

**THE ORDOG EFFECT, PART 2 –**  
**ZOMBIE BIOLOGY AND BEHAVIOR USAMRIID MEMORANDUM**  
*an AFMBE WORLD IN HELL*

by WD Robertson, original (non-Eden) concepts © 2003, [eviloverlord668@yahoo.com](mailto:eviloverlord668@yahoo.com)

**WARNING: Some language and ideas herein may be offensive to some.  
Exercise personal responsibility and read at your own risk.**

**Note to ZM's:** This memo never really made it into widespread circulation, as the US government collapsed in early February 2011.

**Using this prop:** I'd suggest printing it out, then randomly blacking out random sections to represent some overzealous intelligence officer looking out for the country's best interests. Take some pages and take bites out of them (or something similar). Drop 'em in dirty water or walk on them with dirty shoes, especially shoes with heavy military-looking lugs. If you really want to get the feel for the game, splatter something on the pages that will look brownish-red when it dries. Watercolor paints are good for it, especially if you leave "bloody" fingerprints on some of the pages. You might be inclined to use cow blood or something like that from a package of meat, but you wouldn't want to go spreading *E. coli* to your friends, so DON'T DO THAT! Stay safe. The Dead World of the Ordog Effect is full of nasty bacteria. No reason to bring the real stuff into the gaming room.

**Adventure Seed:** The party finds several dozen of these memos fluttering around the interior of a looted military facility office or hospital. If nothing else, the idea that there might still be a functioning government might be attractive to some players. It might also result in one or more players deciding to have their characters attempt to reestablish scientific research on the zombies in order to more fully understand (and possibly cure) the Ordog Effect.

**USE WITH CAUTION:** Someone will eventually figure out the fungi connection and decide to fill a Super-Soaker with fungicide and go on a spraying frenzy. Just remember that the fungicide is just as dangerous to the living user. Even if a character turns Munchkin and works out a Fungicide Cannon or something like that, there's a limit to how much fungicide one can find and bring to bear. There are always more zombies to toss at 'em. In fact, poor use of such fungicides could lead to fungicide-resistant fungi.

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**UNITED STATES ARMED FORCES CENTCOM  
USN 7<sup>th</sup> FLEET**

**GALVESTON, TEXAS**

**Dated: 3 JANUARY 2011**

**MEMORANDUM: NUMBER 244**

**TO: All COMMANDS AND FIELD UNITS**

**SUBJECT: GENERAL ORDERS**

**ATTACHMENTS: ATTACHMENT 1 - MOST CURRENT INFORMATION FOR  
MEDICAL AND SCIENTIFIC PERSONNEL**

**This memorandum supercedes all previous directives on this subject.**

**GENERAL ORDERS**

The current crisis dubbed the "**Ordog Effect**" by the civilian media continues to grow both in terms of geographic extent and in disruption of the national economy and society in general.

For all intents and purposes, the United States of America has been invaded from within by human cadavers reanimated by a force or forces as yet not fully understood. These reanimated human cadavers are capable of inflicting damage on healthy living humans during the course of their predatory behavior.

The very nature of this enemy requires several innovative strategies to ensure successful field operations by military units in the interior of the United States of America, its protectorates and its territories.

Cadavers reanimated by the Ordog Effect exhibit a high degree of resistance to physical trauma inflicted by conventional weapons. To date, there are only a limited number of methods known to be effective in incapacitating these predatory cadavers:

1. Removal of, or severe and disruptive damage to, the cranium of infected corpses and reanimated cadavers.
2. Complete incineration of infected corpses and reanimated cadavers.
3. Complete dissolution of infected corpses and reanimated cadavers by a variety of chemical agents, primarily strong acids and bases.

Due to the continuing difficulties inherent in equipping field units with flame and chemical weapons, a very high degree of marksmanship and/or close combat skill is of absolute necessity to all commands and field units. Enlisted, noncommissioned, and commissioned military personnel are expected to conduct necessary and adequate training to allow consistent cranial disruption of reanimated cadavers.

Continuing reports of desertion and insubordination necessitate that extreme measures are to be taken to maintain cohesion, command, and good order among all field units. All officers are to reiterate to their commands those paragraphs of the Uniform Code of Military Justice pertaining to the penalties for desertion and cowardice. The American fighting man or woman must adhere to the highest standards of conduct in order to overcome the threat posed by this crisis.

**By order of the Commander-in-Chief,**

Dr. Clarence Hemphill, President, United States of America

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**ATTACHMENT 1**

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**USAMRIID 101710**

**DOCREP**

**REF USAMRIID DIRP RBT 3014159 RCV RPT**

**10005325823-B**

**CIRC ALL COMMANDS - OPEN DISTRIBUTION**

**MEMORANDUM FOR PUBLIC HEALTH FACILITIES AND RESEARCHERS**

**SUBJ: REANIMATION///ORDOG EFFECT///MED-SCI - MOST CURRENT  
INFORMATION FOR MEDICAL AND SCIENTIFIC PERSONNEL**

**OVERVIEW**

The current national health crisis termed "The Ordog Effect" by the civilian media continues unabated.

The term "Ordog Effect" (Ordog: Rus. *Devil*) was first utilized by academicians of the Russian Republic, University of Biochemical Sciences, Moscow, in a public press release dated 19 October 2010. This was the first official statement endorsed by a government asserting that the reanimated bodies of the recently dead instigated the growing wave of violence.

**DEFINITIONS:**

**Corpse:** a human body that has been subjected to clinical death as defined by the American Medical Association.

**Cadaver:** a corpse that has been subjected to the Ordog Effect.

**Reanimated cadaver:** a human corpse that has resumed impaired but aggressive activity as a result of the Ordog Effect.

**Vampire:** slang term used by a large portion of the civilian population and military field units to describe reanimated cadavers. This slang term is based presumably on the well-documented violent and cannibalistic activities, and preference for nocturnal activity, of reanimated cadavers. This slang term does not denote supernatural attributes and its use among staff and field personnel is to be discouraged.

## **Intelligence Information**

US Intelligence assets in the Russian Republic, before loss of contact with all US intelligence assets in Eurasia, determined that there was sufficient evidence to conclude that the Russian Republic military-scientific-industrial complex had previous experience with the Ordog Effect.

Unconfirmed and unsubstantiated evidence indicated classified references to a living organism named *Pseudomycelius resurrectus*.<sup>1</sup>

Partial information received from the Centers for Disease Control, Atlanta, Georgia, indicated that genetic and microscopic evidence of extensive invasion of tissue by a fungus-like organism had been identified in a reanimated cadaver. Contact with the CDC facilities in Atlanta was lost shortly thereafter. At this time, there has been no contact with governmental agencies in the Atlanta area in over six months.

As is well known to those medical professionals who regularly deal with infections by both fungi and protistans, antibiotics have no effect. Antifungal or antiprotistan agents might have some effect on reanimated cadavers. Research is still underway, but results are inconclusive at this time.

Certain fungi and protistans are able to reproduce by means of airborne spores. If the Ordog Effect is caused by a fungal or protistan pathogen, two very disturbing conclusions appear:

1. Such spores may already have been carried worldwide, and may have already infected all living humans. This is typical of many fungi, which can be controlled by a normal human immune system but which can become pathogenic when a human's immune system is compromised (for example, as often occurs in victims of the Human Immunodeficiency Virus and various cancers).
2. Curing infection by a pathogenic fungus is almost always impossible (for example, advanced cases of histoplasmosis). In living humans with normal immune systems, the organism may be held in check until such time as it can, in effect, take over the body due to clinical death or a sufficiently weakened immune system. This attribute is known in certain species of

fungi that infect equatorial ants in the Western Hemisphere. These fungi actually control the behaviors of infected ants, turning the ants into carriers with the sole purpose of infecting other ants and spreading the fungus to new habitats.

3. If item (2) is true, it is likely that all living humans are currently carrying a biological agent, related to or of the Kingdom Fungi that grows too slowly to have any noticeable effect in a living human with a normal immune system. The human immune system normally prevents the fungi from growing and spreading throughout the body, but does not kill it. This is because fungi possess an immune system that can effectively combat the human immune system as well as antifungal drugs.

### **Zoonoses**

To date, the only non-human genus that has been documented to be subject to the Ordog Effect is *Pan troglodytes* Chimpanzees, with minimal genetic differences when compared to *Homo sapiens*, have been reported in a single case to reanimate in a manner similar to humans. It was not noted in the report whether the reanimated chimpanzee cadavers preferred to prey on living humans or living chimpanzees. As contact with this research facility has been lost, it is likely that no further information will be gained in the near future. If the reanimated chimpanzee cadavers preferred to prey on other chimpanzees, the hypothesis that trace elements and species-specific proteins drive reanimated human cadavers to attack living humans would gain strength.

As may be known by some readers, there was a second broadcast from a civilian researcher at an unsanctioned facility that indicated that all members of the Family Pongidae (chimpanzees, gorillas, orangutans, and gibbons) were subject to the Ordog Effect. It was also reported in this unsanctioned broadcast that non-pongid primates were not subject to the Ordog Effect but did not decompose after clinical death. If true, this information may be key to understanding the presumed biological nature of the Ordog Effect. To date, no further broadcasts from this facility have been received. A Marine reconnaissance force dispatched to the broadcast's reported location in rural north-central Texas has not returned and is presumed lost.

That *Pseudomycelius* spp. was recovered from several species of the Order Chiroptera make it possible that the organism utilizes non-human mammals as a reservoir and possibly a vector.

### **Established Data on Reanimation**

Humans who die, whether of natural causes, violence, or wounds inflicted by reanimated cadavers, will typically reanimate in less than one hour. As long as the brain remains intact, the reanimated cadaver will attempt to seek out and devour the living. Normal decomposition of the reanimated cadaver is partially to completely inhibited after reanimation, possibly due to the effects of the fungus-like organism identified by the CDC.

Upon the death of a human subject, it has been repeatedly observed that all measurable biological activity ceases. Measurable activities are defined as:

1. Cessation of central nervous system (CNS) activity.
2. Cessation of cardiopulmonary activity.
3. Cessation of sympathetic and autonomic nervous systems.

Unverified reports from the field indicate that typically within one hour of clinical death, corpses begin to exhibit random muscle contractions. No measurements have been made of cardiopulmonary activity during reanimation, but it has been observed that blood flow ceases almost immediately due to clotting. No measurements of CNS activity have been possible, but it is doubtless that the CNS resumes functioning at an impaired level as indicated by deliberate movement of the body and limbs, jaws, and eyes. No pupil reaction to light has been measured, but given the tendency of the reanimated cadavers to avoid sunlight and other bright sources of light, this is an indicate that the pupils expand upon reanimation and remain locked in that position.

No reanimated cadavers have been observed to breathe, although movement of the body trunk can cause sympathetic movement of the diaphragm, resulting in the intake of air. The subsequent uncontrolled release of air pulled into the lungs is most often noted as a low, soft and incoherent sound reminiscent of a "groan" or "moan". Reports of coherent sounds being made by reanimated cadavers have not

been substantiated to date, but there have been numerous reports passed on by civilian refugees of reanimated corpses speaking coherently. None of these reports have been substantiated at this time. The behavior of reanimated cadavers is more fully detailed below.

### **Associate Medical Effects**

Due to the feeding habits of the reanimated cadavers, a large concentration of various sorts of bacteria accumulates in the oral cavity. This occurs in a manner similar to that of certain reptiles such as monitor lizards (*Varanus* spp.). The result of a bite is exactly the same as that caused by varanid lizards: a wound inflicted by a bite from a reanimated cadaver is flooded with bacteria. Most of these bacteria exhibit resistance to broad-spectrum antibiotics. Sepsis and gangrene are established in a matter of hours. Most victims do not recover.

Treatment by excision of the wound or amputation of the wounded limb is not typically successful in stopping the bacterial infection, as the infection quickly spreads throughout the body via the circulatory system. Infestation of major blood filtering organs (i.e. liver, spleen, and lymph system) occurs, followed in a matter of hours by shock, then death.

The bacterial content of reanimated cadavers can reach such high levels that simply being downwind or downstream from congregations of reanimated cadavers can cause sickness in living humans through transmission of airborne and waterborne bacteria.

Bacteria cultured from reanimated cadavers include *Pseudomonas putrescens*, *P. aeruginosa*, several serotypes of *Salmonella* spp., *Clostridium* spp., *Bacillus* spp., *Streptococcus* spp., *Brevibacter* spp., *Mycobacterium* spp., and *Staphylococcus* spp.

Given the generally poor level of health of our surviving populations, and lowered immune response associated with stress, the potential of reanimated cadavers to serve as reservoirs of diseases pathogenic to living humans cannot be underestimated. As the number of reanimated cadavers increases, there is not only a corresponding decrease in the population of living humans. There is also an increase in incidence of communicable disease followed by further deaths and subsequent reanimation.

## **Known Behavior**

Reanimated cadavers will attack any warm-blooded animal, with living or recently deceased humans being their preferred prey. Attack and ingestion of flesh appear to continue until the corpse cools to ambient temperature. At that point, the reanimated cadavers cease feeding and move away in search of new prey. The reason for the preference for living human prey has not been determined at this time. It may be related to protein and trace element deficiencies in reanimated cadavers that are most easily filled by ingestion of tissue from living humans.

Reanimated cadavers, while capable of complex actions, are uncoordinated in their movements and are unable to navigate simple barriers. Their ability to walk appears to be limited to linear motion. The strength of a reanimated cadaver appears to be less than that of an average living adult human.

There are numerous documented accounts of reanimated cadavers attempting to perform activities with which they were apparently familiar when alive. These attempts have always been observed to fail, as the reanimated cadavers lack the necessary cognitive abilities and coordination to do more than move toward prey and attempt to consume it.

There have been several unverified accounts of reanimated cadavers that reportedly demonstrated higher levels of mental ability and physical coordination. These accounts involved reanimated cadavers utilizing heavy objects as bludgeons or levers, utilization of door knobs and car door latches, and some degree of anticipatory behavior (i.e. waiting quietly until a living human comes into range before moving to attack).

It has been reported repeatedly that reanimated cadavers appear to be physically weaker and slower when in direct sunlight or bright artificial ultraviolet light. When exposed to direct sunlight, reanimated cadavers are observed to try and avoid moving through areas without overhead cover. If they must (crossing a street, for example) the reanimated cadavers can be observed to repeatedly glance overhead and appear to physically recoil. The cause of this behavior is unknown at this time. It is possible that this is an automatic reflex due to the inability of the reanimated cadaver to control the dilation of its pupils, thus bright lights are uncomfortable. This

indicates some degree of perception among reanimated cadavers beyond simple predatory behavior. This is, in effect, the only environmental effect apart from fire that appears to elicit a response in reanimated cadavers.

In darkened environments and after nightfall, reanimated cadavers exhibit a greater degree of aggressive predatory behavior and persistence.

It has also been documented that reanimated cadavers appear to be able to detect living mammals that are hidden from sight and maintaining inaudibility. That this is attributable to supernatural causes is to be dismissed. It is much more likely that some area of the reanimated cadaver's olfactory organs is still functioning.

### **Histology**

Very little histological data is available from reanimated cadavers due to the loss of the CDC facilities in Atlanta, Georgia.

The tissues of reanimated cadavers appear to have been altered substantially, but in a manner that is inconsistent with fungal and bacterial proliferation as would be expected in a corpse that was undergoing the normal process of decomposition.

Several anomalies have been noted. Infestation by fungi appears to replace certain normal tissues. In particular, the digestive track appears to be altered into a simple sack secreting currently unidentified enzymes. Bone marrow cavities are virtually empty.

Digestion appears to be highly impaired. Flesh, fat and other tissues consumed by a reanimated cadaver are not apparently digested. Ingested tissues end up in the lower torso (stomach and intestines, if those organs are still intact). Normal digestive processes, including elimination of waste do not appear to occur. Instead, the ingested tissues become a source of food for the normal bacterial colonies infesting the reanimated cadaver. Normal bacterial waste materials, including carbon dioxide, methane, and hydrogen sulfide accumulate in the remains of the digestive tract, providing the presumed source for the lethal bacteria that infest the mouths of reanimated cadavers.

**Further and more detailed information will be distributed as soon as it is available.**

<sup>1</sup> The genus *Pseudomycelius* is known to science as an organism of intermediate development between the Kingdoms Protista and Fungi. The genus was first described by Romer, *et al* in 1937 in the digestive tracts of certain species of the Mammalian Order Chiroptera (True Bats). Several species were described, but none were found to be of pathogenic or economic importance and so study of these organisms was largely bypassed due to the emphasis on microbiology and related antibiotic research brought about by medical necessity in World War II.

**END ATTACHMENT 1, MEMORANDUM NUMBER 244**

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