

JACKPOINT

CONNECTING TO JACKPOINT VPN...

...IDENTITY SPOOFED
...ENCRYPTION KEYS GENERATED
...CONNECTED TO ONION ROUTERS

>>>LOGIN: XXXXXXXXXXXXXXXX

>>>ENTER PASSCODE: XXXXXXXXXXXXXXXX

...BIOMETRIC SCAN CONFIRMED
YOU'RE IN. USE IT WELL.

• "YOU NEVER WANT THE LAST SOUNDS YOU HEAR TO BE A BIOMONITOR."

JACKPOINT STATS

Interaction rate: -3%
Posts per hour: +9%
Today's content quality
(signal:noise): 4:2

LATEST NEWS

• <052476> Anyone want to
skinny-dip in the Sound? –
Glitch

PERSONAL ALERTS

• The American Medical
Society has declined your
application. Again.
• You have **3 new** private
messages.
• Your internal **Q score** is 42
(down 10 points)
• You have **49 new responses**
to your JackPoint posts.
• You have **3 new friend**
requests; 1 friend has
dropped you.
• **PDA**: Your dentist
appointment has been
rescheduled for 0915 next
Tuesday.

THE INNER CIRCLE

You are visible to your closest
3 levels of contacts.
Your Eyes Only posts have
been viewed 9 times
CurrentTime: May 24, 2076,
03:20

WELCOME BACK TO JACKPOINT, OMAE:

Your last connection was severed 2 days, 3 hours and 14 minutes ago.

TODAY'S HEADS UP

• Ripper docs always have business; just hope you paid the last bill and have
someone available to keep an eye on you. — Bull

INCOMING

• The metaplanes explained, or just another magic user making shit up?
[Tag: Aetherology]
• Who knew shooting people in the face for money had so many intricacies?
[Tag: Assassin's Primer]

TOP NEWS ITEMS

• Detective Kevin Masterson was found dead in a Loveland hotel room this
morning with four kilograms of novacoke and a dead child prostitute in the
shower. Knight Errant has not released a statement. [Link](#)
• DocWagon has confirmed three CRT ambulances were stolen last night.
Their whereabouts and that of their crews are unknown at this point. [Link](#)
• <<0101000101>> Auction tonight at the Underground mall for a slightly
used VTOL. Will be sold "as-is," don't be late. [Link](#)

WELCOME TO SHADOWRUN OPTIONS

The Options line is intended to introduce new
concepts, play styles, or abilities to a group. While all
rules in this series go through playtest, they are not
considered official, and all groups are encouraged
to read and discuss them thoroughly before
incorporating them into a campaign. They will not
be used in official products, Missions, or allowed in
tournament play.

PRIMUM NON NOCERE

Kanai awoke to the sound of sirens and the strange, metallic taste of blood in his mouth. Opening his eyes, he found himself in a narrow alley, barely wide enough for an average troll to stand in. He was lying among a pile of discarded fibercore boxes soggy from the pollutant-laden rain. For a moment, he struggled to remember how he'd ended up there, but all too soon the events of the night's run came flooding back. He was pretty sure Nix was dead. The fate of his other teammates was less certain. There wasn't much time left.

Pushing up to his knees, Kanai looked down to see a pool of his blood on the pavement. It mingled with the falling rain and street grime to form an opalescent puddle that shimmered faintly in the dim light. The bullet had struck him in the chest, passing between the armored plates, shattering his ribs and tearing through his right lung. The medkit built into his body armor chirped an incessant AR warning about "hypovolemic shock" and instructed some unavailable third party to "apply direct pressure." He silenced the alarm with a quick hand gesture and groped around in the wet garbage for his pistol. Laughing in spite of himself, he shortly abandoned the search. He knew that in his current state, he was no match for the security forces pursuing him. Too weak to cast a healing charm, his only hope now was reaching the Doctor.

Stumbling down another alley, Kanai came upon his destination. The sturdy door was set into the foundation of a large building that used to be some kind of factory. It was solid metal with chipped green paint, and a narrow slot slid open as he approached. Peering out of the darkness, Kanai could see a small pair of opaque black cybereyes.

"Mr. Grey, how wonderful it is to see you again!" The child's voice was tinged with sarcasm and bemusement. His unnatural eyes darted to the side to ensure the alley was empty. "We will require the usual deposit, of course." A panel on the doorframe slid open to reveal a worn palm scanner. Kanai placed his hand to authorize the required transfer, leaving behind a bloody palm print. With an ominous thud, a heavy bolt disengaged and the massive door swung open. He stepped into the cavernous darkness of the factory.

"Right this way." The street urchin slammed the heavy door behind him and led him into the bowels of the building. The place reeked of forgotten machinery, rust, and decay. In the darkness just beyond his vision, he could hear the sentinels that guarded the place shadowing his movements. On prior visits he had made the mistake of assenting them. Neither living nor dead, their auras were nauseating to behold, and he knew in his weakened state it was best not to think about them or how they came to be.

The kid led him into an enclosure fashioned out of plasteel frames draped in sheets of clear plastic. In the



center an articulating overhead light shone down on an antiquated surgical table. It was blindingly bright after the darkness of the factory, and his vision blurred as he stumbled forward and fought to maintain consciousness. In the shadows he could make out an array of equipment and stainless steel tables strewn with a ghastly assortment of surgical tools. Standing among them was the man he had come to see.

"Welcome back, Mr. Grey. It appears you've had a spot of bad luck." The Doctor was tall for a human, but the long fingers at the ends of his anodized black cyberarms made him freakishly gaunt. A smaller pair of ancillary cyberlimbs extended from the sides of his torso and a partially exposed cyberskull with opaque black cybereyes gave him the appearance of a humanoid spider waiting patiently for a fly.

COLLATERAL NUYEN

- A wise old accountant once told me "Blood on the street is money in the bank, but everything depends on who's paying and who's collecting." After almost thirty years in the shadows, I've learned to appreciate the truth in those words. Of course, Chrome was the kind of accountant who dealt with things that took place before and after such transactions. Most of us found our niche somewhere in the middle.

It's been about five years since Butch and friends uploaded the *Augmentation* file. While that info is still relevant, nothing stays the same for long in this line of work, and anything as labile as the medtech field is certain to have changes. So I've asked our friendly neighborhood ripper doc to put together a series of updates. For the first installment, I asked her to focus on combat medicine and what happens when the bullets stop flying, since they tend to stop in places we don't like.

- Bull
- Ripper doc, huh? I take offense, old man.
- Butch
- All in good fun. And who are you calling old?
- Bull

"Now, if you would remove your armor, we'll just have a look at that wound." His arachnid arms busied themselves drawing up a syringe of milk-colored liquid. Kanai tensed as he drew near. A wave of panic welled up inside him, and for a brief moment he contemplated using his remaining strength to attempt a casting. Sensing his hesitation, the doctor paused. In the dim shadows, Kanai could see a sinister smile on his long face.

"Now, now! Don't worry yourself Mr. Grey. If I planned on robbing you of your precious organs, I would need only to wait another few minutes and I could take anything I wanted." He slid the needle into Kanai's arm with smooth precision and injected the sedative.

"No, my friend, you are far more valuable to me alive..."

DOCWAGON AT A GLANCE

- **Corporate Slogan:** "When your life is on the line, DocWagon is on the way."
- **Corporate Status:** AA
- **World Headquarters:** Atlanta, CAS
- **President:** Thomas Abston, M.D.
- **CEO:** Anderson Gentry
- **Major Divisions:** North America, South America, Europe, PanAsia
- **Notable Subsidiaries:** DocWagon Clinics, DocWagon Industries, Tactical Medicine Solutions Inc, Apex Pharmaceuticals

Founded in 2037, DocWagon is the world's first, largest, and most renowned armed medical response corporation. While their primary profit center remains delivery of subscription-based armed medical response, DocWagon also owns and operates a system of urgent-care clinics with a presence in most urban population centers throughout North America, Europe, and Asia. In addition, through a system of subsidiaries, most notably DocWagon Industries, the corporation is active in a wide range of research and development pursuits; including medtech, augmentation, and pharmaceuticals.

- DocWagon also holds exclusive contracts with a number of high-profile vehicle and drone manufacturers, including Ares, Hughs, and Aeroquip Designs. These companies manufacture and maintain DocWagon's various ambulance platforms.
- Rigger X
- DocWagon has managed to thrive over the years despite stiff competition, even outdoing various AAA megacorporations that have tried to replicate their success. Although they dominate public awareness in most of the major markets, various other outfits like Crash Cart (Evo), Info-Santes (Ares) and Medicarro (Aztechnology) have managed to carve out niche markets in certain areas, particularly South America.
- Butch

COMBAT MEDICINE 101

AUTHOR: DAVID HILL//UPLOADED BY: BUTCH

- I thought this file might be a good starting point. Captain Hill is a twelve-year veteran of Seattle's HTR Team 2 and a good friend of mine. He's a bit of an idealist (one of the few people in our world who still is), and he's saved my hoop a time or two. This is an introductory talk he recently gave to a new cadre of HTR medics. Not only does it give some insight into HTR training and operations, but it's also a pretty good primer on the ins and outs of being a combat medic.
- Butch

INTRODUCTION

Hello, and welcome to the DocWagon High Threat Response introductory training module. My name is Captain Hill, and I'm here to give you an overview of our training program. I also hope to give you some idea of what you're getting yourself into and what it really means to be part of our elite team. All of you are here because you've demonstrated the skills, determination, and bravery to be a HTR medic. But make no mistake about it, the next few weeks will include some of the most rigorous training any civilian medic can undergo. Each of you will be pushed to your limits, but with focus and hard work the knowledge you gain the in coming days will help you stay alive and be the best medics in the world. Let's get started!

- Geez, you weren't kidding when you said this guy was an idealist.
- Slamm-0!

HIGH THREAT RESPONSE

I think it's important to take a moment and ensure that each of you understands the nature of High Threat Response. Each of you has distinguished yourself working as part of a Standard Response Team, but your days of pulling wageslaves out of rollover MVCs and rescuing old ladies who fell down the stairs are over. I'm sure all of you have faced hostile aggressors in the line of duty. You wouldn't be here if you hadn't, but by its nature HTR is different.

Once you've completed your training and are assigned to an HTR team, every call you respond to will be dangerous. Hostile environments, enemy fire, extraterritorial conflicts, and hostage situations are all routine for an HTR team. The reality, ladies and gentlemen, is that although we are a civilian agency, you will be practicing combat medicine in every sense of the word.

It takes a special kind of person to do this job. Military commanders for generations have known that having men and women willing to charge into enemy fire to rescue their fallen comrades is a major moral boost for their troops. While the role of the combat medic hasn't changed

much since its inception back in WWII, the civilian world we live in is becoming increasingly dangerous. As members of a DocWagon HTR team, our job is to extend that peace of mind to our premier customer base.

- Premier customer base? What kind of drek is that?
- Mika
- If you have to ask, you can't afford it.
- Bull

TEAM COMPOSITION

HTR teams are different than the Standard Response Teams (SRTs) you are used to. As you know, SRTs consist of four paramedics who crew a standard DocWagon ground ambulance. While armed, SRT paramedics are generally directed to use force only in defense of themselves and their equipment. If they meet resistance beyond their means, an HTR team is dispatched.

- That is, provided the client's contract is worth the expense. Otherwise the Docs just bug out and leave you bleeding in the street.
- Slamm-0!

An HTR team, on the other hand, consists of eight members and is usually airborne, although armored ground response units are used in some markets. Each team includes three specially trained combat paramedics and an onsite support rigger who pilots the ambulance and functions as a communications hub. The remainder of the team consists of four armed threat response personnel, all of whom undergo extensive training in extraction operations and close protection.

- While the official corporate terminology is "threat response personnel," in the field these guys are usually just referred to as "gunners." Don't let that fool you. While the vast majority of them are mundane, HTR teams occasionally include an adept or combat mage who replaces one of the standard gunners.
- Hard Exit
- I met an HTR gunner once who went by the name "Stretch." Most people thought it was because of his height, since he happened to be an enormous troll. Truth was the nickname was short for "stretcher."
- Mihoshi Oni
- The addition of a support rigger to each HTR team is a recent development. Previously, HTR teams had only seven members, but with the advent of the wireless Matrix and the prevalence of electronic warfare, maintaining communication security has become vital to HTR operations. The support rigger helps fulfill that need.
- Rigger X



While HTR teams are trained and equipped to deal with most situations, you will sometimes encounter challenges requiring specialized support. Most often this will entail working in conjunction with Crisis Response Teams, or CRTs, to deal with specific threats. This can include hazardous environments, natural disasters, bomb threats, or mass casualty scenarios, just to name a few. CRTs are made up of eight paramedics who undergo specialized training in various areas. They operate as two SRTs until called up to deal with whatever threat they are trained for.

Occasionally an HTR team will encounter heavy resistance or extenuating circumstances when tasked with rescuing a high-profile client. This necessitates a more aggressive response or greater tactical flexibility. In these situations, a Support Operations Specialist, or SOS, team is dispatched to assist the HTR team. SOS teams are mission-specific and highly variable. They range in size from a single individual to small teams of four or five, sometimes more. An SOS team may include hackers, drone riggers, combat magicians, snipers, or specialized adepts.

- These SOS guys sound like shadowrunners.
- /dev/grrl
- Sometimes that's a distinction without a difference, if you scan.
- Butch
- In addition to offensive combat magicians, SOS teams sometimes include a dedicated conjurer. On occasion they will send spirits into the fray to help rescue clients, but their major focus is on banishing hostile entities.
- Ethernaut
- I've heard rumors that the SOS also has access to a crack team of offensive hackers (including at least one technomancer) who can be called in remotely to deal with Matrix threats.
- Pistons

MEDICAL TRAINING

Combat medicine will be the cornerstone of your training. The SRT First Responder® course covers routine first aid and basic life support, but as HTR medics you will face challenges that will frequently exceed that level of training. Chief among these is the need to deliver care under fire.

SRTs generally respond to calls in low-intensity hostile environments. Often the SRT has enough tactical acumen to remove an injured client to the safety of a secured staging area. This allows SRT medics to deliver care under relatively safe conditions.

- This guy seems to have a rosy view of what SRTs do. I have a close contact who got her start in an SRT, and I can assure you she saw her share of not-so-low-intensity hostile environments.
- Bull

- SRTs are the workhorses of the DocWagon organization. They are routinely dispatched to rescue clients with Basic or Gold contracts who are injured in dangerous neighborhoods or by isolated acts of violence. They often operate without any backup or support. It would be incorrect to say they have an easy job.
- Traveler Jones

HTR teams, by contrast, operate almost exclusively in high-intensity hostile environments. When retreat to a secured staging area is not a viable option, an HTR medic is faced with the necessity of delivering lifesaving treatments while under enemy fire. As an HTR medic, you will receive advanced training in combat casualty care, advanced life support, basic surgical techniques, pharmacology, and of course triage. You will also receive focused training on treatment of penetrating, explosive, and magical injuries; environmental exposure; and infectious disease.

- The advanced training an HTR medic receives is on par with that of an intern or skilled nurse. They are trained to be as self-reliant and autonomous as possible, since relying on a Valkyrie module or support from a remote surgeon really isn't an option in a fight.
- Butch

TACTICAL OPERATIONS

Being the best medic in the world will do you no good if you die while trying to rescue your client. As the old saying goes, "a medic that can't fight is just another casualty waiting to be rescued." In addition to medical training, you will receive training in both offensive and defensive combat operations. This will include such basic skills as movement under fire, use of cover and concealment, situational awareness, and small unit tactics. You will be trained to operate in variable terrain including urban, wilderness, and hostile environments. In addition, you will be introduced to a variety of standard and non-standard weapon systems. In short, your combat training will be integral to your medical training, and just as important.

- Yikes! These HTR teams are no joke.
- /dev/grrl
- That's just the basic combat training the medics get. You should see the type of training HTR gunners undergo. We're talking CQB, basic demolitions, breaching and entering, fire direction and control—you name it. Don't assume that their defensive posture means they can't kick some serious hoop when the situation calls for it.
- Hard Exit



PHYSICAL TRAINING

The physical demands of this job can be daunting, and physical fitness is vital to your role as a combat medic. Over the next few weeks you will endure an intensive exercise program designed to promote peak fitness, athleticism, and the endurance you will need during sustained operations. In addition, you will receive introductory training in a variety of skills, including survival, infiltration, escape, and evasion.

VEHICULAR AND MATRIX OPERATIONS

As with combat operations, effective vehicular operations are vital to your mission. Our specialized ambulance platforms allow for rapid infiltration and extraction, while also providing additional support both in terms of firepower and specialized medical equipment. All of you are familiar with our standard ground ambulances, but in the coming weeks you will be introduced to other platforms including armored vehicles such as our custom Ares Citymaster, and air ambulances like the Hughes CRT helicopter. You will learn how to conduct safe medevac operations in a variety of conditions and how to deliver care in transit, often with the support of a remote trauma surgeon. In addition, you will receive basic instruction in piloting certain vehicles to prepare for the rare event when you may be forced to use those skills.

- In recent years DocWagon has adopted the use of unmanned medevac drones like the Aeroquip Dustoff. These allow for a ground-based SRT or HTRT to quickly advance into hostile territory, secure a small landing zone, and evacuate an injured client without risking one of their more expensive air ambulances.
- Rigger X

The wireless Matrix has had a dramatic impact on how our HTR teams function. While it allows for unprecedented information sharing and enhances situational awareness, the Matrix can also be used by a determined attacker to harm your team, your ambulance, or your client. For this reason, you will receive training in the use of a tactical network, as well as instruction in network security and Matrix defense.

- The addition of a dedicated rigger has greatly the flexibility of HTR teams. While these riggers are not as versatile in the Matrix as a spider, they are highly proficient in commsec and electronic warfare. Aside from piloting the ambulance, their top priority is maintaining a secure tactical communications network, which in turn allows for things like coordinated drone support, indirect

fire (depending on the armament of the ambulance platform), and, most importantly, support from off-site combat hackers.

- Pistons

WEAPONS AND EQUIPMENT

In the coming weeks, you will be trained to operate and maintain a variety of medical equipment. This of course includes your HTR medkit with its top-of-the-line supplies and premium features, including access to DocWagon's extensive medical database and online help from a dedicated trauma surgeon whenever you need it. You will also be issued a variety of specialized medical devices such as autoinjectors, rapid infusers, and hand-held diagnostic imaging devices. These are essential when delivering care under fire, as there will be times when you cannot simply remove the patient to the nearest Valkyrie module.

- An HTR medic lives and dies by his medkit, and wouldn't be caught dead using one off the shelf. Each medic individualizes and supplements their kit and maintains it in an almost ritualistic fashion.

- Blunt

HTR teams rely on a continuum of force ranging from non-lethal to lethal depending on the requirements of their mission. While your team's threat response personnel will be more involved in this aspect, every team member, including you, must be equipped and prepared to deliver whatever level of force necessary. As HTR medics, you will be trained in the use of standard-issue lethal and less-than-lethal weapons systems.

- The standard armament for an SRT medic is a Defiance EX Shocker and a Colt 2066 heavy pistol with both gel and standard ammunition. HTR medics generally carry the same, although there is some variation. Officially, the Colt M23 is the standard-issue weapon for threat-response personnel, but in reality gunners tend to tailor their armament to the market they operate in or for a specific mission. Individual gunners within a team will often adopt sub-specialized load-outs as well, so it's not uncommon to see at least one gunner with a shotgun, SMG, or other non-standard weapon.
- Red Anya
- That whole "continuum of force" thing is vital to DocWagon's ongoing PR efforts. Everyone knows they are a fee-for-service operation, but they like to cast themselves as heroic public servants, swooping in to save the helpless wageslaves victimized by senseless violence. Of course, it never hurts to have the tactical flexibility of a less-than-lethal option.
- Hard Exit

