

# Black Death

*FUGA CITO, VADE LONGE, REDE TARDE ("Flee quickly, go far, return slowly")*

— Latin defense against the plague

## What is this, anyway?

**Black Death** is a tasteless boardgame in which you can play the exciting role of a scourge of nature and slayer of millions in those halcyon days of the mid-14th century. Yes, you too can be The Plague, and wipe out a third of the known world's population.

## That's sick!

You're right. But it's also a lot of fun, educational, historical, and a reasonably good simulation as well. So go ahead and play it.

"Oh happy posterity who will not experience such abysmal woe — and who will look upon our testimony as fable."

— PETRARCH

## The Map

The map represents Europe and the Mediterranean, as well as a bit of North Africa, the near Middle East, and western Asia. Regions are represented by a square or multiple squares, which indicate the maximum population of a region, and the region is named after the largest city in that area. Regions are connected by lines of communication.

## Regions

A region is a part of a country, which includes mainly the urban population. Major regions are labeled in red, lesser regions in black. The historical name of the region is in large print, and if the modern name is significantly different, it will be in smaller, italicized print in parentheses below it.

A region will have one or more squares, each of which can only hold one counter, never more. A multi-square region is considered to be a single square for purposes of moving to other regions; so for instance, any of Constantinople's four squares are considered adjacent to any region connected to any other Constantinople square. Some squares have numbers in them (e.g., -1, +1), which modify the chances of infecting that particular square. (Large cities often have poorer sections ripe for the spread of vermin and pestilence, represented by a +1. Conversely, some cities were much cleaner than normal for the time, and they have a -1.) Some cities or regions saw significantly more or less pestilence than others.

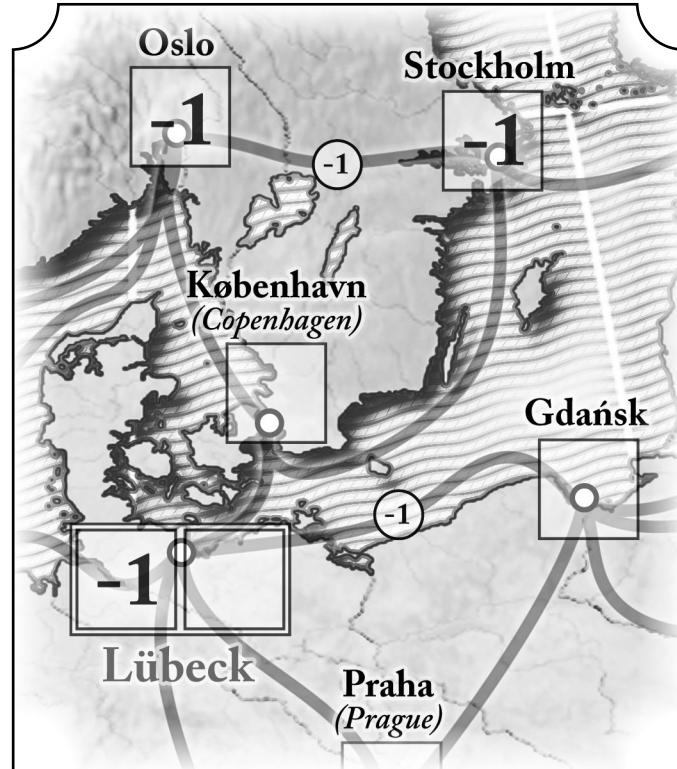
The Novgorod and Pskov region, for instance, was hit by pestilences of various types in 1229, 1237, 1265, 1278, 1299, 1309, 1318, 1341, 1344, 1349 and 1364.

## Lines of Communication

These connect regions. You may only move from one region to another along a line of communication, and each region moved costs 1 movement point. You can only move into empty squares.

**Tip:** You can move a counter out of a square using one movement point, and move another counter in using a second movement point.

Some lines of communication have numbered circles on them (e.g., -1, -2), which act as a modifier against trying to infect or move to a region along that line of communication. The absolute amount of the number is added to the number of movement points needed to move across that line, and the actual number is subtracted from a disease's Virulence rating when trying to infect along that line.



**Example:** The line of communication between Lübeck and København is normal, so moving between them costs only 1 movement point; but Lübeck and Gdańsk are separated by a -1 modifier (representing political tensions, since they were not on speaking terms at the time), so movement between them costs 2 movement points. Likewise, the line of communication between Oslo and Stockholm has a -1 modifier (in this case, representing difficult physical terrain).

## Setup

Lay out the map. If you are playing the 1347 game, cover all the squares labeled 1665 with skull counters (or vice versa).

Separate the disease counters into piles by type. Set the "War!" and other counters aside. Make sure that each player has one Plague Track card, and exactly 22 counters of the corresponding type.

## Pick Your Poison

Before play, each player rolls a die, and chooses a disease track marker in order of high to low roll. The disease track markers may adjust how a particular disease spreads or kills, and will affect your game strategy. Then the player decides what kind of disease they will be. Diseases have both a Virulence and a Mortality rating. The sum of these two statistics must equal 6, with neither Virulence or Mortality lower than 1 or higher than 5. The higher the Virulence, the more likely you are to catch the disease...and the higher the Mortality, the more likely you are to die from it. Historically, the ever-popular Bubonic Plague is a 3/3, which means that about half those exposed catch it, and about half of those who catch it die.

Diseases with a Mortality or Virulence of 1 are not recommended. Diseases with Virulence 1 are tough to catch, and very lethal (Mortality 5), making it hard to establish a presence on the map. Diseases of Virulence 5 will spread like wildfire and can reach maximum piece density amazingly fast, but will not actually kill many people (because of their Mortality 1 rating) – and since the winner is determined entirely by body count, simply having pieces on the board does you little good.

Name your disease, then describe its symptoms and how it is spread. This has no game effect, but can be amusing. Naming your disease is mandatory. You cannot play unless your disease has a name, and you as a player may be referred to by this name during play (i.e., "It's Scrofula's turn").

Use two counters to mark your disease's Virulence and Mortality ratings on your Plague Track; then place one counter on the "0" square of the Body Count Track on the map board. A fourth counter will be used on the Turn Order Track (as described in the next section), which leaves each player with 18 counters which can be placed on the map.

In game terms, historical diseases have the following ratings (which may not necessarily add up to 6). Remember that diseases which are not quickly fatal will have low ratings, even if they eventually have 100% mortality, because of the shorter time scale of the game. Diseases with unusual vectors will have lower Virulence than those which readily pass from one person to another.

### DISEASE      VIRULENCE      MORTALITY

BUBONIC PLAGUE	3	3
PNEUMONIC PLAGUE	4	4
MEASLES	2	4
SYPHILIS	3	1
CHOLERA	4	2
TYPHUS	4	2
DYSENTERY	4	2
SMALLPOX	2	3
TUBERCULOSIS	2	2

While no one knew what caused the plague, people were aware that it was transmissible, and could linger somehow in areas where an infected person had been.

From a 16th century Health Regulation (translation):

"...sweep the floors, benches and walls well, and if possible, whitewash the house, or at least, wash the walls down with alkaline solution using a whitewashing brush... the room where the sick or dead person had been must, for three days after it has become empty, be washed out with vinegar, and have it swept thoroughly every day, and the first time, scatter lime around the room and throw vinegar over it until it has smoked and burnt itself out..."

## Turns & Phases

### Determine Turn Order

Each turn is composed of up to six phases (one for each of the players), and the order in which each player takes their phase will change from turn to turn.

For the first turn only, the players each roll a die: High roller gets the first phase of the turn, and play passes to the left.

For the rest of the game, the Turn Order is determined solely by Body Count: At the beginning of each new turn, the player with the lowest current Body Count takes the first phase, the second lowest Body Count gets the second phase, etc.. In case of a tie, the player with the fewest units on the map goes first, and a die roll resolves further ties.

After determining the Turn Order, mark the order of the players' phases by placing the appropriate disease counters in the phase boxes of the Turn Order Track on the map board.

**Tip:** It will help keep things running smoothly if each player removes their counter from the Turn Order Track after finishing their phase. When the last one is gone, new turn!

### The First Turn

The first turn is played according to the normal sequence (see below), but with the following exceptions:

1. After creating their vile miasma (disease) each player draws one card, which they may keep hidden from everyone else.
2. Each player begins their phase by placing 2 of their own disease markers on the map in any region adjacent to an off-map route on the east edge of the map (these regions are Dimashq, Moskva, Yerushalayim, and Al Qahirah).

"The Plague" (*Yersinia pestis*) is native to certain parts of the world, and has never been completely eradicated there.

These areas include central Asia, Siberia, Iran, Libya, the Arabian Peninsula, and east Africa.

3. The Luck Roll is omitted; and instead, each player gets a number of infection chances equal to their Mortality, and a number of movement points equal to their Virulence. This is the *default* Virulence and Mortality, unadjusted by events.
4. During the first turn only, no player may move or infect another player's units unless necessary to get on the map as described in exception 2. In this case, infecting another player's units is handled in the normal fashion.

## Normal Turns

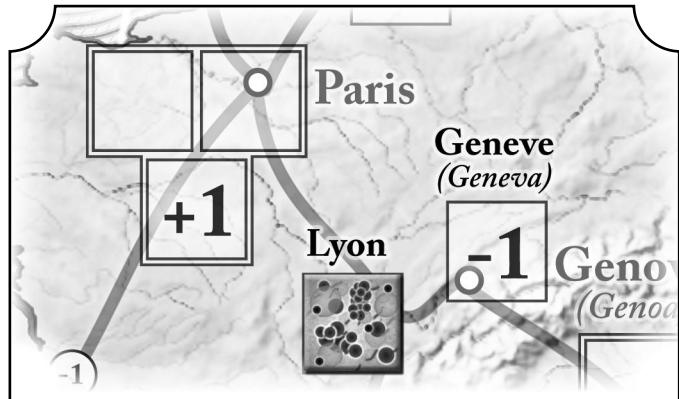
Each player phase is composed of four sub-phases, done in the following order: Luck, Infection, Movement, and Mortality.

### 1. Luck

The player rolls two six-sided dice. One of them will be the number of infection attempts their disease gets this turn, and the other will be the number of movement points they have to migrate diseased populations with. The player chooses which die to use for each *after* rolling, and applies modifiers to the results afterwards as well.

### 2. Infection

Infection attempts give a player a chance to create new units on the map. Any of the current player's units that are on the map at the *start* of this sub-phase may attempt to infect adjacent, empty regions. Valid targets include any other squares within the same multi-square region as the infecting unit, or any square within an adjacent region that is connected by a line of communication. One unit *may* make more than one infection attempt. To succeed, a player must roll one die and get equal or less than their disease's Virulence, plus or minus any modifiers for line of communication or targeted region. A roll of 1 is always a success, and a 6 is always a failure, regardless of Virulence and modifiers. Failed attempts may be repeated if a player still has infection attempts remaining.



**Example:** A disease of Virulence 3 attempts to spread from Lyon to the slums of Paris (the +1 square). To succeed, the player must roll a 4 or less. The same disease would require a roll of 3 or less to infect either of the *other* squares in the Paris region, and would need to roll a 2 or less to infect Geneve.

On a successful infection, the player takes a counter from their stockpile and places it in the region they just infected. A player may also attempt to infect another player's units, converting the infected population to their own disease. This is done like any other infection attempt, but takes an additional -1 to Virulence on top of all other applicable modifiers. If the infection is successful, the opposing counter goes back to its owner's stockpile, and is replaced by one of the attacker's.

In addition to normally rolled infection attempts, a player may give up one of their infection attempts to get a +1 on their *first* infection attempt in a turn. The player must have at least two infection attempts available to do this, and the +1 modifier is cumulative with any other modifiers on the roll.

**Note:** It is more profitable to do this for low Virulence diseases. Altering Virulence of 2 to 3 is a bigger gain than altering a 4 to 5.

### 3. Movement

With each movement point, the player may move any unit (even another player's) one region along a line of communication; but whenever a line of communication is used, its *absolute* value (if any) is added to the cost of the movement.

**Note:** The modifier numbers *within* squares do not affect movement; they only modify infection attempts. Modifier numbers on lines of communication affect both infection attempts *and* movement. Movement modifiers *always* make movement *more* costly.

Each unit can be moved a maximum of one region per player phase (unless a special card is played), and units may never move to any square that is already occupied. Moving a unit to a different square within a multi-square region also counts as 1 movement point – but remember that for purposes of moving into or out of a multi-square region, all its squares share the same lines of communication.

A unit may be moved off the map via any of the open-ended lines adjacent to some regions. These units are removed from the map and returned to their owner's stockpile. Moving a unit off the map always costs 2 movement points.

**Note:** Units that hang around the edge of the map too long usually suffer this fate.

### 4. Mortality

After the current player has finished their movement, they roll one die on the DRT (Death Results Table), using the current Mortality of their disease. The result of that roll is the fraction of that player's units *on the map* which die, are removed from the board and are put back in their owner's stockpile. The player's **Body Count** goes up by the number of counters removed.

The fractions given in the DRT round down; so a player with 8 units on the map who rolled a "1/3" DRT result would lose 2 units, not 3. The units to be removed are *always* selected by the *owning* player.

If the DRT result has a skull (💀), the disease's Mortality was so high in one region that it falls into ruins and is no longer inhabitable. This is a Catastrophic Kill, and this may only happen if one of the units removed by the player comes from a multi-square region. In this case, place one of the "skull and crossbones" counters on the square from which the unit was removed – and then for all game purposes, that square no longer exists. A multi-square region may not have more than half (rounded up) of its squares taken out of play in this manner, but, no region can be *totally* ruined.

In 541, plague killed nearly 40% of the population of Constantinople, a population loss which was not recovered until the 14th century. The population of Alexandria was decimated in 1348, and did not recover the loss until the 16th century. Similar loss of life occurred in most other major cities of the day. Bodies were piled so high beside the roads out of Cairo that bandits used them as cover for ambushes.

If the DRT result was "cure," the player gets no kills. Worse yet, the player whose phase comes next gets to remove one in six (rounded down) of the cured player's diseased units from the map. They got better! They return to their owner's stockpile of counters and do not add to that player's Body Count. *It's a miracle!* If by some quirk of fate the player getting the cure also goes next, they *do* get to remove their own counters.

The village of Oberammergau in Germany vowed to present a religious performance annually forever if the plague was lifted from them. It was. The Passion Play has been performed at Oberammergau every year ever since.

## Next!

As each player finishes their phase, play passes to the next player. When all players have gone once, the next turn begins, using a new Turn Order based on the current Body Count. In the case of ties, roll a die to see who gets the next spot in the turn order.

## Cards

A small set of cards (20 of them) is included with the game to simulate certain events and conditions which can affect play. When a player achieves a Body Count of 5 million victims, they draw another card; when they reach a Body Count of 10 million they draw another, and when they reach a Body Count of 20 million, they may draw yet another. These cards may be played at any time (unless the card specifies otherwise), and may be played upon any player (unless the card specifies otherwise). Card effects usually last only until the person who played the card goes again.

## Victory

The instant any player achieves the game's Body Count goal, they have won the game and have become the most famous historical scourge of the Middle Ages.

- For 2-3 players, the Body Count goal is 20 million.
- For 4-5 players, the Body Count goal is 15 million.
- For 6 players, the Body Count goal is 10 million.

For your first game, we suggest 10 million as the victory condition.

## Special Cases

If at any point all a player's counters are completely wiped off the map, they may attempt to re-enter the map via any "Enter Map" route, using the normally rolled number of infection chances. You infect your way onto the map, *then* move any units you have.

On the other hand, if a player runs out of their counters, *too bad*. Players may have no more than of 18 of their 22 counters on the map – the other 4 are reserved for the Turn Order, Body Count, and the Virulence & Mortality ratings on the player's Plague Track.

If a player is doing very poorly, they may choose to drop out of the game and start over with a new disease. If there is a spare color not in use, the old counters should be left in play – they do not move or die, but they can be infected and converted – and the player starts with a new disease and a Body Count of 0. Their first turn as a new disease is like a normal first turn.

An army of plague rats invaded Hamlen. The town hired a ratcatcher, and shortly afterwards the rats began to die (rats die of the plague, too). The ratcatcher demanded his fee, the town refused to pay, and the ratcatcher departed, swearing revenge. Meanwhile, the children of the town gathered the rat corpses and threw them in the River Weser. The children, exposed to rat fleas, caught the plague and died, and were buried in a cemetery on the side of Koppelberg Hill.

- Alternate version of the Pied Piper story

## Strategies

### If you are a Highly Infectious Disease

Highly infectious diseases (4/2) will usually gain Body Count slowly but regularly, and once they get all 18 counters on the map, will average 2 kills per turn.

Once you have all 18 counters on the map, you can't do any more infecting than the amount of last turn's kills, so use your movement to make other player's lives miserable, and your infections to take over their counters. You will fare less well in a 2 or 3 player game.

### If you are a Highly Lethal Disease

Highly lethal diseases (2/4) have a tough time spreading, but almost always get good DRT results. Concentrate on regions with a +1 infection chance, and stay away from people with highly infectious diseases (who may try to convert you).

You will likely build up a decent population, and then lose half or more to a DRT result, so your game standing can change very rapidly. Make sure you have a core of units from which to spread, protected from opportunistic infections that may attempt to overcome your host population and kick you out. You will fare less well in a 4 or more player game.

## Options

### Fast Game

Players start with two cards, and have a total disease rating of 7 instead of 6.

### Slow game

All players start with a total disease rating of 5 instead of 6. *This can take a long time.*

### Mutations

When a player reaches a body count of 10 and 20 million, they must roll one die to check for mutations to the Virulence and Mortality of their disease. A separate die is rolled for each statistic:

- On a roll of 1 or 2, the rating goes down one point.
- On a roll of 3 or 4, the rating remains unchanged.
- On a roll of 5 or 6, the rating goes up by one point.

Diseases can never have an adjusted Virulence or Mortality of less than zero or more than 6.

### Bonus game!

The rules you have just finished are for the 1347 version of **Black Death**. To play the 1665 version of the Plague, simply cover up all region squares on the map dated 1347, and be sure to use the 1665 lines of communication (all involving Alger). Since the plagues of 1665 were not as devastating, you only get 5 points for your disease instead of 6. However, you start with 2 cards instead of 1, and you also get 2 cards when you reach 5, 10 or 20 million. Remove the Crusades and Mongols cards from the deck. Otherwise, play remains the same.

# THE CARDS: DETAILED EXPLANATIONS

## Bad Weather!

- (2) Slows travel. Subtract 1 from all Movement die rolls until the beginning of this player's next turn.

*In a low-tech culture, travel was always dependent on the weather. Late-season snows, storms at sea, floods and other hazards often made long distance journeys very difficult.*

- (1) Unseasonably damp and cold weather aids the spread of disease. Add 1 to all Virulence ratings until the beginning of this player's next turn.

*The wearing of heavy winter clothing, with numerous places for warmth and humidity-loving fleas to hide, often aided the spread of pestilence.*

## Crusade!

- (1) All players must move at least one unit towards Yerushalayim until the beginning of this player's next turn.

Like Mongols!, except each player must move someone's unit closer to Yerushalayim if possible.

*The numerous Crusades to free Jerusalem from the "infidels" took their toll on the nobility of Europe, and those returning often brought unwelcome presents in their bedding and possessions.*

## Famine!

- (1) All diseases add 1 to their Mortality ratings until the beginning of this player's next turn, but subtract 1 from all Movement die rolls.

Remember that this card affects the Mortality ratings, *not* the Mortallity die rolls. Also note that like many cards that help you, this card also helps others.

*A series of wet years in the mid-1300s caused crops to rot in the fields, and even areas that normally exported food had shortages. Famine made people more susceptible to disease, and even though many became refugees, they often died before getting far.*

## Good Weather!

- (1) All Virulence ratings are reduced by 1 until the beginning of this player's next turn.

Weather also played a part in *reducing* the spread of disease.

*The rat flea (*X. cheopis*) is only active over a limited temperature range of 15-20° C, and humidity of less than 70% kills it. A dry year will limit the spread of plague by limiting the flea population.*

## Fire!

- (1) Pestilence-cleansing fire gets out of hand. Reduce a multi-square region by one square, as if there had been a Catastrophic Kill. One unit in that region may perish in the flames.

This is a "free kill." The player using the card may play it anywhere there could be a Catastrophic Kill, and the unit in that square is counted toward the owning player's Body Count – which *can* be another player, if for some reason you want to increase their score.

*The Great Fire of 1666 in London was started by accident, but also burned out a region of the city where conditions were ripest for the spread of disease, and may have prevented a further spread of the plague in that area.*

## Quarantine!

- (2) Fear of disease closes one region until the beginning of this player's next turn. However, infection chances *in* this region are increased by 1 for diseases already there.

This keeps a plague-free area free of outside infection or movement (in or out), but the closeted conditions increase the chance of spreading for any disease already there (which obviously is of help only in a multi-square region).

*In 1377, the Council of the Republic of Ragusa (the ex-Yugoslavian city of Dubrovnik) voted to require all persons from an infected area to remain outside the city for a period of 40 days – "quaranta giorni," from which comes the modern word "quarantine."*

## Mutation!

- (1) For one turn only, player may alter the Virulence *OR* Mortality of any disease by 1 point in either direction. Must be played at the start of the target's turn (before rolling the dice).

- (1) For one turn only, player may alter the Virulence *AND* Mortality of any disease by 1 point in either direction. Must be played at the start of the target's turn (before rolling the dice).

- (1) For one turn only, player may swap up to 2 points between the Virulence and Mortality ratings of any disease – one increases, while the other decreases (before rolling the dice).

You can make your own disease temporarily worse, or someone else's disease temporarily better – "better" and "worse" being defined here by the *victim's* point of view, of course.

*Diseases, like all organisms, mutate over time. Sometimes they gained new ability to kill or spread (like pneumonic plague), and sometimes people developed immunity to them (like smallpox or measles).*

## Mongols!

- (1) Add 1 to all Movement die rolls until the beginning of this player's next turn; however, each player must move at least one unit *away from* the Eastern map edge.

**Note:** The unit chosen may belong to *any* player.

*The Mongol invasions caused millions to flee the advancing hordes, and the Mongols themselves may have brought the plague with them, as in northern Russia in 1237.*

## Smugglers!

- (1) Move infected goods past inspectors. This player's units may move *two* regions this turn, but are still limited to the total movement points indicated by the Movement die roll.

*Despite ordinances in many areas designed to limit the spread of disease, merchants and traders resisted them at every turn. Health permits were forged, inspectors bribed, innkeepers looked the other way. Traders would drop off diseased goods at several ports before succumbing themselves, and derelict ships had what was left of their cargo taken by looters, further spreading the pestilence.*

## Traders!

- (1) Returning from distant lands with an unwelcome present. This player gets *one* extra infection chance at +1 Virulence, which must be used adjacent to any map Enter route.
- (1) Returning from distant lands with an unwelcome present. This player gets *two* extra infection chances, which must be used adjacent to any map Enter route.

If used on another player, they *may* decline to use the extra chance(s).

*Merchants often traveled to areas where there was a reservoir of plague, and unwittingly brought it home with their goods.*

## War!

- (2) Tensions cause any two Lines of Communication to be closed until the beginning of this player's next turn. Place a "WAR" marker on these lines until then.

This *may* apply to off-map routes, thus preventing units from either moving off-map or infecting from off-map. This card cannot be played during the first turn.

*Hostilities between regions were not really slowed down by the plague, but it did reduce the amount of trade and travel across the affected borders. Plague actually tended to cripple attacking armies, as the conditions of the march made them more susceptible.*

## Pogrom!

- (2) Xenophobic fever strikes one region. Until the beginning of this player's next turn, any unit moving there is immediately eliminated (and applies to its owner's Body Count).

This may *not* apply to off-map areas. This does not represent people moving in to be slaughtered, but a spread of hostilities *from* that location outwards. The region cannot be "moved into" unless it is empty. Mark the region with a "Pogrom" counter.

*In September 1348, a Swiss physician "confessed" (under torture) that he and other members of the Jewish community had poisoned wells to spread the plague. As a result of this "evidence," over two hundred Jewish communities were wiped out in hundreds of massacres. Lepers were also convenient scapegoats.*

"Father abandoned child, wife husband, one brother another; for this illness seemed to strike through the breath and sight. And so they died. And none could be found to bury the dead for money or friendship. Members of a housee hold brought their dead to a ditch as best they could, without priest, without divine offices...great pits were dug and piled deep with the multitude of dead. And they died by the hundreds both day and night...And as soon as those ditches were filled more were dug...And I, Agnolo di Tura, called the Fat, buried my five children with my own hands. And there were also those who were so sparsely covered with earth that the dogs dragged them forth and devoured many bodies throughout the city. There was no one who wept for any death, for all awaited death. And so many died that all believed it was the end of the world. This situation continued from May until September."

## Credits

- Published by: Blacksburg Tactical Research Center  
©1993, 2008 by Greg Porter
- Game Design: Greg Porter
- Map, Cover Art & Layout: Alvin Helms, Greg Porter
- Back Cover Art: Darrell Midgette
- Scabrous Playtesters: Tim Copeland, Cathy DeMott, Matt Hazelgrove, Bret Jones, Kreela Moore, Eric Sampson, Greg Steele
- 1st PDF Edition: February 2008
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