

FLORIDA Regiment Medical Department Corps



UNIT HANDBOOK

*A Medical/Field Hospital Corps Reenacting Unit
Affiliated with the 2nd Florida Volunteers Living
History, Inc. and Civil War Surgeons Society*

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INTRODUCTION.

SECTION 1. UNIT OVERVIEW

The Florida Regiment Medical Department is a Medical Reenacting and Living History organization dedicated to honoring and accurately portraying the life and times of medical personnel during the War Between the States.

As members of the Florida Regiment Medical Department Corps, our main focus is on medical and a variety of civilian impressions.

The Florida Regiment Medical Department does not portray an actual medical unit that served during the War Between the States. We fall in with other medical reenacting groups at events we attend usually taking on a lead role through the Florida Regiment Field Hospital Corps.

The Florida Regiment Medical Department is part of the Society of Civil War Surgeons (SCWS), thru its Surgeon being an active member and participant in the national organization, and takes an active role in portraying the Confederate Field Hospital at national events. The unit will sponsor and host future meetings and reenactments in Florida and neighboring states as a medical unit. The Surgeon of 2nd Florida Medical Department must also be an active member of the SCWS. Any member in Florida Regiment Medical Department is also welcome to be a member of SCWS.

The Florida Regiment Medical Department is a medical impression of the 2nd Florida Volunteers Living History, Inc., and will follow those organizational customs, traditions, and bylaws.

The Florida Regiment Medical Department is dedicated to further the public's awareness and understanding of Southern History, War Between the States History, and Field Hospital living and medical care in the 1860's. This organization's activities include participating in and sponsoring lectures, seminars, round-table discussions, living history encampments, and reenactments of historical events.

The Florida Regiment Medical Department is a family organization. The events we attend normally include recreating battles and normal camp life. Women and children play an important part in demonstrating what life was like during the War Between the States. There's something for everyone to do and we encourage each member to try more than one impression. It helps you to learn about the history of the mid-1800s, which you can then pass on to others.

The Florida Regiment Medical Department also holds regular Unit meetings to drill, train and plan for upcoming events. There are several major events we attend each year, but there is no minimum number of events we require our members to attend.

The Florida Regiment Medical Department, will galvanize (portray Federal Medical Departments) if and when there are enough members who have Federal uniforms.



SECTION 2. UNIT MEMBERSHIP

Any person desiring enlistment in the Florida Regiment Medical Department must go through an application process. All applications for enlistment are voted upon by the current Membership of the Unit and ratified by the Unit Commander. Applications for Enlistment are accepted at any time.

Applicants must acknowledge that they have read and will abide by this Unit Handbook and the Code of Conduct of the 2nd Florida Volunteers Living History, Inc., as found in the Corporation's Bylaws. Applicants must also agree to follow the commands of their superior officers and to follow the training and drills as established by the command.

Any Members of the Unit may be removed from the Unit at any unit meeting for any cause. Removal of a Member will require a two-thirds vote of the Members present at the meeting and must be ratified by the Unit Commander. The Member being removed has the right to state their case to the rest of the Membership before any vote is taken. The Unit Commander may also relieve any Member of their duties at any time if he believes it is important for the Unit or for safety concerns.



RANK STRUCTURE.

Unit leadership is a position that requires time, effort, and commitment. Therefore, each individual seeking or accepting a unit commander position must be willing and prepared to serve their units and participate in its activities. No one should seek or accept unit command just for the prestige of a rank. A unit leader's job is to support the Members of their unit.

SECTION 1. COMMAND STRUCTURE

The size of each organization is based on currently active, paid Members who are listed on the Florida Regiment Medical Department roster. For the purpose of determining command structure, the unit may not count as Members any individual who is not a currently active, paid Member. If the loss of Membership causes the unit's size to fall below what is allowed in the unit's standards for the existing command structure, the unit will decide whether to return its membership to the proper level, or re-determine the unit's command structure.

The following is presented as the Guidelines for the Florida Regiment Medical Department. The actual ratio of privates to NCOs and Officers will be determined by the overall Unit Commander, with the goal to be as few Officers and NCOs as practical.

Impression Type	Command Structure
Brigade	2 Surgeons – 1 Major & 1 Captain 1 Asst. Surgeon – 1 Lieutenant 1 Contracted Asst Surgeon – No Rank
Regimental	1 Surgeon – 1 Captain 1 Surgeon – 1 Lieutenant

Hospital Stewards as Sergeant Majors will be responsible for all enlisted personnel in the individual hospital barracks and field hospitals. The Hospital Steward, and as such is responsible for coordinating the unit's training and supply practices. Eligibility for a Sergeant Major –Steward typically requires a qualified company of 2 or more minimum Sections.

SECTION 2. UNIT COMMANDERS

Unit Commander.

The overall Unit Commander of the Florida Regiment Medical Department is the founder. As the senior member his command of the unit is necessary. In camp and at reenactments, the overall Unit Commander holds at least the rank of 1st Lieutenant and later a Captain as the unit grows. The overall Unit Commander shall also attend all Officers' Calls at events to represent the unit. However, the Unit Commander will

conform his rank in the field as required at reenactments and events when the unit falls in with other reenacting units.

Other Officers and NCOs.

The individual officers and NCOs (Non Commissioned Officers) for Florida Regiment Medical Department will be elected by the Members for one (1) calendar year. Nominations and voting will be handled during the annual meeting of the unit, or as needed, and a simple majority of those Members present and voting is sufficient to elect an individual officer or NCO. No individual may be an officer or NCO who is not a currently active, paid Member, and who does not meet the minimum qualifications established by the Unit Commander. The Unit Commander may brevet (temporarily appoint) officers and NCOs between annual meetings for the purpose of filling vacancies at events and to evaluate potential candidates for higher rank. The Unit Commander may also appoint additional support positions, such as Chaplain, Adjutant, Nurses, Orderlies, Paymaster, Cook, and others as needed. The Unit Commander will determine the rank given to these additional support positions.

The Members of the unit may remove an elected unit officer at any unit meeting for any cause and elect a suitable replacement. Removal of an elected unit officer will require a two-thirds vote of the Members present at the meeting and must be ratified by the Unit Commander. The Unit Commander may also relieve any officer or NCO of their duties at any time if he believes it is important for the Unit or for safety concerns.

NCOs will be responsible for all enlisted personnel and subject to the responsibilities outlined in the appropriate medical department manuals. Officers will be responsible for the senior NCO and subject to the responsibilities outlined in the appropriate medical department manuals.

Each officer and NCO has specific duties and responsibilities, but the unit, with the exception of the commanding officer, is a democratic organization. However, campaigning for elected positions will not be tolerated by any Member of the Unit.

SECTION 3. QUALIFICATIONS FOR OFFICERS AND NCOS

Officers should have completed minimum training and preparation with the Commanding Officer prior to the first medical reenactment. They will be tested as an overall coordinator on an upcoming event allowing for scheduling, assignment of duties, supplying medical unit, history and physical examination, triage, documentation and reporting. New NCOs should complete this during their first year to be eligible for promotion or to retain their rank. No one may serve in an officer command without a special dispensation from the overall Unit Commander.

Senior officers should have additional training by being active members of the Civil War Surgeons Society and participating in a large scale medical reenactment setting and conducting medical services (or equivalent).



SECTION 4. UNIT MEETINGS

The medical department will meet no less than semi-annually and will hold an annual meeting each year to nominate and elect unit officers. The unit shall appoint an Orderly/Adjutant, who shall keep regular minutes of the unit's proceedings.

The unit will meet on a regular basis to train, prepare for upcoming events, determine which events to attend, coordinate recruitment and fund raising activities, and get to know each other better. As the unit becomes larger, the commanders (officers and NCOs) will meet on a regular basis to guide the organization and maintain active lines of communication throughout the unit.

SECTION 5. PARTICIPATION IN REENACTMENTS AND LIVING HISTORY

Whenever the Florida Regiment Medical Department takes part in events for which they were not historically associated, the unit shall fall in under the colors of a historically associated unit. When the unit joins another for an event, the Officers and NCOs shall be willing to forfeit unit rank structure above the Section level for the duration of the event if requested by the historically associated unit.

SECTION 6. DUTIES OF EACH RANK

MAJOR (Surgeon)

Overall command in control and responsible for the personnel training, equipment care, patient treatment, reporting and operation of the Medical Department. He is not only the chief recruiter of the Medical Department but also is responsible to keep medical items in the best possible condition. Depending on the organization of the army and the deployment of Medical Services for Infantry, Calvary and Artillery forces, the Major receives his orders from either Surgeon General, or an infantry Brigade Commander.

CAPTAIN (Second Surgeon)

Has command of, and responsibility for, their respective field hospital with two operating tables working under one location and sharing equipment. The Second Surgeon receives their orders from the commanding officer, Major Surgeon and performs various additional duties such as: Triage inspector; requisitioning personnel, clothing, tools, hospital tents and fly's and Battalion officer of the day. Occasionally a Second Surgeon will be ordered out on field triage and ambulance corps duty or a special detail with a small detail force. In the event the Major is absent, the Captain takes command of the Medical Department.

FIRST LIEUTENANT (Assistant Surgeons to Major)

Has command of the Hospital Stewards, Orderlies, Nurses and all other personnel including civilian assistants. Has responsibility for the communications between the all parties as an assistant to the surgeons. Assists as needed in surgical interventions and is always prepared. Coordinates the relay of information and commands to ensure the best possible triage and movement through the field hospital environment.

SECOND LIEUTENANT (Assistant Surgeon to Captain)

The junior officer of the medical department. Same duties as First Lieutenant.

SERGEANT MAJOR (General Hospital Steward)

The ranking staff NCO works for the general military hospital or field hospital. His selection is done by the ranking medical officer – Major or Captain. He assists the Captain in the supervision of the Medical Department's operations and is responsible for the administration work of the Hospital area. Prepares and assists with infirmary call/sick call with Surgeon each day. He prepares reports, calls roll, maintains the fatigue and duty rosters, and makes recommendations on personnel actions. He also assigns, assists, supervises, and checks the various details such as: overseeing drugs, medical supplies and purveyors also posting guards and equipment repair. He is the overseer of training and discipline, and instructs the

Quartermaster Sergeants, Orderlies and Nurses on their NCO duties. During active medical treatment he has no station, but stays near the Surgeons and carries out any orders issued him. If the Medical Department happens to be short an officer due to leave, sickness, or death, the Sergeant Major takes up the duties of the Assistant Surgeon by direction of the Surgeon.

QUARTERMASTER SERGEANT (Medical Supply Steward)

This staff NCO receives his direction from the Sergeant Major or Lieutenants, Captain or Major. As the Medical Supply Steward, he is responsible for drawing and issuing clothing, personal gear, rations, drugs, medical supplies, food for the medical department, and keeps the appropriate records. In medical department the Quartermaster Sergeant, like the Sergeant Major, has the assignment of bringing drugs, supplies, water and other items as needed to the caregivers. He is to carry out any command given to him as needed at that time. However, most often he is detailed to remain with the gear and supplies assigned the Medical Department and see to their recordkeeping and safe keeping.

PRIVATES (Guard Duty)

Are under the direction of the QM Sergeant and are assigned to drive and care for the gear and equipment. Keep guard of the Medical Department and grounds. Safekeeping to those giving care while near battle lines. Keep prisoners of war under guard if taken during battle and/or wounded.



ANESTHESIA PERSONNEL

The anaesthesia staff can be handled by a Surgeon, Assistant Surgeon, or anaesthesia nurse. The selection is done by the ranking medical officer – Major or Captain. He/she assists the Captain in the supervision of the Medical Department's anaesthesia operations and is responsible for the administration work of the Anaesthesia Hospital area. Prepares and assists with infirmary with Surgeon each day. He/she prepares reports, maintains the anaesthesia supplies and whiskey, and makes

recommendations on personnel actions. He/she also assigns, assists, supervises, and checks the various details such as: overseeing drugs, medical supplies and purveyors orders for resupply. He/she administers anaesthesia prior to and during surgery to the patients and this is usually done with chloroform, ether, opium and whiskey. He/she is the overseer of training and use of drugs and assist the Surgeon whenever possible.

SURGICAL NURSE IN CHARGE

The surgical nurse is the nurse in charge and a vital role and caregiver to the patient soldier. They are responsible to assist Surgeon and Asst. Surgeon during surgery. In charge of instruments, dressings, bandages and handing Surgeon instruments, devices, dressings etc. during surgery. Organization of all surgical items and preparation and clean-up are surgical nursing responsibilities.



TRIAGE NURSE IN CHARGE

The triage nurse is a first responder vital role and caregiver to the patient soldier. They are responsible to nurse in charge. The triage nurse does an initial assessment and care to the incoming soldiers and wounded and assigns a degree of severity. Surgical candidates were assessed and then brought into the field hospital area for surgery, others were cared for and those with flagged criteria and certain wounds were watched closely and administered by the nurses. Basic identity information was gathered and shared with stewards and others. Their responsibilities included helping with giving instruction and training other nurses working under them.

NURSE

The nurse is a key role and immediate caregiver to the patient soldier. They are responsible to the triage nurse and surgical nurse in charge. They cared for wounded, gave water and applied dressings. When not with soldiers caring for them, they wrapped bandages, brought in water and odd errands for the entire staff. In charge of keeping patient clean, serving food, wrote letters for soldiers. Nurses kept notebooks and individual records and sent this to the address of the soldier's family.



UNIFORM AND EQUIPMENT CODE.

Authenticity in presentation and appearance is vital to the purposes of this organization. The medical unit NCOs is responsible for enforcing the authenticity of its impression and Members. Authenticity shall be governed by the “10 foot rule,” which states that authenticity will be judged acceptable based on its appearance from a distance of 10 feet or more.

SECTION 1. UNIFORMS - CONFEDERATE

The guidelines are to outline the minimum items a uniform must include, and to offer suggestions on allowable materials/patterns.

- I. **Head Gear.** Enlisted men will wear kepis or Gray slouch hats. Officers may wear either kepis with gold bands and the appropriate amount of gold braid, Slouch hats with officer cords both will have “MS” medical services insignia, if surgeons, or straw hats (only if the officer is not serving near any flammables). Only Regimental Numbers, Company Letters, Service Branch Insignias are acceptable, and should be consistent throughout the unit. Officers have the choice of Gold Officers hat cords.
- II. **Jackets.**
 - A. **Enlisted Jackets.** These are single-breasted shell (short) jackets or sack (medium) coats that button all the way up to the collar. They must be made of wool. They are Richmond/Cadet Gray. Buttons are brass with the “Eagle” on them. NCOs may also have the appropriate black chevrons on the sleeves. *Note: For those members who are also portraying infantry and do not want to purchase two uniforms, it is recommended that the jacket have no colored cuffs or collars, and that any chevrons be a neutral color (e.g. black).*
 - B. **Officer Jackets.** These can be either double-breasted shell (short) coats or frock (full length) coats that button all the way up to the collar. They must be made of wool. They are Richmond/Cadet Gray. They must have black wool cuffs and collars (for medical). Buttons are brass with the “Eagle” on them. Officers should have the correct rank insignia on their collars, and may also have gold braid on the sleeves.
 - C. **Overcoat/Great Coat.** These are optional. They can be Sky Blue wool or Richmond/Cadet Gray wool.
- III. **Shirt.** Shirts may be made of cotton, linen, or wool. These are typically off-white (unbleached muslin) or plaid bib shirts for enlisted ranks and white for officers, pull-over style (4-6 buttons from the top) with long-sleeves. They may have standing or standard collars. Buttons are typically wood, but can also be bone or shell. Neckwear is recommended and should be either black silk (cravat or scarf) or a black cotton scarf tied around the neck under the collar with the ends loose in front.
- IV. **Trousers.** These can be either be straight leg or tapered leg (for boots). They must be made of Navy Blue wool (although Sky Blue can be used). Officers will have a black stripe going down trouser side. No synthetic fibers are allowed. Non-officers will have no stripes or piping.

Straight or mule-ear pockets only, button-fly. Buttons may be either pewter, wood, or bone. Braces (suspenders) are optional.

- V. **Waistcoat (Vest)** – Optional for enlisted ranks only. These are single-breasted Navy Blue wool and button all the way to the collar (military style). No synthetic fibers are allowed. Brass buttons with the “Eagle” on them. At least two pockets (for watch) in the front. Collars should be standing.
- VI. **Footwear.** Black cavalry boots are required for officers and enlisted ranks. Period Brogans are also acceptable for enlisted ranks that also portray infantry. Footwear must be made of leather with a leather heel, although sole and heel guards may be worn to improve traction if they are kept out of sight from the general public. Otherwise, a steel heel plate is correct for the time period.
- VII. **Gloves.** White Berlin for dress occasions. Cavalry gauntlets for field use.

SECTION 2. UNIFORMS - FEDERAL

The guidelines are to outline the minimum items a uniform must include, and to offer suggestions on allowable materials/patterns.

- I. **Head Gear.** Enlisted men and officers will wear Navy blue kepis. Only Regimental Numbers, Company Letters, Service Branch Insignias are acceptable, and should be consistent throughout the unit. Officers will wear “MS” insignia on the head gear. Larger or smaller MS is appropriate depending on head gear size.
- II. **Jackets.**
 - A. **Enlisted Jackets.** These are Navy Blue single-breasted sack (medium) jackets that button all the way up to the collar. They must be made of wool. Buttons are brass with the “Eagle” on them. NCOs may also have the appropriate black chevrons on the sleeves.
 - B. **Officer Jackets.** These are Navy Blue double-breasted frock (full length) coats that button all the way up to the collar. They must be made of wool. Buttons are brass with the “Eagle” on them. Officers should have the correct rank insignia on their shoulders.
 - C. **Overcoat/Great Coat.** These are optional. They are Sky Blue or Navy Blue wool.
- III. **Shirt.** Shirts may be made of cotton or linen. These are white (officers, 4-6 buttons from the top) or red bib (enlisted ranks), pull-over style with long-sleeves. They may have standing or standard collars. Buttons are typically wood, but can also be bone or shell. Neckwear is recommended in the field and should be either black silk (cravat or scarf) or a black cotton scarf tied around the neck under the collar with the ends loose in front.
- IV. **Trousers.** These can be either be straight leg or tapered leg (for boots). They must be made of Navy Blue wool (although Sky Blue can be used). No synthetic fibers are allowed. Officers will have black striping down the side. Non-officers will have no stripes or piping. Straight or mule-ear pockets only, button-fly. Buttons are pewter. Braces (suspenders) are optional.
- V. **Waistcoat (Vest)** – Optional for enlisted ranks. These are single-breasted Navy Blue wool and button all the way to the collar (military style). Buttons are brass with the letter “Eagle” on the shield. At least two pockets (for watch) in the front. Collars should be standing.

- VI. **Footwear.** Black cavalry boots are required for officers and enlisted ranks. Period Brogans are also acceptable for enlisted ranks that also portray infantry. Footwear must be made of leather with a leather heel, although sole and heel guards may be worn to improve traction if they are kept out of sight from the general public. Otherwise, a steel heel plate is correct for the time period.
- VII. **Gloves.** White Berlin for dress occasions. Cavalry gauntlets for field use.

SECTION 3. ARMS (for defense purposes of the medical area)

Firearms must be percussion cap. No flintlocks are acceptable.

- I. **Pistols.** NCOs/Officers may carry the 1858 Model .44 Caliber Remington revolvers. Confederate officers may also carry Derringers (.44 or .31 Caliber), or any other percussion pistol of the period.
- II. **Swords/Sabers.** Medical sabers (Confederate) or Army Swords (Federal) may be worn by officers only.
- III. **Carbines/Muskets.** Artillery Carbines or .58 caliber muskets are acceptable for artillerists defending the medical area. Muskets may be the 3-band Enfield or the 3-band Springfield rifled percussion cap musket. No flint-lock firearm is acceptable.
- IV. **Knives.** Confederate enlisted personnel and NCOs may carry long knives, or Scottish Dirks (or equivalent), as long as they do not interfere with their duties.

SECTION 4. EQUIPMENT

When acquiring equipment, begin with what is required in the field hospital, then with what is required for living history, and then acquire what is required in camp. As a simple rule, if you do not need it or need to use it, do not buy it.

- I. **Canteen.** Canteens are required. Wood (Confederate) or metal “bull’s eye” with wool or cotton cover (Confederate or Federal).
- II. **Haversacks.** Haversacks are required. Haversacks can be made of almost any material, as long as it is natural fibers. Federal Haversacks are black.
- III. **Eating Utensils.** Utensils required and include a tin cup, tin plate, knife, fork, and spoon.
- IV. **Belts.** Belts are required. They should be black leather. They should have a brass buckle (belt plate). Confederate belt plates can be the Federal Eagle, the state insignia or abbreviation, CS or CSA, or the US worn upside-down (sn) for “Southern Nation”. Cavalry rigs may also be worn. Federal belt plates are the Federal Eagle.
- V. **Cap Pouch.** Cap Pouches are required for those carrying pistols. They are worn on the belt and should be black leather. They should have a fleece patch on both sides to keep the caps from falling out.
- VI. **Cartridge Box.** For those carrying Remington pistols, cylinder pouches should be worn on the belt instead of a cartridge box. Otherwise, cartridge boxes are optional and should be cavalry style and worn on the belt.

- VII. **Tent.** This is optional (unless you plan to camp out). Shelter Halves or A-Frames are most common for enlisted personnel. Wall Tents, Fly's and Sibleys are for senior NCOs and Officers.
- VIII. **Poncho.** This is optional. Black rubber over cotton or canvas.
- IX. **Knapsack.** This is optional.
- X. **Bedroll/Blanket.** This is optional.
- XI. **Gum Blanket.** This is optional. Black rubber over cotton or canvas.
- XII. **Cooking Gear.** This is only necessary if you are the company cook.
- XIII. **Water Buckets.** Fire safety and water dispensing for medical area.
- XIV. **Furniture.** This is only necessary for camp or living history impressions and should be in keeping with the type of impression. Chairs are very beneficial. Ladder Back chairs are correct to the time period.
 - a. Large Barrels for water and basin for surgical equipment;
 - b. Tables used for surgical intervention and investigation;
 - c. Back table for surgical supplies, medicines and drugs;
 - d. Medical hutch used by surgeons for reports, supplies and medicines.
 - e. Drug cabinet used for dispensing and security of items;
 - f. Desk
 - g. Bed for soldiers that need to stay overnight;
 - h. Double sink



CODE OF CONDUCT.

The Code of Conduct represents the commitment each Member must have to the goals and activities of the unit. Failure to follow the requirements of the Code of Conduct will result in disciplinary action, which could include the termination of membership.

1. Respect the feelings of others. Do unto others as you would have them do unto you. We live in a culturally diverse nation. Have mutual respect for each other's history and heritage.
2. No person under the age of 16 years shall be allowed to handle arms in camp or carry arms in the ranks without special dispensation from the unit's commanding officer.
3. No camp fires, lamps, or candles will be left unattended. These fires must be thoroughly extinguished or someone must remain in camp to watch the fire and ensure no accidents happen. This shall be strictly enforced so that the detection by any member warrants an immediate inspection. Anyone found violating this rule will be issued a written reprimand signed by all members witnessing this behavior. A second occurrence will result in the immediate termination of membership without the possibility of re-admittance.
4. No fires will be allowed in tents not designed to accommodate a stove. This includes candles not in a lantern.
5. Remember that many of the surgical tools and instruments are extremely sharp and can be dangerous. When surgeon is performing reenactment, many of these items can be used around tables and in surgical area proceed with extreme caution.
6. Many solutions, medicines and false-drugs will be used in reenactments but should never be ingested, swallowed or used on skin.
7. All firearms should be immediately separated from soldiers upon presentation to field hospital and to a safe place, usually within the hospital tent away from the action.
8. Remind all soldiers bringing wounded in field to identify soldier, rank, unit and medical condition after removing firearm and dangerous knives, etc.
9. Keep all modern items out of sight when the general public is in camp. No use of modern tobacco products when in first person persona or when the public is present.
10. No smoking of any kind (pipe, cigar, and cigarillo) is permitted when handling or working with gun powder or in the vicinity of someone who is.
11. No smoking of any kind is permitted while participating in any battle reenactment, weapons demonstration or parade, or in possession of a loaded firearm.
12. Treat all firearms as if loaded. Treat all firearms loaded with blank rounds as deadly weapons.
13. All weapons must be inspected by the designated unit safety officer prior to each battle reenactment. No weapon can be used that has not passed inspection.
14. If you have used your musket in a live fire (projectile down the bore), always fire at least three blank loads into the ground before using it in a battle reenactment.

15. Each unit will post a guard to keep the camp secure whenever anyone is working with gun powder. Gun powder may only be handled in a secluded place a safe distance from camp.
16. Avoid rolling cartridges in camp. If absolutely necessary, keep the powder well away from campfires, candles, sources of heat, and the public.
17. Load muzzle-loading muskets with pre-rolled cartridges, never from a powder flask/horn.
18. Always load muzzle-loading pistols in advance from a powder flask or pre-rolled cartridges, and seal each cylinder with "cream of wheat." Paper or cotton wadding is never to be used to seal the cylinders, and the cylinders of muzzle-loading pistols should never be re-loaded during a reenactment except with pre-rolled cartridges.
19. While loading firearms, keep hands and face away from the muzzle.
20. After loading, always point the muzzle in a safe direction. Be aware of anyone in front, behind, and on either side of you.
21. During battle reenactments, never fire directly at a person less than 100 feet from you. Aim over the head or to the side of anyone within that distance.
22. When firing muskets from two ranks, the rear rank should step well forward and, before firing, ensure that neither the muzzle nor the cap is near the faces of the front rank.
23. Never draw or use a musket ram rod during a battle reenactment.
24. Be careful when fixing or drilling with bayonets. When marching with bayonets fixed, keep weapons nearly vertical to protect the person behind you.
25. In a real medical emergency, the key word for help is "Medic." If you hear the word "Medic," repeat it as loud as you can, then go to the person that needs help and give all the assistance you can.
26. Maintain a vigilant control of all small children, especially when we have a camp fire burning or weapons in the open. Remember, most portrayals are of armies in the field and we are handling instruments of death. We do not want to ruin a member of the general public's outing, or our own.
27. Complete your uniform or civilian attire in as timely a manner as possible.
28. Bring your own rations. Don't expect someone else to furnish you with food or powder.
29. Always use the military protocol of the time period being portrayed (Seventeenth to Nineteenth Century). If unsure of the correct protocol, don't be afraid to ask.
30. When in first person persona, always act as a Southern Lady or Gentleman. Always act with honor, integrity, and chivalry. Always maintain the actions and attitudes of the Southern Ladies and Gentlemen of the time period being portrayed. Always be polite, even in the face of adversity. If faced with adversity, walk away and notify your unit's commanding officer.
31. To accurately portray the inhabitants of the South from 1607 - 1890, we must play by their rules. In those days, a man was only as good as his word and many business transactions were consummated over a handshake. We must be as true and accurate as possible to effectively represent the historically correct facts of what actually occurred during that time period.
32. Treat the general public with respect no matter how stupid their question might seem, or how many times you have answered that question. Remember, they are one of the main reasons we do what we do, and their education should be at the forefront of our interests.

33. Be a good listener. The general public wants to tell you all about their ancestor, and in so doing, valuable information can be gathered for future use.
34. Ask permission before using another person's property. Always say "Thank you" when you return it, and return it in at least as good a condition as when you borrowed it.

To be good reenactors, we must learn what people of the South from 1607 - 1890 did in their day to day activities. We must commit to the study of how they lived and experience it for ourselves. Time devoted to the study of the various disciplines of the Southern military and civilian organizations of the Nineteenth Centuries is the only way to achieve the goal of being the finest reenacting and living history organization in the region. Only with time spent in serious study will we obtain the honor and integrity our heritage deserves.

CHARACTER QUESTIONNAIRE

For the First Person Impression

Compiled by: Andrew H. Rowden internet:arowden@crassus.onu.edu
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Please answer the following autobiographical questions about your character as briefly and as accurately as possible.

1. General Information

Character's Name:

Birth Date:

Place of Birth:

Target Year for Impression:

Present Age:

2. Physical Information

Height:

Weight:

Diet:

Hair Color:

Complexion:

Nationality:

Deformities:

Handicaps:

Diseases:

General Health:

3. Clothing Information

Usual style of clothing:

Usual type of accessories:

4. Family Background

Father's name:

Father's Occupation:

Father's Age:

Mother's name:

Mother's Occupation:

Mother's Age:

What are the names, ages, and occupations of siblings, if any?

Are the siblings married and do they have children?

Do you have any other significant relatives (grandparents, aunts, uncles, cousins)?

5. Answer the following about the character:
Ancestry:
Political Party:
Religious Affiliation:
Education:
Occupation:
Special Skills and Interests:
Marital Status (include date of wedding, spouse's name, age and occupation):
Children (include names, ages, occupations, spouses, their children, etc.):
Socioeconomic Class:
6. Describe the character's temperament and give an example.
7. The character's background includes a childhood influence by (family, friends, education, religion, socioeconomic advantages and/or disadvantages):
8. Describe certain experiences or occupations that have made lasting impressions.
9. The character's general attitudes and outlooks on life have been determined by:
10. Above all, the character believes: