

Dan Thatcher & Sarah Rowan

Sarah Rowan and Dan Thatcher are a 40-ish couple who live in the Park Hill neighborhood of northeast Denver with twin 7-year-old boys. Dan works for the National Conference of State Legislatures (NCSL) on K-12 education funding. Sarah is an infectious diseases specialist working in public health research and clinical care at Denver Health. The couple has attended FUSD since they were dating in 2010. They were part of the team that devised the congregation's vision/mission statement. Dan has worked with high schoolers at the church. Sarah will join the board of trustees in spring 2021.

At the beginning of 2020, Sarah and Dan talked about getting themselves back to FUSD more regularly now that the boys were getting older and able to sit and participate more. The long-time admirers and intermittent church goers value their connection to the church.

“FUSD provides a bedrock by way of looking at the world that I didn’t have before I found it,” Dan says. “All souls sacred and worthy. The interconnected web of life. Salvation in this life. Those principles sustain me in day-to-day interactions that otherwise would be frustrating. We all come to this table from different place and progress through life together, but we’re not all in same place at the same time. Thinking about racial justice and social justice and economic justice and environmental justice were important to me before but having a faith community that we can turn to and have those values spoken of, reinforced, and shared is so important to me. There is intrinsic value in having an institution that will do that. Inertia and busyness can keep us from going regularly, but we never regret when we go.”

In early 2020, both work environments were hopping as usual. The boys were doing well in first grade. A work trip to Scotland was planned for October. Theirs were busy lives.

When COVID hit mid-March, the National Conference of State Legislatures (NCSL) had the luxury of closing down and working remotely. “It was an easy transition for our organization,” Dan says. “We had experience doing some remote work before the pandemic. My work requires a lot of travel to other states, and those trips were cancelled. But we figured out how to connect with each other and state legislators and staff over Zoom. The real issue for me was the trying to work from home with children schooling remotely. After the first week I realized that I could not maintain my job and shepherd the boys through school on computers. We hired a nanny who had been furloughed from her permanent job to step into that role with the children and get us through until summer.” When the schools went remote again in the fall, Dan took four weeks off work. “Our organization was eligible for Federal COVID leave. Ironically, by that time both the teachers and the boys had figured out remote learning and needed my help less.”

While their economic resources privileged them in responding to this crisis, Dan says the personal experience informed his work in a way that is rare. “Trying to work myself, figuring out how to support my partner working on the front lines of the pandemic, and the impacts of her being able to meet her professional commitments to her community... If it was so

challenging for us, what about people with fewer resources? It was clear that policy folks needed to help families deal with the ways the sudden disruption of education and care systems affected family work situations.”

Meanwhile, Sarah happened to be in a rotation consulting with hospital inpatient services the week the first positive COVID case was identified in Denver. She remembers, “School shut down and Dan took the kids to the mountains. I was glad they were out of town during the intensity of the first week, but I was not personally scared. This is what I trained for. I was excited to contribute. Work was intense; one night I was at work until 11:00 p.m. The first COVID case I saw was a sweet man. He died 10 days later.”

The early pandemic period required extensive medical coordination, sharing medical protocols with colleagues around the country and adjusting them as everyone learned more. “It was very intense medically.”

Beyond her training, Sarah had extensive experience with HIV and hepatitis C and the H1N1 outbreak in 2009; 2014 preparations for an Ebola outbreak that never materialized in the US; and smaller outbreaks of hepatitis A. “A lot of lessons from HIV applied to COVID. I was already thinking that the telehealth model might be helpful for some of my patients and COVID made that more feasible.”

Sarah’s team had long experience with community-based HIV testing, so they entered COVID response already comfortable in community settings. When maps revealed too little overlap between the location of COVID outbreaks and the availability of COVID testing, her team wrote a grant to concentrate testing in low-income neighborhoods and shelters where the incidence of outbreak was high. “My team’s niche became community testing. We tested in temporary shelters at the National Western Complex and the Coliseum, and at permanent shelters at Crossroads and the St. Francis Center. We did PCR and antibody testing in shelters and encampments, and nasopharyngeal swabs for PCR at drive-through events. At Abraham Lincoln High School we tested over 500 people of whom 125 tested positive. Overall, my team diagnosed around 2000 COVID cases and established the importance of locating community testing centers in underserved areas. That is how we contributed to the testing landscape. Other agencies came behind us to set up daily testing centers, which are more supportive of the community over the long haul.”

Sarah logged a lot of inpatient time during these months. She worked on protocols for treating positive patients and coordinated with the city on public health measures. “Work was busy as we adapted to a new field that no one had direct expertise in.”

Before the heightened racial justice awareness of the summer and fall an idea occurred in Sarah’s brain to seed an art project that honored women of color. “In the beginning everyone was honoring health care providers with nightly shouts and messages of support. But the artwork typically showed white men and women in lab coats and scrubs. That did not represent the people I trained with or worked with. I shared pictures from a mural in Denver and a New Yorker cover on my physician moms’ group on Facebook and asked the question *Why no women of color?*”

“Two hundred women sent me pictures. I like making art, so I worked up some images, then reached out to artist friends who were happy to contribute. They generated 200 portraits of the healthcare workers who were women of color. My sibling-in-law put the images on a website, where it drew a lot of attention. The person we had hired as a nanny had a public relations background, so she made Instagram and Facebook pages and managed the website and communication. [See <https://www.wocfrontlines.com/> or on Facebook, Women of Color on the Frontlines. On Instagram wocfrontlines] “That was a turning point for me: I felt nervous asking for photos. Was it intrusive? When I got nothing but positive response, it felt like my intuition was validated.”

The message Sarah heard from the Universe through this experience was *Speak Up!* “I tend to have imposter syndrome, and to worry about whether mine is the voice that has something useful to say. A Black friend on a webinar about racism in the workplace spoke to the tough position it puts a Black colleague in to always be the only one calling out racism. My experience this year confirmed that speaking up is useful and is everybody’s responsibility. I found my voice to say that my contributions are as helpful as many other people in the field. I should have a voice at the table on public health decisions.”

As the epidemiological community learned more about the science of COVID transmission and as effective vaccines were developed, Sarah helped coordinate vaccine rollout in the county. She felt impatient with the halting, garbled public health messaging even as she recognized that politicization of public health under the outgoing administration further scoured its ever-slippery hold on public trust. “I wish the CDC had been less hesitant about touting the effectiveness of vaccines. You get a vaccine to prevent infection, not just hospitalization. Simple and transparent messaging was needed.”

As the vaccines rolled out in the winter following the summer of racial reckoning, Sarah sank into further despair. “*Is this country having a reckoning?* I’ve been heartbroken by the vaccine rollout, the barriers to access by communities of color even after we knew they were hardest hit by this virus.” Just recognizing that a problem (racism) exists doesn’t mean that recognition necessarily informs solutions. Entrenched patterns persist in strategies and processes, posing a mammoth challenge for a society that seeks to shed itself of a racist history.

The vaccine uptake by the general population compared to the burden of COVID showed little prioritization of people of color or underserved neighborhoods, Sarah says. Even today (May 2021), vaccine distribution shows inadequate commitment to rectifying disparities.

It was eye-opening to see how little expertise in epidemiology informed decision-making. “The politics of public health have been painful to witness. Public health coordination and infrastructure needs to be more robust. In the beginning we had no money, and later, funding came available. But it doesn’t matter how much funding you have if politics drive the system.”

When it came to advising other systems, the lack of epidemiological expertise was disabling: “Who is advising schools and what expertise are they relying on? Their decisions appear to

be based on metrics that don't make sense. Kids could have been in school last August when cases were at all-time low, but they reintroduced in-person classes so slowly. Then, as expected, cases rose again around Thanksgiving and necessitated another shutdown." Sarah worries about the lost school time in relation to one of her own twins. "Like so many others, he struggles a bit and needs to be in school in person. I feel sad about how much they lost this year."

In casual conversation Sarah learned that buses were not running because of school district concerns that they couldn't maintain safe distancing. She reached out to colleagues in Boston who sent data demonstrating that risks were low with windows opened to allow air exchange. This data led to updated public health guidance and school bus policies. "Why was this a random conversation? School people are relying on public health, but public health doesn't know the busses aren't running. Many public health officials are smart people, but they are sometimes out of touch with their communities. You wonder if better representation of the affected communities on their committees could lead to better decisions. Why not a working mom? Why not people of color?"

Dan observes, "COVID brought more crossover between education and health policy than we've ever seen. It has been awesome having Sarah here to inform my meetings. Some of the national experts I work with now know what Sarah does. They share broad frustration with the non-reliance on scientific expertise, the confusing and contradictory advice that school officials are operating from."

The dichotomy between what both Dan and Sarah observe in their work worlds and how the pandemic year affected their own family was stark. "Our family was fine." None of their close family died. They live in peaceful neighborhood with resources to deal with upheaval and disruption. Dan's two best friends from childhood met him in the mountains and spent a week biking and hiking. The family visited Sarah's mom for a trip to Arkansas during the summer. Friends and family gathered in the backyard during nice weather when cases were low.

Dan enjoyed not driving or traveling with work but missed seeing his close friends. The family got a pandemic puppy and fostered a few more puppies. Dan started playing standup bass. Sarah took up cookie decorating. Both completed some writing projects.

Dan felt most deeply the loss of time with his family, particularly his 76-year-old mom who still lives in Salt Lake City. "The pandemic highlighted what is most precious and important in life: family, activities you like, loved ones. It brought a fresher perspective on valuing our connection and relationship to each other."

The pandemic became a study and a meditation on risk.

Sarah's attitude toward risk is pragmatic: "My personal attitude is that it exists in everyday life. There is risk in driving a car, risk in flu season. If you work in an essential service, you go to work and mitigate as best you can. I signed up for this risk. Teachers didn't sign up to

take this risk. Neither did grocery store clerks. Or slaughter-house workers, who were stationed side-by-side in factories like sitting ducks.”

Dan feels fortunate that his comfort with risk is generally informed by the science Sarah knows, though he admits he was unnerved early on. “The news was full of stories of health care workers staying away from home or stripping down at the door to avoid passing on the virus to their families. Sarah came home and sauntered over to open up the refrigerator. I was startled, until she explained she had been wearing full personal protective equipment and washing her hands every five seconds all day. She left the virus at the hospital.”

“I get uncomfortable when a subset of the population doesn’t appear to be taking the virus seriously, to appreciate its risk to vulnerable populations. In early 2021, when I was skiing in Silverton a group of 20-to-30 year olds were all crammed together on a transport with no air exchange, no masks or distancing. That is risk I don’t like.”

Both partners recognize that risk is highly idiosyncratic and personal, and sometimes leads to choices that don’t make sense to others. Sarah recalls, “Last fall, when the boys had to be remote for eight weeks, my mom flew out to be here and help us. Mom is in her late 60s with medical issues. Flying. Many people wouldn’t take that risk. But she was careful, and I was so very grateful.”

As a society, COVID put our choices on display in ways that reveal our biases, Sarah notes: “The fact that Denver would open bars before schools, that we didn’t consider in-person school an essential service, this highlighted how little we value children.”

And the same happens at the neighborhood level, a dispirited Sarah observes. Colorado Village Collaborative (CVC) is a nonprofit organizing temporary safe outdoor space (SOS) for a few people among the skyrocketing homeless population in the city. “We ran a webinar on COVID risk, which is higher in shelters than encampments, and organized vaccines to be given at the SOS and in the encampments. CVC is establishing a site in a church parking lot only a block from our house. Our neighborhood prides itself for being progressive and honoring diversity. The church congregation is half Black, their minister is Black, and the homeless participants will be racially diverse, the CVC staff are racially diverse. An all-white group of neighbors is mad about the site. It is impossible to deny the race dynamics. The response of some of the neighbors is really disappointing in general, though I believe most neighbors are supportive and welcoming of this opportunity for our community to help people.

“Dan and I believed in equity over equality before 2020, but the convergence of COVID, the racial justice uprising, and political upheaval and polarization made 2020 a pivotal year for us. It drove home the importance of realizing that we’re all in this together. High case rates in Montbello close restaurants in Cherry Creek and swell the homeless population and shut schools across the city. We need to be proactive about equity issues and aggressively look for ways to be more generous with our resources.”