

The Biloxi Breeze

2017 Annual Report and Winter 2018 Newsletter



A Publication of the Gulf Coast Blind Rehabilitation Center
Gulf Coast Veterans Health Care System

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Mission Statement

The mission of Blind Rehabilitation is to provide instruction to Veterans and military personnel who are blind or visually impaired. The goal is to promote independence, self-care, and improve the overall quality of life.

Produced By

The Biloxi Breeze is a publication of the Gulf Coast Blind Rehabilitation Center (GCBRC).

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Gulf Coast Blind Rehabilitation Center:

Vision Statement

To help Veterans and their families live more fulfilled and productive lives by providing the best rehabilitation experience possible. Veterans receive world class rehabilitation with access to the latest technology and proven techniques for living with vision loss surrounded by highly trained, licensed and certified staff in a state of the art program.

Values

Integrity, Commitment,
Advocacy, Respect, Excellence

Characteristics: "I Aced It"

Integrated, Attentive,
Compassionate, Encouraging,
Diligent, Independent,
Trustworthy

Gulf Coast Blind Rehabilitation Center Annual Report Fiscal Year 2017

Fiscal Year 2017 ended Sept. 30, 2017 and completed a very full year for the Gulf Coast Blind Rehabilitation Center (GCBRC).

This is the first time that we have sent out our own annual report to all of you. Our desire is to give you a snapshot of what has happened this year—what improvements we have made, how we have been operating, and Veteran feedback we have had. So here we go...

Computer Access Training Department

The Computer Access Training (CAT) Department saw a few changes this year. First and foremost was the update in technology. We now have assessment and training iPads for immediate use when a Veteran

enters the program. This is so no Veteran is waiting for one to come in to start the training if the iPad is determined to be the correct device. Also, new computers were added to a computer training lab so there are now Chrome, HP for windows, and iMac computers, as well as MacBook and Chromebooks. We sincerely hope that this helps our Veterans understand the best technology to meet their individual goals. Adding these allows us to have all the platforms available for assessing and beginning instruction immediately.

CAT Specialists also participated in weekly “summer school” classes with Tim Sniffen on computers for a couple months before he retired. This was an important process for building our CAT Specialists’ knowledge and ensuring that they stayed current on devices. All Blind Rehabilitation Specialists took weekly iPhone classes from Robin Sniffen at the same time. This is part of our push to integrate the iPhone and iPad further into

other skills areas. Tim Sniffen retired, and Robin Sniffen was promoted to be one of the VIST Coordinators for our Gulf Coast Veterans Health Care System. Tiffany Moore, from our Living Skills Department, moved into the CAT Department after training with Tim. We welcome her to her new position.

Living Skills Department

Just like the CAT Department, the Living Skills Department got an overhaul in their computers as well for Keyboarding Classes. Their keyboarding computers were cleaned up and JAWS, Zoomtext and Guide software was added to each of them so now the computers are identical. This allows for the availability of multiple computers to be used at any one time.

Living Skills also received all new pots and pans for the kitchens. The Veterans cooked up a wonderful fish fry this year as well as used their skills preparing food for Community Based

Instruction Days, the Veteran Thanksgiving Feast, and Holiday cook-outs. A bulletin board with large visuals was created in the Living Skills Kitchen to assist with the discussion of health eating and meal planning.

The Seeing AI application has been used in training for barcode reading and as an Optical Character Reader (OCR). Veteran training has also continued with the OrCam and the updates have been well-received.

The Library of books on tape and CD has been moved to a new room and is in the process of being re-organized and stocked with everything that has been donated. For their listening pleasure, Veterans who are in the program can check out books in nearly every genre.

Visual Skills Department

The Visual Skills Department is exploring new equipment for use such as the combination CCTV

with OCR. New filters were ordered, as well as new lights. There was also one intern in the Visual Skills Department this year, and we are excited to say she successfully passed her certification examination.

Manual Skills

The Laser is now fully operational in the Manual Skills and a computer and large monitor were purchased as well so that visual Veterans can easily participate in the designing of their projects. Manual Skills staff are trained on the laser and excited to see it in use. One recent Veteran was very excited to show the engraving he did on a frame for his copper tooling.

The Garden program, which can be year-round here in the south, is thriving. Seasonal vegetables and plants are in the raised beds and fruit is on the trees. Veterans enjoy getting their hands in the dirt and knowing they can still tend to plants regardless of vision loss.

Orientation and Mobility

The CATs and Dogs program had a successful year with four graduates. The reigns of the program have been turned over from David Burke to Molly Mather. The Trekker Breeze was discontinued; GPS training was via iPhone. The new Trekker comes out soon and training will resume on that device once specialists are trained on the updates. New Ultracanes were received for training purposes. Veterans have a variety of options between the Ultracane, sonar guide, and mini guide.

Interns also kept the department very busy. Six of them came through and successfully completed their internship. Three more started their internships which continued into FY18.

Recreation Therapy

A new recreation therapist started with the GCBRC in early 2017. She has received extremely high approval ratings

from our Veterans since the day she walked in our front door. They all rave about her energy, enthusiasm and ability to draw them into activities from games and activities here in the Center to going on community outings.

Trainings

Training this year took place in a variety of avenues.

- OrCam training was provided for approximately half of the specialists
- Five staff attended National Blind Rehabilitation Conference
- One specialist attended assistive technology conference
- All GCBRC Staff have attended “Own the Moment”—a VA developed program to promote the Veteran Experience
- All GCBRC staff completed VA101 training
- Two team building events held
- Three National Blind Rehabilitation sponsored

trainings attended by all specialists via computer

Pre/Post Assessments for Goal Development

At the end of FY16, we started using a Pre/Post Assessment with all Veterans in each skill area. The assessments rated the Veterans level of independence on a scale from 1 to 5 on the skills that are taught in that Department. From the assessments, goals are developed for each Veteran’s program. The goals and level of independence are updated weekly for our Roundtable so we can keep track of the progress of Veterans in the program. This is very successful in limiting dropped or inappropriate goals for Veterans.

Other Improvements

The smoke shack went into full operation this year to accommodate both Veterans who smoke and those who do not. Prior to the smoke shack,

we did not have adequate designated smoking areas that met VA regulations. Now there are three designated areas: the smoke shack that has a handrail in place leading from the GCBRC door to the building so new totally blind Veterans don't get "lost" on the way, and benches to the front left and right of our building out in the grass. These designated areas allow our courtyard and front porch to be "smoke free" areas as they were originally meant to be.

New mattresses arrived last November. The mattresses can be easily flipped over if a Veteran prefers a softer or firmer side. The number one complaint of Veterans at discharge use to be the mattresses, and now that is no longer the case. In the entire year, there have been only a few Veterans who have not favored the new mattresses. That is a huge improvement!

Statistics

The GCBRC's Average Daily Census for FY17 was 17.9

Veterans out of a possible 18 which means we were 99.44% across the year. That is quite a full house!

When Veterans get ready to discharge from the GCBRC, they have an opportunity to evaluate the program and staff in two different ways. The first is through the uSPEQ anonymous survey that goes directly to CARF (our accrediting body). For FY17, the Veterans who filled out the survey gave us an over 97% satisfaction rating across the 32 questions. 100% of Veterans said they knew how to use their assistive technology when they left. 99.32% said that they would recommend the program to a friend.

The second way a Veteran can evaluate the program is with an Exit Interview with the Chief or her designee. Veterans are asked to rate their classes on a scale from 1 (low) to 5 (high). Across the board for the entire year, classes were rated between a 4 and 5. Veterans also had the chance to make specific

comments on the program and staff. Staff was pretty resoundingly identified for their friendliness, patience, going the extra mile, knowledge, and ability to work together seamlessly. When asked about the program, Veterans were pleased by the individual attention they received, the wonderful nursing and ancillary staff (social work, psychology, etc.), the home environment of the GCBRC, the thoroughness of the training received, and more. They also identified areas for continued improvement such as our Wi-Fi system, new chairs for the bedrooms (which arrive this month), getting iPhones and computers faster (this has been resolved). We really appreciate every bit of feedback our Veterans share. Thank you.

REFERRING FACILITY: BLX BRC FY17 DC's	FREQUENCY
ALEXANDRIA VA MEDICAL CENTER	25
BILOXI VA MEDICAL CENTER	42
CENTRAL ARKANSAS HEALTH CARE SYSTEM - LITTLE ROCK	15
FAYETTEVILLE VA MEDICAL	10
G.V. (SONNY) MONTGOMERY	11
LAKE CITY VA MEDICAL CENTER	2
LUFKIN OUTPATIENT CLINIC	5
MALCOM RANDALL DEPT OF VAMC	2
MICHAEL E. DEBAKEY VA MEDICAL CENTER	4
MINNEAPOLIS VA HCS	1
NEW ORLEANS VAMC	8
OKLAHOMA CITY VA MEDICAL CENTER	1
OVERTON BROOKS VA MEDICAL CENTER	19
PENSACOLA VA CLINIC	30
WEST PALM BEACH VAMC	1
Grand Total	176

Data from the BR5.0 Database

GENDER	FREQUENCY	%
FEMALE	7	4.0%
MALE	167	96.0%
Grand Total	174	100.0%

RACE / ETHNICITY	FREQUENCY	%
AMERICAN INDIAN OR ALASKA NATIVE	1	0.6%
ASIAN	1	0.6%
BLACK OR AFRICAN AMERICAN	61	35.1%
DATA NOT AVAILABLE	4	2.3%
DECLINED TO ANSWER	4	2.3%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	1	0.6%
UNKNOWN BY PATIENT	5	2.9%
WHITE	96	55.2%
WHITE NOT OF HISP ORIG	1	0.6%
Grand Total	174	100.0%

FY17 AVG WAIT TIMES BY PROGRAM

PROGRAM TYPE	FREQUENCY	AVG WAIT (DAYS)
CATS	24	65.2
DUAL	105	50.6
OTHER	23	51.5
REGULAR	24	54.3
Grand Total	176	53.2

BILOXI BRC FY17 LOS (DAYS) BY PROGRAM TYPE

PROGRAM TYPE	FREQUENCY	AVG LOS (DAYS)
CATS	19	30.5
DUAL	105	38.1
OTHER	26	29.5
REGULAR	26	40.5
Grand Total	176	36.4

With the new specialists, we are bringing on especially in the CAT Department (we will have 5 specialists plus a designated supervisor), we expect our wait times for the CAT Program to decrease. As these changes go into effect, we will open two new beds so our wait times in general should decrease in FY18.

We are excited to see what FY18 holds for the Gulf Coast Blind Rehabilitation Center as we continue our Veteran Centered approach to care. Continue reading on in our Holiday Edition of our Newsletter to hear our latest news...

Message from the

Chief:



To say that lots is happening here at the Gulf Coast Blind Rehabilitation Center would be an under-

statement. We continue to have a full house of Veterans. Staff is doing a tremendous job every day in striving to be Veteran Centered in assisting Veterans to reach their rehabilitation goals.

In October, David Burke became the new Assistant Chief of the Gulf Coast Blind Rehabilitation Center. He will be wearing two hats as he will also continue to be the Admissions Coordinator. I am really excited by this transition, and a new supervisor of Orientation and Mobility has already been selected as well. More to come on that when the paperwork is finalized.

Some of our staff have moved on this year—retired, promoted, transferred—but rest assured that every single position has been selected for backfill except one, which I am working on right now. For the first time in our history, when all new staff come on board, we will have a full complement of specialists to teach. We are excited for that day to arrive! We have also had several staff change departments to try “something new.” So, if you come back, don’t be surprised to see old faces in new places. 😊

*Debra Gilley, M.Ed., COMS, CLVT
Chief, Gulf Coast Blind
Rehabilitation Center*

A Holiday Poem -copied

We have a list of folks we know,
all written in a book
And every year during this
season,
we take a little look,

And that is when we realize
that these names are a part
Not of the book they are written
in,
but really of our heart

For each name stands for
someone
who has crossed our path
sometime,
And in the meeting they've
become
the rhythm in each rhyme

While it sound fantastic
for us to make this claim,
we really feel we're composed
of each remembered name

And while you may not be aware
of any special link
Just meeting you has changed
our lives
a lot more than you think.

For once we've met someone,
the years cannot erase
The memory of a pleasant word
or of a friendly face.

Never think our greeting cards
are just a mere routine
Of names upon a special list,
forgotten in between,

For when we send a card
Addressed to you,
It is because you're on the list of
folks we're indebted to

For we're but a part
of the folks we've met,
And you happen to be one of
those
We prefer not to forget

And whether we have known you
for many years or just a few,
In some ways you have a part
in shaping the things we do

And every year when this season
comes,
We realize anew,
The best gifts life can offer
is meeting folks like you.
And may the spirit of this season
that forever endures

Leave its richest blessings
in the hearts of you and yours.

From the staff of the Gulf
Coast Blind Rehabilitation Center

Internships

*Robin Riley, M.Ed., COMS
Orientation & Mobility Specialist*

We have the pleasure of having students from all over the country complete internships at our Blind Rehabilitation Center in orientation and mobility, living skills, and visual skills. This fall we had six interns that overlapped at least for a little while. Our interns come from universities out of Texas, Florida, Michigan, Arkansas, Alabama, North Carolina and Pennsylvania to name a few. They usually stay anywhere between 2- 6 months completing hours of direct teaching instruction with our Veterans. The interns get the invaluable experience of learning how to put what they have learned in school into functional

practice by teaching day in and day out as well as cross-training in other areas. The Veterans also seem to enjoy having the interns, and they learn from the interns' new and energetic teaching perspectives. We continue to keep our internship program thriving and always welcome more interns! We are proud of our GCBRC and enjoy getting to share it with new people in the field of blind rehabilitation!

Manual Skills Update

*Belinda Taylor, M.Ed.,
CLVT, CVRT, COMS
Manual Skills Specialist*

A big hello to everyone! I have recently moved from the Visual Skills Department to the Manual Skills Department, and I am so excited for the opportunity. I hope to bring to the Manual Skills program a few new project choices, birding interest, and gardening adventures. All you birders and gardeners out there,

plan on spending some time in the courtyard during your next GCBRC program. For those of you who are local, consider being a GCBRC garden

volunteer. Contact Sharon at volunteer services [228-523-5000](tel:228-523-5000) at extension 35786 for more information.

I want to say thank you to all the Veterans who donated items and helped plant the fall/winter garden. So far, Veterans have planted onions, kale, turnips, snapdragons, ornamental cabbage, pansies and various other plants.

The GCBRC bird feeding stations have brought in a nice variety of birds in the past few weeks. A few of our feathered visitors include Carolina Wrens, Blue Jays, House Sparrows, Cardinals (my favorite) and Carolina Chickadees. For those interested in attracting birds to your own backyard try these basic tips.

- Provide a clean water source.

- Present an assortment of foods such as sunflower seeds, thistle, millet, and nuts, to bring in a variety of bird species.
- Use specific feeder styles to attract the species you are looking forward to seeing. For example, chickadees are generally attracted to hopper style feeders, while doves are drawn to tray or ground style feeders.
- Provide a healthy place to eat by keeping feeders clean. Frequent cleaning helps to avoid contamination by fungus, bacteria and other harmful agents.
- Plant a variety of bird attracting plants to bring in backyard birds. For a list of bird attracting plants for your area visit <http://www.audubon.org> and click on the Helping Birds with Native Plants link. Enter your zip code into the database to

generate a list of plants for your specific area.

Birding is a great way to relax and enjoy nature. Many birders enjoy birding by sound identification. If you would like to learn more about birding by sound visit www.larkwire.com for a fun interactive way to learn bird identification through bird calls and songs.

Until next time, -Belinda

Software Updates

*Maighdlin Martinez, M.Ed., COMS
D. Jean Shook, COMS
CATs Specialists*

Technology is ever evolving; one example of this evolution is the seemingly constant string of updates for the iPhone and the iPad. These updates are important to stay on top of as they often fix security features or bugs that have been detected. Additionally, many new and exciting features are often unrolled in these updates. As of

this article being written, the most recent update is 11.1.2.

If you do not feel comfortable doing the software update, you can always select the “not now” option on any alerts that might pop up and do the update when you have the assistance of a tech savvy family member or friend. Keep in mind, a software update will make your phone unusable for the duration of the installation time.

Before you do a software update on your iPhone, we urge you to have your password and passcode handy. Some of you who are experienced with these updates might know that upon the completion of the update, your device appears to be beginning an initial set-up process. Depending on the update, following the installation process, the device might appear to require a passcode or

fingerprint. If you have NEVER put a passcode on your iPad or iPhone, PLEASE, PLEASE, PLEASE be aware that this step is setting up a new passcode. If you type a number in and verify it, this passcode will be required every time you unlock your device.

If you did not have a passcode before the update and still do not want one, be aware of the small blue text that says “passcode options” under the text field but above the keyboard. You can click on this, and choose “do not add passcode.” Your device will prompt an alert asking if you are sure you don’t want a passcode, click the “do not add passcode” option on the alert.

Similar options are available for the touch ID and two-factor authentication options that appear during the setup process. You do not have to set up two-factor authentication or a touch

ID if you do not want to. If you don’t have your Apple ID password handy and the device is asking for it, there is an option for entering the password later in settings. Please do this instead of guessing at your password, as this will lock you out of your account.

We have had many calls from veterans who have been ‘tricked’ into putting in a passcode, not realizing this was going to be required every time they unlocked the device, or who have not committed the new passcode to memory. Too many incorrect attempts at guessing the passcode will lock you out of your device. If this happens, we cannot do anything on our end-- you will need to contact Apple Support.

As a reminder, the Apple Disability Support Number is 1-877-204-3930.

Hash Brown Casserole

*Brandon Haile, M.A., CVRT
Living Skills Specialist*

Many of us enjoy eating at Cracker Barrel. One of the more popular dishes served at the restaurant is Hash Brown Casserole. It is often served with breakfast, lunch, and dinner. The dish can quickly be made at home with easy-to-find ingredients. It is simple to make and does not require much prep time. The recipe serves 10-12 people.

- Prep Time: 15 mins
- Total Time: 1 hrs.
- Servings: 10-12

Ingredients

- 2 lbs. frozen hash browns
- 1/2 cup margarine or butter, melted
- 1 (10 1/4 ounce) can cream of chicken soup
- 1 pint sour cream
- 1/2 cup onion, peeled and chopped

- 2 cups cheddar cheese, grated
- 1 teaspoon salt
- 1/4 teaspoon pepper

Directions

Preheat oven to 350°F and spray an 11 x 14 baking dish with cooking spray.

1. Mix the above ingredients together, place in prepared pan and bake for 45 minutes or until brown on top.

Independent Bus Travel

*Shelby Carroll, M.A., COMS
Orientation & Mobility Specialist*

Have you ever wondered how a person with low vision or no vision can travel across town independently? The answer is on a bus!

There are a few key steps for safe bus travel for a person that is legally blind. First, plan the trip. It is important that a person obtain

a bus schedule either online or from the local bus depot. The person needs to know exactly where they are traveling and what bus will get them there at what time, as well as how to reverse the route to get back home.

Second, do not be afraid to talk to the bus driver. It is so important to plan because the person needs to be able to ask the bus driver the appropriate questions, i.e. what bus is this, does this bus go to the store I need to get to, etc. Once on the bus, the person should sit in the closest seat available on the opposite side of the bus to the driver. This step is important so that the traveler can tell the bus driver what stop he needs to get off at, and he can stay in communication with the bus driver the entire time, if necessary. The traveler should also inquire about what time the buses stop running so that he

knows when he needs to be back at the stop to ensure he has a ride home.

And lastly, as always, the traveler should be continuously utilizing the long cane in case of any step ups, drops offs, or obstacles while entering and exiting the bus.

Gift of Gratitude

*A. Reese Holt, PsyD.
GCBRC Psychologist*

“Some people grumble that roses have thorns; I am grateful that thorns have roses.” —Alphonse Karr

Most of us at some point in our lives have heard, “now let’s be grateful...” in a reprimanding voice. At that moment, it may have sounded like an annoying reminder or just an extra box to check off. As we enter this yearly holiday season, we are given a unique opportunity to refocus on what is truly meaningful in our

life. One theme to consider is the idea of gratitude.

A recent Psychology Today article stated that gratitude can be considered as an emotional expression or perspective in which appreciation is directed toward what one has rather than what one wants. Research indicates that we can learn gratitude and learn how to express this to others in our lives. The regular and consistent expression of gratitude has been linked with increased levels of energy, optimism, and general empathy. Just like working the body out with weights and running, we can also exercise our expression of gratitude. As we engage in daily practice of intentional gratitude, we grow with its coupled benefits.

The incredible thing is that there are so many ways we can practice gratitude! Try journaling about gratitude, write a letter to someone you are grateful to, visit

someone you appreciate, say “thank you,” make a list of experiences you are grateful for, take a gratitude walk. Gratitude challenge: Find/contact five different people in your life that you are thankful for and send them an encouraging letter, thoughtful text, uplifting telephone call, or have a heartening conversation with them in person. Give gratitude a try today!

*Gratitude Challenge:

- 1.
- 2.
- 3.
- 4.
- 5.

Nursing Corner: Preventing Pneumonia

*Brenda Arnold,
Nurse Practitioner*



Let's cut down on cases of the dreadful pneumonia

It is recommended that individuals 65 and older get a pneumonia vaccination. Also, it is recommended for those who are 19-64 years of age with chronic illnesses to include heart disease, lung diseases (emphysema, bronchitis, and asthma), diabetes, chronic alcoholism, liver disease and cigarettes smokers. In addition, it is recommended that individuals with the following medical problems received a pneumonia vaccination:

cerebrospinal fluid (CSF) leaks*	leukemia
cochlear implants*	lymphoma
sickle cell disease or other hemoglobinopathies	Hodgkin disease
congenital or acquired asplenia	generalized malignancy
congenital or acquired immunodeficiencies	iatrogenic immunosuppression
HIV infection	solid organ transplant
chronic renal failure	multiple myeloma
	nephrotic syndrome

Getting vaccinated decreases the impact of pneumococcal disease

Annually, in the United States, pneumococcal disease leads to thousands of infections, including, pneumonia, meningitis, bloodstream infections and ear

infections. Pneumococcal vaccines are effective at preventing severe diseases. Also, getting vaccinated avoids hospital admission and deaths. For more information on the pneumococcal vaccination, contact a member of your Patient Aligned Care Team (PACT) or NonVA Care Team.

View recommended pneumonia vaccination on the CDC website: www.cdc.gov/pneumococcal/vaccination.html

Chaplain's Thoughts

*Chaplain Gary Yarberry
Chief, Chaplain Service*

Approximately 20 years ago, I had the wonderful privilege of providing pastoral care to hundreds and hundreds of Veterans at the Gulfport VAMC. I loved the location with its view of the Mississippi Sound, and I loved the people who I worked with and served. My days were filled

with visits to every Veteran who was admitted to the hospital. I provided individual care as well as facilitated five groups each week; plus, I preached in the Chapel three times a week. My work days flew by.

Then one day I was asked to start another group composed of elderly psychiatric patients. Some of my coworkers said, "Gary, the staff over there are just using you. They are trying to get you to babysit those folks so that they can take a break." I told them that I didn't care whether I was being used or not. I did have reservations because I knew the individuals who would make up the group. Almost all of them could be found throughout the day sitting with their heads down, rarely talking to anyone. "How in the world is this going to work?", I thought to myself, but the day came when there I was standing in front a dozen elderly

people who didn't even look up when I walked into the room. Holy Toledo, I didn't even know how to prepare for this, and I didn't have a clue where to begin.

Suddenly out of the blue a question formulated as it drifted out of my mouth. "Who are your heroes?", I asked. Then 'bam', one by one heads began to lift. I grabbed the chalk and could hardly keep up as they called out names such as Douglas MacArthur, George Patton, Dwight D. Eisenhower, Martin Luther King Jr., Abraham Lincoln, and John F. Kennedy. It seemed to me that a miracle had happened and the livelier and more animated they became the more excited I was. I still didn't know where the conversation was headed and then 'bam' another question blurted out of my mouth. "What are the characteristics that made these individuals a hero? Chalk dust

was flying as I recorded their responses: 'honesty, bravery, caring, a real leader, they made sacrifices, endurance, love, compassion, goal-oriented, inspired', and more.

Suddenly it occurred to me that I was standing in the room with true American heroes, Veterans of WW2 and Korea, and so I asked another question. "Have any of you ever displayed any of these characteristics?" They looked at the chalk board and with humility they recognized the heroic characteristics each possessed. One man said with tears in his eyes, "I raised my younger brothers and sisters when my parents died. They still say that I am their hero." Another said, "I carried my buddy to safety when he was hit by a sniper. He told me that I was a brave man." Another responded, "I tell the truth even when it makes me look bad." I pointed out the fact that each of them

possessed heroic qualities. Sometimes we hide those qualities.

Thought: There are heroic qualities in everyone, even in you. Will you let those hero qualities out? Ask yourself the question, "Who needs my care, love, compassion, leadership, honesty, and more?"

Dear Reader,

You are my hero!

Social Work News: Advanced Directives

*E. Will Nail, LMSW
GCBRC Social Worker*

This quarter I would like you to think about completing an advance directive for the future. Advance Directives allow you to make important decisions about your health before, or if, you become unable to make these decisions for yourself. Advance Directives also allow you to name

individuals to make decisions for you if you are unable to make this decision and to ensure health care providers know what your wishes are and whom to contact in emergencies. It is better to have it and not need it than need it and not have it. Please discuss this with your loved ones. If you decide to complete an Advance Directive, it can be done so at your primary care appointments.

Many Veterans have asked about ways to share the knowledge about the GCBRC and our services. I am glad to say that I have been contacting different Veteran organizations to see if information can be placed in their quarterly magazines. This would allow Veterans to know about the BRC programs before becoming visually impaired. It would also allow Veterans who are not visually impaired to share information about the BRC with Veterans they know that might be visually impaired.

Quote for the Quarter: “The education of a man is never completed until he dies.” Robert E. Lee

History of VA Blind Rehabilitation Centers

*Robin Sniffen M.Ed., COMS, CATIS
VIST Coordinator, Biloxi/Mobile*

On Jan. 8, 1944, President Roosevelt signed an order saying “no blinded servicemen from WWII would be returned to their homes without adequate training to meet the problems of necessity imposed upon them by their blindness.” Initially, Veterans were treated for their injuries and trained in Blind Rehabilitation by Army and Navy programs; but this training was eventually transferred to the VA. The beginning of true Blind Rehab services at the VA can be traced back to 100 blinded Veterans, most in their early 20s, who were recovering from their

injuries at Avon Old Farms Convalescent Hospital near Avon, CT. These men founded the Blinded Veterans Association (BVA) in 1945 and advocated for the establishment of a Blind Rehab Center. It is a direct result of BVA recommendations that in 1948 the first BRC was established in Hines, IL.

Hines, and later other VA Blind Rehab Centers, have helped establish and expand training programs and curriculums that shape Blind Rehabilitation inside and outside of the VA, nationwide and worldwide. New technology is constantly being shaped by VA needs and demands as well as being tested and improved by the Veterans who participate in the Blind Rehab Programs. GPS, wearable accessibility devices, accessible computers, and mobile devices have all been influenced by the needs and feedback from the

Veterans in these programs. In 1960, because of the demand for Blind Rehabilitation Specialists to staff the Hines BRC, VA began contributing towards the development of Blind Rehabilitation training programs for Universities such as Western Michigan. VA Blind Rehabilitation Centers are still a major resource for blindness professionals that need internships to complete their degrees, whether they intend to work for VA, schools, or other organizations.

As the demand for Blind Rehabilitation increased, more BRCs were opened across the country and new services were established. Currently there are 13 Blind Rehab Centers, over 150 Visual Impairment Service Team

(VIST) Coordinators, more than 80 Blind Rehabilitation Outpatient Specialists (BROS), and about 20 Blind Rehab Outpatient Clinics throughout the country. This ensures Blind Rehab Services are widely available to Veterans who could benefit from evaluation, technology, and training. As new technology for the blind is researched and developed, VA Blind Rehab Specialists will continue to test, develop programs, and improve services to better serve our Veterans and improve the Blind Rehabilitation field.

Sources:
bva.org
prosthetics.va.gov

VIST Support Groups

Pensacola, Fla., VIST Support Group

1 p.m. on the first Tuesday of each month. For additional information contact Scott Turner, VIST Coordinator, at (850) 912-2552.

Biloxi, Miss., VIST Support Group

10 a.m. on the third Thursday of each month in the GCBRC Dining Room.

Mobile, Ala., VIST Support Group

10 a.m. on the second Thursday of each month in the sixth-floor group room.

For additional information on the Biloxi and Mobile support groups, contact, VIST Coordinator, at (228) 385-6762.

Know Your VIST Coordinator

The Visual Impairment Service Team Coordinators are your case managers for blind rehabilitation care and services and your first contact when you need to enroll or apply for a program. Whether it be your first admission to the BRC, a special program to meet unique needs or a refresher program, these representatives are important to your success. The following is the current updated list for the South-Central VA Health Care Network VIST Coordinators.

VIST COORDINATOR	LOCATION
Adrienne Thompson (713) 791-1414 ext. 25398	Michael E. Debarked VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030
Marcia Echavarria (713)791-1414 ext. 25327	Michael E. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030
Harold Miller (601) 364-1551	G.V. (Sonny) Montgomery VA Medical Center 1500 E. Woodrow Wilson Dr. Jackson, MS 39216

Kara Aaron (501) 257-5070	John L. McClellan Memorial Veterans Hospital Central Arkansas Veterans Health Care System 4300 West 7th St. Little Rock, AR 72205-5484
Latrice Reaves 1-800-935-8387 ext. 7214 or 2671	Southeast Louisiana Veterans Health Care System 1515 Poydras St., Suite 650 New Orleans, LA 70112
Scott Turner (850) 912-2552 ext. 32552	Gulf Coast Veterans Health Care System Joint Ambulatory Care Center Pensacola, Florida
Robin Sniffen (228)385-6762	Gulf Coast Veterans Health Care System 400 Veterans Ave. (124) Biloxi, MS 39531
Marilyn Murray (318) 473-0010 ext. 1+2047	Alexandria VA Medical Center P. O. Box 69004 Alexandria, LA 71306
Melanie Shurden (601) 364-7937	G.V. (Sonny) Montgomery VAMC 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
Paula Ellington (479) 443-4301 ext. 65364	Fayetteville VAMC 1100 N. College Ave. Fayetteville, AR 72703
Broderick Burks (318) 990-4839	Overton Brooks VAMC 510 E. Stoner Ave. Shreveport, LA 71101

GCBRC Biloxi Breeze

Gulf Coast Veterans Health Care System
400 Veterans Ave. (124)

**FREE MATTER FOR
THE BLIND & PHYSICALLY
HANDICAPPED
POSTAL MANUAL
PART 135**