

Grant MacEwan Community College Oral History Project

Interviewee: Chery Ann Hoffmeyer

Interviewer: Valla McLean

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**VM:** This is an interview for the Grant MacEwan Community College Oral History Project on April 16, 2019, with Chery Ann Hoffmeyer in Edmonton, Alberta. This is Valla McLean, university archivist. What year did you come to Grant MacEwan Community College, and what made you decide to work at the community college?

**CAH:** I started at MacEwan in 1972, so the year after it opened, and I actually was employed prior to that time at the Edmonton General Hospital School of Nursing. That school of nursing had made the decision they wanted to move into an academic institution. So they already had had their students taking their non-nursing courses at the College Saint-Jean. I'm not sure of how the background negotiations occurred, but there was an agreement between the Edmonton General and MacEwan that that program would move into [Grant] MacEwan [Community] College at the time. The agreement was that any of the faculty who taught in that program [at the Edmonton General Hospital] would have first right of refusal, so we all had the opportunity to say yea or nay, this is the direction that I would go. When I was interviewed to teach there [Edmonton General Hospital] because I had only taught there for a year, I had just been married and moved from Saskatchewan to Alberta and went for the interview. At the time, they said, this is what we're planning to be doing. Are you in agreement with that? Of course, you know, having gone through a hospital-based nursing program myself to see nursing in an academic institution was really something desirable. Personally, I benefitted from the view of nursing education going into not just an academic institution but becoming a two-year program because I took my nursing at the Grey Nuns' Hospital

School of Nursing in Regina. At that time, Sister Castonguay was the head of that program and was instrumental in doing what was called a quote “an experimental two-year program” in Saskatchewan. Subsequent to that, wrote up a document that talked about yes, we can prepare nurses in two years. I, at that time, was not taking the two-year program because they had set an age requirement that you had to be eighteen to get in so that by the time you graduated, you would be twenty, twenty-one. Eighteen was a minimum age, and they thought somebody going out into the nursing world that they should at least be twenty or twenty-one when they graduated. I had taken the three-year program, but we got many of the benefits of the academic views that were a part of the two-year program, which at the time I didn't realize, it was in hindsight. The interesting thing is that then MacEwan contacted Sister Castonguay, and she was the first chair of the Nursing program at MacEwan. It was neat to see that cycle of coming from Saskatchewan, coming to Alberta, and then having Sister Castonguay be the head of the program which they thought because she had spearheaded this experimental program in Saskatchewan that she would be an ideal leader to have a nursing program in an academic institution that was now a two-year program, not a three-year program. At that time, there was still the hospital schools of nursing here in Edmonton. And the view that of course, the traditional way was that you were going to prepare nurses over a three-year and how could you possibly do it in a two-year period of time? So there was much controversy about that. Can we really prepare good quality nurses over that time? We were kind of seen at MacEwan as the poor students, the poor people. They're preparing these nurses in two years, but they aren't really going to be able to do the job. But the reality was that a lot of what happened in the three years was that we were

providing service to the institution. As a nursing student, I had shifts that I worked where basically I was paying for my education, so that was one of the key differences. Another difference was the focus that was used in the program. You know we obviously had classes in the three-year program, we had classes in the two-year program, but the idea being that you had people whose background specialty was sociology or psychology or anatomy and physiology so they were non-nursing people who taught the students in the Nursing program when it started at MacEwan and of course that has continued to be so. It definitely was an adjustment because the people who taught had never been involved in that kind of experience before, and sometimes the students would bemoan the fact that they know nothing about nursing. I mean, why do I have to know the difference between if this is a right humerus or a left humerus? I mean, when is a patient going to have their bone sitting out? [Laughs]. That was from an exam that they wrote, a lab exam which was the bones are sitting out here and now tell me what this is. So there was that part of it, but the other part of it was to be in an academic institution as a nurse educator and to be exposed to other people, other faculties, other ways of thinking and approaching things. I think that really had a very positive impact in terms of the diverse perspectives that our nursing students then experienced. Because they were in a sociology class with people who were sociology majors, or they were in a psychology class with students who psychology, that was their area of focus. So, they got to see many different perspectives. I think in the hospital schools of nursing, that was what you lived, breathed, and talked. I mean everybody was looking at things from the same perspective, and when you came here, now when you went to the cafeteria or you were in the hallway or the library, you had other learners that the conversation

wasn't just on nursing and what we do. So I think that what it did was it enriched the students in other ways beyond just in the classroom. One of the big challenges, of course, was the hospital schools of nursing had their clinical areas, and you know the Edmonton General when that program moved to MacEwan is that well that was the only clinical area that somebody didn't have territory over. What happened over time which was really neat because again, the criticism like how can you prepare a nursing student in two years is that as we graduated students and they got into the workforce, then the people receiving them and hiring them, initially they were giving favouritism to the hospital schools of nursing, but when they started to see the two graduates side by side, they went this group has something different than this group has, and we're going to hire them. They were stronger in terms of their decision making. The focus was on critical thinking and gathering of information. It's not that I didn't learn that myself as a nursing student, I learned it in a very different way, and I think the awareness that the assessment skills, because that was a critical part of what students did and learned in the labs. I mean, I can remember one of our faculty, Pat Roddick, that was her area of expertise. She certainly brought that from having taught in a hospital program but went on to learn more about that, and then we all learned more about that as faculty to be able to share that with our students and having the labs set up. Pat Bone was an instructional assistant and was the person who organized our labs and got our equipment together. We were fortunate as an academic institution then to be able to have the newest equipment that was available, and of course, now you see that in the simulation lab. You know we didn't have that, to begin with. We had these little mannequins that laid there and didn't talk to you, but it served the purpose. Fitting into

an academic institution, you know, to have the theory, the lab, and the clinical, you know to have it identified in that way, it put I think nursing on an even platform, if you will, with other academic learners. I think what it did was it enhanced the prestige of what nursing was about. That it deserved to be in an academic institution. Then, of course, the vision of our nursing leaders in the program and the direction that nursing was going with the notion of moving to having a baccalaureate degree as entry to practice, which the professional organization eventually moved in that direction. That we really looked at how could we move to meet that criteria and, of course, our ultimate desire because we felt we really had excellent quality in terms of education and what our graduates were doing. As I said, we were getting that feedback from employers that we really had the desire to offer the full degree program here at MacEwan. But that wasn't an option available to us at that point in time, so we partnered with the University of Alberta, and the nursing students took the first two years at MacEwan and then went on to the UofA [University of Alberta] to finish their four-year degree. At that point, when we did that partnering, and it was the two plus two program, students could still graduate with a diploma and write their registration exams. Eventually, it transitioned to the point where everyone was to have the degree. Then, of course, that's when MacEwan really moved in the direction of developing a four-year degree program and then getting that approved and offered. I was still part of the nursing program at the time that occurred. The feedback that we got from the committee that came to evaluate the curriculum, they said that the detail that was presented in terms of the proposal was superb. So, there was really no question about the fact that MacEwan could offer a degree program.

**VM:** And what year is that discussion happening to become a degree?

**CAH:** Yes, you know I'm just trying to think. That was what I was saying, Valla, is that I [laughs] went on the website to see if there was anything on there that would tell me, and it was like oh, because I don't remember when that was.

**VM:** Okay.

**CAH:** I remember there was a lot of work that went into it. The binders that we had of all the courses and the development. And of course, the steps along the way were the recognition that if you're going to be preparing students at the baccalaureate level, then faculty need to be prepared at a higher level, and so then the encouragement for faculty to go on and do further education. So one of the things that I did when my family was very young is I went away to university and left them behind. I went to the University of Colorado Health Sciences Centre in Denver and had long-distance phone calls and had *Mr. Mugs* read to me over the phone. It was challenging, but it was worthwhile to do that. Many of the faculty here in the Nursing program took their master's at the University of Alberta and did a Master's in Education. Mine was a Master's in Nursing with a specialty in maternal fetal nursing, which was my passion. One of the things too that I mentioned previously was the challenge that we experienced as an educational institution in terms of getting clinical experiences. We had to be very creative you know that we would take evening shifts or we would go further away to go - we had clinical experience in St. Albert, we looked at outlying hospital areas, some of the smaller hospitals, we went to Fort Saskatchewan. That was one of the places that I took students for their surgical experience and it actually was really quite wonderful to have that diversity of clinical experiences that the students could avail themselves of. For

example, the Fort Saskatchewan hospital being a smaller hospital, the emergency department was right next to where the surgical patients were, so students got to see some of that, and because it was a smaller hospital, they weren't doing big surgeries, but they were doing some that were more extensive. They became open to the students going in once they saw the quality of the students and the assessment skills that they had. They could go in and have an observation experience with their patients. They could follow them right from the unit doing the teaching pre-surgery to observing this actual surgical procedure and understand why the person had the pain that they did or why they had certain tubes. That kind of thing and then be able to look after them after they came back after surgery as well. It was a nice experience for the students being in some of the smaller hospitals. One of the ones that I loved was the opportunity to go to the Charles Camsell Hospital. That hospital originally was a hospital for Inuit and our aboriginal people. Then it got opened up. It was a federal hospital, and then it got opened up to the general public as a federal hospital, then it became a provincial hospital. What was neat about that because we took the students there for their clinical experience was that it was a combined unit. The staff worked in labour and delivery, and nursery and antepartum and post-partum, and a lot of the nurses that were there were nurse midwives so it was a different environment for the students to be in. It was a wonderful environment as an instructor to be able to have my skills in all of those areas. It definitely meant a lot of organization because if you've got a mom in labour, you could still be having some things on the post-partum unit or nursery, so to try and you know, be in all places when you were needed. But the staff was very good. You know you developed a relationship with the staff. They got to know you as an instructor. I know

that I went to the Edmonton General in obstetrics, and sometime later, probably about two years ago, I ran into one of the nurses that had been in the nursery there, and we had a conversation. She says, I know I know you, and she was trying to figure out what the connection was. Eventually, she says, I worked in the nursery at Edmonton General, and I said, yes, I remember you and she said, I always liked it when the MacEwan students came because you knew that the instructors were going to follow up with them and make sure things got done. She says, I really enjoyed having you as an instructor. It was neat. It was just like MacEwan at the time, with it being much smaller. It was like we were a family, a MacEwan family, and that became so when we went out into the clinical setting too is that the staff got to know you by first name and your students and if there was something that was coming up that they had an issue with they would come to you. It was a wonderful relationship that we had. So you created that environment when you went out into the clinical experience and of course, that made the learning opportunities for your students where I'm thinking of when I was at the Royal Alex on women's surgery, and one of the staff members would come up and say, oh we have this experience here. Your students would probably find it wonderful to come and see this, or they would save something for us, you know, knowing that we were going to be there. We weren't there every day, depending on what our rotation was, but they would save something for us to see or an experience to have or say, this would be a good patient for your student to have for this reason. I felt like wherever you went that the sense of community that we had here at MacEwan that we took that out into the community and really spread the reputation for MacEwan as a sound educational institution for nurses that you really could prepare them in two years and you could do a



very good job of that. In terms of the ladder of esteem, if you will, we started on the lower rung, and I think we gradually worked our way up to being one that now you know we're on equal footing with the university [of Alberta]. And I know when we had the two plus two program, students would come back to us and say, oh I wish we could do all of our program here. We liked the atmosphere, the focus on the student, the friendliness, the fact that you were a person. There the class sizes were much larger, and you could get lost in the crowd. I did my post-RN at the UofA. I came from Saskatchewan to do that, and I was overwhelmed by the classroom sizes. I mean, there was one class that I was in, and I couldn't even tell you the face of the professor because I was up so high in the back of the room because we came from far away to go to that class, and that's all that was left, the back seats so I could identify with what the students were saying. So that was the impetus for us as faculty to push forward and be able to offer the four years here at MacEwan.

**VM:** What courses did you teach while at the college, and which ones did you enjoy the most?

**CAH:** Well, many of the courses that I taught were in the first and second year. First year, the fundamentals course, the very first course that the students took when they were knock-kneed and shaking in their boots and trying to figure out if this was really the thing for them. And we had the theory part. We had the labs where they would go in and practise skills. We actually tested the students on skills before they went out into the clinical setting as well so they would do them on the dummy or on each other depending on what it was that they were doing, and then we had the clinical practice as well. That was the Fundamentals course. Another course that I taught was Therapeutic

Relationships, and that was all about good communication. There was a theory component to that, but then there was also a seminar component where the students were divided into smaller groups and had the opportunity then to practice the skills. And we were very fortunate even at that time with the technology that we had, not anything compared to what we have nowadays but the fact that the students could videotape interviews and then be able to look back at it and critique themselves and then that would be submitted to the faculty member as well so they had the opportunity to practice those skills before they went into the clinical setting which was very different than what I experienced as a student. You know, going on the first day and say, just go talk to the patient. What do I say? [Laughs]. So they had the opportunity to develop some of those skills before they went into the clinical setting. That was in the first year of the program. Then when the students went into the second term, they either did psychiatry or obstetrics. Obstetrics was my clinical specialty, so they had theory, they had some labs as well, and a lot of those were focused on teaching, so how to teach a mum how to bath her baby and diaper and do those sorts of things. How do you help someone with breastfeeding. So we had those labs and then the clinical experience, and like I said, I really enjoyed the opportunity to take the students into the Charles Camsell Hospital.

**VM:** And tell me about the campus or campuses you worked at while at the community college.

**CAH:** Right.

**VM:** What stands out about some of the facilities.

**CAH:** Yes, yes. Well, when I first came to MacEwan, I mean, it was basically finding housing wherever they could, so we were at Old Scona Campus on the south side. That was a huge brick building. It kind of had a historical perspective to it. It kind of felt neat to walk up those front stairs. It wasn't geared necessarily for what we were doing in terms of academia and the student size that we had then. I don't remember what our enrollment was, but I do remember that the one room that accommodated our full class size was the very top, the third floor of that building, and it was an open concept. The only divider that visually divided you from people coming upstairs or going into the offices was a partial wall that went around so if anybody didn't realize that there was a class going on, you know they'd come up, and you could hear them talking, and that would be a little disruptive for whoever was teaching. Our Faculty had shared office space on that top floor as well. We had labs there that were kind of make-shift in terms of what does a nursing unit look like or nursing rooms, but we had the beds and some of the mannequins, and it seems like such a long time ago [laughs] to think back, oh yes, we had that facility. As we grew, then there wasn't enough room for the Faculty to be in the Scona Building, so then there was another building that had been an elementary building down the street, St. Anthony's, and our offices moved down there so that we could then use the facility for classrooms. It was again a very small environment. You pretty well knew everybody that was teaching. And our Faculty Association formed at that time and you know started to look at standing up for the rights of faculty and having a negotiating committee to negotiate a contract and that was something that I was involved within those earlier years. Interesting to be involved in that aspect of an academic institution as well. And yes, in terms of teaching.

**VM:** And did you find yourself at the City Centre Campus then? You must have.

**CAH:** Well, yes. Well, what happened - no, before the City Centre Campus was the Mill Woods Campus was built, and the Nursing program then moved to the Mill Woods Campus, and that was a good move for us because, of course, then they had planned the Nursing lab. It was set up very much, so you had outlets on the wall and not a tank for oxygen, that kind of thing. More like when the students would go into a clinical setting. So that facility was much, much better in terms of classroom size, seminar rooms. One of the things that was really neat that I thought and I actually had a seminar in that room was the Grant MacEwan Room that they had there. It had memorabilia from [Dr.] MacEwan, you know shoes that he had used to walk in, hats that he wore, other personal items that he had, and it was neat because that was one of the ways that our students connected with our namesake, Dr. MacEwan. People would ask, oh, who is that? And it was like you know to be able to share who he was. But you know again, one of the things that was neat about being at the Mill Woods Campus was that that opened in 1976, I think, again was having different faculty together. We were bigger, so there were more people, more student interaction with other students as well and again that richness. But the thing that still was maintained was the sense of community. We had the Mill Woods Campus, we had the Cromdale Campus, which was an old Safeway Store that got converted, and then we had the Jasper Place Campus as well. You know the students in terms of programs were fairly stable in terms of where they were, but certainly the faculty that taught the support courses, they moved from one campus to the next. Very early on, the Faculty Association said that really we should try and amalgamate onto one campus so that then you would have the opportunity for students

to take courses that they wouldn't be able to take. One of the things that just came up today at the retirees meeting was remembering the fact that back then, we had an Equine Studies program and how that again provided diversity. We had a stable; you know in the river valley there that those students went to, and Rick Lewis was just sharing a course that they had on going backpacking on a horse. How that was a non-credit course. I think that was one of the things that I appreciated about MacEwan in those early days is that we offered programming that nobody else offered in the way that we offered it, and it really created a uniqueness. I think one of the things too that was a part of that history was the fact that we accepted all students. I mean, invited them to come to MacEwan. I know in the Nursing program, we did one on one interviews with every applicant until the program was full, and the interviews were really about getting to know the person. Who they were, what their background was. I can remember one student that came in, and she says, oh, please don't look at my grade twelve marks. I didn't like high school. I didn't work well, but I really want to be a nurse. I promise if you accept me, I will do the absolute best job ever because I really, really want this. And so to be able to have that personal communication, to know the person and to really have that heart to heart conversation with them about what it was that was their desire. The other part of it is when you have that conversation with people is that you could find out, you know, I'm not a people person. Well, then this probably isn't a good choice for you, but some other options are available. You don't get that when all you're doing is reading someone's transcript, and so when we got to the point where they said, well it could be discrimination to accept somebody or not accept them because they look a particular way or sound a particular way. I think we really prided

ourselves on the diversity of learners that we had in the program. I can remember one year when we a mother who had eight children, and one of her daughters came into the program the following year. The mother was in the second year; the daughter was in the first year. And subsequent to that, another one of the siblings came into the Nursing program as well, so having that personal connection with the learner. And there was one gal who graduated from the Nursing program who was sixty-five at the time she graduated. She had been in another occupation and had always wanted to be a nurse but for some reason, got moved into this one direction and it was still in her heart's desire, so she applied and she says, I don't know if you're going to accept me, but I really want to be a nurse. And so she graduated, and her passion was working with seniors, so that's what she did until she retired. So to have that personal connection with people right from the very beginning and to have that all the way through the program, you developed that relationship with people that they never forget you and you never forget them because you're impacting their lives in such powerful ways. Being an educator is a gift.

**VM:** So, what was your first impression of the school and the student body when you arrived?

**CAH:** [Laughs]. Well, it was different because having come from a hospital school of nursing where maybe occasionally you'd have one male student, you know to have the students be in a classroom where there was a diversity of individuals in terms of men and women. We still didn't get many men coming into the nursing program. But you know, I really liked as I said previously about the community, the feeling of that we were a family of people, a family of educators that could share ideas and that the students I

think felt like they were a family as well, that they supported each other. I think one of the things that really impressed me was when I had the opportunity to meet Dr.

MacEwan and hear him speak about his values and one of the things I think really stuck with me and many of our faculty is the notion that we were in MacEwan's words, leaving the vineyard better than we had found it and the value of that – servant, the idea that we are a servant to our learners, that we have an obligation to identify their learning needs and to help them to find a way to address them. That notion as well that we're stewards for our environment and just being very conscious as a nurse about what kind of equipment we're using and what it is that you know as we've gotten to the stage where so much is being thrown away, what we're doing and sort of questioning were some of the older ways better ways or is this new way a better way for the patient who was the focus of what we were doing. I think that sense of compassion that Dr. MacEwan had and that sense of family that we as faculty had that that had the trickle-down effect to the students as well, that awareness of our environment and the awareness of the compassion for others. I think that permeated all of what we did.

VM: So what about some of the staff events you might have attended or any memorable events that you experienced while working at the college?

**CAH:** Well, talking about Dr. MacEwan, I think one of the things that really stood out in my mind and still does is the MacEwan Day and how Dr. MacEwan would come up from Calgary on the bus, and he would stay at the Y[MCA]. All of that was about not being extravagant. And then he would come, and he would talk to us, and when you would meet him in person, you know he would look you in the eye, and it would be like that one on one connection with somebody. He'd hear your name, and the next time you

saw him, he would remember who you were, maybe not specifically the name, but he would say, oh and how are things going in the Nursing program and then he'd make some comment about something that you had said to him before. Just a really down to earth person that you felt like you could really relate to on a one on one and that it wasn't because he was Dr. MacEwan, you know that he was on this pedestal. He was just a very down to earth person that made you feel like you were important. I think that that permeated the culture in terms of the students is that the students were important to us. He treated everybody equally. A fascination I always had was when he would get up to speak because he never had notes. He would always speak extemporaneously, and he'd say, well you know they've told me I'm talking about this and so he would start talking about that, but then he would just draw you in with his story and he would take you on this amazing journey about his experiences, or he'd come back to the topic that was at hand, but he wove in so much of the history of our world and of our province that just enticed you to want to know more. I can remember when he got to the point where his mobility wasn't as good, and of course, the campus got bigger, so they had a little golf cart that he rode around on. And he always had his—well not always, but a lot of the times on MacEwan Day, he would be wearing his cowboy hat. Just you know kind of the signature to see him there, and just like I said, a very down to earth man. So that's one of the memories that you know the MacEwan Days. Then as he got older and then as he passed on, then his daughter Heather, when she came and spoke as well and equally a down to earth, very caring kind of person so again, that continued to permeate the culture. Another event that I remembered in those earlier days was we had—it got started by a couple of the faculty—was our skit night. It was a time to get together to



socialize. It was open, not just to faculty. It was the faculty that organized it, but it was open to administration, support staff, anybody could come. Some of the skits about events that were going on at MacEwan at the time or you know that mimicking someone dressed up like somebody else. I can remember one of the ones was about negotiation, the Board negotiating committee and the faculty negotiating committee and some of the things that had gone on there, how they made a spoof of that sort of thing. Those were annual events for many years, and a good time where administration and faculty often would be in the same skit, so it was a fun time. I can remember one time Gerry Kelly had a birthday, and they had a birthday party for him and one of the faculty dressed up like Marilyn Monroe, and she sang happy birthday to him [laughs]. Yes, those were a couple of the memories that I had. I think another one too was the Faculty Association meetings and the annual general meetings particularly. The annual general meeting was a luncheon that we would have, you know they say feed them, and they will come. But again, it was another part of the community you know that we ate together and we worked together, and we planned together, and those were good times for us as faculty and our association. Then there were the annual general meetings for the Faculty Association for the province, and they would have it at various colleges at that time. So you got to see their campus and hear about their experiences. There was this wealth of opportunity for us to be connected as a MacEwan community and to be connected as post-secondary educators.

**VM:** And in your opinion, then, what are the proudest achievements during your tenure at MacEwan?

**CAH:** Well, I think some of the changes that occurred in terms of the Nursing program going from a two-year program to a university transfer program to a four-year degree program. I think that that is a big accomplishment. I know that there are other programs that have done similar sorts of things, going from diploma to degree. One of the things that happened with that change was the fact that then faculty were identified in different groupings, you know, associate professor, assistant, full professor. And then the focus changed from us focusing on education and the learner to then, of course, the requirements of a university setting where research and publication also became a part. I think we've lost some of that passion that we had for the learner and that education process because, as faculty, the attention now was divided into many categories. In some ways, it would have been nice to have been able to retain that. To not get so enveloped by what the university academia has done in the past and maybe to be a trendsetter the way we had been as a new college in offering such diverse programming. To be able to do university in a different way. Could we have been a trendsetter as opposed to being usurped by this is how we've always done it, and so if you want to be a part of it. And I know all of the processes that MacEwan had to go through to do that, and I know that there's a body that makes those decisions and if you don't have your ducks in a row the way that they think you should, then you're not going to get approval, so you know it's a catch 22. But I think that MacEwan really built its reputation on being unique and offering things in a unique way that I wonder if that has somehow gotten lost in the transition.

**VM:** So is there something I failed to ask you that you would like to share, but I haven't given you the opportunity to do it?

**CAH:** Yes, I think I just touched on that which was the university environment. Could MacEwan be a trendsetter in terms of the university environment and the kinds of education that goes on here, to still be very focussed on the learner and have that passion for it. I'm not saying that the passion isn't there because I haven't been here now for how many years.. I think that maybe we've let go of some of the things that really created our uniqueness in the outset and really attracted people to us. Is there a way that we can have more of that diversity and be unique, be a trendsetter? To really take that back because that's how we grew from this little building and knowing everybody to where we are today. As I said before, I think it's great that everybody is in one place now. I think that provides the opportunity for interchange between faculties and could there be a way that the learner could create their programming in such a way that they are really unique in the academic achievements that they have as opposed to it being the same as it has always been? Could you combine history with nursing or psychology with something else and have that, not just majors and minors but have something that's really unique that fits that individual?

**VM:** Okay, well, I'd like to thank you very much for participating in this project. Thank you.

**CAH:** Thanks for inviting me, Valla.

[End of interview]

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