MINUTES
ASH Redesign – History of ASH Work Group
Tuesday, October 19, 2021 • 11:00am-12:00pm • Conference Call

Agenda
1. Welcome
2. Update on Person Stories research
3. What to call the space
4. What is in the space
5. Next Steps & Close

Attendees
Sydney Harris, Sherley Spears, Francela Brazil Williams, DD Clark, Mary Kahle, Lauv Bruner, Elizabeth Stauber, Jenna Cooper, Peggy Perry

Minutes
Welcome
Group was welcomed and agenda reviewed. Shared link for upcoming ASH presentation at Texas State.

Update on Person Stories research
Member provided details from Indiana Medical History Museum and how they share patient stories without compromising personal details. Shared the multiple projects on display at the facility. Majority of projects use first names only, some use fill names with consent of patient or patient’s family if patient is deceased. Discussed which state entities were coordinated with to ensure all projects were completed in an ethical and legal manner. Group will put together follow up questions for Indiana Medical History Museum.

What to call the space
Group reviewed the mentimeter word cloud for suggestions on names. Shared suggestions from HHSC – Historic Resource Education Center (HREC). Members suggested including “community” and removing “resource”. Suggested Historic Education Community Center (HECC) or Community History and Education Center (CHEC). Suggested removing “education” and shortening it to Community History Center (CHC). Group agreed to a working title of ASH Community History Center (ASH CHC).

What is in the space
Reviewed four categories to evaluate what should be included. Discussed themes and including the evolution of things like recovery focus and treatment while evaluating issues such as equity based on race, class, gender, etc. Group agreed ensuring all suggestions respect the patients, not perpetuating negative stereotypes or “spooky” history. Discussed including story of volunteers and support from the community. Discussed how a website could
be used as a streamlined effort to collect consents and stories all at the same time. Discussed space needs, such as exhibition space or a media room. Also discussed need for accessibility considerations (having font large enough to read, for example). Member suggested integrating artwork from patients as a connection to treatment evolution.

Next Steps & Close
Group discussed next steps and item 4 – who makes the center happen? Used example of Austin Historical Center having some oral histories already.

Resources
- ASH Redesign Website
- Indiana Medical History Museum