



The Communiqué

Southwest Virginia Chapter
Military Officers Association of America



A Five-Star Chapter

VOLUME 14 NUMBER 1

ROANOKE, VIRGINIA

JAN-FEB-MAR 2022

MOVING FORWARD IN 2022

President's Corner

It's 2022, and the pandemic phase of COVID-19 looks to be ending for most locations, unless a significant and severe new variant emerges. After a miserable two and-a-half years, alternating between lockdowns and new outbreaks, life can finally begin returning to normal. But it will not be the old normal. It will be a new world, with a reshaped economy, much as war and depression reordered life for previous generations. The future is unknowable. But the pandemic increasingly looks like one of the defining events of our time.

The course of the virus itself will play the biggest role in the medium term. If scientific breakthroughs come quickly and the virus is largely defeated this year, there may not be many permanent changes to everyday life. On the other hand, if a vaccine remains out of reach for years, the long-term changes could be truly profound. Any industry that depends on close human contact would be at risk. Prospects for the rest of the year and beyond hinge on the questions of whether and when future variants will emerge.

During the past year the Southwest Virginia Chapter conducted Board and membership meetings via ZOOM. While somewhat successful in most cases there were a number of instances where we faltered. Members signing onto the ZOOM meetings were 25 to 50 percent lower than in person meetings. Technical issues also proved to be an issue with some members unable to connect to ZOOM and one meeting was cancelled due to technical connection problems. Comments from members indicated they missed the camaraderie with in person meetings and did not care for the ZOOM meetings.

Looking ahead and planning for 2022 the Board of Directors decided to resume in person chapter meetings. Meetings in January, February and March were well attended with very interesting programs. Comments after each meeting were, "We are glad to be back with in person meetings". Coming on 21 April 2022 the program will be by Ms. Ginny Ayers on her experience as an historian and author about Mother Jones, an Irish-born American school-teacher and dressmaker who became a prominent union organizer, community organizer, and activist. She helped coordinate major strikes and co-founded the Industrial Workers of the World. She was called "the most dangerous woman in America" for her success in organizing mine workers and their families against the mine owner and the mining wars in West Virginia. On 9 May 2022 the chapter will host an in person outing catered by Mission BBQ at the American Legion Post 3 on Apperson Drive.

With the COVID-19 pandemic restrictions, participation of the various high schools, Civil Air Patrol units and universities in the MOAA JROTC and ROTC Medal Award program, the Chapter Archer Award and Leadership Scholarship Award programs were diminished. Requests for nominations were forwarded to the various units but only a few nominations were received. The chapter processed the nominations received and forwarded the awards to the units for presentation as best they could. There were several ZOOM award presentations and pictures were received of the recipients being presented their awards.

With restrictions being lifted the Chapter Awards Chair, LTC Bob Habemann has begun sending out requests for the award nominations. Hopefully where possible, Chapter volunteers will be requested to again personally present the awards.

Greetings. Thank you for your trust and confidence in electing me as president of our chapter. Firstly, I



need to thank our past president CDR Lee Ensley USN (Ret.) for doing an outstanding job during his tenure at the helm and lead-

ing all of us throughout the pandemic where we met virtually over ZOOM. Lee gave me a great turn over and a well oiled organization that I am proud to be a member of. To paraphrase what my old XO used to tell me, "Matt don't mess it up".

For those who do not know me, I started my military carrier as an Enlisted Sailor in the nuclear Navy. While in my final phase of nuclear power training I was selected for a commissioning program and received my commission in 1987. I was selected for training as a Naval Flight Officer and earned my wings in 1988. My first operational duty station was with Patrol Squadron 40 in Moffit Field CA flying as a Navigator in the P-3 Orion Maritime Patrol Aircraft. It was here I qualified as Tactical Coordinator and Mission Commander.

My other operational tours were: Catapult and Arresting Gear Officer (Shooter) on USS Kitty Hawk (CV-63). Department Head

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2022 OFFICERS AND BOARD OF DIRECTORS

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tour in Patrol Squadron 46 where I was the Maintenance Officer. I did my XO/CO tour in Tactical Air Control Squadron 22 where I worked with and supported Amphibious Squadron 4 and Marine Expeditionary Unit 24. My last operational tour was as Navigator of the USS Enterprise (CVN-65).

For shore duty I served on several staffs: My first shore tour was at the Bureau of Naval Personnel in Washington DC. Then on to Commander Patrol and Reconnaissance Wing X, Headquarters U.S. European Command, Naval Forces Central Command, and the Defense Security Cooperation Agency. My last tour was as the Senior Line Adjudicator on the Naval Department's Physical Evaluation Board which is where I retired after 32 years of Naval Service. I also attended the Naval War College and enjoyed a year in Newport RI.

Well enough about me. I am happy that we were able to make the decision to go back to meeting in person. It has been great to be able to see and speak with members at our meetings and to be able to personally thank our presenters. I have also enjoyed meeting some of our new members that joined while we were meeting over ZOOM. I hope to meet more of you over the rest of the year. As you may or may not know, not all of our meetings are over the lunch hour. We do have a few evening meetings and the board is looking at scheduling these again in the fall when we come back from our summer break. So if the lunch hour meetings do not fit your schedule hopefully we will get to see you at an evening meeting.

We are also planning a picnic outing for our May meeting and will be inviting all of the presenters who gave ZOOM presentations to attend so we can meet with them and thank them for their time and effort supporting our chapter.

As in any volunteer organization we are only as good as our members. We are lucky to have a dedicated board of directors. However, many of our board members are doing several jobs. If you would like to serve please let me know. Not all of the jobs require large amounts of time but all are important to the smooth running of the organization. One of the areas we could really use some help with is public affairs. We are not looking for a full time public affairs officer but someone to help out with some of the duties such as putting meeting notifications in the local paper along with a brief write up on what will be presented. Again, thank you for the privilege of leading our chapter and I hope to meet more of those I have not met at our upcoming meetings.

Sincerely,

Matthew Haag
CAPT USN (Ret.)
President

THE MILITARY FAMILY SUPPORT CENTER NEEDS YOUR HELP

In Roanoke and the Southwest Virginia area there is a Military Family Support Center (MFSC), a 501 (c)(3) organization, founded around 2005 to identify and satisfy essential morale, welfare and other needs of service men and women of the Active Component and Reserve component (Federal Reserves and National Guard) of the Armed Forces located in areas remote from military installation, as well as military veterans.

Over the years the MFSC has operated out of various facilities where office and storage space were provided with little or no cost to the MFSC. Operational funds were obtained through various grants and local donations. At times there were paid and volunteer staffs to handle the various operational requirements.

- DIRECTORS**
- COL Robert F Brown USA (Ret)
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VIRGINIA TECH-CARILION SCHOOL OF MEDICINE

On Thursday 20 January 2022 the Southwest Virginia Chapter held its first in person chapter membership meeting in over a year. The program on the Virginia Tech-Carilion School of Medicine was presented by Mr. Ron Bradbury, Director of Admissions. As director of admissions he supports the operations and logistics necessary for translating several thousand applicants to the medical school into approximately 50 being enrolled annually into the medical school. This involves managing prospective students and applicants through a multiple mini-interview process to enhance community engagement. The process:



Nationally in 2021-2022 there were 62,443 applicants to medical schools averaging 18 applications for a total of 1,099,486 applications. Of that number 22,666 matriculated for an average of 36%. For the Virginia Tech-Carilion School of Medicine class of 2021-2022 there were 6,915 applicants. Of that 288 were interviewed and 49 were selected. That's 0.7% of applicants. The process includes: Staff screens applications and invites to interview followed by volunteers and admissions committee physicians interview of applicants with the final admissions committee selecting the class. The medical school staff then manages the operations/logistics and hand over to the medical school each summer. The school of medicine educational model is collaborative, not competitive with guided group instruction and research-focused. They are looking for smart scientist-students, nice people and physician thought-leaders/physician-scientists.

The interview process, the Mini Medical Interview (MMI), is situational, decentralized, rubric-based scoring as an integral component of the selection process. A not so subtle hidden agenda in the selection process is to sell the Roanoke area and all it has to offer and to sell the Virginia Tech-Carilion School of Medicine..

From the application process the Virginia Tech-Carilion School of Medicine obtains important insights into the applicants. In addition the applicants gain important insights into the Roanoke valley community. Volunteers doing the MMI are reminded that there is still good in the world.

A volunteer for the MMI process includes training usually in the summer. Volunteers usually have one interview per year minimum on a Saturday or Tuesday. The process goes from 0830 to 1530 hours. Individuals lead one interview, listen to two and submit scores for all three for a total of eight applicants. The MMI is virtual for now but may go in person in the future. The format for the process is the same virtual or in person.

Want to volunteer to be involved with the MMI interview process? Contact Ron Bradbury at RBRAD451@VT.EDU.

Southwest Virginia Chapter Awarded the 2020 Five Star Chapter

Colonel Marvin J. Harris Communications Award



This award is based on the 2020 calendar year recognizing the chapter for its exemplary communication efforts, "Newsletter" and "Website" in communicating with its members and the community. Since 2014 the chapter has been awarded (7) Five Star Awards for newsletter and (6) Five Star Awards for Website. There was no submission for the website award in 2019. The Communication award submission for calendar year 2021 was submitted to MOAA on 10 January 2022.

MOAA on 10 January 2022.



MOAA's Never Stop Serving Podcast tackles issues you care about most: your pay and benefits, health care, career transition tips, and more. Each week, host [Lt. Col. Olivia Nunn, USA \(Ret\)](#), talks with currently serving officers, veterans and veteran service organization leaders to provide expert guidance and insights. Each episode can be streamed below, or access the podcast on [Apple Podcasts](#), [Spotify](#), [Amazon Music](#), [Google Podcasts](#), [PodChaser](#), or [TuneIn](#). Check back for even more platforms!

MEMBER PROFILE

Nancy Harms grew up in Bismarck North Dakota. During her senior year at Jamestown College, she went on a Navy medical recruiting trip to Portsmouth Naval Hospital, which changed her future course. Upon graduation with BA's in Nursing and Sociology, she started her first tour at Oakland Naval Hospital in CA. Next came tours at Charleston, Philadelphia and Guam Naval Hospitals, working in ICU, ER, OR and clinics. She was able to pursue her passion for travel, visiting Europe, Australia, New Zealand, Hong Kong and Saipan, to name a few. Unique for Navy Nurses at the time, she also was able to experience a weekend afloat on a Fast Frigate and a day in a fast attack submarine down in the Marianas Trench!



Nancy had picked the Navy as her first choice thinking oceans and water were a better choice than "Why Not Minot" (Air Force Base). To her surprise, her next duty station after Guam was medical recruiting out of Fargo ND, covering three states. Recruiting offered new rewards, with travel and finding new eager applicants. One of her fondest memories was commissioning two new nurse Ensigns at Minot State College in front of a crowd of Air Force people that roared when the Ensigns gave their first salute to the Master Chief and passed the honorary silver dollar. Her final duty station was OIC of Pinetumare Naval Branch Clinic north of Naples Italy in the family housing community.

She continued to travel, of course, and made lifelong Italian friends who introduced her to wonderful Italian cooking experiences. While in Italy, she completed a Masters Degree from the University of Oklahoma, and experienced her graduation ceremony in Heidelberg Germany. Nancy relocated to the Naval Hospital in Naples, where she acted as the Assistant Director of Nurses. She retired in 1998 with the rank of Lieutenant Commander. Nancy's next adventure was ironically thanks to the TROA job search book. She moved to Chatham VA with Hargrave Military Academy as the Director of Infirmary. Working with the Marines and affecting change in the lives of young people was very rewarding as many went on to military academies, the NBA and the NFL.

After 7 years, she opened her own Veteran Owned, Woman Owned business, Patriot Drug and DNA Testing, in Roanoke. After her divorce, Nancy started at the Virginia Veterans Care Center as the Director of Quality Assurance and Regulatory Compliance. As well as acting as Director of Nurses, she implemented the facility's Electronic Health Record, was the liaison to the VAMC and was on the board of the Roanoke healthcare coalition NSPA. She retired this past May after 12 years at VVCC.

Nancy is a member of the local American Legion post, past president of the state's Navy Nurse Corps Association chapter, board member of her HOA and a volunteer with "Vittles for Veterans". She enjoys travel, wine and cooking Italian. She is an avid reader, which she shared with her mother who passed in December after achieving 102 years. Her brother, who was a retired Master Chief Petty Officer in the Coast Guard, passed three years ago, leaving her only family now located in Oregon.

Welcome Nancy. Were excited to have you aboard as a member of the Southwest Virginia Chapter.



**2303 Williamson Road, NE
Roanoke, VA 24014**



CARILION CLINIC LIFE-GUARD AIR MEDICAL SERVICE

On Thursday 17 February 2022 the Southwest Virginia Chapter membership meeting held at the Hidden Valley County Club featured a program presented by Ms. Susan M. Rivers, Director of the Carilion Clinic Life-Guard Air Medical Service. Founded in 1981 as the first air medical service in Virginia, Carilion Clinic Life-Guard operates three Airbus EC-135 air medical helicopters covering over 15,000 square miles. As Virginia's first air ambulatory service, Carilion Clinic Life-Guard provides 24-hour transport for the entire state of Virginia, as well as parts of West Virginia, North Carolina and Tennessee. A specialized fleet of helicopters operates out of three bases throughout the state, providing fast emergency access to Western Virginia's regional Level I Trauma Center at Carilion Roanoke Memorial Hospital.



Chapter President CAPT Matt Haag and Ms. Susan Rivers

Ms. Rivers shared her background as a Trauma ICU and ER nurse prior to becoming a flight nurse. She progressively developed her leadership skills with additional roles in critical care ground, fixed-wing, rotor-wing, and the communications center over a 10 year period, during which time she also earned her BSN and her MBA from Averett University. In 2005, she transitioned into her current position as the program director of Carilion's three-helicopter program and the neonatal-pediatric transport team. She is a strong advocate of safety, achieving the nation's first FAA approved "Incapacitated Pilot Procedures" for medical flight crew, "Best Practice" recognition of Crew Wellness initiatives, and legislative changes to Virginia Code for Drone Safety. She is equally as passionate about crew morale and engagement as noted through externally validated tools, exceeding industry averages each year. One of Susan's proudest accomplishments to date is her team's achievement of being selected as the national Association of Air Medical Services Flight Program of the Year in 2018.



Ms. Rivers showed several videos featuring the pilots, medical personnel and mechanics who introduced themselves, provided their backgrounds and shared their reasons for working with the Life Guard Air-Medical Service. She also shared experiences of patients and EMS personnel who used the air medical services during crisis moments. There were many questions posed by those in attendance with many sharing either their own experience or experiences of friends or relatives. The questions from the group were thoughtful and touched her heart. She said that it was very helpful to hear that level of appreciation for the Life Guard Air-Medical Service.



Want to learn about MOAA, Major Legislative Accomplishments and learn how MOAA's advocacy work has made a difference? Check out the MOAA web site at MOAA.org. Learn about Councils and Chapters, Publications and Reports, News, the Military Officer Magazine, Videos, Newsletters, NEVER STOP SERVING PODCAST: The latest updates on issues important to you.

Chief Lays Out Army Role in the Future Fight Across the Globe

By [Todd South](#)

The Army wants to be in both the front yard and backyard of every major adversary, inside its weapons ranges with nimble new platforms and units, acting as the pivot point and deciding force in any conflict in which the U.S. may be involved, from small skirmishes to large-scale combat.

The service's top general expects his Army to deliver a force package purpose-built around the Army's transformation into a multi-domain warfighting organization.



General James C. McConville

Army Chief of Staff James C. McConville lays out his plan to get the Army to that goal by 2035 in an unclassified paper, "Army Multi-Domain Transformation." "The Army is boldly transforming to provide the Joint Force with the speed, range and convergence of cutting-edge technologies that will be needed to provide future decision dominance and overmatch for great power competition," he said in a statement. He sees the new approach as viable, whether on a Pacific island or in the center of the European continent, because it presents "a key operational problem for adversary sensing and targeting." "Put simply, land forces are hard to kill," McConville wrote.

The paper references the U.S. Indo-Pacific Command specifically, noting the need for Army forces to be inside the region's first island chain, which sweeps down from Japan to Taiwan, along the western edge of the Philippines to the northern portion of Indonesia.

There, the Army expects to have in place light multi-domain forces with operational and strategic range fires, including anti-ship, anti-aircraft and surface-to-surface missiles. But the paper also includes efforts that span the globe to put the Army into the mix of the fight, wherever it might arise. "The Army scenario will be global in focus. Peer adversaries are global actors that have global pressure points," McConville wrote. The paper highlights the Army's "Global Landpower Network," which stretches across the continents with alliances and treaties, partner training, counterterrorism, communication networks, missile defense emplacements, partnership programs and ongoing security and combat operations. New formations — and adjustments to existing formations — feature prominently in the next wave of Army priorities.

The five active-duty security force assistance brigades have their alignments, one to each of the combatant commands, and a sixth, an Army National Guard SFAB, will reinforce them or take on additional missions. A multi-domain task force focused on the Pacific and headquartered in Joint Base Lewis-McChord, Washington, is one of five planned MDTFs — two for the Indo-Pacific, one for Europe, one for the Arctic and one for global response.

The Army has already regionally aligned its corps headquarters, and by next year all of its divisions will be similarly aligned. More region-specific work is forthcoming as the Army develops plans with the geographic combatant commanders, as it did with the 2020 calibrated force posture approach it took in "Transformation of Land Power in the Indo-Pacific."

But Cold War-era big bases at the doorstep of Russia or China are not what's envisioned for an Army presence.

The Army looks to provide "scalable and tailorable" forces to meet any threat in any theater.

Those forces must be highly mobile, survivable and unpredictable, according to the transformation plan. That will require "turn-key or warm start sites" that let the Army maneuver "without incurring the cost and host nation imposition of traditional basing or permanence." The paper does not spell out specifics of what that might look like, instead describing the posture as ready to "host low-signature forward capabilities on a more ambiguous, distributed and difficult to target infrastructure."

McConville and his headquarters are leaning on recent joint wargaming for their decisions. Though the details are not shared in the unclassified paper, the outlines it shares show that multi-domain operation concepts have been successfully used in the wargames and the value of using "inside forces" that are ready before a conflict emerges.

The paper describes how the multi-domain approach will be used in three major phases: competition, crisis and conflict. In competition, the Army must remain operationally available but at the same time expand its land power network through existing and new ally and partner relationships, assured power projection, which includes building theater sustainment.

If a crisis arises, the Army must be in constant contact in all domains, giving joint commanders continuous surveillance and reconnaissance.

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By having its formations already in place, the Army expects to threaten adversaries with the ability to escalate the encounter and impose costs that would cause them to consider the risks before making any moves.

With its new approach, the Army expects to be in theater so that it can sustain the fight, building faster, more survivable sustainment nodes by 2035. Leaders also want systems to give them deep-strike and overmatch capabilities that would emerge victorious in any potential large-scale combat scenario.

One of the more detailed sections of the paper covers how all of these moves will expand the battlespace.

That expansion gives the Army a way to maneuver both inside and outside of the immediate contact layer with an enemy, according to the paper.

The inside forces will be poised to run ongoing cross-domain maneuvers, allowing forces to flank and turn, repositioning themselves at an advantage.

“Army forces in distributed forward positions will attack by strikes and raids across intra-theater lines of operation to create operational mobility corridors,” according to the paper.

At the same time, the Army plans to keep enemy backup forces from the fight through a multi-domain attack, allowing additional joint forces to come in for the knockout blow.

But that’s not all.

“... the Army will provide ‘outside forces’ at the strategic and theater-level that will have the capability and capacity to secure global key terrain, strategic chokepoints, lines of communication, threaten an adversary strategic flank, or hold their interests at risk,” according to the paper.

MILITARY TREATMENT FACILITIES ADDING QR CODES TO PRESCRIPTION PACKAGING

By: Karen Ruedisueli

MARCH 16, 2022

Throughout 2022, military treatment facility (MTF) pharmacies will be replacing printed monographs or [MedGuides](#) (the paper medication guides that come with many prescription drugs) with QR codes on prescription packaging. Patients can request a paper copy if they prefer the printed version.



Benefits of switching to QR codes for drug monographs include reduced use of paper, increased privacy of patient information, and the ability to share more robust information in a variety of formats to best meet patient needs. Scanning the QR code will open a web link allowing patients to access prescription information sheets, brief informational videos, tools to help remind you to take your medication, and the ability to share information about your medication with family members, caregivers, or health care professionals.

The use of [QR codes](#) has exploded during the pandemic as establishments switched to digital options for everything from restaurant menus to real estate listings to MOAA's Legislative Action Center (code pictured). Most mobile phones have a QR code reader integrated into the camera. To access drug information, open your phone’s camera and point it at the QR code on your prescription vial from about 6 inches away. It will scan automatically and provide a link to additional information.

[QR CODE HELP: [iPhone](#) | [iPhone/Android](#)]

MOAA supports efforts to modernize MTF pharmacy services, and we appreciate the Defense Health Agency has maintained the option of printed prescription drug information for those who prefer to receive a printed copy.

Air Force pharmacies began implementing QR code technology in 2019, so some MOAA members already may have encountered QR codes on their prescription vials.

Your MTF pharmacist is also a resource for information about your prescriptions. Patients are still encouraged to ask their pharmacist any questions they may have about their medications.

MY STORY-MY LIFE FROM KOREAN ORPHANTO DISTINGUISHED PHYSICIAN AND MILITARY VETERAN

On Thursday 17 March 2022 the Southwest Virginia Chapter held an in person membership lunch meeting at the Hidden Valley Country Club. The program was presented by Dr. Estelle Cooke-Sampson about her life experiences as a Korean orphan and distinguished physician and military veteran. In telling her story her persistence and determination to further her education and



be of service to mankind was evident in her remarks as well as her life experiences. In response to questions from the audience it was evident that her passion in life is about serving underserved communities and helping to develop future health care providers.

Dr. Estelle Cooke-Sampson was born in South Korea. She was adopted from St. Paul's orphanage by a military family from Washington DC. Dr. Cooke Sampson grew up in SE. DC and graduated from Anacostia High School. Upon graduation, she attended Union College and majored in Biology. She was a recipient of the Federal Department National Junior Fellowship Award, which granted her the opportunity to work for several federal agencies. Continuing her passion for the sciences and medicine, Dr. Cooke Sampson pursued an MD at Georgetown University. During medical school, Dr.



Cooke Sampson was presented with the opportunity to join the National Public Health Services. Dr. Cooke Sampson served in the National Public Health Services for three years obtaining the role of Medical Director in a free-standing clinic in Delaware. Dr. Cooke Sampson returned to the DC area to complete her residency and fellowship in diagnostic radiology at Howard University. While a resident, Dr. Cooke Sampson joined the Army National Guard as a member of the 115th Mobile Army Surgical Hospital (MASH) unit. Continuing to serve, Dr. Cooke Sampson completed her residency and joined a private practice. After three years, she became a partner. While a partner she was also a director of another free-standing clinic serving the underserved in Washington DC. After leaving the private practice she went to serve as the Chairman at St. Mary's Hospital. After several years, Dr. Cooke Sampson returned to Howard University Hospital to become section chief of women's imaging in the Department of Radiology.

Throughout her time serving in the MASH unit, Dr. Cooke Sampson was deployed serving during Desert Storm and Desert Shield. Dr. Cooke Sampson entered the service as a Captain and quickly rose to the rank of a Colonel. As a Colonel, Dr. Cooke Sampson led her unit to several international and national missions including to South Africa, Belize, Jamaica and South Dakota. In 2014 after over 32 years in the military, Dr. Cooke Sampson retired as a Brigadier General. Dr. Cooke Sampson continues to be passionate about serving underserved communities and helping to develop future health care providers. During the Covid-19 pandemic, the Army was requesting volunteers to support mission essential health services and Dr. Cooke-Sampson answered the call. Dr. Cooke Sampson returned to Fort Campbell, Kentucky serving in the Department of Radiology as a diagnostic radiologist providing services for breast care. After the deployment in Kentucky, Dr. Cooke Sampson served another six months with DC Health. Presently she is on staff at the Veterans Affairs Hospital in Washington D.C. and is the Medical Director of Physicians Assistant Program at Howard University Hospital.



COL Thomas Dalzell, MAJ Foster Covington, Dr. Estelle Cooke-Sampson

17 MEDICAL CENTERS WOULD CLOSE UNDER PROPOSED VA REALIGNMENT

15 March 2022

Editor's note: This article by Patricia Kime originally appeared on Military.com, a leading source of news for the military and veteran community.

The [Department of Veterans Affairs](#) has unveiled a plan that calls for closing 17 aging or underused medical centers, while shifting services to more than 30 new or rebuilt hospitals. In some cases, it would rely on private care.

Under the [nearly \\$2 trillion proposal released Monday](#), the department would lose a net of three medical centers and 174 outpatient health clinics but would gain 255 health care facilities, including new clinics, stand-alone rehabilitation centers and nursing homes. Medical centers in areas with diminishing veteran populations are among those slated to close, while others would be built in growing urban centers, the West and the South -- areas where veteran populations are growing.

[FROM MOAA: [What Does the VA Facility Realignment Plan Mean for Veterans' Health Care?](#)]

The recommendations, which represent the VA's vision for future health care delivery to more than 12 million veterans in the next 25 to 50 years, are the first step in an asset and infrastructure review required by Congress in 2018. The infrastructure modernization proposals will be reviewed next by an independent commission, which will provide its own input. The final plan must be approved by Congress before being enacted. Already, lawmakers are weighing in on the recommendations. Sen. Jon Tester, D-Mont., who chairs the Senate Veterans Affairs Committee, issued a statement Monday noting that a nursing home and two clinics would be closed in his state. He called any "efforts to kneecap veterans health care ... a non-starter." "I will fight tooth and nail against any proposals that blindly look to reduce access to VA care or put our veterans at a disadvantage," Tester said. Illinois Rep. Mike Bost, the ranking Republican on the House Veterans Affairs Committee, said he looks forward to seeing the commission complete its work, adding that "retaining the status quo is not an option."

[RELATED: [MOAA Testifies Before Congress on Top Priorities for Veterans](#)]

"For far too long, VA's infrastructure has been slowly crumbling. Veterans in every corner of the country deserve better," Bost said. VA Secretary Denis McDonough described the current VA medical infrastructure as unable to meet the health needs of today's veterans. Many of its facilities were built in the early to mid-20th century and cannot accommodate modern technology or are inappropriately structured for the population they serve, he said. "If we implement these recommendations, nearly 150,000 more veterans will have primary care nearby; 200,000 more would have mental health care nearby; nearly 375,000 more vets will have outpatient specialty care nearby; and all the care will be delivered in modern state-of-the-art facilities," McDonough said during an event last week with the Rand Epstein Family Veterans Policy Research Institute. Under the plan, 17 medical centers in 12 states would close, 18 in 16 states would be completely replaced, and 13 new centers would be built in 11 states.

[RELATED: [VA Vet Centers Need Longer Hours and More Promotion, MOAA Tells Congress](#)]

Of the 17 slated for closure, three are in New York City or its suburbs, including Castle Point, Manhattan and Brooklyn. Two each are in Pennsylvania (Philadelphia and Coatesville), Virginia (Salem and Hampton), and South Dakota (Fort Meade and Hot Springs).

Other medical centers on the proposed closure list include those in:

- Livermore, California
- Dublin, Georgia
- Fort Wayne, Indiana
- Alexandria, Louisiana
- VA Central Western Massachusetts
- Battle Creek, Michigan
- Chillicothe, Ohio
- Muskogee, Oklahoma

Some of these facilities would shift services to nearby civilian hospital networks or become multi-specialty community outpatient clinics, while others would shift their patients to newly built VA medical centers or bolstered existing hospitals nearby. For example, in South Dakota, the plan calls to build a new, centrally located VA medical center in Rapid City. In Philadelphia, patients would have access to care at new state-of-the-art facilities in King of Prussia or just across the state line in Camden, New Jersey.

[RELATED: [‘You Become a Non-Person’: MOAA Testifies on Improving VA Survivor Outreach](#)]

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New medical centers also would be built at:

Newport News and [Norfolk](#), Virginia
Macon and Gwinnett County, Georgia
Huntsville, Alabama
Summerville, South Carolina
Grand Rapids, Michigan
Everett, Washington
Colorado Springs, Colorado
Anthem, Arizona

Another 18 medical centers would be completely rebuilt, either on existing land nearby, as is planned for the VA medical center in Washington, D.C. -- or closer to other major health providers and hospitals in their areas, such as the VA medical center in Buffalo, New York, according to the recommendations.

Those include medical centers in Bedford, Massachusetts; Durham, North Carolina; Tuskegee, Alabama; Hines, Illinois; Shreveport, Louisiana; Reno, Nevada; Beckley, West Virginia; Wilkes-Barre, Pennsylvania; Miami, Florida; Atlanta; Phoenix; Indianapolis; Albany and St. Albans, New York; and **Roanoke, Virginia**. According to the recommendations, however, the newly rebuilt facilities may offer different services and care than they currently provide. In Albany, for example, the facility will focus on inpatient mental health, nursing home care and residential rehabilitation treatment programs, and shift inpatient medical and surgical care elsewhere if the department can institute a strategic collaboration with existing civilian facilities.

[RELATED: [This MOAA-Supported Bill Targets VA's Growing Claims Backlog](#)]

As part of their deliberations, members of the Asset and Infrastructure Review Commission plan to hold public hearings and meet with those who have a vested interest in the future of VA health care, including veterans service organizations, health care experts and institutions, and those who would be affected by the changes. While most veterans service organizations had not weighed in on the recommendations as of late Monday, the American Legion released a statement saying it generally doesn't support closing facilities but recognizes that changes must sometimes happen based on population shifts. "The American Legion will always advocate for every U.S. veteran, but we realize that for VA to properly serve America's veterans, it must from time-to-time optimize, reallocate, and re-invest in some of its decades-old infrastructures," American Legion National Commander Paul E. Dillard said in a statement. The conservative Concerned Veterans for America, a group that supports broader access for veterans to private health care, issued a statement immediately after the recommendations were released saying it welcomed the proposals.

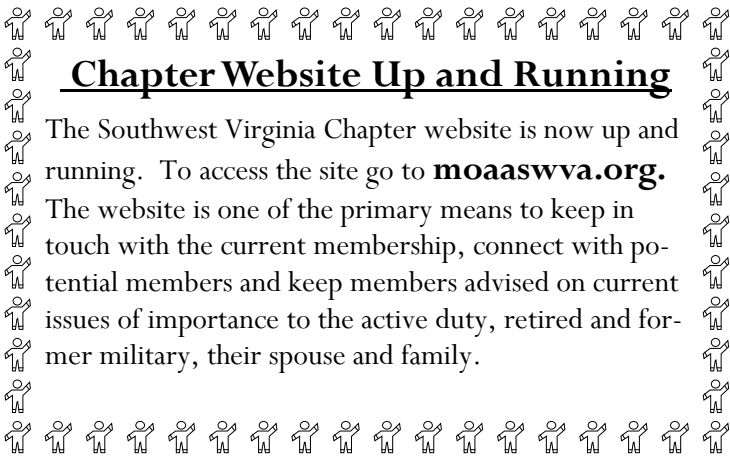
"Today's veteran population is vastly different from what it was even five years ago, let alone decades ago. A rigid system that cannot adapt to the changing and unique needs of the veterans it serves leads to waste, complications and, ultimately, an absence of care," CVA Deputy Director Russ Duerstine said.

Continued on Page 2 "MILITARY FAMILY SUPPORT ENTER"

The Southwest Virginia Chapter has been a strong supporter of the MFSC by volunteering, serving on the Board of Directors, donations, grant writing for funds through MOAA and volunteers during Food Pantry distribution days.

For a while the organization managed to stay afloat and provided the services to our military, their families and veterans throughout the Southwest Virginia area and some in West Virginia. However, the coronavirus pandemic, reduction in funding, personnel changes and other issues have put a blanket over the MFSC where it is floundering from a lack of effective leadership. For whatever reason there is not an active Board of Directors overseeing the operation and the MFSC President is trying to do everything himself, working out of his home with little oversight from an effective Board while facing personal health issues himself.

The Board of Directors has been discussing ways in which we can breathe life back into the MFSC. The Board of Directors are looking for volunteers to discuss what steps we need to take to re-energize the MFSC and develop an effective leadership team. Let the Board of Directors know if you are interested in helping.



Chapter Website Up and Running

The Southwest Virginia Chapter website is now up and running. To access the site go to **moaaswva.org**. The website is one of the primary means to keep in touch with the current membership, connect with potential members and keep members advised on current issues of importance to the active duty, retired and former military, their spouse and family.

WANT TO KNOW WHAT'S GOING ON AT MOAA

- Legislative Accomplishments?
- Legislative TAKE ACTION Center?
- Publications and Reports?
- Military Officer Magazine?
- Newsletters?

Log on to MOAA.org

MOAA Southwest Virginia Chapter
P.O. Box 3090
Roanoke, VA 24015-1090
Email: info@moaaswva.org
Webpage: www.moaaswva.org
Facebook: MOAA SWVA

The Military Officers Association of America (MOAA) and the Southwest Virginia Chapter (SWVC) of MOAA are a nonprofit veterans' association dedicated to maintaining a strong national defense and ensuring our nation keeps its commitments to currently serving, retired, and former members of the uniformed services and their families and survivors. Membership is open to those who hold or have ever held a warrant or commission in any component of the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, or National Oceanic and Atmospheric Administration and their surviving spouses.

UPCOMING MEMBERSHIP PROGRAMS

21 April 2022 – Board of Directors meeting. Program by Ms. Ginny Ayers on her experience as a historian and author about Mother Jones an Irish-born American schoolteacher and dressmaker who became a prominent union organizer, community organizer, and activist. She helped coordinate major strikes and co-founded the Industrial Workers of the World. She was called "the most dangerous woman in America" for her success in organizing mine workers and their families against the mine owner and the mining wars in West Virginia.

19 May 2022 – In person outing catered by Mission BBQ at the American Legion Post 3 on Apperson Drive .



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NOTE The Chapter Newsletter *The Communique* is published quarterly and sent to the membership by email. Printed copies will be provided upon request





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CHAPTER MEMBERSHIP
as of 31 December 2021

Regular Members 113
 Surviving Spouses 14
 Total Members 127
 Talk to a fellow officer about
 joining the Southwest Virginia
 Chapter!



JOIN THE CHAPTER

Looking to join the Southwest Virginia Chapter? Want more information on how to join and become involved? Check us out on the chapter website at **moaswva.org** or on face book at **moaswva** then Contact COL Bob Brown, USA (Ret), Chapter Membership Chair at (540) 904-2810 or email at **rfbrown68@gmail.com**.

MILITARY OFFICERS ASSOCIATION OF AMERICA
SOUTHWEST VIRGINIA CHAPTER - ENROLLMENT/RENEWAL FORM

Name (First ,Middle, Last, Rank) _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email Address _____
 Branch of Service _____ Retired _____ Active Duty _____ NG _____ Former Officer _____
 Date of Birth _____ Spouse Name _____ MOAA Membership ID No. _____

Annual Chapter Dues are \$30.00. Widows (ers) dues are \$15.00. Dues for those entering MOAA between 1 July and 31 December are \$20.00. Please mail dues payment to: **MOAA, Southwest Virginia Chapter, P.O. Box 3090, Roanoke, VA 24015-1090**

Note: The Chapter Newsletter *The Communicator* is published quarterly and sent to the membership by email. Printed copies will be provided upon request. The next issue will be published **June 2022**.

NEVER STOP SERVING

**Bring a fellow officer
and their spouse to
our next meeting.**

Featured in this Issue

Presidents Reflection as the new President
 Member profile - LCDR, Nancy Harms USN (Ret)
 The Army's Role In The Future Fight Across The Globe
 QR Codes for Prescription Packaging
 17 Medical Facilities to Close Under Proposed VA Realignment

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