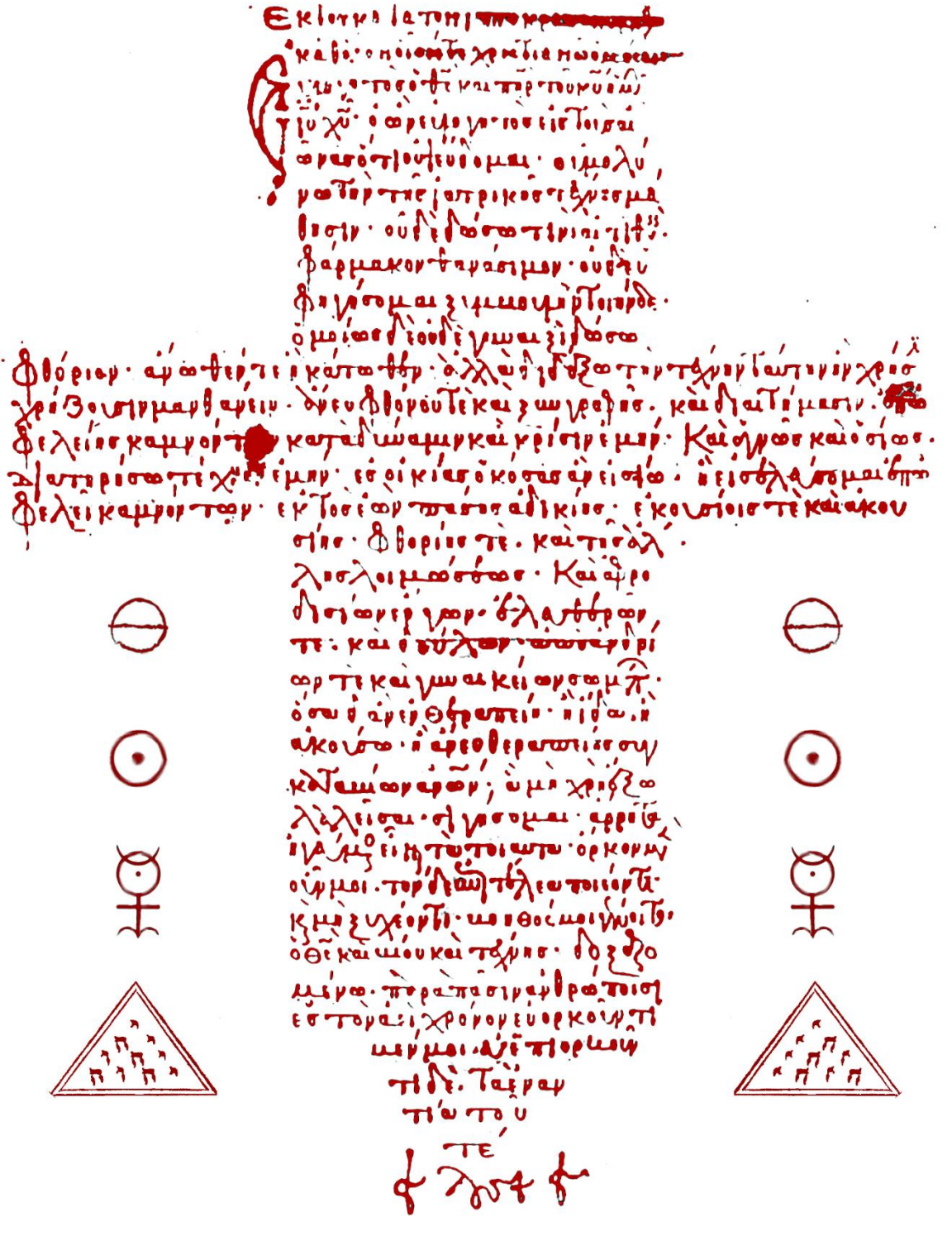
Eldritch Care Unit

You swore an oath And it's magically binding



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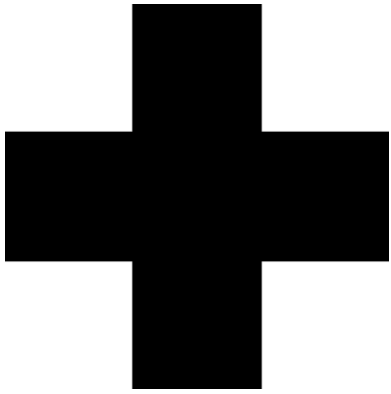

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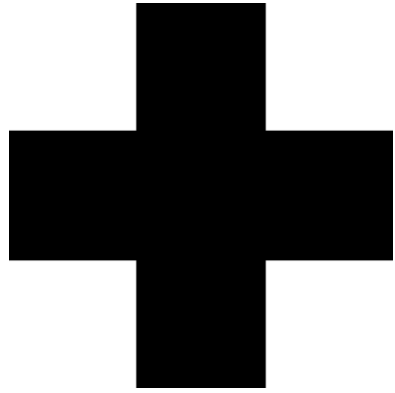
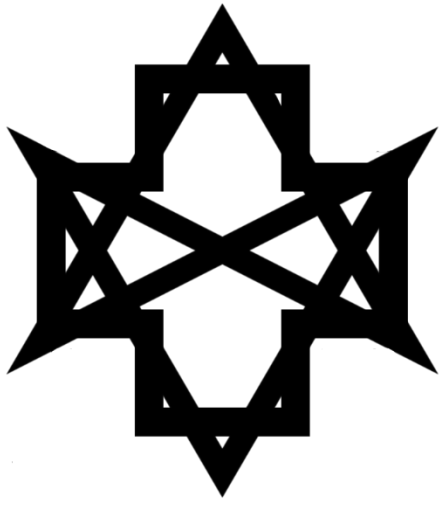


Introduction




While most will never see it, almost every hospital has a hidden side. Typical mundane medical affairs cover up another layer; sometimes this is the missing 13th floor, other times it's an underground complex, and on occasion, it doesn't even exist in the same physical plane as the rest of the building. These "Eldritch Care Units," or ECUs, don't treat your typical humans with mundane diseases, but strange, usually-sentient creatures, or perhaps just people with a touch of the supernatural or an otherworldly ailment affecting them. It's where a vampire goes to treat the burns garnered from the sun, or where a person who's cursed by a faerie to a lifetime of ill health goes to get back to normal. Your typical doctors, nurses, and other medical staff join up with occultists, ritualists, and those touched by the supernatural world. They work together to diagnose, study, and (ideally) cure the strangest, most arcane diseases there are.

But the ECU still has to work as part of the hospital. They need to fit within the institution's budget; occultists don't come cheap, components for elixirs are hard to find, and worse, neither are covered by insurance. Despite the wonder and veneer of the fantastical that covers these hidden wards, they still operate within the politics of the real world. And that means, often, patients can't always get the care they need on time.

Sometimes, though, a particularly dedicated care team can get around that.

Role-Playing Games

Some of those who pick up this book will already know what a tabletop RPG (or "roleplaying game") is, but if ECU *is* your first, welcome! An RPG is a type of game defined by collaborative storytelling revolving around characters that each player creates for themselves. By taking charge of these "player characters" (or PCs) and defining what they do, players can interact with a world defined by another person, the "Chief of Staff" (a Gamemaster in most other systems), who provides the circumstances and challenges for those characters.

For the most part, players take turns (or talk over each other) describing what their characters are doing in that world, and the Chief tells them what happens. If there's any uncertainty whether a character is capable of a given action, the Chief decides on a dice roll or other check to determine whether or not they manage it (see **Chapter Two** for details on the Adversarial System).


The Premise

In an ideal world, when someone goes to the hospital, they're easily diagnosed. When a doctor diagnoses you, there's a cure available, and nothing stops you from getting it. Once you have your cure, it works perfectly and you can go home soon after, feeling better.

We don't live in an ideal world. When you go to see a doctor, they may fumble the diagnosis, or not figure it out until it's too late. When the diagnosis *is* correct, it's often for something we can't fully treat, or that's nearly impossible to cure. When a cure *is* available, it's often incredibly expensive, hidden behind random trials, or in a limited supply. Sometimes, even when you do get your cure, it doesn't work.

However, in a fantasy-touched world like the one in **ECU**, *there's always another way*. If a typical blood test fails, your personal occultist might be able to divine something on the side that the hospital can then make use of. If a disease is terminal, rare reagents might exist in other worlds that can fix it, at least in *this particular case*. If someone's insurance won't cover it, maybe a bit of finagling can trick them into paying the cost anyway. And if the first attempt doesn't work, maybe there's a chance to try again. It all comes down to just how hard the medical staff is willing to try.

The players, then, take the role of said medical staff. Not just the run of the mill doctors, nurses, and yes, occultists, but those that are so dedicated to what they do that they'll go above and beyond what they're paid for. They'll work extra hours off the clock, they'll hunt down rare reagents the hospital refuses to stock, and they'll do their best to navigate the bureaucracy present in modern medical setups. Nobody should have to do that to get their patients the care they need, but reality rarely ever lines up with the way things should be.

What You Need to Play

Dice

The table needs 5 or more six-sided dice (or "d6") available, and ideally, each player should have a set of their own, for ease of use. That said, if you don't have that many, sharing is entirely fine.

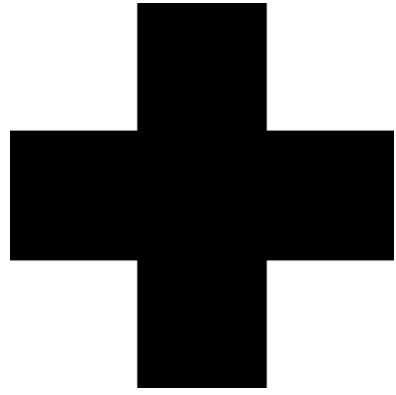
The basic mechanical system of ECU is the "Adversarial System," which involves using these dice to roll for the opposition or trouble impeding a character's attempted actions; the Chief of Staff never rolls this, it's always in the players' hands. More on this can be found in **Chapter Two**.

Sheets and Notes

Every player and the Chief will need paper and pencil, or alternatively a laptop or similar digital note-taking device, in order to record the details of their characters and to take any needed notes over the course of the session. Premade character sheets can also be downloaded and printed off.

Optional: Props and Handouts

While not needed, it can be fun to provide props and handouts to the players if you're the Chief, or to bring some of your own if you're a player. Actual write-ups of presented symptoms, a map of the hospital, pictures of the characters, and any number of other little add-ons can help immerse everyone within the game.



Chapter One: Character Creation

In order to start providing the proper care for the ECU's patients, you need to create your character, one of the hospital's ECU medical staff. This should be done with the entire group to be sure you have a well-rounded staff; ideally, you'll need someone capable of medical diagnosis, someone capable of occult work, someone capable of surgical intervention, and perhaps someone capable of navigating the bureaucracy of the hospital, among other possibilities. Work with each other to put together a team capable of dealing with the strange scenarios that come up in the ECU.

Before character creation has started, the Chief of Staff should figure out the layout and nature of the hospital itself (see page 40), so that this information can be referenced by the group as needed. Remember, the ECU tends to be located in hidden wings, alternative planes of existence, or other obscured areas of a hospital, but it otherwise overlaps “modern” medical facilities fairly closely, usually those in the United States specifically.

Where the term “character sheet” is mentioned below, it means the note card, sheet of paper, notepad file, or another area where you’re recording your character details to reference later. Premade character sheets can be downloaded and printed off, as well.

Step One: Concept

Define your character's concept, the “one line” explanation of the character. This can be something professionally-aligned, like "Doctor with a focus on healing magical curses," or it might be something more personality based, like "Rebellious administrator." It can vary anywhere between a couple of words to a short sentence; so long as it gets across the basic idea of who your character is and what they'll be doing.

Once you’ve decided on your character concept, write it down in an appropriate spot, and then add any descriptive details, such as appearance, personality, pronouns, and so on beneath it. You should also think about your background and history at this point. When did you get into the medical field, or when were you pulled into the ECU specifically if you weren’t medical staff already? When was your first experience with the supernatural? When did you meet the other characters being created?

All of this should be contained in the same “section” of your character sheet, acting mostly as a tool for aiding roleplay than anything else. However, the concept will also help inform your character’s *Training* and *Supernatural Quirk*, defined below.

Step Two: Training

Anyone working within an ECU has Training of some sort and an awareness of the supernatural. This Training defines what they're best at doing, their educational background, and what sorts of activities they focus on. It also provides a rating that will be used to check if your character can accomplish related tasks.

At character creation, you start with a primary field, a secondary field, and a "hobby." The primary field is the specific professional role you're recognized for within the hospital; it should include an implied specialty or focus. Some good examples of a primary field include:

- Oncologist
- Imaging Technician
- Demonologist
- Exorcist
- Warding Specialist
- Surgical Nurse
- Psychiatrist
- Alchemist

Your secondary field should be a bit more general than your primary field, and similarly professionally aligned, but it needn't be directly related to your primary. It could be a past job, or something related to your primary field but that you've moved away from. Some examples might include:

- General Practice Doctor
- Surgeon
- Administrator
- Nurse Practitioner
- Lab Technician
- Ritualist
- Occultist

Finally, your "hobby" can be just about anything that your character does in their spare time that might still come in handy when navigating the ECU, or that defines an additional part of their background. This can cover many of the same fields as above, but should be worded in a way that makes it clear it's not fully trained, such as:

- Amateur Hacker
- Biology Buff
- Magical Dabbler


- Technology Enthusiast
- Self-trained Herbalist
- “Former” Larcenist
- Cryptographer

Once you've chosen your primary field, secondary field, and hobby, put a rating of "25" next to your primary field, "20" next to your secondary field, and "15" next to your hobby. If your primary or secondary field is overly specialized, your Chief can decide to allow you to take a +3 bonus to that rating. For instance, if you choose "Oncologist" as your secondary field, the bonus may apply. Don't worry if you feel you've gone too specific, however, as you still retain most of your Training for less directly related tasks.

Field Accuracy

ECU is not meant to be simulationist. The fields you choose for your Training don't need to match up with actually recognized positions within a hospital, or known specialties within the medical field. They can even be some combination of a typical medical field and occult practice if you'd like. ECU focuses more on the stress and emotion behind the process of treating patients that don't always have what they need to get the best care, and less on simulating a hospital and the medical field with 100% accuracy.

That said, avoid any "jack of all trades" Training fields; general practice doctor or ritualist is about as abstract as you can usually get.

Step Three: Supernatural Quirk

Nobody that works in an ECU remains entirely normal, if they even were to start with. While ritualists and exorcists inherently have some amount of supernatural “power” to them, it’s related directly to their field, their place within the hospital. Every character, though, has some other minor talent or trick, some supernatural oddity that isn’t directly related to their job, but still might come in handy. This is their Supernatural Quirk.


Generally, a Supernatural Quirk is exactly what it sounds like. Maybe you're a half-vampire who inherited a "Mesmerizing Gaze" from their vampiric parent. Maybe you have an ability to "Read Auras." Or maybe you have some form of "Telekinesis" that you developed after a lab accident.

Mechanically speaking, a Supernatural Quirk will do one of the following:

- Let you skip a specific type of check in a specific sort of circumstance, such as never needing to make a check to restrain a violent patient because of an ability to make their shadow grab hold of them.
- Let you remove up to three Adversarial Dice from a check in a more general sort of circumstance (see page 15), such as having an innate anti-magic ability that removes penalties applied to you with magical rituals.
- Let you make a check when you normally wouldn't be able to, such as researching on a computer you don't have access to with a sort of "Cyberpathic" ability that bypasses security.

The Chief of Staff might allow for other options as well. A few examples of Supernatural Quirks that fit the above criteria follow, but these are unique to each character, and players are strongly encouraged to come up with their own:

Mesmerizing Gaze

Whether because of a vampiric parent, the blessing of a nymph, or innate hypnotic ability, you're able to use your imposing glare to make people more willing to do your bidding. It's not as strong as a supernatural creature's own would be, but it's still very useful.

Mechanical Effect: When asking someone to do a favor for you that costs them nothing but their time (no self-injury, risking their job, etc), skip any checks needed to convince them to do so. However, if they have any level of supernatural awareness, they might realize they were influenced afterward.

Read Auras

You have the ability to read auras. Normally this is a psychic ability of sorts, but it might also be a little spell you were taught as a child by your magically-inclined parents, or perhaps your eyes were altered when you

were putting together a strange elixir with tear-inducing fumes. Auras are seen as a bright halo of sorts that surrounds any given individual with a soul or spirit, with colors that vary based on their emotional and supernatural state.

Mechanical Effect: Remove 3 dice from any check wherein knowing someone's emotional state would benefit you (Chief's call, if it's uncertain), or for a check to determine what sort of supernatural being someone is, if it's not already known.

Telekinesis

You're capable of moving things through sheer force of will, rather than needing to make use of your hands. There's any number of things that can grant this strange ability; it might be psychic, a pair of gloves that create ghostly hands, or a few mischievous spirits at your beck and call.

Mechanical Effect: You can make checks that involve physical manipulation from a distance, so long as you can see the object you are trying to manipulate.

Character Creation Example

Our example character is Samuel Flik, an academically trained occultist who's been hired onto the ECU fairly recently.

Step One: Concept

The basic concept is boiled down to "Rambling, but friendly occultist" which is recorded on the sheet. He's fairly tall, with tan colored skin and messy black hair, and studied mythology at the University of Southern California. It was during his education that he discovered the truth in some of the supernatural claims made in these sources, after he, for the fun of it, attempted to perform a ritual in one of the older books he'd been studying. Officials within the local ECU convinced him to join up a few years afterward, where he met the other characters.

Step Two: Training

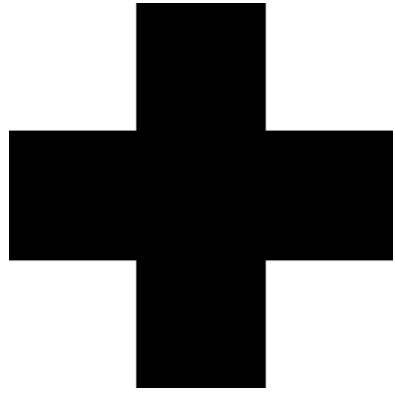
His primary training, as far as the ECU is concerned, is in his skill as a Ritualist, which allows him to perform minor magic and wards to deal with intangible supernatural threats, such as curses and otherworldly intrusions. He records "Warding Specialist 25" on his sheet, as he specializes in protective magic, but this will still be able to be used (at a lesser rating) for other types of magic.

For the secondary field, he writes down "Academic 20," figuring that his academic training in mythology will be useful in doing research and diagnosing some of the lesser known supernatural creatures that come in.

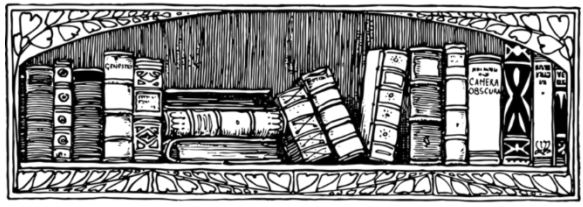
Finally, for his hobby, he writes down "Socialite 15" to represent his tendency towards making friends and contacts in academic and similar spheres; social skills can be important in navigating the political side of the ECU.

Step Three: Supernatural Quirk

Samuel's initial ritual ended up altering his perception, allowing him to see ghosts (it's recorded as "Mediumship"). He can make checks to notice, study, or interact socially with ghosts in the area, even if they'd be invisible to everyone else (thus allowing for a check when it's normally not allowed as the mechanical benefit).



Chapter Two:
The Adversarial System



The core concept of **Eldritch Care Unit** is that life isn't fair. Lacking external pressures and problems, a good doctor will be able to do something for just about any patient. However, we don't live in a world without external pressures; there's almost always something that's working against you. It might be time, it might be budgetary constraints, it might be another person that wants your job, or it might be the curse of a Faerie Queen you insulted during the last solstice festival.

The Adversarial System is a simple set of roleplaying mechanics that works to reflect the pressures of the world on the characters. It's meant to illustrate how easy a task could be if not for the pressures of day to day life on it, and to show how we find ways to work around them. In addition, it's meant to make it that much harder for frivolous dice rolls to take up too much game time.

Basic Mechanics

When there's a question whether a character should be able to achieve a given task, and that question is in some way dramatically interesting, you make a check. This does *not* inherently mean that you'll roll the dice. Instead, compare the character's relevant Training (the ratings they assigned in character creation for their fields and hobby) to the difficulty of the task, as described below:

- Easy, but not mindless: 5
- Average, requires some thought and effort: 10
- Difficult, requires specific training or knowledge: 15
- Incredibly Difficult, requires a high level of advanced training or knowledge: 20

If a character has Training that seems somewhat relevant, but not directly so (e.g a "Biologist" secondary field looking into something involving chemistry), lower their effective Training by 5 and compare it. If a character lacks any sort of relevant Training, they have an effective value of 6. Always use the highest appropriate Training rating a character has.

Should the Training rating be lower than the difficulty value, it makes the task impossible for that character; they simply don't have the required skill set to take it on. All the luck in the world won't let a ritualist perform heart surgery, for instance.

Optional Rule: Related Training

If you like a bit more chance to your checks, instead of having indirectly related Training act as a rating of 5 lower than normal, add on 1 or 2 additional Adversarial Dice to the pool instead, depending on how far removed it is. This is generally best when you know that there's already external factors that will require a roll anyway.

A Training rating high enough to potentially match or exceed the difficulty makes success possible. At this point, the Chief of Staff determines if there are any external factors (or unusual internal ones) to take into account; if there are, they build up an *Adversarial Dice Pool*. For each external stressor or difficulty that a character needs to deal with, add 1 or more dice to the pool; default to 1 each, but if the problem is something extremely inhibiting, it might be worth more. Some examples of this include:

- A time crunch
- Inappropriate tools or lack of needed information
- An injury or other physical condition that's distracting the character
- A curse that affects the type of action in question
- A complication with the task itself (e.g. treating a disease with unusual symptoms or resistances)
- Someone working against you (see Opposed Tasks, below)

These are just a handful of examples; the Chief of Staff should feel free to add more and come up with additional ways to enact pressure on the characters.

As a general rule, a player character should never have to deal with more than 5 or so Adversarial Dice at a time for a given task; eventually the mounting external pressures all start to run together and you're just working on one nearly impossible task.

Once the Adversarial Dice Pool has been put together, roll the appropriate number of d6's, and subtract the total from the character's effective Training (or, if it's easier for you, add it to the difficulty instead). If the character's Training still exceeds the difficulty of the task, they're

successful; if not, they've typically failed (but see Success and Failure, below).

For instance, rolling 5 and 3 on 2d6 would cause that total of 8 to be subtracted from a Surgeon's Primary Field of 25, giving them a 17, which would mean a failure if the difficulty is still above that (say, an incredibly difficult task of Difficulty 20).

Mitigating Difficulty

While the world can impose difficulties on character, the characters can sometimes nullify those difficulties before attempting the task at hand. If a character is tired, caffeine might remove an Adversarial Die from the pool reflecting that fatigue. If a character's being haunted, a salt circle might keep the ghost at bay while they perform the delicate work required. There's no hard and fast rule for this; it's up to the Chief of Staff what actions might suffice to remove one or more Adversarial Dice from the pool.

This can also apply to Opposed Tasks (below), preventing someone from working against the characters as efficiently as they can, or it can work as an alternative form of indirect Assisted Task (also below), allowing a character who can't help directly to try and remove some of the difficulty through some other means.

When Not to Roll

If the Adversarial Dice couldn't possibly lead to a failure, or there's too many of them for the check to be successful, you should just use the inevitable result without rolling. For instance, a character checking their Training of 25 against a difficulty of 10 with only 2 Adversarial Dice can't possibly fail (25 - 12 = 13), so there's no need to roll. Similarly, a character relying on the base "Training" of 6 against a difficulty of 5 can't possibly succeed with 2 or more Adversarial Dice. The first character simply succeeds, and the second simply fails, without a roll.

Success and Failure

By default, if a character equals or exceeds the difficulty of a check after rolling the Adversarial Dice Pool, the task is completed as expected. This works out to the extent the Chief thinks is applicable; where appropriate, higher differences between the Training and the difficulty might allow for a more obvious, complete sort of victory, or provide a bonus above and beyond what was attempted.

When the character fails, however, due to the pressures of the Adversarial System they work within, this isn't necessarily the end of the world. For less important tasks, this might be a simple failure, and you'll have to come at it from another angle. However, if it's important for moving the story along, the Chief simply finds it more interesting to allow for it, or the player themself has a suggestion for it, the option of a "Complicated Success" can be offered.

What this simply means is that the character still succeeds despite the "failure," but something else complicates the situation. A ritual to remove a curse might inflict it on the casting character instead of dissipating it; a check to fudge insurance papers might work, but the character's boss takes notice after the fact and causes some trouble for the characters.

Opposed Tasks

The player characters should always be working towards the same ends, so when a character is opposed in their efforts, it's by an NPC (non-player character, controlled by the Chief of Staff). NPCs don't use the typical character creation rules; they instead have a number of dice they can apply to a given type of task. The Chief of Staff can improvise this, or they can come up with mini character sheets that have Training ratings listed in dice instead of a flat value.

If the NPCs are using their abilities to contest the players, some or all of these dice are applied as adversarial dice. Adversarial dice from an opposed task can bring a total above 5 if there are other factors as well, but the Chief of Staff should be sparing in piling on too much of an additional penalty.

Obviously, if an NPC can't actually act at a given instant, the dice won't apply; it can be useful for characters that can't assist with a given action to try and distract or otherwise deal with troublesome opposition. Hopefully legally (see Mitigating Difficulty, above). This same system is used for "social" rolls wherein characters are attempting to convince an NPC of something, get a gauge of their mood, or otherwise interact with another person in a manner where some level of resistance is expected; if you're lying to someone you need to overcome their sense for deception, for instance, and if you're trying to make them help you, you need to beat out their stubbornness or laziness. In this case, the basic difficulty of the check should lean towards being easy, since the opponent is all you're really working against here.

It *is* a contest!

If for some reason the player characters insist on working against each other in a given instance, and everyone at the table is okay with a bit of PvP ("player vs. player") gameplay in what's normally a cooperative roleplaying game, a given PC can apply 1d6 of difficulty for every 5 points they have in relevant Training (round up).

Assisted Tasks

Opposite of opposed tasks, assisted tasks are those wherein characters are working together towards the game goal. In this case, take the highest Training rating of all of the characters working together. Then, for each additional character helping whose Training meets or exceeds the base difficulty, remove 1 die from the Adversarial Dice Pool. In the case of NPCs *assisting*, if their own dice pool is equal to the Adversarial Dice for the check before assistance, remove a die. Once you've finalized the dice pool, make the check normally.

Assisted Opposition

Sometimes, more than one individual is working against you when you try to get something done, per the Opposed Tasks rules above. This works similarly to the Assisted Task rules, but in reverse; when you have Adversarial Dice due to opposition, take the highest dice rating, and add 1 more die to your Adversarial Dice Pool per additional antagonist that has at least 2 dice to their own pool. The Chief of Staff is the ultimate arbiter, again, as to how many people can reasonably work against you at one time.

Lingering Adversarial Dice

In some cases, the Chief of Staff may want to make a note that a given player is under a constant effect that will cause them trouble for nearly everything they do, or a certain type of action. Or, similarly, a certain effect in the environment or location might similarly affect all of a certain type of action performed there. This can be handled with "Lingering" adversarial dice, which are noted either on that character's sheet, or marked somehow for a location or other cause of it.

For instance, a character who comes down with a cold might write down "Severe Cold: 1d6 to any checks requiring concentration," perhaps with a note for how long it lasts or how to get rid of that condition. Or a location might have "No Power: 1d6 to any checks requiring sight until it's fixed."

On the other hand, a positive sort of influence might similarly protect against a number of adversarial dice, being noted as something like "Coffee: -1d6 on any checks penalized by fatigue until 12 pm."


A Quick Example

Samuel has gathered all of the materials he needs for a ritual meant to remove the curse a Fae Queen has put on his patient, which causes any and all mundane medical attention to have the reverse effect. So, before the doctors can treat the patient's broken arm, he needs to remove that curse.

This sort of curse is powerful and complex, so the Chief of Staff decides on 15 as the base difficulty. Samuel's "Warding Specialist" Training of 25 is more than enough to handle this. However, his magic is working directly against the Fae Queen, the most powerful Fae in the area, and she imposes a full 5d6 of adversarial dice on him! In addition, he's already had to replace one of the needed ingredients with a close facsimile (the actual one wasn't in stock. Budget cuts); it should work, but the Chief decided that's another die in the Adversarial Dice Pool.

6d6 is a huge dice pool to try and deal with alone. Thankfully, another player character, Leara, who's playing the lead medical doctor, has Training for "Occult Dabbler" at 15 (it's her "hobby"), so she can help (she matches the check's base difficulty). 5d6 is still a large Adversarial Pool even for a specialist of his skill, however. Thinking fast, Samuel hangs some iron horseshoes around the ritual room to weaken the active effect of fae magic, limiting the amount of control the Fae Queen can retain over her curse, and the Chief decides that's fair to take another die off the pool.

Samuel rolls 4d6, and the dice come up as 4, 1, 3, and 2; that total of 10 is subtracted from Samuel's Warding Specialist Training to give a total of 15; the ritual is just barely successful, and the Fae Queen's influence is removed!

The Big Picture

The Adversarial System works similarly whether it's on a small or large scale. On the small scale (described above), the characters are just the PCs, and the tasks themselves are usually things that happen with somewhere between a few moments and a few hours of time.


Sometimes, however, a given task is more than one "action" and can't be resolved with a simple check. In this case, the system is abstracted to work off the Big Picture.

Instead of checking a character's individual Training, you usually are working off a larger group or establishment's Capability (see Chapter Four for advice on how to figure out a Hospital's, which is the default usage of the Big Picture system in **ECU**). This represents how well suited that organization, business, group, or otherwise is towards meeting its purpose. 25 represents a competent example of a large scale hospital with a well-funded ECU, as an example guidepost.

The Chief decides on the Adversarial Dice Pool long before the roll is actually made, however, so that those within the group can work to lower it through "small scale" actions that have their own checks involved. There's often a given time limit or a finite number of these actions that can be used towards this purpose before the roll has to be made, and unlike with the personal scale checks, there's no upper limit to the number of dice that can be added to the Adversarial Dice Pool.

Individual characters cannot use their own Training to "assist" an organization in the Big Picture; instead, they need to perform actions to mitigate the problems involved. If the patient lacks insurance, for example, the PC might use their Training in "Bureaucratic Paper Pusher" to try and fake it or put them under the name of someone that does have insurance. If they make a successful check to do that on the small scale, they remove a die from the Adversarial Dice Pool in the Big Picture.

Nearly all tasks done in the Big Picture will have some amount of Adversarial Dice working against it, simply due to the nature of how the modern world works, and the limitations of any given singular hospital (or ECU ward).

Large Scale Antagonism

Powerful people can cause problems even on a large scale. Similar to the rules for Opposed Tasks above, if working against a group, or even a particularly potent person, that opposition can cause Adversarial Dice. Every task that the opposing group performs to make things more difficult for the larger organization adds another Adversarial Die to the pool, instead of taking one away. In the case of some sort of "constant opposition," such as a warlock continually attempting to work against attempts to dispel a

curse on their victim, that should be accounted for as part of the base dice pool instead.

Big Picture Example

Samuel Flik is a part of the ECU in Southern California Hospital, which is very well funded and staffed, comparatively, so it has a Capability of 30.

A changeling patient comes in with a self-aware, mystically empowered virus slowly damaging his body's ability to feed off the fae magic empowering it. This is an incredibly difficult, deadly disease to treat, putting the base difficulty at 20. However, in this specific case, the magic doesn't respond to typical dispellation, the changeling's insurance won't cover the optimal treatments, and the changeling's human parents are causing trouble in the mundane wing of the nearby hospital, demanding to be able to see their beloved son. The Chief of Staff puts 4 dice in the Adversarial Dice Pool, which might be overcome as it is, but a patient's life is on the line and the PCs aren't going to risk it. They have approximately 24 hours before the disease becomes terminal and irreversibly deadly.

Samuel immediately begins work researching alternative rituals that can get around the preternatural protections the virus seems to have, using his Warding Specialist Training (with a rating of 25). The difficulty of this is 15, and doing days worth of research in 24 hours' time means he's doing it on a time crunch and he's going to be exhausted by the end of it, causing 2 dice to his small scale Adversarial Dice Pool. He rolls them, and gets a 9 total (reducing his 25 to a 16),

meaning he's still able to research a ritual that should weaken the virus without a brute force dispellation attempt. The check thus removes 1 die from the Adversarial Dice Pool.

Meanwhile, Leara is working on an antiviral treatment that will work within the bounds of the changeling's crummy insurance after Samuel's magic weakens it, and uses her Training in "Medical Researcher," also a 25, towards that end, with a complexity of 10 (it's straightforward, in an ideal situation with plenty of time). The time crunch for developing a brand new treatment in such a brief window, without all of the needed materials, and no financial backing, however, is 5 full dice that she has no way to mitigate; she rolls them and gets a total of 16, reducing her total to 9, so she fails to get it perfected in time. They'll have to work with what they have, as she's failed to remove a die.

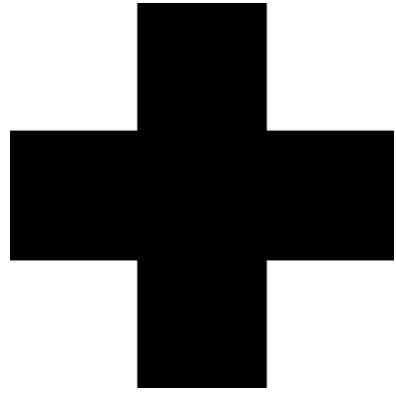
Finally, Jaccob, the head nurse (another PC), works to convince the parents that everything will be okay, and they need to let the doctors do their work. Dealing with an angry set of parents is an expected, but not direct responsibility of his "Head Nurse" Training of 20, so he has 15 towards that end (5 lower due to the indirect application), and the difficulty is 10. He only has 1 Adversarial Die on his own small scale action, due to the emotional state of the parents themselves, and rolls a 5, just barely managing it. His effort removes a second die.

Time runs out, and there are 2 dice remaining in the Adversarial Dice Pool for the Big Picture of the treatment of this patient. The Chief of Staff rolls them for the hospital and gets a 4; the hospital is more than able to handle these difficulties and get the changeling treated.

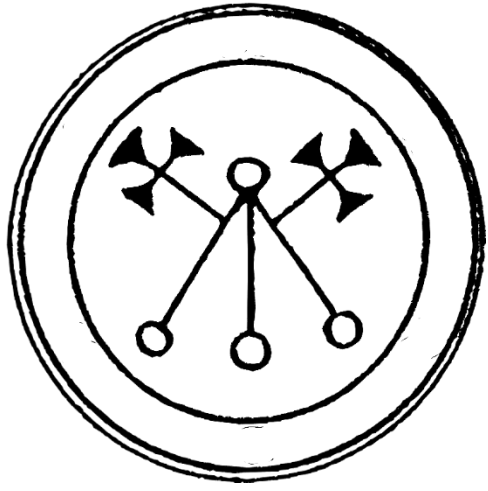
Draw it Out

While the example given here seems to be just a few rolls done to get the larger task completed, it's not meant to actually be that easy. Roleplaying is important; characters need to acquire access to the books they need, talk with other staff members, placate the patient, or otherwise deal with their day to day. Generally speaking, a given "Big Picture" check should be the focus of an entire session of play, not just a few minutes deciding what to roll to mitigate the Adversarial Dice.

It should also be noted that it won't always be a single roll that removes a die; ultimately, a single "action" will do so, but you might need a few checks to get into a position to take that action; maybe you need to get past security to a closed down wing to do your research.



Chapter Three: The Eldritch World




The world is a strange place. Everywhere you look, there's something that's a little bit off. That small graveyard you never see anyone actually tending, but always seems pristine. The bolted door in the back of the bookstore that nobody, not even the employees, has ever seen open. The fact that you don't remember the past 37 minutes of your day.

It's an open secret, in this world, that the supernatural exists. By the time someone enters adulthood, they've at least brushed up alongside the paranormal side of reality. Most tend to close it out, ignore it, and claim there's a more reasonable explanation. Others discover it indisputably, but the supernatural forces in the world conspire to keep the secret there.

A few others learn it exists and decide to do something about it. This isn't some introduction for a force of hunters or a government agency, however. It's about the doctors, nurses, benevolent spellcasters, and others who find their way into the hidden wings of the world's hospitals. It's about the people that see the supernatural in the world and say that they not only want to help those affected by it, but those that are a part of it as well. It's about the ECU: the Eldritch Care Unit.

Nature of the Supernatural

The supernatural exists everywhere in the world, in various forms; the majority of the fairy tales, folklore, and similar stories you hear about magical creatures has some basis in fact. It's not always 100% correct, but it all comes from a true place. Vampires stalk the streets, Fae flit in and out from unnatural realms, ghosts haunt their places of death, and so on.

The actual variety among them is nearly infinite; there's a reason there are so many differing stories about them. Even among the same "types" of creature or phenomena, two examples are rarely entirely the same. Two vampires might have different weaknesses and have powers that cover entirely different areas. Some fae are minor mischievous spirits, whereas others are as miniature gods in personally sculpted kingdoms. Even ghosts rarely react the same way, with some having full personalities and others coming into being as little more than an angry telekinetic force.

For the most part, though, they all manage to stay hidden. For the most part. They're able to blend in, hide in plain sight, and make use of the combination of disguises and typical human apathy to remain secret. However, it's becoming more and more common for people to run into at least minor manifestations of the supernatural, as there are fewer


unpopulated and hidden places for them to stick to. (Dragons claim all of the good hiding spots, as you likely know)

Humanity and the Supernatural

People that have encountered the supernatural mostly fall into three categories; those that entirely ignore it, those that recognize it but avoid it, and those that get involved. Of the third category, you have your hunters, your researchers, your people scheming for power, and similar sorts of curious or aspiring individuals.

You also have those that wish to make a genuine living out of it, helping both those that are influenced by the supernatural and those that are a bit magical themselves. These people rarely know how to go about it, so they might set up shop as a medium or psychic, take cases as a paranormal investigator, or continue their mundane job and try to account for the supernatural oddities that may come up.

From there, they attract the attention of larger organizations. The government formed agencies, who keep track of the most dangerous of these types, or of people that might cause humanity more trouble than it can handle among these strange realms. A few folks organized otherworldly "legal" groups, who help those stuck in strange pacts or weird oaths with


demons, fae, and goblins. And of course, the medical professionals of the world formed the Eldritch Care Unit and its equivalents, and they help those with the strange illnesses and abnormal conditions that mundane modern medicine can't help with. They're where the player characters inevitably end up.

Magic

Like the supernatural as a whole, magic itself takes many forms. The most common sort tends to be ritualistic, involving "subtle," non-physical effects that are reflected by a change in how something seems to work, rather than a blatant alteration of the world. Curses and blessings are popular examples, making life harder or easier in nearly indistinguishable ways. Similarly, spells used to interact with or against the supernatural are probably the next most common, such as wards of all types, mediumship rituals, countermagic, and so on. They're rarely quick, immediate affairs, requiring special symbols, chanting, or long procedures to enact properly. More immediate effects are the purview of supernatural creatures and quirks.

Magic also exists in somewhat more physical forms. While alchemy used to be a precursor to chemistry, ultimately mundane, in modern times it's instead grown into the ability to make use of supernatural ingredients to create potions, salves, and other "chemicals." Unicorn horn and tears of happiness might combine when heated above 197 degrees Celsius to create a potion that can heal internal injuries, for instance (something rituals rarely can manage). Similarly, a special oil made of ectoplasm, bat fat, and polish might be able to be rubbed on surgical tools to allow them to physically operate on a ghost.

Ultimately, rituals are subtle and supernaturally focused, while alchemy is predicated towards more physical effects, and the exact extent of what this can affect is up to the Chief of Staff; a bit of advice on how these rituals and recipes affect patient care can be found in **Chapter Four**.

History of the ECU

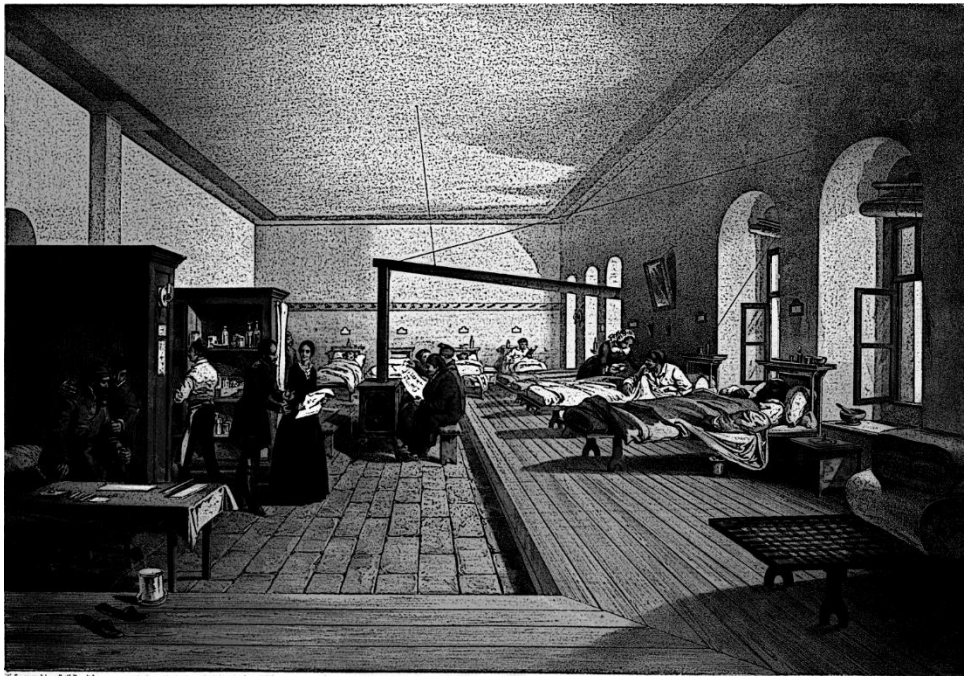
As long as there have been caregivers of any sort, there have been those that take that knowledge and apply it to the supernatural. In the earliest forms of organized healthcare, the supernatural and the medical were


inexorably linked; early Egyptians performed healing rites and basic medical care in their temples, and in ancient greece, temples of Ascelepius filled a similar role. In the middle ages, monasteries started constructing "hospital" wings of sorts, wherein the ill could pray and be tended to by those assisting in their recovery (which often took the form of further prayer and comfort).

In all of these cases, whether a given disease or condition was born of the supernatural or the mundane didn't really matter (and in some cases, wasn't even a recognized difference), as magic, prayer, and simple clean(er) conditions were the only options available. People accepted the supernatural, holy, and unholy as common parts of their lives, and any healer worth their weight in purified salt grasped the supernatural and the religious, carrying with them the knowledge to treat possession or curses with the same efficacy as they did disease (if not more so).

Around the late 19th century, hospitals started to become more "professionalized" and mundane, resembling the sorts of medical facilities we're used to today. At around the same time, interest and knowledge of the occult was starting to decline. It shifted to the realm of the "paranormal:" mediums, tarot readings, spirit photography, and other, less easily perceptible forms of spiritualism and the occult. It was separated from medical fields and lives were lost as secular-minded cures for supernaturally caused ailments failed to take hold or work as expected (and in some cases did more harm than good).

As time went on, it became clear to those few people still in touch with the supernatural world that something had to be done. They would have to make their way back into the "medical" field somehow, like they did in the days of old. They started by just taking on odd jobs within these hospitals, acting as assistants and bookkeepers, among whatever other tasks they could manage. They lacked any official backing and organization, but with them all in close proximity, they began to make connections and agreements, and started looking for ways to build on their work. From there, it was only a matter of time before they found ways to seek out official support.



The ECU Forms

While there are equivalent organizations around the world, and some can be argued to have come into being earlier, in the United States the "official" ECU program formed just before the First World War (Coincidence? Probably), in June of 1914. Among the public, it's known to some that Woodrow Wilson spoke, at times, about secretive occult orders he was aware of, and entertained those that delved more deeply into such workings. His first lady, Edith Wilson, was also known for her interest in astrology and other occult practices. It, of course, went a bit deeper than that, in both cases.

While she lacked any notable supernatural talent herself, Edith Wilson had many contacts among the paranormal world, not just astrologers and psychics, but genuine warlocks, spirits, and, rumor has it, a fae or two. Among those contacts were some of the hidden hospital workers that were seeking to assist those afflicted with eldritch ailments, and eventually, they sent word to her. She then made sure to pass that word along to her husband.

The details behind how it got from there to congress are murky, at best, but the legislation needed to provide the funding for the ECU program


(originally just called "Alternative Medical Services" until the late 1950s, where it was rebranded internally) came with the Cutter Service Act. A fairly minor bill, it publicly provided medical services to those aboard American fishing fleets, but some very clever, obfuscated language attached to it (and not entirely made public) gave some basic funding to this new wing of the hospital.

At that point, those who'd been working behind the scenes started to be hired on in an official capacity and given roles more appropriate to where their *actual* talents lied. Planners designed and built new wings that mundanely-minded individuals were never assigned to, and those already aware of how things really worked were slowly moved in that direction. Occasionally, open-minded but previously-ignorant medical staff were even given awareness of the Eldritch world, and were given assignments in the developing institution.

With time, and a nearly boundless budget (bolstered by the economic expanse during and after the war), the ECU program grew. Powerful occultists and supernatural beings were contracted to provide connections between hospitals that didn't rely on traditional communication (or concepts like "space" and "time"), and the eldritch wing of the hospital often ended up in a sort of "non-space" that was shared between multiple institutions.

Financial Difficulties

Unsurprisingly, in the early to mid-1980s, Reagan's deregulation of hospitals, laissez-faire approach to business, and the alterations in how healthcare worked meant changes to how hospitals were run. Government healthcare was less widely accepted and available, and private costs began to rise as federal funding ran dry or simply wasn't provided anymore. Many see this as when American healthcare took its worst downturn, as costs went up for consumers (and profit went up for private insurers).

The ECU program, of course, was hit hard by this. Most private insurers no longer had to have the hidden, oath-backed language that provided payment for an ECU in the case of more supernatural ailments, and the government decreased funding towards treating those backed by Medicare or Medicaid. Hospitals were encouraged to cut care efficacy to lower costs, and each ECU's staff had their salaries lowered and benefits cut, meaning fewer and fewer were willing to work there anymore. Why pay for a warlock



or the rare reagents needed to reverse a goblin's hex when you can make the patient comfortable as the curse withers their wellbeing at a third of the cost, after all?

The magic that they put into the extraplanar ECU wings was permanent, but the funding that they needed to run was not. Administrators shut down and abandoned many of them (or sold them off to private paranormal investors). Enough remained to *barely* handle cases, but they lacked the resources to truly treat those that came in, most of the time, and so the supernatural world was allowed to wreak havoc on the health of unknowing civilians, even as the remaining ritualists, doctors, and alchemists worked unpaid overtime to try and treat them with the minimal materials they had access to.

The healthcare sector as a whole and *especially* the ECU program has yet to recover from those terrible policies.

ECUs Today

While there have been several attempts to fix the healthcare situation in the US, it's thus far done little more than blunt the impact of its continual down-spiral. We have the technology, education, and training needed to provide top-notch care (both mundane and otherwise), but we provide no access to it for the lower and even middle-class individuals within the country. When the hidden supernatural wing of a medical institution relies on open-ended care and funding with no questions asked, it becomes difficult to provide quality care.

However, the ECU program does have one small thing going for it. While it takes commitment to be even a typical sort of doctor or any other medical professional, it takes a lot more time, effort, and genuine amount of *caring* to be staff within an Eldritch Care Unit. The supernaturally-aware surgeons, curse-reversing ritualists, demon-expelling exorcists, and arcane-empowered-virus targeting alchemists almost *all* have a genuine desire to provide care that rivals the most dedicated mundane caregivers.

They've sworn an oath. And it's magically binding.

Working in the ECU

Working in the Eldritch Care Unit is a lot like working in a mundane American hospital. That is, it's long, underpaid hours, a lot of stress, and a



requirement that if you want to do any good you're going to need to work even longer without any recognition or further reward (past the satisfaction of helping others, of course). There are far fewer people capable of dealing with these conditions *and* handling the stress of the eldritch world than there are mundane physicians, even dedicated, moral ones.

The Eldritch Oath

There is one major difference, though, that helps to make sure that only sure-hearted individuals end up in the ECU; there really *is* an oath that every member swears, and it's supernaturally backed and enforced.

The current wording of the oath can be found on the following page. It should be noted that there are some noticeable differences from the original oath, beyond simply more "modern" wording for things. The original oath was for physicians alone, and prevented "doctors" from acting as surgeons, which were a separate profession; this oath, however, takes a few trappings from the more modern interpretation and accounts for healers of any sort, and that includes occultists and other arcane specialists.

The oath *is* mystically bound. Upon swearing it, the individual feels the weight of the world watching over them, guiding their practice and yet at the same time judging its intent. Those without a proper motive in mind quickly find the pressure too much, and cancel their involvement within the ECU lest they risk breaching such a powerful agreement.

Should one legitimately break the oath, the world recognizes the transgression. Their "art," whether medical, magical, or otherwise, begins to fail them, and they find themselves shunned and disliked; it's subtle, not immediate, but they'll find their friends distancing themselves, strangers preferring to avoid them, and even close family starts calling less.

In other words, it's very severe; there have been less than a dozen breaches of the oath since the ECU program started.

The Eldritch Oath

"I swear by humanity, the arcane, the spirits, the gods, and all beings earthly and unearthly, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.

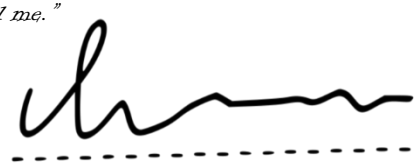
To hold the officiating entities and superiors within the eldritch institution equal to my recognized parents; to make them partner in my livelihood; to consider them as my own, and to offer my knowledge of these arts, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to those beneath me, those beneath my peers, and to indentured pupils who have taken this eldritch oath, but to nobody else.

I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer poison to anybody, even when asked to do so, nor will I suggest such a course, unless its ultimate end should lead to treatment or curing of the ill. I will not use the knife beyond the purpose of healing, except to protect my life or those in my care. I will not call upon the eldritch except to heal and prevent harm, and shall never call upon curse or hex for selfish purpose.

But I will keep pure and spiritual both my life and my art. I will always retain the recognition of the healing as being as much art as science, and never be afraid to divert from the norm or admit lack of knowledge in the aim of the health of those I care for. I will always remember I treat not the ailment, but the individual suffering behind it. I will keep private that information which has not been given to me the right to share by those I care for, outside the bounds of our institution.

Into whatsoever hearth I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of sentient beings of any kind. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with humanity, if it be what should not be published abroad, I will never divulge, holding such things to be arcane secrets.

Now if I carry out this oath, and break it not, may I gain forever reputation among all sentient beings for my life and for my art; but if I break it and forswear myself, may the opposite befall me."



The Work Itself

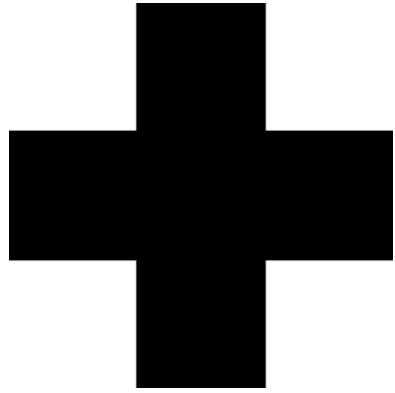
Ignoring the otherworldly "non-space" nature of most of the ECUs themselves, those who work in the ECU find it very similar to working in a typical wing of a hospital, minus a few differences. Sure, there are ritualists incanting, bubbling potions used alongside standard medications, and winged or glowing creatures fluttering about, but the work itself comes down to the same processes. You check in the patient, try to diagnose them, and then try to treat or cure whatever their ailment is. The main difference, of course, is that anyone in the ECU is either supernatural themselves, or else they're inflicted with an illness that is itself something other than a mundane bug (sometimes it's a literal magical insect).

The problems, though, are where the state of things becomes a bit more magnified and obvious. Since the issues in the 80's first cropped up, funding has been scarce for the ECU program. While mundane medical implements and medications can be easily "borrowed" from the mundane side of the hospital, it's hard to budget arcane reagents, ritual supplies, and the high premiums of moon-silver. Insurance won't cover it, so patients need to pay the costs themselves; most, of course, cannot afford it.

There are ways around this, of course. You can bill an insurance company for a mundane illness and actually pay for the treatment of something supernatural if you're careful and cover your tracks. You can use funds meant for mundane tools to buy occult reagents if you find a way to make sure the paper trail holds up to scrutiny. Sometimes, you can just blatantly lie and nobody will check your work.

Unfortunately, there are people whose job it is to check your work. The heads of most hospitals are aware of the ECU (on some level) and try to make sure they run "properly," as they're not beholden to the same oaths as those actually working within the institution. They keep an eye out for the common tricks and pay people to check over the paperwork that comes from the "closed down" wing of the hospitals. Beyond that, government officials will check in and be sure the t's are dotted and the i's are crossed. Sometimes a simple snitch will call in to the authorities just because.

ECU workers need to be clever, they need to be careful, and they need to *care*. If they don't, their patients will die (or remain turned into a newt without getting better, or what-have-you) and the whole point of the unit is lost. It's in their hands to make sure that, one way or another, their patients recover. It's up to you.



Chapter Four: Running the Game


This section is written with the second person assumption that "you" are the Chief of Staff (CoS for short). Players don't really need to read this section, but should feel free (the mechanics aren't a secret).

As the Chief of Staff, you're responsible for playing as all of the other characters in a hospital that the players haven't created (the non-player characters, or NPCs), any patients, and the world around them overall. You decide what's happening in the background, how difficult a given task is, and what the local ECU looks like. While any roleplaying game is a cooperative experience, you set the tone and the pace for it.

Basic CoS Advice

There are a few things to always keep in mind when running a game as the Chief of Staff (some of which apply to roleplaying games in general):

1. You, ultimately, decide how to run things. Alter the rules presented in this book as you see fit, and change the game however you want.
    a. Specifically, the decisions you make should always be about making the game more fun for the group. Do whatever you need to in order to run the best game possible for your players.
2. Be firm, but open. You define the rules, but should be transparent with the players about when you're changing them. Try to discourage players arguing with you about decisions you've made, but be open to discussion of those decisions when you're not in the "heat of the moment" of the game. But that's not to say a quick question on a ruling is unacceptable.
3. Be prepared. Improvisation is important, but make sure you have key things covered before the game starts, like the details of a new NPC you plan to introduce.
4. Don't railroad. It's alright to come up with specific ways a patient might be saved, but let the players be creative and come up with other ways to lower the Adversarial Dice involved in the check. Celebrate their creativity.
5. Keep it small scale. ECU games are rarely about saving the world or solving the mysteries of existence. It's about saving the patients here and now. It's about making a difference to a family, not all of humanity. Keep it personal, and keep it meaningful.


6. Encourage character voice. You should push your players to really delve into their role, make it clear what their character is doing and why, rather than just idly narrating from a third person "observer" point of view. To reinforce this, always address players by their character name.

The Hospital

Before you've even started the players creating characters, you need to design the ECU you're using, and to do *that*, you need to decide on a real-world hospital or set of hospitals that it's based in. Often times, for a local group, it works very well to choose a hospital nearby, one that the group has some level of basic familiarity with. It might also be a "chain" of hospitals in a city, for instance if a given medical company has a group of four different hospitals over a given city, or the city/state itself has several facilities under the same umbrella, like the Southern California Hospitals. Such connected locations will tend to have a shared ECU, due to funding limitations, but at the same time, the "total" funding for the single Unit will tend to be higher in that case.

Designing the ECU

Once you've decided on the hospital or hospitals that the ECU will be based in, decide on the nature of the ECU itself. Does it exist as a connected set of closed down or abandoned wings from its component hospitals? Is it a single non-space you can only enter through a magic circle? Maybe it's overlayed on top of the normal hospital and you can switch back and forth (if aware of its nature) through sheer strength of will. Whatever the case, make a note of how it works.

You'll want a general idea of its layout; make it parallel with an existing hospital if you prefer to just copy a map, for instance, but you could draw out something more unique on your own (or use appropriate "blueprint" software) or work based on an amalgamation of the component facilities.

Capability

As is covered on page 22 in **Chapter Two**, large groups, organizations, or facilities have a "Capability" regarding what they're meant to do. An ECU


has a Capability that defines its ability to treat preternatural patients or those afflicted with supernatural ailments. To determine the Capability of the facility, work off the following "averages" and then raise or lower it based on your specific ECU; it's possible that yours has some experimental technologies, a smaller budget than normal, a surplus or lack of staff, or other factors that might change it.

- 15: ECU of a single, small hospital without a lot of extra resources.
- 20: ECU of a larger hospital, several small linked hospitals, or a single small hospital in an occult-aligned location.
- 25: ECU of a metropolitan hospital, several linked larger hospitals in a city, or a single larger hospital in an occult-aligned or otherwise empowered area.
- 30: ECU of multiple connected metropolitan hospitals, or a single "experimental" or otherwise special facility (including an ECU that's connected to a smaller hospital but has its own independent advantages).

As an optional rule, if you want a bit more detail involved in ECU creation, consider assigning different Capability values to different sorts of "specialties," with a base value used for anything not falling under those umbrellas. For instance, perhaps your ECU has a base Capability of 20 for most things but has a specialty of Curse-removal that they have a 25 for (they have a lot of occultists and the latest grimoires, perhaps). This can work for specific areas they have "trouble" with, too; perhaps the aforementioned ECU has a 15 in "Inhuman Surgery" due to a lack of specialists in that area.

The Staff

The players will create their own characters, and provide a few members of the staff that way, but you need to figure out who *else* is in the hospital (the nonplayer characters, or "NPCs"). No, you don't need to give a name and backstory to every clerk and orderly, but you should make sure that the head of the ECU has a name, background, personality, and any appropriate dice for their sheet, as well as perhaps the heads of various departments (surgery, medical, occult, arcane research, etc), and then a handful of others that the players might interact with a lot, depending on their own specialties.


For instance, if you have a nurse among the players' characters, perhaps stat out the head nurse and another that ends up on the same shift as said PC a lot of the time. It should be something to provide easy interaction with, some "go to" friends and coworkers within the ECU. That's not to say that they should all be friendly, of course. You should also consider characters like the tight ass in accounting who won't let anyone slip an underpaid procedure through, or the rival who cares more about stats than actually providing the best care possible.

All of these "named" characters, friend or foe, should have Training similar to the PCs, although in their case it's defined in terms of Adversarial Dice they can provide or remove from situations (see Opposed Tasks on page 19, and Assisted Tasks on page 20), rather than a flat rating. NPCs work in terms of how they affect the player characters' rolls, rather than making checks on their own. For every 5 points of Training you'd give them if they were a PC, give them 1 die that can be applied to that sort of field. Don't feel limited to the character creation ratings that players stick to; give them whatever they need to be an appropriate complement or obstacle to the characters. NPCs do not have Supernatural Quirks, but the dice they can apply should also reflect any powers or special abilities they have; you


can even give them Fields that are solely defined by their use of a given power.

The Patients

The meat of the game comes down to the patients: diagnosing them, treating them, curing them, and making sure they aren't made bankrupt in the process. It's assumed that most patients who come in are treated and go through the system normally; this happens in downtime, and the players aren't typically concerned with this. The game itself is played during the difficult times. You run the game not when everything's going fine, but when insurance won't pay, the treatment isn't working, or the staff that's needed to provide the cure aren't available. The players aren't cogs in an always-turning machine, they play the characters that pick up the pieces when the gears fail and the levers snap in half.

As a general rule, the treatment of a given patient, success or not, should take up approximately one "game session" for a group. This might be split into two for something incredibly dramatic, or cut in half for something that goes really well, but the "average" should be a patient in a session. Think of it in terms of episodes of medical dramas (or situational comedies); they almost always revolve around a single problem at a time.

The Person

When coming up with a troubled patient to have the players work on fixing, you need to start off by creating the patient themselves. Decide if they're human, and if so, if they have anything innately supernatural about them anyway. If they're not human, decide what they are exactly. Come up with a personality and backstory, and some symptoms they'd describe, without making the underlying cause obvious until tests are actually done.

A patient rarely needs actual game mechanics; they are rarely working against the characters, and it's assumed that they are doing anything they can to help. There are exceptions, of course, such as grumpy patients or those with certain types of illness, but these are best handled by adding Adversarial Dice to the ECU's check to cure them, rather than with separate Training being provided to them.


The Problem

Next comes the problem the patient is complaining about. Have they had incredibly bad luck lately because they insulted a witch? Has one of their fingers turned blue and started twitching on its own? Has a magical worm burrowed into their arm, and it's causing a mild itch on Tuesdays? The patients know the symptoms (at least the ones they came in for), but you need to know the underlying problem that's causing it.

You're not expected to know all of the medical details; even modern medical professionals don't. Think about it in the "layman's" terms, and if you want to get technical you can do a bit of research, or else make sure it's supernatural in nature and do a bit of "arcano-babble" when asked for the minutia. If a curse is causing the patient's digestive system to shut down, for instance, you don't need to note specifically that the magic targets the pyloric sphincter through the calcification of the muscular tissue. Of course, you can always feel free to go that extra mile if you think your players will appreciate it (and you have the time).

Once you have the problem figured out, decide on the difficulty for the hospital to treat it; the scale for this is very close to that for PC actions:

- Common, rarely lethal ailments: 5
- Uncommon but well-documented, or common but potentially lethal illnesses: 10
- Rare, ill-documented, or often-lethal illnesses: 15
- Brand new and potentially lethal diseases: 20

As a rule, avoid patients (at least that the players deal with) that have a disease with too high a difficulty for your ECU to deal with. You may want to split the diagnosis and treatment up into two steps in some cases; certain diseases may be hard to detect, but are easy to cure once you find them, or vice versa.

The Complications

Ultimately, if a given patient is interesting enough to focus the game session on, something's going to go wrong. This can be anything from a disease with atypical symptoms that make the diagnosis difficult, to a lack of insurance making it hard to get the needed surgeries approved, to a demon that's invisibly following the patient and making every attempt to study them go wrong.


For each individual problem, add 1-2 Adversarial Dice to the Big Picture check the ECU is going to be undertaking. If someone's working against the player characters, 1 die is added every predetermined period of time that it's assumed they can accomplish something; perhaps each day, the opponent manages one significant piece of sabotage. See The Big Picture on page 21 for more information on how to set up the ECU's check to diagnose and/or cure a patient (remember, certain ailments, especially new ones, will have the diagnosis and cure be separate checks with differing difficulties).

Remember that curing a patient is more than just dice rolls. Players need to talk with appropriate characters, perhaps leave the hospital to get new materials, or seek out the blessings of other supernatural creatures. They also need to keep track of the time taken by each of these tasks, and how long they have before the ailment overtakes the health of their patients. This is a roleplaying process, not just a set of rolls. Add a bit of a narrative spin to it, too, talk about the problems from the patient's perspective, make them care about what's happening, and otherwise try to bring the players closer to the story.

Flow of the Game

A given play session should, as mentioned, generally center around the major problems surrounding one or two patients, but that shouldn't be all that's happening. There should be interactions interspersed with other staff members, quick diagnoses or continued treatment for "minor" patients that are there for long term care, and perhaps some interpersonal drama with the higher ups. Don't just run a session curing one patient, make that a continual part of the staff's day in the hospital.


A Job Well Done (Advancement)

While **Eldritch Care Unit** is designed to work well for "one-shot" (i.e. single session) games, it's also capable of tracking a longer story, following the progression of the player characters as they learn to take on more and more complicated problems, working to fix the broken medical system from within.

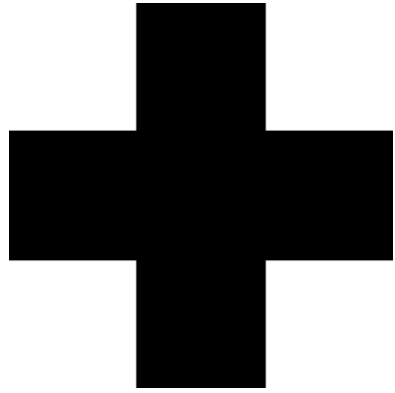
In the case of such a long term story, after every patient that the group successfully is able to cure, they gain an "advancement." They can use that advancement, either immediately or later on to do any of the following:

- Raise their highest Training by 1.
- Raise any other Training by 2.
- Gain a new "hobby" or other miscellaneous Training rated at 10.
- For **two** Advancements, they can learn a new Supernatural Quirk.

Over time, as they end up with high or wide levels of different types of Training, they'll be able to cover more complex situations; add more complications to patients that come in, or assign them patients with a higher difficulty to begin with.

Hospital Growth

The players may also want to see their contributions to the ECU leading towards its growth. If it makes sense for the story, based on how they went about their last patient, and if *all* players in the group agree to it, they can give up their individual advancements to buy one for the ECU they work within. This can either raise the "base" Capability by 1 (which also raises all specializations), or a single specialization by 2; if it has no specializations yet, this can provide one at a level 2 higher than the base.



Appendix:
Possible Patients


This appendix (which should not be surgically removed) covers a handful of possible patients with some example symptoms, conditions, and complications to their treatment, along with the difficulties and some example ways to deal with said complications. These can fairly easily be dropped into any hospital with little change, but feel free to alter anything about them as you feel works best.

The patients are laid out as follows:

Name: Patient's name.

Brief Background: A basic description of who the character is and why they're at the ECU; this includes a note about their supernatural nature, where applicable.

Symptoms: The problems the patient is suffering from, whether injuries, noticeable problems from a disease, or other information that can be learned by talking to the patient or studying their chart for a few moments. This can generally be presented immediately to the players (in character).

Diagnosis Difficulty: The "Big Picture" difficulty that the ECU's capability is pitted against to diagnose exactly what's wrong with the patient. If "N/A," it can be assumed that it's either immediately obvious, or a single check from a PC, at difficulty 10, can discern this information.

Treatment Difficulty: The "Big Picture" difficulty that the ECU's capability is pitted against to treat and/or cure the patient properly.

Diagnosis: The actual ailment, illness, disease, curse, or other trouble that's affecting the character. This shouldn't be given to the players until a diagnosis has successfully been made.

Complications: This is what's going to go wrong in the process, the Adversarial Dice to the Diagnosis and Treatment checks, and what's behind them. It will also provide the overall dice penalty to both stages (or just Treatment, if Diagnosis is N/A), and if relevant, any sort of time limit or similar factors.

Patient 1: Sunburn Complications

Name: Adeleia Tyrington

Brief Background: Born in the 1800s, this Victorian-era vampiress is over 200 years old, and rarely seen in public. In a recent conflict she found herself outside and among the populace… during the daytime.


She's surprisingly helpful and friendly, always happy to talk with the staff and do whatever she can to help out. Part of this might be the incredibly high-quality blood drip her insurance provides her while she's in the ECU.

Symptoms: Patient is suffering from sunburn, very literal sunburn; the entire upper layer of her skin on her face, shoulders, and lower legs has been scorched off, leaving third-degree burns.

Diagnosis Difficulty: N/A

Treatment Difficulty: 15

Diagnosis: This vampire clearly has the mythological weakness to the sun that's often written about, and she has it to a very severe degree. Her flesh combusted due to a strange bioalchemical reaction that the epidermis of this sort of undead has when exposed to ultraviolet radiation from that source.

Complications: Adeleia has a *very* severe reaction to the sun, above what's typical for a vampire, and so her body is slow to heal for a long time after exposure, and even has difficulty incorporating grafts of any kind (+2d6, Treatment). The anesthetics required for undead creatures to avoid the pain of a surgical procedure are incredibly expensive and in low supply, so an alternative will need to be found (+1d6, Treatment).


Even for a vampire, this sort of procedure needs to be done within 24 hours at most, or the damage might prove too severe to recover from.

Total Treatment Penalty: 3d6

Patient 2: Eye Hunter

Name: Lana Moreno

Brief Background: A young woman who works as a "monster hunter" for hire was on a job when she suffered a debilitating injury. She was brought into the hospital by emergency services and quickly transferred to the ECU; with her being currently unconscious, it's uncertain exactly what happened, as the call to the EMT was entirely anonymous and nondescript, with the only other details being about an "eye hunt."

Symptoms: She appears to be suffering from little more than an (unnaturally large) claw wound on her face, across her eye, but not even scratching her cornea, and yet she arrived entirely unconscious, seeming to be in a form of shock, with low vitals and increasing difficulty breathing.

Diagnosis Difficulty: 15

Treatment Difficulty: 10

Diagnosis: The creature that she was hunting, apparently an anthropomorphic form of manticore, poisoned her with a venomous spine, but the actual wound from the one that hit her isn't immediately obvious, instead being concealed beneath her jeans, on her left knee. The claw mark is little more than a secondary wound from the fight. The venom is an unnatural neurotoxin that's attacking her system, causing her body to slowly shut down.

Complications: The venom doesn't easily show up in immediate blood tests (+1d6, Diagnosis). This particular manticore's spines are thin enough that the wound can't be found without magnification (+1d6, Diagnosis). Patient has no insurance that will cover the antivenom or needed aftercare (+2d6, Treatment). A large concentration of stimulants is present in the patient's bloodstream, which would react badly with the usual antivenom (+1d6, Treatment).

There's less than an hour available to treat the patient before she drops into a coma or worse. A diagnosis needs to be made and treatment attempted quickly.

Total Diagnosis Penalty: 2d6

Total Treatment Penalty: 3d6


Patient 3: Physical Possession

Name: Daniel Nealthen

Brief Background: Daniel is a middle-aged man who seems to have been living a fairly normal life before his "symptoms" started. Now, he's incredibly aggressive, and has been said to be attacking others touched by the supernatural in any way, clawing and biting at them. Thus far, he's not managed to actually hurt anyone, but not for lack of trying. He was brought in by his wife, who seems a bit more knowledgeable about the Eldritch world than he was beforehand.

Symptoms: The patient is suffering from unnatural levels of aggression, and is undergoing minor physical changes; his teeth have sharpened, nails have formed into claws, and his eyes seem to glow a dull red in the dark. With a quick Ectoplasmic Spectrum check, there are no obvious signs of spiritual influence or possession, and no obvious magic is present on him.

Diagnosis Difficulty: 20

Treatment Difficulty: 10

Diagnosis: Daniel is indeed possessed, but not by a typical demon or ghost. Instead, a small, centipede-like creature is moving through his body, and seems to be able to chemically and neurologically alter his behavior and change how his body grows and develops. The creature itself needs further study, but that's for the research department to look into after removal.

Complications: The creature is sentient enough to know to avoid obvious tests and to hide out within the body to avoid detection (+1d6, Diagnosis). The sedative normally useful for putting such a creature into an easy state for removal is not on the current budget (+2d6, Treatment). The normal surgical specialist who would deal with this procedure is on vacation (+1d6, Treatment)

Total Diagnosis Penalty: 1d6

Total Treatment Penalty: 3d6

Patient 4: Backlash

Name: Aiva-of-the-Woods

Brief Background: This young faerie was self-admitted into the ECU, making claims that her life force is dwindling and that Fate itself has turned against her. She's previously had no admittance in any ECU facility, and

has no public records. While she clearly wants help, she's a bit indignant and difficult to work with, having a tendency towards "isn't it your job to figure that out" as an answer to even basic questions.

Symptoms: It's clear there's magic on her, although the exact kind is obfuscated with a secondary veil that makes it difficult to discern. Her vitals, while plenty healthy for a human, lack the typical "vibrancy" expected of the Fae; those of her specific species tend to have stats like a blood pressure of 333 over 66, or a heart rate of 13 (per second).

Diagnosis Difficulty: 10

Treatment Difficulty: 10

Diagnosis: The fae's own magic has been turned against her when she tried to curse a warlock that was infringing on her territory. It took the minor curse she was going to levy on him and reflected it back upon her tenfold, and the magic is slowly working to cause her vitals to plummet and her body to steadily destroy itself.

Complications: The veil on the magic can't be bypassed with typical rituals (+1d6, Diagnosis). The warlock is continually reinforcing the magic (+1d6, Treatment). Aiva has no insurance or money, and in fact fae aren't legally entitled to even basic medical policies (+2d6, Treatment).

The faerie only has a few days at most before the combined pressure of the curse and being away from the woods will leave her untreatable.

Total Diagnosis Penalty: 1d6

Total Treatment Penalty: 3d6

Patient 5: Corruption

Name: It-Which-Watches

Brief Background: A being borne fully and completely of magical energy (appearing as a ball of shimmering blue energy), it has nonetheless come down with an illness that the normal methods its kind has to offer are failing it. It's a very to-the-point sort of individual, and tries to help as much as it can, but once in a while seems to entirely fade out and become unresponsive.

Symptoms: A strange discoloration seems to be obvious along the extremities of its pattern, which is slowly growing larger over time. It describes the best translation of the sensation as "painful," and has complained of loss of consciousness and loss of memory during certain periods of time.

Diagnosis Difficulty: 15

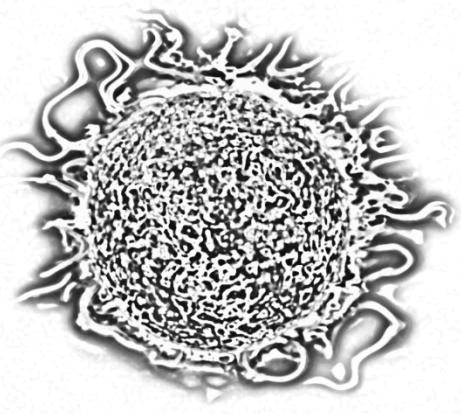
Treatment Difficulty: 10

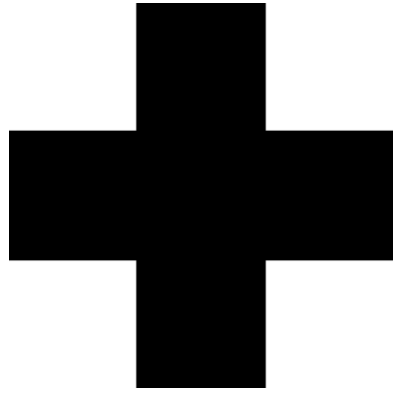
Diagnosis: A "virus" that's similarly made of arcane energy has found its way into Its system, and is slowly "corrupting" it, turning it towards some ill purpose (like most viruses, it will likely involve some form of spreading it to other creatures of Its kind).

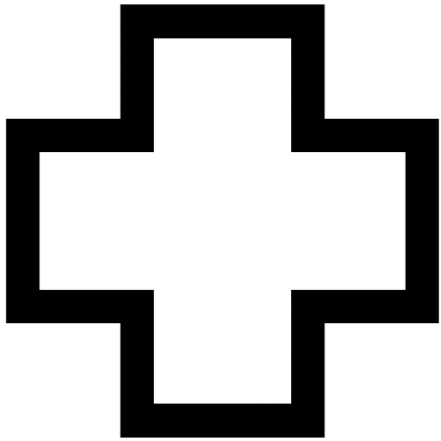
Complications: The virus is immune to any existing antiviral substances (+2d6, Treatment). The energy the virus is made out of is so similar to It-Which-Watches' that anything assaulting or sapping the microbe directly will likely cause immense harm to the patient (+1d6, Treatment). It-Which-Watches has no legal standing or documentation, even among the hidden corners of the Eldritch World, as its kind rarely interact with more physical beings (+2d6, Treatment).

Total Diagnosis Penalty: None

Total Treatment Penalty: 5d6







Hidden beneath the surface there's another layer to the world. Supernatural creatures roam the shadows, living among and integrating into society as humankind expands into every corner they used to have to themselves. It was only a matter of time, then, before they found their way into our hospitals.

Looking for help.

The **Eldritch Care Unit** is a medical program that runs alongside the mundane hospitals and medical centers throughout the country. You play those doctors, nurses, occultists, and other staff members that seek to do whatever they can to cure the supernaturally sick population, despite the difficulties of incomprehensive insurance, short-staffing, and lack of funding.

It's not easy to do this job. But you swore an Oath.

And it's magically binding.

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