

## **COMMUNITY ARCHIVE: COVID-19 EXPERIENCES ORAL HISTORIES**

### **Joy Feeney Interview**

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Virtual Meeting, Midland, Michigan

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## Joy Feeney Interview

**ROBYN PIERCE:** Ok. My name is Robyn Pierce working in conjunction with the Reuther Library at Wayne State University. Today's date is November 24, 2020. This interview is of Joy Feeney about the effects of COVID on her ability to work. The interview will go into detail about her job as a digital communication specialist both before and after the shelter in place order was issued. Joy lives in Michigan, excuse me, Joy lives in Midland, Michigan. This interview is being recorded remotely and will be housed at the Reuther Library which is part of Wayne State University.

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So good morning and thank you so much for joining me. [00:00:57]

**JOY FEENEY:** Thank you for interviewing me.

**ROBYN PIERCE:** Yeah. I always ask first; do you have any affiliation with Wayne State University?

**JOY FEENEY:** Ah, no I don't.

**ROBYN PIERCE:** Okay, could you give us a baseline of what a digital communication specialist is?

**JOY FEENEY:** In my role, I work with the web site and our internal intranet site to push out communications and to kind of inform the public of what's going on. Push out PR stories and provide educational materials to our internal staff. That's pretty much my role at my hospital organization.

**ROBYN PIERCE:** So can you walk me through a day of work for you prior to COVID?

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**JOY FEENEY:** Sure, generally, I would have updates to make regarding possible physician information. We put out a directory of our physicians that are employed by the hospital and our affiliates and usually those have updates on a regular basis. [00:01:57] I would possibly put out blogs or news stories and our internal communications. I might add some of our events that come up or some of the things that maybe for the upcoming week that we're doing. I may put out some information about any changes or updates to policies or procedures. Those types of things are kind of what I would work with. And then if we have any kind of upcoming larger event, I might put out information about that as well. [00:02:59]

**ROBYN PIERCE:** So do you work in an office or a cubicle setting?

**JOY FEENEY:** I work in an office. I am located off of the main hospital building. We have a secondary site that we share with our visiting nurses and our prosthetics and bionics group. We're in the same building, just different floors. So I'm with the marketing team and planning and business development for the hospital.

**ROBYN PIERCE:** So, then, March 13, 14 time frame—the state shutdown. So were you continuing to go into work at that point?

**JOY FEENEY:** Well, we started noticing things changing—a lot more information started going out around the sixth of March is when we kind of saw something happening. [00:03:58] Realized that, yeah, we may be getting shut down. My last day in the office was that Wednesday. I think that was the—I want to say—the Wednesday before that thirteenth was my last day in the physical office. And I've been pretty much remote ever since. There's been a few meetings, especially during the summer, when our numbers were reasonable that I would go in for a meeting or two, but that's about it. It's been remote the rest of the time. And my organization encouraged that. Anybody who was not clinical staff that's needed they wanted to keep everyone safe and having people work remotely when possible—just helped with that. [00:05:00] So they are really great about allowing us to not be another person around that.

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**ROBYN PIERCE:** Yeah. Did you have to take anything home with you from your office setting to work at home?

**JOY FEENEY:** Like their laptop and things like that. I'm using their laptop and that's mostly all I need for my position. Everything I do is online, so that's pretty much all I need. But there was a lot of moving plants around. Things like that. Just, you know, you have your office. You think you might be coming back in two weeks. After the—after it's lifted you may be coming back in two weeks. And things like that. But it's been a lot longer than two weeks. [00:05:58] Just taking care of those things like the office plants and moving things around before we left. That was part of going in there that last day. And there's still some people in my department that do go in on a regular basis. Just being involved with PR and communications. There's several people who do still continue to go in. My manager and our department leader are definitely in on a regular basis still.

**ROBYN PIERCE:** Yeah. So school shut down, too, about the same time. How did that look for your family?

**JOY FEENEY:** Yes, the school shut down. I have a daughter who is nine years old and she's in fourth grade now. She was in third grade then. They started a virtual, you know, kind of a virtual classroom a couple weeks after the shutdown. [00:07:00] We luckily had the shutdown very close to spring break, so that helped to give the teachers a little bit of time to prepare for some things. But, again, they thought it was going to be like just a two-week thing and they'd be back to normal. And so they're kind of thrown into just a different setting for learning. And she was able to do some work online. And ended up completing that school year and now she's in fourth grade. Her dad was a great help. He was available. He works at the schools as well, so with school shutdown he was available to kind of help her through that process and be there while she was doing schoolwork. [00:08:01] And take care of her while I was busy doing my communications work.

**ROBYN PIERCE:** So do you have a space dedicated that you can go to in your house to work?

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**JOY FEENEY:** When it first started, I was just in the living room on the couch with my laptop and I was kind of working away. I had a TV in there to keep, you know, something in the background. And I was able to just kind of be at the center of the house and I'd see people as they walked by. Things like that. But now I have a more dedicated office space with a desk and chairs and things like that. It was very difficult to find extra desks and chairs. Shopping and things like that. There was a bizarre run on items like that. That you wouldn't necessarily expect. Couches was one of them. Like furniture and office things and obviously the toilet paper shortage. [00:09:00] Just kind of a bizarre things that you wouldn't expect to be flying off the shelves.

**ROBYN PIERCE:** Yeah. We had a hard time finding a desk, too.

**JOY FEENEY:** Yeah. It was really—I don't know. I was surprised, but I suppose all the students that were going virtual and all of the people who could work from home remotely needed something. So we're lucky and found a few. But—

**ROBYN PIERCE:** That's good. So this school year compared to last year, how is that?

**JOY FEENEY:** This school year, I think they are more prepared. The students are more prepared as far as learning virtually. We decided that it would be best for my daughter to work remotely for this year. It just made more sense than to have her go into school and then if anything happened be, you know, switching back and forth. [00:10:00] That didn't seem like a great solution for us, as far as having something consistent for her to do and to know what to expect every day. So she does that virtually and that's worked out very well for us. She's gotten to the routine and so she knows when she's supposed to be in class. And working on assignments and those types of things, so that's worked very well. Her dad does—well, until just recently with the newest kind of shutdown—he was going into work for a few hours every day at least and sometimes he would substitute teach if they needed it. So I was home working remotely and then she could stay and work on her schoolwork, too. [00:10:59] And he would go in for a little while and help out with that.

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**ROBYN PIERCE:** So, they offered you—what kind of in person school did they offer you?

**JOY FEENEY:** They—in our school district they have—they had in person, face to face school. I believe it was all week long. They have school in session. Our recent order that was just last week—I believe it was—now it's all 100 percent virtual again. Just because our numbers are much higher now than they were in the springtime.

**ROBYN PIERCE:** Yeah. Had the school given you guys any indication of being able to go back virtual—remote before the end of the year?

**JOY FEENEY:** Well, the next semester is when they're going to kind of make that decision. [00:11:59] The remaining part of this semester is going to be all virtual. And, then, I'm going to guess that probably the week before school starts back up in January, they'll make a determination on how things are going. A lot can change between now and then. So we'll see how the holidays impact the numbers.

**ROBYN PIERCE:** Yeah. Yeah, I'm waiting, too. So you're still working at home, right?

**JOY FEENEY:** Yep, yep.

**ROBYN PIERCE:** Is it easier to work at home now than it was at first?

**JOY FEENEY:** Um, I would say, yes. At first it was so unknown. Everything was new. All this communication was just coming down the pipeline and needed to get out. That was the hard part about early spring. [00:13:00] My work—I would get information all hours of the day. If it needed to go out, it was very important for education for the nursing staff or when a policy changed. Those types of things. It was very important that that information got out, so that people were taking the proper precautions, doing the things safely and as we learned more things would change. So that was a continual thing in the springtime. I was working very long hours, seven days a week with no real end in sight for quite a long time. All new pages for the website and for our intranet needed to be created. And creative thinking as far as how to also thank the medical staff and, you know, show them support and show them all the love that's

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going on outside, kind of bringing that into them as best as we could. [00:14:05] You know, that type of stuff just took time. And now compared to then, I feel like we have a better grasp on what the disease is, what's going on. We kind of have at least a baseline of where we were before and now. You know, as procedures have gotten better and we've gotten more used to how things need to happen to stay safe there's a lot less—I don't know—updating, I guess, for me to do. So I feel like I'm spending less time doing that than before. [00:14:59] Which is very nice for me because I can kind of expect maybe an update once a day. Our numbers we post internally. We post our numbers of inpatient and how many have been tested positive/negative. Those types of things get posted internally every day. So usually I can expect at least one or two updates a day and then possibly some education to put out. But, as far as my workload, that is reduced for the COVID management things.

**ROBYN PIERCE:** So is your day more like it was—like your hours—is it more like it was before COVID now?

**JOY FEENEY:** I would say so. At least the time I spent— occasionally—well, especially now, things are ramping up, so I may get the numbers, for instance, to post in the morning, like 7 a.m. [00:16:02] Those reports come to me to post. I post those in the morning and then usually we'll have some kind of update message for our whole house is what we kind of call it. And those will come in maybe 7 or 8 p.m., or possibly later depending on what type of information is needing to go out. They have set up an incident command center, so every day there is a group of leadership and departments that meet every single day, and they go over that information. One of our issues right now is staffing. It's very difficult to find nursing staff. It's very difficult to find some of the specific types of nurses that are able to do critical care or emergency care and so they're working through things like that. [00:17:06] You know, how to recruit people or to bring people in just to give our staff that have been here awhile—and have been working for months—and are getting burnt out with the workload and having to have really long hours because there's not the support needed. They're trying to work through those

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things for bringing in different people from other areas that have clinical experience to kind of balance things, but—I think I went down a rabbit hole here.

**ROBYN PIERCE:** That's ok. Sounds good.

**JOY FEENEY:** But it's a—you know, they're doing a lot to try and help support our staff and to try to manage what's the amount of patients that we're seeing and still trying to keep everybody safe. [00:18:01] They're going back to disinfection standards with the UV lights and things like that to help reduce our use of PPE and those types of things, too.

**ROBYN PIERCE:** So do you work nine to five or do you work a little bit in the morning and a little bit when the next communication comes out, and—

**JOY FEENEY:** I try to work from nine to five or, well, eight to five usually. And then if I need to hop on later on, I check my email kind of consistently throughout the day and night until I go to sleep. Just to check and see if anything new has come through and, generally, it's nine to five or maybe a little bit after. But if there's something that comes through in the evening, then I am able to post that or put that out.

**ROBYN PIERCE:** Yeah. So you get all the— [00:19:03]

**JOY FEENEY:** —we've had a few eleven o'clocks lately.

**ROBYN PIERCE:** Oh no. You get all the updates, so you're on top of what's going on in your area as far as COVID is concerned, right?

**JOY FEENEY:** Yes. I see daily what—you know, what our situation is as far as how many patients we have in house and how many have been sent home. How many ventilator issues we've had or ICU incidents. Those types of things. How many people passed away in the twenty-four hour period. It's—every day those numbers come in and we share quite a few of them internally. Just so people know and understand what's going on in those units and kind of what our situation is. [00:20:00] Currently our patient population is about 50 percent COVID positive. The



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news just reported recently that our hospital has the highest amount of cases—over two hundred, so in house. So it's—we have quite a few people. We're managing it. It's—some of our departments are full. Obviously, like, our emergency care and the—our critical care ICU are relatively full. It's kind of a juggling act when we do get new patients in who need those services. We've stopped the traffic coming in from emergency services. And we have restricted transfers from other hospitals just to maintain the quality of care that we need to provide instead of having a complete overload. [00:21:03] And we're full—we're pretty full, but we want to still provide good quality care to the patients that we have. So that's something that they're taking into consideration right now. It's just, you know, what things appropriate to share with the public, for instance, and internally is a different story. We've got over two thousand employees that work in the hospital or at our other locations. Covenant does have primary care offices and specialty care and things like that, too. But as a system, we're one of the largest employers in the area. And so that information when we share it, it's quite a chunk of people who know kind of the situation that we're in. [00:22:04] But it's, again—it's kind of day to day. Just depends on how the public is responding with, you know, their precautions and taking precautions to protect themselves and others around them.

**ROBYN PIERCE:** Are you glad that you're getting updates like that—are you glad that you know all that information?

**JOY FEENEY:** Um, I would say, yes and no. When it's good, I love to know. I love to hear when it's great. Earlier in the summertime we were down to single digits, which was fantastic. I was excited, because I was, like, Oh my gosh, this is so great. This is—we're, hopefully, we're going to be done with this. Maybe we'll get down to zero. That did not happen. [00:22:59] You know, school started up and we've got all these other gatherings in the fall that just happen. And people were—I think people are getting tired of staying away, not interacting with other people and it's—mentally, it's difficult to stay away from people and not be able to be face to face and hugging your grandma or things like that. It's really difficult and so I mean I do like knowing, but again it's when our numbers start going up it gets kind of scary again. I kind of stopped reading

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social media. Those types of things just because there's so much, um, incorrect information out there, I would say. Or, you know, there's people who don't believe it or they haven't been personally impacted, so it's not real to them. [00:24:01] But that's kind of the challenge is that conflicting information. I can say it all day, be careful, please, just do everything you can to protect yourself and to protect your family and others. Follow the rules, follow the masking and the washing hands and sanitizing sanitizer and things like that. But, you know, everybody's going to do their own thing. So we've put a lot of—we put a lot of trust in other people in this instance. And that part kind of scares me, too, but because I can do whatever I can, but then the next person in line at the grocery store, you know, who knows, so.

**ROBYN PIERCE:** Yeah. [00:24:55] I had to stop watching the social media about it, too, because like you said the conflicting information and it's very volatile the extremes that people are experiencing or understanding or believing and I just can't—I don't know. I think if I was to get information about it, I'd rather get information that was like you're getting. True information, instead of hearsay and happenstance.

**JOY FEENEY:** Yeah. Absolutely. And then I mean I could get into keyboard wars all day, if that was my personality. I could do that all day long. And, at some point I'm just, yeah, I just got to stop looking at it. I'm the type who would love to say something, but don't feel comfortable, doing things like that. So, it's yeah. That's one of the issues that is a troublesome right now. [00:25:59] But I do trust the information that I'm getting, and I know my PR people are genuine and I trust the things that they put out there. They do not put out false information. So, um—

**ROBYN PIERCE:** That's good.

**JOY FEENEY:** It's kind of the true situation.

**ROBYN PIERCE:** So in May I think it was the—I wrote it down—I think it was the 21<sup>st</sup>, well, probably the 19<sup>th</sup>, 20<sup>th</sup>, 21<sup>st</sup>, when the Sanford Dam breached, and the previous dam broke and then Midland kind of got flooded. How did that affect the hospital situation?

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**JOY FEENEY:** Um, well, I know that my personal property did not get flood damage. [00:26:58] We did have the dam breeched on the twenty-first. We kind of saw it coming. It was, you know, the water was up to the edge. It was imminent for both. It was Edenville Dam and the Sanford Dam.

**ROBYN PIERCE:** Oh that's right.

**JOY FEENEY:** They breeched. And it was a lot of water all in those areas, so I live in Midland and Sanford is maybe (unintelligible) from where I personally live and Sanford was under water. It was completely—the whole area was just devastated by the flooding. Some of the areas up further, like Wixom Lake is off of, I believe, the Edenville Dam and that broke first. Those areas I don't think we're (unintelligible) with flooding just because the water was travelling in an opposite direction so that Wixom Lake got drained, but the housing, it's got a hole there now—a crater—where the lake was. [00:28:03] But Sanford definitely got dumped on and the downtown Midland area got hit very hard with the impact from all that water as well. And that travelled all the way down the Tittabawassee into Saginaw areas of Freeland was underwater. Quite a bit of that near the lake, excuse me, near the river and that goes all the way into Saginaw.

The hospital in Saginaw was not really impacted too much, other than just we were trying to kind of maintain our situation in the hospital and also help support our community. So we had food drives and clothing drives and things like that going on at the hospital to help out our local community. [00:29:02] Midland, for instance, I know the MidMichigan Hospital did get some water damage from the flooding. They're—that location is relatively close to the river and so I think they had some flooding in the basement. Those types of things to take care of. But I think we were all concerned because at that time it was very—people were talking about masking. We were wearing masks at that time, social distancing. And in Sandford how can you clean up after a mess like that and not be, you know, close to someone. How can you feed a family who lost everything and not be close to them? So there was a lot of really great things that happened afterwards to help support those people who really—they were just displaced. Their

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whole homes were destroyed. [00:30:02] And even just up until this last week, one of my former coworkers from Northwood was doing a hot meal every Tuesday. They were delivering it out to families who had lost their homes and they were living in their, maybe, camper trailers—those types of things—rebuilding. A lot more of the homes are rebuilt now than and just things like that. There was a lot of good that came out of the community to support those folks and help clean up. I know they had a lot of that stuff cleaned up the next week and were starting to rebuild. That's kind of their, you know, they're a very strong town and they rallied and got a lot of that cleaned up and taken care of. And found people places to stay and eat—meals to eat. Those types of things. [00:31:05] It was really kind of—good things happen out of something terrible. People really came together as a community during that time.

But I—and I cannot remember whether that impacted our numbers at all as far as COVID went. At that time, we still had kind of a low population in the community that had had it compared to now, which we have a lot more people out in the community who have been exposed and who have tested positive. So now if that were to happen now, I think it would be a very different situation. We would have much higher numbers, but that's just again my kind of speculation from what I hear on a daily basis. [00:31:58] But, as far as the flooding, it was probably once in five hundred years that would ever happen and we had just recovered two years prior—I think it was, no, three, excuse me, three years prior—we had another sub—you know, we had just had a substantial flood three years prior to where, again, most of those homes and things had had some kind of damage, water damage. And then, yep, this is three years later and we have this huge flood from the dams breaking. That was the catalyst for everything was the dams breaking.

**ROBYN PIERCE:** Yeah. So, the hospital that you work at is in Saginaw or Midland?

**JOY FEENEY:** I work in Saginaw, yep. The hospital is in Saginaw.

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**ROBYN PIERCE:** So if they give you the opportunity to stay remote forever and ever because you're doing everything that you need to do in your home setting that you would need to do in the office setting, would you take that opportunity? [00:33:04]

**JOY FEENEY:** It has been really nice to be able to kind of interact with my family more and to be around my animals and things like that, I would say it had—that part of it has been nice—to just be available. I saved a lot in gas money. Those types of things are really benefits. But I do miss my team, because my team is wonderful. We have regular meetings and things like that and it's great to just get together and interact with people again. That's the hard part I think is virtually you can only—I feel like you can only interact so much. [00:33:59] It's kind of, you know, you click the button and everybody disappears. But it's—I would be happy with a healthy mix, I think. I really—the few times that I have gone in I really enjoyed being back kind of in that setting. I find it's—I do have a better set up at work—just the equipment and things like that. I've got several monitors to view and more space to kind of call my own and things like that. So that portion of it definitely is a lot. I don't know if it's better, but it's nice to have that space to kind of spread out and to see everything on the monitors and things like that. My set up is better there, for sure, too. I do miss my team. I really do. [00:35:00]

**ROBYN PIERCE:** I bet. So when you do go in on occasion like you mentioned, what do you have to go through to get in and then what kind of things do you have to, like PPE, do you have to have on while you're there?

**JOY FEENEY:** Ok. Well, my position, like I said, is—I am not in the hospital building.

**ROBYN PIERCE:** Right.

**JOY FEENEY:** Have a different location that I'm in so our precautions are a little bit less than it would be to be to be in to go into the medical facilities. When we have badge entry only, so anybody—the right, you know, badge to enter a building. And then we have sanitation station right there when you first walk in, so the expectation is to sanitize your hands and things like that. I'm on the third floor, so we—I go up to the third floor and then I need to sign in with a

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screening questionnaire. [00:36:04] We have—we need to record when we're there and then there are screening questions, such as, have you been coughing or sneezing, or anything like that in the last—in the recent days prior to coming in. And there's also a question about if you've had a fever or temperature in the last couple days, if you—if you're symptomatic. (Unintelligible) ideal for that. All of the buildings require face masks. All of us have been issued cloth face masks. Our community came out and donated thousands of homemade, home sewn masks. Each one of those was inspected and approved for use by our infection control department. [00:37:02] And so we all have masks to use. The cloth masks help to save on just our disposable masks. Those pretty much are just reserved for the hospital setting or for the clinical setting. And then our PPE, like the actual PPE, that will block viruses and things like that is reserved just for our clinical people who actually have to deal with patients who may be positive, those types of things.

They have a lot more stricter guidelines as far as what you have to wear, how they have to put it on, the order in which things are done. Masks that are saved. They do sanitize the N95 masks. Everybody's kind of heard of N95 by now. [00:37:59] They do use those up to three times. They get sanitized between each day's use. So we have a UV light that they go in that room and the UV light kind of cleans everything, kills any germs and things like that. And they've got a procedure for those types of things. Mine is obviously a little bit more relaxed just because we are in a different building and different setting. No clinical people really are in our area. But we do mask. We wear masks. We're required to wear them. Any time we are outside of our office. So if I was in my office, I could close my door. That's my space. I'm going to be in there. It's kind of understood that my germs are going to be in that room, so we're not required to wear masks in our own areas with doors closed. That's fine. But any time we—any movement to the restroom or to the break room to get water or those types of things, masks are required. [00:39:04] And my department is very small. We have under fifteen people I would say in my department. So—that I mean—we're taking all precautions to keep each other safe, for sure.

**ROBYN PIERCE:** Yeah. But it's probably a little easier to manage with just a small group.

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**JOY FEENEY:** Yes, and then most people are working remotely, so even if I come in one day and then I may see maybe three people. You know, everybody else is working remotely, so that we just have a definitely smaller crew that is in there. A few of them come in regularly. My manager is in there I would say four times a week. [00:40:01] I would say at least. Because she does a lot of the communications, the writing and she knows all of the PR things. So she has to be aware of what's happening and be able to connect the press and when there's news interviews. Those types of things. She jumps in on those. So she's in quite frequently as well as our director. He's attending all those meetings every day and those types of things, so they're very important to incident command. They kind of think of things. They pose the question about how does the public react to this, or what did they need to do. So it's good to have them—have them there to kind of smooth things out.

**ROBYN PIERCE:** Yeah. So, once we get back to what is closer to what we see, or we think of as normal, what are you looking forward to doing? [00:41:05]

**JOY FEENEY:** Well, my big project I have been—ok, so I've been with the hospital for just over a year and a half and never in my wildest dreams did I think that we would be, you know, going through this. That's, that's for sure. My goal even from when I started was to redesign the website and to modernize it. So that's been an ongoing process. I've taken steps toward that. I would say in February of this year we got some new software tools to use to help facilitate that and then COVID hit. [00:41:58] And it was kind of drop everything and take care of all of the COVID communications and things like that. So that is my goal and I'm still working towards it when I can, but I don't have, like, the time to dedicate to that process yet. But that is definitely what I am looking forward to doing is to update the website that I inherited what was there. And so it'll be a lot easier once I have my new platform that it's on and it's designed to current standards and those types of things. It'll be a lot easier for me to maintain and to do the things that I want that would make a big impact to our display and things like that. So that's what I'm really looking forward to. That's been a project that's been on the docket for a while, but we've kind of taken months off. (laughs) [00:43:01]

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**ROBYN PIERCE:** Yeah. Well, that sounds like fun. I like having something to work towards.

**JOY FEENEY:** Yep. It's been a (unintelligible) the plan is to complete the design and restructure. That's the other part of it. We've got content that is great, but it could be organized better. And so that's something I'm trying to work towards. It's a long process to begin with—just COVID or anything like that— redesigning a website and to launch it and things like that is a process. It takes several months to get everything streamlined and the planning portion of it, and development takes time and so—COVID is just kind of the way things are right now, but—  
[00:44:03]

**ROBYN PIERCE:** Yeah.

**JOY FEENEY:** Eventually it'll happen.

**ROBYN PIERCE:** I know it will. Well, thank you again for joining me. I'm going stop the recording and if you could just stay for one minute, I'll wrap up the final steps with you.

**JOY FEENEY:** Sure, that sounds great. Thank you.

**ROBYN PIERCE:** Thank you.

*End of interview*