

# ***Ready or Not: A Pandemic Nightmare***

**Assigned: 14 February 2019 - Due: 21 February 2019**

The situation below is entirely fictional. If there are material changes between now and when the memo is due, you are not required to take those into account. The date is February 14, 2019. The world is as it is except for specific hypotheticals introduced in this case. Specifically: history is as it is; Somalia's turmoil is as it is; al-Shabaab's retreat from urban into rural areas is as it is; global public health is as it is—and so forth.

## **Alarming Intelligence**

At 9 P.M. on February 14, your late dinner at Cafe Milano in Georgetown is interrupted by an urgent message for you to return to the office and immediately proceed to the Situation Room. By the time you arrive, President Trump and the national security advisor, John Bolton, are already in the room along with CIA Director, Gina Haspel and the deputy secretary of state, John Sullivan. They are discussing the fresh and alarming intelligence warning of an impending biosecurity threat heading for US soil.

As you enter, Haspel is explaining that a normally reliable Agency source reports that a major Somali terror group, al-Shabaab, is planning to take advantage of a recent low-level outbreak of smallpox in Somalia to spread a pandemic – or fear of one – throughout Europe and the United States. The group has connections to ISIS and Al-Qaeda. “We didn't think they had much reach at this level,” Haspel said. It is an area of the world she knows well from early days at CIA.

“To them this is a first-strike,” she said. “A strike against a divided government and the president. They think this is a moment of distraction for us. Maybe of weakness. One in which we will not respond militarily. They may be right.”

Keeping the circle intentionally small, the five of you are working via secure phone line with Dr. Robert Redfield, Director of the Centers for Disease Control (CDC) in Atlanta, to weigh the pros and cons of different options for how to deal with this threat from a national security as well as a human security perspective.

## **The Known Knowns, and Known Unknowns**

Haspel turns to an aide, who just entered and throws a hastily produced PowerPoint on the screen. She recounts the key intelligence gathered so far:

- While the last major smallpox outbreak in Somalia took place in 1977, cases have popped up in small communities around the country in recent years. The reports indicate al-Shabaab has managed to recruit or kidnap some infected individuals.
- According to the source, the operational goal of the attack is to infect individuals with the smallpox virus and send them abroad in hopes the disease will spread

quickly in the United States. Most of those infected will likely have no idea they are carriers. They will then put them on flights bound for New York City, sometimes with layovers in North Africa, London, or Paris.

- The intelligence gathered so far indicates that while the operation has not yet commenced, it is in the final planning stages, and will likely commence in less than two weeks. The idea is that many passengers fly around the holidays, so the chances of contagion are high.
- “There’s a lot we don’t know, of course,” the briefer continued. “We have medium to high confidence in our assessment, and of course we could be wrong – it’s happened before. But while the price of overestimating this threat is probably fairly low, the threat of underestimating it is extraordinarily high.”

You are the most junior person at the table, fresh out of Harvard. You are serving as one of the assistants to Bolton, and in that role you have been furiously taking notes, trying to capture all the key information. You are trying not to show your panic at the depth of the threat – or the sketchiness of the intelligence.

Bolton turns to the speaker phone in the middle of the table and asks Dr. Redfield for updates from the CDC on the public health impact and potential severity of the attack.

“It’s hard to know,” he said, “because the patterns of contagion could vary widely.” But he made several points, which you were taking down as fast as you could:

- The first contagion will likely happen on airplanes, and that is particularly dangerous because passengers change flights and disappear elsewhere long before they are symptomatic. Many of those who land in New York, for example, will be there only to catch connecting flights. Those who stay in New York will be spreading smallpox into a vast city: A population of approximately 8.5 million crammed into the five boroughs, and hundreds of thousands, if not millions, will be visiting for the holidays. The chances that the virus could be passed from person-to-person in New York is extremely high.
- The danger is further exacerbated by the fact that the smallpox virus has an incubation period of 7 to 17 days. Anyone who is infected could reach American or European shores undetected, without symptoms.
- Smallpox was eradicated in America in the last century and vaccinations of the American public were stopped in 1972. Therefore, the majority of the US population is not protected from the virus.
- The US government has enough vaccine to vaccinate every person in the United States. But distributing it, and doing so without triggering a panic, would take months. The effort could overwhelm the health system.

The President looked around the room. “Are you kidding me? It’s 2019 and we’re dealing with health problems like this? They’re all backwards.” he said, crossing his arms. “I told the American people we need to build a wall and this is exactly why. It’s a national emergency. We can’t keep letting everyone in with things like this going on. How the hell can we stop something like smallpox when I can’t even see it?”

## **A Challenging History**

Your memory of how we got into this spot in Somalia is poor; you were a busy student, and Somalia seemed a lot more distant threat than it does today. But as Sullivan started talking about the nature of our relationship with Somalia – “the ultimate failed state,” you heard him say – you kept looking down at a file in front of you, hoping that, without anyone noticing, you could get up to speed fast. Here are the highlights:

The US has had a complex, often ugly relationship with Somalia over the past few decades, particularly following the civil war that erupted after Mohamed Siad Barre, the military dictator and president of Somalia for 22 years, was overthrown in 1991.

A humanitarian mission sent during the famine in 1992 pulled the US into the country’s internal conflict at the end of the George H.W. Bush administration. President Clinton, new to office and focused on his domestic agenda, paid relatively scant attention to the place in his first months in office, which turned out to be a costly mistake. The Battle of Mogadishu in 1993 started before he really had a sense of the risks, and two Black Hawk helicopters were shot down over Mogadishu. That set off a battle that left 18 American soldiers dead – some of their bodies were dragged through the streets – and hundreds of Somalis perished. Clinton, fearing worse losses, abandoned his predecessor’s policy and withdrew American forces. It was a humiliation that took him years to live down.

But 9/11 changed the perception of risk, and there was no way American forces could stay out. In recent years, the U.S. has turned to fighting al-Shabaab in Somalia and surrounding countries. Initially an al Qaeda-linked terror group meaning “The Youth” in Arabic, al-Shabaab originated a decade ago and has been responsible for bombings in Mogadishu and other cities in Somalia, as well as terror attacks in neighboring countries, including the 2013 Westgate Mall attacks in Nairobi, Kenya. These attacks later served as inspiration for the 2016 North Star mall attack in Minnesota. Factions of the group pledged allegiance to ISIS in October, 2015. But other members have resented ISIS’ encroachment on Somali territory.

You tune back in to Sullivan. “We recognized the government in Mogadishu in 2013 for the first time in decades,” he said. “We’ve even nominated an ambassador, our first since the early ‘90’s, before ‘Black Hawk Down.’”

“We’ve been supporting the Somali National Army and the African Union Mission in Somalia,” he added, “and our public position is that we are helping them degrade and ultimately defeat al-Shabaab. We’re helping build up their military and security forces with the help of an increasingly cooperative government.”

But the progress has been uneven, he acknowledged. The al-Shabaab leader and mastermind behind the Westgate Mall attacks in Nairobi, Ahmed Godane, was killed in September 2014. But that did not break the back of the group. “We’ve been using targeted airstrikes and drones and Special Ops,” Sullivan said, noting that 150 militants were killed earlier this year in a single operation. But what the Somalis remember best

are the mistakes. A botched strike in September 2016 killed a dozen Somali government soldiers. More recently al-Shabaab spearheaded a 19 hour siege of a complex in Nairobi and are battling bordering security forces daily. Just last week US airstrikes took down almost a dozen fighters although public speculation on civilian deaths are just coming out in the mainstream press.

It is increasingly clear Somalia simply doesn't have the capacity to stop a terror group of size and sophistication. "If we are going to stop this," Haspel said, "I suspect we're going to have to do it ourselves or at least amp up our effort in a significant way."

President Trump thanked her, and then said, "OK, what can I do?"

### **Biosecurity, Pandemics and "Anti-Vaxxers"**

The answer to that question came from Dr. Redfield, whose disembodied voice – clearly nervous – was being piped through the speakers.

"We've practiced for this," he started, "but that's a different thing from saying we are prepared. You are never really prepared for someone determined to use biological toxins or infectious agents. And the scale of this one could be unprecedented in US history."

The largest bio attack in the United States was the 2001 anthrax attacks, in which Bruce Edward Ivins sent letters containing anthrax spores to newsrooms and Democratic senators. Five people died; 17 more suffered significant harm. Like anthrax, smallpox is classified by the CDC as a Category A agent, meaning it is believed to pose the greatest potential threat. It has a 30 percent fatality rate. It spreads easily: Once smallpox infects human carriers, it spreads through coughs, body fluids, or contaminated surfaces. It can be prevented with a vaccine. But once you are infected, there is no proven treatment. The only saving grace is that infected individuals become ill before they are highly contagious. That can reduce the chances of contagion.

"Worse than the disease, though, is the panic," said Dr. Redfield. As seen during the 2014-2015 Ebola outbreak in West Africa, pandemics can lead to widespread fear. Once word of the infection spreads, people lock themselves down, become hostile, or flee. Assessing the true damage can take weeks, starting with the search for "patient zero."

And of course governments will be under pressure to take steps that may or may not make sense. As soon as an outbreak seems likely, there will certainly be a cry for "closing down the borders." If the government attempts a rapid, nationwide vaccination program, there will likely be resistance. In recent years aversion to vaccinations has led to a limited resurgence of measles, mumps, whooping cough, and chickenpox.

The discussion turned to foreign actors. Trolls and bots have been amplifying the anti-vaccine message for years at this point. Just the other day there were reports on the

press that foreign intelligence agencies were actively promoting disinformation operations to mislead the American public. There was no telling how this new development might accelerate panic throughout the country. The intelligence professionals at the table commented it was a long-term challenge to keep in mind in the days ahead.

### **The Assignment**

With less than two weeks until the operation commences according to intelligence, President Trump turns to Bolton and Dr. Redfield and says, “I want an update on this situation by tomorrow morning along with clear recommendations on how we defeat these terrorists, and keep the attack from happening. We need to protect America first. There’s been no big, successful terror attack on our watch. I don’t plan to break that record.” He exits the room.

Back in your office you get called in to meet with Bolton. After a short discussion, he lays down the challenge. “In preparation for the meeting tomorrow,” he says, “I want a three-page memo describing THREE distinct options for responding to the threat while considering long-term ideas to eradicate smallpox. Put in a short term checklist on what I need to do in the immediate, too. And I want to know which option you recommend, why, and how to implement it.”

He made clear that the memo should also incorporate the following:

1. (1) Assess and respond to the immediate national security threat, taking into account US history with Somalia. (assess in the analysis; respond in each option)
2. (2) Assess our efforts so far to fight terrorist groups and reduce security deficits in countries like Somalia. (in the analysis)
3. (3) Preserve the health of Americans, which means weighing the costs of alerting the American public with the benefits of vaccination. (in the analysis and in each option)

### **One More Thing: A (Partial) Leak**

Bolton adds, “I know you Harvard types are all about international cooperation, but think about how this is going to work. If we ask the country to be vaccinated, people are going to ask why. They aren’t going to think we just had this brilliant idea.”

“Two other things. What do we do with all these loose lips walking around the building? Do we clue them in? Should we hold some kind of press conference tomorrow?”

“And here’s the hard one: The press office tells me they are getting calls from some pain-of-a- reporter asking about “rumors of a biothreat” coming out of Somalia, and the possibility that it involves smallpox. Probably that guy from the *New York Times*. Not clear what he knows. But sometimes when they call, a savvy journalist will give just

enough detail to try to get in the door and learn more, with the suggestion that they have more.”

“Anyway, he says he’s going with his story in a day or so. If he does, everyone’s going to be asking questions: Congress, Trump, TSA, everyone who’s getting on an airplane. So I need a recommendation from you on how to handle him. If we say nothing, and maintain that we don’t know what he’s talking about, he may go ahead and publish anyway – and touch off the panic we are trying to avoid. If we bring him in and try to stonewall him, he may figure out more. If we try to buy time, we might fail.”

“So give me a one-paragraph recommendation for dealing with the press.” He waves his hand, as if he was swatting the reporter away. “Whose idea was the First Amendment anyway?”

## **Logistics**

This assignment calls for a three-page Strategic Options Memo including a half page “check list” on how to deal with the immediate crisis. This should address what the United States should do in the near term. The remaining two and a half pages should reflect the standard SOM formatting including three options for the long-term.

The additional press assignment should be included as an additional half page for a total assignment length of 3.5 pages. **You should submit your memo online to Canvas no later than 7:20PM 21 February 2019.** For relevant background material, see attached readings.

You are permitted (not required) to attach an appendix no longer than an additional one-half page that identifies questions of fact or analysis that you do not know the answer to, but you believe the individual writing the memo in the real world would be able to answer. These questions should relate to your analysis and/or recommendations. List the questions and then provide some indication as to who, where, or how these questions would likely be answered.

## **Readings**

### Human Security Dynamics

- *Human and National Security*, Chapters 5 and 8.
- Peter Walker, Josh Glasser, and Shubhada Kambli, “[Climate Change as a Driver of Humanitarian Crises and Response \(Links to an external site.\)Links to an external site.](#),” *Feinstein International Center*, July 2012.
- Emmy Simmons, “[Harvesting Peace: Food Security, Conflict, and Cooperation \(Links to an external site.\)Links to an external site.](#),” *Environmental Change & Security Program Report*. 14, Issue 3. Washington DC: Woodrow Wilson International Center for Scholars. 2013.
- Jennifer Coates, “[Build it back better: Deconstructing food security for improved measurement and action \(Links to an external site.\)Links to an external site.](#),” *Global Food Security*,

## Al-Shabaab 101

- Council on Foreign Relations, “[Al-Shabab \(Links to an external site.\)Links to an external site.](#),” January 31, 2019.
- David Herbling and Mike Cohen, “[Who Are the Al-Shabaab Militants Plaguing Kenya? \(Links to an external site.\)Links to an external site.](#)” *The Washington Post*, 16 January 2019.
- Joseph Mullen, “[West mustn't ignore threat of al-Shabaab \(Links to an external site.\)Links to an external site.](#)” *The Guardian*, 17 January 2019.
- Adam Taylor, “[What's behind the return of al-Shabab, the terror group that killed at least 147 people in Kenya? \(Links to an external site.\)Links to an external site.](#)” *The Washington Post*, 3 April 2015.

## Bioterrorism and Smallpox

- Bryan Walsh, “[The World is Not Ready for the Next Pandemic \(Links to an external site.\)Links to an external site.](#),” *Time*, 4 May 2017.
- Center for Disease Control, “[Smallpox Fact Sheet: Vaccine Overview \(Links to an external site.\)Links to an external site.](#),” CDC Home, 29 December 2004.
- Federal Emergency Management Agency, “[National Response Framework: Executive Summary \(Links to an external site.\)Links to an external site.](#),” Department of Homeland Security, May 2013.
- David A. Broniatowski, America M. Jamison, SiHua Qi, Lulwah AlKulaib, Tao Chen, Adrian Benton, Sandra C. Quinn, and Mark Dredza, “[Weaponized Health Communication: Twitter Bots and Russian Trools Amplify the Vaccine Debate \(Links to an external site.\)Links to an external site.](#)” *American Journal of Public Health*, 12 September 2018.
- Henderson DA, Inglesby TV, Bartlett JG, et al. Smallpox as a Biological Weapon: Medical and Public Health Management. 1999;281(22):2127-2137. [doi:10.1001/jama.281.22.2127 \(Links to an external site.\)Links to an external site.](#)
- Harley Feldbaum, “[U.S. Global Health and National Security Policy.](#)” (Links to an external site.)Links to an external site. *Center for Strategic and International Studies*, April 2009.
- The Federal Bureau of Investigation, “[Amerithrax Statement of Director Mueller - October 16, 2001 \(Links to an external site.\)Links to an external site.](#).”

## Regional Policy Context

- Seth Frantzman, “[From Nairobi to Manbij: Terror Attacks Loom Large \(Links to an external site.\)Links to an external site.](#),” *The Jerusalem Post*, 17 January 2019.
- Amanda Sperber, “[Inside the Secretive US Air Campaign in Somalia \(Links to an external site.\)Links to an external site.](#),” *The Nation*, 7 February 2019.

- Mark Mazzetti, Jeffrey Gettleman, and Eric Schmitt, “[In Somalia, U.S. Escalates a Shadow War \(Links to an external site.\)Links to an external site.](#),” *New York Times*, 16 October 2016.
- National Public Radio Staff, “[What a Downed Black Hawk in in Somalia Taught America \(Links to an external site.\)Links to an external site.](#),” *National Public Radio*, 5 October 2013.
- Ishann Tharoor, “[How Somalia’s Fishermen became Pirates \(Links to an external site.\)Links to an external site.](#),” *Time*, 8 April 2009.