

THE ORDOG EFFECT, PART 2a – The SHORT version
ZOMBIE BIOLOGY AND BEHAVIOR USAMRIID MEMORANDUM
an AFMBE WORLD IN HELL

by WD Robertson, original (non-Eden) concepts © 2003, 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.

USAMRIID 101710

DOCREP

REF USAMRIID DIRP RBT 3014159 RCV RPT

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MEMORANDUM FOR PUBLIC HEALTH FACILITIES AND RESEARCHERS

SUBJ: REANIMATION///ORDOG EFFECT///MED-SCI

UNITED STATES ARMED FORCES CENTCOM

USN 7th FLEET

GALVESTON, TEXAS

Dated: 17 OCTOBER 2010

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 reanimated 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.

Be advised that decapitation of reanimated corpses does not inhibit function of the jaw musculature. Severed heads of reanimated corpses are capable of inflicting bites.

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 the Ordog Effect.

By order of the Commander-in-Chief,

Dr. Clarence Hemphill, President, United States of America

ATTACHMENT 1

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 should be discouraged.

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. The reason(s) for the inhibition of decomposition is not currently known.

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. The behavior of reanimated cadavers is more fully detailed below.

Associated 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.

The bacterial content of reanimated cadavers can reach such high levels that simply being downwind or downstream from congregations of reanimated cadavers is 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 numbers of reanimated cadavers increase, there is a not only a corresponding decrease in the population of living humans. There is also a 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 living humans.

Reanimated cadavers of recently dead humans are stronger and faster than the dead who have been weakened physically by exposure to the elements, wounds, and decomposition, however slowed it may be.

There are numerous documented accounts of reanimated cadavers attempting to perform activities with which they were apparently familiar when alive. These attempts always seem 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 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 predatory behavior as well as marked increases in observed aggression and persistence.

Histology

No histological data is available from reanimated cadavers at this time.

Physiology

Digestion appears to be highly impaired. Flesh, fat and other tissues consumed by a reanimated cadaver do not appear to be digested normally.

Ingested tissues end up in the lower torso (stomach and intestines, if those organs are still intact). However,

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.

Medical

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.

Recommended treatment of bites inflicted by reanimated corpses is antibiotics and excision/amputation of the wound where possible and as resources are available.

Recommended concomitant medications include morphine or other opiates, and either general or local anesthetics as available.

END ATTACHMENT 1

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