

# ***The Biloxi Breeze***

Spring 2018 Newsletter

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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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## **Comments or Subscriptions**

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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

## Message from the

### Chief:



We are growing! Paul Smith is the new supervisor of the CAT Department. Robin Riley was

promoted to become the new supervisor of both the O&M and Manual Skills Departments. Two new specialists, Raquel and Donald, have been hired in the CAT Department with two more in the works. Two Therapists are selected and in the HR process for the Low Vision Department. Christy joined the Living Skills Department. And we have two interns in Orientation and Mobility. WOW! In addition to all of this, we have been approved to hire a Blind Rehabilitation Outpatient Specialist (BROS) for our health care system. Once a couple more staff come on

board, we will increase our bed count to twenty beds.

Our Community Based Instruction (CBI) program has started back up for the year. Everyone had a wonderful time at the Mardi Gras Parade in February. March was a trip to the Biloxi Visitors Center and then lunch and activities nearby.

Finally, we say goodbye to two members of our staff. Dr. Holt, our psychologist, has been a wonderful addition during the brief time he has been here but is moving closer to family. We wish him all the best! Secondly, to Susan Lindsey, our fabulous RN. She has been here from the beginning and retires in May. We will miss her tremendously; yet, we know what a joy retirement will be to her. Enjoy every minute, Susan!

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

## Cane Tips--Literally

*Maighdlin Martinez, MEd., COMS  
Orientation & Mobility Specialist*

I was recently asked by a Veteran why there are so many different cane tips available and which one was best for him. This was an interesting question. The answer is an easy one: everyone has different preferences, and what is best for you depends on your travel needs and abilities. Here at the Gulf Coast BRC, we give out a few types of tips consistently. I have outlined them along with some of the pros and cons:

- Pencil tip---This tip is named for its skinny pencil-like appearance. This tip glides easiest on smooth surfaces, like tiles and some pavements. This tip is best used for the two-point touch method of cane travel because of how light it is. The biggest downside of this tip is that it is much more likely to get caught in sidewalk cracks and uneven

surfaces, especially when using a constant contact method of travel.

- Marshmallow tip--This tip is named for its marshmallow-like appearance. It is a solid tip that rolls easily during constant contact. Due to the larger size and rolling capabilities, it will glide over smaller cracks and uneven surfaces. It is heavier than the pencil tip, but not nearly as heavy as some other tips. This is a popular choice among our Veterans who switch between two-point touch and constant contact and who travel on a variety of terrains.
- Jumbo Rolling tip- This tip looks like a small hockey puck. This tip is solid polyethylene and when it wears down, it should wear evenly. This tip is best used for the constant contact method, and will glide over most cracks and bumps. It is too heavy and cylindrical for effective and/or long-term use of two-point touch.

- **Roller Ball**--This is probably the most requested among our veterans. It is a large white rolling ball that is roughly the size of a small orange. This tip works best on rough surfaces like gravel, brick, pavement, broken sidewalk. With this tip, you will almost exclusively be using the constant contact technique of travel since the tip is too heavy to endure doing two-point touch for long. Additionally, it is often hollow, so heavy tapping could break the tip open.

Different tips meet the unique needs of specific travel situations. It is always good to have some options available if you feel you may be traveling on a variety of terrains. One final thought: Be sure you know how to change out your tips on your own before you finish mobility training.

## **Manual Skills Update**

*Robin Riley, M.Ed., COMS  
Manual Skills Supervisor*

Exciting changes are taking place in the Manual Skills department! Next time you see the shop you will hardly recognize it. April 12th and 13th the Manual Skills Shop shut down for the complete makeover. All the cabinets were moved to allow for a more convenient set-up and to allow for easy access to materials. The containers that store the Veterans' projects will be moved to just inside the door so Veterans can pick up their project when they walk in and take them to their seats. The tables have already been rearranged in a way to allow staff and Veterans to work easily together. There will be a waiting area inside of the Manual Skills shop so Veterans won't have to wait in the hallway anymore if they arrive a few minutes early.

In addition to the "new look" in the layout, we have "new faces" in the department. Robin Riley has started as the supervisor of

both the Manual Skills and Orientation and Mobility Department. She has a terrific vision for the program and a wonderful staff that is creating the reality with her. David Bean, one of our fall interns, joined the Manual Skills staff, and we are really thrilled that he returned as a full-time employee. Jean Shook from the CAT Department also moved to the Manual Skills Department. With Belinda Taylor already in the department, we are now fully staffed. We look forward to serving the Veterans even better!

## **CAT Department Updates**

*Paul Smith, M.A., CVRT  
CATs Supervisor*

Yes, Paul Smith is back! Some of you may remember that I was a Living Skills instructor with Lorrie and Brandon from 2012 to 2014. Now I have returned to the

GCBRC as the CATs Supervisor. I am enjoying being back at the GCBRC in this new role of CATS Supervisor; it is refreshing to see familiar faces on the staff and meet the new members of the team.

Along with myself, the CATs Department will be expanding with two more specialists in the coming months. I continue to enjoy working with Tiffany and our newest CAT specialists, Raquel and Donald, who joined us this quarter. Jean and Maddie were a great asset to all of us in the CATs Department--providing us with their knowledge and expertise--as they transitioned to their new roles in other departments.

Whatever your CAT needs--brushing up on your typing skills, fine tuning your finger gestures on your iPhone, mastering advanced computer skills, or learning new assistive technology

equipment because your visual needs have changed--remember the CATs Department is always available to help you meet your goals. I am looking forward to working with our Veterans as you update your skills and learn about new assistive technology.

## **Rising to the Challenge**

*Christy Lee Coonce MA, CVRT  
Living Skills Specialist*

In Blind Rehabilitation, Veterans come to learn a new way of life due to the onset of vision loss. However, due to age and other medical conditions, vision is often not only thing a Veteran might be dealing with when class time arrives. There may be hearing loss, tremors, diabetes, physical, and behavioral health concerns. Blind Rehabilitation Specialists must be prepared to work with Veterans with multiple conditions. This challenges us in our teaching styles and our ability to be flexibility. Yet, this is a challenge we proudly accept and

enjoy working through with our Veterans.

One such example was presented to my recently in Living Skills. A Veteran needed a recording device and had tremors. We decided on the Victor Reader Stream which would allow him to record and research his topics of interest through typing on the keypad of numbers. I then placed large bump dots on each of the keys which provided separation between the keys and provided a large platform for the trembling fingers to push. The Veteran could push only the necessary keys for inputting information into and operating the device. A simple solution with outstanding results.

Our education has taught us the basics of our field. Challenges like this one and others is what makes us the Specialists the VA is proud to have as employees. Every day we work together, sharing breakthroughs to improve the lives of our Veterans. Thank you for putting your faith and trust in us.



## Let There Be Light

*Lorrie Bowen, M.A., CVRT  
Living Skills Specialist*

Light is a big part of our lives. From childhood to adulthood, we depend on light. We use light for everything from reading, writing, and working on computers to preparing various meals in our kitchen. Even when we are driving, there must be light. When I moved to the South in 2000, I couldn't believe driving on the interstate that there were no lights provided. I was from the big city and had never driven in the country before. My family back in the city couldn't understand what I was saying and, to this day, I hate driving on the interstate at night because there are no lights.

I looked up some definition of the word "light" in the Merriam-Webster dictionary:

- A. Something that makes vision possible.
- B. The sensation aroused by stimulation of the visual receptors.
- C. Electromagnetic radiation of any wavelength that travels in a vacuum with a speed of 299,792,458 meters (about 186,000 miles) per second; specifically: such radiation that is visible to the human eye.

What happens when our vision begins to change and light does not work for us as it has been in the past?

"I don't have enough light in the kitchen."

"I have to sit close to the big window in my living room now, because it is too dark."

"That's too bright."

We can say many things about lighting in our home, but the bottom line is light is a huge part of our lives, and we depend on it to function easily.

According to FACT file The Society of light and Lighting: “The human eye loses sensitivity during life, and the cornea yellows. As a result, in general, the 70-year-old eye can require up to three times as much light as the 20-year-old eye for the same visual performance.” “In addition, the eye loses flexibility, so that adaptation to changes in lighting level, or illuminance, take longer.”

Important aspects of lighting for people who are visually impaired: “For many visually impaired individuals, an increase in illumination will lead to increased visual performance. However, for a significant minority, an increase in general illumination will lead to reduced visual performance. “

There are four basic types of lighting scenarios to consider:

1. Sunlight:

When and where it is available to you, sunlight or natural light is always your best bet especially when you have the means to control it. Nature’s light works best because it is “full spectrum”, meaning that it contains all the visible colors of light in equal amounts. This results in a warm, pleasing light that fully illuminates any environment.

Tips:

- Lattices, (a framework or structure of crossed wood or metal strips), adjustable blinds and sheer panel curtains are great for reducing sunlight without shutting it off completely.
- Sunglasses or hats with visors limit the amount of light that enters the eye.
- Keep windows as clean as possible.
- Change the times at which you do certain tasks to maximize your sunlight, e.g., chop

vegetables at 2:00pm rather than 5:00pm.

## 2. Artificial Light:

The sun works on its own schedule, not yours, so you will need to make some choices regarding artificial light sources. At its most successful, artificial lighting should replicate natural light's full color spectrum (and its warm tone) as much as possible.

Fluorescent Bulbs--People harbored a negative impression of fluorescent lighting for many years because the bulbs were dull, flickery things emphasizing the darker end of the color spectrum (green, blue, violet). Fluorescent lighting has come a long way. Full spectrum or warm fluorescents are now available in several wattages (10, 14, 20, and 25) and are used in ceiling fixtures and other areas such as under kitchen cabinets. We had fluorescent lighting install in our

ADL training kitchens under the upper cabinets, and they greatly improved the Veterans' ability to prepare their food items. Before we installed the fluorescent lighting under the kitchen cabinets, the area was dark, and it was difficult for Veterans to function in the kitchen due to lack of lighting.

Incandescent Light--Probably the most common lighting choice for the home, incandescent bulbs generally produce a "hot" light that emphasizes the red/orange/yellow end of the light spectrum, although full spectrum incandescent lights are now available. Bulbs are available in clear and "soft white" types and are used primarily in table and floor lamps and ceiling fixtures.

Full Spectrum Bulbs--Full spectrum bulbs simulate natural sunlight by emitting fewer

ultraviolet and infrared rays than conventional bulbs, which reduce the emission of yellow light. The effect is a more vivid “true color with increased contrast”. Full spectrum bulbs are now available in supermarkets, but a type called chromalux can be order through specialty catalogs. (LS&S)

Halogen Light--Halogen bulbs emphasize the red/yellow/green end of the light spectrum and create an even more concentrated light than regular incandescent bulbs. This type of light can be found in floor lamps, track lights, and recessed ceiling fixtures. In general, halogen light is not recommended for people with vision loss.

### 3. Combination Lighting:

No single lighting option is adequate for every task. You may want to experiment with a mix: incandescent bulb for close tasks and fluorescent bulbs for general

room lighting. This option utilizes the best features of both types of lighting to create full spectrum light in any room. Lamps with combined fluorescent and incandescent bulbs are available from lighting supply stores and specialized resources.

### 4. Task or Directed Lighting:

Daylight and general room lighting may not always be sufficient for what you must do, especially if the work at hand requires precision, such as: sewing, mechanical and home repairs, or slicing and chopping vegetables. Most people with vision loss find that task lighting, also called “directed” lighting, to be the most useful form of light. Positioning of a light source is critical when carrying out many daily living tasks.

Adjustable Lighting--Adjustable task lamps are equipped with an adjustable arm and flexible head

that allow you to point light where you need it. They can be floor or desk, standing or wall-mounted.

**Portable Lighting--Portable lighting (a.k.a., flashlight) can be very useful for looking inside cupboards and closets, navigating dimly lighted areas, or finding keyholes in the middle of the night. Small pocket flashlights are also great for nights out on the town--providing an effective, unobtrusive means for reading restaurant menus and theater playbills. Always keep one flashlight in the kitchen and one in your pocket or handbag.**

**Recessed Lighting—This is one of the best ways you can modify your environment for living with vision loss. Recessed lights are cylindrical cans that are inserted into the ceilings (usually by a licensed electrician) and can be placed strategically to illuminate hallways, kitchens, bedrooms and**

study rooms. Recessed lights can use flood or spot bulbs. These are dimmable and provide you with a high degree of flexibility. An 85-watt flood bulb in a recessed light offers excellent ambient light while the use of halogen spot bulbs can illuminate specific work areas such as desks, stoves, and eating areas without causing glare.

**Track Lighting--Nearly as effective as the recessed option (and much more affordable is track lighting). Track lighting consists of a ceiling-mounted rail or track fitted with a series of small, adjustable light fixtures. The lights can be pointed in any direction and are very effective at illuminating desks, dining areas, and other work areas. Track lights can use both incandescent and low-voltage halogen bulbs.**

When thinking about lighting, it is important to remember the Basics of Lighting correctly:

- Experiment with several types of lighting. Some people may prefer incandescent, some fluorescent, and some a combination of both.
- Experiment with different placements of lighting.
- Cover or shade bulbs. Choose a covering that reflects the light off the ceiling or walls before it hits the eyes; reflective light produces excellent light while also reducing glare.
- Use stronger light bulbs or 3-way bulbs to provide no-glare lighting.
- Put lamps in places where you do close work. For example, put a gooseneck lamp in your reading-writing area. Many companies make softer light bulbs that simulate natural daylight and can be very helpful to someone with low vision.

In conclusion, lighting for people who are visually impaired is very

important. Lighting plays a big part of our lives, and being able to have the right lighting is just as important. Understanding lighting, the four basic types of lighting, and the way lighting works for best for you all comes together to improve your quality of life. As one writer put it, “The role of lighting control is important in providing an acceptable lighting solution for people who are visually impaired.”

The information and resources in this article are from:

FACT file The Society of Light and Lighting Part of the Chartered Institution of Building Services Engineers No 8

American Foundation for the Blind /Vision Aware for Independent Living with Vision Loss. [www.visionaware.org](http://www.visionaware.org)

Merriam-Webster Dictionary.

## **Creative Arts Competition**

*Kaitlin Borri, CTRS  
Recreation Therapist*

Are you artistic? Crafty?  
Creative? Each year, the VA holds  
an annual Creative Arts  
Competition. Many VAs around  
the country hold a local level of  
this competition, and first place  
artwork is sent to the national  
level. From there, some of the  
winners from the national level  
are invited to attend the Creative  
Arts Festival. What a great honor!

The Creative Arts Competition is  
available for all veterans who are  
enrolled receive VA healthcare.  
Veterans should check with their  
primary VA to see when and  
where their local competition will  
be held. Local competitions  
usually begin in January or  
February of each year. The Gulf

Coast Veterans Health Care  
System in Biloxi serves Veterans  
from the Biloxi, Mobile, and  
Pensacola areas.

Interested Veterans may submit  
entries in any of five divisions:  
art, creative writing, drama,  
music, and dance. Within these  
divisions, there are 51 art  
categories, including those in  
fine, applied, and kit arts.  
Additionally, there are 15  
creative writing, 21 drama, 46  
music, and 17 dance categories.  
There are lots of opportunities  
for wonderful artwork of all  
kinds! If you or a Veteran you  
know are interested in competing  
next year, please let the  
Recreation Therapy Department  
of your local VA know, and they  
will provide you with all the  
information you need to know  
about this wonderful opportunity  
to showcase your creative side!

**\*\*Note by Debra Gilley:**

This year, our very own  
Recreation Therapist, Kaitlin  
Borri, who is a Coast Guard  
Veteran, placed:  
First in Applied Art/Mixed Media  
First in Dance/Novelty  
Second in Fine Arts/Acrylic.

Some of our GCBRC Veterans also  
entered locally and placed:  
Mike Moore:  
Second in Fine Art/Black and  
white Photography  
James Wade:  
Second in Creative  
Writing/Poetry-Inspirational  
Ralph Nelson:  
First in Music/Vocal Solo Country  
**CONGRATULATIONS!**

## **Gift of Forgiveness**

*A. Reese Holt, PsyD.  
GCBRC Psychologist*

“To forgive is to set a prisoner  
free and discover that the  
prisoner was you.”  
— Lewis B. Smedes

In today’s world, that at times  
seems like “another world,” we  
daily encounter hurts and  
offenses from others, some small  
and some great. At the  
intersection of hurt and loss we  
encounter the possibility of  
“catch or release.” Springtime is  
a season of new beginnings,  
freshness, and rejuvenation.  
Forgiveness emerges as a suitable  
exploration now.

Anger, rage, and even hatred can  
overcome us when inflicted with  
a wrongdoing. Denying this hurt  
can hold us back further. We  
realize we have been wronged or  
an injustice as occurred. Although  
personal revenge is at times  
glorified by our culture, current  
brain-imaging research reveals  
the incredible impact forgiveness  
can have on the human brain,  
emotions, and physical body.  
Benefits of forgiveness include:  
decreased anger, increased sleep  
quality, reduced anxiety,



depression and major psychiatric disorders, fewer physical health symptoms, and increased vitality.

Robert Enright, PhD, professor of educational psychology at the University of Wisconsin, Madison, makes the critical point that by forgiving “we are acknowledging that the offense was unfair and will always continue to be unfair. Second, we have a moral right to anger; it is fair to cling to our view that people do not have a right to hurt us. We have a right to respect. Third, forgiveness requires giving up something to which we have a right—namely our anger or resentment” (2001).

With this in mind, forgiveness can be viewed as a gift. By offering forgiveness we acknowledge the hurt and release ourselves from holding the offender captive. Give the gift of forgiveness to someone today...or maybe give it to yourself! Everett

Worthington, Ph.D. researcher at Virginia Commonwealth University (VCU), and director of the Campaign for Forgiveness Research suggests a 5-step progression to initiate the forgiveness process.

\*Steps to Forgiveness:

1. Recall the
2. Empathize
3. Altruistic Gift of Forgiveness
4. Commit Publicly to Forgive
5. Hold on to Forgiveness

\*\*\*Remember this is only the beginning. For more information on forgiveness, check out Dr. Everette Worthington’s great resource page at:

[www.evworthington-forgiveness.com](http://www.evworthington-forgiveness.com)

Forgiveness is an ongoing process that can lead to new understandings and new experiences of self and others. It’s well worth the journey!

## **Nursing Corner: Allergy Season Relief**

*Janette Burns, RN*

## *Nurse Manager*

Information By Mayo Clinic Staff

Spring means flower buds and blooming trees — and if you're one of the millions of people who have seasonal allergies, it also means sneezing, congestion, a runny nose and other bothersome symptoms. Seasonal allergies — also called hay fever and allergic rhinitis — can make you miserable. But before you settle for plastic flowers and artificial turf, try these simple strategies to keep seasonal allergies under control.

### Reduce your exposure to allergy triggers:

To reduce your exposure to the things that trigger your allergy signs and symptoms (allergens):

- Stay indoors on dry, windy days. The best time to go outside is after a good rain, which helps clear pollen from the air.
- Delegate lawn mowing, weed pulling and other gardening chores that stir up allergens.

- Remove clothes you've worn outside and shower to rinse pollen from your skin and hair.
- Don't hang laundry outside — pollen can stick to sheets and towels.
- Wear a pollen mask if you do outside chores.

### Take extra steps when pollen counts are high:

Seasonal allergy signs and symptoms can flare up when there's a lot of pollen in the air. These steps can help you reduce your exposure:

- Check your local TV or radio station, your local newspaper, or the Internet for pollen forecasts and current pollen levels.
- If high pollen counts are forecasted, start taking allergy medications before your symptoms start.
- Close doors and windows at night or any other time when pollen counts are high.
- Avoid outdoor activity in the early morning when pollen counts are highest.

### Keep indoor air clean

There's no miracle product that can eliminate all allergens from the air in your home, but these suggestions may help:

- Use the air conditioning in your house and car.
- If you have forced air heating or air conditioning in your house, use high-efficiency filters and follow regular maintenance schedules.
- Keep indoor air dry with a dehumidifier.
- Use a portable high-efficiency particulate air (HEPA) filter in your bedroom.
- Clean floors often with a vacuum cleaner that has a HEPA filter.

### Rinse your sinuses

Rinsing your nasal passages with saline solution (nasal irrigation) is a quick, inexpensive and effective way to relieve nasal congestion.

Rinsing directly flushes out mucus and allergens from your nose.

- Look for a squeeze bottle or a neti pot — a small container with a spout designed for

nasal rinsing — at your pharmacy or health food store.

- Use water that's distilled, sterile, previously boiled and cooled, or filtered using a filter with an absolute pore size of 1 micron or smaller to make up the saline irrigation solution.
- Be sure to rinse the irrigation device after each use with similarly distilled, sterile, previously boiled and cooled, or filtered water and leave open to air-dry.

For More information see:

<https://www.mayoclinic.org/diseases-conditions/hay-fever/in-depth/seasonal-allergies/ART-20048343?pg=2>

## **Promoting Better Hydration**

*Shelia Triggs, MS, RD, LD  
GCBRC Dietician*

Dehydration means your body does not have as much water and fluids as it should. Water is the most important nutrient to keep

your body's cells, tissues, and organs running smoothly. Water helps your body to keep a constant internal temperature, prevents constipation, cushions your joints and protects your vital organs. With increasing age, older people may not be able to sense thirst as well as younger people, and the kidneys can become less efficient at conserving water.

Your body needs a continuous supply of water. You should drink water throughout the day, even if you are not thirsty. If you do feel thirsty, you should drink until your thirst is satisfied. It is recommended that you drink at least eight 8-ounce glasses (2 quarts) of fluid a day.

Dehydration is caused by:

- Side effects of diuretic use
- Diarrhea and/or nausea and vomiting

- Short and long-term pain can interfere with the wish to drink or eat
- Taste changes
- Excessive sweating

Some signs and symptoms of dehydration would be:

- Headaches
- Dry or sticky mouth
- Low or no urine output
- Dark yellow, strong smelling urine
- Sunken eyes
- Fatigue (feeling very tired)
- Constipation
- Confusion
- Crying with few or no tears

To promote proper hydration:

- Take a water bottle when leaving home
- Try flavored water
- Add fluid containing foods to your diet: soup, gelatin, flavored ices/popsicles
- Limit caffeine containing products: sodas, tea, coffee

- Drink most liquids after and/or between meals to increase fluid intake

References:

VA NFS patient handout,  
“Dehydration”, February, 2006

NOAH.net, “Nutrition for Older Adults’ Health”, June 2007

## **Chaplain’s Thoughts**

*Chaplain Hoggatt*

*Chief, Chaplain Service*

I was on my front porch last month drinking a cup of coffee and enjoying absolutely perfect, summer-like weather, even though it was mid-March. I could hear the very loud singing of birds, and when I looked over I noticed the blue birds had once again taken up residence in my birdhouses. Three pairs were singing and flying back and forth creating lots of noise and demonstrating their tremendous flying ability.

I thought to myself, spring must have arrived. However, just a few days later it turned cold, and I was reminded that winter is still here. But, there is the hope of spring soon to be here. Nothing can stop the change of season. God tells us in Ecclesiastes 3:1, “To everything there is a season, a time for every purpose under heaven.” Since our God is the creator of fall, winter, summer, and spring, He knows that change is a part of our life.

Possibly you are experiencing changes in your life as you read this article: changes in health, changes in where you live, changes in relationships, or changes in vision. Whatever change or season you are going through, remember that your God is aware of you and that “to everything there is a season.” Hold on to the truth that Solomon stated, “I have seen the burden God has laid on men. He

has made everything beautiful in its time” (Ecclesiastes 3:10-11).

## **Social Work News: Family Training**

*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

## **Sometimes It Takes a Blind Person...**

*Scott Turner*

*VIST Coordinator,  
Pensacola/Eglin/Panama City*

Loss of vision can have a dramatic impact on one's life. As a VIST Coordinator I hear many stories, and they often play like a broken record. What I mean by this is: I very often hear similarities in what my Veterans report. Not being able to drive often tops the list of frustrations. Simple things like using a screw driver can become difficult and most aggravating. These difficulties can leave a person feeling less than self-confident. After becoming visually impaired many report significant changes in lifestyle. This might involve fewer social or recreational experiences.

A grief reaction not to unlike that of losing someone you love is common after vision loss. While this grief is normal, and probably a healthy response to such a life event, it can be difficult. Those

who experience more serious problems such as clinical Depression or Anxiety need to seek medical attention from a doctor. Discussing such concerns with your VIST Coordinator is certainly encouraged. Some of the more common things that Veterans report having helped with adjustment to blindness include blind rehab training, relationships with family and friends, faith and prayer, rewarding activities, the passing of time and peer support.

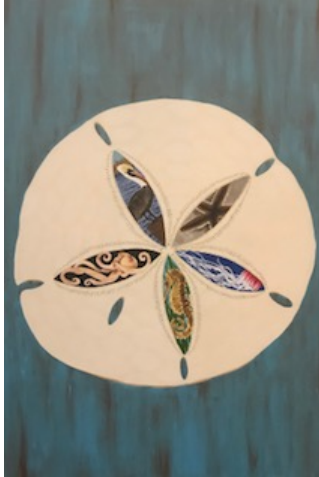
Peer support finally brings me to point of this article. Family and friends, while often caring, supportive and wonderful, cannot really understand your visual impairment (assuming they have normal vision). Writing to an audience who has attended our GCBRC, you have experienced what it is like to be with others who can relate to the many issues that come with losing your vision. Relationships

with other blinded persons can help you in a variety of ways such as not feeling alone with the challenges that you face each day. These relationships can serve as both an opportunity to help others and as a way to help you with your own adjustment. You may be the one who inspires another Veteran or you may find yourself being the one who was helped by a fellow Veteran. While being with Veterans at the GCBRC and sometimes staying in touch afterwards can be most helpful, other opportunities for peer support exist. Support group meetings can give you opportunities to get to know other blinded individuals and if you and they continue to attend keeping in touch takes care of itself. Involvement with blind

organizations and agencies including the BVA is another go way to meet people who share similar experiences. Sometimes peer support can be less formal It may be something like getting to know the other blind person in your neighborhood or someone goes to your gym, retina specialist office, place of worship, etc. While sighted people (myself included) have their uses, being able to understand what it is like to be blind on an emotional level is not one of them. That old saying about walking in someone's shoes could not be truer. Relationships with other visually impaired persons can have a positive impact on your adjustment to blindness.

## **PHOTOS**





Painting by Kaitlin Borri



Photograph by Mike Moore



Kaitlin & Ralph w/Director, Mr. Matthews



Mike w/Laura Throop,  
Rec Therapy Supervisor



Mardi Gras Parade Group



CBI to United States Marine Inc.

## 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.

<b>VIST COORDINATOR</b>	<b>LOCATION</b>
<b>Adrienne Thompson</b> (713) 791-1414 ext. 25398	Michael E. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030
<b>Amy Wheeler</b> (713)791-1414 ext. 23894	Michael E. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030

<b>Harold Miller</b> (601) 364-1551	G.V. (Sonny) Montgomery VA Medical Center 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
<b>Melanie Shurden</b> (601) 364-7937	G.V. (Sonny) Montgomery VA Medical Center 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
<b>Latrice Reaves</b> 1-800-935-8387 ext. 56916	Southeast Louisiana Veterans Health Care System 1515 Poydras St., Suite 650 New Orleans, LA 70112
<b>Scott Turner</b> (850) 912-2552 ext. 32552	Gulf Coast Veterans Health Care System Joint Ambulatory Care Center Pensacola, Florida
<b>Robin Sniffen</b> (228) 385-6762	Gulf Coast Veterans Health Care System 400 Veterans Ave. (124) Biloxi, MS 39531
<b>Marilyn Murray</b> (318) 473-0010 ext. 1+2047	Alexandria VA Medical Center P. O. Box 69004 Alexandria, LA 71306
<b>Kara Aaron</b> (501) 257-5070	John L. McClellan Memorial Veterans Hospital Central Arkansas Veterans Health Care System 4300 West 7th St. Little Rock, AR 72205-5484
<b>Paula Ellington</b> (479) 443-4301 ext. 65364	Fayetteville VAMC 1100 N. College Ave. Fayetteville, AR 72703
<b>Broderick Burks</b> (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**