

GODLIKE

OPTIONAL RULES

A collection of gritty options for
the high realism GODLIKE setting.

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Fingerprinting GODLIKE Dice

Every die roll made in GODLIKE is unique. We look for matching sets, which determine the expediency and skill of success, but there is much more to the roll than matching numbers.

Every dice pool can be read like a fingerprint, its loops and whorls providing us with added detail. Sometimes, it is beneficial to look *around* the matching sets of dice and analyze the characteristics of the *rest* of the pool.

Highest and Lowest Loose Die: The term “loose” denotes any die that is unused in the roll, such as a non-matching die, or a matching die that isn’t utilized. This die can provide further independent and randomized information about the successful roll, as well as the failed roll. For example, to determine the detailed damage location of a hit, we look at the highest loose die, which indicates the affected region of the limb.

Evens & Odds: Integer quality, and their frequency, can be used with matching and loose dice to give added detail to the successful and failed roll. For example, if all loose dice are odd numbers, a successful hit is considered a flesh wound.



KILLING DISPOSITION

SOLDIERS IN GODLIKE ARE LIKE ANY OTHER WORLD WAR II COMBATANT: terrified and overwhelmed, looking for a way to get back home in one piece with the clearest conscience possible. Hollywood depictions of patriotic, square-jawed crusaders for freedom aside, the common soldier did one of four things when faced with the possibility of killing: they fought, they fled, they postured, or they submitted. The optional Killing Disposition rules for GODLIKE simulate the natural aversion man has to killing his fellow species, and assists in determining the soldier's primary reaction to combat. Will your talent fight or flee; posture or submit?

BACKGROUND

World War II produced a thin 15 - 20 percent fire rate among combat infantry. In Korea, it climbed to 50 percent. During Viet Nam, it rose to over 90 percent.

During World War II, US military leaders and psychologists discovered an astonishing and dangerous fact: *GI Joe couldn't kill*. During Brigadier General S. L. A. Marshall's infamous study, where American GI's were questioned immediately after combat and asked if they fired upon the enemy with intent to kill, he found that a surprising 15 to 20 percent of infantry men attempted to fire at the enemy, leaving a surprising 80 to 85 percent with hesitant trigger fingers. This disturbing statistic in combat ineffectiveness had been modeled before in the many writings and testimonials of war historians gone by. Ardant du Picq's *Battle Studies* combined data from ancient history and surveys of his fellow French officers to form a foundation for the overwhelming nonparticipatory trend in warfare. It seems humans have been reluctant to bypass the instinctual and learned impulse of *species preservation* since the dawn of time. And while there has been controversy concerning S. L. A. Marshall's World War II firing rates and the methodology he used, every parallel scholarly study replicates his basic findings. As does the ineffectual firing observations of Holmes and Keegan, Griffith's data on the extraordinarily low killing rates among Napoleonic and American Civil War regiments, FBI nonfiring rates from the 1950s and 1960s, and countless other observations and studies. They all confirm Marshall's basic premise: that at the defining moment of combat when a soldier had an opportunity to kill the enemy, most found themselves to be nonparticipants; unwitting "conscientious objectors."

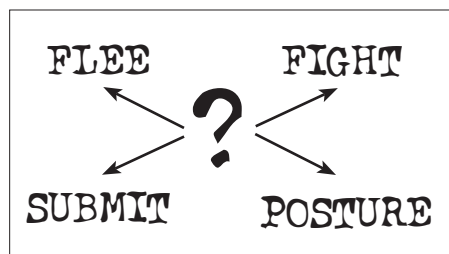
The government took action. Psychologists determined that rote assault drills, combined with the sights and sounds of war, could bypass the forebrain (which is debilitated when angry or frightened) and enable soldiers to react in the chaos of battle and kill the enemy without hesitation (utilizing their midbrains—indistinguishable from the mind of an animal). Classical and operant conditioning became the staple of basic training. After World

War II, men no longer fired at bulls eye targets during boot camp—instead, they crawled through muck, amidst the cacophony of live fire, and fired at moving man-shaped silhouettes which, when hit, rewarded the soldier by falling over like a wounded opponent. Training improved and soldiers found themselves able to pull their triggers in ever increasing amounts. During the Korean War, the fire rate climbed to 50 to 55 percent, and at the peak of Viet Nam, it shot to an impressive 90 to 95 percent.

But the nonfiring effect of World War II wasn't a national statistic—it was a global one. If the German or Japanese fire rate were higher than 15 to 20 percent, American casualties would've been astronomically non-proportioned. In fact, the German army experienced the same nonparticipants rate; squad leaders found themselves walking the lines, kicking their rifleman in an effort to inspire aggression. US Marine leadership would refer to their non-firers as "eight-balls"; the US Army Air Corps similarly as LMF ("of Low Morale Fiber"). No country was exempt. In a war where a world participated, we find that the percentage that killed was much lower.

THE FOUR REACTIONS

To understand the reasons for this widespread non-aggression, we first turn to the way conflict occurs. The "fight-or-flight" model of battlefield stress was misapplied prior to World War II, and it is the root of our misunderstanding of the combat psychological process. The fight-or-flight model—a series of physiological and psychological processes which prepare and support the endangered creature for either fighting or fleeing—is not appropriate for creatures faced with danger stemming from their own species. As we found on the battlefields of World War II, and continue to find in diminished numbers today, the natural intraspecies response to aggression expands to include posturing and submission.



THE ORDER OF CONFLICT

When an intraspecies conflict occurs, the first decision point is usually to flee or posture. In the animal kingdom, rarely do two animals of the same species immediately go for the kill; they generally posture—puff up

their respective chests, emit loud and threatening noises, in an effort to intimidate the other into submission. Humans do this, too. Natives wear tall, elaborate headdresses in an effort to appear bigger; two opponents taunt and yell until one displays obeisance; platoons charge with deafening war cries. The conflicts are generally not fatal and not meant to be. Status and display are usually the goals, but very little violence is actually involved. Many men who fired at the enemy purposely missed their opponents, and "aiming high" remains another display of posturing, with the loud rifle fire and aggressive show of force another non-lethal attempt to convince the enemy to submit or flee.

Posturing took many forms on the World War II battlefield. The most obvious being non-lethal shows of force and intimidation. Posturing isn't a default term for coward, it merely means

My Talent Won't Kill!

S. L. A. Marshall's findings—which rocked the very foundations of the US Army—are extreme. While the principles governing soldiers would, and do, logically extend to Talents, if GODLIKE were to take Marshall's figures as gospel, the characters wouldn't get very far. Therefore, a more lenient adoption of the World War II non-firer rates has been incorporated into GODLIKE.

that the soldier has chosen or is unable to override the instinctual predisposition to take the life of another member of their species. Posturing soldiers often expose life and limb by retrieving wounded comrades from hostile fire; supplying ammo to the riflemen who are able to fire; running messages between lines; and spotting the enemy, sometimes purposely drawing enemy fire to help relieve their squad mates.

Submission on the battlefield was widespread. Many soldiers crawled into a ball, weeping; some threw their weapons aside with the popular notion “if I don't kill them, they won't kill me”; some simply sat under cover with a blank stare, refusing to fire. Many surrendered, and while the Allies generally tended to treat their prisoners according to the Hamburg and Geneva conventions, factions of the Axis did not (the SS, Japan).

When posturing fails to impress another into submission, the options narrow to fight or flight. While fleeing the scene is self-explanatory, fighting isn't always an open book. Intraspecies fighting (outside war) is rarely lethal, and often simply an extension of posturing. Sword wounds from the middle ages tended to be far from fatal, it was the impending infection that was dooming. Animals will use their fangs, horns, and claws, but are hesitant to kill within their species. But with sophisticated weapons that enable slaughter with the press of a button, and our evolved training cycle and its classical and operant conditioning, man has made war a unique conflict, one that fatally increases with every battle, and as our technology and weapon capabilities improve, so does the willingness to kill.

WHY GI JOE HESITATES. It was a powerful combination of instinctive, rational, environmental, hereditary, cultural, and social factors that constituted the average World War II soldier's resistance to killing. In fact, soldiers were often more frightened of taking life than losing theirs, and noted that “the great sense of relief that came to troops when they were passed to a quiet sector... was due not so much to the realization that things were safer there as to the blessed knowledge that for a time they were not under the compulsion to take life. (*On Killing*, page 30)” Whether from learned guilt or simply a component of the human condition, there is within most men an intense resistance to killing his fellow man.

GAME MECHANICS

In GODLIKE, a character's willingness to kill—his Killing Disposition rating—is determined by four factors:

- Natural Predisposition
- Emotional Distance
- Authoritative Demand
- Group Absolution

Each is assigned a number of dice:

- 0 (below average rating)
- 1 (average rating)
- 2 (above average rating)

The dice from the four attributes are combined and modified by the amount of physical distance between the character and the opponent, then rolled. A success means that the character can bring himself to override his moral, ethical, religious, and humane beliefs and kill his opponent. A failure can indicate one of two things: if the highest die is an even number, the character postures. If the highest die is an odd number, the character submits or flees.

THE FOUR ATTRIBUTES



Natural Predisposition

This attribute can be considered the core factor, because it's a preexisting and internal variable, unique to each soldier. The personal views and thoughts on killing, a soldier's predisposition is constructed by his training, recent experiences, and natural temperament.

• Training/Conditioning

The sophistication of the warrior's training is one of the most important factors, because it often determines automatic response actions, learned through operant conditioning and mindless repetition. Sometimes, a soldier will fire without thinking, as if he were back on the KD range (Known Distance) in basic training, or thrust his bayonet into the enemy as if it were a straw-filled sack, one of the countless bags he punctured in boot camp. We must remember, however, that basic training during World War II didn't feature the sights and sounds of combat, often leaving the soldier to his own wits in real combat, sans the benefit of his repetitious-learned drills.

• Recent Experiences

The recent loss of friends and beloved leaders in combat can also enable violence on the battlefield. Though often emotionally defeating and paralyzing, the deaths of friends can inspire anger (one of the response stages to death and dying) and enable killing.

• Natural Temperament

Two percent of the soldiers in World War II felt no remorse or regret to killing, and suffered no resultant psychiatric casualties associated with extended periods of combat. The modern description of this two percent would be classified as “sociopath” in today's psychiatric field. The remaining 98 percent of combat participants are subject to their empathy and guilt to varying

degrees. A soldier's natural temperament would include moral and religious objections to killing.

Consider the above three traits and assign the Predisposition attribute an averaged combined rating of 0 to 2; 0 being a predisposition of a less than average soldier, 1 being an average rating, and 2 being an above average rating.



D i s t a n c e

Distance from the enemy, which includes physical as well as emotional (see the sidebar *How Far?*), rivals Predisposition for the most important attribute in a killer's disposition. Consider these traits:

- **Physical**

The single most important factor in the ability to kill, physical distance from the enemy enables the soldier's denial. The farther you are from your enemy, the less sure you are that you personally, killed him—thereby escaping guilt and responsibility. An artilleryman can send his salvo, killing the enemy a mile away without ever seeing them, unsure if he actually killed anyone at all; by comparison, the infantry rifleman watches the pained expression on the enemy's face and hears the wounded pleas for mercy. Distance becomes a deciding factor in the willingness to kill.

- **Cultural**

Viewing another country, race, or religion as inferior to your own—thereby dehumanizing the enemy—enables easier killing, free from the guilt that taking a "human" life would incur. Most noticeable was in the Pacific theater, where Americans viewed Japanese (a vastly different and foreign race from their own) as inhuman monsters. Also, Hitler's myth of the Aryan master race: the *Übermensch*, whose duty it was to cleanse the world of the *Untermensch*.

- **Moral**

Moral distance legitimizes oneself and one's cause. It establishes that the enemy's cause is clearly wrong or criminal (Kaytn, Aus-

The Mind of a Talent

Talents have more pressure and expectation from their normal comrades than the average soldier does. With their super-abilities and miraculous feats, Talents sadly lack the super-confidence and the hyper-ethical code to help them cope with their heightened responsibilities. Their sense of duty, awareness of failure, innate humaneness, and psychological makeup are just as un-godlike as the normal Joe. As a result, Group Absolution and Authoritative Demand can take on an exaggerated and unbalanced effect on the poor psyche of the Talent. Units composed solely of Talents benefit from a heightened sense of identification, and perform better in combat situations.

chwitz, and Pearl Harbor), and demands punishment or retribution. It thereby assigns one's own cause as right and just.

- **Social**

There is much resentment stemming from the roles of enlisted men, NCOs (noncommissioned officers), and their leaders—the commissioned officers. In order to send their fellow countrymen to potential death, the officer must instill this social class structure which serves as a buffer between the officer's duty to win wars in such a manner, and the guilt he feels for playing with his comrade's lives. The great majority of close-combat killing in ancient history was not done by the serfs, but by the nobility, who were enabled to a great deal by social distance.

- **Mechanical**

Distancing the victim through mechanical means (such as with a sniper scope or binoculars) can make the killing act seem unreal, or like watching a "movie" of the act.

Consider the above five traits and assign the Distance attribute an averaged combined rating of 0 to 2; 0 being a predisposition of a less than average soldier, 1 being an average rating, and 2 being an above average rating.



A u t h o r i t a t i v e D e m a n d

Authoritative Demand encompasses the expectations and attitudes of the soldier's leadership: what they expect, the respect they command, the legitimacy of the orders to kill, and the proximity of the leaders to the soldiers.

- **Proximity**

The proximity of leadership plays a part in battlefield violence. It was noted that in incidents where the majority of soldiers were firing upon the enemy while their leaders observed and encouraged them, that when the leaders left, the firing rate immediately dropped to 15 to 20 percent.

- **Respect**

A soldier's respect for his commander, and the bond between them, can inspire the soldier to kill for fear of letting his leader down. An unknown or discredited leader has much less chance of gaining compliance from soldiers in combat.

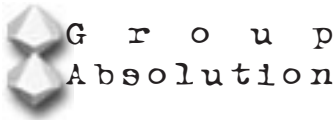
- **Demand**

The leader's intensity of demand for killing can be enormously effective. The mere presence of a leader isn't sufficient to ensure killing behavior, his clear expectancy of such is needed.

- **Legitimacy**

Lawful commands are more likely to be acted upon than unlawful or unexpected commands.

Consider the above four traits and assign the Authoritative Demand attribute an averaged combined rating of 0 to 2; 0 being a predisposition of a less than average soldier, 1 being an average rating, and 2 being an above average rating.



Killing in combat is attributed not to hatred of the enemy, but rather an unwillingness to let one's own force perish. The bonds that form between comrades, and the mutual self-preservation expectations involved, are what drive a man to kill. These relationships are usually stronger than man-wife, second only to a parent-child union.

- **Proximity**

The proximity of the group to the soldier determines the effect of group absolution and the accountability he feels toward them.

- **Support**

The support for killing by the group can determine the intensity and degree of the violence. Mob mentality can sway even the pacifist amidst their ranks to kill.

- **Identification**

If the soldier identifies with his group, he is more likely to agree with their collective decisions and participate in their actions.

- **Number**

The size and number of the group provides anonymity and diffusion of responsibility to the individual because his actions are shared by many. The more members of the group, the less responsibility felt by its individuals.

Consider the above four traits and assign the Group Absolution attribute an averaged combined rating of 0 to 2; 0 being a predisposition of a less than average soldier, 1 being an average rating, and 2 being an above average rating.

ROLLING FOR KILLING DISPOSITION

Killing Disposition is rolled when combat is first encountered. The effects last the whole combat encounter, or until a point of Will is spent to negate the negative effects of a failed roll. Killing Disposition is also rolled when an unusual combat situation occurs where resistance to killing might be observed (i.e. the

How Far?

The distance between a soldier and his target lies at the heart of participatory killing. The modifiers below should be used in the Killing Disposition roll.

Max Range (Bomber, Artillery)	+3d
Long Range (Sniper, Anti-Armor Missiles)	+2d
Mid-Range (Rifle)	0
Handgrenade Range	0
Close Range (Pistol/Rifle)	-1d
Bayonet Range	-1d
Knife Range	-2d

character is given an order to murder a prisoner; the character discovers that his opponent is 13 years old; the character finds the SS troops that executed the rest of his squad; the character has lost a lot of will and is unsure of himself, etc.)

When faced with a killing opportunity, roll your character's Killing Disposition dice pool. To find your Killing Disposition dice pool, combine the ratings for the four attributes: Natural Predisposition, Distance, Authoritative Demand, and Group Absolution, plus any modifiers for physical distance. The total is the number of dice which you use for a Killing Disposition die roll. The minimum die pool is 2 (because there's always a chance that someone may kill) and the maximum die pool is 10. If you succeed the roll, you may attempt to kill. If you fail the roll, one of two things may happen: if the highest die is an even number, you posture; if it is an odd number, you submit or flee (player's choice). Characters who fail the die roll may spend one point of Will to overcome the aversion and attempt to kill, but they must make the Killing Disposition roll at the beginning of the next round.

POSTURING If the character fails his roll and the highest die in the die pool is an even number, he postures. Posturing can take many forms: running messages or ammo, assisting others in his squad, giving the appearance that he is attempting to kill the enemy (such as firing high or purposely missing), intimidating the enemy (shouting, threatening), etc. The character may do anything he likes, but he cannot, for the time being, overcome his resistance to killing. The character may immediately spend a point of Will to resist the urge to posture and push himself to kill, but he must make a Killing Disposition roll at the beginning of the next round. A point of Will can be spent every round if needed, or until the character succeeds a Killing Disposition roll.

SUBMITTING If the character fails the Killing Disposition roll and the highest die is an odd number, the character either submits or flees (player's choice). When a character submits, he refuses to fire, observe, or otherwise participate in any action during battle; if the battle is over, he will surrender to the enemy. The character may immediately spend a point of Will to resist the urge to submit and push himself to kill or act otherwise, but he must make a Killing Disposition roll at the beginning of the next round. A point of Will can be spent every round if needed, or until the character succeeds a Killing Disposition roll.

FLEEING If the character fails the Killing Disposition roll and the highest die is an odd number, the player may choose to flee. A fleeing character evacuates the scene in the quickest manner possible, often exposing himself to more hazardous battle conditions in the process. The character may immediately spend a point of Will to resist the urge to flee and push himself to kill, but he must make a Killing Disposition roll at the beginning of the next round. A point of Will can be spent every round if needed, or until the character succeeds a Killing Disposition roll.

KILLING DISPOSITION FOR NPC S. Determining the Killing Disposition for large groups of NPC's could easily disrupt the flow of the game. Instead of finding an NPC's Killing Disposition attributes, determine the overall group's training and

NPC Killing Disposition

SKILL	DIE ROLL									
	10	9	8	7	6	5	4	3	2	1
Inexperienced	FT	FT	FT	P	P	P	S	S	FL	FL
Boot	FT	FT	FT	FT	P	P	S	S	FL	FL
Experienced	FT	FT	FT	FT	FT	FT	P	P	S	FL
Veteran	FT	FT	FT	FT	FT	FT	FT	P	P	S
Elite	FT	FT	FT	FT	FT	FT	FT	FT	P	P

experience and roll a single die per NPC. Consult the chart below to quickly assign a Killing Disposition to an NPC.

Example: Ivan, Nikola, and Boris are separated from their platoon and headed toward Berlin when they encounter an SS unit massacring a group of Russian prisoners. Ivan, a gentle and devout Catholic now has 1 die in Predisposition from seeing this execution; he has a moral and cultural distance of 2 in Distance; his squad leader and best friend Boris, commands him to open fire so he has an Authoritative Demand rating of 2; the number of his group is small, but highly supportive of the attack, giving him a 1 in Group Absolution; he has 6 dice in his pool and he rolls 10, 10, 9, 9, 5, 2. He opens fire. Nikola, 16 years old and never having been in battle has 1 die in Predisposition from witnessing this atrocity; a 2 in Distance; Boris, a man he distrusts, screams to fire which gives him a 1 in Authoritative Demand; and the small group give him a 1 in Group Absolution. He has 5 dice in his pool

and he rolls 10, 8, 7, 6, 1. He is unable to fire! Nikola spends a point of Will to overcome his resistance, and opens fire, but he will have to make the Killing Disposition roll at the beginning of the next round in order to fire again. Boris, weary, wounded, and without any Will points has a 1 in Predisposition; a 2 in Distance; he is the leader and doubtful of his ability to lead which gives him a 0 in Authoritative Demand; the group is small and he suspects that Nikola is a coward and resistant to his orders which gives him a 1 in Group Absolution. He has 4 dice in his pool and he rolls 8, 5, 4, 1. He fails the roll and has no Will points to spend in order to overpower his resistance. His highest die is an even number, which means that he postures. He spots the SS soldiers for his men and encourages them to fire. The GM rolls a die for each of the seven SS soldier NPC's, using the skilled column for the NPC Killing Disposition chart, and gets 10, 9, 8, 5, 4, 2, 1. Four of the Nazi's fight, one postures and fires high, one dives in a ditch and submits, and the last one flees the scene.

BATTLE FATIGUE

EVERY MAN HAS HIS BREAKING POINT

WORLD WAR II SAW A PARADIGM SHIFT THAT moved from causation based upon predisposition, to the concept that all normal beings could suffer from battle fatigue. It was finally accepted that war zone environments could cause soldiers to behave in a dysfunctional manner as well as develop psychosomatic symptoms. Psychological casualties were finally given validity, and understanding the causes could lead to prevention.

Battle fatigue accounted for a huge number of casualties. One out of every 4 wounded US soldiers became a recorded psychiatric casualty (though 4 times as many were treated locally and never officially recorded). Such numbers cannot be ignored. GODLIKE uses Battle Fatigue to simulate the psychological effects and burdens of war on the mind.

WHAT EVERYONE CAN EXPECT

Talent or not, your character will face the normal psychosomatic responses to combat stress. Your muscles tighten, and increased involuntary muscular tension of the head and neck produce tension headaches. "Freezing" is the soldier's term for temporary immobilization, and is a normal reaction in the first few moments of combat. Brief muscular freezing is accompanied by shaking and tremors, especially during passive maneuvers such as taking cover from artillery in foxholes, and waiting in the defense. Exaggerated shaking usually ceases after the first few minutes of acclimation to battle, though characters who have endured combat for 4 or more months can expect to experience a constant low-level tremor during combat (see "The Old Sergeant's Syndrome" below). Your character will be short of breath from thoracic oppression. Tachycardia will have them feeling their hearts in their throats, drowning out all other noise. Combat will often create a loss of appetite, during and for a short while after combat. Some soldiers experience nausea.

Your character will sweat constantly. He might get chills, or feel overheated. He will, after his first shelling, quickly develop a hyper-sensitivity to noise. Nerve induced stomach aches will plague, as well as mild diarrhea. Urinary frequency is one of the most normal reactions to battlefield stress, and you'll find your character urinating every hour, even at seemingly inappropriate times, what a civilian man would consider dangerous to take a bathroom break.

All of this is normal. The man next to your character will be experiencing the same, as will the enemy. After awhile, these psychosomatic reactions to combat stress will become familiar and less bothersome. That is, until your character has reached the point of battle fatigue and combat exhaustion, when he's been

pushed passed the human limit.

THE LIMIT

After 60 days of continuous combat, 98 percent of soldiers will incur psychiatric casualties of some kind. This means that the great majority of men have a shelf life of 2 continuous months in battle. And most of these men develop psychological and psychosomatic conditions at the end of the first month. So while the first month is the period of maximum efficiency, the second month sees an increase in combat exhaustion and battle fatigue, leading to a complete battle fatigued state by day 60.

1 - 30 DAYS
Maximum Efficiency
31 - 40 DAYS
Fatigue
41 - 60
Extreme Fatigue

INGREDIENTS OF A BREAKDOWN

Many factors contribute to battle fatigue. Fear, exhaustion, guilt, and horror are experienced to some degree by all combatants. Over time, these experiences weigh heavily upon the psyche.

EXHAUSTION The greatest factor among the battle fatigue stressors is exhaustion. The body's sympathetic nervous system is responsible for the mobilization of energy resources used for action. The parasympathetic nervous system handles the digestive and recuperative processes. They are two systems that are balanced in a normal, unstressed person. When the fight-or-flight response kicks in due to combat stress, the sympathetic system takes over and given all available resources and energy, so that the body can perform in those stressful circumstances. But there is a price to pay: the parasympathetic system is robbed of its share of energy, and nonessential activities, such as digestion and bladder control, are shut down. Soldiers frequently wet themselves and suffer diarrhea on the spot, as the parasympathetic system is flushed and resources are directed to the sympathetic side. After the combat stress ends, and the recuperative functions begin to operate again with depleted resources, the soldier feels extreme weariness and fatigue.

Lack of sleep adds to the exhaustion. Over 50 percent of front line troops operated on less than 6 hours of sleep, and 30 percent on a meager 4 hours. Sleep deprivation is demoralizing, and it compounds the normal stress of combat. Add hunger to this equation and you have the beginnings of a monumental failure in the soldier's psyche. Apart from the chemical effects of undernourishment, the effects upon the mind can be even worse.

FEAR It was long believed that fear of death and injury were the main reasons for battle fatigue, but researchers and psychologists of the 1940s and 1950s came to the startling conclusion that this wasn't so. It was a valid force for soldiers who hadn't experienced combat yet, but for the bulk of combatants, the strongest dread was the overriding fear of letting others down that contributed to the eventual battle fatigue of most soldiers. What we found is that group dynamics and the bonds that are forged between fighting men tend to supersede one's own well being once the bullets start to fly. Peer accountability inspired men to

fight and die for their brothers in arms, and the greatest fear of the average soldier was that he would be unable to do his duty when the time came. That he would fail his comrades.

HORROR! The butcher shop that was the World War II battlefield, offered sights, smells, and sounds that long stayed with the veteran. A soldier is never the same after discovering his best friend bayoneted and filleted; his beloved commander decapitated by shelling; the enemy, mangled beyond human recognition, holding a picture of his family; the survivors of the Nazi death camps. All are affronts to humanity that scar the soldier and wear on his mind.

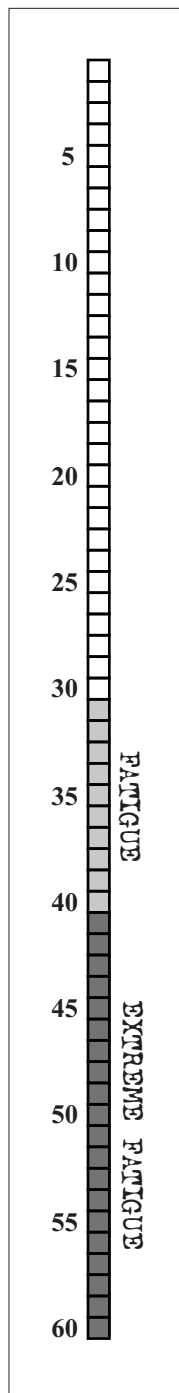
HATE Distance attacks, such as mortar and artillery, physically devastate and press upon the mind of the soldier, but it cannot compare with the psychological devastation that occurs when face to face with the enemy, and personally witness to their hate. Studies overwhelmingly show that interpersonal hatred is more damaging to the mind and morale, than impersonal hatred. Artillery bombardments are most effective when coupled with a frontline assault; an angry face to go with the explosions. Witnessing a stranger's hatred first hand can shock and alienate, leaving the recipient wondering, "what did I ever do to him?"

GUILT! The burden of close-range killing can be overpowering. Most infantrymen couldn't be absolutely sure if it was their bullet that brought down the enemy, but taking a life up close with bayonet, knife, pistol, and bare hands—there was no dispute, and it was a scene that would return to haunt his sleep should he survive combat. Unlatching the safety catch ingrained within us and taking a human life close enough to see the pained expression and hear the death moan is a severe psychological trauma.

THE OLD SERGEANTS SYNDROME

The "Old Reliables," "Old Sergeants," are the veteran infantry leaders who have seen 4 or more months of combined combat and hold a leadership billet; decorated and honored veterans who universally lose their nerve. Experienced enough to know that death is largely random, and unfortunately all too frequent, he's seen his men die and refuses to take part in active leadership. Many declined to order their troops to do anything which might incur casualties. Old sergeants shirked the responsibility they had and begged command for a reduction in rank—which was never given. The degree of combat efficiency in the average soldier, at the different stages of combat experience, shows us that the green soldier, who has never experienced combat before, performs poorly for the first few days. After acclimation to battle, his combat skills improve, and by approximately the tenth day of combat he is as skilled as he can get. Pre-battle jitters remain, but his faith in his comrades, leaders, and newly proven abilities allow him to perform in combat. This combat effectiveness extends through the first month.

Eventually, as the soldier is exposed to more combat and real-



izes the risk and the repercussions involved, his pre-battle anxiety grows high, as he dreads the risk of the coming battle. During combat, he is unable to control the stress as he did when he was naïve and inexperienced. Finally, his rebound anxiety after the battle is just as severe as the pre-battle anxiety, and he contemplates what has occurred, obsessing over the close calls, and experiences guilt over subordinate deaths. The old sergeant's enthusiasm gives way to terror and cynicism.

GAME MECHANICS

Battle fatigue is represented by the Battle Fatigue scale. The scale has 60 boxes which represent the 2 months a character has in continuous combat before mental shut down. Check one of the boxes off at the end of each day of combat. The definition of continuous combat means:

- The character is within artillery combat distance of the enemy.
- The character *believes* that he could be within artillery combat distance of the enemy.

Excessive mental and physical strain placed on the character can accelerate the battle fatigue process, leading to a quicker breakdown. Check off an additional box when:

- **Fear:** The character fails a Cool+Mental Stability roll.
- **Hunger:** The character consumes less than 500 calories that day.
- **Exhaustion:** The character was operating on less than 4 hours of sleep.
- **Guilt:** The character fails a Killing Disposition roll and spends a point of Will to overcome the aversion.
- **Horror:** The character witnesses an especially horrendous atrocity or act of violence.

THE 'SLIDE INTO 'SHELL' SHOCK

Once the character has 1 month of boxes checked off (30 or more), a Cool+Mental Stability roll must be made with every additional box incurred. If the roll is successful, nothing adverse happens, until the next box is checked off and the roll must be made again. If the Cool+Mental Stability roll fails, the character is battle fatigued and suffers from one of the below psychosis, and no longer has to roll until he reaches the 40th box. When the character reaches the 40th box, make a Cool+Mental Stability roll. Nothing happens if the roll is successful, until the next box is checked off and the roll must be made again. If the roll fails, the character is extremely fatigued and suffers a -1 die penalty to all rolls, as well as developing another one of the below psychosis.

CONFUSIONAL STATES. The confusional state is the psychotic dissociation from reality. The character can no longer deal with the environment and situation, so he mentally removes himself from it. Delirium, dissociation, and manic-depressive mood swings occur with varying severity.

CONVERSION DISORDERS. The character psychosomatically responds to the battle stressors, resulting in one or more of his motor, sensory, or speech functions to fail. Blurred or double vision, tunnel vision, and sometimes total blindness can afflict the character. A loss of tactile sensation (anesthesia), “pins and needles” (paresthesia), stuttering or mute speech, dizziness, deafness, and severe tremors can be experienced. The failed body function is often in direct correlation to the soldier’s responsibility in combat. The classic “trigger-finger palsy” was a common ailment among riflemen.

ANXIETY STATES. The character has difficulty sleeping and is plagued by battle dreams when he does. Total weariness and tenseness that cannot be relieved by rest degenerates the character’s concentration abilities. The character becomes obsessed with his death and the fear of failing his unit. He is obsessed that he will be branded a coward. Shortness of breath, weakness, pain, fainting, and other psychosomatic symptoms can develop as the character eventually slips into complete hysteria.

CHARACTER DISORDERS. This disorder embodies the altering of the character’s fundamental personality. He degenerates into a psychotic. The character will often fixate on certain actions or things; will experience paranoid thoughts, depression, and anxiety; self-isolation attempts; the development of extreme beliefs; and often violent and irrational actions.

DELUSIONAL STATES. The character is chronically “stuck in the battle.” Their delusional experiences are vivid and connected with battle sights and sounds. Strongly sensitive to noise stimuli, the character will take cover at the slightest and most innocent of sounds, believing that incoming shells, tanks, and planes are attacking. In their delusions, they will often destructively expose themselves to the unseen danger, performing actions that would be catastrophically counterproductive in real combat, and a worrisome threat to other comrades.

RECOVERY

For every day removed from combat, the character loses 1 box of Battle Fatigue. For every day spent under the care of a Battalion Surgeon, the character loses 2 boxes of Battle Fatigue (5 per day if heavily sedated). For every day spent under the care of the Regimental Psychiatrist, the character loses 3 boxes of Battle Fatigue (5 per day if heavily sedated).

TREATMENT

The American military’s attitude towards psychiatric casualties was cavalier at best. They believed that with more stringent enlistment qualifications, they could weed out the mentally prone men before they were sent out into combat. As a result, they tended to

dismiss the tremendously battle fatigued men that they did incur. The British were better at preventing psychiatric casualties, rotating their men to the rear after a couple of weeks of combat when possible. German policy demanded that when squad strength fell too low, the whole remainder of the squad was sent to the rear in order to rest, pick up replacement troops, and spend a couple of weeks bonding with them. However, the Wehrmacht viewed psychological and psychosomatic symptoms other than “insanity” as cowardly and treasonous. Since the penalty for this was usually death or imprisonment, the German military physicians—well aware of combat stress—diagnosed combat fatigue in terms of physical ailments for name sake only.

WHAT HAPPENS TO PSYCHIATRIC CASUALTIES?

If your character acts in a manner that could pose danger to your unit, or you report your condition to your chain of command, your character, upon the discretion of your chain of command, will end up at the Battalion Aid Station (BAS) rear of the front battle lines, where the Battalion Surgeon will conduct examination. The Battalion Surgeon is the second channel the character must pass through (Company Commander is the first), and it is his recommendation that will either return the character to the front lines, or evacuate the character to the Regimental Aid Station for psychiatric care.

The Battalion Surgeon is aware that the best way to treat psychiatric casualties is to remove them from the front lines, but prevent them from leaving the area altogether. Battle fatigue is a catch-22; if healthy men see that “insane” soldiers are being evacuated to hospitals, a rise in psychiatric casualties will occur; but if too many men are sent immediately back to the front lines, men unfit for battle will die in droves. If psychiatric casualties are kept in the general vicinity of the battle, they are given the message that they’re expected to return to combat and help their unit after they rest.

The Battalion Surgeon will examine the character and determine if they are to be either immediately returned to the lines; if they should stay a few hours to relax and recoup; if they warrant a 24 - 48 hour sedated stay; or if they should be evacuated to the Regimental Aid Station. The surgeon will administer a barbiturate sedative to calm the patient once arrived. After the sedative takes hold, the surgeon questions and examines. The first thing he does is reassure the soldier, explaining that the symptoms are psychological and that everyone experiences them. Next, he’ll tell the soldier that after a few hours of rest they must return to the lines. Promises of evacuation are never given. As a last resort, exhortation is used to convince the soldier that their unit is depending on them for help.

Usually, those exhibiting mild psychosomatic conditions such as vomiting, tremors, and diarrhea will be sent back to the front within a few hours after some rest. In cases of extreme physical exhaustion, the Surgeon will sedate the character with 0.4 gm of sodium amytal for 24 hours, and if the Aid Station is stationary for longer, a period of 48 hours sedation can be ordered. After this period, the soldier is usually fit to return to combat. If he is not, he will be evacuated to the Regimental Aid Station where the Regimental Psychiatrist will evaluate him for further action.

MALINGERING Malingering—faking an injury or condition—is punishable under the 96th Article of War. Though it's usually difficult to furnish proof of malingering, and even when guilt is assigned, the malingerer still achieves his objective—the evasion of dangerous duty. Battalion Surgeons and Regimental Psychiatrists are adept at rooting out battle fatigue malingerers. After many interviews, even the educated malingerer tends to slip up, over exaggerate, or leave certain details out, and is caught. Often, the malingerer's reaction to intravenous sodium amytal is telltale. The true battle fatigued soldier wants to get better and is helpful during the process. The malingerer believes that they'll expose the truth while sedated, and resist any questions during the process. The best course of action is to send the malingerer back to duty, as this is a deterrent to future malingering cases.

TRAUMA

DETAILED HIT LOCATION AND FLESH WOUND OPTIONS.

DETAILED HIT LOCATION OPTION

DAMAGE IN GODLIKE IS ASSIGNED TO GENERAL SECTORS OF THE body, which provide quick game play and suitable detailed realism. But when dealing with small projectiles, diminutive ballistics, bayonet, and knife wounds—damage locations become extremely specific. The Detailed Hit Location Option for GODLIKE provides narrow detail, yet still produces the outcome in one simple dice pool attack roll.

HOW IT WORKS

To determine an exact hit location, roll the normal attack pool. If successful, find the limb affected in the normal manner with the matching set's height determining the damaged limb. Now look at the highest unused loose die in the dice pool. This is the exact hit location of the affected limb.

Example: Hitoshi is firing his rifle at Stan. He rolls 9, 5, 5, 3, 2. Success! Stan's right arm is hit (location 5) with a set of 5's. The exact hit location is the shoulder (the highest unused die is 9). Joe takes 3 killing and shock damage to his right arm.

MULTIPLE ATTACKS.

Multiple attacks are handled in the same manner. Multiple matching sets use the same highest unused loose die for exact hit location. If there are no unused dice left in the dice pool (all the dice are matched into sets and are used in attacks), the exact hit location number is the number of dice rolled in the pool.

Example: Jack is firing at Klaus with his rifle twice in the same round. He drops a die from his pool for the multiple action and rolls 9, 9, 7, 6, 6, 2. Two successful hits! The first matching set of 9's hit him in the torso (location 9), specifically in the thorax (highest non-matching die is 7). The other bullet rips into Klaus's right arm (location 6), specifically the bicep (highest non-matching die is 7).

Example: Furious, Klaus charges Jack with his bayonet and attempts to gore him twice in the same round. He drops a die from his pool for the multiple action and rolls 7, 7, 3, 3. Two successes! The first matching set of 7's stab Jack in the torso (location 7), puncturing the lower abdominal wall and skewering his intestines (there is no unused die so the width of the original die pool sets the exact hit location to 4). The second stab hits the left arm (location 3) and lacerates Jack's forearm (number of dice rolled in pool sets the exact location to 4).

WIGGLE DICE

Wiggle dice can narrow the location of an attack. If an attack has already succeeded, the player may choose to assign the wiggle die to a higher unused number so that the Detailed Hit Location becomes more specific. This broadens the function of the wiggle die, allowing it to make an attack faster (width), aimed (height), and with the Detailed Hit Location Option's damaged location details—specific (unused die).

Example: Pierre, the circus knife-thrower, ambushes Hans, launching a dagger his way. He rolls 10, 6, 1, and decides to assign his 2 wiggle dice to 10 (thereby hitting Hans in the head) and 9 (making it the highest unused die, which targets the center of the face, sending the dagger squarely into Hans's eye).

THE HIT LOCATIONS

Each limb is divided into logical sections and assigned a range of numbers from 1 to 10, 1 being the least severe hit location, and 10 being extremely life threatening. Hands, feet, and body locations furthest away from center mass will have lower hit location numbers. Hits against these lower numbers can be painful, hobbling, even deadly, but the ends of the extremities generally lose less blood than damage to the main arteries located closer to the torso.

The more dice rolled in an attack, the greater chance that the highest unused die will be a higher number. This mirrors the amount of skill a character will possess who rolls that many dice in the first place; their aim will be slightly better than someone who rolls three dice and, consequently, has a greater chance of hitting further away from center mass.

HEAD

With its association with the brain, the head is the most crucial limb of the body, the master of all sensory input, commander of all sympathetic and parasympathetic functions, the originator of thought itself. Damage to the head can be devastating. Assume that normal damage to the head (in helmet wearing characters) takes the form of bullets or shrapnel that either impact against the helmet and

DETAILED HIT LOCATIONS

Head

- 9/10 Center of Face
- 7/8 Top of Head
- 5/6 Neck
- 3/4 Right Face
- 1/2 Left Face

Torso

- 7/8/9/10 Thorax
- 3/4/5/6 Trunk
- 1/2 Pelvis

Arms

- 9/10 Shoulder
- 7/8 Arm
- 5/6 Elbow
- 3/4 Forearm
- 1/2 Hand

Legs

- 8/9/10 Thigh
- 6/7 Knee
- 3/4/5 Shin
- 1/2 Foot

cause concussive damage, or lodge themselves into or pass through the head, causing soft tissue wounds but avoiding major brain damage; but if a wound is spectacularly severe, the character is hit in the unprotected areas, or a more realistic model of body trauma is desired, consider one or more of the damage samples below:

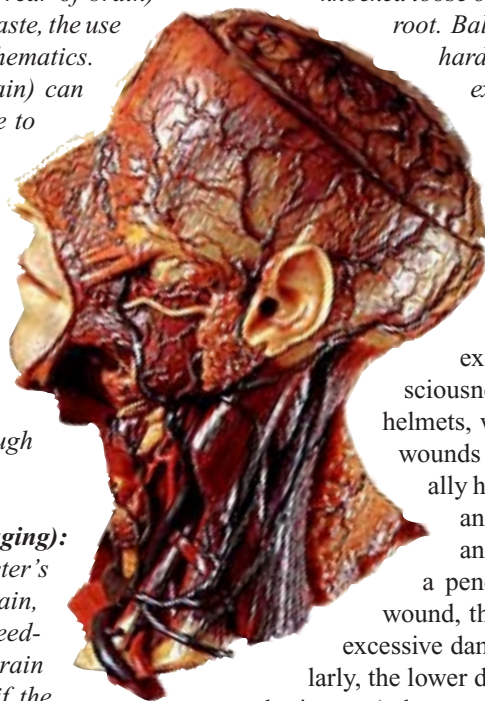


Brain: The obvious danger of sustaining head damage is the compromise of safety to the brain. Along with the heart, the brain is the most important organ in the human body. Controller of the central nervous system, the brain is the center of sensory awareness and movement, emotions, rational thought and behavior, foresight and planning, memory, speech, and language. The brain consists of the

cerebrum, brainstem, and cerebellum, and—unlike the brain specimens taken after death—is a soft, gray mass; a soup tightly contained in the skull. Blows to the head can cause bruising and swelling of the brain, leading to fatal hemorrhaging. Damage to the frontal lobe (the front of the brain) can affect intellectual functions such as reasoning and abstract thinking, aggression, sexual behavior, sense of smell, speech, and voluntary movement. Damage to the parietal lobe (top rear of brain) can affect body sensory awareness, including taste, the use of symbols, and abstract reasoning and mathematics. Damage to the temporal lobe (bottom of brain) can affect the formation of emotions, and damage to the occipital lobe (rear of brain) can affect the receiving, interpreting, and discriminating of visual stimuli. When shot in the head, parts of the brain will eject from the exit wound. This brain matter consists of the outer cerebral cortex, which is a gray color and consists of tiny hills (gyri) and grooves (fissures), as well as a white liquid matter from deeper in the brain. Victims of gunshot wounds to the head sometimes live through the ordeal, though immediate medical attention is needed.

Focal Brain Injury (Intracerebral Hemorrhaging):

A missile wound has penetrated the character's skull and lodged itself deep within the brain, causing intracerebral hemorrhaging and bleeding. There is a large chance of death or brain damage. Immediate surgery is needed, and if the character isn't operated on within 1 hour, they will die.



CENTER OF FACE: 9/10

The center of the face comprises the eyes, nose, and upper lip area, and is the primary communication and sensory location. Significant damage to this area, such as missile and projectile wounds, is often lethal, as the protection offered by the thin facial bone structure beneath is easily penetrated by ballistic weapons and crushed by powerful blows. The three types of fractures of the face and cheeks are fractures of the lower jaw, upper jaw, and

the zygoma or cheekbone. Fractures of the orbital bones (the eye socket) can lead to eye damage if not corrected.

Eye Damage: When punctured, the eyeball ceases to function. Vitreous humor and Aqueous humor (which comprise 80% of the eye) leak out onto the cheek, along with a steady flow of blood, as the eyeball collapses. A punctured eyeball is extremely painful and disorienting. Eyeballs which are disgorged from the head, hang a few centimeters onto the cheek. Often, they can be saved if no additional damage occurs. A cut lateral to the eye on the cheek may cause facial paralysis resulting in a permanently open eye with drainage.

Nose Damage: The outer nose is primarily cartilage and can be removed easily if shot. Because the nose is situated in front of the face, it often receives the brunt of a facial impact, which breaks the cartilage of the nasal septum from the perpendicular plate of the ethmoid, creating a deviated septum that obstructs air flow through the narrowed half of the cavity. Breathing must be done through the mouth, but because of blood drainage, this can be a difficult task.

Mouth Damage: Hand to hand combat often damages the upper and lower lips, splitting them against the teeth and tearing the buccinator muscle inside. The upper and lower frenulums (the thin tissue where the lip and gum meet) are often torn. Teeth are knocked loose or broken open, exposing the painful pulp and root. Ballistic damage to this area can puncture the hard and soft palates and mandibles, creating extensive damage.

TOP OF HEAD 7/8

The top of the head is the most direct route to damaging the brain. The cranial bones of the skull (frontal and parietals) are thicker than the facial bones and offer better protection. Skull fractures cause excessive blood loss and frequently, unconsciousness. Soldiers in World War II usually wore helmets, which provided additional protection. Scalp wounds from grazing and deflected bullets occasionally happened as the round reached a slower speed and struck the top of the head at a low angle and skipped off of it. As a rule of thumb, if a penetrating head injury has an entry and exit wound, the prognosis isn't going to be good because excessive damage to the brain is usually the result. Similarly, the lower down on the skull (and closer to the essential brain stem) the wound, the worse the neurological damage will be.

Scalp Laceration: After sustaining a scalp laceration, the character must have the wound held closed and bandaged (Brains+First Aid). This takes 3 rounds. Scalp wounds bleed profusely because of the sheer amount of arteries within.

Degloved Scalp: A strip of scalp has been torn from the head. The outer skin, connective tissue, aponeurosis, loose areolar tissue, and some of the pericranium have been ripped loose, exposing

the skull. Bleeding is nearly uncontrollable. A Brains+First Aid roll will bandage the scalp (taking 5 rounds), but blood will continue to exsanguinate until a second roll is successful, in order to suture the tissue (1/2 hour).

Depressed Skull Fracture: The cranium has been crushed and a portion of the skull has depressed and sunken into the head, resting against the brain. The character needs immediate medical help and surgery. A successful Brains+First Aid roll will stabilize the wound with bandages. Helmet wearing characters are safe from being injured in this manner.

Diffuse Brain Injury (Concussion): The character's head is struck, his brain impacts against the inside of the skull and rotates, disrupting several areas of neurologic tissue. This causes unconsciousness. The character may attempt to wake by rolling Body+Health once every 3 rounds; otherwise, the character will wake after 5 minutes. Only severe trauma to the head will injure a character wearing a helmet in this manner.

RIGHT FACE 5/6 & LEFT FACE 3/4

These two regions consist of the sides of the jaw, the cheeks, ears, and temples. Blows to these areas frequently cause unconsciousness, sometimes death. Smashed zygoma bones (cheekbones) must be wired back into place.

Ear Damage: The ears are the organs of hearing and equilibrium. Damage to the external ear (such as removal) will affect auditory quality, but isn't fatal. Damage to the middle ear will prevent hearing and create pressure from the filling blood which can destroy balance and equilibrium. Blast damage and concussive explosions can deafen a character. Damage is usually permanent.

CHIN & NECK 1/2

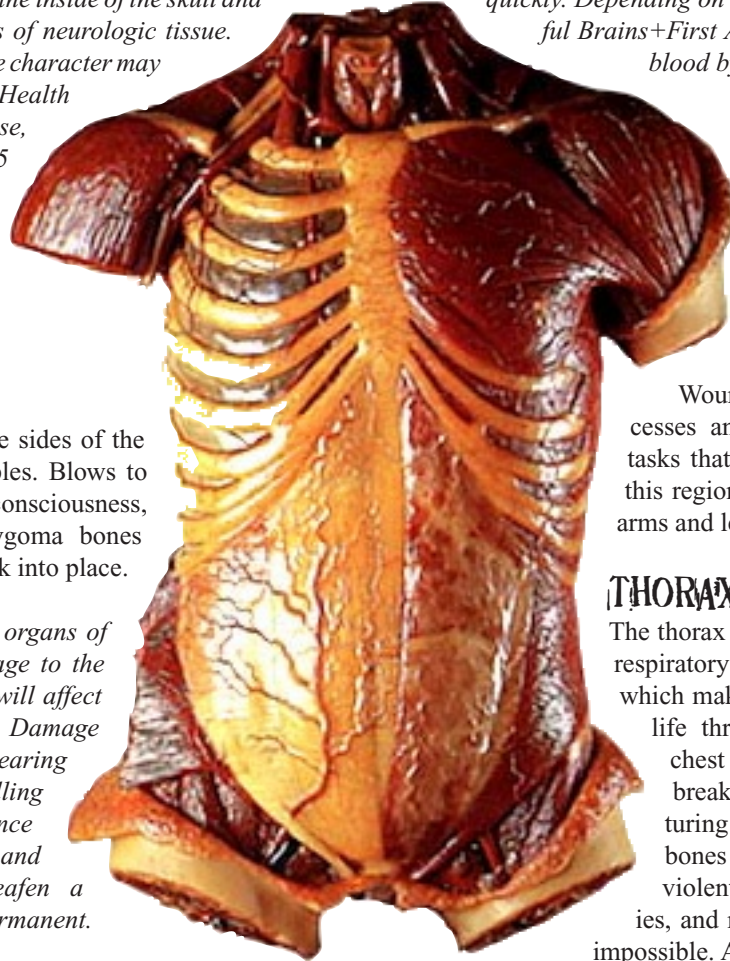
Damage to the chin and mouth area can break teeth and dislocate the jaw. Blows to the neck can paralyze, and crush the esophagus, suffocating the victim. Lacerations and punctures to the neck can destroy the carotid artery and the jugular vein, quickly killing the victim from rapid blood loss. Jaw fractures are treated by stabilizing the jaw using the teeth to hold the fracture together using wires; several weeks must be spent eating through a straw.

Neck Damage: The pharynx and esophagus enable the intake of food, and if punctured or breached, will fail to swallow. The splenius muscles on the sides and back of the neck extend and rotate the neck and head, and if injured, the victim will have limited range of neck motion.

Punctured Larynx: Injury to the larynx will mute sound produc-

tion and hinder breathing. Air will trap in the neck tissue (subcutaneous emphysema) and exsanguination will be severe. The character has 10 rounds to receive medical treatment (a successful Brains+First Aid roll, which takes 3 rounds) or die.

Severed Carotid Artery and Jugular Vein: If damaged, the common carotid artery, located on the sides of the neck, will spray bright red blood, fresh from the heart, in a pulsing jet. Located by its side, the internal jugular veins, if severed, will spill their oxygen-spent blood down the torso. The external jugular veins are the easiest to damage, as they can often be seen in the superficial fascia at the sides of the neck. Either way, damaging the carotid and jugular will starve the brain of blood, killing quickly. Depending on the severity of damage, a successful Brains+First Aid roll will slow down the loss of blood by applying pressure to the wound.



TORSO

Most of the body's organs are contained within the torso, and while the ribs provide limited protection to the thorax, the trunk is protected only by a sheet of abdominal muscle.

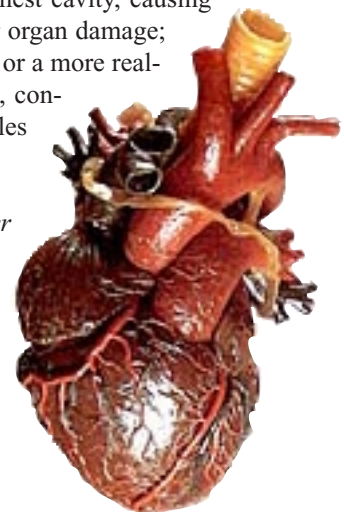
Wounds to the torso affect bodily processes and tamper with the life-enabling tasks that the organs provide, which make this region more delicate to injury than the arms and legs.

THORAX 7/8/9/10

The thorax is home to the cardiovascular and respiratory systems—the heart and lungs—which makes damage to this area extremely life threatening. Severe damage to the chest can crush the ribs and sternum, breaking the xiphoid process and puncturing the lungs. The clavicle and scapula bones shatter easily from gunshots and violent blows, puncturing nearby arteries, and making the act of wearing a pack impossible. Assume that normal damage to the thorax takes the form of bullets or shrapnel that lodge

themselves into or pass through the chest cavity, causing soft tissue wounds but avoiding major organ damage; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one or more of the damage samples below:

Heart Damage: Located in the center of the chest, the heart is the primary pump of the cardiovascular process and essential in order to sustain life. If any of its four cavities and ventricles are damaged, the heart might fail and cease to pump.



Massive Hemothorax: The character's chest cavity fills with blood and causes difficulty in breathing and shock from blood loss. This blood can originate from damage to the lungs, heart, or other organs. As the chest cavity can hold quite a bit of blood, death takes a few minutes and will occur in 10 rounds. Emergency treatment, which involves inserting one or more chest tubes to drain excess blood, is completed with a successful Brains+First Aid roll, and takes 3 rounds.

Cardiac Tamponade: Massive chest trauma stemming from blunt or penetrating damage causes the character's pericardial sac to fill with blood. Blood inside the sac will squeeze the heart and cause failure to pump in 10 rounds, at which point the character will die. A successful Brains+First Aid roll will diagnose the condition by observing muffled heart sounds, narrowing blood pressure, and enlargement of the neck veins, and treating the condition by inserting a large needle between the ribs near the breastbone directly into the pericardial sac and removing the excess blood. This takes 3 rounds.

Heart Bruise: The character's heart is damaged by a severe impact and bruised. The bruised area of the heart immediately dies and blood production is lowered, the effects of which are identical to a mild heart attack. The character acts at a penalty of -2 to Body and Coordination. Rest, medication, and surgery are needed.

Torn Aorta: The aorta tissue rips open, from projectile wound or blunt trauma, pouring the entire blood volume into the chest cavity. Death is usually instantaneous. A successful Body+Health roll means that the character survives the initial wounding, but needs to reach adequate medical help and receive a laparotomy operation within an hour.

Lungs Damage: Lungs are the saclike respiratory organs occupying the chest cavity together with the heart, which function to remove carbon dioxide from the blood and provide it with oxygen. Without at least the function of one of the lungs, death is assured.

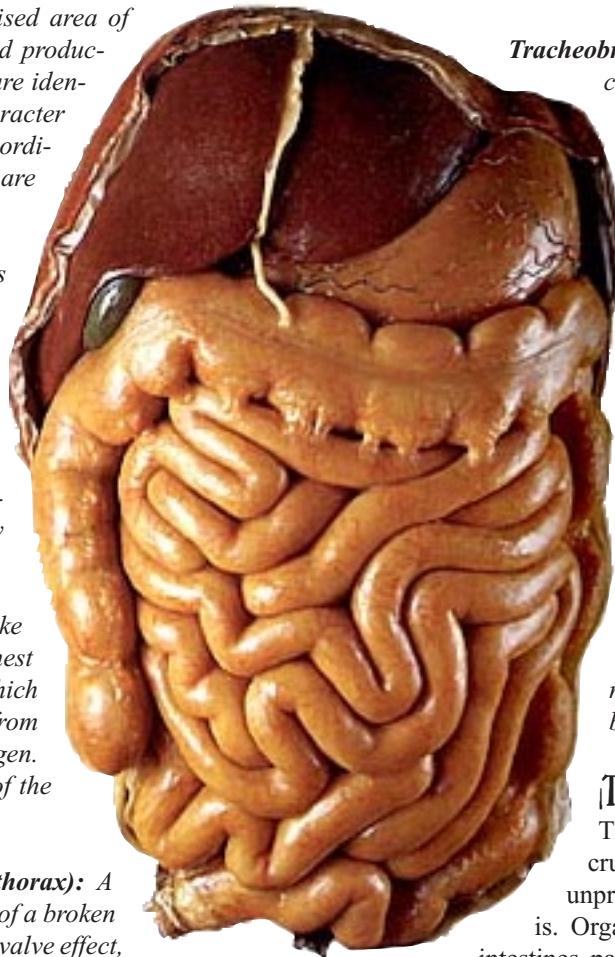
Collapsed Lung (Tension Pneumothorax): A stab wound, bullet, or the jagged end of a broken rib tears the lung, creating a one-way valve effect, resulting in a collapse. Air flows down the windpipe, out through the hole in the torn lung tissue and out into the closed chest cavity. The lung collapses in 2 rounds, and the heart and great blood vessels are pushed to the opposite side, causing the heart to pump less blood and starving vital tissue of oxygen. Without aid, the character will die in 10 rounds. A successful Brains+First Aid roll will diagnose the threat by making a small, harmless puncture below the collarbone and observing the hiss of trapped air, then treating the condition by inserting

a section of tubing into the area between the ribs. This takes 3 rounds.

Sucking Chest Wound (Open Pneumothorax): The character takes perforating damage to the lung wall in which air flows through with every breath. The character exchanges air through the chest wall hole, unable to create enough negative pressure to draw air normally, and causing death from suffocation in 6 rounds. A successful Brains+First Aid roll will stabilize the victim by placing a lubricated bandage over the wound, creating an air tight seal. This takes 2 rounds.

Lung Bruise: If the character takes a blow to the chest, the ribs may bruise the lungs. A bruised lung area collects with blood and fluid and prevents oxygenation. Most lung bruises heal spontaneously, but if the injury is severe, the character is suffocated by lack of oxygen and will die in 20 rounds unless given manual breathing via a successful Brains+First Aid roll.

Other respiratory organs are represented in the thorax, chiefly the diaphragm, trachea, and esophagus.



Tracheobronchial Disruption: The character's trachea is damaged and massive amounts of air leak out the chest tube, making it difficult to breathe. Without medical aid, the character will die in 10 rounds. A successful Brains+First Aid roll can enable another character, or the injured character himself, to apply sufficient pressure over the wound, occasionally letting trapped air out to prevent tension pneumothorax. This treatment will keep the character alive until surgery.

Traumatic diaphragmatic Laceration (Torn Diaphragm): The character's diaphragm is torn and has minor difficulty breathing. Surgery is needed to correct the small hole. If left unattended for too long, an intestine loop may slip through the hole and cause bowel blockage.

TRUNK 3/4/5/6

The abdomen is a chamber for vital organs crucial to the digestive process, yet it is unprotected by a cage of bone as the thorax is. Organs such as the spleen, kidneys, large intestines, pancreas, colon, stomach, gall bladder, and liver are housed in a vulnerable trunk, making punctures and blows to the area critical and often fatal.

Most of the internal damage is dealt to the digestive system, although the kidneys, spleen, and other organs are at risk. Intra-abdominal organs are of two types: *hollow* and *solid*. Hollow organs are tubes that carry fluids and solids through the body, and if injured, these tubes leak or become gangrenous. Solid organs are similar, but closed, and often perform a multitude of special

roles; the loss of one can affect many. All injury to abdominal organs requires some form of surgery in order to *debride* (clean and remove) dead, necrotic tissue to avoid infections. When the contents of some abdominal organs leak into the body cavity through a wound, *peritonitis* (infection) can set in. The character will experience an elevated pulse, fever, nausea, abdominal swelling, and abdominal pain. Immediate surgery is required to save the character's life. Assume that normal damage to the trunk takes the form of bullets or shrapnel that lodge themselves into or pass through the abdomen cavity, causing soft tissue wounds but avoiding major organ damage; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one or more of the damage samples below:

Liver Damage: *Blunt trauma to the right side of the lower ribs, as well as puncture wounds, can lacerate the liver—the largest organ in the body after the skin, responsible for reducing the body's waste and producing essential body chemicals and substances. Minor liver damage can be quite harmless; medium damage can be controlled with sutures and surgery; severe damage literally bursts the tissue apart making survival next to impossible.*

Spleen Damage: *Located on the body's left side under the protective shield of the lower ribs, the spleen can be split from an innocent seeming fall, a blow to the side, or from a ballistic injury, but unlike the sensitive liver, the spleen can be salvaged even after major trauma and destruction. When injured, the character's*

coagulation system usually stops the bleeding, but sometimes the spleen bleeds profusely and multiple transfusions are needed. A severely damaged spleen is usually removed.

Pancreatic Damage: *Even minor injuries to the pancreas can be fatal. The pancreas, located behind the stomach, produces enzymes and secretions designed to digest protein, carbohydrates, and fats. When bruised by blunt trauma, it can cause progressive multiple organ failure; when perforated, it can leak pancreatic enzymes that autodigest surrounding tissue and organs.*

Large and Small Intestine Damage: *The large intestine carries feces and if ripped open, the colon will leak feces into the sterile abdominal cavity and produce peritonitis, a seriously life threatening infection. Damage to the intestine could require a colostomy operation, where the working end of the colon is sewn to an opening in the wall of the belly through which feces is excreted into a colostomy bag. The mesentery tissue of the large and small intestines carry a rich blood supply and will hemorrhage if torn. Damage to these organs can go unnoticed for quite awhile, but always require surgery.*

Kidney Damage: *The kidneys create urine in its solid part, and distribute it to the bladder through its hollow part. Major damage to the kidney involves urine leakage into the body cavity. A severely damaged kidney is usually removed.*

FRACTURES

Bone fractures are direct or indirect. An example of a direct break would be getting shot and having the bullet hit the bone. An indirect break might occur if a victim fell on a bended knee and broke their pelvic bone. A fracture may be partial or complete. If the character takes 2 or more killing damage points to a hit location in the same attack, there is a chance that a bone fracture might occur. Generous GM's might allow the players a Body+Health roll to avoid such a break. Failure means one of the following types of fractures:

•Standard fracture:

The typical fracture, oblique, spiral, or transverse. One clean break.

•Comminuted fracture:

Instead of one clean break, multiple fragments of bones fracture. Bone shards may splinter off and float into the surrounding tissue, causing pain and complications. Surgery is needed to set the bone back in place with pins.

•Compound fracture:

Fragments of bone jut through the skin and create an open wound. There is a high chance of infection, and if the character fails a Body+Health roll, the wound tissue becomes necrotic and gangrenous if not immediately treated. A successful Brains+First Aid roll will counter the infection by setting the bone back into the extremity and cleaning dirt and debris from the wound. Immediate medical attention is needed, and eventually surgery to mend the bone with pins.

PELVIS. 1/2

The pelvic girdle enables locomotion by providing a socket hinge for the femur leg bones to swivel in. Damage to the hips can debilitate this function, leaving the character unable to walk. Traumatic impact or punctures can affect the urinary system, as well as the lower digestive system and the reproductive system, requiring immediate medical attention and surgery. Assume that normal damage to the pelvis takes the form of bullets, shrapnel, and lacerations that lodge themselves into or pass through thick portions of solid muscle mass, but otherwise miss the vital organs and bone; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Ruptured Urinary Bladder: *The character's urinary bladder is perforated and the contents are emptied into the body cavity, sending the character into shock. Surgery to correct this damage is needed within 3 hours or the character dies.*

Pelvic Girdle Fracture: *The character's pelvic girdle has been crushed or penetrated and shattered. The coxal bones have shifted and fractured, tearing the iliofemoral ligament and slipping the femur bone out of the socket. The character is immobilized from the waist down and requires surgery.*

RIGHT ARM & LEFT ARM

The arms fall prey to abrasions, dislocations, lacerations, and traumatic amputations. They contain vital arteries that carry blood fresh from the heart to the tips of the hands, and back again

through corresponding veins. When severed or damaged, exsanguinations occurs, and blood loss can be rapid, causing the character to quickly lapse into shock. The scapula (shoulder blade), humerus (upper arm), ulna and radius bones (forearm), carpals (hand), and metacarpals and phalanx (finger) bones can fracture and cause severe pain and the loss of use of that limb. Wounds can infect, becoming gangrenous and developing cellulitis. A sprained muscle, torn ligament, dislocated joint, or fractured bone can severely limit the use of the limb.

SHOULDER 9/10

The shoulder is the most utilitarian joint in the body, allowing for a wide range of motion. The socket is surrounded by many different muscles, any of which, if damaged, can immobilize or disable the shoulder. Lesser shoulder injuries include contusion; tendonitis (inflammation or damage to the rotator cuff); or bursitis (inflammation of fluid filled tissue surrounding the joint). Assume that normal damage to the shoulder takes the form of bullets or shrapnel that lodge themselves into or pass through thick portions of solid muscle mass; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Dislocated shoulder: *A fall, great blow, or crushing weight can dislocate the head of the humerus from the shoulder joint causing the elbow to be bent slightly away from the body with the forearm turned in (palm down). Severe pain disables the arm from being used. With assistance the shoulder may be popped back into place by placing a foot into the victim's armpit and applying steady traction on the arm until the head of the humerus pops back into the socket. This takes 2 rounds. If the shoulder is not corrected within 10 rounds, intense muscle spasms prevent the replacement of the humerus into the shoulder, and the victim must receive treatment at an aid station in order to correct the problem.*

Fractured scapula: *A gunshot or major blow to the shoulder can break the flat part of the shoulder blade, causing damage to the arm nerves. Open surgery is needed to heal any killing damage associated with this wound.*

Traumatic Arm Amputation: *The character's arm is blown off at the shoulder by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

ARM 7/8

Common lesser injuries to the arm include fracture of the shaft of the humerus, tears of the biceps or strains of the triceps. Sometimes the long head of the biceps tears away from the shoulder area where it inserts, leaving the belly of the muscle to curl beneath the arm skin. Assume that normal damage to the arm takes the form of bullets or shrapnel that lodge themselves into or pass through thick portions of solid muscle mass; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Fractured Humerus: *The humerus fractures low on the upper*

SHOCK!

Whenever a character sustains a wound equivalent to 2 or more points of killing damage they may go into shock. There are a few different forms of shock, but the primary three seen on the battlefield are hemorrhagic shock, neurogenic shock, and septic shock.

Hemorrhagic shock: The majority of shock cases are due to exsanguination (blood loss) of into the external environment and into the body tissues as well. Hemorrhagic shock is that clinical state in which the capillary perfusion is inadequate to satisfy tissue requirements as a result of the loss of blood.

Neurogenic shock: Neurogenic shock may occur after head injury, may be brought on by pain, or may occur on an emotional basis. Neurogenic shock results from autonomic nervous system stimulation, causing either widespread vasodilatation or the inhibition of vasoconstriction. This can result in vascular collapse.

Septic shock: This syndrome results from the absorption of bacterial toxins or toxic products from infected muscle or other tissues in which debridement has not been performed or was performed inadequately. It is shock from infection.

Symptoms

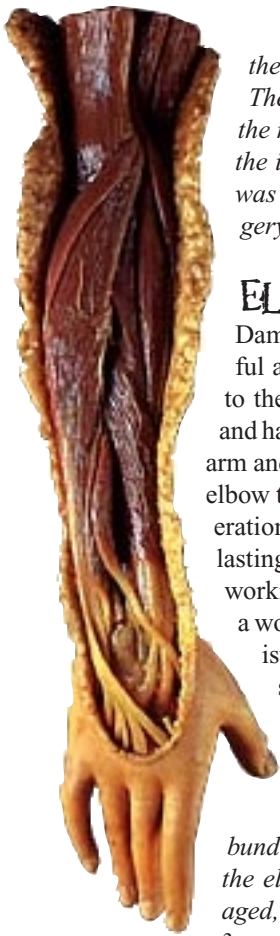
Shock stuns and weakens the body. Death can occur when the normal blood flow in the body is upset. The character may experience:

- Sweaty, clammy skin
- Paleness
- Restlessness
- Thirst
- Confusion
- Accelerated breathing rate
- Blotchy skin, bluish lips
- Nausea and vomiting

While in shock, the character is -1 to Brains and Body, and must make a successful Body+Health roll every 10 minutes or fall into a coma. The character is stabilized with a successful Brains+First Aid roll. A dramatic success (7 or higher) will bring the victim out of shock. Treatment for shock in the field involves laying the victim on his back, elevating the feet above the heart, loosening restrictive clothing, maintaining body temperature, introducing plasma into the intravascular structure, and reassuring the victim.

arm causing artery damage. Severe internal bleeding (hemothoma) occurs, killing the character in 1 hour unless a successful Brains+First Aid roll is made. Open surgery is needed to correct the bleeding and set the bone.

Damaged Radial Nerve: *The radial nerve is damaged, causing a loss of sensation in the lower arm and partially paralyzing the hand. The radial nerve is located behind the middle of the arm and controls sensation to specific areas of the skin and enables*



the extensor muscles of the wrist and fingers. The victim cannot extend the wrist or hand. If the nerve was pinched by a blow, the effects of the injury will disappear in 1 day. If the nerve was damaged by gunshot or severed, open surgery is needed to reconnect the nerve.

ELBOW 5/6

Damage to the elbow can be both merely painful and annoying, or catastrophic and harmful to the nerves and blood vessels of the forearm and hand. Elbow injury can immobilize the lower arm and hand. Assume that normal damage to the elbow takes the form of bullets, shrapnel, and lacerations that pass through the area with little long lasting damage and manage to avoid the crucial workings such as tendon, nerve, and bone; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Radial head damage: *The radial head (the end of the forearm bone at the elbow) is damaged. The neurovascular bundle, which lay unprotected atop the bones at the elbow, is temporarily or permanently damaged, causing the forearm and hand to go numb. 3 or more killing points to the elbow will require*

open surgery to reconstruct the nerve damage; less than 3 points and the numbing effect will wear off in 6 hours.

Traumatic Arm Amputation: *The character's lower arm is blown off at the elbow by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

FOREARM 3/4

The forearm contains two parallel slender bones, the ulna and the radius, which rely on surrounding muscle tissue for strength. When this support is compromised, the bones are in danger of fracturing. The brachial artery branches off at the elbow into the radial artery and the ulnar artery which run to the hand. Damage to these arteries can cause massive internal and external exsanguination. Other general damage to the forearm can cause muscle contusions, bone bruises, and other maladies, all dangerously compromising the functionality of the mass of muscles that constitute the framework of the lower arm and hand. Assume that normal damage to the forearm takes the form of bullets or shrapnel that lodge themselves into or pass through thick portions of solid muscle mass; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Ulna fracture: *The ulna bone (the bone directly beneath the skin) is fractured, either by a blow or firearm trauma. Usage of the arm is limited to the upper arm and shoulder only. The victim is unable to use the hand.*

Severed Arteries: *The radius and ulnar arteries are severed and rhythmically jet bright red arterial blood. If direct pressure and bandages aren't applied to the wound within 10 rounds (Brains+First Aid; takes 2 rounds), the character dies from blood loss.*

HAND 1/2

The hand contains more nerves and tactile sensory capabilities than most other parts of the body. Damage to the hand is intensely painful and psychologically terrifying, not only because we depend on our hands to manipulate objects and perform everyday tasks, but because our hands (along with the face and feet) are recognized by the psyche as the most "humanistic" and human defining features we have. Hand injuries include sprains, breaks, lacerations, dislocations, finger damage, and wrist trauma. Extensive damage will disable usage of the hand. Assume that normal damage to the hand takes the form of bullets, shrapnel, and lacerations that pass through the area with little long lasting damage and manage to avoid the crucial workings such as tendon, nerve, and bone; but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Colles' Fracture: *The typical wrist fracture. Direct impact and projectile violence can shatter the carpal bones, the scaphoid bone, and the navicular bone. Usage of the hand and movement of the wrist will be painful, if not impossible, for at least 1 to 2 weeks.*

Ruptured Tendons/Ligaments: *Sharp trauma can rupture the tendons and ligaments of the hand, making finger movement impossible.*

Dislocated Fingers: *Common breaking of the fingers. 1 to 2 weeks healing time.*

Degloving: *The full thickness of the skin on the top of the hand is stripped off and hangs from a flap. Surgery is needed to re-fix the skin to the hand. If blood supply to the flap is severely damaged, the flap may not survive and a skin graft will be needed.*

Traumatic Hand Amputation: *The character's hand is blown off at the wrist by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

RIGHT LEG & LEFT LEG

The legs fall prey to abrasions, dislocations, lacerations, and traumatic amputations. They contain vital arteries that carry blood fresh from the heart to the bottoms of the feet, and back again through corresponding veins. When severed or damaged, exsanguinations occurs, and blood loss can be rapid, causing the character to quickly lapse into shock. The femur (thigh), patella (knee cap), tibia and fibula bones (shin), talus and cuneiforms (foot), and metatarsals and phalanges (toe) bones can fracture

and cause severe pain and the loss of use of that limb. Wounds can infect, becoming gangrenous and developing cellulitis. A sprained muscle, torn ligament, dislocated joint, or fractured bone can severely limit the use of the limb.

THIGH 8/9/10

The upper leg is comprised of numerous strong muscles, ropy lengths of ligaments and tendons, and a vital network of arteries. In addition to the frequent hamstring and quadriceps pulls which can make movement a battle in and of itself, the thighs represent large meaty chunks of target, prime for ballistic damage and explosive amputation. Assume that normal damage to the thigh takes the form of bullets or shrapnel that lodge themselves into thick portions of solid muscle mass, but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Midshaft Femur Fracture: *The femur fractures midshaft, causing major blood loss from arterial damage. The character can no longer support his weight on this leg.*

Supracondylar fracture: *The femur fractures right above the knee and causes disruption of the artery to the leg, producing a cold foot. Surgical fixation (with pins, plates or screws) is needed. The character can no longer use this leg.*

Femoral Artery Damage: *Bright red arterial blood sprays in rhythmic jets from the character's inner thigh, exsanguinating and killing him in 10 rounds. A Brains+First Aid roll will staunch the blood loss by applying pressure at the damaged femoral artery and employing a tourniquet above the injury. This takes 3 rounds.*

Traumatic Leg Amputation: *The character's upper leg is blown off at mid-thigh by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

KNEE 6/7

The knee joint enables bipedal movement. Because of its location, it is one of the first places on the body to be injured; characters constantly batter the knee when dropping for cover, and most soldiers will have scrapes and bruises. Injuries to the knee include ligament strains and tears, torn cartilage, and the shattering and fracture of the patella. Damage to the neurovascular bundle, located behind the knee in close proximity to the joint, can permanently or temporarily cause nerve damage to the lower leg and foot. Assume that normal damage to the knee takes the form of bullets or shrapnel that pass through the area avoiding major damage, but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Blown Out Knee: *The anterior cruciate ligament is torn or severed. This ligament is crucial in regards to the stability of the knee and the ability to walk. The character cannot use this leg. A successful Brains+First Aid roll can alleviate pain by applying a splint and keeping the leg immobile.*

With materials available, this takes 5 rounds. The character will most likely have chronic knee conditions after this injury.

Patella Fracture: *The character's kneecap is shattered through fall, blunt force, or penetrating force. Minor damage to the neurovascular bundle occurs and the character no longer has sensation in his lower leg. Any pressure put on this leg causes immense pain. First Aid is as above.*

LEG 3/4/5

The lower leg is supported by the weight bearing tibia bone and driven by the calf muscle (gastrocnemius). There is no muscle between the anteromedial side of the tibia and skin (the shin) which makes damage to this bone easy. The very thin secondary lower leg bone, the fibula, is hidden behind the tibia inside the deep muscles underlying the calf; this bone cannot be felt, until it is broken. Assume that normal damage to the leg takes the form of bullets or shrapnel that lodge themselves into thick portions of solid muscle mass, avoiding major damage, but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

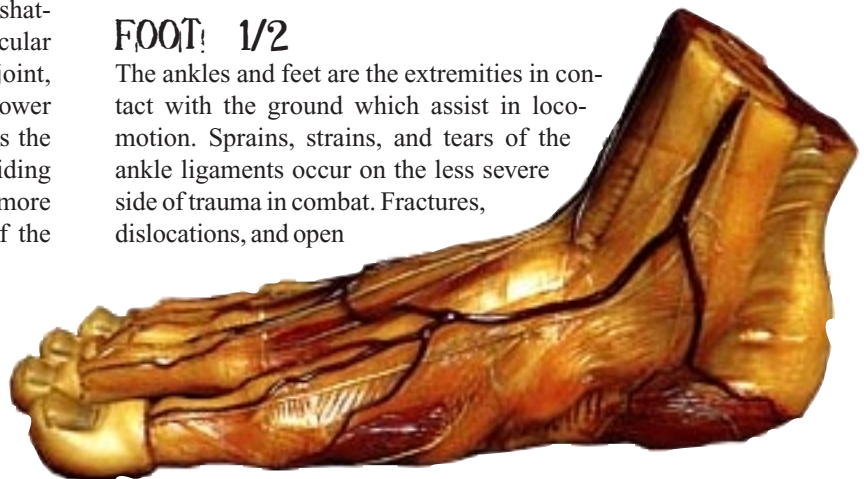
Anterior Compartment Syndrome: *Blunt trauma, and even over-use, can swell the muscles and restrict blood flow in the character's lower leg, increasing pressure in the muscle compartments and causing pain. Minor cases can be treated with soft tissue therapy. Severe cases are corrected with fasciotomy surgery, where the fascial envelope is cut open, allowing the swelling to dissipate.*

Compound Tibia Fracture: *The character's tibia and fibula are shattered and the lower half of the tibia juts through the skin of the shin. The character cannot use the leg and suffers severe pain when moved. A successful Brains+First Aid roll will stabilize the leg, staunch blood loss, and cover the wound to prevent infection. If the roll is failed, infection will set in and the wound will continue to bleed. Corrective surgery is needed, along with months of recovery and rehabilitation.*

Traumatic Leg Amputation: *The character's lower leg is blown off by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

FOOT! 1/2

The ankles and feet are the extremities in contact with the ground which assist in locomotion. Sprains, strains, and tears of the ankle ligaments occur on the less severe side of trauma in combat. Fractures, dislocations, and open



wounds are more serious ankle injuries. Abscesses, cellulitis, tendon rupture, Achilles tendon bursitis (heel pain), plantar fasciitis (inflammation of the tough tissue supporting the arch), broken foot bones (metatarsal), and occult foreign bodies are just some of the injuries of the feet. Damage to the ankles and feet can be uncomfortable, or they can be hobbling. Assume that normal damage to the foot takes the form of bullets or shrapnel that penetrate the boot and pass through the area with little nerve, bone, and tendon damage, but if a wound is spectacularly severe, or a more realistic model of body trauma is desired, consider one of the damage samples below:

Traumatic Foot Amputation: *The character's foot is blown off by explosion or ballistic damage. Bleeding is severe and must be stopped with a Brains+First Aid roll within 10 rounds or the character slips into a shock-induced coma and dies in another 5 rounds.*

Metatarsal Fracture: *The character's metatarsal foot bone is shattered, lodging bone fragments into the surrounding tissue, and severing major tendons. The foot can support no weight and cannot be moved.*

FLESH WOUNDS.

NOT ALL STAB WOUNDS SINK TO THE HILT; SHRAPNEL SOMETIMES deflects off the body instead of penetrating it, leaving cuts and bruises, but sparing major damage; bullets nick and graze, causing pain, but little else; instead of tumbling and bouncing through the body, bullets will often pass cleanly through, minimizing damage and recuperation time. In short, damage is highly variable and often times wounds are minor. In GODLIKE terms, this is the Flesh Wound.

HOW IT WORKS

If all the unused dice in the attack roll are odd, the hit is a flesh wound and damage is halved, rounded down. If multiple attacks are being made and the remainder of unused dice is odd, then one of the attacks is a flesh wound (victim's choice). Notice that the probability of rolling a flesh wound is dependant on the size

of the dice pool rolled: the smaller the pool, the better chance of rolling a flesh wound; the higher the pool, the better the chance of causing full damage.

Example: Mark fires his Garand at Antonio, rolling a 6, 6, 3, 1. The two unused dice in the attack roll are both odd so Antonio is hit in the right arm for half damage.

Albert fires his machinegun at Gregor, rolling a 9, 9, 9, 6, 6, 5, 3, 1. He hits him in the torso and right arm. The unused dice in the roll (5, 3, 1) make one of these successful hits a flesh wound; Gregor decides that the more serious torso hit will be the flesh wound. If Albert decided to hit only once with his machinegun, and chose the torso hit as the successful attack, then the remaining dice would be 6, 6, 5, 3, 1—a mixture of odd and even-making the torso hit a full damage success.