

The Biloxi Breeze

Summer 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

Message from the Chief:



I am going to take time in my section to brag on our program. In July, we underwent our second CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation and passed with zero recommendations for items needing improvement. This puts us in the top 3% of facilities that CARF surveys. The staff overwhelmingly showed their dedication to the Veterans we serve and to having a top-notch program. Some of the comments made by the surveyors in the report were:

- GCBRC is commended for having a dedicated staff whose priority is to ensure that the veterans' needs are met and that quality services are offered.
- The organization offers various opportunities for the veterans to give input. The feedback is valued, and action is taken to address concerns.
- Veterans are treated with dignity and respect, and they also show respect to the staff.

We are very proud to be able to serve our Veterans and thank you for trusting us with your rehabilitation process.

As well as getting ready for CARF over the summer, we have brought on more staff. We have added Rina and Kerri in the CAT Department, Leslie in the Living Skills, and Sam in Orientation and Mobility. There are more still to come. We also said goodbye to Shelby who moved closer to family. We will miss her and wish her all the best.

Please keep in touch with us.

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

New GPS APP: Nearby Explorer

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

GPS stands for Global Positioning Satellite. A GPS will use satellites to determine the location of the user. This technology has been around in various forms and available to the public since the 1980's. There have been many attempts to make a GPS designed for people who are blind or visually impaired. Here at the Gulf Coast Blind Rehabilitation Center (GCBRC) we have instructed in several types of GPS devices and software, including the Trekker by HumanWare.

One of the newest additions to our inventory is Nearby Explorer, created by American Printing House for the Blind (APH). Nearby Explorer is different from standalone units because it is an application that must reside on a smartphone or tablet. There are a few benefits of this application including: increased precision

compared to traditional GPS--as it can use cell towers and Wi-Fi to increase the accuracy, fewer items to carry and account for while in transit, and presumed familiarity with the operating system and accessibility of the previously issued smartphone.

Nearby Explorer works by accessing an existing mapping system of the user's choice-- Google maps, Apple maps and NAVTEQ onboard maps are among the options. The maps are downloaded to the device; so, network connection is not necessary.

While in use, the Nearby Explorer will provide predetermined information to assist in learning about your current environment. Aspects that can be selected include country, state, county, city, zip code, direction of travel, street number, street name, upcoming streets, turn by turn guidance, points of interest nearby, distance to created points of interest, speed, latitude, longitude, altitude, accuracy of distance report, and number of

satellites being utilized. These features can be toggled on and off depending on your situational needs.

This application also has a feature that is only enabled when you hold your device a certain way. If you hold the phone perpendicular to the ground with the screen facing you, it will announce the cardinal direction you're facing. If you hold the phone parallel to the ground, with the screen facing the side and the base of the phone facing you, it will enable geobeam- a feature that tells about nearby points of interest and approximate distance in the direction you and the phone are facing. Additionally, this feature causes the phone to vibrate and emit a tone, an indication you're on the correct path to the stated point of interest. The pitch of the tone increases as you close the gap to the point of interest.

This device is ideal for our veterans who are engaged in a lot of walking in their day to day lives and who have great mobility

skills. I would caution that you must have a solid understanding of your iPhone including advanced voiceover gestures before being ready to tackle this application. If you think the Nearby Explorer application sounds like it would be a good fit for your needs, be sure to request more information about it on your next trip to the GCBRC.

Manual Skills Update

David Bean, M.A.

Manual Skills Specialist

The wood shop section of manual skill continues to be an exciting place for Veterans to come and showcase their talents or begin a mind-blowing experience of wood working and start a new hobby. Although we have bid farewell to some of the past instructors, they were able to share their knowledge and experiences with the fresh staff that continue in their footsteps.

The wood shop has the normal power tools of table saws, sliding miter saw, various sanders, router, lathe, planer, band/scroll saws, and various hand tools to satisfy wood projects. It also has two specialty tools, the I Carver and the Laser Printer, to add a bit of spice to some projects by engraving a name, logo, or a limited number of design on either wood or leather.

It is said a person is only limited by their imagination when it comes to creating. We have experienced the pleasure of some Veterans with very stimulating imaginations. This year we have had unique items such as an ornamental bow (without the arrows) and a phone speaker amplifying stand as well as assorted styles of crosses, service plaques and interesting modifications to past Veteran projects. The shop accommodates the average wood

project with 1x4's and 2x4's made of fir and pine. If you have a specific project in mind that requires different wood than the fir or pine, it would be beneficial to check with us ahead of time to see if we have any of the specialty wood you are interested in, or to bring your own desired wood.

Adaptive Food Preparation

Tyrhonda White
Living Skills Intern

Hello! My name is Tyrhonda, and I interned in the Living Skills Department from June through August. I had a blast while doing so. I would like to give you tips on cooking with low vision or no vision.

First, get out a cafeteria-type tray to organize materials. If you don't have one, a cookie sheet will work, and one with an edge all the way around is even better.

Using a tray or sheet to gather equipment and ingredients is a good habit to get into. The tray makes it easier to locate your ingredients by making the search area smaller. Have you ever misplaced that darn top to the juice while pouring a glass? I am sure you have or at least something else with a removeable lid. Well, by placing the top in the tray, you will be able to put your hands on it faster. Overall, the tray makes the clean-up easier, too. You also want to keep a wet dish cloth on the work tray to wipe hands frequently during food preparation. This will keep cabinet doors, drawer handles and products being returned to cabinets clean throughout the preparation process.

Secondly, always use a larger than normal size bowl for mixing to prevent ingredients from being stirred out of the bowl.

Thirdly, when peeling vegetables such as potatoes, place the potato under cool water to help determine if entire surface has been peeled. If it is peeled, the surface will feel smooth. If it is unpeeled, the surface will feel rough.

Finally, when you are cooking on the stovetop and want to add ingredients, turn the burner off or on a low setting to prevent having food splatter in your face. Also, when the cooking is finished, turn the burner off and remove the pot. Then place, on the burner you just used, a tea kettle or a pot that was not used but has been filled with a little water to serve as a reminder that the burner was used. (This helps if you forgot to turn burner off.) As for the oven, turn it off prior to removing pans. You also want to make sure to stand to the side when opening the oven so that

the heat will not hit you directly in the face. Always wear your oven mitts when placing food in the oven for the first time; just because your dish is not hot does not mean an accident could not happen. You want to be prepared if your dish slips out your hands, and you need to grab it quickly. Your hands need to be protected when you are using the oven.

If you feel that you need more daily instruction in your home, you can call the Low Vision Focus at Hadley School for the Blind at 1-855-830-5355 to receive audio lessons that are on CDs or you can download to your computer. The low vision coordinator will ask you questions and give you ideas on topics to send to you. Example of topics include Looking Your Best, Eating Without Embarrassment, and Using Tactile Markings to name a few.

Glaucoma

*Susan Mitchell, M.Ed., CLVT
Low Vision Therapist*

In our Visual Skills program, education is crucial in the training process. Often Veterans have reported that they have not been well informed by professionals about their specific visual impairment. For those diagnosed with glaucoma, the following information excerpted from *Glaucoma a Patient's Guide to the Disease*, 2nd edition, by Graham E. Trope should prove to be beneficial.

- ***What is glaucoma?***

Chronic open-angle glaucoma (also known as primary open-angle glaucoma) is a painless condition, usually associated with high pressure in the eye, which results in nerve damage and loss of vision. Normal pressure varies between 12 and 21 mmHg. Pressure is formed by fluid passing through the eye. This fluid, called the aqueous humor, is produced by a gland called the

ciliary processes. The aqueous humor drains out of the eye through tissue in front of the eye called the trabecular meshwork. The increased pressure causing glaucoma occurs when fluids flow through the eyes drainage system is obstructed. High pressure is not always dangerous. In susceptible individuals, however, this high pressure does damage the eye and the nerve at the back of the eye (optic nerve). The nerve becomes cupped and eventually the vision starts to fail. The loss of peripheral or side vision is characteristic of glaucoma. Central vision is typically not affected until very late in the disease process.

- **What are the basic parts of the eye?**

The outer layer of the eyeball is called the sclera. This thin yet tough protective shell is the white of the eye and is covered by a transparent membrane called the conjunctiva. The front part of the sclera is known as the

cornea. This is the clear tissue through which light enters the eye. The colored portion of the eye is the iris. It contains muscles that control the size of the pupils, which is the dark colored area in the center of the iris. The muscles of the iris regulate how much light enters the eye, and depending on the amount of light, the pupils respond by becoming bigger (dilating) or smaller (constricting). The lens of the eye is located behind the iris. It changes its shape to focus images onto the retina – the area at the back of the eye. The retina delivers the images to the brain via nerve signals sent through the optic nerve. All these various parts work together to produce signals which are sent to the brain to produce a visual picture.

The inside of the eye is filled with fluid. The center of the eye, called the vitreous cavity, is filled with a gel-like substance called vitreous humor. The front compartment of the eye

(bounded by the cornea, iris, pupil, and lens) is filled with a watery fluid called the aqueous humor. This special fluid is responsible for the pressure we measure in the eye. The pressure is known as the intraocular pressure (IOP).

- **What is normal eye pressure?**

Normal pressure is between twelve and twenty-one millimeters of mercury (mmHg), with average pressure being 15.5 (mmHg). Pressure above 21 (mmHg) is considered abnormal. Damage, however, can occur at different pressures in different individuals. In a healthy person the eye's fluid continuously drains through an area called the trabecular meshwork to maintain normal pressure. In many patients with glaucoma, the pressure in the eye builds up and rises because there is damage to the drainage system.

- **Can I develop glaucoma**

without having an increase in eye pressure? Research shows

that for a small number of patients with glaucoma, there is little or no increase in eye pressure or ocular tension. (this is called normal tension or low-tension glaucoma). But the exact cause for glaucoma in these patients is still unknown. Although pressure still plays a role in causing glaucoma, there are likely other factors involved, such as blood flow or optic nerve mechanical weakness. Lowering eye pressure has been shown to prevent deterioration in patients with normal tension glaucoma.

- **I can see very well and do not wear glasses. How can I have glaucoma?**

It is important to remember that glaucoma does not affect your central vision. Glaucoma affects side vision first, and only affects central vision very late in the disease. Therefore, glaucoma has no effect at all on your need to wear glasses.

- **Does glaucoma cause**

blindness? Yes, if untreated.

This is the reason that regular eye examinations are so important. If glaucoma is treated promptly, it can usually be controlled and vision can be saved.

- **Can my children inherit glaucoma from me?** Yes, this is possible, although not always the case. Children whose parents have glaucoma have a much greater risk for the disease and should have annual eye examinations after the age of 18.
- **What is cupping of the optic nerve?** The optic nerve at the back of your eye carries all the visual stimuli to the brain. The normal optic nerve looks a bit like a donut. It has a pale central area called the cup. The rim surrounds the cup and is a part of the nerve carrying electrical impulses from the eye to the brain. In glaucoma the rim gets thinner and the pale cup area gets larger. This process is known as cupping. If your doctor says your nerve

is cupped, this means your nerve is damaged, with an enlarged central cup and thin rim.

- **What are the risk factors of glaucoma?** Individuals who are most likely to be at risk are;
 - over age 50
 - related to someone with glaucoma
 - of African descent
 - very short sightedPerhaps the most important of these is being related to someone with glaucoma. Glaucoma is unusual in people under the age of 50. It is more common in patients with a strong family history and those who are very short-sighted. In North America people of African descent are three times as likely as are whites of the same age. There is also a slight increase of glaucoma in patients who suffer from diabetes.
- **Should I avoid over-the-counter medications if I have**

chronic glaucoma? Over-the-counter medications should be avoided only if your eye specialist tells you that your angle is narrow; that is, that you are at risk of angle-closure glaucoma – an unusual form of glaucoma. Prescription drugs occasionally indicate on the package insert that they should not be used by patients with glaucoma. What is really meant is that patients at risk of angle-closure glaucoma should not use the medication as the drug may dilate the pupil, resulting in acute glaucoma. Ask your eye doctor to explain the type of glaucoma you have. Generally, patients with chronic glaucoma can use any prescription and non-prescription drugs as none of these have adverse effects on patients with glaucoma. The exception is steroids, which, in both oral and eye -drop form, can aggravate chronic glaucoma.

- **Will my glaucoma ever go away?** No. Glaucoma never

goes away. The best we can do currently is to control glaucoma with eye-drops, laser treatment, or surgery.

- **Is any research being done to promote early detection of glaucoma?** Yes. Much research is currently being done on the development of tests to enable us to diagnose damage at an earlier stage. These tests include color-vision test, flicker test, contrast-sensitivity test, electrophysiological test, and nerve-fiber-layer test.

I hope this information will be helpful to you in addressing any further questions you may have with your eye care professional.

CBI Outings

*Christy Coonce, M.A., CVRT
Living Skills Specialist*

One unique experience a Veteran will enjoy at the Gulf Coast Blind Rehabilitation Center (GCBRC) is a Community Based Integration

(CBI) outing. Our CBI program takes the Veterans out of the GCBRC and into the public once a month February through November. All available staff and Veterans participate in these outings.

Our first CBI took us to the Mardi Gras parade where the Veterans enjoyed lunch and watched the parade. The Veterans and staff alike enjoyed collecting the necklaces thrown from the floats as they went by.

Yet, these outings are not only for the fun encountered. Veterans are encouraged to use the prosthetics they have been provided and trained on at these events--providing a real-life experience to go with what they learn in the classroom. Using their iPhones or iPads, Veterans are encouraged to take pictures, make notes or read different signs whether they are voiceover

or magnification users. Other veterans play music on their Victor Stream.

Other outings include trips to museums, parks and other attractions of interest to our heroes. Our July CBI took us to the Edgewater Mall where everyone participated in a Scavenger hunt. Chick-Fil-A provided box lunches for the Veterans. Everyone enjoyed this event so much we are going to make it one of our annual trips. In August we went to the Bass Pro Shop in Louisiana. The staff went out of their way to create a special event for our Veterans which included lunch and goodies to go.

When considering a Blind Rehabilitation Center for your needs, remember the unique opportunity you will enjoy here if you are in attendance during the fourth week of the month. This provides a learning opportunity

not only for you but also the public as they realize that just because your eyes do not work as they once did, you are still the remarkable person who served our country with pride.

All About Sports

*Kaitlin Borri, CTRS
Recreation Therapist*

If you are interested in information regarding sports programs the VA offers, look no further! The VA hosts sports clinics throughout the year, all over the country. For example, there is the Winter Sports Clinic, Summer Sports Clinic, Wheelchair Games, Tee Tournament, and the Golden Age Games. There is even an Adaptive Sport Grant Program! There are also other programs which host clinics throughout the year, such as Warfighter Sports.

Each clinic provides specific sports activities. For example, the Winter Sports Clinic provides skiing, curling, kayaking, scuba

diving, rock wall climbing, etc. The Summer Sports Clinic provides adaptive surfing, sailing, cycling, track and field, etc. You can find a quick reference guide for these and other VA clinics online at https://www.va.gov/adaptivesports/docs/Fact_Sheet_NVSPSE.pdf. If you are interested in additional information regarding sports clinics the VA and other programs offer, please do not hesitate to let me know!

Heat Stroke and Heat Exhaustion

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

While summer time is usually a time for fun in the sun and enjoying outdoor activities, it is important to remember the dangers of the sun as well. That's right everyone, I'm talking about heat exhaustion and heat stroke. Heat exhaustion takes place when the body is beginning to get too warm and dehydrated.

The body's skin will begin to feel cold and clammy due to increased sweating. The person may also feel nauseous and begin to feel faint. When the body moves into heat stroke the body temperature rises, skin becomes red, the heart rates rapidly increases, and the person could faint or the heat stroke could become fatal.

Have no fear! Heat exhaustion and heat stroke can both be avoided if the proper precautionary steps are taken beforehand. First, always remember to hydrate. Not only should you drink water while you are outside in the heat, but you should also drink plenty of water before you go outside to be sure to avoid dehydration altogether. Second, wear a ball cap or visor to provide some shade while you are in the sun and continue to seek shade while outside from trees or pavilions and, if possible,

go inside for breaks from the heat. Third, never forget the sunscreen! Lastly, if you do find yourself experiencing some of the symptoms of heat exhaustion or heat stroke, the first thing you want to do is cool the body temperature down. Use icepacks, towels soaked in cold water, go inside for air conditioning, or seek a shady area. If the situation becomes an emergency, call 911.

<https://www.cdc.gov/disasters/extremeheat/warning.html>

Food Safety

*Wanda Noblitt, RD, LD
GCBRC Dietician*

Don't Let Food Poisoning Take the Fun Out of Your Gatherings!

Summer and Fall bring enjoyable gatherings with family and friends often surrounded by plenty of food. It is important to keep in mind that if not handled properly it can put our food (and us!) at risk for bacterial

contamination. Extra care should be taken to make sure we don't get sick from our food. Follow these helpful steps to keep your favorite foods safe and healthy:

Step 1: Clean

Wash hands and surfaces often

- Wash hands for at least 20 seconds with soap and warm water
- Wash surfaces, cutting boards, dishes and cooking utensils with hot soapy water after each use to prevent bacteria from spreading throughout the kitchen.
- Sanitize sponges and replace frequently.
- Wash fruits and veggies under running tap water, but not meat, poultry or eggs.

Step 2: Separate

Don't cross-contaminate

- Use separate cutting boards and plates for produce and for meat, poultry, seafood, and eggs.
- Keep meat, poultry, seafood, and eggs separate from all other foods in the grocery cart.

- Keep meat, poultry, seafood, and eggs separate from all other foods in the fridge.
 - Place raw meat in containers or sealed bags, and freeze meats if you're not planning to use them within a few days.

Step 3: Cook

Cook to the right temperature

- Did you know that food poisoning bacteria multiplies quickest in the "Danger Zone" between 40o and 140o Fahrenheit?
- Use a food thermometer
- Keep food hot after cooking (at 140oF or above)
- Reheat food in microwave thoroughly (to 165oF)

Step 4: Chill

Refrigerate promptly

- Refrigerate perishable foods within two hours
- Never thaw or marinate foods on the counter
 - Thaw in the refrigerator, under cold running water, in the microwave, or cook without thawing
- Know when to throw food out

References:

VA NFS Handout, "Food Safety: Check Your Steps," April 2014

Chaplain's Thoughts

Chaplain Hoggatt

Chief, Chaplain Service

Patriotism and Strength

As I write this article the Fourth of July is now behind us and the "dog days of summer" are in front of us. I hope your Fourth of July was like mine filled with family and friends, barbecuing burgers and hot dogs, fireworks, and time in the pool beating the heat. Oh, I almost forgot lots of ice cream!

This summer, I choose to reflect upon your dedicated service to this great nation. You served faithfully and with honor. I am reminded of the song "God Bless America."

*"While the storm clouds
gather far across the sea,*

*Let us swear allegiance
to a land that's free, Let
us all be grateful for a
land so fair, As we raise
our voices in a solemn
prayer. God bless
America, land that I love,
stand beside her and
guide her Through the
night with the light from
above from the
mountains to the
prairies, To the ocean
white with foam God
bless America, My home
sweet home."*

The song and the events of July shout to each of us of **PATRIOTISM**. Patriotism can be defined as "the vigorous support of one's nation." The strength that each of us found to serve our great nation is the strength that we use every day to face and overcome the challenges in we experience. Philippians 4:13 is the verse I encourage each of us

to remember as we face the obstacles ahead of us:

“I can do all this through him who gives me strength.”

Thank you for being a patriot. Now may God bless this great nation.

Hurricane Season

Robin Sniffen, M.ED
VIST Coordinator, Biloxi, Mobile

It is important to be prepared year-round for any disasters such as hurricanes, floods, tornadoes, etc. Hurricane season is June 1 – November 30 each year. Here are some of the recommendations from the National Hurricane Center for disaster preparedness.

Gather Information: It is important to know about your risks. You can look up online what level of risk your property has and plan accordingly. Are you in an evacuation area? Are you especially vulnerable to flooding

or wind? Having this information ahead of time helps you make quick decisions when you need to.

Contacts: Collect contact information that you may need in an emergency. Law enforcement, utilities, and hospital phone numbers may be helpful. The VA also has an emergency number for filling prescriptions or any urgent care needs if you have evacuated your home area: (800) 507-4571.

Make a plan: Everyone needs to be prepared for the unexpected. Establish a solid plan with your family. Cover communication, meeting spots, evacuation plans, and establish an out of state contact you can inform of your safety. Make sure everyone knows the plan. Review potential evacuation routes as traffic can be problematic.

Collect supplies: Last minute disaster supplies could be hard to acquire. Gather your kit ahead of time and inspect it each year for any expired goods that need to

be replaced. Some recommended supplies to have are:

- First aid kit
 - Include at least a 15-day supply of your medications and prescription drugs in the original bottles.
- Water: At least one gallon per person for three to seven days.
- Food: At least enough for three to seven days
 - Nonperishable packaged or canned food
 - Juices
 - Foods for infants, the elderly or special needs diets
 - Snacks
- Cooking supplies
 - Manual (not electric) can opener
 - Cooking tools
 - Fuel
 - Paper plates and towels
 - Plastic utensils
 - Portable cooler
 - Plastic trash bags
- Cleaning supplies and bleach
- Blankets and pillows
- Clothing
 - Seasonal and rain gear
 - Sturdy shoes/boots
- Toiletries
 - Hygiene items
 - Moisture wipes
 - Hand sanitizer
 - Toilet paper
 - Towels
 - Soap and shampoo
 - Dental/denture care items
 - Eyeglasses/contacts (solutions)
 - Sun protection
 - Insect repellent
- Special needs items: for babies, the elderly, other special needs.
- Flashlights
- Batteries (assorted)
- Radio (battery-operated)
 - NOAA weather radio
- Telephones
 - Cell phone (fully charged, extra battery/car charger)

- Landline phone (not cordless)
- Cash
 - Include some small bills
 - Credit/debit cards (banks and ATMs may not be available for a long time)
- Keys
- Important documents: Keep in a waterproof container or watertight, resealable plastic bag.
 - Insurance papers
 - Medical records
 - Bank account numbers
 - Social Security Card(s)
 - Legal documents
 - Military records
 - Personal identification card(s)
 - Family contact information
 - Property records
- Toys/books/games
- Tools: Keep a set with you during the storm
 - General household tools (hammer, screwdrivers, pliers, saw, nails, screws, etc.)
- Pet Care Items
 - Identification
 - Immunization records
 - Medications
 - Food and water
 - Carrier/cage/crate
 - Leash (muzzle)
 - Cat litter/dog pads
 - Pet waste bags/scooper
 - Toys
- Vehicle fuel tanks filled

A little preparation now can really make the difference in a true emergency. Let's all be prepared this hurricane season!

Positivity

*Scott Turner
VIST Coordinator,
Pensacola/Eglin/Panama City*

We have all heard old sayings such as *"life is what you make it"*, *"is the glass is half full or half empty?"*, *"when life gives you lemons, make lemonade"*, and

“can’t never could....”. Forrest Gump’s mama was correct when she said, *“Life is like a box of chocolates, you never know what you will get inside”*. We all experience difficult events at some point in our life that are beyond our control. Thoughts that we have about these experiences will largely influence our ability to cope and adapt. Our beliefs will help determine our thoughts. If you think you can’t do something, you are well on your way to not being able.

Positive thinking reduces stress. How much stress a person experiences following a life event is dependent on the person’s thoughts about the stressor. Excessive levels of stress can negatively affect both our physical and emotional health. Negative thoughts serve as barrier to healthy coping and adjustment. We could easily use adjustment to blindness as an

example. A person that believes blindness has rendered them helpless is far more likely to have difficulty coping and rehabilitating following blindness than the person who sees their impairment as a life challenge that they must work to overcome as they continue to enjoy life. It’s not that the latter person would not grieve loss of eyesight, but rather that they would strive to not allow their eye condition to rob them of anything beyond eyesight.

A small degree of negativity in life is probably necessary or we would all probably die doing stupid things. It seems to be a human condition that we often tend to over indulge, which can become a destructive habit. Negativity often results in excessive worry and is wasted energy. Since positivity is the focus of this article, I will quote

Forest again and just say *“That’s all I got to say about that”*.

Life can certainly present many challenges, for example: blindness, health concerns for self or loved ones, financial problems.... Some of these problems are not easily solved and, occasionally, the only power we have over difficult life events is how we choose to look at them. Do you see the problem as something you can manage or is it so big you could never overcome it? As a VIST, I have known many blinded Veterans who possess truly impressive abilities. While they probably share several characteristics, one that has always been clear to me is a can-do attitude. Sometimes getting past a barrier is nothing more than having faith in yourself and putting one foot in front of another. With a positive outlook one is more likely to take on a tough situation, whereas, from a negative perspective, tough

situations become impossible and likely avoided.

I wanted to share a little experiment that I found interesting. I don’t know when or where it took place but at some point, I was in a training and the speaker was telling us how we could decide to have a good day. It was simply up to us. I remember thinking as I rolled my eyes, what if I am having a difficult day (that’s the negativity I warning you about)? Sometime later, I decided to put this to the test. I decided to target Fridays as a day that I would try my experiment. I chose Fridays, because the end of the week can sometimes get a little stressful and because I didn’t have nearly the needed optimism to take on Monday. I placed a note to remind myself to be mindful and to not let any of the days’ stresses ruin my good day. I found that on the days I remembered to do this, I did in

fact have a better day. I did not let things, even those outside of my control bother me. It wasn't that I lacked concern for these issues, I just refused to let them rob me of my joy. The result was that it made me a believer. The bottom line is that we can improve our lives simply by modifying how we view life circumstances. Positive outlooks can ease stress which has a way of wrecking our health and tearing at our psyche. Positivity can become a habit and, like any habit, requires some deliberate effort.

I have attached a few quotes that seemed appropriate to the subject:

"You can, you should, and if you're brave enough to start, you will."

— Stephen King, On Writing: A Memoir of the Craft

"We can complain because rose bushes have thorns; or rejoice because thorns have roses."

— Alphonse Karr, A Tour Round My Garden

"More smiling, less worrying. More compassion, less judgment. More blessed, less stressed. More love, less hate."

— Roy T. Bennett, The Light in the Heart

"Once you replace negative thoughts with positive ones, you'll start having positive results."

— **Willie Nelson**

"If you are positive, you'll see opportunities instead of obstacles."

-- **Widad Akrawi**

be happy!

PHOTOS

Scavenger Hunt CBI



Wooden horse



Carousel



Tiger



CARF Accreditation



Bass Pro Shop in Denham Springs, LA



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. DeBakey VAMC 2002 Holcombe Blvd. (580/112-C VISOR) Houston, TX 77030
Amy Wheeler (713)791-1414 ext. 23894	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
Melanie Shurden (601) 364-7937	G.V. (Sonny) Montgomery VA Medical Center 1500 E. Woodrow Wilson Dr. Jackson, MS 39216
Latrice Reaves 1-800-935-8387 ext. 56916	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
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
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**