We are happy to bring you the first issue of “INSIGHT,” a VA Blind Rehabilitation publication for blind rehabilitation professionals and individuals who advocate for Veterans with vision impairment.

Below you will find links to articles of interest that cast a wide net on topics from informational to Veteran highlights.

- **Message from the Program Office**
- **Education Updates**
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**Message from the Program Office**

By Gale Watson, Director, Blind Rehabilitation Service

With great pleasure I write to you at the beginning of a new year, the start of a new page in the long history of Blind Rehabilitation Service.
As I look back to 2005 when Mike and I first started in BRS, I realize what an amazing ride we have all been on together. We began in BRS working with Dr. Beck (Assistant Chief Patient Care Service Officer for Rehabilitation and Prosthetics Services and our boss) and the VHA Visual Impairment Advisory Board (VIAB) putting flesh on the bones of a full continuum of care for blind Veterans. The continuum rolled out in 2009-2010 and added 22 intermediate low vision clinics, 22 advanced low vision clinics, and 11 VISOR programs to our system of care. Those of you who were hired in those programs, especially the programs still in operation, we salute you as pioneers, standing up outpatient clinics in BRS for the first time. As Nancy Strohm (former VISOR Chief, Lebanon, PA) used to say, we were riding the bicycle while we were building it!

During the last day (Friday) of a VIAB meeting, one of the members suggested that we apply for a “Technical Career Field (TCF) Internship” program. And, oh, by the way, the proposals are due on Monday! We were able to meet that deadline after a frantic weekend of writing, and received three years of funding from that program. Those grants were a boon to our burgeoning system of care, as we needed to hire a LOT of new staff. Those of you who began your VHA careers as a TCF recipient can thank that VIAB Board member, the TCF personnel, and some blazing weekend typing.

In August of 2008, I assumed the role of BRS Director, and Mike, Wanda Washington and I became the threesome who guided BRS. Wanda, being an experienced VA insider, was so good and kind to us, and kept us from making a lot of “rookie” errors in VA national office. We had little time to look around in awe – the rollout of the continuum needed our constant attention and oversight. About the same time, we were also provided funding to expand the BROS in BRS by 35 new positions, due to legislation supported strongly by the Blinded Veterans Association. The new positions nearly doubled the current number of BROS.

As a brand new Director of BRS, I had the opportunity to brief then-Secretary of VA, Eric Shinseki. I didn’t sleep at all the night before, I was so nervous. Finally, I calmed down on the walk to the metro station when I realized my job merely required me to tell this man what his VHA does for blind Veterans. Then I was fine. He was very complimentary of our care and was most impressed that our BR5.0 database could tell him what every OEF and OIF Veteran or Service member was currently doing – still an inpatient, or pursuing an education, or staying at home with kids, or back to work. Thanks to all of your notes, we were able to provide that level of detail.

Another wonderful opportunity came our way when legislation required that we change our hiring practices from Title 5 to Hybrid Title 38 standards. This new requirement led to the development of qualification standards, peer professional boarding, and a clarity in how BRS personnel are hired, promoted, and recognized for special achievement. We are now in the process of renewing and upgrading the Hybrid Title 38 standards, and those should be rolling out shortly.
In 2010 and 2011, three new inpatient BRCs opened their doors, Biloxi, Cleveland and Long Beach. Biloxi and Long Beach were planned via the CARES Initiative. Cleveland expanded the VISOR program provided during the rollout of the continuum to an inpatient program for that region.

In 2012, Wanda Washington retired, and we have plenty missed her. Her sage advice and tireless dedication were a blessing for BRS. After Wanda’s retirement, and the retirement or relocation of four of the five National Program Consultants, Mike, Rita Hutton and I were “the” national office staff for a while. We huddled daily and were able to keep everything juggling until we could grow our staff again. We began hiring new NPCs - and Ella, Melissa, Bobbi and Shawn joined the national office. They really hit the ground running! They quickly learned how to manage “responsibility without authority” and have been highly instrumental in oversight of programs in their regions. Their talents have led to a new chart review process, and they have supported health care facilities in growing the number of fulltime VIST Coordinators - from 88 VIST Coordinators to 139 in 12 years!

We were blessed to hire Katie Dziak in the Program Analyst role – because she came to us from the office of Rural Health, she was a champion in assisting the field in securing funding for rural health initiatives. Katie was a great conference planner; she implemented three conferences for us during her short tenure. She left BRS for the VA Office of Interagency Health, and later joined the staff at Centers for Medicare and Medicaid Services. Byron Ruth came to us from Army; he is a retired Sargent. Byron moved on to a Program Support Assistant position in the VA Office of Regulatory Affairs, after completing his Bachelor’s Degree in Occupational Health and Safety, and is now studying for his Master’s degree. I miss Byron running into my office, saying, “Boss, Boss, you’re supposed to be on a call right now!”

In 2012, Deborah Voydetich joined us in a half-time position; the other half of her time is dedicated to her role as OT lead for Rehabilitation and Prosthetic Services. Deb has been invaluable, bringing her extensive experience as a rehabilitation practitioner, and serving as a wonderful conduit for information, expertise and new ideas between PM&R and BRS. Deb has taken lead in continuing education planning and implementation, as well as encouraging and educating the BRS field staff on implementation of CVT. Deb’s sunny enthusiasm, willingness and generosity have been a boon to the national office.

In 2015 we began partnering with the Office of Healthcare Recruitment and Retention to roll out the Visual Impaired and Orientation and Mobility Professionals Scholarship Program (VIOMPS). This program is another effort of the Blinded Veterans Association to assure legislation that benefits our system of care. We have 23 scholars in that program, some of whom are graduating and moving into positions our system of care. Between the VIOMPS program and the Office of Academic Affiliations internships, we have a robust conduit for succession in our system of care.
As we embark on another year together, I want to let each of you know how much you are valued by this office for the work that you do. We are blessed to work in a world-class system of care that provides so many benefits for blind Veterans, as well as for the professionals who care for them. This short history of the decade that I have known you and worked with you is testament to the accomplishments of all of you, to our excellent relationship with the BVA, and to the amazing support we receive from the Office of Rehabilitation and Prosthetic Services, as well as so many other offices with whom we partnered for our accomplishments. I hope you were all refreshed by your holiday season, and ready to continue seeking the highest and best care we can provide.

Education Updates

“Partnership in Professionalism”

By Deborah Voydetich, VACO Blind Rehabilitation Planning Specialist, National Occupational Therapy Discipline Lead

October 2014, VA Blind Rehabilitation Services established a valuable partnership with Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP) to obtain status as an ACVREP™ Registered Provider of Professional Learning and Education (RPPLE©). According to ACVREP, “organizations that become ACVREP RPPLE© providers make a strong statement about their commitment to vision rehabilitation and education professionals and the need to provide meaningful professional development that enhances the quality of services to consumers.” ACVREP requires certified programs to meet rigorous recognized educational standards. The Academy is a member of the Institute for Credentialing Excellence (ICE) and strives to conduct its certification programs according to standards established by the National Commission for Certifying Agencies (NCCA). Since obtaining professional partnership with ACVREP, Employee Education Service (EES) and VA Central Office Blind Rehabilitation Service (BRS) have coordinated and supported approximately 32 separate educational events, accounting for more than 128 ACVREP continued education hours.

The ACVREP and BRS partnership contributes to improving the quality of vision rehabilitation services and enhances employee engagement. According to BRS Qualification Standards, Handbook 5005, applicants for BRS positions must possess at least one active, current, full and unrestricted certification to be eligible for appointment.
to BRS positions. The certification must be maintained for employment. In partnership with ACVREP, Employee Education Accreditation Office, an ACVREP certificate in Talent Management System is now available. This new certificate will serve as proof of attendance and will include the title of presentation and hours of attendance. The certificate will serve as proof of attendance when applying for your re-certification.

What ACVREP continued education (CE) events are available now and in the near future?
Several ongoing educational events are available to obtain your ACVREP CEs needed for recertification:
1. Monthly Assistive Technology Conference Webinars, first Friday of the month, at 1:00 (EST) with 1 hour of continued education available.
2. Quarterly Blind Rehabilitation Journal Club Webinars occur quarterly with 1 hour of continued education available.
3. TMS recorded offerings can be found on the Blind Rehabilitation SharePoint site. These educational recordings and webinars can be accessed at any time for continued education credit and can be found at Educational Opportunities for BRS Staff

References:
1. ACVREP link
2. Educational Opportunities for BRS Staff

Summary of 2016 Educational Conferences
National Blind Rehabilitation Service Conference Milwaukee, WI
Another successful face-to-face National BRS conference in partnership with Blinded Veterans Association was held in Milwaukee, Wisconsin, August 23-25, 2016. We were fortunate that the Secretary of Veterans Affairs, Secretary McDonald, was able to make an appearance at this event. This provided a wonderful opportunity to increase awareness of our services and highlight our contributions to providing excellence in care to VA leadership. Secretary McDonald paused for a photo with two of our National Consultant’s, Rita Hutton and Ella Hart (photo above). The conference offered 22.5 ACVREP education hours for Social Workers, Vocational Rehabilitation Counselors, Occupational Therapists, and Blind Rehabilitation Specialists. Topics offered were relevant, evidence-based, and diverse. Clinical,
interpersonal and administrative learning objectives were included to meet all BRS needs. If you were unable to attend the conference and would like more information, all slides can be found at; 2016 National BRS Conference Slides. Group Photos of the conference attendees can be found at: BRS Group Photos.

Technology in Rehabilitation: A Hands on Course in Assistive Technology (AT)

Several Blind Rehabilitation Specialists participated in the Technology in Rehabilitation Conference held August 30- September 1, 2016, in San Pedro, California. Sarah Majidzadeh and Silvia Vargas, Long Beach BRS staff, provided the hands-on training for the low vision breakout session. All attendees had the opportunity to handle, manipulate and program the various assistive technology devices in order to understand set-up, application, and educational needs as they relate to the impaired Veteran population. The focus was also on developing strong interdisciplinary teams to encourage interaction and coordination of care among all rehabilitation providers / settings (e.g., blind rehabilitation, polytrauma, spinal cord injury, mental health, acute care, outpatient, home care, and community living centers). Michael Bastien, BRS Chief at Denver VISOR Program concluded the workshop with his insightful presentation titled, “Creating an AT Program without Dedicated Staff.” The presentation / slides can be found at; Developing an Assistive Technology Program

Best Practices

Motivational Interviewing to Increase Participation in Vision Rehabilitation

By Nicole Feist, LMSW, MPA, COMS
VIST Coordinator
James J. Peters Medical Center, Bronx, NY

“Selling” the benefits of VA blind rehabilitation, be it in-home or at a VA residential program, is a big part of the job for every VA blind rehabilitation employee. The purpose of this article is to share a strategy that can aid people with vision loss to be their own best “sales people” in the quest to connect with vision rehabilitation services. Who better than the person with vision loss to help identify reasons for not wanting to participate in blind rehabilitation, as well as reasons to try it? A technique called Motivational Interviewing (MI) has been proven in peer-reviewed research to increase client attainment of health-related goals. A meta-analysis by Sune Rubak, MD of 72 randomized controlled studies, found a clinically relevant effect from motivational interviewing in three out of four studies. Even in “brief encounters of 15
Motivational Interviewing for Positive Behavioral Changes

Some applications for Motivational Interviewing are:
1) Supportively acknowledging the severity of vision loss and the need for help
2) Facilitating discussion about community-based and residential blind rehabilitation training
3) Assisting the patient in identifying why driving with severe vision loss is no longer safe and finding alternatives to driving
4) Easing any tensions between clients with visual impairment and caregivers
5) Creating goals to address in blind rehabilitation
6) Reducing ambivalence and/or resistance in using assistive devices, including the long white cane.
7) Developing a blind rehabilitation plan that the client feels invested in and wants to achieve.

The steps above can be scary for a person newly diagnosed with vision loss. Typical arguments practitioners may present for participation in vision rehabilitation go something like this: “You are legally blind. Legally blind people may be at risk of injury or death unless they learn new ways to do things. Therefore you need to learn new ways to do things safely with vision loss.” Experienced blind rehabilitation providers are usually aware this kind of logic rarely goes far with someone newly diagnosed as legally blind.

The Spirit of Motivational Interviewing

Motivational Interviewing’s primary assumption is that individuals are best at finding and implementing solutions to their own problems. When MI practitioners offer advice they first ask permission and check with the client to monitor and better understand the client’s reaction to the new information presented. For example: “In this state, 140 degrees of visual field is required to drive legally. The eye doctor says your test shows 10 degrees of visual field. What do you make of that?” The practitioner does not directly counter a patient’s denial. Rather, in MI “resistance” is built upon to build rapport or elicit the client’s own reasons to change. As blind rehabilitation providers it is part of our professional responsibility to be thinking about a person’s safety when they lose vision. Clients adapt to vision loss at their own pace. Solutions a practitioner thinks are right, however logical, will not succeed if the client is not ready for them. Motivational Interviewing allows the client to take sustainable, self-generated action. Blind rehabilitation professionals can leverage MI techniques to help guide the client into taking action. Unless there is immediate threat of harm to self or others, attempts to force change cannot and should not be pursued by blind rehabilitation practitioners. Motivational Interviewing helps us guide clients towards making change that feels “right” and practicable in their own lives. If this technique interests you, please consider seeking training in Motivational Interviewing. Below are some resources to help you get started.
ADDITIONAL SOURCES ON MOTIVATIONAL INTERVIEWING


Employee Perspectives

Reflections on Managing Up in the VA

GW Stilwell, LSW, VA/CM
VIST Coordinator, Philadelphia VAMC

As a VIST Coordinator of many years, I believe that BRS Staff represent some of the smartest, most creative and dedicated employees in the VA. But even the brightest and best can be stifled by what I simply call the “Challenge.” What is the Challenge? Is it pressure from above, demands of patients and lack of support from other staff? Or is it our own beliefs about work and the organization we are in? While the challenge is different for all of us, it can cause us all to become discouraged and less effective. To meet the challenge we must be able to develop ways of working with other professionals, often above us in the food chain, to develop new or improved systems to deliver services. We must be able to take control of our own actions and influence the environment around us in the midst of change.

The concept of “Managing Up” is one tool that can help. In its crudest form, managing up is a shameless attempt to impress one’s boss, to get the next promotion, plum assignment, or corner office. But it is more than that. It is a process by which we can apply certain knowledge and skills to interact with co-workers and superiors to advance our careers and programs. While many of us are not worried about climbing the corporate ladder, we can use these same skills to grow our programs and assure the best services for our patients.

Here is the advice of one old VIST coordinator on “managing up” in the VA.
1. **Steal Anything You Need but Confess:** “I have not had an original thought since 1953.” Stolen from Walt W. in 2004. Borrow, steal, and appropriate ideas, procedures, and whole memoranda to save time and use best practices. However, take the important step of giving credit to those responsible for the “original thoughts” and procedures. Sharing credit keeps the pathways for creative communications open for future use.

2. **A Dog Who Can’t Wag His Own Tail Ain’t Worth Havin’:** The puppy in the pound that has the most energy always gets picked first. If you are doing a good job and your program is productive, let everyone know. Staff at all levels of the food chain like to contribute to a winning program. As John D Rockefeller, Sr. said, “Next to doing the right thing, the most important thing is to let people know you are doing the right thing.”

3. **Be a Know-It-All:** Establish yourself as the subject matter expert in your area. Become the “go to” guy or gal for questions pertaining to your program specialty. Seek positions on study groups at your facility or on professional groups in your field. Join a speakers’ bureau, volunteer to educate co-workers and conduct seminars. A good program manager’s name should be synonymous with his or her subject matter in the minds of the organization’s leadership.

4. **Read the Scripture and Listen to the Prophets:** Being a subject matter expert is not enough. Read and study handbooks, memoranda, policies, and laws that affect your program as if they were scripture. Seek out policy, political, or program experts at all levels of the organization; then listen to them as a disciple would. This does two important things. First, access is gained to the insight and wisdom of key people in the organization. Second, when others advise you, they become invested in your enterprise and are more apt to help you when you need them. Obtain a mentor if possible. Remember Proverbs 4:7, “Wisdom is the principle thing; therefore get wisdom: and with all thy getting get understanding.”

5. **If You Are Not Paddling You Are Drifting:** Running a program is like paddling a canoe on a river. You can travel a long way, but if you stop working at it you lose direction really fast. You must constantly assess your progress and set new goals as you meet old ones. As Will Rogers put it, “Even if you are on the right track, you’ll get run over if you just sit there.” Leadership expects program managers to meet program goals, deadlines, and national mandates. To impress leadership one must keep moving beyond expectations.

6. **Be a Storyteller:** When reporting on program progress to leadership, many employees present mind-numbing charts with facts and figures about the patients they have served. While it is essential to know this information when going into a presentation, it might be more productive to tell a tangible success story. For example, pick a patient who embodies the success of the program and tell his or her story.

7. **Seek Proper Compensation:** Sometimes it feels like we work extremely hard without being recognized. This leads to the danger that we will lose our drive or motivation. To prevent this, start a file labeled “Accomplishments.” Use it to gather thank you notes, short descriptions of great projects, and other uplifting items. When you feel neglected and down, give yourself a raise by getting out the file. Refer to #2 again and get excited about what you are doing!
8. **Think Outside the Box but Color Within the Lines:** Bosses love to see coordinators and program managers come up with creative and innovative ways to improve both the quality and quantity of services. Bosses react very negatively when they learn that subordinates have gone over their heads to higher leadership or outside stakeholders. Losing the trust of your boss when you cross the wrong line can be tremendously damaging to a career and a program. The old adage, “It is easier to ask forgiveness than ask permission” doesn’t always apply.

9. **Be Sociable:** Being able to tell your program’s story during a presentation is very helpful, but being able to relate to co-workers and supervisors on an individual level is a powerful tool. In the book, *Lincoln on Leadership*, Donald Phillips describes how President Lincoln could, “influence people through conversation and storytelling.” Lincoln had the ability to easily relate to anyone from backwoodsmen to generals and powerful politicians when advancing his cause. While few of us will develop this art to the level Lincoln did, it is a skill that can be learned and cultivated.

10. **Discourage Group Think:** Cultivate intellectual diversity. Doris Goodman in her excellent book called, *Team of Rivals*, takes the reader on an 850-page journey to tell how President Lincoln harnessed the brainpower of his political rivals to help win the Civil War. If you do not have time to read the book, take this simple bit of advice: Recruit team members with diverse styles and skills and then nurture a culture that values all members’ opinions.

11. **Be Trustworthy:** Develop trust in your program. Make trust part of your brand. Simply put: Say what you are going to do and then do what you say. On the flip side, to be productive you must also trust those who work with you.

12. **Last but Not Least, Have Fun:** Life is too short to have a job you don’t enjoy. You can’t impress a boss or grow a program if you don’t enjoy it. For a short while one can work hard and do a good job in a bad position, but if unhappy, develop a plan to get out sooner rather than later.

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**Did you Know?**

**NEWLY ENHANCED ACCESSIBILITY FEATURES INCLUDED WITH WINDOWS 10**

By Rita Hutton, National Program Consultant Central Area Region

Recent advances in the development of mainstream technology enrich the experience of members of the blind and low vision community. One of the latest advances in accessibility includes improvements to the built-in features of **Magnifier** and **Narrator** in **Windows 10**. Using these applications allow
individuals with varying degrees of vision loss to immediately access a computer with a greater level of independence delaying, or in some cases, eliminating the cost of a higher priced third-party software.

**Magnifier** is a utility that enlarges the entire screen or part of the screen so that the user can see the words and images better. (Enable by pressing the Windows logo key and + (plus sign))

**Narrator** reads text on the PC screen audibly and describes events, such as notifications or calendar appointments, permitting the user to access information from the PC without a display. (Enable by pressing the Windows logo key + Enter)

Although the Magnifier and Narrator built into Windows 10, are NOT a cure-all, these newly improved accessibility features do serve to support magnification of the screen for identification of objects or provide text-to-speech support for reading the screen to empower consumer independence. Magnifier and Narrator are not recommended for advanced school or work use, but are intended for basic home and personal use of computer technology applications such as internet or social media sites.

The Windows Accessibility Direct Helpline is a resource available via telephone and was designed to assist persons with disabilities, at no cost to the user. *Microsoft Disability Answer Team* agents provide assistance to persons with disabilities, including people with visual impairment, hearing impairment as well as other disabilities. Similarly, *Microsoft Disability Answer Team* supports customers seeking assistance with screen readers, screen magnifiers, or speech recognition commands.

Services through the Windows Accessibility Direct Helpline for persons with disabilities can be accessed via phone (1-800-936-5900).


To Learn More, check out the following Links:

Note that Windows 7 is still working well and will be supported until January of 2020. So if you have a current computer with Windows 7 there is no need to change now.
Veteran Spotlight

Veteran Spotlight on Patricia McWilliams: Her Lifetime of Service

By Jennifer Kiebles, Ph.D.
Psychology, Hines VAH

Our Veteran spotlight is on U.S. Air Force Veteran, Ms. Patricia McWilliams (photo right). Recently, Ms. McWilliams delivered an inspirational talk at the 2016 National BRS conference in Milwaukee and was described by Gale Watson as, “a wonderful, engaging speaker who told her story with humor and verve.” Gale added, she is, “so open, humble and yet proud of herself, a fantastic speaker.”

Ms. McWilliams is a career military service Veteran who served from 1971 to 1994. She grew up with her mother, father and four sisters in St. Louis, Missouri. After graduating high school, she enlisted in the U.S. Air Force in December of 1971. She reported that her family had very few financial resources while she was growing up. She enlisted in the Air Force based on her desire to see the world and to travel to places she had only read about in books. She served for 23 years, 4 months and 28 days, and retired at age 42! Within 4 years from military retirement, she completed her Bachelor’s degree in Social Psychology.

Ms. McWilliams began noticing her vision changing in 2005, which resulted in a diagnosis of keratoconus, a disorder of the cornea. She experienced glare and reduction in visual acuity, which was managed temporarily by two cornea transplants. Then, in 2008, she was diagnosed with glaucoma and cataracts. She subsequently had two more corneal transplants, with limited gains. She reported her current visual limitations (due to glaucoma) involve visual field restriction less than 20 degrees and described her vision as though she is looking through “wax paper.”

With declining vision, she experienced sadness and “self-pity” during the toughest times. Major life changes had ensued including not driving a car anymore, which had a major impact on her independence and quality of life. During that time, she said she let go of some of her passions, including sewing and quilting. She engaged with community Christian based resources and found benefit in talking with a counselor to identify both
the “highs and lows” of vision loss. Through this experience, she decided that her life was not over but changing in an unexpected direction. She had heard about the Central BRC at Hines and decided to apply to the program in 2010. She reported that she had, “no idea how to live as a visually impaired woman after being sighted for 55+ years” and described her Hines experience as “lifesaving.”

Ms. McWilliams has made helping others her primary life’s work. Prior to her retirement from the military, she worked as a family support counselor for six years helping military family members with special needs and in emergency situations. She said she valued, early on, the “importance of helping people.” She expressed appreciation for the many people who had helped her and these experiences have shaped the way she thinks about helping others.

Currently, Ms. McWilliams continues to serve others in her community. She works on the executive board of a non-profit organization that delivers services to children with special needs and providing emergency services to families. During our interview, she said that her greatest challenge in life has been adjusting to vision loss, and said that living independently is her most notable achievement to date! She hopes to continue with travel to places including China to trek the Great Wall, visit the Grand Canyon again, and take a trip to Africa. She further hopes to become fluent in the Spanish language and to continue to spend quality time with her beloved son and grandchildren.

Call for Papers from the Field!

The newly established VA National BRS Newsletter titled INSIGHT is accepting original article submissions. We are seeking articles from the field to launch the newsletter. After submission, each article will be cataloged and considered for publication. Please take advantage of this exciting opportunity to share your work, new and exciting developments, success stories and insights from the field.

With this newsletter, we hope to enhance a sense of community within the field of VA Blind Rehabilitation, foster employee engagement, improve work-group communications through positive feedback and educational information. We have developed instructions for authors, which will help guide your writing and preparation for submission. Your contributions will help to shape the information, program enhancement and education resources across the BRS.

Topics of interest, identified by staff across the BRS nationally, include, but are not limited to: We invite submissions that represent the following:

- BROS, VIST, Recreation Therapy (and adaptive sports) topics;
- Future of BRC, CARF standards, political updates from Capitol Hill;
- Departmental news, education / training opportunities, licensing / credentialing updates;

INSIGHT is a newsletter published by VA National Blind Rehabilitation Service
• Census data from the BRCs, PI and programmatic outcomes data reports;
• New technologies, device updates, and research developments;
• Best practice methodologies, trends and clinical concerns; and,
• Employee highlights / milestones and Veteran success stories!

**Please also exercise your creativity and submit articles in other areas!**

The managing editors for the newsletter are Rita Hutton, National Consultant; Deborah Voydetich, VACO BRS Planning Specialist; and, Melissa Morley, National Consultant. Additional newsletter editors and writers are BRS employees; Dirk Evans, Keith Tackett, John Kingston, and Jennifer Kiebles. Authors interested in submitting an article should send the document directly to both Jennifer Kiebles at JenniferL.Kiebles@va.gov and Ann Suchie at Ann.Suchie@va.gov for initial collection. Once received, all submissions will undergo a peer review process.

Questions about topics and submission may be directed to any of the managing editors or other editors on the newsletter team.

**INSIGHT is produced by:**

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