

## ECONOMY

# National nursing shortage highlights challenges of expanding nursing programs

*Schools across Virginia are looking for ways to grow, while facing the twin challenges of faculty hiring and clinical hours.*



by **Megan Schnabel**  
February 18, 2022



Emory & Henry College nursing students work in a clinical simulation lab that features seven patient rooms, two high-fidelity patient simulation rooms, a control room, a student debriefing room, a patient lounge and a student waiting room. Some nursing leaders believe that increased use of simulations could help ease the competition for clinical placements. Courtesy of Emory & Henry.

First came the baby boomers, then came COVID.

For years, the nation's nursing corps had been stressed by an influx of millions of patients from the aging boomer generation, and by a wave of retirements by the boomers in its own ranks.

And then in early 2020, a new challenge: overflowing hospitals, critically ill patients, shift after shift after shift in head-to-toe PPEs. Some nurses contracted COVID-19. Others took early retirement or just quit, burned out and frustrated. And patients kept coming.

By September 2021, the nursing field was in the midst of an "unsustainable" staffing shortage, the American Nurses Association wrote in a letter to the secretary of Health and Human Services.

Calls came to improve nurses' working conditions, to provide recruitment and retention incentives – and to train more nurses.

"The pressures are there for nursing programs to expand, no doubt," said Johnnie Sue Wijewardane, dean of Radford University's School of Nursing. "The pressures are there from the universities and institutions, the pressures are there from the clinical agencies who need nurses so desperately."

The problem has less to do with attracting enough students, nursing leaders say, and more with the challenges expanding programs to accommodate them all.

The number of students admitted into Virginia's 81 registered nursing programs – and the number of graduates from those programs – both reached all-time highs in the 2019-20 academic year, the state Department of Health Professions reported. Admissions rose 5%, while graduates increased 7%.

But that same year, 26% of qualified applicants weren't offered a spot in Virginia nursing programs.

Look beyond Virginia's borders, and the picture is the same: Enrollment in baccalaureate nursing programs increased by 5.6% in 2020, according to the American Association of Colleges of Nursing, but more than 67,000 qualified applicants were turned away for lack of space.

Nursing leaders point to two pressure points: attracting and retaining more faculty, when salaries are higher elsewhere, and securing enough clinical placements for more students in hospitals and clinics that may already be struggling to fill the existing need.

Both of these challenges have been around for years. But, much like the shortage of nurses, both have been exacerbated by the pandemic – and thrust into a national spotlight.

Lawmakers and nursing leaders are looking for solutions. The Virginia General Assembly is being asked to fund a study to determine the overall needs at the state's nursing programs, and to earmark money for an expansion of community college nursing programs, and to fully fund existing scholarship opportunities for nursing students.

The heads of nursing programs in Virginia have been meeting with each other, and with their counterparts at health systems and the state Board of Nursing, to brainstorm solutions.

“We are going to have to deal with this on a policy level, in a much more aggressive way,” said Laurie Anne Ferguson, founding dean of the School of Nursing at Emory & Henry College, which recently enrolled its first cohort of nursing students. “The curtain’s been pulled back, and the need is there.”

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Nursing students at Virginia Western Community College in Roanoke helped with an on-campus COVID-19 vaccination clinic last spring. The school has about 115 associate-degree nursing students. Courtesy of Virginia Western Community College.

In the early 2000s, alarms were sounding about the state of the nursing workforce, as older nurses were preparing to retire in droves.

The same demographic trend was threatening the very institutions that were tasked with turning out the next generation of nurses.

By 2015, nearly a third of full-time nursing faculty were 60 and older, compared with 18% less than a decade earlier, according to [a study reported in the journal Nursing Outlook](#). The authors projected that roughly a third of nursing educators who were teaching in 2015 would retire within 10 years.

A 2019 survey by the American Association of Colleges of Nursing found 1,637 faculty vacancies across 892 nursing schools, a rate of 7.2%. In addition to the vacancies, the schools said they needed to create another 134 faculty positions to accommodate student demand.

The pandemic only intensified the shortage, nursing leaders said, as educators who might have been thinking about retiring were pushed to that decision by the increased stress.

Lauren Hayward, director of nursing at Virginia Western Community College in Roanoke, said she expects that four of her eight full-time faculty members will retire within five years.

On a national scale, she said, “our talent and our knowledge base is walking out the door, between retirement and other opportunities.”

Luring enough students into teaching tracks to replace those retiring educators has proven to be difficult, nursing leaders said. It’s a problem that often comes down to money.

The typical registered nurse in Virginia earns between \$70,000 and \$80,000 annually, according to [a 2021 survey](#) by the Virginia Department of Health Professions. Half of registered nurses in the state hold a bachelor’s degree as their highest professional degree, the survey found, while another 26% capped their education with an associate degree.

A nurse with a master’s degree – the minimum required to teach nursing – might start off making \$70,000 to \$80,000 in an academic setting, said Shanna Akers, dean of Liberty University’s School of Nursing. In a clinical setting, that same nurse could expect to pull down \$100,000 or \$110,000, she said.

“If you can make more as a staff nurse with a bachelor’s degree, why would you get a master’s or a doctoral degree” to teach? asked Ferguson, at Emory & Henry.

Nursing educators – who are primarily women – have never had the same prestige, or pay scale, as engineering or business faculty, Wijewardane said.

“It’s hard to attract people into teaching nursing because the pay is for the most part pretty abysmal across the board,” she said. “You have to really want to do it.”

The pay disparity is in part a factor of the risks and tasks involved, said Lisa Smithgall, chief nursing officer at Ballad Health, which serves Southwest Virginia and northeast Tennessee. A nurse working in a hospital is exposed to bodily fluids, caring for critically ill patients, working nights and weekends, she said – and that’s different from teaching.

But not all nurse educators work 9-to-5 shifts in a classroom, Donna Meyer, CEO of the Organization for Associate Degree Nursing, pointed out. Faculty who supervise students on clinical rotations are right there in the hospital with them, whether during the day or in the middle of the night. And while the faculty don’t have primary responsibility for the patients – staff nurses also oversee the students – they do take on some of the care as they advise their students.

While the pay disparity between bedside nurses and nurse educators isn’t new, the pandemic has added another twist: the increasing reliance on highly paid travel nurses to fill critical vacancies in hospitals. Travelers, who might spend months at a time away from home, can make in 13 weeks what it would take six months for them to earn in a regular hospital job, said Kim Brown, founding chair of the Division of Nursing at Ferrum College, which recently accepted its first baccalaureate nursing students.

For hospitals, it’s been a vicious cycle. As more registered nurses have left stable jobs to join the travel ranks during the pandemic, hospitals have had to rely more and more on travelers to fill those voids.

“A lot of our graduates are coming back and saying they can make quadruple what they’re making at the bedside with our local health care facilities, so they’re doing traveling,” said Nancy Haugen, who leads the nursing program at the University of Virginia’s College at Wise. “And many times they come back to the same facility.”

Ballad had about 3,500 staff nurses before the pandemic, Smithgall said, with 150 or so vacancies at any given time. Today, the health system has brought on about 400 contract nurses and still has vacancies to

fill. Staff nurses are picking up extra shifts, as are managers: Smithgall has been working Tuesday nights in the emergency department at Johnson City Medical Center.

And good luck luring travel nurses away from their lucrative – and flexible – gigs to tie themselves down to a teaching job, noted Hayward, who said the increasing reliance on travelers has affected her part-time pool of faculty.

“Unless you can offer two and three times the wages that they used to make, you’re not competitive with what’s happening in the travel world,” she said.

Nurse educators need to sell students on the idea of teaching as a career – to show “the joy” that comes with the work, said Beverly Malone, CEO of the National League for Nursing, which represents nurse educators.

“Thank goodness it’s not always about money,” she said.

Some people fall in love with teaching, she said, and want to support future generations of nurses. Others, who maybe are caring for small children or elderly parents, like the more standard hours usually offered by teaching jobs.

Virginia Western, which has about 115 nursing students, has made a point of partnering with its graduates on opportunities to earn master’s degrees in nursing education, Hayward said.

“We spend a lot of time selling the role,” she said. “When your students graduate, they don’t see themselves as educators. They are trying their hardest to put the nursing RN badge on and go out there and take care of patients. That’s what they trained for. But there are people that are uniquely suited to education, and once they get their feet wet in the nursing role, they start to grow into that.”

Liberty started offering a master’s degree in nursing education in 2004, and it is now the nursing school’s largest graduate program, with about 350 students, Akers said.

Many of the students are bedside nurses who want to get into education, she said. Others are nurse managers who need to earn a master’s degree if they want to continue to advance in their jobs. Some are – or want to be – nurse educators who work for hospital systems.

And then there are the nurses who want to reclaim a work-life balance.

“Lifestyle balance is a huge attractor for nurse educators,” Akers said.

Jordan-Lee Slowik, who earned a master’s degree in nursing education at Liberty and is working toward her doctorate there while teaching at the University of Central Florida, echoed that.

“When I was a bedside nurse, I worked every Christmas, every Christmas Eve,” said Slowik, who started her nursing career in pediatrics. Her mother, who’s a flight nurse, still works all holidays.

Academia is different, she said: There are no weekends or holidays, summer vacations are possible, sabbaticals become an option at a certain point in your career.

“It’s a lot more freedom and flexibility to have a family, and I think that’s what a lot of nurses do crave at some point,” she said. It’s been helpful to her, she said: She has a 1-year-old and a 3-year-old, with another baby coming in June.

The profession has to find a way to encourage more nurses to take a path toward teaching, she said.

“I have met so many nurses in my career, so many students, and I have not met a single person, personally, that is remotely interested in being an educator,” Slowik said. “I’m not sure how we go about letting people know about our role and what we do for our society, but we definitely need to get what we do out there.”

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The University of Virginia's College at Wise has about 20 prelicensure undergraduate nursing students this year. Another five students are on the school's RN-to-BSN track, which accepts registered nurses who hold associate degrees and want to earn a bachelor's degree.

Courtesy of UVA-Wise

Nursing students in Virginia must complete 500 hours of clinical training to graduate. They work with patients – side by side with nurses – in hospitals and clinics, on rotations that range from acute care to obstetrics to psychology.

Large health systems work with hundreds of nursing students at a time; the benefits accrue to both, said Karri Proctor of Carilion Clinic.

“We need them just as much as they need us,” said Proctor, student services supervisor for visiting student affairs at the Roanoke-based health system, which this semester is working with about 700 nursing students from schools including Virginia Western, Radford, Ferrum, Liberty and New River Community College.



But the desire to take on more students bumps up against the realities of how many beds a hospital has, and how many nurses are available to work with students. So competition for clinical slots can be fierce in some regions, especially in high-demand specialties like pediatrics and psychology.

And then, of course, the pandemic introduced a slew of new challenges.

Many hospitals converted regular wards into COVID wards, removing them from the usual clinical rotations. Other hospitals took beds out of service because they didn't have enough nurses to handle them, again reducing the availability of clinical slots for students – sometimes overnight.

Dr. Daniel Harrington, vice president of academic affairs at Carilion, still recalls the “red letter day” in March 2020 when word came down that all of the students doing rotations at Carilion hospitals and clinics needed to leave.

“You can imagine the impact that that had on people needing experiences to be able to graduate,” he said.

Even when students were allowed to continue their rotations, rules and regulations about PPE, quarantining and testing were fluid, often changing quickly. And the nurses who normally would be supervising students were quickly becoming overwhelmed with their bedside duties.

Not every nursing program in the region is feeling the clinical crunch; Hayward and Wijewardane, for instance, both said that they've been fortunate to have enough availability for their students.

For Ferguson, the challenge of clinicals is intertwined with the challenge of hiring: Ballard has assured her of clinical opportunities for Emory & Henry students, but those openings might be late at night or on weekends. And while those can be great times for students to learn, it can be hard to hire faculty when they know they'll have to supervise off-hours clinical rotations.

A rural location can make clinicals more challenging as well. Emory & Henry had to get an exemption to a state rule that clinical sites must be within 25 miles of campus, Ferguson said. UVa-Wise had to get an exemption, too, to a state rule that says 80% of a school's clinical program must be within Virginia. Right now, about 60% of UVa-Wise's clinical opportunities are outside the state, Haugen said.

Ferrum's nursing program, which currently has 14 pre-licensure baccalaureate students and has the capacity for up to 20 at a time, will be able to expand after three years, the state has said – as long as there are sufficient clinical placements for more students, Brown said.

Expanding nursing programs will have to mean expanding clinical opportunities – or changing the way everyone involved thinks about clinicals, nursing leaders said.

Nursing programs have for some time been looking beyond hospitals for clinical rotations.

Nursing students have set up in malls, offering blood pressure checks and engaging mall walkers in conversations about their health and safety, said Meyer, whose organization works with community colleges. They staff vaccine clinics and pull rotations at long-term care facilities and Head Start centers.

It's a way to supplement hospital and clinic rotations, Wijewardane said – but it also has another benefit: showing nursing students that acute-care work isn't their only option.

“We have to expose these nurses to different areas where the possibilities are for them to work,” she said. “We have tunnel vision because that's the way we've always done it, which is such a dangerous place to think in.”

Another idea that Malone likes: Allow students to fulfill more of their clinical hours through simulations.

Simulations can range from the very low-tech – working with role-playing “patients” who present various symptoms – to the very cutting-edge, like using virtual-reality devices to simulate pelvic exams or intubations.

Simulations are useful not only to alleviate shortages of clinicals opportunities, Malone said, but to give students valuable practice in performing procedures and communicating with patients and families in a low-risk setting.

She remembers being a young nursing student and apologizing to patients when she was performing a new procedure. “Think about being able to practice until you really were able to perform the skill,” she said.

In Virginia, up to 25% of a student's clinical hours can be achieved through simulations. Malone thinks that up to 50% should be considered.

Simulations should be part of the conversation, said Melody Eaton, who has been part of statewide talks about the future of nursing as president of the Virginia Association of Colleges of Nursing and a member of the governmental affairs group at the Virginia Nurses Association.

But there's a caveat, said Eaton, who also heads James Madison University's nursing program: Simulation labs are very expensive to set up and run, and require faculty to supervise them. Any increase in the use of simulations would need to ensure that everyone – small schools and large ones alike – has equal access to the technology, she said.

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With clinical opportunities sometimes in short supply, nursing programs have been turning to alternate ways for their students to get real-world experience. At Virginia Western Community College, nursing students have helped with on- and off-campus COVID-19 vaccination clinics. Courtesy of Virginia Western Community College.

The creation of new nursing programs like the ones at Emory & Henry and Ferrum increases opportunities for students. But it also increases competition for the already limited faculty and clinical resources.

“In a lot of ways, I want to say it’s a really great thing,” said Akers, of Liberty. “More nursing schools equal more students. However, until we solve the problem of clinical sites, it creates a competition for the clinical sites. Until we solve the problem of a lack of faculty, it creates a competition for the faculty.”

Wijewardane said she has had a couple of faculty leave Radford for better pay at other programs. It’s a perpetual problem when public schools have to compete with private institutions that often can pay more, she said.

“The resources are not infinite,” she said. “When one program goes up, regardless of whether it’s public, private, associate degree or community college or university, it certainly impacts the availability of resources, be it clinical or faculty.”

Brown said she has thought about the effect that Ferrum’s new program could have on the state’s existing nursing programs.

“I don’t miss the fact that we have lots of competition,” Brown said. “We’ve got Radford, we’ve got Virginia Western, we’ve got Liberty an hour down the road. What made Ferrum think that a small private liberal arts school could bring up a nursing program?”

But she believes that students are looking for varying types of experiences, and that some might want to be part of a smaller cohort. The same goes for faculty who might be looking for a new opportunity but want to stay in the area, she said.

“We’re not in an environment anymore where people work at the same organization their whole life,” said Brown, who also has worked at Liberty, Radford and JMU. “Sometimes change is good.”

With so many stakeholders – public schools, private schools, four-year programs, community colleges, state regulators, practice partners – holding so many points of view, it would be easy for competition to overtake collaboration in the race to improve nursing in Virginia.

That would be a mistake, Wijewardane said

“We need all hands on deck,” she said.

“It’s time that we pulled the competition back out of it and said, What’s the best for all of us? Because we all need help with this,” she said. “These are pressure points and pain points that we’re all having. How can we look at what’s best for our state and region and not just what’s best for one school?”

Eaton agreed. “We need to collaborate,” she said, “because it’s a system problem.”

Eaton’s organization, the Virginia Association of Colleges of Nursing, has asked the General Assembly to fund a study to evaluate the needs of the state’s nursing programs, bringing together stakeholders from across the spectrum: nursing schools, practice partners and regulatory agencies.

It’s one of several nursing-related budget amendments that the General Assembly will deal with in the coming days. Another asks legislators to support existing nursing scholarship opportunities that have been on the books but not funded for several years.

The Virginia Community College System has asked for \$26 million per year over the next two years to expand its nursing programs; several budget amendments that are on the table would provide varying degrees of funding – up to \$90.5 million over the biennium – to hire faculty, increase salaries, recruit students and upgrade labs.

Twenty-two of the state’s 23 community colleges offer nursing programs, said VCCS spokesman Jeffrey Kraus; the only one that doesn’t, Paul D. Camp in Franklin, would like to add one, he said.

During the last academic year, Kraus said, 4,077 students were enrolled in associate degree nursing programs across the state community college system. More than 1,700 completed an associate degree or registered nurse bridge degree or certificate, he said.

Eakin said the community college system has been at the table during discussions about how best to address the challenges with nursing education in the state, and she sees associate-degree programs as a critical piece of the puzzle. But she expressed concern that funding one area without addressing others could lead to further problems – for instance, will there be enough clinical spots for those added students?

“Our stance has always been, we wish we would wait and do it together,” she said. “Funding one sector over the other for large amounts of money isn’t really going to solve the whole problem. It might shift directions but not really look at the whole infrastructure.”

Kraus said the community college system sees no reason to wait to begin to address the problem.

“Our community colleges produce nearly half of Virginia’s new nurses every year and the need for more of them is urgent,” he said by email. “The partners with which we work assure us there are more clinical hours to be had. While we look forward to working with nursing leaders across Virginia to address this issue more broadly, we see no benefit to delaying our response to the immediate needs of the communities we serve.”

Radford’s Wijewardane said cash isn’t always the answer – but it’s certainly part of it.

“You hate to just say, throw more money at it,” she said. But state funding is needed to help boost faculty pay and increase hiring, she said.

Nursing leaders also said they’d like to see more opportunities for scholarships and loan forgiveness.

One existing initiative, the federal Nurse Corps Loan Repayment program, will cover up to 85% of nursing education debt in exchange for the graduate working for at least two years in a critical shortage facility or eligible nursing school. For faculty, the program will repay up to \$40,000 in student loan debt for those who will serve at an eligible school.

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With clinical opportunities sometimes in short supply, nursing programs have been turning to alternate ways for their students to get real-world experience. At Virginia Western Community College, nursing students have helped with on- and off-campus COVID-19 vaccination clinics. Courtesy of Virginia Western Community College

Even as state efforts to address the nursing shortage continue, innovation has been happening in targeted ways across Virginia.

Ballad collaborated with several nursing programs to provide space and staffing for clinicals if the schools admitted a certain number of additional students each year, Smithgall said.

It worked well, she said – they increased the number of nursing students graduating in the region by 110 annually, and nurses who were interested in teaching were able to take on some educational duties without seeing a drop in pay.

Meyer set up a similar program when she headed up a nursing program and needed additional adjunct faculty to teach clinicals.

“That worked beautifully,” she said. “A lot of those nurses wanted to work for us, but it was like, Oh, I’m already working at the hospital, and then to do another shift ... it’s just too much. But allowing them to kind of make it part of their routine was really a blessing.”

She and Smithgall both said an arrangement like that could be more challenging today, as bedside nurses are busier than ever.

“Practice and education have to come together to help work on this situation,” Meyer said. “But I know right now, we’re both overwhelmed.”

Ballad also has committed \$10 million to create the recently announced Appalachian Highlands Center for Nursing Advancement, which will bring together four-year schools and community colleges in Virginia and Tennessee, including Emory & Henry and UVa-Wise.

The center will look for ways to bolster the supply of nurses, and to keep nurses who are already in the workforce fulfilled and healthy.

The Virginia Association of Colleges of Nursing is looking at creating a program that would help nurses move from the bedside to the classroom. Many faculty come in as practitioners, Eaton said, and even if they have a doctorate they’ve never taught. A targeted academy that would provide training on that side of the job could encourage more practitioners to teach, she said.

“Nursing education is so hard because you have to maintain an expertise on the clinical side, you have to maintain an expertise in teaching and learning,” said Hayward, at Virginia Western. “And those are two



separate worlds. So it's hard to grow somebody – you can't just pull them off the bedside and say, 'Here, here's a class.' That's not adequate preparation for the role.”

Liberty started an accelerated program that allows some students who have already completed their general education requirements to graduate with a bachelor's degree in nursing in a year, instead of two.

In 2019, the school also launched a doctoral program focused on nursing education. It already has 160 students, Akers said.

“I was talking to a friend of mine, and I told her, if we don't find the solution, other people who are not nurses will try to find the solution,” Akers said. “We really need to own this.

“Can we come together and solve our own professional concerns? I think we can. I think it's just having the right impetus to do so.”

***Correction Feb. 18, 2022:** Nursing students do not graduate as registered nurses; they must first pass the National Council Licensure Examination and be licensed by the State Board of Nursing. An earlier version of this story was incorrect on this point.*

*Additionally, Lauren Hayward, director of nursing at Virginia Western Community College, clarified after publication her statement that a majority of the program's full-time faculty would be retiring within five years. She expects four of eight faculty members to retire, she said Friday. Her statement has been updated.*



## POLITICS

# Five months after the Dobbs decision, Bristol has become a microcosm of the national abortion debate

*Bristol is split between Tennessee, which has a near-total ban on abortion, and Virginia, where it remains legal. Anti-abortion activists are proposing changing city code for Bristol, Virginia, to bar future abortion clinics from opening.*



by **Megan Schnabel**

November 19, 2022



Both anti-abortion and abortion rights protesters set up outside Bristol City Hall. Photo by Megan Schnabel.

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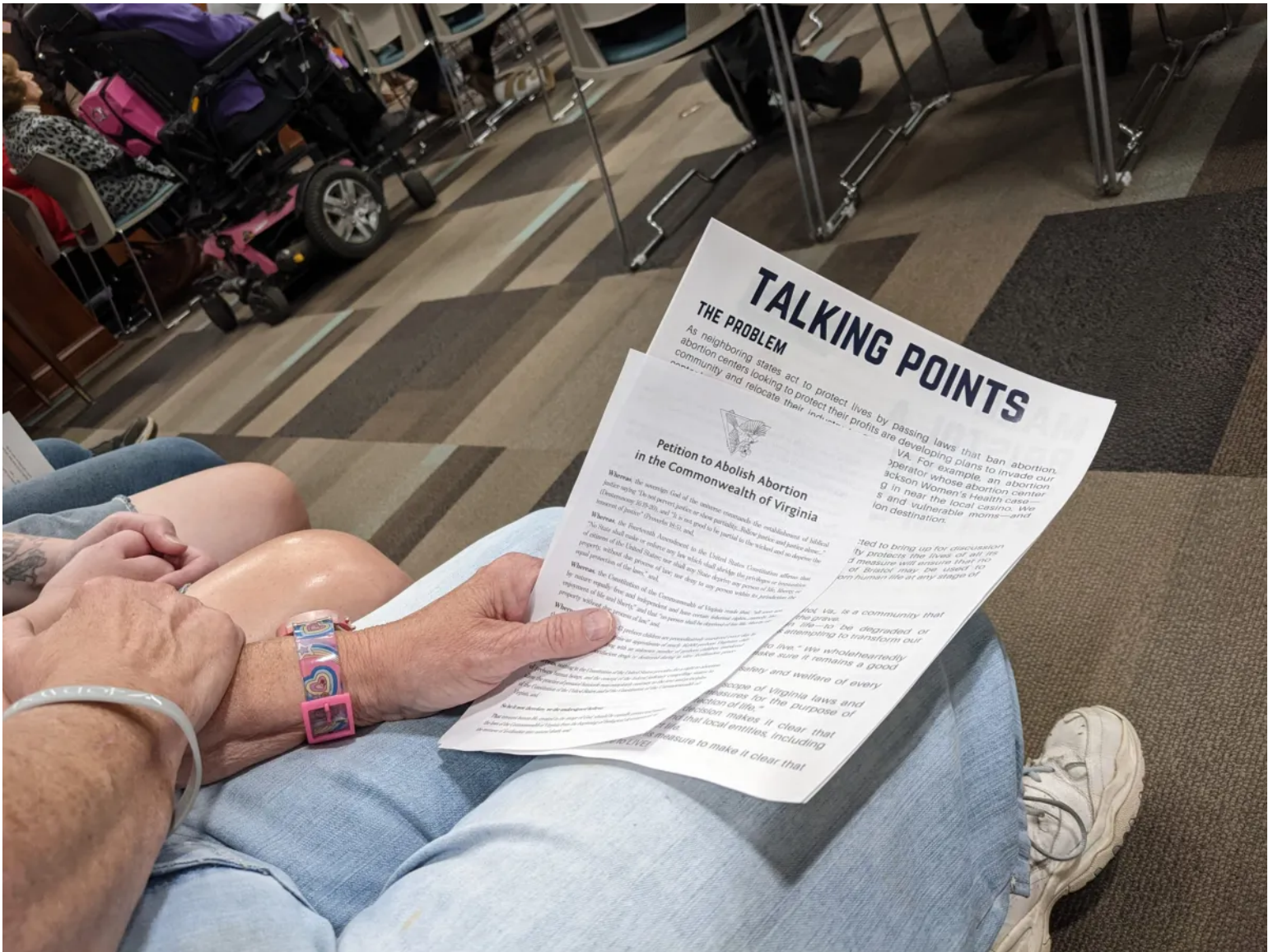
Out-of-town visitors to Bristol usually have fun with its split-state personality, posing for pictures in the middle of State Street, one foot in Tennessee and the other in Virginia.

But in the months since the U.S. Supreme Court's Dobbs decision reversed 50 years of federal protection for abortion, the tone in Bristol has turned more serious, as activists have seized on the border city as a microcosm of the national debate.

Abortion rights supporters point to the fact that a doctor's office on the Tennessee side had to stop performing abortions as proof that women's rights are under attack, and that those rights will continue to be eroded unless action is taken.

Abortion opponents point to the subsequent opening of an abortion clinic on the Virginia side as proof that states where abortion remains legal will be overrun by clinics unless action is taken.

After years of watching the abortion debate play out on the national and state stages, those opponents have turned to perhaps the most local of all local government functions – zoning – to seek redress. A Richmond-based anti-abortion group drafted a proposed amendment to Bristol, Virginia’s zoning ordinance that would prohibit any additional abortion clinics from opening in the city and would keep the existing clinic from expanding. On Oct. 25, a member of the city council brought the proposal to his colleagues in front of a capacity crowd. (The proposal appears on [page 55 of the city council’s packet.](#)) On Monday, the planning commission will get its first look at it.



The Family Foundation, a Richmond-based nonprofit that fights abortion, handed out talking points at the meeting. “We need to act now to safeguard the lives of babies and vulnerable moms – and prevent our city from becoming the next major abortion destination,” the memo read. Photo by Megan Schnabel.

Opponents of the move have questioned whether the city has the authority to take such action. Counties and cities in Virginia have only the powers explicitly granted them by the state and, they say, regulating abortion clinics isn't one of them. Supporters say that state code must be read more broadly – that protecting life is at the heart of land-use law, and that preventing abortions is part of protecting life.

Each side has accused the other of letting outsiders set Bristol's agenda.

Abortion rights activists, and several local officials, said that while a small group of protesters had regularly demonstrated at both the Tennessee and Virginia clinics, they'd heard of no broader grassroots anti-abortion efforts until the Family Foundation got involved.

The conservative nonprofit, which has taken up issues including transgender student policies, gay marriage and critical race theory, not only wrote the proposed amendment and the resolution supporting it, but it organized a rally before the city council meeting and reached out to local churches. It has provided talking points and posted a model resolution on its website for other localities to use. It has voiced its support for several nearby counties that recently declared themselves to be pro-life sanctuaries.

Victoria Cobb, the organization's president, said that the Family Foundation is just an adviser.

"All we're doing is helping them know how it's been done elsewhere, how best to word it. It's a simple matter of coming alongside the citizens here and helping them do what they want to do," she said.

The Family Foundation, meanwhile, says in its talking points memo that Bristol residents

## The proposed ordinance

Lawyers with the Founding Freedoms Law Center, the legal arm of the Richmond-based Family Foundation, drafted a proposed ordinance change for the city of Bristol that would bar abortion clinics from opening in the city in the future and would prohibit the city's single existing clinic from expanding:

*No land, building, structure or other premises located within any zoning district of the City of Bristol may be used to carry out any practice, process, or procedure that is designed to intentionally cause the death or termination of a pre-born human life at any stage of development. The already existing use of any buildings or structures for such purposes must conform to this regulation whenever they are enlarged, extended, reconstructed, or structurally altered, and any nonconforming building or structure may not be moved on the same lot or to any other lot in order to carry out the nonconforming use.*

They later amended the proposed ordinance in response to a [memo to the city from the ACLU](#) that said the language of the proposal was so broad

shouldn't allow "outside groups and abortion industries" to turn their city into an abortion destination, and it points to the Virginia clinic as an example of outsiders looking to "invade our community."

Diane Derzis, who owns Bristol Women's Health, lives in Alabama. She has operated abortion clinics across the country, and she makes no secret of her desire to open more locations as states continue to restrict access to abortion.

Most of her clinics have drawn little attention outside their immediate communities, but there have been two significant exceptions: The Alabama clinic that was bombed by Eric Rudolph in 1998 was one of hers. And so was the Jackson Women's Health Organization, the Mississippi clinic that was at the center of the landmark Dobbs case.

"Diane Derzis is no stranger to any of this," said Stephanie Rosenwinge, who volunteered at the Tennessee clinic and now works at the Virginia one. "She is a fierce, fierce warrior."

The Oct. 25 city council meeting drew a capacity crowd. Speaker after speaker – 19 of them, about half of them Bristol residents – stood up in support of the proposal. Just three opposed it. To loud cheers from the gallery, the five-member council unanimously voted to send the proposal on to the city attorney and the planning commission for review.

Mayor Anthony Farnum said in an interview last week that abortion isn't something he'd ever expected to deal with as a city official. When he was campaigning in 2020, people would ask him if he was a Democrat or a Republican. He'd tell them that party affiliation really didn't matter so much on the city council.

that it could affect some types of contraception, fertility treatments or miscarriage treatments:

*No land, building, structure or other premises located within any zoning district of the City of Bristol may be used to carry out any practice, process, or procedure that is designed to intentionally cause the death or termination of a pre-born human life at any stage of development following conception. The prior existing use of any land, buildings or structures for such purposes must conform to this ordinance whenever they are enlarged, extended, reconstructed, or structurally altered, and any nonconforming building or structure may not be moved on the same lot or to any other lot in order to carry out the nonconforming use. Nothing in this ordinance shall be construed to prevent a licensed and qualified medical provider from taking actions calculated and necessary to save a pregnant mother from imminent loss of life.*

They also responded with their [own legal memo](#).

“I would say, ‘We don’t have really any control over immigration, health care, abortion, those big national topics.’ ... I guess I can’t say that anymore.”

\* \* \*

Bristol Women’s Health opened this summer across Gate City Highway from the Bristol Casino. Photo by Megan Schnabel.

## **One clinic closes, another one opens amid a challenging legal landscape**

The idea for Bristol Women’s Health started in Bristol, Tennessee, not in Alabama.

Dr. Wesley Adams and a partner had opened a women’s health practice in Tennessee in 1980, and over the years the office had offered abortions alongside routine gynecological exams, infertility treatments and obstetric services.

But Adams had been watching Tennessee make access to abortions more restrictive. The state mandated counseling and 48-hour waiting periods. It forbade abortions in response to a genetic anomaly or for the purpose of race or sex selection. It required the burial or cremation of fetal remains.

In 2019 the state legislature passed a so-called “trigger” law: If Roe fell, abortions would be illegal in Tennessee, except to prevent death or serious and permanent bodily injury to the mother.

So over the past year or so, Adams started to prepare. He procured a medical license in Virginia, where abortions are legal through the second trimester. Early this year, as he mulled the idea of expanding his work across the state line, he reached out to an old friend.

Derzis said the call from Adams, whom she’s known for decades, was serendipitous. At the time, she owned clinics in Mississippi, Georgia and Richmond, and she had been making plans to open clinics in states that continued to allow abortions.

As soon as Donald Trump was elected in 2016, she said, she knew “it was over.”

“You would have to be completely out of it to have not realized that’s what was going to happen,” she said. “So we were ready.”

In March, she came up to Bristol and they scouted locations, eventually settling on a nondescript single-story brick building across Gate City Highway from the old mall, which soon would reopen as the Bristol Casino. They signed a five-year lease with an option for three more, Adams said. They paid a year’s rent up front, Derzis said.

In May, the draft of the Dobbs decision was leaked.

Adams and his wife launched a GoFundMe campaign, “Keep Abortion Safe and Legal In Bristol.” They were shocked when it hit \$10,000, Jo Adams said; before long, it had topped \$100,000, with donations ranging from \$5 to \$2,000.

The money paid for renovations and equipment. They hired a small staff, some of them volunteers who had escorted patients at the Tennessee clinic. Roe fell in June, and Tennessee’s near-absolute ban on abortions took effect in August.

The Virginia clinic was open and seeing patients, but Adams was no longer part of it.



His plan had been to keep seeing longtime patients in Tennessee and perform abortions a couple of days a week at the Virginia one. He had a very small staff – a full-time nurse, a part-time employee and his wife – but figured the split schedule would work, since up to 90% of the abortions he'd been doing were medical ones – those using pills rather than surgery – that required very little hands-on time.

But then his malpractice insurer said it wouldn't cover him. He pressed the underwriter to tell him why, since he'd been a good client for decades.

“They said, ‘Well, it’s just the climate,’” he said. “That’s all I could get out of them.”

Adams figures he could have gotten insurance elsewhere, but his legal advisers – he has “more attorneys than there are M&Ms in an M&M bag,” he said – warned him of potential pitfalls.

Could he, a Tennessee resident, get in trouble for conducting abortions on Tennessee women at a Virginia clinic? What about women who took the abortion pill in Virginia but then miscarried in Tennessee? Would Tennessee pass a law like the one in Texas that allows citizens to sue anyone who helps someone obtain an abortion?

“There are a lot of these sorts of interstate issues at play, post-Dobbs, that we are looking into,” said Geri Greenspan, an attorney with the American Civil Liberties Union of Virginia. She said the ACLU has been in contact with people in Bristol, but she declined to comment further on any legal advice it might have provided.

Americans should expect to see a “new abortion battleground,” according to the authors of a [forthcoming paper](#) in The Columbia Law Review. They predict that anti-abortion states will try to impose civil or criminal liability for those who travel out of state for abortion care, or for those who provide that care or help them get it. Meanwhile, states that support abortion rights will pass laws that protect their providers from such legal sanctions.

In a legal landscape filled with unknowns, Adams gave up his 50% share in the clinic. His Tennessee clinic closes Nov. 30, and he's still pondering his future. He doesn't particularly like sitting “in the bleachers,” he said.

“It's just kind of hard to take,” he said. “It was my idea, my baby. I had the whole thing planned out. It's kind of hard to not be hands-on. We've got a hundred lawyers who said we'll defend you pro bono if you get arrested, but we really just don't want to get carried off in handcuffs and be on TV every night for the next five years.”

He said he talks every day to Derzis, whose own history with abortion care is at least as long as his. She started working at an abortion clinic in 1975, less than a year after she'd had an abortion herself at age 20. The abortion was legal, but the doctor's dismissive attitude has stuck with her for almost 50 years.

"The bottom line is, if a woman cannot make this decision, she cannot make any decision in her life," Derzis said recently. "I know that personally. I remember that feeling of desperation. And I had options. Women have to be given that option."

Over the years, as the attacks on her clinics and her employees mounted, she's thought of quitting, she said, but she's too stubborn – and too angry.

"The rage is what keeps me going now," she said. "If I really want to admit that, that's what it is. It's just absolute rage that you think I am less because I am a woman, and if I am a pregnant woman, I'm even less than that. That's the bottom line."

So instead of quitting, she has doubled down. She moved the Jackson clinic to Las Cruces, New Mexico, where abortion remains legal.

She grew up in the Shenandoah Valley, and she harbors no illusions about the future of abortion rights in Virginia. The 2022 General Assembly session, when Republicans controlled the House and Democrats the Senate, saw the failure of a slate of bills that would have restricted abortions, including legislation that would have set a 20-week ban on abortions and brought a return to mandated counseling, 24-hour waiting periods and required ultrasounds.

But next year's elections, when all 100 seats in the House and 40 seats in the Senate are up for grabs, could change all of that.

"I've looked at it that we have two years, unless people go out and vote," Derzis said. "At least I have two years to be there. And if it's not there after two years, we move."

The Bristol zoning change wouldn't affect Derzis' clinic, unless she ever wants to expand it. She sees the uproar as an opportunity to build support.

"This is fabulous," she said. "Money cannot buy the advertising this'll do."

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## As other states restrict abortion, Bristol as ‘ground zero’

Half an hour before the Bristol City Council was set to vote on the resolution, the line to get into the municipal building was more than 80 people long.

The fire marshal eventually closed the door, leaving clusters of abortion rights supporters and anti-abortion activists standing on the sidewalk and watching a livestream of the meeting on their phones.

Even the council’s meetings about whether to bring a casino to the city – a hotly contested issue that several churches had strongly opposed – hadn’t attracted so many people, several attendees said. Vice Mayor Neal Osborne said last week that as far as he could recall, the only topic that had come close to drawing that kind of crowd in recent years was the 2019 discussion about declaring Bristol a Second Amendment sanctuary city. (That resolution passed unanimously.)

“This is one of the most important items that has ever been on this agenda,” Kevin Wingard, the council member who worked with the Family Foundation on the zoning amendment, said from the dais. “We are talking life.”

He said he believes that the council has the full authority to stop more clinics from coming to Bristol, and that it needs to take action quickly.

“We already have one that moved across the state line,” he said, to loud applause. “It is my opinion that one is too many, and I don’t want to see a second or a third.

“You know they’re going to try to come,” he said. With surrounding states banning or restricting abortions, “We are ground zero. ... It is life or death.”

The citizens who spoke mostly agreed with Wingard. Some talked about the sanctity of life and their desire to save unborn children. Some argued that pregnant women must be protected from unscrupulous abortion providers. Two women talked tearfully about their own abortions, and about how they still regretted those long-ago decisions.

Speakers worried that one clinic would bring more clinics, which would bring more protesters, which would scare away tourists, and they wondered what Hard Rock, the owner of the Bristol Casino, would think. (Asked about this concern, a spokesman for Hard Rock said last week that the company had no comment.)

The Rev. Chris Hess of St. Anne Catholic Church – one of six speakers who identified themselves as pastors – said that a journalist from Sweden who was writing about abortion in the U.S. had recently visited his church. He predicted the arrival of abortion seekers and abortion activists from other states, and he warned that Bristol could attract “radicalized extremists” from both sides of the debate.

“Our city’s becoming famous for all the wrong reasons,” he said.

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Opponents of the proposed Bristol zoning change have cited the Dillon Rule, a legal doctrine that says local governments only hold the powers specifically granted to them by the state. Virginia, they say, has not given cities any authority to regulate abortion clinics. Photo by Megan Schnabel.

## **Where does Bristol’s authority end, and the state’s begin?**

Of the three people who spoke against the ordinance change, one raised a question that seemed to resonate with four of the five council members, who came back to it later in the meeting: Can the city of Bristol even do this?

“This provision can’t stand,” Bristol resident Rick Watts told the council. “It’s going to be tens to hundreds of thousands of dollars of lawsuits and challenges and court cases that we can’t afford for the city, for something that can’t fundamentally be passed because it’s not legal.”

At issue is the Dillon Rule, named for a 19th century Iowa judge. It's the legal premise that local governments only have the powers that are explicitly granted to them by the state. Virginia is one of 39 states that use the Dillon Rule to define the power of local governments, according to the Brookings Institution.

In Virginia, those limits have made the news several times in recent years. The city of Roanoke couldn't levy a tax on plastic grocery bags until the General Assembly gave localities that power in 2020. Several Northern Virginia localities want to ban gas-powered leaf blowers but can't because the state hasn't granted them that authority. (A bill that would have done just that was introduced during the last legislative session but died in committee.)

Nowhere in Virginia code does the state explicitly grant localities any authority over abortion clinics.

Virginia has given localities fairly broad authority in land-use matters, said Rich Schragger, a professor at the University of Virginia School of Law who has written extensively on the Dillon Rule. But the state also has interpreted the Dillon Rule quite restrictively, he said, and he doesn't believe that the kind of ban that Bristol is considering fits the conventional view of what land-use ordinances are meant to do: to deal with congestion or pollution, for instance, or the negative effects on the surrounding community from a landfill.

"My immediate reaction is that in Virginia, you're taking a pretty big risk to adopt one of these in light of the current state of Dillon's Rule," Schragger said.

The city also could expose itself to a challenge on the basis that it's discriminating by only regulating one type of medical procedure, he said. Additionally, he said, Virginia law extensively regulates medical practices and procedures, which could be an argument against local governments using their land-use powers to do the same.

In two legal memos sent to the city council, attorney Josh Hetzler holds firm to the Family Foundation's stance that the city has the "overwhelming authority" to enact the amendment, which "enjoys a presumption of validity," and he dismisses as "irrelevant" the state's existing regulation of medical fields.

"While the restrictive reputation of the Dillon Rule sometimes creates caution for local governments, the law is clear in this case," writes Hetzler, who works for the foundation's legal arm, the Founding Freedoms Law Center. "The Commonwealth has delegated express statutory authority to adopt restrictive zoning ordinances such as this Amendment, and the U.S. Supreme Court has opened wide the door for local governments to regulate abortion."

In an interview, Cobb said it's important to consider the spirit of the law: "We believe it's very clear they have the authority to protect human life," she said. "If you don't have that authority, you don't have any authority. That's the fundamental basis of why you do what you do. Why do we want flourishing businesses? Because we need an economy to feed people to protect human life. So we believe that's squarely within their authority, no question."

During their Oct. 25 meeting, four of the five council members – everyone except Wingard – expressed concerns about taking any action before getting a legal opinion from city attorney Randall Eads, who had recommended that they hold off until he could finish his research.

"As a Christian, I agree with you that life is precious," Councilwoman Becky Nave said to the assembled crowd. "As a city council member, I also believe that we need to do our due diligence ... in getting that legal opinion to make sure as we move forward we are making the best decisions for this city that we can make, and not cause any lawsuits to come about."

But in the end, after Wingard pushed the group to approve the resolution – "Let the legalities be worked out in planning," he said, to applause from the gallery – the council voted unanimously to send it on to the planning commission, and to hear from Eads at their next meeting.

Wingard, Nave and Councilman Bill Hartley did not reply to multiple voicemail messages left for them last week. But both Osborne and Farnum emphasized last week that both the council and the planning commission would be getting a legal opinion before either group took any further action.

Eads, who's also the city manager, didn't want to discuss the specific legal advice he's given to the city council. But he said in an interview that he sees significant challenges with the proposed ordinance.

"I'm extremely confident that we cannot propose and pass an ordinance as presented by the Family Foundation," he said. "I think the biggest issue with what they've put forward is that it basically completely outlaws abortion within the city of Bristol, Virginia, and it could effectively put a clinic out of business if that clinic would make any sort of structural or reconstructive changes at that clinic. I don't think that would ever pass constitutional muster."

He also raised the question of enforcement. "The practical issue is, how do you police it?" he said. "I'm not going to direct staff to go into medical facilities to see what types of treatments they're giving patients. I don't think a medical facility would ever stand for that, so I think that would be challenged in court."

Eads said he's researched zoning ordinances across the state and hasn't found one yet that specifically mentions abortion clinics.

City council members met with Eads in a closed session last week. He will brief the planning commission at its Monday meeting, again behind closed doors; the topic isn't on the commission's agenda for any action to be taken.

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Stephanie Rosenwinge, who works at Bristol Women's Health, got this tattoo to commemorate her role this summer in a counter-protest against Operation Save America, an anti-abortion group. She went to Nashville with a group called the Jezebel Defenders, who wore matching T-shirts featuring the phoenix. Rosenwinge lives in Tennessee, and she wonders if she could get in trouble for helping provide abortions to Tennessee residents. But she says she's not worried: "Make me your martyr," she said. "My kids are grown. You want to take me to court? Have at it. I got nothing to lose. I am so passionate about this. This is so important to me." Photo by Megan Schnabel.

**'What do they think's going to happen next?'**



For now, little has changed at the clinic near the Bristol Casino. Patients come in a couple of days a week for abortions – mostly medical ones, Derzis said, as she needs to find more doctors to offer surgical options – and protesters follow. Even if the measure passes, Bristol Women’s Health would be unaffected unless Derzis wanted to expand.

Derzis said she doesn’t have a problem with the demonstrators, as long as they’re peaceful. “They have a right to do that in this country as long as they keep it in that range,” she said.

She and Adams have not shied away from telling their story. They’ve talked to journalists from Atlanta, Sweden, New Zealand; they’ve done interviews with Reuters and Voice of America and CBS News.

“Silence doesn’t do anything but continue bad stuff,” Derzis said. “It’s always worked for us to be open.”

Osborne, the vice mayor, said he’s not sure just how divisive the issue of abortion is in Bristol, despite the turnout at the Oct. 25 council meeting. From what he’s seen, it’s been a fairly small group of people – maybe 10 on each side – who have been regularly protesting.

“It’s not something that is generally on the forefront or on the top of minds of Bristol residents,” he said. “We’ve got a lot of other good things going on, a lot of other big, serious, consequential stuff going on that I think takes up a lot more oxygen in the discussion here.”

Eads, too, said his office hasn’t heard much about the clinic from residents.

“I’m sure there are people who feel strongly on both sides of the issue within the city of Bristol, but at least my office has not heard a significant number of complaints from people,” he said. “Or not only complaints, support.”

Rosenwinge disagrees with their assessment. “I think it is extraordinarily divisive,” she said. She remembers when the debate over the casino was raging a couple of years ago, and people would steal yard signs from their opponents. “That was very, very divisive. But nothing like this.”

She said she and other clinic workers and volunteers have had their personal information posted online, and she and her daughter both have been accosted in the parking lot at Food City.

She was never afraid when she was a clinic escort, she said. In fact, she’d draw the abortion protesters into yelling matches to pull their attention away from the patients.

But now that she's working inside the clinic, her perspective has changed, she said. "Being in here, and hearing Diane Derzis say that she's having people come out here to give her estimates on bulletproof glass ..." She trailed off.

She was surprised, she said, by the council's unanimous vote, considering the legal and financial problems that the city is already facing – it's being sued by Bristol, Tennessee, over landfill issues and is saddled with a significant amount of debt related to a commercial development that has been less successful than expected.

But she was amused by opponents' fears that one abortion clinic will lead to a proliferation of them.

"You don't open abortion clinics like McDonald's," she said. "You don't buy franchises. That's not the way this works."

Osborne said he's not worried that the clinic will hurt the city's growing tourism efforts.

"I don't necessarily see whether or not there's a women's health clinic as a driving factor on whether or not people are going to come to Bristol, or come to the region in general," he said. "The clinic had been on the Bristol, Tennessee, side for a very long time. That never stopped anyone from coming to the race or coming to Rhythm and Roots or anything like that."

He said he's pro-life but thinks the decision about an abortion has to come down to the person who needs it, and to their doctor. "I consider myself fortunate that I'll never have to make that decision, and so I don't tend to think that I would want to be involved in making those decisions for other people," he said.

Even if Eads were to tell the council that the Dillon Rule hurdles could be overcome – which he didn't think was likely – he said he probably wouldn't support the zoning change. "I think it's something that should be at the state level," he said.

Rosenwinge said she's been thinking about the ramifications of a council vote in favor of the zoning ordinance. Some people think drinking alcohol is a sin, she said – should Bristol declare itself a sanctuary city for the sober and forbid restaurants from serving beer? Or what about gambling – should Bristol become a sanctuary for ex-gambling addicts and kick out the casino?

"What do they think's going to happen next?" she asked of abortion opponents. "It's mind-boggling that they think that they're the only ones that are going to think of this."

But efforts to make abortion a local issue already have spread beyond Bristol.

In early September, after the Bristol clinic had opened but before the city council there had taken up the zoning issue, the Russell County Board of Supervisors unanimously passed a resolution declaring the locality to be a pro-life sanctuary. Tazewell County followed suit with a similar resolution three weeks later.

While those actions are largely symbolic – there are no abortion clinics in either locality, and the resolutions carry no law enforcement or regulatory authority – supervisors in Washington County, which surrounds the city of Bristol, recently voted to have the county attorney research a zoning change similar to what has been offered in Bristol. Hetzler said the board has reached out to him.

Hetzler said last week that he anticipates Eads will counsel the city against adopting the new ordinance. But he doesn't think that should stop the council from pursuing it.

“This is a purely political decision,” he said. “It’s a decision of political will on the part of the city council. They have the power to pass an ordinance or not pass an ordinance to do this. ... What we’ve sought to do is provide them legal guidance that assures them that they can, and we’ve sought to show them through our grassroots efforts that there are a lot of people in Bristol who support this. And therefore, as a political matter, they should.”

ECONOMY

# A 10-year pipeline of solar jobs in coal country?

*12 schools in Wise and Lee counties will soon be powered through solar energy, and their students are learning the trade in the process.*



by **Megan Schnabel**

August 17, 2022



Joshua Kraybill, project manager for Got Electric, has been working with a team of apprentices and electricians on solar projects at several Southwest Virginia schools, including St. Paul Elementary in Wise County. Photo by Megan Schnabel.

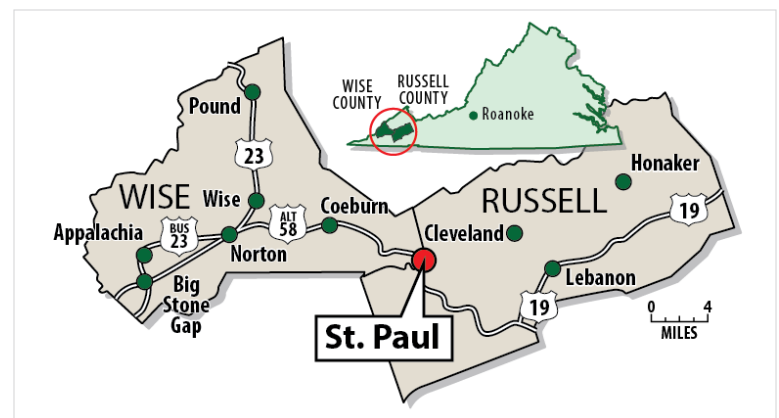
ST. PAUL – Matt McFadden can't help but think about his daughter as he watches the framework for a solar array rise on the roof of the elementary school in this Wise County town.

She's just 10, but her dad is already pondering her future, and whether she'll be able to find a job in the community that has been home to generations of his family.

The rooftop solar, part of a pilot project taking shape at a dozen schools in Wise and Lee counties, won't solve all of the problems in a region that has contended with declines in both population and jobs. But McFadden, who two years ago joined Secure Futures, the company that is developing the solar systems, believes that a turn toward renewable energy in Virginia's coalfields could both save taxpayer dollars and launch a steady stream of employment for the next generations of workers.

"I knew that solar would be slightly an uphill battle," McFadden said. "But when we frame it toward saving money and creating jobs, people love it, because we've lost a lot of jobs."

By the middle of next year, seven schools in Wise County and five in Lee County will be powered at least in part by solar energy through an initiative called Securing Solar for Southwest Virginia, according to program developers. Work is nearly complete at St. Paul Elementary and at Jonesville Middle – a delay in receiving the solar panels has put things slightly behind schedule – and crews are also working at Elk Knob Elementary in Pennington Gap.



Map by Robert Lunsford

All told, Staunton-based Secure Futures – which will own and operate the solar projects and sell the electricity back to the school divisions – expects that the dozen schools will save \$11.5 million in energy costs over the lifetime of the roughly two-decade power purchase agreements.

But the cost savings are just part of the plan.

Among the workers building and installing the solar arrays this summer were 10 Wise and Lee County high school students and recent graduates. They were paid \$17 an hour during an eight-week apprenticeship, and they earned nine stackable credit hours through Mountain Empire Community

College. Tools and gear were included, and they also received a stipend to attend a seven-day classroom component and money to help with gas.

Several of the apprentices who had finished high school were offered jobs with Got Electric, Secure Futures' electrical partner on the project, McFadden said. The program will resume early next year with another class of apprentices.

"I don't know another program where a 16-year-old kid can go out and earn college credits, six grand in pay in two months, and get the experience that they're going to get here," said McFadden, who graduated in 2002 from the old J.J. Kelly High School in Wise.

"I didn't have these opportunities when I was in school," he said. "This stuff didn't exist – you didn't have apprenticeship opportunities."

As coal jobs have declined in the region, schools have had to think about changing workforce needs – and, if they don't want kids to leave after they graduate, about how to prepare students for fields that have growth potential, said William Austin, who heads the Wise County Career-Technical Center.

"We've really tried to broaden our spectrum here in Wise County," he said. "We have to sort of take the pulse of the community and decide, hey, this is what we need to be working on to try to educate our students with those particular skill sets so that they can stay in our area and not have to leave our area to be employed.

"We've sort of had to reinvent ourselves in regard to what we can do, and what is available."

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St. Paul Elementary is one of a dozen schools in Wise and Lee counties participating in a pilot program that will provide them with renewable energy at a reduced rate, while also creating apprenticeships for county high school students. Photo by Megan Schnabel.

The idea for the school solar pilot grew out of conversations at a 2016 economic development forum at the University of Virginia's College at Wise.

A group got to talking about whether, and how, solar could be an economic catalyst for Virginia's coalfield counties, said Adam Wells of Appalachian Voices, which has been a partner on the solar initiative from the beginning.

The counties – Lee, Wise, Scott, Dickenson, Buchanan, Russell and Tazewell – have seen their population become smaller and older since the years immediately following World War II, as coal production became more mechanized and jobs have disappeared.

Lee County, for example, which counted almost 36,000 residents in 1950, had dropped to not quite 22,000 by 2021. Wise County had 56,000-plus residents in 1950 and about 35,600 in 2021.

Meanwhile, those populations have gotten older: The median age in Wise County is 41.6, up from 28.6 in 1980. The increase has been similar in Lee County: from 31.1 in 1980 to 45.4 today. The state's median age is 38.8.

Out of those talks in Wise grew the Solar Workgroup of Southwest Virginia, a collaboration among nonprofits, colleges, state agencies, businesses and others. Its mission: Develop a renewable energy industry cluster in the coalfield counties of Southwest Virginia.

The next year, the group released a "[solar roadmap](#)" that set out goals around developing sites for solar projects and expanding workforce development opportunities around the solar industry.

In particular, the group eventually asked, how could the region benefit from adding solar to rooftops?

They zeroed in on public buildings like schools and government facilities, Wells said, for a couple of reasons: Those places tend to be at the center of a community and are highly visible. And any cost savings would be passed along to local taxpayers.

A key to making the plan work was a mechanism called a power purchase agreement, or PPA. Under such an agreement, the customer – say, a school – can buy renewable energy without having to pay hundreds of thousands of dollars or more to build a solar array. The solar developer pays for and owns the installation, and then sells the electricity back to the customer.

The structure also allows schools and nonprofits to take indirect advantage of federal tax credits for solar panel purchases, which they wouldn't otherwise be eligible for. Under a PPA, the solar developer gets the tax advantage and can pass the savings along in the rate structure.

But state law – and, in some places, existing utility contracts – limited the amount of solar energy that could be generated and sold through PPAs.

The General Assembly in 2013 had [created a pilot program](#) that allowed for PPAs in Dominion Energy's service area, up to a 50 megawatt cap. Interest from school divisions and others quickly followed, and by the beginning of 2020 Virginia was ranked among the Top 10 states for installed solar capacity at schools, according to Generation180, a Charlottesville-based nonprofit that advocates for solar energy.



By the start of 2020, 89 schools in Virginia, or 3% of the state's K-12 schools, had some kind of solar, [Generation180 reported](#). The 50 megawatt cap had been hit, and no new PPAs were allowed.

*[Disclosure: Dominion is one of our donors but donors have no say in news decisions; [see our policy](#).]*

School-based solar was moving much more slowly in other parts of the state. In 2017, the PPA pilot had expanded to include Appalachian Power, but existing contracts between the utility and public customers like school districts continued to limit access to PPAs.

The marketplace opened up further in 2020 with passage of the Virginia Clean Economy Act and the Solar Freedom Act, raising caps on the amount of electricity that could be sourced through PPAs and creating a PPA pilot program for Old Dominion Power, which serves parts of the coalfields. The next year, Appalachian reached a new deal with customers that cleared the way for PPAs in its territory.

With the regulatory path finally open, the Solar Workgroup in the fall of 2020 launched Securing Solar for Southwest Virginia, a partnership that includes Appalachian Voices, Mountain Empire Community College and Secure Futures.

McFadden, who joined Secure Futures in 2020 after moving back to Wise County from Charlottesville, hit the road, making presentations about the solar initiative to school districts across the region.

Wise County, he said, had been looking at solar for “a long time,” and once the roadblocks had been cleared the county jumped at the opportunity.

“Wise was the star in the dark, if you will – they were the first to go,” he said.

“When we first started this project, coal was the dominant industry here for decades,” said Greg Mullins, who retired as the county's schools superintendent in late June. “It's had a real positive impact in many ways on this area. But I think we've reached a place as a nation where we're going to have to have a lot of different energy sources. We're already seeing it.”

It takes a lot of energy – and, thus, money – to keep a school running, he said, and this is a way to defray some of that cost.

His board has been receptive to the idea of solar since the beginning, he said. The division started talking to Secure Futures at least three years ago; initial conversations about solar went back even further.

He can understand the reluctance among some school divisions to embrace solar. “Coal has driven this bus for a long time,” he said. “We wanted to ease into it and talk about all the reasons we think it’s a good thing. We’ve always stated that we think there’s room for lots of different energy sources, this being one of them.”

Wise County signed a 20-year power purchase agreement. Lee County soon came on board as well and inked a 25-year deal.

The chance to get new roofs on three aging schools as part of the deal was attractive, said Mark Long, head of career and technical education in Lee County. So was the workforce development angle.

“I have worked and worked to get internships the whole time I’ve been here, which has been like five or six years,” Long said. “But we have a lot of mom-and-pops. We’re rural, and it’s so hard for me even to get job shadowing.”

The opportunity to place multiple students in paid apprenticeships helped make the program a great fit, he said.

The workforce development piece of the pilot program, including the apprentices’ pay and training, was funded with about \$250,000 from the Virginia Coalfield Economic Development Authority and \$50,000 from Secure Futures, Wells said. Mountain Empire Community College in Wise County is a training partner, and there’s a place in the project for Southwest Virginia Community College in Tazewell County as soon as public school divisions in its service area join up, he said.

Wells believes that interest in these kinds of solar projects will only grow with passage of the federal Inflation Reduction Act, which will provide new and expanded renewable energy tax credits, including more incentives for smaller-scale solar installations.

If demand blossoms, more legislative and regulatory debates are likely, as caps still exist on how much power can be generated through PPAs in Virginia.

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Ten apprentices — including, from left, Anthony Hamilton, Zackary Phipps, Noah Mullins and Isaiah Meeks — spent the summer working on solar installations at schools in Wise and Lee counties. All of the apprentices, who were either current high school students or recent graduates from the two counties, were paid for their work and also earned credits from Mountain Empire Community College. Photo by Megan Schnabel.

On a hot afternoon in late June, the four apprentices working at St. Paul had sought shelter from the sun under a tent near their job site trailer.

The work can be hot, and climbing up and down from rooftops can take some getting used to, they acknowledged.

But the payoffs have been substantial, they said.

“I’ll be honest: The money kind of started it out,” said Isaiah Meeks, who has one more year of high school to go. “And then once I got into it, I realized it was a lot more interesting than I initially thought

it was going to be.” He said he’d learned to use tools like pipe threaders and corded bandsaws, and that day he’d started bending conduit.

Noah Mullins, who graduated in May and said he’d probably be working at McDonald’s if not for the apprenticeship, agreed. “Seventeen dollars an hour is a big benefit to help you get on your feet,” he said. “It’s the main reason I did it.”

It turned out to be engaging work. “Anything they do, they instantly show us how to do it,” he said of the electricians who work alongside the apprentices. “If we want to do something, we can.

“This is a once-in-a-lifetime opportunity, what they gave us,” he said. “It’s great money, it’s a good opportunity to get on your feet and actually start whatever you’re going to do in life.”

The work has both construction and electrical components. The apprentices, who all earned OSHA certification and previously had taken classes through their schools’ career and technical education programs, learned how to build the racking systems, and then transitioned to working directly with the electricians on the team, bending and threading conduit and mounting equipment.

Patricia Morrison, director of the Division of Registered Apprenticeship in the state’s Department of Labor and Industry, said interest in apprenticeships seems to be rebounding after a COVID slowdown.

“People are ready to get out and start something new,” she said.

At any given time, Morrison’s office is working with between 2,000 and 3,000 employers and close to 12,000 apprentices. Many of those are adults who might be in multi-year programs. But the state launched a youth apprenticeship program in 2017 to work with high school students, and it’s slowly catching on, she said.

Morrison believes that apprenticeships can help students take control of their own career choices. Instead of just attending whichever college their parents pushed them toward, these students learn to take calculated risks and make decisions for themselves, she said.

“It’s how they start adulting, really,” she said. “They’re not treated any differently than any other employee. If they’re going to mess with their phone and come in late, they may very well lose their job.”

And with their emphasis on real-time, on-the-job learning, she said, apprenticeships give employers workers who have the most up-to-date training available – and who might be inclined to stick around

on a full-time basis once their training is complete.

Joshua Kraybill, Got Electric's project manager for the Southwest Virginia solar sites, understands that not all of the apprentices see this as the start of a career – some just wanted a good-paying summer job.

“And that’s fine,” he said. “But there’s also a handful of guys who say, ‘Hey, I really like this.’” They’ve shown initiative, he said – watching the electricians work when they have some down time, seeking out more tasks and more instruction. These are the ones, he said, who might be hired on as helpers when their apprenticeships end.

Even if they don’t stay in the solar industry, they’re getting valuable experience in electrical work, Kraybill said.

“There’s great money in the trades – plumbing, electrical, all of that,” he said. “There’s such a huge shortage. If this at least turns them on to that, and they say, ‘OK, maybe not solar, but I would like to do industrial electrical work, or residential, or commercial electrical work’ – this can open up that door for them and they can earn very, very well for themselves.”

The Bureau of Labor Statistics put the median hourly wage for solar installers in Virginia at \$21.96, or \$43,280 a year, as of May 2021. For electricians, it’s \$27.81 an hour, or \$58,560. The median household income in Wise County, meanwhile, is \$41,285; in Lee, it’s \$35,006.

“They can work anywhere in the country,” Kraybill said. “And so hopefully this, at the end of the day, is a launching pad for them.”

If all goes according to Secure Futures’ plan, there will be plenty of work to keep the apprentices busy in their own backyard. If the company can spread the solar gospel to schools throughout the region, all the way up the Interstate 81 corridor, that could mean 10 years’ worth of installation jobs, McFadden said. The company also plans to launch a subsidiary, Lonesome Pine Solar, that would be partly owned by Secure Futures and partly by local interests. It eventually would branch out to small commercial solar jobs, and possibly residential and shared solar projects, he said.

“This has been a real challenge for students coming out of schools here in Southwest, especially someone in a highly trained program, like an electrician,” said Tony Smith, president and founder of Secure Futures. “Many of them find they have to move out of their community. So what we’re trying to establish here is a pipeline of solar projects, starting with these projects with Wise and Lee county.”

McFadden understands the place of honor that the coal industry has long held with some of his neighbors. He never worked in a mine – he got his underground mine card but never used it – but he has family and friends who went that route.

“I do believe we can create a small industry and an extremely long pipeline to fill out some of the job needs,” McFadden said. “But I don’t think that it goes with destroying coal. ... We’ve always been a producer of energy here in Southwest, and I think it’s a good heritage to keep moving forward.”

McFadden moved away from Wise County to find work that would have more potential for advancement. But it didn’t take him long to come back, and today he lives in the same house where he grew up.

“Southwest Virginia’s been experiencing population decline for the last 15 years,” he said. “Anything we can do to draw folks in, to keep them here and give them a good life, a good paycheck – that’s what it’s about. Trust me, I left the area looking for something else, and I’ll never do it again.”