Johnson's Island Prisoner of War Depot

From April of 1862 until September of 1865, over 10,000 Confederates passed through Johnson’s Island Civil War Military Prison leaving behind an extensive historical and archaeological record. The prisoners of war faced daily challenges of how to cope with their situation, whether to resist, survive, or assimilate. Their choices resulted in a variety of activities taking place. Those contemplating escape spent time preparing...whether disguising as a guard, walking across the frozen lake into Canada, or tunneling from a latrine. Many of these officers recorded in journals or diaries the day to day happenings, emotions, and conditions they were enduring. They also spent many hours writing letters, collecting autographs from prisoners, and sketching maps. Some prisoners used their talents and limited resources to pass the time by carving rings, broaches, and other jewelry out of hard rubber, bone, and shell. These documents and artifacts give vast insight into what prison life was like, as well as the personal conflicts and hardships encountered among families and friends during the Civil War.

The 16.5 acre Johnson’s Island Prison Compound contained 13 Blocks (12 as prisoner housing units and one as a hospital), latrines, Sutler stand, 3 wells, pest house, 2 large mess halls (added in August, 1864) and more. The Blocks were two stories high and approximately 130 by 24 feet. There were more than 40 buildings outside the stockade (barns, stables, a lime kiln, forts, barracks for officers, a powder magazine, etc.) used by the 128th Ohio Volunteer Infantry to guard the prison. The two major fortifications (Forts Johnson and Hill) protecting Johnson's Island were constructed over the 1864/65 winter, and were operational by March of 1865.

The prisoners on Johnson’s Island endured harsh winters, food and fuel shortages, disease, along with the mental anguish of uncertainty about their families and their own futures. Current research suggests that close to 300 prisoners died on Johnson’s Island during the war.

After the Civil War, most of the buildings on Johnson’s Island were auctioned off. The land was used for farming, and quarrying started in the late 1800's. A resort business began around then also, but eventually failed. Residential buildings began in the 1950's allowing private residents to enjoy waterfront properties. 1990, Johnson’s Island was designated as a National Historic Landmark recognizing its significance in the Civil War as one of the premier Union prisons. The Confederate Cemetery, located on Johnson’s Island is currently the only publicly available part of the prison. A portion of the prison compound and all of Fort Johnson have been set aside for long term preservation by the current landowner.
**2009 Field School:**

Since the spring of 1989, Dr. Bush has been investigating the Johnson's Island Civil War Prison. Past research has allowed us to specifically locate many of the special use areas of the prison. Investigations have been undertaken within the Prison Compound at various locations, including the Prison Hospital. Previously, some of the latrines associated with the hospital have been explored. During summer 2009 we will continue the investigation of the hospital, known as Block 6, including one of the associated latrines, Feature 40.

We are offering a five week field school (six credit hours) for undergraduate students, graduating high school seniors or incoming first year students, and non-traditional adult students who wish to gain field experience or expand their knowledge. This is an excellent opportunity to gain archaeological experience as well as learn about the American Civil War and the prison system. In addition to the field experience, there will be laboratory sessions in the archaeological laboratory on the Heidelberg University campus.

Participants in the field school will gain experience in basic excavation techniques, on-site photography, the recording of archaeological data, and identification and conservation of historic cultural materials. Students will work at the site Monday through Friday (8:30-3:30) for five weeks. Housing is available through the university with transportation provided to the site.

**Participation Requirement:** No previous experience is required. All enrollments must be for the full five weeks. Enrollment in the program is limited to 12 and admission to the course is based on the order in which applications are received.

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**Course Information**

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<thead>
<tr>
<th>Course #</th>
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<tr>
<td>ANT 250-TA</td>
<td>Arch Field/Lab Methods</td>
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<td>ANT 251-TA</td>
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M-F 8:30-3:30 p.m. June 8—July 10, 2009. **ANT 250 & ANT 251 are taken concurrently.**

**Tuition:**
- 6 Credit Hours: $2310.00
- Audit (non-credit): $1155.00
- Lab fees: $85.00 *per course*

**Application Deadline:**
May 25, 2009

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**Billing/Payment**

You will receive an invoice from the Heidelberg Business Office for your housing, tuition, and lab fees shortly before the Field School begins.

If you have questions about billing and payment, please contact Heidelberg’s Business Officer, Barb Gabel by email at bgabel@heidelberg.edu
Registration

**Traditional Students:** Undergraduate Credit

Students enrolled in a university other than Heidelberg should apply as a Transient Student by filling out the on-line Transient Student Application form at [http://www.heidelberg.edu/admissions/applynow](http://www.heidelberg.edu/admissions/applynow).

In addition, please request your Registrar send a STATEMENT OF YOUR ACADEMIC STANDING to: Sue Stine, Associate Director of Admissions, Heidelberg University, 310 East Market Street, Tiffin, Ohio 44883.

You will receive instructions directing you to register online for ANT 250/251 at the Heidelberg University website once your application has been processed.

**Adult Students:** Undergraduate Credit

Non-Traditional adult students enrolled in a university other than Heidelberg should apply as a Transient Student by filling out the on-line Transient Student Application form at [http://www.heidelberg.edu/admissions/applynow](http://www.heidelberg.edu/admissions/applynow).

In addition, please request your Registrar send a STATEMENT OF YOUR ACADEMIC STANDING to: Sue Stine, Associate Director of Admissions, Heidelberg University, 310 East Market Street, Tiffin, Ohio 44883.

You will receive instructions directing you to register online for ANT 250/251 at the Heidelberg University website once your application has been processed.

**Incoming First Year or Graduating High School Senior:** Undergraduate Credit

Incoming Heidelberg first year students or graduating high school seniors who will not be enrolled at Heidelberg in the fall should apply as a Transient Student by filling out the on-line Transient Student Application form at [http://www.heidelberg.edu/admissions/applynow](http://www.heidelberg.edu/admissions/applynow).

In addition, please send a copy of your college LETTER OF ACCEPTANCE or (if you have not been accepted into a college) your OFFICIAL HIGH SCHOOL TRANSCRIPT to: Sue Stine, Associate Director of Admissions, Heidelberg University, 310 E. Market Street, Tiffin, Ohio 44883.

You will receive instructions directing you to register online for ANT 250/251 at the Heidelberg University website once your application has been processed.

**Bachelor or Master Degree Students:**

Undergraduate Credit or Audit (Non-Credit)

Degree holding students who wish to enroll for undergraduate credit or on a non-credit/audit basis should submit the Adult Undergraduate Application form located at [http://www.heidelberg.edu/admissions/applynow](http://www.heidelberg.edu/admissions/applynow).

In addition, please send a copy of your UNDERGRADUATE TRANSCRIPT to: Sue Stine, Associate Director of Admissions, Heidelberg University, 310 E. Market Street, Tiffin, Ohio 44883.

You will receive instructions directing you to register online for ANT 250/251 at the Heidelberg University website once your application has been processed.
Housing and Transportation:

Housing: Housing is $75/week ($375 for five weeks). You will reside in a university owned house or apartment. Please fill out the housing form and return to Mary Puffenberger, CHMA Secretary, Heidelberg University, 310 E. Market Street, Tiffin, OH 44883. You should bring bedding to fit a twin-sized bed, towels, and personal care items. Wireless Internet service and laundry facilities are available.

Food: Food Service is not included in the housing cost. A stove and refrigerator is provided, but cooking/eating equipment are not. You should bring dinnerware, pans, cutlery, coffeepot, etc. and food. Since you will be off-campus at Johnson’s Island during the day you should plan to bring your lunch and bottled water to the Johnson’s Island Prison site each day. There is no electricity or running water available at the site. If possible, you will be given your housemates contact information so you can jointly make arrangements on what to bring to equip your apartment or house.

For more information contact:

David R. Bush, Ph.D., Director
Center for Historic & Military Archaeology
Heidelberg University
310 E. Market Street
Tiffin, Ohio 44883
Phone: 419-448-2327
FAX: 419-448-2236
Email: dbush@heidelberg.edu
http://www.johnsonsisland.com
Heidelberg University
Johnson’s Island Civil War Prison Archaeological Site

Medical Information Form

Note to applicants: This questionnaire will help assess your physical soundness for strenuous work and a rigorous daily schedule. Archaeological field work requires physical labor such as lifting, carrying 15–20 pound buckets of dirt, bending, kneeling, and standing for a considerable amount of time. The field work will be performed in either direct sunlight with temperatures ranging from 70-100+ degrees F. or inside a weatherport under similar temperatures. This questionnaire will also alert you as an applicant to consider carefully whether you are physically and medically fit to perform archaeological field work which may cause otherwise minor ailments to become significant problems or may alter the effects of some medications. Please be sure to list any disorders of the musculo-skeletal system especially of the lower back, respiratory disorders such as asthma, allergies (food, drug, or insect) and any heart problems or defects. Recurrences of past physical problems or complications with your medications while on the dig may affect your ability to participate or may require special medical attention available only at a hospital facility. It is for your own benefit that we ask you to answer all questions on this form as accurately as possible, noting any and all pertinent medical history and current medical conditions. Thank you for being as candid as possible.

Personal Information: (Please print or type)

Name: ____________________________________________________________________________________
   First                                                                Middle                                                                Last

Address: ____________________________________________________________________________
   No.                         Street
   City                                                                                                               State
   Zip

Phone Number: ___________________________________________________________

Cell Phone Number: _______________________________________________________  

Email Address: ____________________________________________________________

Fax Number: _____________________________________________________________

Birthdate: ____ / ____ / ____
            Month    Day      Year

Emergency Contact Information:

Name and address of Person(s) to contact in Case of Emergency:

Name: ____________________________________________________________________________  Relationship: ________________________________

Home Phone: ____________________________  Work Phone: ____________________________

Name: ____________________________________________________________________________  Relationship: ________________________________

Home Phone: ____________________________  Work Phone: ____________________________
Medical Insurance: Please submit a copy of your medical insurance card with your medical information form.

Medical Insurance Company: ______________________________________________________________

Address: ____________________________________________ Phone: ______________________

Primary Policy Holder: ____________________________ Policy Number: ________________

Type of coverage: ________________________________________ Expiration Date: _______________

Primary Doctor:

Name: _____________________________________________________________________________

Address: ___________________________________________________________________________

Phone number: ______________________________________________________________________

Treatments or Hospitalizations: Please list any hospitalizations or treatment for major physical or mental illness, surgery, or injury. Give dates, reasons, and results.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Allergies: Do you have, or have you ever had, any allergies or allergic reactions to drugs, foods, injections, or insect bites? If yes, give details:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Physical Restrictions: Are you currently restricted by a physician in any physical activities, or have you been so in the past year? If yes, give details.

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Medications: Please list all medications you are currently taking. Please check with your doctor(s) concerning medications which may have side effects as a result of photo-sensitivity

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Applicant’s Signature:
I have read the statements concerning fieldwork and health conditions and I understand them fully. I further certify that all of the information I have provided on this application is true, complete, and accurate to the best of my knowledge.

Signature: _______________________________________________________ Date: ______________

Please mail, fax, or email completed Medical form to:
Mary Puffenberger, Heidelberg University, 310 E. Market Street, Tiffin, Ohio 44883
Fax: 419-448-2236
Email: mpuffenb@heidelberg.edu
Heidelberg University: Off Campus Program
Release of Liability, Assumption of Risk, Indemnification Statement

The undersigned hereby releases Heidelberg University, (the "University") its agents, officers and employees from all responsibility and any liability for any injuries, illness and/or loss which may result from or arise out of, or be connected with my participation in the University's program known as

**ANT 250 Archaeological Field/Lab Methods & ANT 251 Archaeological Field Experience**

This Release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated, and unsuspected injuries, damages, loss and liability, and the consequences thereof. The provisions of any State, Federal, Local or Territorial law or statute providing in substance that releases shall not extend to claims, demands which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

In signing this release I acknowledge that any travel may be dangerous and may result in harm to me and my property. I voluntarily accept and assume these risks and dangers and release Heidelberg University from all responsibility and any liability for any injuries and/or damages which may result from my decision to participate in this program.

I further promise, covenant and agree not to bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any State thereof, or elsewhere, against Heidelberg University, its agents, officers and/or employees for personal injury, property damage or any other type of loss, arising out of, or in any way connected with my participation in said program.

I also agree to indemnify and hold harmless Heidelberg University, its agents, officers and employees from all liability, claims, demands and damage or cost, arising out of my participation in said program.

I authorize university personnel or representatives to approve emergency medical treatment for myself in the event of injury or illness during my participation in the program. I represent and warrant that I am and will be covered throughout the program by a policy of comprehensive health and accident insurance which provides coverage for injuries and illnesses I sustain or experience while in the program and, more specifically, in the countries in which I will be living and/or traveling while on the program.

I understand and agree that this release is binding on me and my heirs, executors, administrators, personal representatives & next-of-kin.

My signature denotes my understanding of and agreement with this statement and its implications.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of __________, 20______.

Witness by:______________________________

Signature of Program Participant

____________________

Printed Name of Program Participant

____________________

(Address)

Please mail, fax, or email Release of Liability form to:
Mary Puffenberger, Heidelberg University
310 E. Market Street, Tiffin, Ohio 44883
Fax: 419-448-2236
Email: mpuffenb@heidelberg.edu

____________________

(City and State)

Signature of Parent/Guardian, if under 18 years of age
Space for summer housing will be in College Hill Apartments and/or University Houses. Applicants will live primarily in doubles and will be required to have a roommate. Preference will be given to students taking summer school, international students, college employed students and students completing local internships.

The cost of summer housing is $85.00 per week, with weeks beginning on Sunday and ending on Saturday. Charges will be applied for an entire week if a resident is in housing during any portion of the week. Charges will begin on the first day students indicate and until the last day of occupancy. Occupancy will be determined by the day keys are returned and the room is empty of all personal belongings.

Any change in the initial contract period must be submitted in writing to the office one week prior to the change. Failure to do so will result in a charge equal to one week.

Students moving from Spring 2009 housing directly into Summer 2009 housing will be notified when their room is available. Normally this will be following the week of graduation.

Students wishing to move from Summer 2009 housing to Fall 2009 housing will be notified of when the Fall assignment is available.

Name_________________________________________ Oasis ID #______________________________

Current Housing Assignment_______________________ Cell Phone #__________________________

Reason for Housing____________________________________________________ Sex___________

Please check which week(s) summer housing will be required. Weeks must be contiguous to remain in the same room during the entire occupancy period.

   ____ May 10 – May 16   ____ July 5 – July 11
   ____ May 17 – May 23   ____ July 12 – July 18
   ____ May 24 – May 30   ____ July 19 – July 25
   ____ May 31 – June 6   ____ July 26 – August 1
   ____ June 7 – June 13   ____ August 2 – August 8
   ____ June 14 – June 20   ____ August 9 – August 15
   ____ June 21 – June 27   ____ August 16 – August 22
   ____ June 28 – July 4

Total number of weeks_______ X $85.00 = ___________

Preferred Roommate ____________________________________________________________

Signature___________________________________________________ Date________________

By signing this application contract, the student understands that all rules and regulations of Heidelberg University (as stated in the student handbook) will be upheld throughout the summer. Student agrees to consolidate space or change rooms when vacancies occur. Violation of any and all rules and regulation of Heidelberg University may result in judicial documentation and immediate removal from summer housing.