

"Schere's Disease: A form of acute hepatic porphyria. Symptoms: Extreme photosensitivity, severe anemia, sterility, gastrointestinal disturbances and difficulty with digesting most foods. Patients appear extremely pale and generally very thin. Unlike other porphyrias, there are few other externally apparent symptoms. However, it has been observed that Schere's patients often retain a youthful appearance for an unusually long period of time. This does not in any way prolong their lives; in fact, their lives are usually substantially shortened by the disease. Patients afflicted in their early 20s by the disease rarely live beyond 50. For much of that time, however, external signs of aging are less readily apparent.

Photosensitivity is far and away the most damaging element of Schere's. Patients may suffer rashes, spontaneous bruising or even first-degree burns from exposure to indirect sunlight. Direct sunlight produces first- to third-degree burns. Sunlamps and other intense sources of ultraviolet light present a danger as well. However, ordinary artificial lighting is no threat.

Transmission: Schere's is a hereditary disease, but rarely surfaces in those who carry the genes for it. Its onset is extremely rapid, generally taking place within two days or less, and is apparently triggered by unknown environmental factors at some point in the victim's life. Though the onset of Schere's can happen at any time between early childhood and old age, it tends to manifest most frequently in persons between the ages of 18 and 50. Because most of those with the genes for Schere's do not express it, family history does not usually reveal a predisposition for the disease. Schere's is quite rare; the number of victims is estimated at .0002 percent of the American population.

Treatment: There is no cure for Schere's. There are, however, ways to mitigate the symptoms. The most important is keeping the patient out of direct sunlight at all times. These

patients quickly adjust their schedules to a nocturnal existence and have difficulty staying awake during the day. Patients forced into contact with direct sunlight suffer severe burns and may even die. It is very important that all individuals connected with Schere's sufferers (i.e., family, employers) understand this.

Special diets are often required for victims of Schere's. These are generally liquid as sufferers' stomachs have great difficulty processing solid food. In addition, their severe anemia may require frequent blood transfusions. Some poor unfortunates, who have not been diagnosed and properly treated, may feel a craving for blood and may satisfy their craving by drinking animal blood or even by assaulting humans. This is probably the source of the 'vampire' legends of old. Care should be taken with such patients to assuage their fears. There is nothing supernatural about this disease. The term 'vampire' should be avoided at all costs, even when speaking of a deranged patient who has drunk blood, as it has unpleasant and unnecessary connotations of the supernatural..."

— "Update on Schere's Disease," Dr. Emily Schere *et al.*, The Harold Schere Foundation

In the public mind, Schere's Disease is a rare but well-known disorder that prevents its victims from living a diurnal existence. Victims have appeared on late-night talk shows, and articles about them have been published in news magazines, explaining their disease and the toll it takes on them. Under the Americans with Disabilities Act, most businesses have had to make provisions for people who literally cannot work during daylight hours. Most major banks keep at least one branch per city open late at night, and most government services can be made available to any Schere's sufferer who can present medical

documentation of her disease. Lawyers, insurance agents and other human-service professionals often make allowances for people with the disease, though they may charge an extra fee.

In truth, Schere's Disease was created by Clan Tremere in 1905. It was engineered specifically for the purpose of reinforcing the Masquerade. Dr. Harold Schere, an eighthgeneration Tremere who was Embraced in 1647, spent his unlife studying the growing medical knowledge of mortals. In 1898, he proposed to Tremere elders that a blood disease be created. This disease would serve two purposes: to provide an excuse for the Kindred's exclusively nocturnal existence, and to medicalize "vampirism," providing a scientific "basis" for myths and thus further hampering humanity from discovering the supernatural. With a clear physiological disorder that mimicked most of the symptoms of vampirism, the Masquerade would be bolstered.

Tremere elders recognized the possible value of such a disease and made Schere the head of a small group of Tremere, all of whom had either medical training or great Thaumaturgical power. Working together for seven years, Schere's group finally developed Schere's Disease.

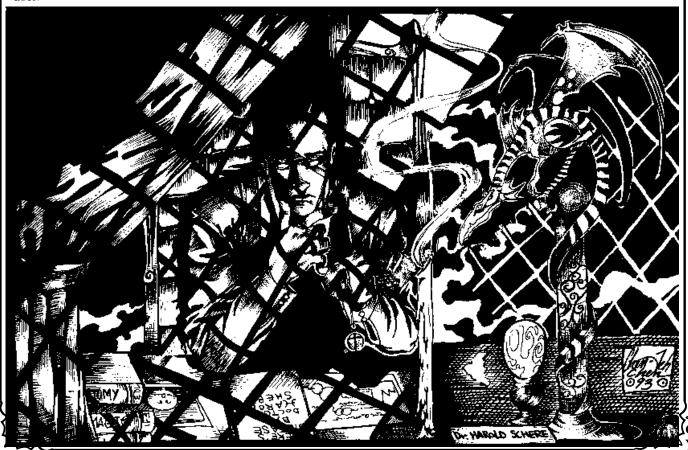
The disease they created is closely related to existing disorders of acute hepatic porphyria, but has certain special components tailored to mimic the Kindred. For instance, it is designed to retard the outward signs of aging, something that ordinary porphyrias definitely do not do. In addition, though many forms of porphyria cause stomach upset, few require the adoption of a liquid diet, as Schere's disease does.

The Schere Foundation, founded by Dr. Schere to aid sufferers of his disease and (more importantly) to disseminate information about the disorder, has established clinics in Vienna, Paris, Rome, Los Angeles, Dallas and Atlanta. (At the Storyteller's discretion, there may be a Schere clinic in any city large enough to support more than 40 Kindred.) In addition to aiding human victims of the disease, Schere clinics provide medical documentation to any vampire who needs it.

The Schere Foundation "researches" the disease, publishes papers on it, and fights for the rights of people afflicted with it, ensuring that the public remains aware of the disease's existence. At the same time, the Foundation is careful not to draw too much attention to the disease. If the Center for Disease Control devoted a significant amount of research to it, the Masquerade might be endangered.

The current head of the Schere Foundation is Dr. Emily Schere, officially the great-niece of the founder, Harold Schere. Actually, she is the Tremere doctor's ghoul. Harold Schere himself plans to pose as Emily's son, Martin, as soon as "Martin" can reasonably match Schere's apparent age of 30. At that point, the discrepancy between Emily's apparent and actual age will become too great and, if all goes as planned, he will Embrace her and fake her death.

According to official statistics published by the Schere Foundation, the disease is estimated to strike .0002 percent of the population, or two out of every 10,000. In fact, while



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human sufferers make up the bulk of this, the world's Kindred population makes up the rest.

Schere's Disease is a useful tool for neonates who don't want to give up their mortal lives, or for those who need to explain why they don't come out in the day anymore. It also helps neonates and older Kindred accomplish business during night hours. The disease can also be used to cover up sudden hunger frenzies in public places; there have been rare but reliably documented cases of Schere's victims, halfmad from anemia and hunger, assaulting human beings and trying to drink their blood. In fact, nearly any "vampire" incident could, with creativity, be rationalized as a result of the disease.

Schere's does not eliminate the need to maintain the Masquerade carefully, though; it merely makes it a bit easier to do so. If too many victims of Schere's frenzied in public places, the CDC would pay a lot more attention to the disease and might discover too much. Also, while some businesses are willing to make accommodations for someone who says she has Schere's, others — government agencies in particular — require medical documentation.

A vampire who lives near a Schere's clinic, or who has a powerful Dominate Discipline, can acquire documentation or fake it without problem. Documentation can also be gained by Kindred who have connections to underground doctors — the kind who provide papers saying anything desired, money up front and no questions asked.

For Kindred without such resources, documentation requirements can make unlife difficult. Obviously, vampires cannot go to normal doctors under any circumstances.

The Schere Foundation does do a brisk business in mail-order documents. Keep in mind, though, that the Foundation is run by the Tremere, who may use a form request as leverage against Kindred or may simply refuse documents altogether. This might be the case for a known anarch.

Even if Kindred can fake Schere's, there are some significant differences between true victims and Kindred, and these differences can present problems. Humans with Schere's Disease tend to be thin and have slightly lower temperatures in their extremities than do normal humans. Being alive, though, they never get as cool as room temperature, the normal temperature of a vampire who has not recently fed. Human carriers also have pulses, and if shot or stabbed, die.

Furthermore, while Schere's victims have weak digestion, they have no problem with water. Most can drink fruit juice and soda as well. Any human who actually has Schere's Disease is likely to disbelieve a vampire's claim to it, unless that vampire is skilled in preserving the Masquerade — any Masquerade-aiding merits such as Baby Face or Eat Food are useful, but Kindred of all kinds should be very careful.