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# **NO GOOD DEED**

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**A CONSPIRACYX 2ND EDITION ADVENTURE BY MARCUS D. BONE**  
FOR THE UNBOUND PUBLISHING WEBSITE ([WWW.UNBOUNDBOOK.ORG](http://WWW.UNBOUNDBOOK.ORG))

## OVERVIEW

**NO GOOD DEED** is an investigative scenario designed to introduce new players to the world of Conspiracy X. It should take no more than a few hours to complete, but this could be extended by both the players actions and the Chronicler's desire to explore some of the key plot points further (as note in **The Wrap Up** on page 17).

In this adventure the AEGIS agents will find themselves drawn into the developing medical emergency where they will be forced to work against a ticking clock to discover just who or what was responsible for the release of this experimental treatment of seemingly extra-terrestrial origin. These investigations will lead to direct conflict with AEGIS' greatest rivals - the National Defence Directorate (NDD) and their Gna-Tall allies (here in their guise as the 'Men-in-Black') - and a final understanding that "no good deed ever goes unpunished".

As written, **No Good Deed** is nominally set in 1999<sup>1</sup>, with the majority of this story unfolding in Atlantic City, New Jersey<sup>2</sup> (although it could be moved to almost any time or seafront location with little effort). It is also recommended, given the medical nature of the mystery, that at least one the Player Characters has an extensive medical background, although such skills could be shared amongst the party. Finally, some elements of the story are specifically designed to put some modicum of time pressure on the players, however, as always, the Chronicler should manage this pacing of the story as they best see fit.

### The Fate of the Innocent

As you read through this scenario, it might occur to you that the only people really hurt in this story are those innocent of any real crimes. This is conscious design choice by the author, who sees Conspiracy X as a roleplaying game based on hard decisions and bad choices; where - in the battle to save humanity from its future fate (i.e. the invasion of the Saurian race) - it is often those without guilt who must become the first victims. If there is any 'moral' to be taken from **No Good Deed**, then perhaps it is the notion that no good can ever come from

<sup>1</sup> As an aside, the author prefers to set Conspiracy X scenarios in the 1990s as this limits both technology and access to information, while instilling a sense of paranoia and nostalgia.

## CLEAR CREDIT & A NOTE

No creative endeavor is ever completed in isolation, and such is most definitely the case with **No Good Deed**. This scenario has developed and changed a great deal over the years, as the result of a number of playtests and plenty of discussions! With that statement in mind, the author would like to thank the following play testers and collaborators - Darryn Mercer, Mark Chiddicks, Julia Blackmore, Marcus Gustafson, Garth Allen, Dan Woodhouse, Angela Whiteman, Hamish Gaundan, and Roger Awhimate. These individuals helped me in so many ways to refine and craft this scenario into the version you now see.

I'd also like to note, that it was only as the final draft of this scenario was being completed, that I became aware of the similarity between the core elements of this story and the plot of the X-Files episode 'The Erlenmeyer Flask' (Season 1, Episode 24). While I'm somewhat embarrassed by this revelation, I feel that in all actuality it had little if any influence on the development of this story (as I have not previously watched any X-Files for decades!). If nothing else, I suppose they do say "imitation is the sincerest form of flattery that mediocrity can pay to greatness.", so let's just say I'm claiming that!

attempting to make deals with the alien threats - to do so only brings disaster.

## STRUCTURE OF THIS SCENARIO

This scenario is divided into several sections, each of which provides details of either the plot's set-up or the events/actions that might unfold during the game.

- **Chronicler's Background (Page 3):** This provides an overview of the adventure and its key antagonists. It includes details of the Player Character's targets in the scenario, as well as a timeline of events that have occurred leading up to the beginning of the adventure.
- **Initiating the Operation (Page 6):** This is the background provided to the characters as they start their investigation. It outlines the mission's goals and provides some initial clues to be followed up on.
- **Mercy Hospital (Page 7):** This covers the party's initial discoveries at their first place of interest, Mercy

<sup>2</sup> Please note that the author has created a fictionalised Atlantic City for this scenario and every person, event and location visited or met in this story is made up.

Hospital, and details the events surrounding the man who has triggered the operation - Richard Morgan.

- **Investigating Richard Morgan (Page 9):** This section details the life and background of Richard Morgan and the information that can be discovered talking to those closest to him. In particular it reveals more about Morgan's illness and events leading up to his death.
- **Atlantic City Police (Page 11):** As with any serious crime, much of the evidence and information on the perpetrator has been collected by the local police department. This section details provides the various leads that can be garnered from the Atlantic City Police.
- **Locating the Other Patients (Page 12):** As it soon becomes obvious that Richard Morgan's death is somehow tied up with his cancer treatment, the AEGIS agents are likely to look further into those also connected to his illness. This section discusses other sufferers of Morgan's illness, and their own strange demises.
- **Investigating Doctor Goodfellow (Page 15):** With Doctor Jonathan Goodfellow identified as the connection between all the deaths discovered so far, the AEGIS agents must track down the Doctor in an attempt to discover the truth behind what has occurred.
- **Project Lifeline (Page 18):** As time runs out for the last of the Doctor's patients, the party much attempt to locate Goodfellow and stop anyone else from dying.
- **The Wrap Up (Page 20):** The suggested conclusion of the adventure as it likely to be played out. How successful the characters are in achieving this outcome depends on their actions during play.
- **The Scenario Handouts (Page 21):** The collected handouts available for the Chronicler to provide to the players as they make their investigations and discoveries.

It should be noted that much of what occurs in this scenario is left to the Chronicler to determine and manage as the story unfolds at the table. It is likely that the characters' actions will quickly change the flow and tempo of the main plot, and it is advised that the Chronicler - rather than slavishly sticking to the narrative as written -

adapts the events to ensure the story remains fun and enjoyable. The author encourages you to add or remove events, leads and encounters as works best for the shared storytelling experience.

## CHRONICLER'S BACKGROUND

About a year before this story begins, Doctor John Goodfellow, a respected cancer researcher, came into possession of a test tube containing live reproducing cells sourced from a Saurian test subject. Unbeknownst to Doctor Goodfellow this sample originated from a highly secretive series of experiments being undertaken by scientists attached to the National Defence Directorate (as part of their ongoing attempts to gain leverage over their Gna-Tall Saurian 'allies').

To a simple sarcoma<sup>3</sup> doctor, the cells exhibited signs of being a long-desired breakthrough in cardiac cancer treatment; a potential cure that he and researchers around the world had long searched for. Despite these prospective properties, however, Goodfellow knew he couldn't simply approach any old medical board without first testing the wonder cure's application. Driven partly by ego, while still harbouring secret fears about the therapy's effectiveness, he arranged - through his position at a well-respected research laboratory - to bypass the normal regime of Federal Drug Agency (FDA) accreditation and testing and looked to administer the treatment to a small group of volunteer patients all in later stages of their illnesses.

More than a little paranoid that this cure would be leaked to one of the larger, more powerful, drug companies, John looked to secure a location in which to undertake his experiments. To this end, he became a volunteer in a fledging Federal Emergency Management Agency (FEMA) project, known as 'Project Lifeline'. This project involved creating isolated emergency response locations to act as support and recovery sites in the case of a major national disaster, and in New Jersey's case saw the anchoring of a hospital ship in nearby Delaware Bay. With access to this remote site and its resources, Doctor Goodfellow set about creating his cure.

And the results were outstanding. Within weeks all the test subjects had recovered to the point that full health was all but assured. However, what the Doctor did not realise was

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<sup>3</sup> Sarcoma being a type of cancer that forms in connective tissue, such bones, muscles, and arteries, etc.

that Saurian genetic material is wholly incompatible with that of human beings, and just weeks after the treatment this rejection started to manifest within all of his patients. These symptoms started as a general grumpiness and malaise but over time developed into a state of permanent aggression and uncontrollable hostility towards others.

Too late Goodfellow realised his mistake and discovered that most of his patients, people he had grown to know as friends, had died in acts of violence. Only the last two patients to undergo the regime, Richard Morgan and Lucy West, remained alive and the doctor was desperate to do what he could for them. Attempting to contact the original source of the cell treatment was just another mistake, however, as this alerted both the NDD and the Gna-Tall to the leak and his actions.

The scenario beings as one of these patients - Richard Morgan - is overcome by aggression and is shot during a domestic incident. As the same time Doctor Goodfellow tries to locate Lucy and reverse his treatments on her, while both the NDD and Gna-Tall move to reclaim their property and clean up any loose ends. It is in the midst of these moving parts, that the party's AEGIS team is deployed and must reconcile all these threads if they wish to succeed!

## KEY CHARACTERS

These are the important Non-Player Characters who drive the plot and act as either target's the Player Characters' investigations, or key sources of information.

### Doctor John Goodfellow

John Goodfellow is a third-generation medical doctor who transitioned into sarcoma research after the loss of both his parents to cancer. An expert in his field he secured a good position within the prestigious New Jersey based Haughley Research Institute (HRI), a private organisation engaged by the Federal government as independent testers of the latest 'big pharma' drugs and treatments. It was through Goodfellow's wide and varied network of contacts at HRI that he became privy to the 'mystery' research into soft-tissue cancers being undertaken by the NDD.

As the scenario begins, Goodfellow has begun to realise his fatal error in the treatment of his patients and is desperate to save the last of them – Lucy West.

The background and information discovered while investigating Doctor Goodfellow is found on page XX.

### Richard Morgan

A down-on-his-luck cancer sufferer, and patient of Doctor Goodfellow, it is Richard (Ricky) Morgan's violent episode which alerts AEGIS to the situation unfolding in Atlantic City. Although the young man will be dead by the time the agents arrive to discover more, Ricky's actions and activities over the previous few weeks are vital revealing the true nature of the challenges facing the Player Characters in their mission.

Information on Morgan's background and the events leading up to him being killed are detailed on page XX.

### The Man in Black

Having learnt that the Saurian sample was somehow released into the 'wild', the National Defence Directorate alerted their Gna-Tall allies as to the situation. While the fallout from this 'conversation' is outside the scope of this scenario, in response the Gna-Tall has dispatched one of their Men-in-Black (MiB) agents 'clean up' the situation and any loose ends created by Goodfellow's experiments.

Although only a single encounter is listed for the Man in Black (see page XX), the MiB can act as a wild card for the Chronicler, being used as they see fit to inject impetuous into the scenario.

### The NDD Strike Team

If required, the Chronicler can utilise a NDD Strike team to create tension and action in the final scenes of the scenario (see The Confrontation scene on page XX).

### Minor Characters

These Non-Player Characters exist to provide information, clues, or hindrances to the AEGIS agents during their investigations. Most are encountered only during specific events or encounters but can all be expanded on to play bigger roles as the Chronicler sees fit.

- **Senior Lab Technician Doctor Patricia Hastings** and **Surgeon Rachel Stegeman** – Respected members of the Mercy Hospital staff whose discussion on the state of the critically injured Richard Morgan and his miraculous recovery from inoperable cancer alerts AEGIS to the potential situation developing in Atlantic City.
- **Jennifer Newport (and son Jimmy)** – The ex-partner of Richard Morgan, Jennifer is able to provide key clues into the mental and emotional state of the young man, and his recent disappearance.

- **Norman Quail** and **Doctor Marius Holmes** – Morgan's old boss and his local General Practice Doctor are both able to provide some insight into the young man battle with cancer and his decline after Doctor Goodfellow's treatment.
- **Sergeant Ted Hurst** – A senior Desk Sergeant with the Atlantic City Police, Hurst will act as the liaison for any (official or unofficial) questions the characters might have on Morgan's shooting and the evidence left behind.
- **Peter Clarke** – The only cancer patient of the group who didn't accept Goodfellow's offer of treatment. Although on his death bed, Peter is able to provide insight into Goodfellow's actions and those who accepted the proposal.
- **Lucy West** – Another of Doctor Goodfellow patients and last survivor of his treatments. West has been 'brought in' by the doctor and taken to the site of the experiments in a desperate attempt to save her.
- **George Willis** and **Karen Gardner** – Along with Morgan, Clarke and West, these are two other patients of Doctor Goodfellow. As with Richard, both Willis and Gardner have seemingly succumbed to their own rage and anger prior to commencement of the scenario.
- **Doctor William Roman** – A researcher at the Haughley Research Institute, Doctor Roman can provide details on Goodfellow, his job, home address and his patients.
- **Hal Dotson** – The landlord at Morgan's old apartment. A witness of his assault on Jennifer Newport and the subsequent shooting by the police.
- **Wanda Darland** - Lucy West's partner and a victim of the Man-in-Black's attempt to clean up the loose ends created by Goodfellow's activities.
- **Steve Delores** – The owner operator of Atlantic Flight, an aircraft charter company based at Atlantic City's Ocean City Municipal Airport. Atlantic Flight also rents planes and helicopters to licenced pilots, and it is one of his choppers that provided Doctor Goodfellow access to the USNS Mary Walker.

## PLOT GUIDE

The scenario is a clue-based investigation where the players will follow specific leads to the story's conclusion. In general, these clues will be revealed in relevant scenes

with each providing specific information to assist the AEGIS agents in solving the mysteries at hand.

The summary presented here highlights the likely flow of the Player Character's discoveries and activities, and should provide you, the scenario's Chronicler, with a guide as to how the main narrative is likely to unfold.

- Early one May morning 1999, the Player Character's cell is made aware that Richard Morgan is currently in critical condition at Atlantic City's Mercy Hospital; after being shot by local police during a violent domestic incident. Here the medical staff have discovered that, beyond the obvious injuries attributed to the shooting, their patient has unidentified foreign cells in his system, and that all signs of the man's recorded terminal cancer have seemingly vanished.
- Before the team can talk to Morgan, he is found dead, along with a strange self-destructing device found mimicking the man's life signs. Further investigation reveals that a tall man in a black suit (a Gna-Tall MiB) bypassed the police guards on the ward and enter the man's room for a brief period, shortly before the AEGIS team arrived.
- Researching Morgan's background reveals that he is estranged from his girlfriend and child and has been unemployed since receiving his terminal diagnosis a few months ago. Having shunned his past life, it is revealed that he was an active participant in an online discussion list, a space where patients with the same type of terminal cancer came together for support and comfort.
- Investigation into the list server leads the agents to discover that a number of other sufferers of Richard's specific cancer have recently died in violent episodes, mainly of their own making. It is also revealed that one member of the discussion group – John Goodfellow – is not a patient, but rather a doctor and cancer researcher.
- Following up the whereabouts of the members of the discussion list cancer sufferer leads the agents to one of the list server members who didn't take up Goodfellow's offer, as well as an encounter with a Saurian Man-in-Black.
- Doctor Goodfellow also seems to have disappeared, but all leads seem to point to the researcher's involvement with a 'Project Lifeline', a FEMA operation to provide support and services to the nation after a major disaster.

- Putting two and two together, all this evidence should lead the agents to make arrangement to head to the closest of the Project Lifeline sites – the USNS Mary Walker. Here the scenario climaxes with negotiation and combat as the AEGIS cell attempts to secure the last specimen of Saurian tissue, while facing down the threat of Goodfellow’s last patient and the potential interruption from a NDD Strike Team.

## SCENARIO TIMELINE

The following timeline provides an overview of the events that have already unfolded and those that will occur without the interference of the characters.

- In July 1998, Doctor John Goodfellow receives a sample of Gna-Tall DNA, and over the following months surmises its capability to treat specific invasive sarcomas.
- February 1999, realising the opportunity he held in his hand, but reluctant to make any official approaches to other research labs – worried that his discovery would be taken from him and fearing this ‘miracle’ becoming tied up in red tape – Goodfellow starts to look for potential trial patients.
- By early March, he has gathered five likely recipients for the ‘treatment’ and secures the medical facilities onboard the USNS Mary Walker, in which he will perform the operations he hopes will save their lives.
- From March 28<sup>th</sup> through April 6<sup>th</sup> all the treatments are successfully completed, and over the next week or so, the ‘hale and hearty’ cancer survivors depart the Mary Walker and return home.
- With no other place to go, one of the patients - Richard Morgan - moves in with Goodfellow on the 13<sup>th</sup> of April. The doctor sees this as his way of keeping an eye on the results of the treatment.
- On April 22<sup>nd</sup> George Willis, the first of Goodfellow’s patients to receive the treatment is killed in a road rage incident.
- Five days later (27<sup>th</sup> April) the second of the patients - Karen Gardner - dies in a murder suicide. On the same day, Morgan is kicked out of Goodfellow’s home after being belligerent towards his host.
- On the evening of the 3<sup>rd</sup> of May, Richard Morgan tries to see his ex-girlfriend, Jennifer, and their son Jimmy. This leads to him attacking not only his estranged partner but also the police. After being shot, he is taken to Mercy Hospital for emergency surgery.
- The AEGIS agents are alerted the developing events in in the dawn hours of Tuesday, May 4<sup>th</sup>, 1999.
- Just before 8am Doctor Goodfellow becomes aware of Morgan’s assault and having evidence of similar deaths among his patients immediately calls on Lucy West and arranges a flight back to the Mary Walker.
- About 30 minutes prior to the AEGIS agent’s arrival at Mercy Hospital, the Saurian MiB ensures Morgan is dead and alters the heart monitor.
- By 12, Goodfellow and West have departed Ocean City Municipal Airport and arrive at the Mary Walker.
- Around this time, the MiB breaks into West’s home and kills her partner. It lays in wait for Lucy to return.
- If the AEGIS agents aren’t able to act in time, Goodfellow (and the skeleton crew on board the Mary Walker) are killed by Lucy West when she is driven into a rage. If this occurs, the National Defence Directorate arrive shortly afterwards and will take all the evidence, leaving the Mary Walker seemingly abandoned, and later to be known as just another unsolved maritime mystery.

## INITIATING THE OPERATION

The agents are activated in the usual way by their contact at AEGIS Prime. This contact explains that an AEGIS ally has notified the organisation of an odd occurrence at Atlantic City Mercy Hospital that requires investigation. At this time, however, there is no indication that this task is anything more than a routine ‘identification and dismiss’ operation, but as AEGIS does not take its role lightly, all leads are to be followed.

As of this immediate time the following information is known:

- At 10.15pm last night, a 29-year-old male, Richard (Ricky) Morgan, was admitted at Mercy Hospital in critical condition after being shot by local police officer Angelo Basch. This was during a response to a violent domestic incident.
- This morning, at 5.45am, an email was sent via Mercy Hospital internal computer system between Doctor Patricia Hastings (a senior laboratory technician) and Doctor Rachel Stegeman, Morgan’s attending surgeon. This email detailed the presence of cells of an unknown origin in the patient’s body. There is also

reference to some other known factor that should be present but is not. This email is available as Handout #1 (see page 22).

- No detailed information is immediately available on Richard Morgan; however he is not on any watch lists and nor does he have any important notes on his very small criminal record. A copy of last night's incident report has, however, been forwarded through AEGIS contacts and is provided as Handout #2 (see page 23).

The AEGIS Prime contact authorises the player's cell with two key tasks:

- Investigating Richard Morgan to identify him as either a 'person of no interest' or an 'individual with knowledge'.
- Identifying the factors found in Morgan's blood workup and secure all samples until they can be provided to AEGIS authorised personnel for further examination.

The AEGIS contact comes across as being slightly sorry for having to activate the cell for such a mundane task but will remind the Cell leader of their responsibilities in following up all leads. If it is discovered that this incident has further reaching concerns, the cell is to undertake all operations in their power to ensure the 'bodyguard of lies' is maintained and all evidence of the threats to humanity are secured (i.e. they are not expected to check in with Prime if further actions are needed).

## USING THE MAN-IN-BLACK

As the characters will quickly discover, they are already one-step behind a mysterious Man-in-Black (MiB) in the investigation of Richard Morgan. This MiB is a Saurian agent (as listed on page 245 of the core Dark Conspiracy 2.0 rulebook) assigned the responsibility of reclaiming the genetic material utilised by Doctor Goodfellow.

As a general note, this figure is best not encountered by the Cell until the second part of their mission begins (see **Locating the Other Patients** on page 12), but realistically the Saurian could be used at any point in the scenario to either ramp up the threat level or impress upon the players that the true nature of the events surrounding Morgan.

## OPENING INVESTIGATIONS

The Cell has a few initial options for leads and will likely begin their investigation by: visiting Mercy Hospital;

looking into the background of Richard Morgan; or trying to learn more from the Officers involved in the man's shooting. At this stage of the scenario there are no time pressures on the cell, and so the group might split up to undertake these, or even swap back and forth between each line of investigation as they discover further clues.

## MERCY HOSPITAL

Mercy Hospital is a small, but professionally managed, hospital located about half a mile inland from the Atlantic City coastline. Situated near a small airport, it is readily accessible by both locals as well as for regional emergency events.

In general, the hospital maintains a high level of security, and even the most important visitors won't have unrestricted access to some locations on the grounds. However, most patient wards are open to the public from early morning to late in the evening. Administration staff are happy to assist any character with the right credentials, but only a few can give them access to Richard Morgan.

### Talking to the Staff

The agents will likely want to speak with both Senior Lab Technical Doctor Patricia Hastings and attending Surgeon Rachel Stegeman. Although neither really know what is going on with Morgan, they are able to provide some insight as to his current injuries and his cancer.

- Morgan's gunshots were critical, and it was only after four hours of surgery (Stegeman is visibly exhausted) that he was saved. The man was shot five times in the chest and abdomen area, and everyone is astounded that he survived long enough to even make it to the surgery (given the blood loss and severity of the wounds).
- Hastings has run a number of tests on Morgan, and she can confirm that his cardiac sarcoma is no longer present. She has no idea what the source of the new biological factors in the man's body are and is adamant that the cancer Morgan had develop was terminal (well at least according to the records she has access too).
- While a few common - off the shelf - medicines were also detected in his blood, there is no sign that he was taking any stimulants or other illegal drugs at the time of the shooting. (She does note that his levels of norepinephrine and adrenalin are very high, but

that's not uncommon for someone involved in violent situations).

- Either doctor can access Richard's medical history (see **Morgan's Medical History** on page 9) but will take some convincing to provide this anyone without the proper authority.

## Visiting Morgan

Given the events surrounding his admission to the hospital, Morgan is currently in the highly secured Critical Care Unit (CCU) on the third floor of the clinic building. His room is guarded outside by two uniformed policemen, both of whom are well-aware of the circumstances surrounding Morgan and his violent episode.

What no-one currently knows is that the man is already dead, even though the equipment strapped to his body gives every indication that he is simply in a drug-induced coma (i.e. registers a regular heartbeat and breathing). About 30 minutes prior to the Cell's arrival, the aforementioned Man-in-Black visited the man's bed and administered a dose of a Saurian-developed nerve agent. This killed the critically injured man almost immediately (see **The Strange Visitor** below).

Anyone with any medical knowledge entering Morgan's room will immediately note that something serious is wrong with the man, and even those without such skills will note that his body is unusually cool to the touch (but not freezing cold). Examining the area around the bed, will discover two points of interest:

- Morgan's his fluid drip has been tampered with, with some sort of foreign chemical added into the saline solution. (Note: one of the attending nurses can mention this if the group don't think to investigate this too closely). This 'substance' quickly dissipates and is undetectable within about an hour. It takes little to speculate that this what killed Morgan.
- The cardiac monitor/defibrillator has been tampered with, and the device happily reports the expected heartbeat and vitals readouts even though Morgan is obviously dead! Further examination shows that the monitor has been opened and the electronics altered via a small organic device attached inside. Any attempt to retrieve this results in the device (and the monitor as a whole) 'self-destructing' in a burst of sparks and melting plastic.

Anyone ordering an autopsy of Morgan will discovered that the man has died of anaphylaxis (i.e. his immune

system released a flood of chemicals that caused him to go into shock with his blood pressure sharply dropping and his airways narrowing, blocking his breathing). While this isn't fully unexpected from a man in Morgan's condition, the staff are incredulous about the events surrounding his death.

## The Strange Visitor

Ordered to clean up the situation in their own way, the Man-in-Black was responsible for administrating the fatal drug dose to Morgan. Using simple hypnotism techniques to convince the policemen at the door he was supposed to be looking into the patient, the Saurian entered the hospital room and killed Morgan. Both the uniformed cops have no recollection of the MiB's arrival or its departure.

Agents investigating the circumstance around Morgan's death can discover that the unmonitored close circuit television cameras have captured evidence of the Saurian actions in the hospital.

- The MiB arrives on the hospital grounds on foot. about 30 minutes prior to the agent's own arrival. He is dressed in a dark suit, fedora hat and an overly large trench coat.
- He is seemingly ignored by everyone he passes and makes his way directly to the third floor. One camera does see him engage with a doctor outside of the CCU (although the Doctor himself has no recollection of this encounter), and it clearly shows him taking the Doctor's access card which he then uses to gain entry into the secure unit.
- In the CCU, the MiB talks briefly to both the officers on duty, prior to entering Morgan's room. There are no cameras in Morgan's room. After about 2 minutes the MiB leaves the room and, ignoring the officers, who equally seem to ignore him, he directly departs the hospital.

Anyone taking the time to get a close-up of the intruder will see that the 'man' exhibits every sign of a classic 'Man in Black', down to the lack of facial hair, skin caked in makeup and the obligatory, but unnecessary, dark sunglasses.

Unfortunately, no one who was seen engaging with the MiB has any recollection of the man, and it seems if some mental block is in place after their encounter. If this is broken (however unlikely this is), nothing can be really discovered from revelation - the MiB had some sort of mind control over his victims.



## Securing the Samples

There are a number of ways that the cell can secure the samples of Morgan's alien infected tissue – as they have been directed by Prime to do. Having an agent with the right sort of connections (such as representing the Centers for Disease Control and Prevention, or Department of Homeland Security) is probably the easiest. In general, the security and access to the Samples Laboratory aren't too rigorous, although, as noted the hospital does have a liberal scattering of CCTV cameras in most wards and labs. While these aren't always directly monitored, any actions by guests or visitors deemed suspicious will be investigated by hospital security.

Until a few hours after Morgan is found dead, all of the biological samples of the man are stored in one refrigerator unit in the Samples Lab, after which time they are due to be shipped offsite for further standard analysis and disposal.

## INVESTIGATING RICHARD MORGAN

Agents looking into the history and background of Richard (Ricky) Morgan will soon discover that he didn't have the most successful of lives, although up until recently he, at least, always tried his best to make do with the cards the world dealt him. The following information provides the key events and activities as they occurred in the young man's life, and the Chronicler can reveal these as required, as the agents investigate Ricky's history and background.

- Morgan grew up in Philadelphia to a working-class family and after leaving high school early, apprenticed as a mechanic, working for several small garages in the wider Philly area.
- He moved to Atlantic City 5 years ago for a job that unfortunately never eventuated but was lucky enough to find employment at Quails Tyres and Servicing (see **Meeting Norman Quail** on page 10 for details).
- He met a local girl – Jennifer Newport – with whom he had a son, Jimmy, three years ago. Although the couple had a rough relationship, they stayed together until shortly after he was diagnosed with cancer.
- About 3 months ago with no real hope of treatment, he became lazy and unmotivated, and so Jennifer kicked him out of their apartment. (Around this time, he was also fired from his job at Quails Tyres and Servicing.)

- After bumming couch space off friends and family, Richard was contacted by Doctor Goodfellow, and offered a cure to his cancer. While not exactly jumping at the opportunity, he did agree to undertake the treatment.
- With the treatments completed and his recovery underway, the now fully 'healed' Ricky convinced Doctor Goodfellow to allow him to stay at his home (as he still didn't have anywhere else to go).
- About a fortnight ago, starting to display signs of the aggression that would lead to his death, he and Doctor Goodfellow had an argument over pain medication – Richard wanting more, the Doctor refusing – which resulted in the young man being asked to leave Goodfellow's home.
- For the past week, Richard was living rough in his old, banged-up Chevrolet Caprice station wagon at various places around Atlantic City. During this time he was trying to build up the courage to see Jennifer and his son Jimmy again.

## MORGAN'S MEDICAL HISTORY

Richard's medical background can be acquired in several ways, although like many poorer Americans, he doesn't have much of an official medical record available for review. **Doctor Marius Holmes** (see **Talking with Doctor Holmes** on page 11) has the most accurate details of his medical history, but some of these notes are also available via national health circles (on cancer research and treatment lists etc.) or via Mercy Hospital (where in which undertook most of the early testing on Doctor Holmes behalf).

If examined by a trained professional, all the records seem to tell the same story - Morgan was a healthy individual who developed an untreatable cardiac sarcoma that should have killed him. The fact that Richard was able to 'somehow' recover from this illness without very expensive medical treatments, and a more than a bit of luck, is incredible and any regular doctor will immediately believe that the man's records have been falsified, swapped or otherwise somehow faked.

## LOCATING JENNIFER NEWPORT

Jennifer Newport, or Jen to her friends, was Morgan's long-term girlfriend and still lives in the same rundown apartments she was in with Ricky (now just with her young son Jimmy). Given the incident and shooting, and the fact

the apartment is still Morgan's last known address, she can easily be track down in a number of different ways. Still recovering from the attack (which left the front door of the condo mostly off of its hinges), she is likely somewhat in shock when the agents arrive.

*Note see the **Scene of the Crime** on page 12 for more details of what the agents might witness as they arrive at Jennifer's complex.*

A slim, blond 20-something, she has the weary look of a person forced to work far too many hours just to make ends meet. Initially mistaking the group for more police looking for her to tell the story of what happened in Richard's attack, she's more interested in getting **Hal Dotson** (the complex's manager) to fix the broken door than repeating her life story to a gaggle of cops... yet again.

Throughout the conversation the agents will have with Jennifer they will note that despite the anger and disappointment surrounding her current predicament, Jennifer still has some feelings for Richard and is genuinely devastated if or when she learns of his death.

## The Attack

Once convinced to talk, Jennifer says that she hadn't seen Richard in weeks, until he turned up (on the day of the attack, if it isn't they day after Ricky was shot) and demanded to see their son. She refused, yelling at him that he'd abandoned them without a car, and just how was she expected to bring up a boy 'here of all places!'. He left verbally abusing her and saying he'd be back.

She was more than a little surprised when he called again in the evening. Refusing to open the door to him, she tried to keep calm and hear him out as he ranted and pleaded to be given 'another chance', even though it was obvious that he was still angry with her (almost irrationally so). He was trying to explain that he was 'recovered' and wanted to do right by her and Jimmy, but just seemed to continually get distracted or flustered (she actually thinks he might have been drunk or on some sort of drugs at the time).

Very quickly, Ricky got louder and louder, and there was nothing she could do or say to calm him down. Someone must have heard his yelling as it was when he realised that the sirens coming down the street were for him, he attempted to kick the door down. Terrified, Jen fled to the bedroom and stayed there. She knows that Ricky must have gone down to confront the cops, because it was only moments later, she heard a scuffle and the gun shots.

The rest of the night was a blur, with paramedics and uniformed men asking her questions, along with the appearance of a myriad of nousey neighbours.

## Life with Richard Morgan

If asked about their previous life together, she confirms that she kicked Ricky out of the apartment a few months back after he refused to do anything about his developing illness. When Ricky first started showing signs of being unwell (shortness of breath, pale, sallow features and unable to sleep) the two had visited Doctor Marius Holmes and were determined to fight through it together. Once the bad news of the untreatable nature of the cancer was given, however, Morgan simply gave up on life. He stopped going to work and even refused to see his old boss, Norm Quail, when he came around to check on them all.

She is quite conflicted about her relationship with Morgan, feeling that she supported him through the diagnoses and what little treatment they could afford, only to be 'attacked' verbally by him when she tried to stop him wasting the last days of his life. She lost track of him after he left – focused more on supporting their son Jimmy and keeping the rent payments on the apartment – and thought she'd never see him again. Hence it was an utter surprise when he reappeared asking to get back together!

At some point in the conversation she will make mention that the only good thing to come out of this whole situation is the return of their car, but even now the cops have impounded it as evidence (see **The Impounded Car** on page 12 for details). She will be sure to ask if the agents could something to get it back (she struggles to use local public transport to get to her cleaning job at the airport, and Jimmy to and from his daycare).

## MEETING NORMAN QUAIL

Norm – to his friends – is a large man in his early 40s who has spent his life in and around engines. He has run Quails Tyres and Servicing for nearly a decade now, and up until about three months ago, employed Ricky Morgan as one of his mechanics.

Quail states that Ricky was a good, hard worker until he was diagnosed with cancer, at which point he stopped coming to work and Norm had no choice but to fire him. Despite this, he tried to help Morgan and his girlfriend – he readily recalls what it is like for a young couple with a young child to get by on little more than minimum wage – and even lent them a few dollars. However, Ricky

seemed to have given up on battling through the cancer way too soon for his own, or Jennifer's, good and became incredibly sullen and angry at the world.

Surprisingly, a week or so back, Ricky reappeared and sheepishly asked for his old job back, but unfortunately the vacancy had already been filled. Morgan didn't take too kindly to this and threatened Norm and even a couple of his guys when they came to see what all the shouting was about. Thankfully, he left before any more than a push and a shove broke out— but Quail could tell it was a close-run thing.

## TALKING WITH DOCTOR HOLMES

The elderly Doctor Holmes (a South African of Dutch heritage) runs a small public clinic in Ventor City, despite the fact he is now well past retirement age. Anyone asking about Holmes or his practice will quickly learn that the doctor and his staff run the business as community support agency, being mainly funded by State taxes and local charities, and rarely charging patients. With strong connections to the hospitals and medical services around Atlantic City, he is often able to get blood and sample testing done cheaply at places like Mercy Hospital.

Always busy, the aging doctor is only willing to talk to the agents about Morgan if they can assure him that what he reveals won't harm or incriminate his ex-patient in any way (he is surprised and saddened if he's told of Morgan's violent death).

- Holmes well remembers Morgan but says that young man hasn't been to see him in months.
- He recalls that Richard (and Jennifer as she attended the first few appointments) were both very optimistic at first, but once the tests came back from Mercy their hopes quickly faded.
- Why he tried to convince Morgan to see a specialist clinic, and even offered to arrange an appointment via the hospital, but the couple claimed they couldn't afford such things. Even when told of charities or services that might help in this regard, Richard refused and was quite angry about the hand fate had dealt him.
- The last time Holmes saw Morgan was on The Walk in Atlantic City proper. At first the Doctor didn't recognise the young man, as he'd lost a lot of weight and was obviously living rough. Even once he got him talking, he didn't have much to say, revealing only that he was 'sharing his experiences on a chat

service', and was seeing a new doctor. Doctor Holmes didn't know what to make of those comments, not quite believing what the young man was saying, but stated it was good that he was looking for help.

Like all the other medical professionals the agent will meet, Doctor Holmes reacts incredulously to any news that Richard might have recovered from his cancer; Morgan's diagnoses – by any measure of modern medicine – was a death sentence!

## OTHER CONTACTS

If the agents look to track down other friends or family of Richard – even if it is just to corroborate the stories they might have heard – they will discover that everyone has the same story to tell about the young man – he was a hard worker, if a little angry, prior to being diagnosed with the cancer, at which point he sort of 'gave' up. A few admit to letting him 'crash' for a while at their places after Jennifer kicked him out, but no one has seen him in weeks.

## ATLANTIC CITY POLICE

If the agents look to follow up the shooting with the police, they will find that the Department is currently running through its standard 'after action' process and doesn't look too kindly to any federal interference in such matters.

## BASCH'S REPORT

It is almost impossible talk directly to either officer mentioned in the report, Patrolman Basch, or Reyes, as they are both on administration leave after the shooting. The agents can, however, talk the situation over with the Duty Sergeant who was on at the time, Ted Hurst.

A twenty-plus year veteran of the local force, Hurst is well versed in dealing with outsiders, whether they are federal agents, reporters, or simply curious bystanders. He is polite, and yet concise, in his answers to any questions, and will only cover information mentioned in the report, avoiding any speculation. He quickly confirms the incident as detailed by Jennifer (see **Locating Jennifer Newport** on page 9) and corroborates the events that she claims happened that evening.

If the agents attempt to strong arm or threaten the Sergeant, Hurst immediately ends the meeting and directs

any further questions through the department's Communication and Services team (which will result in lot of wasted time and the run around in bureaucratic circles). If the group is respectful, they should come away with the view that the local police are dealing the shooting seriously and are following clear, transparent, procedure. They have no real suspicions about circumstances leading to the shooting, and unless given reason to think otherwise, will quickly chalk the sad incident up to yet another case of domestic violence.

## SCENE OF THE CRIME

Morgan's confrontation took place in parking lot of the condos on Pacific Avenue, and it is impossible for the agents to avoid the site when they try to talk to Jennifer Newport. Unfortunately, given the very public location of the confrontation, almost all of the evidence of the shooting has been cleaned up by the time the AEGIS team arrives, with just a bit of police tape still waving about in the wind to indicate anything at all occurred there.

Anyone linger around the lot too long looking for clues are likely to encounter **Hal Dotson**, the apartment complex's manager, who will ask them what they are doing. Dotson witnessed most of the incident between Morgan and the patrolmen, can confirm that the young man was violently angry during the entire confrontation, and it was he who initiated the assault (the officers were just protecting themselves). He also says that the car Richard arrived in was towed away in the early hours by a police tow-truck.

## THE IMPOUNDED CAR

After the attack on the officers, Morgan's car - a Chevrolet Caprice - was moved to the local police impound yard. Fortunately for the agents, the onsite forensic team are yet to get to searching the vehicle (as they are busy on other tasks), but have it slated to start soon.

Getting access to the car might be a challenge for the group but can - either using Sergeant Hurst as a contact or by flashing the right credentials at the impound - be led to the banged up old car sitting alone in one corner of the lot.

The police team are keen that the agents don't mess with any evidence in the vehicle, but as the whole case is pretty open and shut (and as they are only really interested in seeing if there are any drugs, or anything else to support

their theory, present in the car) they allow the group time to search it.

Within the agents discover the meagre personal items Richard had gathered in the recent weeks, with it being immediately obvious that he had been sleeping in the station wagon for some time (evidenced by the torn sleeping bag and pillow piled in the back, and plenty of hamburger wrappers scattered about). Working through this detritus takes a bit of effort, but eventually the agents are able to locate the only real items of interest; an old, battered laptop, that has been stamped on and no longer boots up, and a myriad of empty pill bottles.

### The Pill Bottles

It is obvious that Morgan had been consuming a large number of pills in the days leading up to his death. These ranged from over-the-counter pain relief through to prescription medicines such as oxycodone and codeine. Of particular interest is a number of bottles noting the contents as Tegafur, a common anti-cancer drug.

The label of all the prescribed medicines notes the issuing doctor as one John Goodfellow.

### Accessing the Laptop

While the laptop itself (a long out-of-date Acer) is beyond repair, some of the information on the hard drive is still retrievable. Agents with the *Electronics* skill (and access to the right tools) will be able to mount and search the drive locating the following information:

- Cached records of read posts on the 'Cancer Fighters' listserv. This mostly consists of posts of cancer sufferers talking about their issues, concerns and treatments.
- A select list of users on a private listserv named Last Days. Most of the data for what was going on in this board is lost, however it seems like it was focused on cancer research (see Handout #3 on page 25).
- A partially recovered email from a Doctor John Goodfellow, although the contents of the message are mostly lost (see Handout #4 on page 26).

## LOCATING THE OTHER PATIENTS

Once the agents have the list of Doctor Goodfellow's private patients they should be able to use that data to track them down. As they will discover, along with Richard Morgan, both George Willis and Karen Gardner have

recently passed, both succumbing to the treatment's side effects; driven to their deaths by an uncontrollable rage.

## GEORGE WILLIS

George Willis was a successful professional baseballer, who spent half a dozen seasons years playing for a myriad of Double-A and Triple-A teams across America. While never a household name, the reports of him having to retire at the age of 26 due to cardiac sarcoma was well reported in sporting circles about 6 months ago. Moving in with his parents (in San Diego) he activity looked for a cure to his condition, before being contacted by Doctor Goodfellow.

Willis was Goodman's first test subject; the Doctor having read about him in the papers shortly after coming in possession of the 'cure'. He was also the first to succumb to it side effects, being killed a few weeks prior to the start of the scenario when he was struck with a tire iron during a road rage incident. Although information around the death is scant, the other man involved, Abraham Golder, protests that he acted in self-defence, and it was Willis' own tire iron (a claim that will be corroborated once the case goes to trial).

Family and friends say that George was keen on finding a cure to his cancer and had spent all his savings on various treatments, none of which were successful. About two months ago, he vanished from his parent's home only to return a few weeks later claiming he was fully recovered. While happy, his father suggested caution, especially as Willis refused to provide any detail on how or when this miraculous cure came from.

## KAREN GARDNER

A teacher by training, Karen had just retired to the seaside community of Ortleigh Beach, New Jersey when she was diagnosed with untreatable cancer. Like the other patients she was discovered by Goodfellow via the Cancer Fighters listserv, and with nothing to lose undertook the treatments offered.

Returning to her home to recover, she was the second to be affected by the angry and madness that all of the doctor's patients were to have. One night, after waking from an extremely vivid nightmare, she retrieved the family shotgun from its secure gun safe and shot and killed both her husband (Ron) and herself.

With no known history of violence, the police accounted for the tragedy as a suicide-by-gun incident, based on the

evidence that Ron had both told friends and family that he didn't want to live alone after Karen's death. Although their couple's son, Mark, claimed to have proof indicating the success of the cancer treatment by Doctor Goodfellow, the local police have dismissed these claims believing that his was simple story told her son in an attempt to soften the truth from a loved one.

If contact Mark is unfortunately only able to provide Goodfellow's name and reiterate his claim that his Mother had fully recovered from her cancer. He has no facts or medical evidence to back this up but will say that the last time he talked with her she was looking healthier and more active than he'd seen her in years.

## PETER CLARKE

Peter Clarke is the eldest of Goodfellow's patients and the only one to refuse the experimental treatment offered to him. A devoutly religious working-class man (have owned his own one-man plumbing and gasfitting company for over 30 years), he is long retired and now well into his 80s. Presently being looked after at the family home by his caring extended family, he thinks himself lucky to have lived a long and good life, and has no fear of dying.

The Clarke residence is easy enough to track down in Vantor Heights, where the agents will be met at the door by his middle-aged daughter, Helen. Although Helen is reluctant to allow anyone to see her father (she says he is very unwell), it is not too difficult to convince her to lead them to the old man's bright upper story bedroom.

Peter Clarke is completely bedridden, and even propped up on a mountain of pillows, it is obviously that the frail and gaunt-looking man only has a few days or weeks to live). Although initially drowsy when the agents first enter his room, he soon perks up at the sound of strange voices, and (after a sip or two of water) is able to relay the following:

- He is dying of soft tissue cancer of the heart and his doctors say he only has a few weeks left to live. The drugs make things much better, and he's just hoping that he isn't too much of a burden on his poor family.
- He freely admits that he was approached by Doctor Goodfellow, about three months ago, inquiring if he'd be willing to undertake a new treatment for his cancer. He declined saying that his time on Earth was at an end and that he would soon be with God.
- He knows that the Doctor approached others at the same time, but that Goodfellow was keen on keeping

the group small. Clark believes that the treatment might not have been 'above board', but given the dim prospects most sufferers would have, he doesn't begrudge them trying anything.

- He doesn't know where the doctor or the other patients might be, as he hasn't spoken to any of them since that first inquiry.

Peter will be as helpful as he can but will quickly tire from the questioning. Helen, will be keen to ensure that her father is allowed his rest, will move the party on as soon as she is able.

## LUCY WEST

Lucy West is the only patient still alive that undertook Goodfellow's treatment. At 42, she is a senior prosecutor with the Family Division of the Office of the Atlantic County Prosecutor (APOC) and lives with her 'flatmate' **Wanda Darland** in a large beach front property in Strathmere (a 30-minute drive south of Atlantic City). By the time the investigating agents discover her links to Doctor Goodfellow, he has already called on her and convinced her that she is in danger (see **Project Lifeline** on page 19). Further, the Man in Black has also made a visit to the house and lays in wait for whoever turns up next.

Anyone looking into the background of Lucy, finds that she is a leading public lawyer whose name appears regularly in local legal circles and newspaper reports. It seems that she has dealt with her fair share of tough cases and seems to thrive on helping others. There is very little information however to be found out about her private life, however, and it's clear that she clearly segregated this from her public persona. As an example of this, only her medical professionals knew of her cancer and treatment, and even less seem aware of her love life. In fact, some of her closest friends would be surprised to her that she was gay (although many might have harboured suspicions that this might have been the case).

### Who is Wanda?

Lucy West's partner, Wanda, is a local preschool teacher, who was unlucky to encounter the Saurian MiB in her home. Struck from behind she was left for dead by the attacker (who initially thought she was Lucy, until it realised otherwise).

If appropriate, Wanda's colleagues at the preschool will try and get in touch with her during the day, adding yet more complication to their activities at the West home.

## Within the House

As the agents arrived at Lucy's home, they will almost immediately obvious that something is astray. The front door to the beach facing house is slightly ajar, and the sound of a phone's 'disconnected' tone can be faintly heard within.

- The sound of the phone is coming from an upstairs bedroom, where the body of Wanda Darland can be seen at the foot of the bed. The bedside phone beeps its disconnected tone nearby and it pretty obvious that Wanda was using it when attacked.
- Wanda is dead, the back of her skull crushed in by a heavy, blunt object (although nothing matching a weapon of that type can be seen in the room).
- Next to the phone is a blinking answering machine. The device has only one message on it from a desperate sounding Doctor Goodfellow. Through his panic he asks that Lucy meets him immediately at the Ocean City Municipal Airport (about 15 minutes north), mentioned that he hopes that she is already on her way, having got one of his previous messages! He says that he'll explain everything once they meet in person, but that it is vital she goes as soon as possible. Finally he provides a contact number (that of a Hertz Rental Car company at the Ocean City Airport). In the background of the message, the agents can hear the busy sounds of an aerodrome.

The rest of the house is undisturbed and reflects the relative wealth and lifestyle of West. Nothing stands out as being too out of place, although the two-car garage houses late model Volkswagen Polo with 'do it yourself' For Sale stickers on the rear windscreen (This is Wanda's car – a gift from Lucy - and she has been trying to sell it help recoup some of the cost of the early cancer treatments).

## What has Happened?

Just after seven this morning Doctor Goodfellow attempted to contact Lucy and get her to meet him. He tried her mobile, and land line, finally getting through to her as she drove to work. The message the characters hear was from one of his many attempts prior to her call back to him.

Unfortunately for Wanda, she popped home from her nearby job not long after and after hearing the doctor's message tried to ring Lucy herself. It was at that point that she attacked by the Man-in-Black.

## Ringling the Airport Number

If the characters ring the number left by Doctor Goodfellow, it is answered by one of the staff currently on duty at the Hertz Rental Car desk at the Ocean City Airport. Initially the agent will have no idea who might have left the message, but if they are convinced to ask their fellow employees, they will locate one who spoke to Goodfellow and allowed him to use the phone. She says that the Doctor was quite distraught, and she took some pity on him when he explained that he was ‘waiting for his daughter’ to arrive. Beyond this, there’s nothing more anyone at the Rental Desk can provide to the AEGIS team.

## The Ambush

Depending on when the characters arrive at West’s home, the Saurian Man-in-Black may still be within the house. As noted above, the MiB has killed West’s partner, Wanda, and will likely wait within the house expecting the lawyer to return some time soon (not realising that she has been taken by Doctor Goodfellow earlier in the day).

If this is the case, it will likely to be just as surprised by the agent’s arrival as they are of it. It should go without saying that the Saurian’s orders are to leave no witnesses, so it is likely that it will try and eliminate the characters if it encounters them. That said, the MiB is not an idiot or suicidal, and will attack when best placed to succeed in its task (such as the conclusion of the scenario). If outnumbered or outgunned, it will retreat and attempt to follow the agents to discover exactly what they might know.

### MAN IN BLACK

STR: 4    DEX: 3    CON: 4    INT: 3    PER: 3    WIL: 3

LPs: 57    EPs: 38    Spd: 14    Essence: 20

**Qualities & Drawbacks:** Hard to Kill 5, Psychic Void

**Skills:** Brawling 2, Computers 3, Drive (Cars) 2, Electronics 2, Guns (Hand Gun) 2, Guns (Plasma Claw) 3, Martial Arts 3, Pilot 3, Stealth 3, Surveillance 2

**Equipment:** Colt SIG Sauer P220 (Medium pistol see page 125 see page 244 of the Conspiracy X core rulebook) Plasma Claw (see page 244 of the Conspiracy X core rulebook).

## INVESTIGATING DOCTOR GOODFELLOW

Much of the information and clues the agents will have gathered in their investigation leads them to Doctor John Goodfellow, a principal researcher at the Haughley

Research Institute in Millville. Officially on sabbatical from his position, he is responsible for undertaking the experiments that lead to the mystery the AEGIS agents currently find themselves dealing with.

- Born into a family of doctors, it was logical that John followed in those footsteps. Graduating with a medical degree from Duke University, he spent a few years working as an intern and resident at a number of major eastern seaboard hospitals.
- Drawn into cancer research in his early 30s (after the death of both his parents of lung cancer), he quickly became a leading academic in the unique field of soft-tissue sarcomas.
- Offered a principal role at the Haughley Research Institute (based in Philadelphia), he has been actively involved in the acceptance and safety of cutting-edge cancer treatments and breakthroughs for almost two decades.
- Married at a young age, he acrimoniously divorced his wife, Sheila (also a doctor) in the mid-1980s without the couple having any children.
- As a leading international authority on soft tissue cancers, he has travelled and spoken extensively on the subject. His expertise is widely acknowledged, as is his administration and organisational abilities, the combination of which led to an approach from Federal Emergency Management Agency (FEMA) in regard to his willingness to help support the creation of the New York section of the organisation’s Project Lifeline (see **Project Lifeline** on page 19).
- Outside of his career, Goodfellow has engaged in numerous expensive hobbies, and not only has acquired shares in an exclusive New Jersey golf course, but also owns a restored 1920s sailboat currently docked in a nearby State Marina. On top of this, he has racked up a fair number of hours flying under private pilot licenses for both twin-engine planes and multi-seat helicopters.
- Although now almost 67, he has no intention of retiring any time soon, and maintains a quiet, reflective lifestyle at his Marven Gardens home.

## Where is Goodfellow?

By the time the agents have gathered enough information to track down the doctor, he has already left the city and flown to the USNS Mary Walker with Lucy West. Here he has taken the ship’s skeleton crew hostage and is

commencing his attempts to reverse the treatments he gave to West.

## THE HAUGHLEY RESEARCH INSTITUTE

Goodfellow has been working for the Haughley Research Institute (HRI) for over twenty years and currently the company's Head of Medical Practice. Located on the southern outskirts of Philadelphia, the HRI is a leading researcher in a variety of cancer treatments, while also providing independent testing of experimental pharmaceuticals. Working closely with organisations such as U.S. Food and Drug Administration (FDA) and Federal Emergency Management Agency (FEMA), they have become an indispensable part of the nation's medical assurance systems put in place to ensure safe testing of drugs and treatments prior to becoming publicly available.

### Researching the Institute

The agent can easily locate the following public information about Haughley Research Institute.

- The Haughley website lists three managing heads, with Doctor Goodman profiles as the Head of Medical Practice provided along side a photograph of a greying 60-something man dressed in a lab coat and sporting a 'corporate' smile.
- The Philly offices of the HRI are modern premises that are practically indistinguishable from the variety of similar looking building situated in the Bellmore Commercial Park. Bellmore is home to numerous medical and pharma organisations grouped, none of which are particularly well sign posted.

Anyone with connections with government or private sector medical organisations will be able to ascertain that everything at Haughley is above board, and the institution has an excellent reputation for good research and honest evaluations of new medicines. They are regular inspected by the FDA and rarely have been issued with any infraction notices (and all these are minor, almost insignificant, issues that we quickly resolved).

### Visiting Haughley Research Institute

Once the agents locate the HRI offices, and identify themselves or their interest in Doctor Goodfellow, they will be directed to **Doctor William Roman**, the researcher currently standing in as the Head of Practice. Roman, a finely dressed man in his early 50s, has a no-nonsense attitude to his work, and will be able to provide the

following information about Goodfellow and his role at the institute.

- John Goodfellow has worked in a variety of research and lead roles at HRI over the past 20 years. He is currently the official Head of Medical Practice at HRI for 20 years and is responsible for managing the staff of scientist and researchers undertaking the various testing activities onsite.
- The majority of this work is in the independent testing and corroboration of pharmaceutical research; ensuring that what the drug companies claim about their new products is accurate and safe before they are allowed to go into the trial stage. They also do a lot of work on impacts of prescription drug side effects and advising on federal law changes, etc. (although this work is headed by other departments within HRI).
- Doctor Goodfellow has been on sabbatical for the last six months (it is the only real time off anyone in the institute can actually remember him taking) but is expected to return in a few weeks. While no one directly questioned him to why he was taking the leave – he obviously earned it – most of his staff and colleagues believe that he is writing either papers for a variety of medical journals or a book on his experiences in the field of drug research and cancer.

With the right line of questioning and persuasiveness the AEGIS agents will also be able to discover the following from Doctor Roman.

- While officially away, Goodfellow still has access to the HRI labs, and has been seen on site a number of times over the last few months. He claimed to just be 'keeping an eye on things', but most think that he was doing research to support his book. Roman himself actually thinks that it was something likely to do with his FEMA work.
- Roman knows that Goodfellow was approached by FEMA to help administrate the setup of something called Project Lifeline right around the time he went on leave. Unfortunately, he knows nothing further about the project or its purpose.

## DOCTOR'S HOME

Situated on Atlantic City's Atlantic Street, John Goodfellow owns a sprawling, modern two-story home with glorious sea views. Located in a neighbourhood of many by similar sized homes, it is obvious that the doctor is well



compensated for his work with the Haughley Research Institute.

Depending on the time of day that the agents arrive, they may either find Maria Fawkes, the doctor's housekeeper, at the home, or it house locked up and empty. Gaining access to the home shouldn't be too difficult for anyone versed in such skills, and while the front of the house is open to the street, the backyard is easily accessible from off of the beach.

While Goodfellow has installed a monitored security system, it can be bypassed using *Lockpicking (Electronics)* skill. Even on a failure, the security company paid to managing the system are quite slack in their response, ringing the house to check if the alarm trigger was an accident (Maria often does this, even after a decade of working for the Doctor).

## Maria Fawkes

A middle-aged woman of Columbian descent, Maria has worked as a domestic and housekeeper at Doctor Goodfellow's home for almost a decade. She is onsite most days and is responsible not only for cleaning the large home, but also keeping the fridge well stocked and ensuring the Doctor has cooked meals (she has even been known to make him a packed lunch on occasion). While on very good and friendly terms with Goodfellow, she nevertheless still attempts to treat the relationship as professionally as she can. As such, she is reluctant to say anything to the agents and will need to be convinced that he is in some danger or there is an urgent need.

She will initially state that the Doctor is not home and suggest that agents return tomorrow or contact the Haughley Research Institute to arrange an appointment to meet him (she does this more out of habit than actively trying to deceive the characters – she of course knows that Goodfellow is on extended leave). If persuaded to talk further, Maria will say that she hasn't seen the Doctor all day and that his car – a late model BMW – was gone this morning when she arrived at the house. She can also reveal:

- While the Doctor has ostensibly been based out of his home for the past six months, there was a long period of a month or so when he was away. Upon his return (about 3 weeks ago) he introduced her to Richard Morgan, who remained here as a guest until just a few days ago.
- Richard Morgan lived in a spare room in the house, and although Maria didn't see him that often, he

acted like he owned the place. To be honest, he wasn't very pleasant to either the Doctor nor Maria, and he departed after a loud argument with Doctor Goodfellow (the details of which Maria is not privy to).

- While she has no idea where the Doctor might be, Maria does know that Goodfellow is an avid sailor and flyer and – in her opinion – spends too much time golfing.

## In the Doctor's Study

As one might expect Doctor Goodfellow has a large, tidy study in which he holds a variety of material relating to his work at the Haughley Research Institute. This includes everything from specialist medical textbooks, research papers he has been involved in peer reviewing and material from various conferences and pharmaceutical presentations he has attended or delivered over the years.

Of particular interest is the material found in his filing cabinet and on his desk:

- The most obvious items on the desk (amongst the collection of pens, pads and other mundane items), is an article torn out of the San Diego Union-Tribune. This single column piece is dated 28<sup>th</sup> April and covers the death of George Willis (see **Locating the Other Patients** on page 12).
- Next to the phone on the desk, the name 'Steve' and a local telephone number is scrawled on a piece of paper. If dialled the phone (during normal business hours) is answered by **Steve Delores**, the owner of Atlantic Flight, a small commercial aircraft company based at Ocean City Municipal Airport. If questioned about the Doctor, Steve will state that he rented a Twinstar Squirrel helicopter to John earlier today and that he and a guest have already departed. The flight record lists the helicopter's destination as Linden Airport in New Jersey. Steve says that the 'Doc' often rents a helicopter and has both his copter and private aircraft licences. All records indicate that he will return in 24 hours' time.
- Within the filing cabinet, the contact details of all patients from the Cancer Fighters list serv can be found. This seems to be the only remaining document from a folder from which a number of papers that have been removed. In the middle draw of the cabinet, a pistol case is found lying unlocked and open. The gun is missing (the trigger lock lying in

the cutout) and about 20 rounds are missing from the ammo box also found within the case.

- In the bottom drawer of the desk, various personal files can be found. These are mostly mundane – ownership papers for things like vehicles and the house, medical and practices licences relating to his profession, and a selection of correspondence with other cancer or research specialists. While most of these are of no real interest to the agents, a letter accepting Doctor Goodfellow into the FEMA Project Lifeline programme can be found amongst these papers (see Handout #5 on page XX).
- On the desk, a relatively new Apple Mac is set up, but hardly seems to have been used. While it boots without the need of any password or login, it actually holds little of any interest outside of the email client and web history. Here can be found a variety of messages to his ‘special’ patients – both in the form of emails and posts to the unlisted list-serv - all of whom see eager to take him up on his offer for the ‘experimental’ treatment. He notes that the group will be away from their home for up to 4 weeks, and given this nature of the treatment, he’d prefer that no one talks about it with their friends and family. He also mentions that he will personally fly them to where the ‘operation’ will take place. He explains the treatment to the group, but never gets into any real medical detail.

## The Spare Room

If the group take time to investigate the room Morgan stayed in during his time at Goodfellow’s place, they find little evidence of the man having ever being there. If asked, Maria will explain that the doctor had the room cleaned and everything of Richard’s thrown out after the argument (with what little there was long ago lost at the local rubbish dump).

## Tracking the Doctor’s Flight

If the characters attempt to contact the flight control at Linden Airport, New Jersey, they are told that the Atlantic Flight twinstar never arrived and the flight plan was cancelled prior to departure from Ocean City. Those agents with access to military or police tracking services (i.e. those that record the flight paths of all civilian flights in US airspace) will clearly see the Twinstar Squirrel heads south after departing Ocean City Municipal Airport (towards the USNS Mary Walker) and disappears somewhere over Delaware Bay.

# PROJECT LIFELINE

Without access to Project Lifeline and the medical equipment onboard the USNS Mary Walker, Doctor Goodfellow couldn’t have even contemplated undertaking the treatments on his patients. As it is the facilities and supplies on the Lifeline ship enabled the doctor to complete his work with relative anonymity, convincing the skeleton crew on board the Mary Walker that he was simply running a mock test during the three weeks he and the patients were onboard (this lie was fully believed, by the way, but the mess of legal questions around who has actual authority with the Lifeline Project has meant that no one of real importance has heard of the Doctor’s story or presence).

## Background of the Project

Although not a secret, finding out exactly the purpose and goal of Project Lifeline requires some insider knowledge with FEMA or other ‘in the know’ governmental medical organisation (such as the CDC or the medicine branches within the military). However, this need arises not from any requirement to keep Lifeline ‘hush-hush’ but rather by the pure lack of administration and management in place; to date the whole project seems lost in a legal and management quagmire with none of the lead agencies wanting to take responsibility for its running. The stated reasons for most government organisations unwillingness to take on the project are varied and constantly changing, but it doesn’t take much digging to come up with the most likely cause – funding... or, more importantly, the lack of it.

Project Lifeline began as programme to prepare for rapid response recovery in the event of major disasters. Prompted FEMA’s slow response in the aftermath of 1992’s Hurricane Andrew (and the failures arising from earlier disasters such as Hurricane Hugo in 1989 and the San Francisco Earthquake that same year), Lifeline was to set in place numerous critical rescue and support services all across the country and ensure that vital amenities could be deployed at a moment’s notice. Among the most ambitious proposals included in the project was the setting up of permanent ‘rescue’ ships able to be deployed from static positions along either seaboard at a moment’s notice.

The first, and to date only, of these ships set up is the USNS Mary Walker, which is currently anchored in the middle of Delaware Bay. Unfortunately, a number of

issues have arisen around the operations of the ship, the least not being the fact that while FEMA purchased the ship, the organisation cannot currently fund its staffing, and instead relies on a constantly rotating crew of half-a-dozen untrained, underutilised and very bored Coast Guards to keep it in operational 'readiness'.

## Getting to the Mary Walker

The AEGIS team should have no trouble getting to the ship once they know what and where it is. Anyone attempting contact the crew onboard the Mary Walker will get no response, and this might escalate issues with the Coast Guard. However, given the situation it is likely the agents will want a little official interference as possible from other agencies.

The easiest to fly out to the ship is via an appropriate Pulling of Strings, but more commercial options will work just as well (such as hiring a boat or helicopter themselves).

## USNS MARY WALKER

Named after the Civil War nurse, surgeon and spy, the USNS Mary Walker is a hospital ship displacing 10 thousand tons. Designed specifically as a supply and medical ship it has a long flat main deck that is able to have either half-a-dozen helicopters land upon it or hold a few hundred shipping containers. Its main superstructures are on its bow and aft, allowing the ship to house up to 200 crew (and civilians) and provide up to 200 hospital beds. The main medical facilities are located at the aft of the ship, while the bridge and living quarters are in the bow.

At present the ship is not fully equipped, having only selected supplies outside of the medical facilities. This list includes machinery such as generators of a range of sizes, many sealed crates of emergency rescue equipment, as well as items such as sanitary goods, personal protective equipment, and pop-up coffins, etc.

While USNS Mary Walker is supposed to have an 'at ready' compliment of 24 crew onboard at any one time, but the current situation developing between FEMA and the Coast Guard sees only six assigned and present on this particular day.

## FINAL CONFRONTATION

As the AEGIS agents arrive, they will see the Twinstar Helicopter rented by Goodfellow parked on the Mary

Walker, but there is no sign of the Doctor, his patient or the crew. Upon his arrival, the armed doctor took the Coast Guard crew hostage and currently has them locked in one of the below deck storage rooms near the hospital. The doctor, himself, has sedated Lucy West and has been attempting to reverse the treatment ever since.

How the situation from this point develops depends on the players actions. Doctor Goodfellow is on edge and has an itchy trigger finger, however he desperately wants to save his last patient, and so will be willing to listen if offered any reasonable solution to his predicament.

Below are a couple of options to ramp up the events in this last scene.

## Madness of Lucy West

As with all the other patients, the Gna-Tall treatment eventually drives Lucy West insane in a fit of anger and rage. If the Chronicler so desires, Lucy enters this state shortly after the agents arrives and attacks not only the Doctor but every other living soul she encounters onboard the Mary Walker.

### A CRAZED LUCY WEST

STR: 5    DEX: 4    CON: 4    INT: 2    PER: 2    WIL: 2

LPs: 55    EPs: 38    Spd: 16    Essence: 19

**Qualities & Drawbacks:** Emotional Problems (Anger) 6pt, Hard to Kill (3) 3pt, Amnesia 2pt

**Skills:** Brawling 2, Dodge 2, Guns (Handgun) 2.

**Equipment:** Improvised weapon (D8(4) x Strength). Doctor Goodfellow's 9mm Automatic Pistol (Range 3/10/20/60/120, Damage D6x4 [12], Capacity 13).

## The Man in Black

If the agents haven't dealt with the MIB prior to the conclusion of the scenario, the Saurian (see **Lucy West** on page 14) will appear the most inopportune moment in the finale. Armed with his Plasma Claw it is a threat the safety of everyone on the Mary Walker, and the seaworthiness of the ship itself. As previously mentioned, the alien will stop at nothing to 'clean up' the situation.

## The NDD Strike Team

The National Defence Directorate are not they sort of group to leave anything to chance, and like AEGIS they have become aware of Jonathan Goodfellow's little experiments and their subsequent deadly consequences. However, where the agents have been sent to tidy up the

situation discreetly and quietly, the NDD are more than happy to clean house in a hail of fire.

Shortly after the character's arrive a black helicopter holding a half-dozen NDD Strike Team members arrives to silence the Doctor, Lucy West and anyone else who might be able to reveal the truth.

#### NDD STRIKE TEAM MEMBER

STR: 3    DEX: 2    CON: 3    INT: 2    PER: 2    WIL: 2

LPs: 34    EPs: 29    Spd: 10    Essence: 14

**Skills:** Brawling 2, Dodge 2, Driving (Car) 2, Guns (Handgun) 2, Guns (Rifle) 2.

**Equipment:** 9mm Automatic Pistol (Range 3/10/20/60/120, Damage D6x4 [12], Capacity 13), M4 Rifles (Range 10/50/150/600/1000, Damage D8x4 [16], Capacity 30) Handcuff, Radio Set, Taser (Range 1/2/5/7/10, Damage *Special*, Capacity 2), Vest (AV D8x2+17 [25])

What is providing these technologies, and what is their purpose?

## THE WRAP UP

The actual conclusion to the scenario is left to the Chronicler and players to determine in play. It is likely that Lucy West will end up dead and the Doctor in either AEGIS' or the NDD's custody, the medical special could be used as an asset or ally, for either organisation, and his knowledge of the Gna-Tall genetic sample might lead to other insights and information about the reptilian invaders?

## FUTURE STORIES

This adventure focus on the outcomes of alien genetics being uncontrollably released on the public and has a few obvious leads that could create further investigations for the players AEGIS Cell.

- **Black Book's Genetic Research** – Despite claiming to be working with Saurians, the NDD are obviously undertaking parallel research into their ally's genetic make-up. Why is this? Where are these experiments taking place, and who else is affected?
- **Source of the Vector** – Someone released gene samples to Doctor Goodfellow. Who was this, and are they still alive? Why did they provide unknown vectors to a civilian doctor, and what was their goal in doing so?
- **Technology Intrigue** – During this adventure, a number of devices of an alien nature are discovered.

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# SCENARIO HANDOUTS

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## Handout #1 -The Mercy Hospital Email

### Re: Work up on Richard Morgan

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From: [patricia.hastings@atlanticcitymercy.govt](mailto:patricia.hastings@atlanticcitymercy.govt)

To: [rachel.stegeman@atlanticcitymercy.govt](mailto:rachel.stegeman@atlanticcitymercy.govt)

Rach,

As discussed over the phone, we've no idea what the source of the factor in the patient's blood work-ups might be. We are certain that there was no contamination of the samples, and so recommend further tissue samples to be provided.

If I was forced to hazard a guess, I would say that we are dealing with something that can attack the genetic make-up of the patient, the idea of which both excites and scares the living daylights out of me. Whatever you do, continue to isolate the patient and you'd better undertake a full suite of tests on anyone who has been in physical contact with him.

I know you will have already escalated this, and we will continue to work on it at our end.

Patricia

P.S. you were right, no sign of the original cells...

Handout #2 — Richard Morgan Incident Report (Page 1)



**ATLANTIC CITY POLICE DEPARTMENT  
WEAPONS DISCHARGE REPORT**

1

INCIDENT INFORMATION			
Date: 8/8/1999	Day of week: Monday	Time: 11.36pm	
Officer's Name: Karl Basch	Badge No. 87-563-62	Report Action By: Sgt Ted Hurst	
TYPE OF INCIDENT			
<input type="checkbox"/> Felony-in-progress	<input type="checkbox"/> Felony Vehicle Stop	<input type="checkbox"/> Suspicious Person/Vehicle	
<input type="checkbox"/> Emotionally disturbed person	<input type="checkbox"/> Vehicle Violation	<input type="checkbox"/> Warrant Service	
<input checked="" type="checkbox"/> Domestic Dispute	<input type="checkbox"/> Disturbance Call	<input type="checkbox"/> Narcotics Activity	
<input type="checkbox"/> Gang Related Activity	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Crowd Disturbance	<input type="checkbox"/> Other		
NATURE OF INCIDENT			
<input type="checkbox"/> Gunfire exchange (i.e., Both officer and offender fired firearms at each other)			
<input type="checkbox"/> Other perceived threats with a weapon (brandished edged or blunt object, or unfired firearm)			
<input type="checkbox"/> An armed attack was perceived by the officer(s), but weapon was never found			
<input checked="" type="checkbox"/> Other perceived threats not involving a weapon (i.e. safety of public, involved parties, or officers threatened)			
<input type="checkbox"/> Incident involved the shooting of an animal (If so, what kind: )			
Was the animal killed <input type="checkbox"/> , injured <input type="checkbox"/> , or neither <input type="checkbox"/> .			
<input type="checkbox"/> Accidental Discharge			
<input type="checkbox"/> Struggling with subject		<input type="checkbox"/> Handling Weapon	<input type="checkbox"/> Cleaning weapon
<input type="checkbox"/> Loading/Unloading weapon		<input type="checkbox"/> Forcing Entry	<input type="checkbox"/> Falling
<input checked="" type="checkbox"/> Confrontation involved multiple officers, if so, how many? (2)			
<input checked="" type="checkbox"/> Only one of multiple officers fired			
<input type="checkbox"/> More than one officer fired, if so, how many? ( )			
<input type="checkbox"/> Confrontation involved multiple assailants, if so, how many? ( )			
<input type="checkbox"/> Only one of the assailants fired or attacked			
<input type="checkbox"/> More than one assailant fired or attacked, if so, how many? ( )			
Weapon was discharged within how many minutes of officer(s) arrival? 5 minutes			
PRE-INCIDENT INDICATORS AND READINESS			
<input type="checkbox"/> Officer arrived at scene without any degree of knowledge or impending danger			
<input type="checkbox"/> Officer knew assailant from previous police contacts			
<input checked="" type="checkbox"/> Officer arrived on scene and then became aware of impending danger			
<input type="checkbox"/> Officer was somewhat prepared for threat due to prior knowledge of person and/or place			
<input type="checkbox"/> Officer was totally surprised by threat			
OFFICER SHOOTING DATA			
5	Total number of shots fired by officer(s)		
5	Total number of hits on assailant(s)		
Y <input type="checkbox"/> or N <input checked="" type="checkbox"/>	Was assailant killed by police?		
Y <input type="checkbox"/> or N <input checked="" type="checkbox"/>	Were bystanders killed or wounded by police fire?		
Y <input checked="" type="checkbox"/> or N <input type="checkbox"/>	Was officer killed or wounded by assailant?		
Y <input type="checkbox"/> or N <input checked="" type="checkbox"/>	Was officer killed or wounded by friendly fire?		
Y <input checked="" type="checkbox"/> or N <input type="checkbox"/>	Were multiple officers involved? (If "Yes" make multiple officer entries on latter pages)		
Y <input checked="" type="checkbox"/> or N <input type="checkbox"/>	Was deadly force used AFTER a less-lethal alternative was employed unsuccessfully?		
Y <input type="checkbox"/> or N <input checked="" type="checkbox"/>	Was the assailant in a vehicle? Moving <input type="checkbox"/> or Stationary <input type="checkbox"/>		
LIGHT CONDITIONS WHEN/WHERE INCIDENT OCCURRED (Check all that apply)			
<input checked="" type="checkbox"/> Dark	<input type="checkbox"/> Dusk	<input type="checkbox"/> Dawn	<input type="checkbox"/> Good Artificial
<input type="checkbox"/> Poor Artificial	<input type="checkbox"/> Indoor	<input checked="" type="checkbox"/> Outdoor	<input type="checkbox"/> Flashlight Used

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## Handout #2 — Richard Morgan Incident Report (Page 2)

**ATLANTIC CITY POLICE DEPARTMENT  
WEAPONS DISCHARGE REPORT**

2

**IN THE OFFICER(S) WORDS — DETAILS OF THE WEAPONS DISCHARGE**

At 8.21pm Officer Reyes and myself attend an 810, all officers attend request from Dispatch, at 3501 Pacific Ave. At the scene we discover multiple physical assaults taking place and on our own initiative we determined that at least one civilian life was at risk if immediate action was not taken. Under procedure 25.2a, Officer Reyes and myself approached the perpetrator and noted that he was not armed. We twice requested that he surrender and place himself face down on the ground. The perpetrator then closed on Officer Reyes and, I deployed Pepper spray and noted that this had no effect. While Officer Reyes struggled with the perpetrator, I drew my weapon. In the melee, Reyes was knocked down almost immediately, and the perpetrator began to advance on me. I shouted that I would shoot if he did not desist, and then failing to see any change in his demeanor, discharge my weapon into center mass. This first shot did little to slow the attacker, and therefore followed up with two more shots. At this time, my partner was able to free his weapon and also discharged two shots.

I feel that I took an appropriate action to detain the attacker, Richard Morgan, especially after the assault on my partner.



# Handout #3 — The Recovered listserv Message

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## Handout #4 — Email from the Doctor to Ricky

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To: [RickAQaqð#2`';@-ëžO;Ëç3\[°y-ÿ.com](mailto:RickAQaqð#2`';@-ëžO;Ëç3[°y-ÿ.com)

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JeË`|• Goodfellow

## Handout #5 — Project Lifeline Acceptance Letter

Federal Emergency Management Agency  
500 C Street S.W.  
Washington, D.C. 20472

22<sup>nd</sup> June 1998



RE: PROJECT LIFELINE

Attention Doctor Jonathon Goodfellow,

It is with pleasure that I am writing to you to say that we've accepted your application as a delegated member of the Federal Emergency Management Agency Lifeline project currently underway in Atlanta.

You will be contacted within the 24 to 48 hours by a designated officer from the project team to induct you into the project and introduce you to other delegated members in your region.

Yours faithfully,

*Martin D. Henson*

Martin D. Henson  
Assistant Deputy Administrator in Charge of Planning and Resourcing