark Winter as one of the earliest and most well-known disease simulations but who note that it spawned a handful of follow-on exercises that, over the last two decades, should have (but **seemingly didn’t**) prepared public officials for the COVID-19 pandemic. “Dark Winter is extremely important,” Larsen told *Foreign Policy*, “but there were any number of follow-ons, right up until very recently—including one in 2019 called ‘Event 201’—that simulated what is happening right now with the coronavirus.”

In fact, by one count, there have been no less than four separate U.S. simulations that prefigured the events that unfolded in central China in January of this year. In 2005, “**Atlantic Storm**,” organized by the Center for Biosecurity at the University of Pittsburgh Medical Center, simulated an international outbreak of a smallpox pandemic (as opposed to the domestic smallpox terrorism attack stipulated by Dark Winter). “**The SPARS Pandemic 2025-2028**,” conducted in 2017, tested medical responses to the outbreak of a novel coronavirus in St. Paul, Minnesota. “**Clade X**,” hosted by the Johns Hopkins Center for Health Security in 2018, proposed a worldwide coronavirus outbreak with no vaccine (and which, according to the simulation, was designed to “provide experiential learning”). In October 2019, “**Event 201**” presented a simulated coronavirus (“a high-impact respiratory virus”) that spread globally—and that presci

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“Event 201 was basically an exercise that forecast the economic troubles a pandemic would likely cause,” Larsen said, “and proposed a series of economic preparedness steps the U.S. and global economic actors could take in responding to the crisis we’re facing now.” According to the [exercise](#), the pandemic (a respiratory illness that starts in Brazil but ends up killing 65 million people globally) would place outsized economic strains on international medical supply chains unless there were broader cooperation among global health organizations and coordination among supply chain providers. Event 201 showed that an economic response to a coronavirus outbreak would mirror the medical response gamed out in Dark Winter—with an economic response that would be hampered in its earliest days by a lack of good information, which would, in turn, destabilize markets and seed monetary instability. The exercise presaged the events of COVID-19 that would take place within months of the simulation’s end. “It very clearly showed that a global pandemic would take a global response,” Larsen said. “It was uncannily accurate.”

“I think these simulations, these exercises, are critically important—absolutely crucial,” said Gigi Kwik Gronvall, a senior scholar at the Center for Health Security. “And I think that’s true because to really digest what is happening in a pandemic you have to experience it.” But even given the intensity to the series of simulations that began with Dark Winter in 2001, Gronvall notes that the current pandemic has exposed what the simulations predicted. “The response to COVID-19 was slowed by a lack of testing, which led to a lack of situational awareness,” she said. “The truth of this, the lesson, is that we just didn’t take the coronavirus reports coming out of China seriously enough soon enough. We just weren’t quick enough, and now we’re scrambling to catch up. It is a real problem for hospitals, which are bearing the brunt of this mistake. We needed to surge help into our nation’s hospitals right away. And we didn’t. It didn’t need to happen.”

Of course, the slow response outlined by Gronvall is bound to be a central issue in any after-action report, as it was in each of the simulations that started with Dark Winter. The issue is, after all, deeply political—as Dark Winter showed. And it is not just lives that are at stake. So, too, is the ability of the American form of government to respond deftly to a nationwide medical crisis. “In the earliest days of this crisis, it was clear that the response was insufficiently proactive at the federal level,” Lakoff argued. “Over the last century, we have developed a system that is designed to prevent us from falling into dictatorship in times of crisis. The system is designed so that a democracy can respond as well as a dictatorship. The system will hold up in the face of the

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