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August 2010
Supplemental Issue
Ron Sowell is the Executive Vice President and Chief Financial Officer of Commonwealth Health Corporation (CHC). CHC was formed in 1984 as a not-for-profit holding company for The Medical Center at Bowling Green, Franklin and Scottsville, and Commonwealth Regional Specialty Hospital. CHC has since grown to be an expansive healthcare corporation in South-central Kentucky and beyond employing over 2,500 people in four hospitals and other health related businesses. Its Urgent Care sees over 60,000 patients annually and CHC operates the only ambulance service in Warren County.

Ron started at CHC in 1985 as the General Manager of Reservoir Park-Health Services (the for-profit division of CHC). In 1988, he became the Business Office Manager of the hospital. In 1989, he moved back to the corporate office as a Vice President and in 1995 he became CHC’s CFO.

Ron has been married for 32 years to Debbie, his High School sweetheart. Debbie is a pediatrician with the Graves-Gilbert Clinic in Bowling Green, and she also serves as its Medical Director. Together they have two children: Kellie (28) is a CPA in Bowling Green and Brad, (25) is a second year Law student in Mississippi.

As an avid sports fan, Ron enjoys both High School and college sports. He follows UK and Western UK as well as the Bowling Green High School Purples very closely, attending sporting events where his niece and nephews participate.

The CHC corporate offices were once known as the Bowling Green-Warren County Hospital. An interesting fact is that Ron’s current office is only a few doors down from the room in which he was born. Ron was born and raised in Bowling Green. He graduated from Bowling Green High School and has called Kentucky his home his entire life. From late 1977 through early 1985 he resided in Lexington while working on his masters, then working in Healthcare Administration at UK. Afterwards he has moved back to Bowling Green and resides there still.

Ron received a Bachelor of Arts degree from Western Kentucky University in 1977 with a double major in government and economics. He completed his Masters in Public Administration at UK in 1978.

In his spare time, fleeting though it can be, Ron enjoys reading books on management and human resource development along with business journals. Ron is currently reading The Snowball: Warren Buffet and the Business of Life. He is a classic rock fan having groups like The Rolling Stones, Elton John, Chicago, Rod Stewart and Billy Joel on his IPOD, and he also enjoys Andrew Lloyd Webber musicals. Ron and his family frequent Destin, Florida for their vacations, along with Cancun, Mexico.

“CHC is committed to initiatives that are designed to improve quality and decrease costs.”
Ron Sowell

Ron was kind enough to take time out of his busy schedule to share some information and answer a few questions in regards to the recent and future legislative changes to Healthcare.

The top three issues facing CHC today include (1) digesting the Patient Protection and the Affordable Care Act, along with the Healthcare and Education Reconciliation Act passed back in March, (2) the competition for available capital resources, and (3) the changing hospital/physician relationships.

CHC will be devoting a considerable amount of time and energy in the coming months and probably years in digesting the information and changes associated with the recent changes in legislation. “While portions of the health care reform legislation will affect us immediately as a provider organization, and also as the largest employer in our region, truly I think the devil will be in the details. It will be years before many of the regulations are promulgated by what appear to be a dozen or more federal departments and agencies that are going to play a role in health care reform. While the resources will be required to monitor developments and to implement appropriate responses to the reform legislation, I think it’s imperative that we keep all this in a proper balance with what remains as the other challenges that we already face on a day-to-day basis. Those who panic and seem consumed by the perceived threats of healthcare reform should probably be reminded that many in our industry thought that the introduction of DRG’s in the early 1980’s would be the end of the financial viability of hospitals, and we all seemed to survive that turbulent period intact.”

The competition for available capital resources is as fierce as ever within most healthcare systems. Ron stated that he feels very fortunate to work with a leadership team at CHC that is “committed to initiatives that are designed to improve quality and decrease costs.” While these initiatives ensure the delivery of the maximum amount of capital for re-investment, the needs certainly seem endless at times. “So,” Ron tells us, “our challenge is to find that proper balance that enables us to continue to be at the forefront in medical technology and facilities and human resources while keeping our bond insurers, our bond holders and our rating agencies comfortable with an improving balance sheet.”

The third issue facing CHC, and Ron is certain faces a lot of organizations, is the whole hospital/physician relationship. “Our past experiences show that most hospitals

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Ron Sowell (Continued from page 3)

are notable to run physician practices at a lower cost after an acquisition. So, hospitals need to find the answers to that problem if we’re going to be successful in our next entry into employing physicians.” The relationship with physicians must be managed; Ron continues to say, with intent being clearly communicated if hospitals find a need to expand physician recruitment “to either meet the growing need for both primary and specialty care or also to cover service calls in our emergency rooms.”

Since becoming a CFO, Ron assures us that the role has evolved to being that of a “Generalist”. Outside of the routine duties of a CFO Ron has had the pleasure of being involved in Public Relations and Marketing initiatives giving him the opportunity to represent CHC in the community. Over the past 10 years Ron has proudly assisted in the development of CHC’s philanthropic foundation formed to generate private financial support for their not-for-profit programming that includes the free clinic and the new Hospitality House that just broke ground in April of this year.

When asked what he sees as the most important implications of Healthcare Reform for CHC, Ron states that, “As a provider, we are going to be challenged by the Reform Act to continue focusing on quality improvement initiatives and controlling costs.” He believes that both will be keys to CHC’s success under current and future reimbursement models.

“Converting to Medicare DRG’s was painful. But, at least it was immediate. Under the Reform Act, we will have to continue to manage through a long period of mixed payment models. Eventually, we will transition from the DRG system and discount charge contracts to models that are going to reward patient care management over the full continuum of care,” Ron continues.

CHC “will have to find ways to remain financially viable on payments from Medicare and Medicaid which we know don’t cover the cost of care. This will be very important as the Medicaid program will be expanded with the Reform Act. With all the new regulations that are being placed on the commercial insurance industry, I think that we should acknowledge that our industry’s practice of cost shifting to commercial insurance carriers will not be sustainable in future years. We’ve got to commit to adopting a strategy to address that issue. At the end of the day the hospital industry via the American Hospital Association did agree to accept significant cuts in federal reimbursement over the next ten years. Therefore, figuring out how to manage through that reduction becomes our responsibility.”

Where does Mr. Sowell see CHC five years from now? Ron stated that he feels confident that CHC is well poised with programs and facilities that are in place today to react accordingly in regards to any future modifications to healthcare legislation.

“Healthcare organizations like CHC that have all the pieces of the delivery puzzle, including a managed care entity, I think can morph itself easily into the framework for an accountable care organization and should lead in the development of payment models that are focused on quality care and a lower cost of care.” For the past 25 years Ron has worked with the talented clinical and non-clinical individuals at CHC, giving him confidence in a leadership team and the support staff “that’s never satisfied with the status quo.” He ended with the assertion that CHC’s mission statement will be as appropriately descriptive in five years as it is today. “To care for people and improve the quality of life in the communities we serve”.

Interview & Edited by Jeff Presser
Written by Monica Wesolowski
Norton Hospital began humbly. The John N. Norton Memorial Infirmary was opened after the Civil War in 1886 with assistance from Mary Louise Sutton Norton in memory of her husband. Reverend Norton was associate rector of Christ Church Cathedral and was called the Good Samaritan by his congregation as he devoted many hours and much money to those in need. In combining resources with the Methodist Hospital Commission and the Evangelical Hospital Association in 1960 the foundation for the Norton Healthcare Pavilion was begun. Other locally owned facilities and organizations have joined the Norton family that now includes five large hospitals, eleven Immediate Care Centers and more than 90 physician practice locations making Norton Healthcare Louisville’s leading health care provider.

In September 2003 Michael W. Gough became Senior Vice President and Chief Financial officer of Norton Healthcare. Previous to that he served as VP of finance since July 2000. Mr. Gough grew up in Louisville and began his career in healthcare on his 18th birthday when he took a position working as an orderly. As an orderly, Gough worked his way through college, earning his BA in accounting and business administration in 1983 from Bellarmine University. Later he earned a Masters of Business Administration degree in 1988 from the University of Louisville.

From 1983-94, Gough worked for Columbia/HCA Healthcare Corporation and its predecessors, Galen Healthcare and Humana Inc., as vice president and chief financial officer for Audubon Regional...
Michael Gough  ...(Continued from page 5)

Medical Center in Louisville; chief financial officer for Medical Center Hospital in Huntsville, Ala.; Assistant Executive Director-finance for Audubon Regional Medical Center in Louisville; Assistant Executive Director-finance at University of Louisville Hospital in Louisville (then managed by Humana Inc.); and Financial Management Specialist for McFarland Hospital in Lebanon, Tenn. 1

Mr. Gough has been married for 26 years to his wife, Judy. Together they have two children, Jill & Jeff ages 20 and 25. In their spare time, he and his family enjoys spending time at Rough River Lake relaxing and spending time with friends. Gough also enjoys reading and is an avid John Grisham fan, his favorite being Last Juror. The University of Louisville Cardinals is his favorite team and he is a 27 year season ticket holder.

May 6, 2010, Mr. Gough took some time to sit down with Jeff Presser of Dean Dorton Ford and share some information and his thoughts in regards to the recent legislative changes to healthcare and what the future may hold. When asked what he thought were the top three issues facing Norton Healthcare he was clear that there is really only one; healthcare reform and all that relates to it.

"It is without question," Gough observes, "the most sweeping change that healthcare has seen since Medicare." He continued with his concerns on Medicare cuts and how the government is going to pay for the reform. "The government has never been good at estimating impacts. The costs...are always two or three times what they say. On the other side, their cuts are always deeper than they say they're going to be."

On the upside of the reform issue Gough explained that while DSH is going away there will be an influx of newly insured patients entering the system that were previously treated under charitable care, or for free. This new volume means opportunity. The cost of treating patients who do not have insurance is in the millions for Norton Healthcare, not counting bad debt. "If those patients are now covered, then that's going to be a big help." The new volume, Gough went on to say, will help offset the reduction in the loss of Medicare revenue, but not enough to cover the reductions. "Those that have insurance pay more of their costs than they should if everyone was paying their fair share."

In the past, the focus was on the revenue cycle, Gough explained, making sure that it is maximized to its fullest potential. Now "We've got to cut costs out of the system." Cost containment will drive profitability, transforming the way care is delivered. No longer can things be "business as usual." Care models are being re-evaluated. The task before Norton, Gough says, is to continue to "deliver the highest quality of care at the lowest costs available."

Since getting into healthcare finance in 1983, and taking his first CFO position in 1989, Mike Gough has seen a lot of change in the role of CFO. "It used to be that what they [hospitals] were really looking for was an accountant; a score keeper." A CFO was someone that kept the books, kept track of what was being made, what was being lost and where. "As a CFO you've got to be more involved in operations. You've got to be involved in the strategy and strategic thinking. Gone are the days of 'Here's the income statement'."

Gough reiterated that the most important implication of healthcare reform for the Norton Healthcare system is reduction in costs, while at the same time, integrating this huge influx of volume. Expenses will go up because of the increase in resources that will be needed, while reimbursements are being cut or changed. "The biggest challenge is making sure

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1 Obtained through public information available on Norton Healthcare websites: www.nortonhealthcare.com & www.northonhealthcare.com/body.cfm?id=212
you've got that balance, or it could be a disaster for some providers”.

A solution needs to be found that involves all providers, including suppliers. “It’s a sad state of affairs when…the implant supply salesman makes more than the surgeon [he’s supplying] We've got to get all of the vendors and suppliers incentivized the same way the physicians and hospitals are.”

In the next five years Norton will have retooled to be more heavily invested in IT, information systems. “I think the wave of the future now is more capital…going into informational technologies…than it will be in medical equipment. Information is going to be powerful in order to be able to manage people’s care better.” Also, Gough sees that there will be more employed physicians in the next five years. He wouldn’t be surprised to see the number of employed physicians double.

There will be a shift towards outpatient services, Gough says. With the aging Baby Boomer population and the newly insured population that has been neglecting getting care, outpatient services will grow. “[There] are some challenging days ahead of us.”

Interview & Edited by Jeff Presser
Written by Monica Wesolowski
Appalachian Regional Healthcare (ARH)

Joseph Grossman

Appalachian Regional Healthcare (ARH) is a not-for-profit healthcare system, meaning that decisions made by the organization are based on the needs of the peoples and communities they serve rather than stockholders. ARH operates exclusively for a charitable purpose, their services being available to all members of their communities. Began in 1956 as the Miners Memorial Hospital Association, it was made up of 10 hospitals across Kentucky, West Virginia and Virginia. ARH employee’s today are represented by the United Steel Workers of America. Registered Nurses are organized in Kentucky through the Southern United Nurses Associations and in West Virginia by the West Virginia Nurses Associations.

Joe Grossman began at ARH in late 2002, taking a position as a Controller. In 2005 he was promoted to Vice President of Operations and then in 2008 he took on the role of CFO. Grossman was raised in Southern Indiana and attended Purdue University where he met his wife Leigh. Prior to ARH Grossman was CFO at Ephram McDowell ('98 to '02).

On the personal side of things Joe and Leigh have been married for 27 years and have four children between the ages of 16 and 26. When not working, Joe enjoys fishing and golf. As his children were growing up he spent a great deal of his summer hours coaching baseball, softball or soccer teams. Now that they are older he’s been able to once again enjoy some fishing as well as golf when he can. He enjoys country music and “southern rock” and though he is not reading anything currently, his favorite authors include Gresham, Clancy and James Patterson.

Joe’s favorite sports teams include the Cincinnati Reds, as well as the Bengals, whom he “has a soft spot in his heart” for. On the collegiate level he says, “You can’t help but love the Cats”. Also, as a Purdue Alumni he still follows the Boilermakers. When vacation time rolls around he and his wife enjoy spending time at their lake house in the South Bend area where the fishing is good and relaxation is at a maximum.

This May, 2010, Mr. Grossman was able to take a few minutes to sit down with Jeff Presser of Dean Dorton Ford and share some insight as to how the future of ARH will be affected by recent legislation regarding healthcare reform. Our first question was ‘What are the top three issues facing your organization today?’ “ARH, as you know, serves the second poorest area in the country. As such, we are very dependent on governmental payers. Obviously the top issue at this point is the impact that health reform will have on reimbursement” Mr. Grossman also listed labor management and cost productivity as two other top issues.

But, how does he think the recently passed healthcare reform law will impact ARH directly? Grossman wasn’t sure but he is looking at the pluses and minuses out there. “Everyone having some type of insurance card is very appealing,” Grossman said during his conversation with Jeff. “However, when we

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start looking at the loss of Medicare, Medicaid, DSH and some of the other things we’re hearing about, those will have a big negative impact on us also.” Grossman’s thoughts were along the same lines as Ron Sowell, Executive VP and CFO of Commonwealth Health Corporation (CHC) saying, “The devil is going to be in the details.”

Grossman admits to feeling a bit apprehensive about the reform in general, stating that “…when the average employer pays 11% for employee health insurance and...it’s about 8% in payroll tax if you don’t provide health insurance. You know, that math doesn’t get too hard.”

The conversation turned toward cost overage and how it is going to be an impact as far as shifting costs to other payers. Grossman explained that ARH has a commercial payer mix that runs about 17% of their overall business. If compared to some of the urban areas in other parts of the state, those numbers tend to run in the 30 to mid-40 range. “Obviously that is where the profits are made. That’s what gives ARH such a struggle. When we run in the 25-27% Medicaid, where others are running in the 10-15% range, we’re inverted there. Which means, we really have to focus on...keeping the costs down in order to be able to generate the margins necessary to reinvest in property, and plan equipment.”

The most important implication of healthcare reform on ARH Grossman believes to be “…the human reaction to it that no one can really predict, and how people [will]...chart their course through all the regulations to decide what is best for them.” That will play out in how resources are made available to ARH in its mission to serve the people of the Central Appalachian coal fields.

Physician integration is already taking place at ARH with independent physicians having come...
Joseph Grossman... (Continued from page 9)

forward looking for ways to integrate through either employment or other arrangements that may help them stay in the market. The benefit to such integration alleviates some of the administrative tasks from physicians allowing them to concentrate more on their patients. Physician integration, Grossman believes, is going to be one of the strategies that will address cost productivity.

One struggle that ARH has within their service area’s is with recruiting specialists and getting them into the area. As a rural provider it becomes a challenge to recruit physicians away from the lure of the amenities and the money of the city. In the rural setting there might be one or two within a certain specialty, but they lose out on the collegiality and have a different call schedule from what their colleagues in an urban setting may have.

So, how has the role of a CFO changed during Grossman’s lifetime? “The role for me,” he said, “has become a lot more operational than it used to be. It used to be financing, general ledger and revenue cycle. While revenue cycle has remained a big piece of it, as well as financing, there is a lot more operational [tasks].” Examples that he cited included staffing ratios, supply management, and case management.

In the next five years Grossman hopes to see growth within ARH. “Obviously there will be some changes in the technology world as health information becomes more shared across the various... regions. You’ll see quite a bit of automation in the next five years.” Grossman expressed a certainty in the increase of outpatient services in the future. “Areas that I think you’ll see ARH focusing on is cardiac care. It is one of the biggest diseases in our service area as well as oncology.”

Certainly Appalachian Regional Healthcare is gearing up for the many challenges ahead.

Interview & Edited by Jeff Presser
Written by Monica Wesolowski
Mr. Gary Ermers is the Chief Financial Officer (CFO) of Saint Joseph Health System. He recently sat down with Jeff Presser of Dean Dorton Ford to share some information about Saint Joseph and how his team is working toward Healthcare Reform.

Personally, Mr. Ermers has been married for 24 years to his wife Barbara and they have one son who will graduate high school in 2011. Ermers spoke of his love of sports. All sports; baseball, football, basketball. “I would say that Sports Center is what keeps me caught up late at night.” Growing up in Wisconsin Ermers was a big Pro-Sports fan, the Milwaukee Brewers still being his favorite Pro team, but since becoming a Kentucky resident he has made the transition to college sports and follows University of Kentucky sports very closely.

Originally from Appleton, Wisconsin Ermers obtained his bachelor’s in Accounting from the University of Wisconsin, Eau Claire. He passed all four of his CPA exam the next year in his first sitting. Ermers then went on to earn his MBA in Finance from DePaul University in Chicago while working at Deloitte, Haskins & Sells (now Deloitte). At Deloitte he worked in consulting, feasibility studies for bond issues and worked with hospitals across the country on mergers as well as doing audits in healthcare and consulting in reimbursement.

From Deloitte he went to Advocate Healthcare (formerly Evangelical Health System) as Controller, of Good Shepherd Hospital, then to a CFO position at Saint Catherine’s Hospital in Wisconsin. He was at Saint Catherine’s for five years when he was recruited as CFO of Saint Joseph Hospital in Lexington, then a standalone facility as part of Sisters of Charity Nazareth Health System. The sponsors subsequently became part of Catholic Health Initiative (CHI), which is now about 15 years old and is the second largest catholic system in the country.

“Two years ago, all of the CHI facilities in Central and Eastern Kentucky came together to function as one system.” Ermers said. Saint Joseph Health System includes Flaget Memorial Hospital, Bardstown; Saint Joseph - London; Saint Joseph - Martin; Saint Joseph Hospital and Saint Joseph East, Lexington; Saint Joseph - Berea; Saint Joseph - Jessamine and Saint Joseph - Mount Sterling. The system has 981 licensed beds, approximately 5,600 employees and approximately 1,300 physicians on its medical staffs. 1

Saint Joseph Health Systems has recently introduced Kentucky’s first ‘No Wait’ Emergency rooms at Saint Joseph Hospital, Saint Joseph East and Saint Joseph - Jessamine, where emergency care begins within 5 minutes of a patient’s arrival providing a better care experience. On May 8, 2010, during the Eleventh annual Maternity Fair, Saint Joseph East celebrated the grand opening of their Women’s Hospital at Saint Joseph East.

1 Information obtained from Saint Joseph Health System website at http://www.santjosephhealthsystem.org
When asked the question, “What are currently the top three issues facing your organization today?” Emers listed capital, development of an integrated health system, and positioning Saint Joseph for all of healthcare reform.

“Capital, capital expenditure needs and balance sheet management is the most important issue.” Emers said. “By the end of fiscal year June 2011, we will have completed 3 brand new hospitals in about a 4-year span. That’s a lot of capital spent... Notwithstanding all that, we’ve had very strong operating performance [for] five years running now... with [net] revenue growth [in] double digits per year. That has been helpful to maintain our balance sheet strengths. You must generate operating cash surpluses to support capital plans or you become overleveraged.” Emers explained.

Access to capital, being more limited than even three years ago, has not had as large an impact on Saint Joseph Health System as it has been for other healthcare systems due to their connection with CHI. “We’re all tied to the CHI bond issue. CHI is rated a double A... so there has been pretty good capital available for us. [But] yes, it is more limited. Our projection forward is... to rely more on equity and operating cash as opposed to debt for our capital.”

The second of the three top issues Emers spoke on was the development of an integrated health system, “integration of [a] physician/hospital/other provider network is... where we’re trying to grow, especially in the physician arena.” Part of that growth plan includes the recently developed Physician Enterprise, mentioned earlier. The Physician Enterprise employs and partners with a variety of providers to bring care for health care consumers across the region for their full continuum of care. “Building the infrastructure [of an integrated health system] that includes the whole ambulatory, electronic health record, AEHR, and practice management system [is what is underway right now]. That is really our key focus.”

Positioning for healthcare reform, rounds out the top three main issues that Saint Joseph faces. “We are trying to position ourselves... where we’re going to...”

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succeed, no matter which ultimate final form health-care reform [takes].”  One of Emers’ largest concerns, along with CFO’s at other facilities is the reductions to reimbursements, most specifically the eventual elimination of DSH along with the reductions in both Medicare and Medicaid. “At this point all you really know is that the federal funding portion of it is going down.” Emers spoke in regards to the reductions of Medicaid in 2014. “Kentucky is not exactly a wealthy state, so how much can the state take on some of that?”

Emers went on to say, “Within all of CHI, Saint Joseph Health System is either number one or number two of the whole organization in the most uncompensated care; the highest charity care within our own system. Martin, one of our hospitals here, is number one, bar-none, in all of CHI as an individual [location]. Here’s where the math gets challenging. In theory, reducing just a portion of disproportionate share makes sense if all those patients, the indigent without insurance, without coverage, are covered under health reform and we’re being paid this amount now [with] that coverage, well then you don’t need the disproportionate share.

“But, I’ve been around long enough to know that the math probably won’t work out that way. It is a risk point to us, as I’m sure it is to many organizations. [It] would be devastating to most of us in Kentucky if the Disproportionate Share (DSH) went away, state and federal [and] if we [don’t see] the reasonable payment come in under the newly insured patients.”

The conversation turned to the subject of the role as a CFO and how it has evolved over the course of Emers’ career. “Clearly it is not an isolated, finance/accounting piece of the organization anymore. It has not been for quite some time. In this role you need to have a very solid understanding of operations and interact with the clinical leadership and clinical team. The CFO is key in working... on the strategic ...and the tactical level[s] for operations, arm-in-arm with your team mates. You’re part of that decision making and accountability from the beginning. In the CFO role, you have to continue to learn and develop new tools and skill sets to keep growing with the role. But, it also makes the role, in my opinion, far more rewarding and far more connected to the organization’s success. It is so far removed from the score keeper role [of old].”

What does Mr. Emers see as the most important implication of Healthcare reform for Saint Joseph Health System? “Providing access [to healthcare] for all is great; [but] it’s going to provide stress to the system as...[about] thirty-five million...new patients coming into the fold for healthcare delivery. [The] challenge of healthcare reform [will be in reimbursement]. We all need to make sure we have in place the support infrastructure for our clinical [staff] and physicians to deliver [quality care]. The challenge to us with health care reform, is going to be how to get from A to B. We’re paid on a “per episode” basis. You get paid for what you do, right now. [That’s] going to shift, but it may not shift at a set point in time, but we have to be prepared to function properly under the new payment arena. We foresee that we will have to take purposeful risks, perhaps foregoing some current reimbursement maximization because we’re getting ourselves positioned to care for the [increased] population of customers and patients and be responsible for their wellness through our continual care. So that’s the kind of schizophrenic situation we have to deal with. That will be a big challenge for us.”

In the next five years Emers said that “If we are successful in our mission, we will be a fully integrated model with a full continuum of care, serving the needs in all the different communities and assuring that we have the highest quality outcomes.” In the interim Saint Joseph will be working toward accomplishing goals that will position them for “transformational change in how we deliver care in a more efficient model...meeting the needs of a greater number of patients and to have health equity regardless of socio-economic, racial, or rural situations. We want the highest quality in all of those unmet markets through our dispersed integrated network.”

Interview & Edited by Jeff Presser
Written by Monica Wesolowski