

SHADOWRUN

Missions

SRM02-07 AN OUNCE OF PREVENTION
BY: DARCI STRATTON



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I Know What Flu Feels Like, And This Isn't It

The skinny man tried to look nonchalant as he toyed with the paperweight on Doctor Perettico's desk, pushing it back and forth with the corners of his jacket pockets. "I notice you've been busier lately."

Doc Tico tried not to smile, knowing where the other man was heading. "Word of mouth has spread to the folks that live here. They're learning they can get medical care where they couldn't have afforded it otherwise."

"You doing OK in the support department?"

"...yes, we're fine. Why?"

"Cuz, you know, you can get more financial support if you find you should need it."

Tico just looked at him and didn't say anything.

"You're a good supplier for us. Always quality. Any time you want to increase...production, you should know that there's a waiting market, ready to pay you premium"

"That's not my focus here and you know it"

"True, true. But just think of what more you could do for these...people...if you had more funds."

"I will keep that under advisement, thank you. But for now I must ask that you leave, so I can get ready for some planned surgery on one of my clinic patients."

Argyle's face lit up as best as it could. "Maybe I should stay, save myself a second trip?"

The doctor got annoyed "NO, there's nothing being removed except kidney stones. You want some kidney stones?!" He paused for the unspoken answer. "I didn't think so."

"It would be a shame if more of these people couldn't get the care you so lovingly provide them. I do hope you don't see too big an increase in patients without more

funding to support them. You just keep us in mind, now."

"GoodBYE, Argyle."

Tico watched till he was sure the ghoul had left not just his office hallway but the entire clinic, then closed his office door a bit too firmly behind him. It rattled the picture on the wall. Well, good. It matched that he was rattled, though damned if he was going to let Argyle see. Fact was, he was already getting strapped for cash. More of his poorer patients had been bringing family members to "please help," and he didn't want to turn them away...but they were draining the resources he needed to reserve for his paying customers, the ones that subsidized the clinic. 'Runners, mostly, but many of them grew up in the area and lots had family still here. Including family coming to this clinic. So they knew he wasn't the cheapest, but he gave them good workmanship for their money.

Problem was, his clinic didn't have a license. The whole point was to help the folks who for whatever reason were outside of society, which usually meant they didn't have a SIN. If he'd licensed himself, he'd be forced to turn away these very people he'd opened up the clinic to help. So he couldn't buy his medical supplies--not the pharmaceuticals, anyway--through legal channels. And of course the other-than-legal channels were more expensive. If he spent any more money on the clinic patients, he wouldn't have any left to treat the ones that paid. And then they'd stop paying. And then where would his clinic be?

There had to be another way to get more money, without tipping off the ghoul that he was trying to get it. Maybe if he got his hands on some Cryosec, he could treat more 'runners and get more paying referrals. But a direct purchase like that would draw too much attention. He would have to cut out the middlemen, so to speak. Go right to the source. Or more to the point, pay someone to.

His kidney stone patient could wait a few more minutes. He picked up the phone and started dialing.

INTRODUCTION

An Ounce of Prevention is a *Shadowrun Missions* campaign adventure. This is only the adventure portion of *An Ounce of Prevention* – the maps, player handouts, sample characters, and other playing aids are included in SRM02-07B, *An Ounce of Prevention Playing Aids*.

Preparing the Adventure

An Ounce of Prevention is intended for use with *Shadowrun, Fourth Edition*, and all character and rules information refers to the fourth edition of the *Shadowrun* rules.

Adventure Structure

An Ounce of Prevention consists of several scenes. These scenes form the basis of the adventure, which should be completed in approximately four hours. If you are running short on time, you should streamline each and be a little more generous with clues, target numbers, and other requirements to aid in guiding the players through the adventure.

Each scene outlines the most likely sequence of events, as well as how to handle unexpected twists and turns that inevitably crop up. Each one contains the following subsections, providing gamemasters with all the information necessary to run it.

What's up, chummer? provides a quick synopsis of the scene's action, allowing you to get a feel for the encounter at a glance.

Tell it to them straight is written to be read aloud to the players, describing what their characters experience upon entering the scene. You should feel free to modify the narrative as much as desired to suit the group and the situation, since the characters may arrive at the scene by different means or under different circumstances than the text assumes.

Behind the scenes covers the bulk of the scene, describing what's happening, what the non-player characters are doing, how they will react to the player characters' actions and so forth. It also covers the setting of the encounter, going over environmental conditions and other properties of the location as well as providing any descriptions of important items.

Pushing the envelope looks at ways to make the encounter more challenging for experienced or powerful characters and other ways you can add some "extra spice" to the scene.

Debugging offers solutions to potential problems that may crop up during the encounter. While it's impossible to foresee everything that a group of player characters might do, this section tries to anticipate common problems and offer suggestions for dealing with them.

Running the Adventure

Gamemastering is more of an art than a science, and every gamemaster does things a bit differently. Use your own style when it comes to preparing and running the adventure and do whatever you feel is best to provide the best *Shadowrun* game you can for your players. *Shadowrun Missions* adventures are designed to run in a standard four hour convention time slot.

Please keep this in mind when running the adventure. You should leave at least 15-20 minutes at the end of the time slot to complete any necessary paperwork and pass out the players' Debriefing Logs. **(Make sure that you have enough copies of the Debriefing Log for this adventure to give one copy to each player after running the adventure.)** This section offers some guidelines you may find useful in preparing to run *An Ounce of Prevention* (or any *Shadowrun Missions* adventure).

Step 1: Read The Adventure

Carefully read the adventure from beginning to end. Get a feel for the overall plot and what happens in each scene. That way, if something different happens, you won't be caught off guard and you can adapt things smoothly.

Step 2: Take Notes

Take notes for yourself while reading through the adventure that you can refer to later on. Possible things to note include: major plot points (so you can see them all at a glance), the names of various non-player characters, possible problems you notice, situations where you think a particular character can shine and other things you'll want to keep in mind while running the adventure.

Step 3: Know The Characters

Prior to the start of the adventure, examine the PCs' record sheets and Debriefing Logs for your reference and have basic information about their important abilities handy so you can refer to it during play. Also go over the characters and keep their previous events listed on the Debriefing Logs in mind when determining non-player character actions in various scenes if such a dynamic has been included.

Step 4: Don't Panic!

Gamemastering involves juggling a lot of different things. Sometimes you drop the ball and forget something or you just make a mistake. It happens, don't worry about it. Nobody is perfect all of the time and everybody makes mistakes. Just pick up from there and move on. Your players will understand and forget about it once you get back into the action.

General Adventure Rules

Shadowrun Missions adventures use the rules presented in *Shadowrun, Fourth Edition (SR4)*. Standard rules such as success tests, the Rules of One and Six, and other common mechanics are described in *SR4* and are not repeated in this adventure.

Please keep in mind when preparing for the adventure, that the PCs will not necessarily comprise a "balanced" party. It's entirely possible that the party will be made up entirely of technomancers or back-to-nature Shamans. If the characters run into a brick wall because of such complications, show flexibility and use your best judgment in how you lead them back to the plot.

Non-Player Characters

Non-player characters (NPCs) are essential to any adventure. They are the allies, antagonists and background characters in the adventure that interact with the player characters. NPCs in this adventure have already been created and can be found in the *Cast of Shadows* section.

The NPCs in this adventure should generally stand up to the average player character, but may need some adjustment to suit a particular group of characters,

especially a more experienced and powerful group. The scenes and NPC descriptions offer tips on adjusting the NPCs to suit the abilities of the characters in your group. To adjust the power level of an NPC, refer to the Prime Runner Creation and Advancement Table (SR4 p.277). Take the player characters' abilities into consideration when assessing the NPCs in this adventure and modify them accordingly.

Table Rating

Table Rating (TR) is used to adjust the difficulty of an adventure so that it is appropriate to the characters playing it. The TR value can be used to increase the number or abilities of opponents, and the device ratings of equipment in the adventure. Add up the Career Good Karma of all PCs and divide by the number of PCs. Once that average is determined, consult the chart below to determine the class of the table.

Table Rating	Class	Karma Range
1	Green	0-19
2	Streetwise	20-59
3	Professional	60-99
4	Veteran	100-159
5	Elite	160-249
6	Prime	250+

A Note on Commlinks

With the change to *SR4*, commlinks have become a universal appliance. Because just about every NPC is going to have one, they won't always be stated out in the adventure text. For NPCs who do not have a stated commlink, assume it has all necessary ratings at (TR/2) +1 (round-up). These commlinks will not contain any valuable paydata.

Crossing Borders

As a city of 4 nations, getting around Denver can be tricky business. Sometimes a coyote contact can help the team across a border. Other times a border crossing may be an integral part of the adventure. Often, however, crossing the border is just a minor step in completing the run and part of another "day in the life."

To quickly simulate a border crossing, have all characters make a quick test of Fake SIN Rating + Charisma + Etiquette. Threshold on the test is TR/2 (round-up). On a failure, the PC will need to pay a 300¥ bribe to get across safely. If the PC glitches, the passage ends up taking longer than intended, and the character needs to spend 300¥ on a bribe. On a critical glitch, the PC loses one piece of forbidden or restricted gear, and must spend 500¥ on a bribe.

If the whole party is attempting to cross as a group, use a Teamwork test (SR4 p59) for the border crossing. In the event of a glitch or critical glitch, all players will suffer the previously mentioned consequences.

Contacts

Some campaign specific contacts may require an availability test. For the purposes of those tests, glitch and/or critical glitch results will have no special effects. In the event that multiple PCs at the table have the same contact, they may each independently attempt the availability test. Please see the legwork section for more information on contacts.

Tracking Faction

A special feature, in Shadowrun Missions, is Faction. As PCs proceed through the adventures in Denver, they may develop good or bad standing with many of the underworld organizations. These standings will affect their ability to interact with those groups.

Because of this, when calculating character awards at the end of the session, make sure to also mark off the faction changes that were earned in the adventure. (As noted in **Picking up the Pieces.**)

In game play, characters will gain bonus dice or suffer dice pool penalties for each tick of faction they have for social interactions dealing with NPCs belonging to those groups. For example, when attempting to negotiate with a Mr. Johnson affiliated with the Casquilho Mafia, characters who have two ticks towards Ally will have an extra two dice for any negotiation attempt. Characters can only gain or lose standing through gameplay.

Paperwork

After running a *Shadowrun Missions* adventure, there are several important pieces of paperwork that need to be filled out.

The first is to make certain to distribute a copy of the adventure's Debriefing Log to each player. As the GM, please make certain to fill this out and sign off on it for each character. In the interests of time, you may have each player fill out the sections, with appropriate values that you give them. Please consider the PCs actions in the scenario when providing Reputation modifiers, per those rules (SR4 pp257-8).

The second is to make sure that all players have updated their character's calendar. PCs are allowed to go on one run per week. The calendar is used to track the character's monthly lifestyle expenses, adventures, and their downtime exploits.

Finally, please fill out the Event Summary report and e-mail it to the campaign coordinator at missions@shadowrunrpg.com or use the web reporting form available at <http://www.srrpg.com/missions>. Future adventures will reflect the outcome of this one. Without GM feedback, the PCs' exploits will be unable to affect the campaign.

Plot Synopsis

Doc Tico hires the runners to go in and bring back a quantity of the drug that he hopes will bring him more paying customers. He tells them where they can best get the drug in quantity, at the DocWagon PCC facility. Once the runners are in far enough that they can't back out, the hospital becomes awash with injuries brought in from a prison break attempt at the maximum-security detention center that's roughly a mile away. How much harder the run just got depends on what technique they chose to infiltrate.

When they return to Doc Tico with the drugs they have a strong chance of learning that the doctor has been supplying parts to the Tamanous, though only what would otherwise be considered "medical waste" and nothing from anyone unwilling. They are then faced with an ethical dilemma: turn the doctor in and put the clinic out of business, or keep hush and let the downtrodden continue to get their low-cost yet decent-quality medical care.

Adventure Background

Doctor Sam Perettico is faced with the choice: stepping up his "organ harvesting" for the Tamanous so the Vory will increase his monthly subsidy, or find other means of acquiring medical supplies.

Doc Tico, as he is known, is a one-man clinic for the down-and-out in the PCC barrens. It used to be a side project, something he did for a few hours every night and on weekends since he had no family to support. But once he got pushed out of his practice by an up-and-coming, he made it his full time passion. The clinic gets subsidized by the 'runners that come in to get fixed up, but it isn't quite enough. So he augments the clinic's bottom line by selling "leftover" parts to the Tamanous, as directed by the Vory who gave him the first round of what amounted to "venture capital" he needed to take the clinic full time. (He is unaware that the Vory were instrumental in his losing his job for just this reason.) When a runner wants a cyberlimb, the old meat one gets packaged up and taken. Tico tries to keep his ethical-wits about him during all this. There are no involuntary donations.

He needs more funds for the clinic. To get more money from the Vory, he'd have to step up his organ-legging to include the involuntary removals. He feels strongly that he would rather not. So he decides on another tactic: increase the number of paying customers he can support by obtaining a quantity of a brand-new drug called Cryosec that greatly increases surgery survival rates. More paying customers equals more money for the clinic, without getting his hands dirtier than they already are.

The drug has passed trials and is in it's first wave of use by the general public. Right now only DocWagon has it in "quantity," and in Denver the only DocWagon facility that has it in enough quantity to even bother is the one right here in PCC.

The Cure for What Ails Ya

What's Up, Chummer?

This is the initial contact. Each PC gets a recruiting call from Doc's fixer (Ishmael "Izzy" Barnes).

Tell it to Them Straight

The nice thing about living and working in Denver is you can get almost anything you want, from almost anywhere, if you have the money. The not-so-nice thing about living and working in Denver is you're just as helpless as anywhere when the money runs out.

You've just started digging for nuyen from the sofa cushions to go to the mart for a burrito when your commlink rings.

A man's face pops up, and the first thing you notice is his hair. It's reddish-brown, a tame lion's mane of dark waves around a man's smiling face. His eyes show up a brilliant green even in the squinchy picture of your commlink, bright and friendly matching the widest beaming grin of the man that if you didn't know any better must be some long lost friend or cousin, because he's just the happiest man to see you answer the phone. Truly happy. For-real happy.

"Yah hi! Mah name's Izzy, and I was told you might like a bit of work." His voice is somehow relaxed but energetic at the same time, warm and cheerful without being childlike, with a fair amount of desert twang to it. He gives you your fixer's name, and explains how he just spoke to them about a bit of retrieval work, and your name came up right away. "If you'd like something a little less complicated than I understand you're used to, go to the Jantico Medical Clinic on Ward at 58th, in the PCC. Your appointment with 'Dr. Johnson' is at 6pm, but I'd suggest not eating dinner before you get there."

You notice the timestamp as the call ends and decide that if you're waiting that long on dinner, a late lunch is still in order so why not go for that burrito. The following catches your ear just before you turn off the trid that had switched to mute when you took the call:

"Police still have no leads on the ambushing of several shipments coming out of Rocky Mountain Dynamics several weeks ago, that are believed to have been

perpetrated by local 'go-gangers.' They have noted that the incidents appear to have stopped as abruptly as they began, and while they are pleased they fear this means the spree will remain unsolved."

Behind the Scenes

Anyone contacting their own fixer will get confirmation that Izzy did in fact speak to them. Their fixer will know that Izzy is himself a fixer, and that he has been working in the PCC Sector at least as long as they have if not longer. More information would require them to "make a few phone calls."

Debugging

Players may want to check in on Izzy or the Jantico Medical Clinic before the meet. If so, refer to the appropriate legwork charts.



Tell Me Where it Hurts

What's up Chummer?

Dr. Samuel Perettico, "Doc Tico" once you know him, offers to hire them to resolve his "humanitarian" problem. He's the only doctor, and this clinic is his baby.

Tell it to Them Straight

5739 Ward Road is in one of those lovely gray areas of the PCC--too close to Arvada to be nice, but too close to Wheat Ridge to be truly crappy-- that the real estate brokers just hate. The address is easy enough to find: the numbers appear silk-screened in reflective silver on the front edge of the dark gray canvas awning that's wide enough to shelter the entire sidewalk, in large Arabic numerals in the center and at least three other languages in smaller characters to either side. But this doesn't look like any clinic you've ever seen. The storefront of it looks more like a tattoo parlor or something, and if it wasn't for the "Jantico Medical" in large block letters painted on the glass you would swear you're in the wrong place. Once you get inside, it all becomes clear. Your Doc Johnson is a street doc, plain and simple.

Behind the Scenes

The PCs find themselves in the waiting room/entryway, a roughly ten meters-squared room filled with rows of chairs, and a counter along the back. When they go to the desk and say they have an appointment, the tired-looking woman will ask "Are you [number at table]? I can't let you in until you're all here." It will be up to them to figure out who's who in the waiting room. Easiest method: they'll be the only uninjured ones in the room. If the group hasn't played together before, allow each player a few moments here to describe their character to the group.

When they've collected themselves and try again, they'll be led as a group to a tiny locker/changing room in the back and given seafoam-green smocks and masks. All of their gear, including weapons, must be put into lockers, to which they will be given the keys. The nurse will explain that they are going to be near patients and this will minimize infections for both them and the patients.

They're led into a room with an operating table on one side. Once they're inside, they notice the table is in use. They're ushered to the other side and told to stand close to the wall while he completes the surgery. The doctor will look up at them and nod as they come in. He'll apologize for the odd arrangement, it wasn't intentional but this patient just came in and he couldn't turn him away, and he didn't want to make them wait. He assures them that the patient is under full anesthesia so their conversation should be considered completely private. Should they do a sweep, they'll find nothing but medical monitoring devices (i.e., no bugs)...and then one will start beeping. The nurse will angrily tell them to turn their scanner off, because it's interfering with the wireless heart monitor. Anyone with electronics can verify this. The patient can also be verified that he is, in fact, under deep sedation.

Doc Johnson explains that he needs a good supply of a new drug that's used to prevent patients from going in to shock before/during surgery. Put simply, it saves lives. If they inquire, he'll explain that he is non-licensed for political reasons, not malpractice ones.

The initial payment offer is 1000¥ * (TR+1) per person *currently present* for run. This can be negotiated: each hit on an opposed test gets another 100¥ per person, up to 500¥ per PC. He's not rich! This assumes that the PCs are able to obtain ten 100mL vials (1 case) of Cryosec each. Further, he'll pay 100¥ per additional vial of the drug that they are able to obtain (The group will have to decide how to divide up this additional payment.)

He knows the PCC DocWagon facility is the only *hospital* (DocWagon or not) in all of Denver that will have that much at once: no-one else keeps more than [one *vial* per player] in stock at any given time. If they're not already familiar, he'll give them the address: 2821 W. Belleview Ave.

Halfway through the discussion, he'll finish up and usher them in through the locker room to a tiny conference room to continue talking. In a hallway, among open wire/metal shelves of spare parts for cyber limbs etc, are a number of those special "coolers" for limbs and organs. These should be mentioned in an offhand manner while describing the spaces they pass through,

along with the thin, gray-braided man arranging several of these coolers to make room for ones on a nearby hand truck. He stands to the side so they do not brush past him. If the PCs try to interact with the man, he'll look at the floor and shrug and not speak, and Doc Tico will notice and usher the PC(s) away. "Locals sometimes volunteer to help keep the place tidy--do any of you live nearby? We could always use more hands." If they look back, they will see the man leaving with the empty hand truck.

The doctor wants to start using the drug right away, so that "more runners lives are saved" but also so funds can be generated for the clinic quickly. He would really like them to bring him the meds within one week.

Debugging

If the runners decide this isn't the gig for them (which would be very odd, given how straightforward the description) it could possibly hurt their rep. (See **Picking Up the Pieces**) Who would say no to helping a street doc save more runners' lives? As they go back through the waiting room to leave, point out the families with small sick children and pour on the guilt.

Doc Tico will not pay any runners who decided that they couldn't make it to the negotiation on time or insisted on attending virtually. They'll need to work out subcontracting with the rest of the team.

A Routine Checkup

What's up Chummer?

This scene covers the research into the PCC DocWagon facility.

Tell it to Them Straight

This is not the location you might have picked for a hospital, if someone had thought to ask you. It's not centrally located for its sector. It's not close to multiple major arteries, as one might prefer. But as you approach, it starts to make sense. You notice the surrounding walls first, 5m tall concrete that's been etched and painted to look like old stone. They mark off an entire smaller city block. The entrances are wide, and with less surrounding traffic here you figure it's probably easier for the response teams to get up to speed and get going. You don't need to look twice to notice those entrances are well guarded, though. This is going to take some doing.

The buildings are simple structures, just large square boxes, until you get closer. The matte sand-colored surfaces are broken up with smaller squares that seem to both reflect and glow. As your eyes adjust you realize that's exactly what they're doing: windows, as thick as the walls and flush seamlessly with them but creating patterns of light in odd glints as you hit the angle just right. There are three buildings, a center one flanked by two shorter ones though all are taller than the walls themselves.

Behind the Scenes

Exterior Recon

The DocWagon hospital complex and dispatch center's address is at 2821 W. Belleview Ave. in Lakewood.

Tall concrete walls surround a small three-building complex. The complex has two entrances directly opposite each other in the center of the longer walls: one "open" with a gatehouse which serves as the visitor/employee/delivery entrance, the other with solid metal sliding doors and two pairs of guards stationed on the inside which serves exclusively as the ambulance entrance. The wall extends below-ground to what would be the second basement level,

in order to discourage someone trying to bore through underground.

Every 45 minutes, two pairs of guards start patrolling around the outside of the wall in opposite directions from the gatehouse so they meet roughly midway around. Their circuit takes about fifteen minutes to complete.

All deliveries, be they medical supplies or foodstuffs, enter through the gatehouse entrance only. Once cleared, they are directed to the loading dock ramp in the facilities building just inside the entrance to the garage. Inside the guardhouse, embedded into the desk so it is not visible from where cars drive up, is a small electronic whiteboard with scheduled deliveries for the week. Walk-in patients and their "guests" are issued individual AR tags, with timestamps and expiration times clearly marked, and are directed to visitor parking and the main pedestrian entrance.

Across the ground the entire width of the gatehouse entrance is a pronged metal barrier standing one meter high, with sharp edges 10cm apart in three rows: at the top, halfway down, and along the ground. It has a barrier rating of 20. It is controlled by hydraulics and can be raised or lowered in seconds, controlled by either a console in the gatehouse or by wireless rigs the guards all have implanted along with their wireless commlinks. When a vehicle pulls up to the gatehouse, two guards will step out: one to speak to the driver of the vehicle and the other to visually inspect the outside of said vehicle. There will be either two or four more guards inside, depending on whether a patrol is out. They are professionals, and most of them have some kind of military background. They also have zero sense of humor.

The buildings are reinforced plasticrete that has a barrier rating of 12/11. All windows are transparent plasticrete (also 12/11 rating), and are flush with the building surfaces to keep the profile smooth. The largest, central building is the hospital. It's façade is etched to look like it's made of stone blocks. One of the small buildings contains all the offices. The other small building is considered "facilities" which includes the garage/hangar and bunking for the response teams, dispatch center, and the generators. The two smaller buildings are each connected to the larger one by a

covered "tube" hallway on ground level 4 meters across, with the three buildings making a 90degree angle V that opens towards the gated entrance. The visible main entrance for the complex is in the crook of the V. The point of the V has a wrap-around rain shelter 5m up for the ambulance docking area underneath. Parking is in a wide stripe just inside the wall all around. Inside the V and the remaining grounds up to the parking areas are grassy with flowers and small shrubs. In the center of the V is a 2m weathered bronze sculpture of mercury holding a large caduceus (actually a non-working fountain) surrounded by four curved metal benches facing inward.

If there is a mage in the party who chooses to do recon, they will notice warding around an office or two in the office building, and one smallish wing on the 8th floor of the main building where magically sensitive healing takes place, both at force TR. The background count of the entire complex is 1.

If TR is 2 or higher, there are three watcher spirits of force 2 patrolling the complex: one bobbing along the top of the wall, one circling the main building in lazy-looking spirals, and the third wafting everywhere else. The service they are in the middle of performing for the mage on duty is "inform me of any intruders." They will not go inside any building.

If TR is 3 or higher, there is also a Consciousness Elemental (See Spirit of Man SR4 p. 295) of force=TR patrolling the entire complex. It does not go inside any building either.

Lakewood Correctional Institute is about a mile and a half away. Otherwise it's a small industrial patch of warehouses, offices and some storefronts. There are a few Stuffer Shacks and other small shops on the facing streets.

Matrix Recon

Floor plans are not available online unless someone does some serious hacking into the Denver Council Land Building Permit databases. (Assume device rating 6, and be liberal with IC.)

The security system is not hackable from the outside, as it is completely isolated from the rest of DocWagon's networks. However, patient files, personnel records and other

internal documentation are on a system linked into DocWagon's main network.

Both systems have a [(TR/2) + 2] rating on all devices. Ever the purists, the Matrix designers set the system up to look like a hospital from the inside too: only, everything is exaggerated. The white walls are blindingly white. The floors are so shiny that if they were real you would swear you could eat off them. An example: when entering the analogy to patients' rooms, "touching" any of the made-but-empty beds gives you patient charts for current occupants, touching again gets you links for previous occupants, a currently unoccupied bed is missing linens. The floor plan matches the floor plan of the entire complex, with ties for security and utility monitoring systems.

Because all employees are tagged with RFID, in the event a team manages to hack the security systems, they will be able to trace all employee and patient movement. The host tracks their locations at all time with RFID. The combination of a hacked map and this tracking information may make things substantially easier for the runner team.

Even if they get in and then hack, they will not be able to unlock the meds-storeroom remotely! As described in the "Medical Storeroom" section below, it uses a passkey which is connected to the building's security system plus an electro mechanical key for a deadbolt which isn't. They'll have to quietly deal with the person manning the room. It's staffed 24/7 except for the occasional 5-minute unscheduled bathroom break.

Interior Recon

All exterior doors on all buildings have push bars so that they are not locked for individuals attempting to exit. However, any entrances aside from the main ones do have warnings labeling them as emergency exits only. In the event that the door is opened without showing the proper RFID, a fire alarm will go off throughout that building. (Device Rating TR/2 + 2)

The Office Building

This building has six above-ground floors, each one the same with offices and two small unisex bathrooms on each. One interior hallway in a square-shaped loop gives access to everything on that floor.

Besides the tube-walkway, on the ground level there is one small door on each of the two outside walls adjacent to the wall with the tube-walkway only a little off from the center of the wall.. They are labeled "employee entrance only" and locked at all times with a multi-deadbolt maglock system, requiring an RFID chip (embedded in each employee badge, worn at all times), biometrics verification (retinal scanner), and separate passkey, each of rating TR...in that order.

At the first basement level is the laundry. The second basement level has rooms for janitorial supply, as well as storage for maintenance. The communications entrance room is also here, though the system itself is distributed throughout the other two buildings with servers on every floor.

Windows of transparent plasticrete wrap around at all levels. The HVAC is in the center of the sixth floor and part of roof.

Individual office doors have simple maglocks (rating TR-2, minimum 1) tied to the commlinks of their occupants. Janitorial staff have a sort of "skeleton passkey" that allows them full access. Stairwells (intended for fire exits only) have pairs of cameras at every other level and alarm sensors on the door to alert the fire department. Another set of cameras overlook the entrance from the tube-walkway and the elevator area. Generating a master key would require creation of an admin access account on the security system. (See **Matrix Recon**)

The hospital's paging system is localized, with speakers activating only in the area including and surrounding the person being paged. To support this, sensors tied to the RFID tags on all employee and visitor badges are located every ten feet in the hallways and in all common areas, as well as in the frames of each elevator doorway. If a tag spends more than 2 minutes in an area where it shouldn't be, a team of 2 guards will be sent to investigate.

There are TR/2 DocWagon guards (Use Corporate Security Unit **SR4 p. 275**) slowly patrolling the entire office building at all times. They start at the top, take the stairs down to each successive floor, then take the elevator back up and check the roof before starting on the way down again.

The Facilities Building

This building has the same dimensions as the office building, but is made of actual concrete with a barrier rating of 16/13. It has narrow screened openings slotted into the plasticrete instead of windows for light and ventilation, except on levels four and five which have the same solid bands of windows as the office building. Again, these are transparent concrete rather than plasticrete.

The bottom three floors are a spiral-style parking garage for the Ground Response vehicles, with a maintenance-garage at the back half of the ground floor. The entrance is along the wall that's on the "outside" of the V. It is as wide across as three response vehicles, to give room for two-way traffic. Just inside and to the right as someone drives in is a loading dock, so delivery vans/trucks can pull in and out of the way to unload. A small podium with a padded stool sits against the wall on the right front corner of the dock platform. A small knit bean-frog perches on the corner, facing outward. This is Mr. Bocard's station. He looks to be about 90 years old, and he is the receiving clerk. He will not pass up the chance to be social with the drivers coming in and out, asking the regulars about their families and telling strangers about his darling granddaughter. He's lonely, but it doesn't get in the way of his job. He may seem relaxed and off his guard, but he is always on top of things.

There is one freight elevator in the corner between the "walkway" and "driveway" walls used for both the garage above and generator below. A small passenger elevator is in the corner on the other side of the "walkway" wall, that serves only the above-ground levels.

Security cameras are positioned in the upper corners of the garage entranceway, across and facing the tube-walkway, and facing both elevators. Embedded in the pavement just past the maintenance bays are pressure-sensors tied to RFID tags in each vehicle's engine. Unauthorized vehicles trip an alarm.

The fourth floor contains barracks. The fifth is an eat-in kitchen and rec room for Response Team Members (Emergency Medical Technicians) on shift.

The sixth floor is a hangar for the Air Response helicopters. Large doors on one side of the roof provide access. Choppers

wait in a queue on the other side of the roof to take off, and drop off patients on the roof of the main building before returning to the facilities-building roof to wait for the next call.

At basement and second-basement levels, generators that augment power from the grid--and can provide emergency-level power to the whole facility for three days--take up most of the basement footprint. The equipment is two floors tall, with wide catwalks at mid and top levels and elevator stops on each: there is one freight elevator in one corner on the "double-door" wall used for both the garage above and generator below. One small passenger elevator is between the diagonally opposite corner and the tube-walkway, that serves the above-ground levels only.

Also below ground, at basement level, are three tunnels that form a triangle with two segments directly underneath the two walkways and the third connecting. The tube-walkways each have one access panel to the tunnel, flush with the floor tiles. A special hook (janitorial/service personnel keep them on their person) is required to open them from the walkways. (PCs can jury rig something with Agility+Locksmith(2).) All plumbing and wiring goes through conduits in these tunnels. They're only 3m diameter.

Besides the tube-walkway from the main building, the only entrances to the facilities building are a set of metal double-doors for janitorial and a small single door, both on the wall opposite the wall with the tube-walkway, and the wide entrance ramp to the garage mentioned previously. The double-door set has no means of opening from the outside. It is bare other than paint to nearly match the color of the brick. The small door is locked at all times by a multi-deadbolt maglock system, requiring an RFID proximity chip (embedded in each employee badge, worn at all times), biometrics verification (retinal scanner), and separate passkey each of rating TR...in that order.

RFID sensors are spaced throughout the fourth and fifth floors and garage. These are tied in to the paging system. Wide-angle cameras cover the hangar floor and entrance to the roof.

The Main Building

The main building has a bigger footprint than the other two, and it is ten stories tall instead of six.

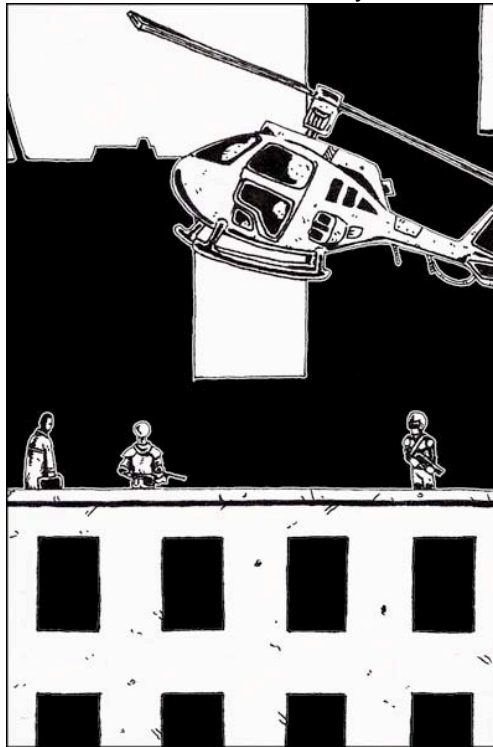
The “pedestrian” entrance to the main building is at the inside of the V. It opens to a large lobby, with hallways leading out in both directions. Behind the granite-veneer front desk sits admin (for the “processing” of patients’ paperwork vis-à-vis contracts fees etc) that is accessed from either side around the back.

Sitting at the front desk to greet everyone coming through the main entrance is Madge. Her nametag clearly says so. (see **Cast of Shadows**) She’s a 3m troll in a brown and red DocWagon blazer. If approached by anyone, she will sweetly scan their AR for their patient or visitor ARO while plainly searching them visually for their injuries. If they are wearing a visitor ARO, she will get what information she can about their injured friend before directing them where to go. If she gets suspicious for any reason, she will discreetly alert security via call-button. At no point will she herself appear alarmed, instead directing the person to please sit down and someone will come over to help them or their injured friend depending.

The “point” of the V is the ambulance entrance directly to the triage center of ER. Most of the point of DocWagon is Emergency Room, so what in normal hospitals would be the ER actually takes almost three full floors here. Walk-ins who have contracts (there are a few, though the point of DocWagon is “ambulance included”) are transported to a small waiting area within triage down the left hallway from the lobby. Walk-ins *without* contracts don’t get past that gated entrance outside, though if they have a life-threatening situation they do get cabs called for them to the nearest non-DocWagon facility of their choice free of charge. Floors two through four are the ER.

The main medical storeroom is in the center of the third floor, in the core of the floor separated from the ER suites by a wrap-around hallway with two window/desks on opposite sides for dispensing. The fifth floor is a large cafeteria including the kitchen for patients, and some rooms with cots and showers for doctors and other staff on rotation. The sixth and higher floors consist of recovery wings, and surgery suites for follow-up care. HVAC is on ten and a small part of the roof. Also on the roof are several helipads and dedicated express elevators which travel only to trauma floors.

Inside the stairwells, pairs of cameras on every other floor pan both up and down.



RFID sensors at each doorway record all entrances and exits, with anomalies triggering alarms after ten seconds.

There is only one basement level in the Main building, and it does not cover the entire footprint. Central security for the complex is located here, with two guards and one Specialist. All cameras tie here, and though the paging system is distributed throughout the complex the central server is located here as well.

There are TR/2 DocWagon guards (Use Corporate Security Unit **SR4 p. 275**) patrolling every floor of the main building at all times.

Debugging

If they decide to go to another sector’s DocWagon and do recon they’ll first have to deal with a border crossing just to do recon. Once there, they’ll find lower security--cut by half. However, there will only be one much smaller building. Doubts should be raised as to whether they’d have nearly as much of the drug in stock. Should they go in, they will only find one vial of Cryosec per PC in stock.

Taking Your Medicine

What's up Chummer?

Not long after they enter (but too far in to abort), ambulances come in and PuebSec (police) cars loosely surround both inside and outside the walls. They overhear that there's been a prison break and survivors are what's just been brought in.

Tell it to Them Straight

As they're about to "go in:"

Activity in and around the hospital emergency rooms always seem to behave in cycles. There's a definite ebb and flow of more emergency vehicles coming in and then not quite so many for a while and then more again. DocWagon, being entirely an emergency "room," is no different. You're not sure, but you think you're coming in on a quiet period for whatever that's worth. You know it won't last long so you try not to notice.

After they're completely inside to the point of committing themselves:

You hear a commotion from outside or in the hallway, you're not sure where. There's a commotion outside, louder than the usual busy-ness of the large ER that you adjusted to within minutes of arriving as it helped you go unnoticed. Anyone with "ears" outside hears sirens...more than the usual DocWagon sirens. After all, those usually get turned off as they're pulling up to the complex anyway. There's something unusual going on, something these "trained professionals" are not used to.

Behind the Scenes

As established in the Seattle story arc, DocWagon never conducts surprise inspections on any of their facilities. All personnel are trained to recognize a surprise inspection as an infiltration attempt and will immediately sound the alarm.

As soon as they've found (and are presumably about to enter) the medical storeroom on Level 3, four inmates from The Can are brought in under heavy guard. They had tried to break out, and nearly died in the attempt. They are all brought to the third floor where the PCs are. There are now

twice as many guards as there were -- half DocWagon security and now half PuebSec. (Use Lone Star Squad **SR4 p. 275**) All the extra guards are on Level Three, standing in pairs outside the trauma-suites containing the injured prisoners with the remaining scattered near the elevators and stairwells.

Should a firefight ensue, the four inmates will try to make it a "three way" as they would love to escape again. They will be quite injured, though. (See **Cast Of Shadows**) Their participation should be good for a bit of comic relief.

Any kind of alarms will bring all regular security guards in the building first, every combat turn as they come from the other floors. Should any guns be fired, 2*TR of the High Threat Response teams (Use Renraku Red Samurai **SR4 p. 276**) from the facilities building will mobilize. They will take 7-TR minutes to reach wherever the fight is from the time they're called.

The Medical Storeroom

This is a large square room that takes up roughly 1/5 of the third floor, in the center. Covering most of the outer walls of the room are large electronic "whiteboards," similar to the erasable-felt-pen ones of old. They are covered in grids containing what patient is in what bed, touch screens for charts, surgeries scheduled, doctor's rotation schedules etc. There are two doors in to the room, each in the middle of a wall in the two opposite walls perpendicular to the main/ambulance doors downstairs. These doors have a "window" (like a ticket counter) on the top half, clear plex with a foot-square cutout from which the two registered nurses stationed inside dispense various meds to nurses and doctors outside. There is nothing within normal human arm's length of the door (and a troll's arm won't fit through the opening) for anyone to try and grab except for the rack of MediPads used to log "signatures" (thumbprint-scan) for each dispense. To unlock the bottom half of the door requires the RFID of someone cleared for entry to the room, plus a transponder-key used to keep the nurses from automatically unlocking the door every time they step up to it to accept a scrip or hand over a vial. This transponder lock is not connected to the building's security system. Once inside, the key is kept on a hook several feet away on the hinge side of the wall above a small

desk with a terminal and a few folders. A hardware + logic can be used against a rating of 3 to disable the door's lock by hand if a runner has an electronics kit handy. The transponder-lock is not connected to the hospital's security network and cannot be disabled remotely. A Locksmith + Agility (TR) is required to open the door without setting off alarms.

Inside, there are six long aisles of deep wire-rack shelving that hold rows of all different kinds of medication, in the large boxes one sees at pharmacies. Pills are dispensed in small disposable cups just as they have been for years. There are three wheeled stepladders total, left in different corners when not in use.

There are wide-angle cameras in the upper corners of the room covering the entrance walls completely. These are tied to the internal security system that is isolated from the Matrix.

The drugs are organized alphabetically by manufacturer, then by frequency of use (most-prescribed at torso level, then up, with the least-dispensed down near the floor.) Perception + Intuition (TR, 2 minutes) will locate the area for PharmaDyne.

The first to generate enough hits finds the Cryosec. It's at eye level. A card below it reads "TS: 1ea." There are twelve full cases-of-ten here in stacks of three, four deep on the shelf with an open case at the front edge of the shelf that contains seven vials. Note: inside each case, affixed to the bottom front edge, is an embedded RFID tag. Each case weighs about 3kg. If they think to look for this they will find it with at least one hit, so long as they don't also glitch. If they don't think to look for them, just make a note for use in **Pushing The Envelope**, below.

Another character searching will find something else instead: propped on the corner of a shelf nearby, a datachip in its protective travel case. It is marked as being confidential but otherwise no way to visually tell what's on it. (In fact, it contains patient/client records, but they will not be able to tell this while still inside the building no matter what they do. The encryption is just that heavy. If a PC attempts to decrypt the file, toss some dice behind the screen, and then explain it's like nothing they've seen. Their best estimate is that it will take 30-40 hours to decrypt.) There are no others

like it if they go looking, not even on or in the desk. This is definitely out of place.

Pushing The Envelope

If they get out of the hospital complex and there's still an hour or more left to the session, one or both of the following should happen:

1 - If they did not notice the RFID tags on the drug-packaging to disable them or ditch the boxes, they will realize about ten minutes after they leave the complex that they're being followed. They will have two combat turns to prepare for being overtaken by a Retrieval Squad (Use Renraku Red Samurai **SR4 p. 275**).

2 - If the RFID tags were disabled or ditched before they left the complex OR if the runners are badly-enough hurt that another firefight would be a bad idea, then as soon as they get wherever it is they go to "regroup," they will be approached by three ZDF agents (Use Tir Ghosts **SR4 p. 276**) in suits. Think Men In Black suits. They simply wish to interrogate the PCs regarding their recent dealings with Doctor Perettico. The agents are *not* aware that the PCs have just completed a job for the Doctor, but they have put him on "distant monitoring" status and have noted the new connections. If the PCs are smart they will play up the helping-the-clinic angle and act surprised when the agents tell them of Doc's more notable Vory gang ties. Unless the PCs bungle this, the agents will simply leave. If at any time things get hostile, however, another three agents will appear seemingly out of nowhere and they will have an evenly-matched fight on their hands.

Debugging

If the team decides to steal other drugs as well, have them make a Pharmaceuticals + Logic roll to determine what's valuable. The drugs they choose will be fenceable for a total value of hits * 2,000¥ * TR.

Should they have decided to "visit" another sector's DocWagon facility instead, there will be border-crossing issues to deal with in lieu of the prison breakers, especially when they're bringing the contraband to Doc Tico. Also remember that they will be failing the mission, with only 1 vial of the drug per PC. The total value of any other drugs they take will only be hits * 500¥ * TR.

A Hard Pill to Swallow

What's up Chummer?

This covers the delivery of the goods to Doc/Johnson Tico. He will be very happy! This means he won't have to "step up" his organ/limb harvest to support the clinic just yet. The other issue, to be handled subtly, is that most of the coolers are now gone. Argyle will just be leaving with a handcart-full as they're coming in.

Tell it to Them Straight

Every job brings something new, doesn't it? You suspect that won't be the last time in your shadowrunning career that you set foot in a DocWagon. It might not be for the same reason next time but you never know. You got what you went in for (***unless they didn't, in which case say "almost"***), though, and the learning experience has to count for something. As you approach the storefront of the clinic, you see the gray-haired man from the last time you were here, wheeling out a handcart of those coolers. It's good to know the clinic has local people to help like this, supporting their own care in other ways besides the cold nuyen they can't spare.

Behind the Scenes

The greeting they get from the front desk will depend mostly on how banged-up they appear. If they appear fine, they will get ushered in to the conference room Doc Tico had led them to after surgery during their first visit.

If any of them are bleeding or worse, they will be brought immediately to the surgery room where two nurses (one male human, one female orc) will prep whoever's injured. Whoever isn't "badly" injured gets to go the locker route, otherwise they will be stripped and smocked by the nurses in a very no-nonsense manner, and the now-patient's possessions handed to a non-injured teammate for lockering. Clothes will be cut off the patients to reach the injury sites. (Standard procedure, but some gear may be destroyed. GM's call) The two will go to work providing first aid for any minor injuries. Doc Tico will enter five minutes later, wearing full surgical garb and ready to

patch up whoever needs more serious work like actual stitches or even surgery. He won't take no for an answer (unless they're returning to tell him "we're not giving you any of this."). If asked he'll assure them he's not going to charge them. ("That would be just silly.") He won't want to talk about anything other than what needs mending, until the work is done. If they insist on trying to converse, he'll gently but firmly say, "Please, let me get your friend patched up first, and then we can talk." Only after everyone who is injured has been treated (no matter how small the injury), will he bring everyone, barring those under sedation, to that little conference room.

Should someone have a serious injury, something will start to go wrong. The patient will start to go into shock. Tico will snap at one of the others in the party to give his nurse (the female) one vial. She will prep a measure of it (1/5 of the bottle) in a syringe and inject the site. The patient will calm to normal within five seconds.

Anyone who is completely uninjured will be led to the conference room while the injured ones are attended to, unless they insist on staying with the others in which case it's "locker room first" for them. Meds go in locker too! They can retrieve them after they've left the clean room.

The hallway on the way to the conference room feels less cramped than it did the first time. They will notice this! Or maybe it's just because it's not the first time. Should a character look more closely, *all* the coolers are gone so the wall color can be seen at the backs of all the open shelving.

Once everyone is in the conference room, Doc Tico will arrive five minutes later having washed up but not changed out of his scrubs. He will sit, and look inquisitively from one runner to the next until they show him the medicine. When he sees the meds, his face will visibly relax. He'll ask how it went. He will be genuinely distressed when they mention the prison break, and glad that injuries aren't worse (however bad they are). He'll look over the meds with interest, picking up a bottle and reading the fine print on the labels carefully. He'll nod to himself and say "yes, this should be perfect." If they ask, he'll admit to not having obtained/held it before though he has seen photographs. He'll tell them "our trauma survival rate was

good before, but I believe it just improved by an order of magnitude thanks to this."

He'll excuse himself to get his payment-reader from his office. While he's gone, the PCs will hear the following conversation, somewhat muffled, from just outside the door:

"You really think I don't see what you're doing?"

"I don't care what you see. It doesn't change anything as far as our arrangement is concerned."

"It doesn't? Looks to me like you're trying to give us less."

"I'm not trying to give you less, I'm making damn sure I won't ever give you more."

"You think this is going to slow us down? We see how you're growing. You need us."

"There's this thing called ethics, Argyle. Maybe you've heard of it? Well I still have it, and I'm not taking things that aren't mine just because you want them."

"We'll see about that. We're the only ones that can front you the cash this place needs. Sooner or later you will beg us for more help, and then you'll give us everything we ask for."

"GoodBYE, Argyle." The sound of footsteps stomping off is heard, then silence.

If the PCs rush in to the hallway to interrupt the above conversation, it will cease abruptly. Argyle will go quiet, staring at the floor, mumble about 'personal business' and try to leave. Doc Tico will deflect attention from Argyle as best he can, and usher the PCs back into the conference room, saying he'll explain everything just please get back inside. He then will start by explaining his funding issues, confess to his Tamanous connection, and heavily stress the "medical waste" aspect of what he gives and how he does not want to expand into unwilling donations.

Upon his return, Doc will tally up their payment in front of them (doing the math of how many cases etc, dividing evenly among them unless they interrupt to say otherwise) and program a set of credsticks accordingly with the reader, or arrange transfer the funds over commlinks whichever they prefer.

If they brought two cases per team member or more, he'll give them a bonus of another 1000¥ per person in addition to

paying per vial (and that lump for-run amount) as agreed. He'll explain that while he can't afford to stock the Cryosec (and any other drugs that they've brought out) in this quantity, he knows of several other Street Docs who will have an interest in it. He'll make sure that it goes to people who can use it to do the most good.

Debugging

If they have problems making the connection with the Tamanous thing, he will grudgingly admit to it as being the reason for wanting the drug. He will explain where he draws the line and how their help just kept him from having to move that line to save his clinic.

Picking up the Pieces

Money

The PCs should each receive $1000¥ \cdot (TR+1)$, plus a presumably even share of the 100¥ per vial they brought beyond the first case each, plus an additional 1000¥ each if they brought him at least two cases-of-ten per character, subject to negotiation.

The PCs may have taken additional drugs from the medical storeroom. If so, they should have made a Pharmaceuticals+Logic test at that time. Drugs taken will sell for $(\text{Number of Hits}) \cdot (TR) \cdot (2000¥)$. This money may be divided up amongst characters as they see fit.

If the PCs recovered the datachip from the storeroom, it may be sold for $3000¥ \cdot (TR)$. Again, it's the player's prerogative if this money is shared between all characters.

Karma

1 – Obtaining a minimum of one case-of-ten per player of the drug

1 – No NPC deaths at the DocWagon facility

1 – Remaining loyal to Doc Tico if they've made the Tamanous connection

An additional 1-3 points of Karma may be awarded for good role-playing, a good sense of humor, or a particularly insightful action.

The maximum adventure award for SRM characters who played this adventure is **6** karma.

Contacts

For successfully completing the mission, they gain Doc Tico as a contact, Connections 2, Loyalty 1 and also Izzy, Connections 3, Loyalty 1.

Faction

Successfully completing the mission will earn the PCs 1 point of positive faction with both the Kirilov Vory and the Fomin Vory. Turning on Doc Tico will earn the PCs 1 point of negative faction with both of these groups.

Reputation

Characters who earned the extra vial bonus nuyen will earn 1 point of Street Cred.

Characters who were identified by DocWagon or PuebSec during their run on the hospital will earn 1 point of notoriety.

If the runners killed anyone at the hospital, all characters will earn 1 point of notoriety.

If the PCs handled the meeting with ZDF agents poorly, they will earn 1 point of notoriety.

If the PCs decide to turn Doc Tico in to the authorities or eliminate him, they will earn 1 point of notoriety.

If the team turned down the run from the beginning, they may earn 1 point of notoriety, subject to GM discretion.

Legwork

When a PC gets in touch with a contact, make a Connection + Connection test for the contact. The results of this test will determine how many ranks of information the contact knows about the question. (Apply die modifiers to this test based upon relevance of the contact to the subject matter.) A PC then makes a test of Charisma + Etiquette + Loyalty rating. The contact will reveal that many levels of information about that topic for free. (Up to the number of hits scored by the contact for that topic.) If the contact knows more, additional information will require a payment to the contact of 50¥ * TR.

If the PCs have worked all of their contacts, and are still missing important information, they may ask a contact to ask around. If so, have the Contact make an extended (Connection + Connection (20 minutes)) test. Additional information will be available at a cost of 200¥ * TR.

Doc Tico and Jantico Medical Clinic

Street Contact Table – Etiquette (Street)

0– “You sure you don’t need a doctor? You’re looking a little pale.”

1– Runners pay reasonable prices at Doc’s place. They subsidize the clinic for the street folk getting regular medical care, who pay a pittance.

2– Doc doesn’t profit from this per se. He lives by himself at barely middle class lifestyle. He has a very good rep in the community. The quiet humanitarian (though sometimes the loud) doctor used to work for some big hospital in Federal Heights, then left it to take his clinic full-time.

3– A fair number of Godz members are among the usual clinic-goers and “paying customers,” but it’s not uncommon to see members of the Ghostriders or Zombies.

4– I’ve got a photo here of your boy Tico with Vasilli Fomin, who is donating funds for a used MRI and clean room HVAC installation for Tico’s clinic. Blurb underneath about fella giving back to “his” roots by helping someone helping the community. (GM note: Vasilli Fomin is the head of the Vory syndicate in the PCC.)

Denver DocWagon

Corporate/Political Contacts –
Etiquette(Corp) or (Political)

- 1– What, do you need a doctor now? I think my buddy can drive you...
- 2– DocWagon Denver was originally more fragmented than it is now. Back when Denver had six sectors, DocWagon had a small Primary Response Facility in each one. As the politics shifted and several sectors merged, DocWagon consolidated accordingly. Agreements remain for cross-border care just as they were first put in place. Only DocWagon has these cross-border care agreements.
- 3– All DocWagon locations inside Denver have even higher security than “normal,” on direction of the Council. (because border guards are not allowed to impede DocWagon crossing a border to rescue a client, the Council does not want DocWagon transports getting stolen or hijacked for smuggling) At minimum they are known to have high-rating maglocks on all doors, with both physical guards and remote ones monitoring through the System.
- 4– The PCC facility is the only DocWagon one inside metro Denver with a Level One trauma center. (all types of specialists/surgeons are staffed 24/7) It's the largest hospital complex by far. Other sectors' trauma facilities are all rated at Level Two (general ER surgery 24/7, but specialists are on call during non-peak hours).
- 5– The facility in PCC is less than five miles from Lakewood Correctional Facility so it is even more heavily fortified. It is behind heavy walls, and is rumored to have a Mage containment facility.

Izzy

Street Contact Information Table – Etiquette (Street)

- 1– He's a fixer that's been working the Denver area, mostly the PCC, for over 20 years.
- 2– He specializes in jobs dealing with “procurement.”
- 3– He works for a number of the gangs, not under any one gang's employ. He's more like Switzerland, a trusted third party known to handle negotiations with savvy.
- 4– The Vory have been taking up a lot of his time lately, but not enough for him to hurt his reputation for being impartial...yet.

Cryosec

Biomedical Contact Information Table –
Etiquette (Corp)

- 1– Made by PharmaDyne, there's been splashy ads all over the place for months now.
- 2– Recently approved, prevents patients from going into shock during surgery. The money doc is offering is on par with street value
- 3– DocWagon has an agreement with the manufacturer, this being the first wave of “available to the public” after all the rigorous clinical trials that were required for the various governments' approvals, to be the first administrator of the drug. After one year in this limited release, it will become more widely available barring any...mishaps. The year is up in about eight months. So far, no news is good news.
- 4– No generic alternative is currently available. To date, production and distribution can't keep pace with the demand. So, the pricing remains high.

Cast of Shadows

Dr. Samuel Perettico (Street Doc)

Human Male; Connection Rating 2

B A R S C I L W E D G E S S I N I T I P M S M
3 5 3 3 4 4 5 3 2 6 7 1 10 10

Active Skills: Medicine: 5; Perception: 3;
Instruction: 2; Cybertechnology: 4

Knowledge Skills: Anatomy: 3;
Professional Knowledge (Medical): 4;
Pharmaceuticals: 3; Biology: 2; Chemistry: 2

Cyberware: None

Gear: No shadowrunning relevant gear.

“Doc Tico” is in his early 40s. After working for close to ten years at a large private hospital, he started questioning his purpose. He poured all his savings into starting a clinic for the poor and SINless of PCC. He charged shadow runners but gave “plain” citizens free medical care. All the money from the runners went directly back into the clinic, he took no profit from it. It grew to where he could have a real storefront instead of the back room of someone else’s. He still only charges the runners (who need more “emergency” type care anyway) and gives medical care to the community for free. He offers elective surgery to them as well, at low (though not suspiciously basement) rates.

Five years after starting the clinic, the teaching hospital where he worked days came under “new management” and he was pushed out due to a conflict in style. He wanted to treat patients who were sick, but his supervisors wanted him to treat patients who could donate large sums of money for new hospital wings. He was faced with potentially being unable to continue the clinic: financially, it never became “self-sustaining” because he kept taking in new patients. His extra income from his hospital job had barely kept it in the black.

The Vory stepped in to offer indirect assistance: HVAC installation so he could have a surgery cleanroom and lining up the purchase of an old-but-working MRI. In exchange, they ask that he patch up a few of their hurt and give them his “biologicals.” Then they offered a stipend for any “extra” limbs (from cyber replacements) he would otherwise have disposed of. And so it grew. He doesn’t take without asking, he just

convinces people to go ahead for that whole cyber arm who might otherwise have waited or just replaced the joint.

Doc Tico grew up in the PCC sector of Denver, went away to school on student visa, and then came back. He started working with an independent hospital system that has a strong presence in PCC-Denver, and took a transfer for permanent position. He lost most of his “southwest twang” when he was in school, not on purpose (he wouldn’t have cared) but because of his empathy. He tends to adopt the speech patterns of those he’s speaking with, without realizing it. But he’s held on to his softened twang now that he’s been living in cities and exposed to urban accents.

He is about 1.7m tall. He has curly black hair with a small amount of “salt and pepper” at both temples, which he keeps just short enough to clear his ears and stay off his collar. His eyes are the darkest brown, and are close together. His nose is strong, but not large. His jaw line is almost perfectly square, with only a slight angle down to the chin.

He loves this clinic. It’s his life. He loves helping families, and simply making sick people well. He treats the runners that come in with full respect, because they are patients too. The fact that they bring in the money is truly secondary.

He’s visibly tired most of the time, because he puts such long hours in and never takes a break for himself to truly rest. But when he talks about the work he’s doing you can see the energy behind it, his whole face lights up and he starts talking faster. Not crazy-fast, just faster. Otherwise he speaks reasonably slowly and “well-modulated,” like someone who is used to explaining things and doesn’t mind.

Ishmael “Izzy” Barnes (Vory Fixer)

Human Male; Connection Rating 3
B A R S C I L W E ESS INIT IP PM SM
4 3 3 3 4 5 3 4 2 6 8 1 10 10
Active Skills: Negotiation: 5; Etiquette: 4;
Influence: 3; Clubs: 2
Knowledge Skills: Denver Gangs: 4;
Cityspeak: 3; Spanish: 3; Russian: 2
Gear: Stun Baton, Armor Jacket, commlink

Izzy works as a Fixer, primarily for the Vory, though not under their direct employ. He nurtures a tier of secondhand contacts and jobs. Doc Tico uses him exclusively. Izzy is *how* Doc Tico connected with the Vory to get resources to start the clinic.

They go back a ways, having gone to grade school together. Izzy was always the social one that everyone knew and liked. He was very sharp, but didn't have that much in the way of book-smarts, so instead of University he got a job as a coordinator for a delivery/service company. Most of the drivers were freelance contractors.

By the time Tico was in med school he was in business for himself as a fixer, first completely “legit” and then more diversified. He makes his connections across gang boundaries, taking care of business for rivals and partners alike, and they all seem to actually like him for it because he plays no favorites. Lately, the Vory seem to be taking up more of his time as they build their presence in Denver. Izzy has attempted to make it clear that he enjoys playing Switzerland, and so far they seem to be respecting that...but he's gotten the idea, who knows for how long.

Izzy is in his mid-40s. His face is oval, with a high forehead from his receding hairline. His hair is reddish brown and slightly wavy, and he wears it brushed off his face. He runs his right hand through it every few minutes, almost but not quite a nervous tic. It's long enough to hit his shirt collar. He stands at 1.8m. His body is toned and trim under the purposely baggy clothes he prefers. His eyes are emerald green, and his eyebrows are bushy. His mouth seems large for his face, but it's usually all smiles.

Izzy still has a southwest twang. Soft-spoken, he remains a shrewd negotiator.

Argyle (Ghoul Poser)

Human Male; Connection Rating 2
B A R S C I L W EDG ESS INIT IP PM SM
3 5 3 4 2 3 2 4 2 6 6 1 10 10
Active Skills: Dodge: 4; Pistols: 2;
Intimidate: 2 ; Con: 3; Locksmith: 4
Knowledge Skills: HMHVV virulence: 4;
PCC Sector syndicates: 3; Police
Procedures: 3
Gear: Autopicker, lockpick set, Streetline
Special

In his “former life,” Argyle was a mid-level Vory enforcer. He got the job done, but couldn't shake the feeling the others were laughing behind his back.

He's Doc Tico's go-between for pick-up of bio-waste and drop-off of money. He keeps trying to get Doc to give more, knows Doc could use the money. Plus Tamanous could always use more parts.

Occasionally they've brought in donors that are completely sedated, and need transplants or removals so Doc is doing dirtier work than he realizes.

Argyle is in his late 20s, 1.9m, and very skinny. His face is long and thin to the point of gaunt, and the sinews of his neck are constantly taut and prominent. His nose is thin and beak-like. He always wears a nearly shapeless fedora low over his forehead, and a wide striped scarf of thin woven material even in the hottest weather. When he's indoors he lets the scarf fall away slightly from his face, but when outside it somehow stays up covering his nose and mouth. He keeps his hands in his pockets whenever possible. His hair is long and thin, and usually in a braid that looks to have been slept in. It's gray and white mixed, artificially bleached and dyed to look like “old-man” hair. His eyebrows are also dyed as well as plucked thin. He wears full-eye contacts that make his eyes look a solid grayish white. He likes clothes that accentuate his thinness, for example “peg pants” and long jackets.

He likes to think he's indispensable to Tamanous. He tries to cop an attitude with “outsiders” when he thinks he's in a position of strength, but that's contradicted by his attempts to skulk and blend into the walls in public. After all, ghouls don't walk around in daylight.

Madge (DocWagon Greeter)

Troll Female; Connection Rating: 2
BARSCILWEDGESSINITIPCM
3 3 4 2 6 4 4 6 2 6 8 1 10
Active Skills: Perception: 3, *Influence*: 5;
First Aid: 2; Intimidation: 2
Knowledge Skills: DocWagon Policies: 4;
PCC Rumors: 2; Professional Knowledge
(Administrator): 4; Cityspeak: 2
Gear: commlink

Madge recently won the DocWagon National Employee Award for "Coolest In A Crisis," given monthly to non-medical personnel only, for the third time in a year. Her maternal nature soothes even the savage gang-beast. Gentle in demeanor but unyielding when it counts. She is not a nurse, but she has been here long enough to tell a real injury from blobs of cornstarch and red food coloring. She's solidly built, but she has a round face and her hands and skin are very soft, especially for a troll.. She dresses neatly in long skirts, and tailored jackets that flatter her rounder figure. Her voice projects across the lobby even when she is speaking "quietly." She never has to actually yell at anyone, instead the force appears underneath the voice and others do as they are told as if it was their own mother instructing them.

Mr. Bocard (Dock Manager)

Human Male; Connection Rating: 2
BARSCILWESSINITIPCM
3 3 4 4 5 4 4 3 6 8 1 10
Active Skills: Perception: 3; Etiquette: 3;
Pistols: 2
Knowledge Skills: Corporate Politics: 3;
Psychology: 5; Unenhanced Baseball: 4
Gear: commlink, limited multi-access
passkey, biomonitor, taser

Retired at 60 from a career in psych, he's been here 30 years. He doesn't just look 90, he *is* 90. Spry, wiry and quick, he's stronger than he looks, and pitches in to help unload when needed. He just has his "young chickie" wife (she's 75) at home: their children and grandchildren live far away though they speak by vidphone weekly, so he's kept working long past retirement for the added social interaction it gives him. He has a fantastic memory for names and the like, and loves to chat with the regulars about their families like they're his own private soap opera. He remembers birthdays, and brings small fuzzy stuffed animals his wife knits out of SoyFlax as presents for their children. He'd also love to show pictures of his grand-daughter, only 26 years old and already Vice President of R&D at PharmaDyne. He stops reasonably short of being clingy. He has years of experience, but he also prefers to keep things in perspective. Very little appears to bother him, but he is far from apathetic.



Vasilli Fomin (Avtoritiet Boss)

Human Male; Connection Rating 4

B A R S C I L W E D G E S S I N I T I P P M S M

3 3 3 3 5 5 4 5 4 5.7 8 1 10 11

Active Skills: Dodge: 3; Etiquette: 5; Intimidation: 4; Negotiation: 5; Perception: 2; Pistols: 3

Knowledge Skills: Denver Syndicates: 3; Smuggling Routes: 4; Area Knowledge (Denver): 2

Cyberware: Datajack, Commlink (Transys Avalon)

Gear: Armor Clothing, Fichetti Security 600

More of a business man than many of the Vor, Fomin is a master of word play and has a very sharp tongue. He is capable of defending himself but rarely goes far without several strong men with guns. Vasilli was born in Russia but moved into Middle East in his teens and has a muddled accent of Russian flavoured by Iran.

Moderately built, but tall enough to tower over most human men, the Vor measures in at 1.94m with an olive complexion, dark hair and brown eyes.

Prisoners

Assorted Males; Connection Rating 1

B A R S C I L W E S S I N I T I P C M

3 4 4 3 2 3 3 3 6 8 1 10

Active Skills: Unarmed Combat: 4; Pistols: 3

Gear: None! They're in hospital gowns!

All have taken (7-TR) boxes of damage.