Narrative Section of a Successful Application

The attached document contains the grant narrative and selected portions of a previously funded grant application. It is not intended to serve as a model, but to give you a sense of how a successful application may be crafted. Every successful application is different, and each applicant is urged to prepare a proposal that reflects its unique project and aspirations. Prospective applicants should consult the NEH Division of Preservation and Access application guidelines at https://www.neh.gov/program/cultural-and-community-resilience for instructions. Applicants are also strongly encouraged to consult with the NEH Division of Preservation and Access staff well before a grant deadline.

Note: The attachment only contains the grant narrative and selected portions, not the entire funded application. In addition, certain portions may have been redacted to protect the privacy interests of an individual and/or to protect confidential commercial and financial information and/or to protect copyrighted materials.

Project Title: Communities of Care: Stories from South Asian American Healthcare Workers

Institution: South Asian American Digital Archive

Project Director: Samip Kumar Mallick

Grant Program: Cultural and Community Resilience

Communities of Care: Stories from South Asian American Healthcare Workers
Project Narrative

A. **Project Goals and Humanities Content**

"I was raised to be a 'good Desi daughter' by first-generation immigrants who modeled the tropes of the 'model minority' associated with Asian American immigrants. My upbringing integrated the values of hard work, integrity, sacrifice, dharma (duty) and seva (service). ... Working on the front lines has forced me to reckon with my values as a South Asian American."[1]

These words were written by critical care nurse Roshni Shah as a preface to her SAADA Archival Creators exhibit, "Heart of a Hero." Shah conducted oral histories with nine South Asian American nurses, hospitalists, and family practitioners about their experiences during the COVID-19 pandemic. With candor and courage, these stories amplify the voice of a community that is significantly underrepresented in the archival record.

Shah's lived experiences as a critical care nurse uniquely situated her to collect stories from her colleagues. SAADA's Archival Creators Fellowship gave Shah the missing pieces she needed: oral history training, and agency over whom to interview, what questions to ask them, and how to frame their narratives. This process exemplifies SAADA's philosophy around archival collection, which empowers members of marginalized groups to be active agents in documenting their community's histories. After posting about her Archival Creators project under the name "South Asians Behind the Mask"[2] on social media, Shah inspired twenty-eight other South Asian American healthcare professionals to share their own pandemic experiences, cementing a sense of solidarity across their field. Shah's project is a useful starting point; it also illustrates that an embedded community member is often the ideal person to do fieldwork within a minoritized group with shared identity. But much more memory work must be done before we can claim that an extensive archival record of South Asian American healthcare workers during the pandemic exists. There is an immediacy to gather these stories now, while memories are fresh and experiences are raw. SAADA can not only preserve our community's stories for future generations, but also provide an invaluable compendium of lived experiences for future students and researchers.

A grant from the National Endowment for the Humanities would empower SAADA to tell these stories through the creation of an entirely new storytelling residency model. With the funds, we would administer an open call to hire a full-time **Healthcare Storyteller-in-Residence** (referred to as the 'resident') to collect oral histories that illustrate South Asian American healthcare workers' experiences during the COVID-19 pandemic. Such a residency would be singular in its community-based orientation and mutual benefit. It will ensure that collected stories are put into proper context by contributing the resident's extensive knowledge of the healthcare system, lived experiences working during the pandemic, and personal ties to the community. Also standing to benefit is the resident: a current or recent healthcare professional, who will be provided with a salary to fund a nine-month sabbatical from work. Through one-on-one training from professional oral historians, the resident will be provided with the skills necessary to document their community's stories. Finally, we are optimistic that our storytelling residency program will serve as a useful precedent for other community-based archives and cultural organizations, by demonstrating the successful use of an embedded community member to collect and curate archival materials. The result will be a digital collection and archival exhibit, Communities of Care: Stories from South Asian American Healthcare Workers, to be preserved within SAADA, shared with the public, and designed with utmost attention to ease of access and use by future researchers and students.

---

[1] Roshni Shah, "Heroes are Human: Working on the Frontlines of the COVID-19 Pandemic." *Tides* magazine, published by SAADA on March 7, 2022.

[2] Roshni Shah, (@southasiansbehindthemask). 2022. "Is this you?" Instagram, April 2022 - October 2022.

Community members' experiences that will be explored through the Healthcare Storyteller-in-Residence's collecting work include, but will not be limited to, the following:

- The challenges of treating patients with COVID-19
- Loss of family members and friends during the pandemic
- Death, dying, and its emotional impact on healthcare workers
- Burnout, exhaustion, and work-life balance for those working in the healthcare industry,
- Health disparities and equity of access to care in the United States,
- Internal motivation, resilience, faith, and reasons for working in medicine,
- Sacrifice, sense of duty, humility, resilience, and South Asian values,
- Teamwork and collective responsibility, and
- The joys and privileges of healthcare work.

Our project will not only be crucial for the South Asian American community, whose stories are rarely taught in classrooms, found in textbooks, or reflected in popular media, but it will also make a much-needed contribution to the diversity of cultural heritage documentation in America. South Asian Americans have been a presence in the United States for more than 130 years, and with more than 5.4 million individuals, today they make up the fastest growing immigrant group in the country.[3] Yet, despite the community's growing size and prominence, South Asian Americans continue to be directly targeted by racism and xenophobia in ways that are painfully consistent with other anti-immigrant moments in America's past. Liberatory collection work has the power and responsibility to challenge this marginalization, but the stories and experiences of South Asian Americans have historically fallen outside the scope and collecting interests of traditional archival repositories. Without SAADA's work, vital histories such as those collected through our project would likely be erased from public consciousness.

SAADA's archive, consisting of over 4,700 items, is the largest publicly accessible collection of materials pertaining to the South Asian American community. One South Asian American scholar described her experience encountering SAADA for the first time as "suddenly discovering myself existing." A more robust representation within the nation's archival record would not only humanize the South Asian American community and preserve its stories for future generations, but also contribute to a broader, more diverse, and more nuanced narrative of contemporary America.

With the recent passage of laws requiring the teaching of Asian American history in New Jersey, Illinois, Connecticut, and Rhode Island (and more states likely to follow), as well as the growth of Asian American studies departments in universities across the country, Communities of Care will prove to be an invaluable pedagogical resource for educators and students of varying grade levels. Scholars of South Asian American history, occupational folklore, and culture in medicine will also benefit from the publication of the collection's stories. The collection will additionally prove valuable to policymakers working on immigration-related issues, hospitals seeking to create a more welcoming environment for marginalized communities, or those working to promote diversity and inclusion within an organizational culture. Perhaps most importantly of all, for the general public, Communities of Care will be a readily accessible window into the lived experiences of a vibrant and crucial workforce during a time that America needed them most.

B. Program Priority

South Asian Americans have been especially vulnerable to the COVID-19 pandemic's impact, due to a unique combination of immigration status—many are refugees, undocumented, or on H-1B and J-1 visas—and a high representation among frontline workers. Of the 11 million undocumented immigrants left out of pandemic relief programs such as the CARES Act, almost 700,000 of them were

---

[3] "Demographic Information." *SAALT (South Asian Americans Leading Together)*, April 2019.

South Asian American.[4] Seventy-five percent of South Asians living in the United States were born in another country, reflecting the historical quotas that restricted South Asian immigration to the U.S. until the Immigration Act of 1965. Even those born in the U.S. often have family members living in South Asia or other countries, and travel restrictions imposed by the pandemic have made it difficult or impossible to visit family members living in other countries, adding to the emotional toll on our community members.

For many first-generation immigrant communities, the healthcare professions are seen as noble, prestigious careers that drive upward class mobility. South Asian Americans in particular make up a significant portion of America's healthcare workforce, with four times as many physicians as expected from the community's proportion of the general population.[5] Yet the pandemic has levied a considerable toll on the physical and emotional health on South Asian American healthcare workers, whose labor at the front lines has been deemed more essential than ever. Many South Asian international medical graduates in the United States practice in primary care specialties in underserved rural areas, and the suspension of H-1B programs has adversely impacted the security of their visa status, as well as their families' ability to stay in America. According to the Alabama Department of Health, Indian and Pakistani doctors represent the largest groups of foreign-born medical workers in America's most underserved communities. Immigrant doctors fill physician shortages and improve access to healthcare in rural communities, but their path to practicing in the United States is fraught due to what immigration policy expert Silva Mathema describes as a "patchwork of federal immigration policies and mismatched state licensing regulations that do not truly work in anyone's best interests."[6]

The labor, emotional, and financial burdens borne by South Asian Americans during the pandemic have had tangible effects on the health of the community. One study found that South Asian Americans had significantly higher odds of experiencing psychological distress than White Americans.[7] Because South Asian Americans are often grouped with other Asian ethnicities in national health data, many are unaware that South Asian Americans have four times the risk of cardiovascular disease as the general population, as well as higher rates of diabetes and hypertension, all of which increase the risk of becoming seriously ill or dying from COVID-19.[8, 9] Yet due to the perception of the community as unburdened by challenges that other minority groups face, South Asian Americans are not allowed the capacity for this grief in the public imagination.

It is true that some of the most visible thought leaders in American medicine are of South Asian descent, including President Biden's COVID czar Ashish Jha and former Surgeon General Vivek Murthy. However, such visibility at the upper echelons of the healthcare profession does not accurately portray the broader pandemic experiences of South Asian Americans. The stereotype of South Asian Americans as well-educated "model minorities" ignores not only the fact that over half a million South Asian Americans are undocumented, but also the community's wide income inequality: almost 10% of South Asians nationwide live in poverty,[10] and in New York City, the number of South Asians below the

---

[4] Mahnoor Hussain, Sophia Qureshi, Lakshmi Sridaran, and Sruti Suriyanarayanan, "The Disparate Impact of COVID-19 Across South Asian American Communities," *Asian American Policy Review,* April 16, 2021.

[5] Nishant Uppal and Suhas Gondi, "The Paradox of South Asian Disparities in Medicine." *Harvard Medical Student Review*, October 1, 2018.

[6] Silva Mathema, "Immigrant Doctors Can Help Lower Physician Shortages in Rural America." Center for American Progress, published on July 29, 2019.

[7] Biplav Babu Tiwari and Donglan Zhang, "Differences in Mental Health Status Among Asian Americans During the COVID-19 Pandemic: Findings from the Health, Ethnicity, and Pandemic Study," *Health Equity* 6, no. 1, June 2022.

[8] "Chronic Conditions Among U.S. South Asians in the Context of COVID-19," *South Asian Public Health Association*, 2020.

[9] In July 2022, the South Asian Heart Health Awareness and Research Act was passed to better understand the community's disproportionate risk of cardiovascular disease.

[10] "Economic and social impacts of the COVID-19 pandemic on South Asians in the U.S.," *South Asian Public Health Association*, 2020.

poverty line is 24%, higher than that of White, Black, or Hispanic Americans.[11] New York City's Bangladeshi community (82% essential workers, with the highest poverty rate of all NYC ethnic groups) was one of the hardest-hit by the pandemic, accounting for more than 20 percent of Asian American COVID-19 deaths despite making up only 7.6 percent of the city's Asian American population. Yet due to the aforementioned "flattening" of Asian Americans within a single group in demographic data, these sobering realities are not widely discussed. This monolithic view of South Asian Americans ignores the harsh realities that the community has faced during the pandemic. By portraying the South Asian American community in its complexities, SAADA's project poses a direct challenge to this view.

The Justice40 Initative's Climate and Economic Justice Screening Tool and the CDC's COVID Data Tracker are valuable resources for identifying Census tracts with overburdened and underserved residents. Since these tools do not specifically address the joblessness, financial challenges, and health risks facing South Asian Americans, we additionally used a variety of data on socioeconomic status, immigration, and health from medical journals and public policy institutes to show the community's disadvantage. Because our community is one of shared heritage and culture instead of geographic location, it made sense to look for data sources that specifically address the challenges facing our community. Even these tools tend to underreport the pandemic-related challenges facing the South Asian American community. According to Amy Yee, most surveys about the pandemic's impact are conducted in English or Spanish. As a result, Asian Americans with low proficiency in English (those most likely to be vulnerable or in financial need) are excluded from surveys widely used by researchers and academics. The high number of South Asian American undocumented workers, who are often unable to access healthcare centers, further complicate efforts to collect accurate pandemic data about the community.

In summary, disadvantagedness in the South Asian American community can be evidenced in its disproportionate representation among frontline and essential workers, high rate of health issues that increase risk for severe COVID-19 infections, challenges with visa status, high poverty rate, language barriers, and large number of undocumented community members. We wish to call attention to one more statistic that is especially relevant to us. **In 2022, Asian Americans, at 29%, are least likely among all racial groups to feel they belong and are accepted in the U.S.** This number is less than that of Black Americans (33%), Latino Americans (42%), and White Americans (62%).[12] SAADA's Communities of Care project directly addresses this issue by using the power of stories to create belonging for our community. Only by encouraging more robust representation of our community's stories in media, in classrooms, and yes, in archives, can we ensure that future generations of South Asian Americans feel that they truly belong in this country that they call home.

C. **Community Participation**

SAADA's close community ties can be seen in the Archival Creators Fellowship Program, which guides members of our own community in creating archival collections about marginalized South Asian American groups. Now in its fourth year and supported by grants from the Andrew W. Mellon Foundation and IMLS, the Archival Creators Fellowship Program has supported 21 fellows in refining their topic and project designs, conducting oral history interviews, and curating their own archival exhibits. Each year, we receive over 70 applications, with a diverse spectrum of compelling projects proposed from our community. The overwhelming response to the Archival Creators Fellowship Program illustrates the high demand within our community for cultural heritage documentation training and storytelling opportunities. Building on our institutional expertise and community connections, SAADA's Healthcare Storyteller-in-Residence will draw inspiration from the existing collections and exhibits of our Archival Creators Fellows. In fact, three Archival Creators Fellows other than Roshni Shah have created collections and exhibits that center South Asian American communities' pandemic experiences:

---

[11] Sabrina Song, "Research on Asian Poverty in New York", *Roosevelt House: Public Policy Institute at Hunter College,* December 9, 2019.
[12] The Asian American Foundation / LAAUNCH, "STTATUS Index Report 2022," May 2022.

- <u>Joymala Hajra,</u> an artist and designer, documented Bangladeshi women-led mutual aid efforts in areas of New York City hardest hit by the COVID-19 pandemic, such as central Queens, south Brooklyn, and Parkchester in the Bronx.
- <u>Sanjana Nigam</u>, a journalist, collected stories of first-generation South Asian owned small businesses who were forced to close during the COVID-19 pandemic.
- <u>Nikhil Patil</u>, a global health researcher, documented the impact of the HIV/AIDS epidemic on the South Asian American community. Patil also created the South Asian Americans Remembering Individuals (SAARI) Project to commemorate South Asian Americans who died of an AIDS-related illness, as well as frontline workers.

However, creating an inclusive record of South Asian American healthcare workers' pandemic experiences would be difficult to accomplish using SAADA's current part-time fellowship model. Currently, we admit three to nine fellows per year, who each spend five (5) hours a week on their archival projects. The resultant collections, while reflecting a wide array of the Archival Creators' curatorial interests, are of a significantly smaller scale than would be necessary to document the breadth of diverse narratives from South Asian American healthcare workers. By bringing a full-time Healthcare Storyteller-in-Residence to SAADA's Philadelphia office for nine months, where they would conduct interviews, learn with our staff and advising team, and curate a digital exhibit to interpret the collection, SAADA would be able to give the <u>Communities of Care</u> collection the time, energy, and expertise that it deserves.

Transparency and shared decision-making will be essential to our project, from selecting the Storyteller-in-Residence, to identifying interview participants, to processing the oral history interviews, to curating the collection exhibit. Applications will be considered by a selection panel that consists of Project Director Samip Mallick and advisors Dr. Amber Abbas and Roshni Shah, ensuring that our selection process is transparent and involves our community.

Meaningful community engagement during our project will be a key aspect of our biweekly virtual live dialogues and panel discussions, to be planned and hosted by the Storyteller-in-Residence. Past online events have drawn significant engagement from our community. One online workshop, in which SAADA partnered with community archivists to provide resources on how to preserve family stories, drew 562 attendees. As in the past, our audiences will be actively engaged by asking the panelists thoughtful questions about their experiences. This project will also continue SAADA's record of forming partnerships with scholars such as Dr. Abbas, community members such as Roshni Shah, and other archivists such as Gabe Solis. New to <u>Communities of Care</u> will be the forging of lasting connections with the larger healthcare worker community, many of whom will be highly interested in SAADA's work and our existing documentation of South Asian American experiences during COVID-19.

Mitigating harm to individuals and communities is of utmost importance in our work, especially given the sensitive and proprietary content of medical conversations, as well as the potential for challenging conversations to be recorded. Our Storyteller-in-Residence will be guided by oral historians who have specific expertise in ethical documentation and harm reduction. As per our take-down policy, SAADA will remove an interview from the archive if requested by the original interviewee. All interviewees also have the option of remaining anonymous, or of redacting any portion of an interview.

Promoting continued access and shared authority is central to SAADA's values. All our projects, including <u>Communities of Care</u>, are based on the principle that the lived experiences of our community lend a valuable perspective not found in scholarly works and traditional archives. We echo the Smithsonian Center for Folklife and Cultural Heritage's guidelines in our belief that working with collections must happen in a "spirit of consultation and collaboration." Community members are regularly engaged in describing and answering questions about materials that pertain to them. We also believe that our materials must be easily accessible and provide various search and navigation tools to locate collection items in SAADA.

As a post-custodial digital archive, SAADA's approach to shared stewardship specifies that all documents and physical materials remain with the individuals or institutions from which they originate,

with SAADA making digital access copies available online. In our Oral History Release Form, SAADA asks only for permission to license recordings, preserving the interviewee's intellectual property.

In short, community participation is central to SAADA's approach to archival. The full-time residency model only makes this emphasis clearer by ensuring that the Storyteller-in-Residence can be fully embedded within the community they are documenting.

D. Methodology

In implementing Communities of Care, SAADA will use inclusive methodologies that reflect our community's specific needs and resources, while also prioritizing the rigorous documentation standards outlined by the NEH Division of Preservation and Access and other cultural heritage repositories. This community-centric, rigorous approach to documentation can best be seen in the following aspects of our project: (1) the resident's oral history training and syllabus; (2) our process for securing participant permissions that prioritizes the agency and intellectual property of the person being interviewed; (3) well-established protocols for transcribing, editing, and publishing oral history interviews; (4) a digital repository for the collection in SAADA that is securely backed up and promotes ease of browsing and access; and (5) biweekly, live broadcasted dialogues and panel discussions led by the resident.

Oral History Training and Syllabus

The Storyteller-in-Residence will receive one-on-one training from two professional oral historians, Dr. Amber Abbas and Gabriel Solis. As experienced instructors who specialize in working with individuals seeking to document their community's histories, the advisors will provide the resident with requisite academic grounding and practical training. Both Dr. Abbas and Mr. Solis have served on various committees of the Oral History Association (OHA) and are regular SAADA collaborators. In addition, both advisors are well-versed in community-centered approaches used by archives that document stories of minoritized people, including South Asian Americans.

An oral history syllabus and reading list are included in **Attachment 7**, outlining the general principles, procedures, and topics the advisors will discuss with the Storyteller-in-Residence. The advisors will demonstrate for the Storyteller-in-Residence how to use Dr. Brooke Blackmon Bryan's "Abbreviated Life Story Interview Model," as summarized in the syllabus, to plan questions for the interview. Examples of questions the resident might ask based on this model include the following:

- "What family values were important to you growing up?" (Early Life)
- "You grew up in Queens, New York as the child of Sri Lankan immigrants. How did you decide that you wanted to practice family medicine in rural Arkansas?" (Purposeful Turn)
- "You've practiced nephrology for forty years and mentored many medical fellows in that time. How is mentorship important to what you believe it means to be a clinician?" (Depth Question)
- "Have your experiences during the pandemic changed what you feel is most important in life?" (Reflective Turn)

Preparatory Research, Interview Setting, and Securing Permissions

Prior to each oral history interview, the Storyteller-in-Residence will be tasked with preliminary background research on community members being interviewed. If the interviewee was introduced by one of the healthcare community advisors, the advisor may help the resident understand the subject's basic story. Other forms of research may include finding information from any online biographies, publications, and LinkedIn or similar professional webpages.

Most interviews will be conducted either in Philadelphia, New York City, or virtually. One significant advantage of the residency's location in Philadelphia is that the city has one of the largest and most diverse healthcare industries in the U.S., with large teaching hospitals such as Temple, Jefferson, and Penn; eight city health centers; and a significant number of public hospitals, long-term acute care facilities, rehabilitation centers, and VA hospitals. A quiet, suitable interview setting will be agreed upon by the when coordinating the interview.

As described in the <u>Community Participation</u> and <u>Deliverables</u> sections, SAADA prioritizes consent in securing permissions by establishing before the interview how we will use recorded material. Participants will be asked to sign the Oral History Release Form, which maintains the interviewee's copyright and provides SAADA with a non-exclusive license to preserve the interview for public access.

Recording Equipment, Software, and Post-Interview Protocols

SAADA will train the Storyteller-in-Residence in post-interview protocols such as transcribing, editing, tagging, and uploading interviews to the archive. The resident will use a Zoom H4 or similar device to record the interview if in-person, or Zencastr software if conducted online. Interviews will be saved in .wav format and edited using Audacity software. Auto-generated transcriptions using voice-to-text technology will be produced using Otter.ai, although these transcripts will require additional editing on the resident's part. Oral histories will each receive a short summary written by the resident, and will be tagged with the interview's date, creator, contributor, and themes.

Technological Framework

SAADA prioritizes the open access and long-term preservation of its digital collections. Access to all archival materials is free and will remain so forever. For collection navigability, SAADA adheres to best practices for encoding and metadata used by the Library of Congress, including the Dublin Core Metadata Element Set (DCMES) and MARC. The archive is securely backed up according to LOCKSS principles, through servers hosted by Pantheon, Amazon Web Services, and Backblaze.

Live-Broadcasted Dialogues and Panel Discussions

The Healthcare Storyteller-in-Residence will host a total of ten live virtual shows, to be scheduled every two weeks, that are free to the public and broadcasted on SAADA's YouTube page. Each show will consist of a dialogue with a recent oral history interviewee and a panel discussion with the interviewee in conversation with one or two additional guests. The Storyteller-in-Residence will be allotted ample time throughout their weekly schedule to coordinate guests and plan the contents for the following week's show. Audience members will be encouraged to ask the guests questions following the panel discussion. To encourage audience participation from all parts of the U.S., these weekly interviews will be offered in several different time slots and days of the week. For further viewer convenience, shows will be recorded and will be available on SAADA's YouTube page for a limited time following each broadcast. Examples of potential panel discussion guests include public health researchers, South Asian American academics, and other clinicians or medical assistants who work with the interviewee.

E. Deliverables

The project will have **five** primary project deliverables, as described below:

1) Collection of Oral History Interviews: "Communities of Care: Stories from South Asian American Healthcare Workers" will consist of fifty (50) oral history interviews, to be published in the SAADA archive. Each interview will last approximately 60 minutes.

2) Digital Exhibit: Drawing from collected oral histories, the Storyteller-in-Residence will design an exhibit for the public. The purpose of the exhibit is to provide a curated, interpretive layer that highlights specific themes and passages from the interviews.

3) Public Programming: The Storyteller-in-Residence will storyboard, coordinate, and host ten biweekly live shows to be broadcast on SAADA's website, each consisting of a dialogue with an oral history interviewee and a panel discussion with the interviewee and one or two guests.

4) Writing Pieces: SAADA's online *Tides* magazine will publish essays and shorter blog posts written by the Storyteller-in-Residence—sharing their experience conducting oral history interviews, connecting with the South Asian American community, and learning about archival practices with SAADA staff.

5) Social Media Content: SAADA will share archival content generated by the Storyteller-in-Residence through its Facebook, Instagram, and Twitter accounts with new audiences and in creative ways.

Informed consent of all participants will be assured through two signed agreements: the Oral History Release Form, which grants SAADA a non-exclusive license for the use and dissemination of oral history materials; and the Agreement for Donation of Digital Materials, which grants SAADA the permission to use and publish digital images made from documents (e.g., letters, photographs, newspaper clippings, advertisements, photographs, posters, commonly available publications, and like materials of a public nature). The full text of both agreements is included in **Attachment 7.**

SAADA will make sure that the resident's weekly workload is readily manageable. Assuming that the resident will use 26 weeks (six months) of the residency to conduct the 50 oral history interviews, they will be conducting an average of two 60-minute interviews per week. To streamline this process, the resident will be encouraged to schedule more than one interview per site visit. From SAADA's past experience, we estimate that each hour of interviewing will require five hours to process (transcribing, taking post-interview notes, tagging relevant metadata, and editing interview audio). We estimate that one-third of the resident's workweek will be spent conducting and processing oral history interviews, leaving sufficient time for trainings, check-ins with advisors and SAADA staff, coordinating interviews, making preparations for the biweekly show, and participating in other projects that further the resident's understanding of archival practices.

For a detailed breakdown of tasks included in a sample residency week, see the "Sample Weekly Breakdown of Tasks" in **Attachment 7.** Tasks will vary depending on the stage of the internship, with advisors being most involved in the Storyteller-in-Residence's first three months and oral history interviews primarily taking place during the six months between December 2024 and May 2025.

As with our Archival Creators Fellows' projects, the final <u>Communities of Care</u> collection will be made publicly available for online access through SAADA. SAADA's website is widely used by scholars and researchers, with 166,677 users and 426,861 total page views in the past year, and over 1.1 million users since the website's inception. Moreover, we plan to publicize the collection by demonstrating its use to K-12 and university educators, scholars, journalists, and other community members. The collection will be prominently featured through SAADA's social media channels with our followers on Facebook (7,200 followers), Instagram (5,837), and Twitter (5,432).

F. <u>Work Plan</u>

<u>Phase 1: Application Process and Planning (October 2023 - September 2024)</u>
<u>October 2023</u>: SAADA announces an open call for the Healthcare Storyteller-in-Residence. SAADA shares the posting with its newsletter and social media followers, local and national job websites, Facebook groups for medical workers, American Association of Physicians of Indian Origin, and the Oral History Association's website.
<u>Friday, January 12, 2024</u>: All applicants are notified of their status. Selected candidates receive an email invitation to a first-round interview with a member of the project team.
<u>Thursday, February 8, 2024</u>: Finalists are invited to a panel interview with Project Director Samip Mallick; and the other selection committee members, Dr. Amber Abbas and Roshni Shah.
<u>Friday, March 8, 2024</u>: The Storyteller-in-Residence is notified of their selection. Two well-qualified candidates are placed on the waitlist, in case the selected candidate is unable to commit to the residency.
<u>April - September 2024</u>: SAADA coordinates with project stakeholders, arranges travel for the resident, and creates an in-depth schedule for the residency. The resident completes paperwork and selects two healthcare community advisors from their own networks (in addition to Roshni Shah).

<u>Phase 2: Healthcare Storytelling Residency (October 2024 - June 2025)</u>
<u>Tuesday, October 1, 2024:</u> Residency orientation period begins in Philadelphia.
<u>October - December 2024</u>: Dr. Amber Abbas and Gabriel Solis train the Storyteller-in-Residence in oral history methodologies.
<u>October - December 2024</u>: The resident establishes connections with community members with assistance from healthcare community advisors and determines interview subjects.

December - May 2025: Resident conducts fifty (50) oral history interviews.
January - May 2025: Resident plans and hosts ten (10) biweekly live dialogues and panel discussions.
April - June 2025: Storyteller-In-Residence curates online exhibit interpreting the collection.
June 2025 (Date TBD): Online event launching the collection and exhibit to the public.
June 30, 2025: Final day of Healthcare Storytelling Residency.

Phase 3: Debrief and Dissemination (May 2025 - September 2025)
May 2025: SAADA begins publicizing online exhibit via social media, mailing list, and other channels.
June 2025: SAADA contacts schools, universities, and educators to increase the project's reach.
July - September 2025: SAADA conducts post-program interviews with Storyteller-in-Residence and community participants to gauge program's effectiveness and impact.

G. Project Personnel and Advisors

Samip Mallick (Project Director) is SAADA's co-founder and has been its full-time Executive Director since 2012. A librarian by training, Mallick has overseen the growth of SAADA from a volunteer-run organization with a budget of $300 to a national leader in community storytelling. He has a M.S. in Library and Information Sciences from the University of Illinois, a bachelor's degree in Computer Science from the University of Michigan, and has completed graduate studies in History at Jawaharlal Nehru University in New Delhi, India. Prior to co-founding SAADA, Mallick directed the Ranganathan Center for Digital Information (RCDI) at the University of Chicago Library.

As Executive Director of SAADA, Mallick has delivered lectures at hundreds of academic and community venues around the country and has been PD/PI on over $2 million in grant funding for SAADA. Mallick is currently an advisor for the Library of Congress Connecting Communities Digital Initiative. In 2020-21, Mallick served as an archival consultant for the Ford Foundation's Reclaiming the Border Narrative initiative.

As Project Director, Mallick will oversee the selection process of the Healthcare Storyteller-in-Residence, as well as supervise them throughout the duration of the residency. Mallick will also help direct the post-residency debrief and dissemination, including educational outreach and post-program evaluations. He will dedicate 2.5% FTE in Year 1 and 5% FTE in Year 2 to the project.

The **Program Manager** will provide logistical support for the planning, residency, and post-program phases. They will publicize the residency program, support the resident in their day-to-day work, coordinate travel, and publicize the completed collection and exhibit with the community and wider public. The Program Manager will dedicate 5% FTE in Year 1 and 25% FTE in Year 2 to the project.

Amber Abbas, Ph.D. (Oral History Advisor) is an Associate Professor of History at St. Joseph's University in Philadelphia where she teaches courses on World History, South Asia, South Asian America and Oral History Methodology. She completed her Ph.D. in South Asian History at the University of Texas at Austin where she trained in oral history training with Martha Norkunas. Dr. Abbas' oral history and archival research focuses on the period of transition associated with the 1947 Independence and Partition of India that ultimately resulted in the creation of three separate states: India, Pakistan and Bangladesh. She served as co-chair of the Academic Council of South Asian American Digital Archive from 2014-2017. She also serves on the Oral History Association's Education Committee and has published in *South Asian History and Culture*, *The Appendix*, and *The Oral History Review*. Dr. Abbas has worked in archives and conducted oral histories in the United States, England, Pakistan, India, and Bangladesh.

As one of two Oral History Advisors, Dr. Abbas will work closely with the Healthcare Storyteller-in-Residence for the first three months of their residency, providing them with training and guidance around collecting oral histories. She will draw from her extensive experience in conducting oral histories and oral history pedagogy, as well as her close familiarity and past work with SAADA, having served as President of the Board. Dr. Abbas will dedicate 2 hours per week to working with the

Storyteller-in-Residence during the three-month training period and will be available for consultation throughout the residency, for a total involvement of 30 hours.

Gabriel Solis (Oral History Advisor) is Executive Director of the Texas After Violence Project (TAVP), a community-based archive that mobilizes the stories of those whose lives have been impacted by the criminal legal system in Texas—namely police violence, in-custody deaths, mass incarceration, and the death penalty. Prior to returning to TAVP, Gabriel worked as a capital post-conviction investigator for the Office of Capital and Forensic Writs, criminal justice research associate at the Brennan Center for Justice at New York University School of Law, and project coordinator of the Guantánamo Bay Oral History Project at the Columbia Center for Oral History Research. Gabriel has also served as a consultant for the Ford Foundation's Reclaiming the Border Narrative initiative, the NAACP Legal Defense Fund Oral History Project, and the UCLA Archiving the Age of Mass Incarceration project.

As an expert in oral history methodology, and in particular, trauma-informed oral history project design (see his interview with the Oral History Master of Arts program at Columbia), Gabriel will advise the Healthcare Storyteller-in-Residence on the theory and practice of oral history interviews. As Executive Director of the Texas After Violence Project, Gabriel and his team have compiled a list of trauma-informed interviewing resources and series of tutorials that will be also made available to the Storyteller-in-Residence. He will dedicate a total of 10 hours to the project.

Roshni Shah, MSN (Healthcare Community Advisor) has worked as a registered nurse in intensive care in Chicago since 2017, providing comprehensive care to high-risk patients in a level-1 trauma center. As an Adjunct Professor at DePaul University since 2019, Roshni coordinates service learning projects and coursework for master's-level nursing students. She has a M.S. in Nursing from DePaul University, where her graduate thesis work was on the lived experiences of Indian American nurses in America. Roshni has also worked as a volunteer nurse and community health worker for underserved communities in both Chicago and India, providing service, treatment, and education around cardiovascular health and organ donation in the South Asian American community.

As one of three Healthcare Community Advisors, Roshni will help to arrange oral history interviews by connecting the Storyteller-in-Residence with medical professionals outside his or her geographic location, area of specialty, or existing networks. With her experience conducting oral history interviews with South Asian American medical professionals for her SAADA Archival Creators project, Roshni may also advise the resident with regard to interviewing and exhibit curation. She will dedicate a total of 10 hours of instruction to the project.

The Healthcare Storyteller-in-Residence will also have the opportunity to select two (2) additional Healthcare Community Advisors from within the medical community prior to starting their residency. Each Healthcare Community Advisor will dedicate 10 hours to the project and will be provided with a $1,500 stipend.

Note on Compensation and Labor Equity:

Communities of Care will endeavor to compensate all hired staff, consultants, and community partners equitably. The compensation for the Healthcare Storyteller-in-Residence—$60,000 over 9 months, plus full benefits (health insurance, disability and life insurance, retirement match, and a professional development, and a wellness fund), vacation time, and sick leave—is competitive for the Philadelphia region and for the scope of work expected. The two Oral History Advisors and three Healthcare Community Advisors are each being compensated at a rate of $150/hour for their domain expertise. Other consultants are being paid a rate that is commensurate with market expectations.

As our work would be impossible without healthcare workers' generosity of time and spirit, it is imperative to us that they are compensated equitably. Interviewees will receive a $100 honorarium for their time, and live show guests will each receive a $100 honorarium.