



Crownsville Cultural History Subcommittee Report

I. Subcommittee Roster

A. Name and Organization/ Background of each participant

1. Jacqueline Boone Allsup (Chair): Former President Anne Arundel County Branch NAACP
2. Rev. Larry Walker: Executive Director, Governor's Office of Community Initiatives
3. Heather Ersts: Director of Tourism Development, Visit Annapolis & Anne Arundel County
4. Dr. Monifa Love: Bowie State University Professor/Associate Dean, Dept. of Language, Literature and Cultural Studies
5. Lyndra Marshall: Genealogist/ Historian, past Vice Chair @ Reginald F. Lewis Museum Board; Kunta Kinte-Alex Haley Foundation, Inc.
6. Dr. Carol Benson: Executive Director, Chesapeake Crossroads Heritage Area
7. Elizabeth Hughes: State Historic Preservation Officer
8. Susan Cline: Friends of the Crownsville Hospital Patient Cemetery
9. Chanel Compton: Executive Director, Banneker-Douglass Museum
10. Elinor Thompson: Genealogist/ Historian/Author and Maryland Commissioner on African American History and Culture (AACO)

II. Charge of Subcommittee

- A. To provide guidance on the cultural heritage, interpretation and commemoration of the history at Crownsville Hospital Memorial Park ("CHMP") (how to tell the story) including the cemetery and to provide advice and guidance on the redevelopment in MHT easement area.

III. Summary of Subcommittee Activities

- A. The Crownsville Cultural History Subcommittee ("Committee") met 12 times between September 2023 and June 2024 via Zoom. Upon the inception of the group a site tour was held.

IV. Subcommittee Recommendations

A. Museum/Interpretive Plan

1. This primary recommendation represents the topic that was discussed the most as both a time sensitive item, as well as a long-term necessity to truly honor the space as being a place for both education, healing, and understanding the past. Engaging an interpretive planning consultant to create an interpretative plan would also serve to provide the management objectives for interpretation and education by facilitating meaningful connections between visitors and site and its resources. The process will comprehensively analyze all interpretive needs and desires and determine the interpretive services, facilities, and programs that will communicate the site's purpose, significance, and themes, as well as provide the appropriate means to achieve desired visitor experiences.

As the larger master planning process is ongoing, incorporating a museum interpretive plan now should advance discussion that allows for inquiry around both the material nature of the institution and the immaterial aspects. (E.g, such as how and why the institution came to be, how and why it operated as it did, and our role as caretakers). County staff within the Office of Planning and Zoning Cultural Resources division has already advised that there are, at least, half a dozen such consultants within the DC metropolitan area. Further, this Committee noted that care should be taken to ensure that there is diversity of representation present.

A museum that emerges from such discussions must present thorough and accurate information and allow for ongoing research and institutional development. *The process should foster young people's involvement and consider them caretakers.*

Priority: HIGH

2. The museum interpretive plan should link the efforts of those institutions, agencies, and persons who have devoted years of work to telling an accurate and balanced story of African American life in Anne Arundel County, Maryland, and the Nation. This linkage can begin with in-depth discussions with the Maryland Commission on African American History and Culture, oral history programmers, local historians, the Maryland Archives, and academicians whose work focuses on Maryland's history and health.

Priority: HIGH

3. The operating plan for the museum should include potential funding sources, location, and initial staff levels. (E.g. director, curator, educator). The operating plan should also occur after the interpretative plan.

Priority: MEDIUM

4. A CHMP Museum should be interactive and showcase *patient craft-making and other creative pursuits* along with historical information.

Priority: MEDIUM

B. Artifacts

1. All artifacts should be archived, photographed, inventories, cataloged, and safely stored.

Priority: HIGH

2. A system should be developed to protect and preserve artifacts and a catalog of artifacts developed. *Artifacts held by Anne Arundel County not displayed in the museum should be available for scholarly use.*

Priority: HIGH

C. Oral Histories

1. Oral history projects underway should *report their methodology (including consent forms and intellectual property determinations), staff training, number of histories collected, plan for determining the end parameters of the projects, and dates for access by researchers and the public.*

Priority:HIGH

2. Collected Oral Histories should be accessible through that project's portal.

Priority:HIGH

D. Interpretative Signage

1. The master plan should ensure a transparent, welcoming, and informative visitor experience. Signage placement should allow visitors to read and consider the information safely, such as in areas where people can pull over and park. (Incorporate QR Codes).

Priority: HIGH

2. Interpretative signage should be done in tandem with the museum master planning process. At least four interpretive signs are needed at 1520 Crownsville Road to cover the basic history of the site and inform visitors about access to the property, work underway, and plans for the site.

Priority: HIGH

3. A pilot walking tour of the core of the Crownsville hospital grounds should be developed to serve as a model for future walking tours.

Priority: MEDIUM

4. A wayfinding system compatible with walking tours must be created.

Priority: MEDIUM

E. Website and Public Information

1. As plans for the physical site develop, the existing [website](#) for Crownsville Hospital Memorial Complex should be updated to provide more information. While we currently have a homepage, map, images, and resources page - the website needs to be more interactive.

Priority:HIGH

2. Online resources for information about the hospital and what the County proposes to fulfill its charge for the site should be organized and well-vetted.

Priority:HIGH

3. Interactive experience that digitally chronicles all artifacts, such as oral histories and photographs.

Priority: HIGH

4. Ensure coordination of online resources prior to signage installation to be sure the QR code or website destination has been fully vetted and determined to be accurate by the experts for the site.

Priority: HIGH