

Reminiscences of Annika Hawkins-Hilke

May 17, 2021

Narrator: Annika Hawkins-Hilke, Medical Director of the Champlain College Student Health Center

Interviewer: Erica Donnis, Champlain College Special Collections Director

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Transcriptionist: Erica Donnis, Champlain College Special Collections Director

Introduction

The following oral history is the result of a recorded interview with Annika Hawkins-Hilke, Medical Director of the Champlain College Student Health Center, conducted by Erica Donnis, Champlain College Special Collections Director, on May 17, 2021. This interview is part of the Champlain College Archives COVID-19 Oral History Project. Readers are asked to bear in mind that they are reading a transcript of the spoken word, rather than written prose. This interview is transcribed in full in this document; an ellipsis [...] indicates a pause in the conversation rather than content that has been removed. The following transcript has been reviewed, edited, and approved by the narrator.

Interview Transcription

[Start of recording]

Donnis: Hi, I'm Erica Donnis. I'm the Special Collections Director here at Champlain College. Today is May 17th, 2021. And we are conducting an oral history interview about the effect of COVID-19 on the Champlain College community. Annika, would you mind introducing yourself, please.

Hawkins-Hilke: Of course. I'm Annika Hawkins-Hilke. I am a nurse practitioner, and I am the Medical Director of the Champlain College Student Health Center.

Donnis: Could you tell us a little bit about your role as a medical director? How do you fit in to the College's organizational chart?

Hawkins-Hilke: Sure. The Student Health Center is part of the Student Affairs Division. And we, we work very closely with the Counseling Center under an umbrella that we refer to as the Student Health and Wellness Center. Although we are physically located in two separate buildings and have two distinct teams, which work together and meet together every week.

Donnis: So who do you report to on campus?

Hawkins-Hilke: I report to Susan Waryck, the Dean of Students.

Donnis: Thanks. I'm wondering if you could tell us a little bit about your regular job responsibilities. Prior to the arrival of the COVID-19 pandemic, what did a typical day look like for you?

Hawkins-Hilke: Sure. So our primary responsibilities prior to COVID in the Student Health Center are, is, simply taking care of the health of students. So we, we work with students around their physical health, seeing them for medical visits, for sick visits, injuries, wellness care, prevention, women's health. Really anything that, that someone might go in to their primary care office for or urgent care center for, is an appropriate use of the Student Health Center on campus. We also provide a significant amount of psychiatric care, which is really the medication management arm of our mental health program. In that role we work very closely with the Counseling Center to often serve the, serve the same students.

My role as the medical director at the Health Center has evolved over the years. When I first started working at Champlain six years ago, the Health Center was really a tiny little, almost kind of like a satellite pediatric office that was run by some local pediatricians who came a couple of days a week to see students. And my understanding is that it was, at that point, sort of an outdated model that had worked well a decade before for a different student body and a different campus, and a different generation even. And as the College evolved, and the needs of the student body changed, it began pretty clear that there really, the College needed a more comprehensive health option, health care option for students. So I was hired to be a full-time clinician providing that medical care – it did not include psychiatric care at that point – for what we thought was sort of a small, a few number of students each day. And it really quickly like overnight became clear that it was a program that really needed to grow into a much more significant program to meet students' needs. And really over the first five years I was here, we transitioned from a one nurse practitioner, one administrator person, kind of walk-in office to really a full spectrum, more like a primary care center. So a couple nurse practitioners, a registered nurse, a full-time administrator, a social worker who works with our program. And then also we took on psych, psychiatry and psychiatric med management at the same time.

And as the clinic evolved, the need for my [me] to have administrative hours evolved as well and sort of, it caught up slower than the need to catch up, of course, as that always does. But prior to COVID, I was ... had gotten to a place where I was probably about 50% clinical care, working, seeing students behind closed doors, and 50% administrative work, planning for the Health Center, you know, all the coordination and running of it, and then also working with colleagues on campus for coordination of our work with, with the rest of the College. That balance has shifted significantly under COVID as the need for more administrative work, planning, and outside of the Student Health Center, health needs have been elevated far beyond what they previously were.

Donnis: That kind of leads into my next question, which is: tell us about providing health services to students during the COVID-19 pandemic.

Hawkins-Hilke: Yeah, well, we learned how to do it. Alongside all other health care providers learning how to do it, I think. We ... obviously as the whole world had to transition extremely quickly last March, that is when we made our transition as well. The campus closed in March and sent, you know, everybody home, with the exception of, there were about, I think initially, maybe about three hundred, then it decreased to about two hundred, but there were still like, in the order of hundreds of students living on campus. Who, who, you know, continued to need medical care, and, and were ... and it was a pandemic and we couldn't yet test. So there was also COVID stuff happening on campus. So our office

remained open throughout the whole, throughout the entire pandemic. We close clinically each summer, so we did close for medical care last summer as well, but we were open through the ... through the spring semester [of 2020] to continue working with the several hundred students who were still on campus. As well as providing psychiatry follow up to students who had abruptly had to leave us as their psychiatric provider. So really overnight we learned how to provide telehealth. We did it. You know, we made it work at first. We got Zoom healthcare accounts, and we just did it, and we figured out how to document. But it was a telehealth visit. And kind of pieced it together reasonably successfully through the spring [of 2020].

And then we had the opportunity over the summer to shift gears and sort of figure out, okay, how do we like actually do this? What is telehealth actually ... what should it actually look like? And interestingly we were also on a path towards transitioning from paper records to an electronic health record. Which is something we know we've needed to do for years, but in a really small practice sometimes it's easier to just keep writing and doing the things we know how to do. So we kind of, I'd say we had put it off a little bit. And quickly realized like we can't ... not only can we not put this off any longer, but there is no real other option to coming back in the fall and providing full time care without having an electronic health record to facilitate that. So last summer we did a whole ... a search process, which we had already started, so we were somewhat into the information gathering phase of it. But [we] pretty quickly needed to make a decision, advocate for the budget, to implement an electronic health record, and then coordinate implementing it, like all in a, you know, all from maybe June to August [2020]. We had to kind of go from step one to step ten. Which in prior jobs that I've been in, we've done that process over several years. So we were able to implement an electronic health record. It went live – we had never used it prior to August 10th [2020] – it went live on August 10th, and within a week we needed to be having telehealth visits, and then we had to document, and getting, and having our whole staff trained. So we did it, and it was not, it did not feel graceful. I think it looked kind of graceful [laughs]. It didn't ... but I think it felt different than it looked. And so coming back in the fall, we were able to provide telehealth services to all, to the whole student body, and then in person care as needed.

And we never, we never closed for in person care, but we obviously had to make like significant adjustments to how we operate. So starting with telehealth screenings for every student. So, for example, we used to have students walk in all the time and kind of just sit there and talk to us in person about what was going on and did they need a visit, or did they need a referral. And we needed to train ourselves, and the whole student body, that that really couldn't be done three feet apart from each other, in person, not knowing anything about why that person was going to be walking through the door. So we created all, sort of, new protocols for how we triage students, for how we schedule students.

And also [we] needed an option to care for students who we couldn't ... who were potentially COVID positive. And this was starting in August [2020], when certainly none of us were vaccinated, and there was still a lot ... many more unknowns than there are now about transmission and how to keep ourselves safe and protect ourselves, protect other students who were coming in for other reasons.

So we thought through a lot of options, and we sketched out a lot of different budgets. And where we landed for the fall [of 2020], which worked out really, really super well, was creating an outdoor clinic.

Which was physically right above our Student Health Center [in Whiting Hall], so as close as it could be, in a covered porch that we were able to close in for privacy reasons, but keep it open air, open on top, open on the bottom. You know, it could be like fully disinfected easily. And for the entire fall semester we provided all of our sick care, so basically all care that could have been COVID-related, or don't know yet what it is, so we can't rule out COVID, we provided all of that care outdoors, on a covered porch right on South Willard Street, but with total privacy. It like, it really worked very well.

By November [2020], or by late October, it was getting really cold. And students could handle it for a ten-minute visit, but with ... we had staff out there for like four or five hours, it was just clearly not going to hold up all winter. So we again looked, kind of worked through all our different options, and ended up transitioning our outdoor clinic into a new outdoor model, which is a shipping container, kind of like a shipping container, portable office unit that's used on construction sites that we installed right outside of the Student Health Center. So it's like twenty feet from the door. It's a stand-alone unit, and it's heated, it had ... we were able to put up air exchange units so the air was constantly being filtered in and out, a HEPA [high efficiency particulate air] unit. Then we all ... provide all care in there in PPE [personal protection equipment] and are able to fully open it up, air it out, and disinfect it after every use.

So we utilized that through now, through the end of the semester [spring 2021]. And it, it worked really well. It felt like we were able to offer students the in-person care that they needed, even if they were known to be positive for COVID or potentially positive. And you know, have them be warm and safe and private, privacy, while also not creating a risk for staff of bringing COVID-positive students in and out of the Health Center all day long. Also knowing that you know, we're in a building I believe built in the 1800s, a very old building, with ... You can only retrofit it so much, and air quality and windows were, were a big concern.

So that's what we've done for now. We're keeping that in place for the time being, so we have it as an option if needed in the fall [of 2021], as we see how the, the pandemic evolves. And I think really, we're able to provide all of the same care that we have always been able to provide, just using different, different protocols.

Telehealth is something that I also think has changed our world permanently. And we will absolutely continue using telehealth into the future. We're sort of, we're playing this summer with like, how much to use it, and at what, you know, how, to what extent should it be the patient, I mean the student's, option to choose it whenever they'd like. Or you know, where, what sort of algorithms can we have in place for when care is better, care is better provided in person. So I think ... I envision that our future will be really moving into a hybrid of the model that we have practiced forever in health care, and some of the new skills that we've learned over the past year.

Donnis: So earlier in our conversation you referenced your job responsibilities evolving somewhat as the pandemic arrived in our community. And I wanted to give you the opportunity to speak a little bit further about that if you'd like.

Hawkins-Hilke: Yeah, sure. Well, I think that prior to the pandemic, student health was, you know, like kind of its own thing. Like, you didn't think on a college campus that ... the daily health needs of a

student isn't why they're here. You don't come to college to get healthcare, or to ... You know, you don't evaluate a student health center in your decision-making process on what's the right fit for you. So you know, I think we were really sort of in the periphery, doing our thing. We were all healthcare providers by profession. We're not practitioners of higher ed. So we kind of stayed in our world and did our thing. And our patients were students, but they were still our patients, and you know, pretty much a very similar approach.

And a more collaborative approach certainly in some areas. You know, we would ... We've always been involved in some health promotion and health prevention work on campus and gotten out of the Student Health Center whenever we could to try to get ahead of some of the stuff and not just be, kind of, reactive, waiting for the problems to come to us. And have actually, over the last few years prior to the pandemic, [have] really been building out, sort of a model and proposals for our, for the Student Health Center having a larger role on campus in, in health promotion, and in that, in the name of kind of getting ahead of some stuff, and helping our students develop healthy habits and resiliency and self-care practices that are, are not always in reaction to something going wrong. So we were, we were looking for opportunities, and looking for time and capacity to have a greater role on campus, but of course the pandemic has made health, and the health ... the ins and outs and the nuances of every little health question become of critical importance to everyone, and to the population as a whole.

So, you know, I think it felt, pretty much like overnight, we really needed to have a voice in everything. Kind of. You know, it started with planning and "How are we going to do this?" And "How are we going to reopen during the pandemic?" "How do we bring students back?" Kind of big picture thinking. To really needing to make pretty clear recommendations about how to do it, and be able to interpret guidelines that were coming out from the CDC [Centers for Disease Control]. Create guidelines that we needed that weren't out yet. Work with state health officials and the health department on developing Vermont's higher ed response and management plan during the pandemic. And then helping the College. Helping leadership at the College interpret that, and identify how Champlain's specific community and buildings and infrastructure and personnel, like how we would need to work with the guidance we were given to come up with a plan that worked for us.

So I think in a ... in ... Certainly I pretty quickly overnight had a significant responsibility to the institution in, with respect to, planning and COVID mitigation efforts, but also really the day to day, like emergency response piece of it. The congregant nature of college living, you know, switches a, changes a positive lab result from like, "Oh, this is my patient, and I just got a lab result and I need to manage that" to "Well, this is my patient, and, this is somebody who lives in a congregant living facility and has a roommate and attended class yesterday and needs to eat in the dining hall and doesn't have transportation and ..." So all of that other stuff became a part of our responsibility as well. Both trying to, you know, identify it before it happened, and plan for it, and then respond when things happened that we hadn't anticipated or expected. And being able to really, to really sort of include, I think like emergency management into bigger-picture planning and operations of the College on a daily basis.

Donnis: Could you speak to some of the critical decisions that you and your colleagues made in response to the COVID pandemic?

Hawkins-Hilke: Yeah, absolutely. I guess the first, like, huge decision that I felt was in front of me, and that I had a really significant role in making, was last summer, probably in mid-July [2020], as we were deciding to reopen and deciding it seemed possible, but also needing to figure out how to do so safely, and the, the COVID surveillance testing became a big topic of conversation. And sort of how to keep a big group of people healthy, in particular with the congregant aspects of it at play. And so, you know, at the time ... at the time we had access to COVID, we have very limited access to COVID through the Vermont Health Department. We had tested a few students in the spring. Most [of the people] who we wanted to test we weren't even able to get testing on, so we had just treated them presumptively. And then we're looking down, looking at six weeks from now, we're hoping that thousands of students return, and what are we going to do about that.

So we did a lot of, attended a lot of webinars and had a lot of virtual meetings with labs and startups and all sorts of people all over that were suddenly offering COVID testing to, to universities and colleges and had to identify, like, to propose who we should do this through and specifically what we should be doing. So, what type of test, what type of lab do we send it to, what type of contract do we want, when are we testing students, how often are we testing them, how are we going to manage the results. Like, the whole ... everything around testing became critically important and *huge* decisions. Both with respect to capacity, like what are our options and how are we going to manage it, as well as budget.

You know, it's been an extremely expensive year for ... Like all of the surveillance testing has been extremely expensive. And as, you know, my role being clinical and responsible for students' health, not, not someone who had been in the role of identifying what financial decisions made the most sense for the College, it was a pretty huge responsibility to realize that it was really like, if it was anyone's job to figure this out, it was mine. And it was going to have huge financial impact. Like, whatever we decided, *everything* was going to have a huge financial impact, but the more rigorous testing I recommended, the more ... the more of a financial burden it was putting on the College. And it, it became pretty clear pretty quickly to me that if we were going to reopen we had to commit a lot of money to testing, and that that ... Like there just wasn't really another option.

And so we recommended testing, weekly surveillance testing through this program that really popped up overnight specific to college and universities at a lab called the Broad Institute in Boston, which already had a relationship with higher education and ... pretty ... and saw that there was going to be this enormous need for testing way beyond what the country could provide for in the, in the current testing capacity to ... increase testing capacity like by, I don't know, a hundred fold overnight for all these colleges and universities to reopen.

So we learned about this lab the Broad Institute and their program they were creating called the Safer Schools Program, which was a pretty cool opportunity to be part of. What they basically did, per my understanding, is ... is sort of evaluate the interest level of colleges and universities, and [they] quickly had more interest than they could, than they had the capacity to manage. But they were able to get enough places to commit to surveillance testing, so weekly testing for a long period of time, that they then knew gave them money to invest in this new technology that they had been already experimenting with, which would allow them to, like, go from something like, these aren't the right numbers, but something like ten thousand tests per day to like four hundred thousand tests a day. They just, they sort

of blew up their process by investing in this new technology, which they were able to do because of the, all of these colleges and universities needed this, needed this really overnight at crazy high numbers far beyond what any commercial lab would be, was doing at that time. And, and then in turn they were able to add, to offer those programs, like testing, at cost, basically. So we were able to get, you know, we had been looking at like \$150 a test, and we were able to bring that way, way down to a ... I'll say affordable [gestures with air quotes], I mean I don't know what's affordable. It's not like the money was sitting there available, but something we were able to do. And then able to reopen, and then I guess, go from there.

So that was probably, I think that was one of the ... that was a decision that weighed incredibly heavily with me because it felt like ... I think it felt like I was really the only person at the College at the time that had the training to be, to be learning about what the options were and understanding it and interpreting it, and in the position to make a recommendation. So I think recognizing that, recognizing that the recommendation I made would have a huge financial impact was sort of a lot to recognize. And then the second much bigger step of that was like, *and* it becomes my responsibility to like manage all this testing for the next year and keep everyone safe.

So it felt huge at the time. Now that I'm looking back at it, like literally now as I'm talking, I'm thinking like "Oh, that wasn't that big of a deal." [laughs]. It got a lot harder after that. But the decision felt really big at that point [laughs].

Another huge decision was actually, after a successful fall semester [of 2020], when students had left and we sort of like closed down shop for like five minutes, and then thinking, "Okay, now we need to get ready to do this again." And then, what was that, the third wave [of the pandemic] was coming through the country, and cases were just skyrocketing everywhere. Still pretty reasonable in Vermont, but we had just sent, you know, thousands of students out to all sorts of places where test positivity rates were like through the roof. And young adults were starting to get infected in really high numbers. And we had to make a decision about coming ... bringing them back again. Like bringing them back now at like the ... We were so worried about doing it in August. Now it was like, now we were going to do this again at the peak of the pandemic, where the number, the data was like way worse than it was in August. And that felt, it actually felt like it was a much bigger decision, and there was much more at risk. And maybe many more reasons to consider not doing it. Yet we had learned how to do it. And so we felt like, we felt like ... We know ... This is going to be a ton of work to do this right. And it also may be, you know, a pretty miserable existence for people to like, to live in the restrictive environments that we're going to need to enforce to be able to keep people safe. And, we also felt like, well, we know how to do it. Like we think we can do this safely.

It, it felt ... it didn't feel good to be bringing like twenty-year-olds back to this super restrictive environment, but there was a clear moment for me in, I can't remember when, if it was December [2020] or January [2021], where, where I sort of had a "Oh, I need to differentiate, can we do this *safely*?" from everything else. Like I, it's not my decision right now to say like, is it going to be fun to live in a, you know, to be on campus, or, is this why students go to college. Like none of that's my problem right now. I need to say if this can be done safely or not. And I was sort of, like a little bit shocked, I think, to hear myself say like, yeah, we can do it safely. Like, it's going to be a ton of work, it's going to

be harder than the fall [2020], and the fall was really hard, but I did feel pretty confidently that we can do it safely. Which was, I don't know, it was both like a good positive aha moment, like, we know how to do it now, and also sort of hard, hard, hard line to draw to be like, well it's safe, we can do it safely. But, and that's as far as we can go. I can't tell you what it's going to be like, but I can tell you I think we can do it safely.

Donnis: I have a question that's occurred to me as you're speaking. And it's not on our list of prepared questions, so I'll ask it and then just give you the opportunity to decline to answer if you want. I'm wondering if you could tell us, kind of theoretically, what the course of action was if someone in our community tested positive for COVID.

Hawkins-Hilke: Yeah, of course. I've practiced it a number of times. Absolutely. So we had, all year we tested five days a week. Which meant we also had tests [test results] coming in five days a week. So we received about, between 250 and 300 test results a day from Wednesdays through Sundays. Every day, all, all, you know, starting since August [2020]. And we had clinical coverage monitoring those test results every day, including weekends, until 8 p.m., so that we would catch a positive prior to the evening. That was, that was a decision point where we kind of went above and beyond what you'd do, I think, in primary care, where you might think like, "Well, the day ends at some point, and people can wait and hear their information the next day." But knowing that, you know, knowing that a student ... if we got a positive test result come in at 7 [p.m.], a student might then head out to dinner and go to a party and, like, all sorts of things might happen before the next morning at 9. So we built, we built in these pretty extensive, pretty comprehensive coverage hours for test results.

So if a positive test result came through our results, we sort of activated [gestures with air quotes] our system of how we manage that. Which was, a primary person taking the lead, notifying the rest of the team that there was a positive and to kind of be on call. We might need backup. We would then of course reach that person. (I will talk from a student perspective; we have a parallel process for employees). We would reach the student and initiate a contact tracing process, which would include moving that student into isolation. So if they're on campus, they would need to move out of their regular [residence] hall into an isolation hall. If they live in the community off campus, we would evaluate their off-campus living situation and often recommend moving them onto campus.

Coordinate that move. So, you know, can they do it, do we need to have a plan to pick, do we need to transport the student safely somehow? Can the student walk but their stuff needs to be picked up? So really coordinating all those details, including like, What room are they going to go into? Are there sheets on that bed? Do they need pillows? Is there a microwave to heat up their breakfast? Like, once you're in quarantine, you can't do anything. So everything you need, you know, we need to have a plan for it and have it there.

So we would get the student safely moved and make sure all their basic needs were taken care of. And then complete the contact tracing process, which, is something that most of us had done some contact tracing in our previous clinical lives, but certainly [we] all needed to learn contact tracing with respect to COVID. And our colleagues at the health department were incredibly helpful in working through the first few cases with us and giving us feedback and answering our questions all the time. So we would contact

trace, and call in as backup team members depending on how many contacts that was. We would work under the framework that every contact took between thirty and sixty minutes to reach and explain everything to, and help them make decisions about location and quarantine, etcetera, and do the paperwork. So you know, if there were two contacts, that was one thing. If there were fifteen, that was another. I mean, you know, we need to get enough people involved to know that we could move through it all.

So complete contact tracing. Get everyone moved. Then we work with the health department contact tracing team to update them on all the information that we had obtained. Pretty quickly into the fall, I think by September, the health department had determined that they really didn't have the capacity to do higher ed contact tracing, and they had worked enough with all of us preparing for the year that they felt like we could do it. So we were responsible for all of our contact tracing within the institution and then would report back on that to the health department. So work with the health department, schedule testing for all of the contacts, schedule telehealth visits for anyone who was symptomatic, check on them daily to see if symptoms had developed or changed. And, and of course also that, you know, just basic needs were met. Were meals delivered? Is your WIFI working? Do you need ibuprofen dropped off? Any of the things that, you know, maybe in the community or at our home, someone can do for us, but on a college campus, you know, there ... we have to come up with a plan for that. So we would take, and then we would take care of a student until their time in quarantine or isolation had ended, which was in the ten to fourteen-day range usually. So a good bit of time.

Donnis: Thank you.

Hawkins-Hilke: Yeah. Probably a lot of detail to that, but ...

Donnis: Oh, good detail, though. I think it's, you know, it's interesting for me to hear about, and also I think really interesting for, for people who will be listening to this in the future to learn about as well.

So you referenced being in close touch with staff members at the Vermont Department of Health. And I'm wondering if you could speak a little bit more about that. And also talk about if there were other key sources of information that you relied on, or places that you were looking for, for guidance.

Hawkins-Hilke: Yeah, absolutely. I think one of the, one of many, one of the many places where Vermont has really stepped up and shone over the past year is in how Vermont as a state coordinated and coalesced behind the colleges and universities' reopening. So really, starting in, I think May [2020]? Maybe June, but I think May of last year. The medical directors of all of the colleges and universities in Vermont were invited to participate in a weekly meeting. That initially was just, you know initially it was actually like four or five of us who kind of already knew each other, and we were like "Oh, how are we going to do this? Like, let's start meeting." And then, and then we invited in the health department and a representative from the restart committee in the governor's office, and then recognized that, realized that every school should be here. So by July we had this great group of representatives from every college and university. Multiple representatives from the health department, including Health Commissioner Mark Levine, attended every single week, still attends every single week. The head epidemiologist [State Epidemiologist for Infectious Diseases] Patsy Kelso, the Deputy Commissioner

Tracy Dolan, and a few representatives from the Outbreak Prevention and Response Team, which is the team at the health department that manages outbreaks at like workplaces or congregant living facilities or anyplace that has its own set of variables and risk factors. And then also a member from the contact tracing team.

So we started meeting in July [2020], and it kind of started as like a put-our-heads together, and it quickly moved into like, “Oh my gosh, like, we’re opening. This is happening, Let’s share documents. Let’s share screening forms.” We created a Google Drive where people shared all sorts of things they were creating or had come across to, to use for educational material, or again, reporting forms, etcetera. And that became a weekly meeting that is still standing. It has happened every single Tuesday since last spring. I don’t think I’ve missed a single one yet, because it’s an hour packed with like just all sorts of information.

And then – sorry, let me back up – so that’s happened all year, and by August [2020], the Governor’s Office had released guidelines for higher education, COVID-specific guidelines for higher education. And the guidelines are good. They were really good. They were detailed and specific, and a lot to manage. But they existed. And I think most, I think many, many colleges and universities around the country just didn’t get that sort of guidance. And some, some could come up with it on their own, and others, you know, that’s a lot of capacity to make that sort of plan.

So we had great guidance. We had great guidance to build. And I think very quickly all felt like really confident in the guidance. Which, which made our jobs so much easier. Because then we were like following guidance that we believed in instead of feeling like we needed to create everything. *Or*, follow guidance that wasn’t strict enough or was too strict. You know, it wasn’t like, “Oh, we have to do this because the guidelines say so.” It was like “We trust these guidelines and this is what they’re telling us to do.” So we all felt super positive about them. And had them backing us. When complaints came in about certain decisions, we would be able to say like, “Yes, this is what we decided to do, and it’s what we have to do. This is what the state’s telling us to do.”

So those guidelines have been critical. They’ve developed as the year, as the semester, as the two semesters have ... have gone by. And that meeting has become an opportunity to, also for those guidelines to shift. Like at those meetings we have a lot of conversations about how things are evolving and recommendations on how the guidelines could or should evolve to, you know, better support the work we’re doing or shift to reflect changing data, you know, etcetera.

I really just can’t, I can’t say enough about how helpful that group has been. I can’t really imagine having done the year without that group, to be honest. And also have really appreciated that it just gives me, you know, at my fingertips access to a whole community of people that are doing very similar work and really, and understanding the ins and outs and nuances of it in a way that’s different from higher ed and different from healthcare. It’s two worlds sort of merging in a way they hadn’t ever for us before. So it’s been, it’s just been a good opportunity to get support from colleagues and be able to talk through frustrations and talk through anxieties and sort of see that there’s other people in the same place. And develop friendships too. I think that, I think we’ve all developed pretty close relationships with each other, virtually. But in a way that has made it feel a lot less alone. You know, knowing that there’s,

there's always someone to call that's doing pretty much exactly the same thing, that can, that can ... to find company in the intensity of all of that.

Donnis: How do you think Champlain College has handled the pandemic?

Hawkins-Hilke: I think really well. I mean I think it's ... When, when friends or family members like ask me about how the College is doing, I like really unequivocally always have to answer like, "It's going really great." It's been an extremely significant amount of work for me this year, and like that's the first thing that comes to mind when I think about my year, is like just how many hours I've worked and how tired I've gotten. But how has it gone as a college, from a COVID perspective, I think it's gone extremely well. I think, I think we had really tight protocols. We had great guidance from the state, and I think we tightened that up even further where we felt necessary. Our proximity to another, to the University of Vermont, having a huge student body, and our location in the middle of Burlington was very on our minds the whole time and encouraged us to handle things even more, more tightly and carefully than maybe we would've if we hadn't felt so exposed. And I guess in exposed I mean also we were exposing ourselves, like the community was exposed to us. You know, we were ... There were a lot of people watching and worried and waiting and concerned about young adults returning.

I think a huge reason that we've had such a successful year with COVID is that our students have done a phenomenal job. Like the students have done a really, really, really, really job. They have not as a whole like, they have not as a whole behaved as their developmental status might encourage them to behave. Like, you know, I think ... I think they've had really, really hard years, and I, I can't imagine being in their, in their shoes right now, having to have done this year in such a restrictive environment. But they've done it. And they've like followed the rules, and they haven't complained very much, and they reiterate their understanding of why. You know, when they're frustrated with policies and protocols, when we talk it through, they're often, they almost always stop and say, "I get it. I understand. I realize you're doing this for my safety." So it's been a, I think it's been a successful year. I don't think that seems like the best, not the right word to use for this year, but I think it has been successful. And I think that our students deserve just like endless credit for how well they have carried through and how diligent they've been around safety. And, and just, and making it through a super, super, super hard time in everyone's life, to have done it in the environment they're doing it in. Mad credit goes to the students.

Donnis: Absolutely. So what do you think has been your greatest achievement during the pandemic, or at least to the point where we are today?

Hawkins-Hilke: Well, as a health center, and as a ... As a college I think the, the success we've had at making it through the semester without ever having to close really anything, has been a huge achievement. Personally ... I think personally, my greatest achievement I would say in that is ... I mean, making it through it, is my greatest achievement. [laughs] But I am a ... I like to do things well, and I like to do things thoroughly, and I don't like, I don't like to sort of not know the answer and like leave it up to someone else. And those particular traits have ... I think are important in our success this year, but they've also made it difficult to maintain any sort of balance in my life because it was a somewhat untenable amount of work. But I couldn't, really couldn't let any of it go. So just like making it to this past weekend [laughs] – I just got there. But just like, just making it through it ... and like, just getting up

every day and doing it again. I can't think of better words to describe that. But like making it through it has, has felt like a huge achievement.

I also, I have a fantastic team at the Student Health Center. A super reliable consistent team that's ... everyone's ... As long as we've been the Student Health Center, we've been here working together. I think we have huge amounts of trust in each other, both clinically, and in commitment, trust in everyone's commitment to getting the job done and backing each other up. And I ... The health center has always been a place we all feel like is fun to work, and not all healthcare environments are very fun. And I think we really, we made a commitment to each other to keep it fun. And to keep, you know, to keep laughing, and like finding, finding humor, and finding ways to enjoy each other as people. And despite the year feeling like extremely hard work, work stayed fun. Like when I was ... coming to the office remained fun because the people around me remained positive and hardworking and supportive of each other. And I think like, I think we had good years, and that ... Having a team that managed this year and rose to the challenges that were put in front of them and are still ending the year saying it was a fun year was, that feels pretty good. Pretty successful.

Donnis: You've already addressed this somewhat, but my next question is, how has the pandemic affected you personally? Is there anything you'd like to add in that vein?

Hawkins-Hilke: Well, I mean I have two young children, who are two elementary school-aged children. Who were home for certainly the whole spring and the whole summer [of 2020] and then were in hybrid learning for the fall. Returned to four-day in-person learning in the late fall. So, so certainly home, you know, there being a lot ... Many changes that all families have had at home also certainly impacted me personally. In all the changes of, family changes, we had just prior to the pandemic had helped my parents, excuse me, my in-laws, my husband's parents, move to the area because they were needing more help and more, just more support, more eyes on them. And having, you know, we got it done in time, but then having that kind of shift and be able to, you know, having them brought them to us but then not being able to actually help them and support them, was of course difficult as it has been for all of us. But I think that, I feel incredibly fortunate that, that the pandemic has *not* impacted me personally in the ways it has impacted so many people. I have not had, I have not lost family members to the pandemic. You know, my children have been able to return to school and do leave the house each day now. Have not been ... Their worlds have not been disrupted the way I think so many, maybe even most children's worlds have been disrupted around the world. I feel incredibly grateful for that. And I feel, and I think also I feel, I personally feel so grateful that I'm raising my family in Vermont, and the pandemic has only made us appreciate Vermont that much more, and we're not leaving. [laughs]. That's for sure.

Donnis: When you look back on the years 2020 and 2021, what do you think you'll remember the most, and why?

Hawkins-Hilke: Well, it's hard, right now it's hard for me to think about anything other than like the 40,000 COVID tests that have like swirled through my life. Right now, the ... I really feel very much enmeshed in like the nuts and bolts of it all still. I don't think I've been able to get that perspective yet, that I assume will come with a little bit of time and space. I hope that there, that I will never work this

hard again [laughs], so I hope I look back on it and think, “Wow, I worked really, really hard in 2020 and 2021.” And I hope that, and I assume that I would, that I will look back on it with like, feelings that it was worth the work, and that, you know, that it was work to ultimately be proud of.

Donnis: So we’ve come to the end of my prepared questions, but I wanted to give you the opportunity to add anything that you would like at this point.

Hawkins-Hilke: I don’t have anything particular on my mind to add.

Donnis: Okay, well, thank you so much. It’s been wonderful to get your perspective today, and I really appreciate it.

Hawkins-Hilke: Absolutely. Thank you.

[end of recording]