

The Bulletin

Blinded Veterans Helping Blinded Veterans



September-October 2019

74th BVA National Convention



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Cover Photo: A collage of scenes from the 74th BVA National Convention

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President's Page

by Tom Zampieri



As we all traveled home from a successful 74th Annual BVA National convention

in Tulsa, I feel like the membership and new board members are moving forward with excitement and renewed energy towards continuing to make the decisions that will benefit the association in both near and long term. From our founding members to today, there are challenges for each generation of leaders that must be met and we have surveyed our employees, the board members, and general membership and will utilize the responses to develop our strategic plan for the organization moving forward. Through the dedicated work of the board in the past couple years, we are finding cost saving solutions and new fundraising approaches to improve our financials and build upon our investments.

The BVA board members this coming year have great opportunities to build upon emerging new external relationships with other organizations, associations, foundations, and corporations to provide new ways to offer services and develop programs that membership and their caregivers want and need. We have a unique board now with three female members and it reflects that diversity is important and it demonstrates our inclusiveness in garnering how to make solid plans for our BVA future.

Some sad news arrived that I must share with you all, we were contacted to notify us that Immediate BVA Past President Joe "Chief" Parker passed away peacefully

around 9pm, Tuesday, August 27th at his home while receiving hospice care after a long struggle with kidney failure. In the past two years, even while battling the medical complications he sustained from exposure to Agent Orange, he worked tirelessly to improve the BVA and set us on a new course as the president. His services were held on Saturday, September 7 at 2:00pm at Moore-Blanchard Funeral Home, 100 N. Country Club Road, Brevard, NC 28712. BVA Headquarters office sent flowers on behalf of staff, BOD, and all the BVA membership. The family has asked that in lieu of flowers, kindly make donations to BVA in his memory. Chief loved the years that he served on the board and was active in North Carolina Regional Group prior to being elected to the board.

As we work to bring about the various new changes that will benefit the entire BVA membership in the future; we want to bring in new ideas and recommendations. I would ask that regional group leaders discuss with the district director's about ways to improve the organization, bring more positive publicity to our BVA efforts, and participate at the regional group or chapter levels. Helen Keller said, "alone we can do so little, together we can do so much!" As we plan for local White Cane Day events then for our March 28th "Blinded Veterans Day," and our 75th anniversary celebration, let's work together to highlight our joint efforts.



Executive Director's Message to Members

By Joe Bogart



Wow! What an amazing, fun, and productive convention!

We had some intense debates in the business sessions, we had fun at the baseball game and bowling, and we ended the week with awards, door prizes, and even an engagement! The 74th Convention set the bar high for our upcoming 75th Convention from August 17th – 21st, 2020 at the Hyatt Regency Capital Hill in Washington, D.C. and we are planning for an even greater time!

When the Headquarters Team hit the ground, we immediately noticed how Tulsa worked hard to improve accessibility around the hotel. They installed the latest audible crosswalks and fresh truncated domes at the crosswalks. The hotel made great efforts to include a more affordable meal menu for our members as well. We would like to thank the city of Tulsa for hosting us and taking strides to make the city more accessible.

Our week started out with incredible education sessions and an over the top, first time ever, caregiver discussion panel hosted by Gary Barg. With the overall reviews being high, and requests already coming in for more caregiver events, we plan to grow this for 2020.

Then, VA Deputy Secretary James Byrne had many great things to say about the progress we are making by working with his office. Oklahoma Governor Kevin Stitt, U.S. Senator Lankford, who sent a video to our members, and Tulsa Deputy Mayor Amy

Brown closed the keynote opening speakers for Wednesday's joint session. We had the normal business sessions and that evening enjoyed a Tulsa Drillers ballgame complete with a buffet and play by play announcing just for us on our own private deck.

Thursday morning held special meaning for our Vietnam Veterans with a unique opportunity to visit with the noted reporter, author, and only civilian to receive the Bronze Star for Valor, Mr. Joe Galloway. Since the only time Mr. Galloway could join us was Thursday, we deviated from the normal Father Carroll Speeches for his presentation. That evening, Operation Peer Support hosted all attendees to a pizza buffet and bowling at Andy B's.

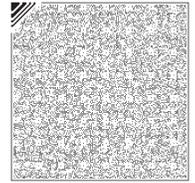
Friday gave us one new resolution, a bylaw amendment, and next year's board officers. Congratulations to Board President Dr. Thomas Zampieri, Vice President Joseph McNeil Sr., Secretary Daniel Wallace, and Treasurer Elizabeth Holmes. We then closed out the convention with a wonderful dinner, music, and special recognition for Dale Stamper's long service with the BVA's Board and Director of Government Relations Melanie Brunson, who retired at the end of August.

Yes, indeed, the 74th National Convention was a hit. From all of the BVA HQ Team, thank you for coming out and making it a very fun and memorable convention. We look forward to seeing even more of you in D.C. in 2020!



Legislative Update

By Melanie Brunson



This month, I have several pieces of legislation to tell you about. These bills are of interest because they concern issues related to blind and visually impaired Americans. Two of these bills have been introduced by members of Congress. H.R. 2620, the Faster Treatments and Cures for Eye Diseases Act of 2019, establishes a pilot program to stimulate investment in research on treatments and cures for eye diseases by private sector investors. Under this program, investors would be able to purchase “Eye Bonds” to help fund medical research deemed viable by the National Institutes of Health. This is a novel approach which, if successful, could greatly increase funding for much-needed medical research. The bill’s sponsor is Rep. Sanford Bishop of Georgia.

The second bill concerns a longstanding problem that primarily affects seniors and people with disabilities who are on Medicare. Since 2008, the Center for Medicare and Medicaid Services has refused to allow Medicare funds to be used to pay for low vision aids. Since these devices are used for reading, and, therefore, can be used for reading things that are not limited to medical information alone, the agency decided these devices are not “medical” equipment. Thus, Medicare should not pay for them. Since private insurance follows Medicare’s lead, they have also refused to cover them, so seniors who could benefit greatly from these devices are left without the resources to purchase them. H.R. 4129 is a first step

in changing this situation. It requires the Centers for Medicare and Medicaid Services to implement a pilot program under which they will allow Medicare to buy low vision aids for beneficiaries and monitor how many requests they actually approve, as well as how much they actually spend on these devices. The purpose of this “demonstration project” is to give the agency a realistic idea of how much of a strain such coverage would actually put on the Medicare budget. It is meant to counter the department’s fear that covering such devices would cost the program too much.

If you are interested in supporting either H.R. 2620, the Faster Treatments and Cures for Eye Diseases Act, or H.R. 4129, the Medicare Demonstration on Coverage of Low Vision Devices Act, you can help. Ask your member of Congress to co-sponsor these bills. They need support from members of both parties in order to get the attention of House leadership.

There are also two bills in the Senate that could benefit people who are blind. S. 1241, The Exercise and Fitness for All Act urges companies to make exercise and fitness equipment that can be used independently by people with visual impairments, and also to make exercise classes and instruction in the use of fitness equipment more accessible. This bill was introduced by Senator Casey of Pennsylvania, and he is looking for other senators to join him in supporting it.

Finally, there is a bill in the Senate which, among other things, makes it easier for blinded veterans to obtain grants from the VA to pay for adaptations to their homes which are needed due to their disability. The House

of Representatives passed a bill earlier this Summer to remove some of the limits the current grant program places on eligibility of veterans who are legally, but not totally blind. Now, we are urging the Senate to use this language in their bill and pass the amended legislation. Senator Moran of Kansas has introduced a bill S. 2022, the Specially Adaptive Housing Improvement Act, which is similar to the bill passed by the House earlier this Summer, but it does not include the language that the House bill included to help blinded veterans who need to adapt their homes. We are currently working with the bill's sponsor and the Senate Veterans Affairs Committee to get this bill amended. Once this is done, we urge you to ask your senators to

support passage of this bill. Our goal is for this bill to pass both houses by the end of 2019.



Those of you who attended the BVA convention may know that by the time you read this, I will no longer be BVA's Director of Government Relations. As of August 30, I am retiring and leaving the Washington area. However, before I close my last update, I want to thank you, the members and friends of BVA, for the privilege of serving you for the past few years. It has been a pleasant honor to know and work with you. Thank you for the privilege, and thank you for your service. I wish each of you, and the Blinded Veterans Association, all the best.

BVA Concludes Successful 74th Convention

BVA concluded its 74th Annual Convention in Tulsa, Oklahoma on a high note, with speaking appearances by Governor Kevin Stitt, Deputy Secretary of Veterans Affairs James Byrnes, and special guest speaker, war correspondent Joe Galloway.

Monday started off with a trip to the Illinois River for some kayaking, hosted by Team River Runner. Educational sessions highlighted the day beginning with Music Composition with Jerry Simon, who taught our blinded veterans how to play the National Anthem and America the Beautiful on a specially designed system called ARBECY which he developed.

ARBECY stands for R, B, C which is a remote-controlled system of bells in which a wireless signal is sent to a modified cell phone attached to the wrist that pulses when to ring the note with the bell.



BVA and BVAA National Officers render honors to the National Colors at the Awards Banquet.

Paul Schroeder, Vice President of Policy, AIRA Corporation, spoke about AIRA opening up a free service of unlimited calls of 5 minutes to introduce more people to AIRA and their products. "We want to get

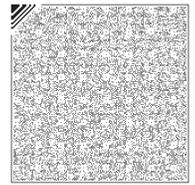


(Left to Right) BVA Executive Director, Joe Bogart; BVA National President, Thomas Zampieri; and BVA Vice President, Joseph McNeil Sr. in the Marriott Southern Hills Lobby greeting War Correspondent Joe Galloway, Keynote speaker.

more people using this great service,” he said. “This service uses 150 agents from all over the country who help the blind and visually impaired with a multitude of tasks, including reading mail, reading medical labels, locating products, crossing the street, locating obstacles in their path, and other tasks. The AIRA App can be downloaded to your smart phone and can start up immediately.

“Don’t believe the marketing stuff,” says speaker Patrick Antaki of SeeBoost during a session on Electronic Head Mounted Glasses, “try it first.” Antaki spoke of two systems of head mounted assisted vision glasses; Immersion and Open. The immersion system is good for watching television because it requires you to stay seated and in a stable position, but covers up peripheral vision and can get heavy and hot. An open system is one that is portable such as OrCam. The electronic glasses have some comfort and a longer battery life making it portable and ideal for daily use. Make sure you try the system before committing to make sure it is right for you.

Wing Warrior brought World War II uniforms worn by African-Americans to the BVA Convention for the first time. Managed and operated by Tim McCoy, he brings these uniforms to all parts of the country. Each display has its history written in Braille. “We offered to bring this collection here,” said McCoy. “It keeps our history alive.”



The evening of the first day ended with a dine around sampling the local cuisine in area restaurants.



(Above) Monaca Gilmore singing the National Anthem at the Tulsa Drillers Baseball game.

(Below) BVA Members enjoying the Tulsa Drillers Baseball game.

On Tuesday, the Exhibit hall opened and a record number of vendors were present to bring blind veterans closer to the prosthetic devices that can improve the quality of their daily lives. Two of the largest convention supporters, Aira and OrCam, were present and displayed their latest head mount devices for

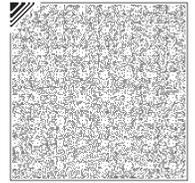


BVA Members catching up in the lobby of the Marriott Southern Hills, Tulsa at the National Convention.

mobility (Aira) and reading and identification eye wear (ORCAM). Tuesday evening, everyone enjoyed a terrific dinner during the BVA President’s Welcome Reception.

Wednesday, the official Opening Session began, which was open to all members, guests, and visitors. Attendees were treated to remarks by the Governor of Oklahoma, Kevin Stitt; Deputy Secretary of Veterans Affairs, James Byrnes; and Deputy Mayor of Tulsa, Amy Brown. Following was the first business session. During the business session, members were provided information on the operational and financial status of BVA. Most everything covered is included in the BVA Annual Report. That report was emailed to members attending the convention and is to be mailed to members who did not receive the email

copy. Later that day members were treated to a baseball game between the Tulsa Drillers and the Springfield Cardinals.



Thursday started with some more informational seminars, followed by the “Father Carroll Luncheon.” The guest speaker, writer Joe Galloway, was emotional as he spoke of the sacrifices of our men and women in battle and the recovery that they must go through following every conflict.

Friday was the final day of the convention and the last of our business sessions. Now on to the election of officers. Congratulations to the following officers elected:

- President: Tom Zampieri
- Vice President: Joe McNeil
- Secretary: Danny Wallace
- Treasurer: Elizabeth Holmes

Outcome of the Bylaws and Resolutions:

APPROVED

BYLAW AMENDMENT NO. 1

Added paragraphs (c), (d) and (e) to Section 13 b. (2) of ARTICLE XIV (REGIONAL GROUPS).

Section 13 b. (2)

(2) The following administrative sanctions shall be implemented by the National Board of Directors/National Headquarters against any BVA regional group, which is placed in a “NOT IN GOOD STANDING” status:

- (a) The group’s delegation will not be seated at the BVA National Convention, and accordingly, the group’s delegate will be precluded from casting any vote on the floor of the Convention.
- (b) The group’s annual Life Membership Fund dividend/interest apportionment and quarterly dues apportionment’s will

be withheld by the National Headquarters until such time as the group is returned to a “GOOD STANDING” status by the National Board of Directors/National Headquarters.

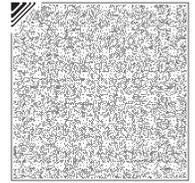
- (c) If a Regional Group remains in “NOT IN GOOD STANDING” status for three (3) consecutive years, the charter will automatically be revoked. Any associated Treasury Funds and ledgers will be forwarded to BVA National HQ and the apportionment held in the Life Membership fund from the respective Regional Group shall be maintained within the Life Membership Fund for normal distribution to Group’s “in good standing”. The membership assigned to that Regional Group shall be provided with an option to join another regional group or become a part of the Membership-at-Large status.
- (d) If the membership of a revoked Regional Group applies to the National Board of Directors within two (2) years of revocation, the newly formed Regional Group shall be entitled to receive the charter, associated Treasury Funds, ledgers, less the apportionment held in the Life Membership fund from the prior Regional Group.
- (e) At the end of this five-year period all funds within the treasury associated to that respective regional group will remain within the National General Fund, and any new regional group forming within the territorial boundaries of that respective regional group will not have access or rights to regaining such funds.

APPROVED RESOLUTIONS:

RESOLUTION 1-19

Supporting the AbilityOne Employment

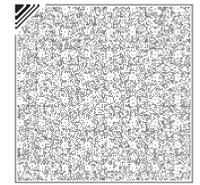
Programs to Ensure Continued Department of Veterans Affairs (VA) Contracting Opportunities for Ability One Industries, August 2019



WHEREAS, for more than 80 years, the AbilityOne® public-private partnership, has provided job and career opportunities to individuals who are blind. In 1971, Congress expanded the law to include people with severe disabilities; and
WHEREAS; each year, the AbilityOne Program provides sustainable employment for more than 45,000 people who are blind or severely disabled, including more than 3,000 wounded, ill, or injured disabled veterans; and
WHEREAS, the Veterans First Contracting Program (established by the Veterans Benefits, Health Care, and Information Technology Act of 2006 or the “VBA”) and the AbilityOne® Program (established through the JWOD Act, which serves people who are blind or with significant disabilities) serve different, but complementary missions, creating opportunities for two under served populations; and
WHEREAS, BVA believes these programs can co-exist while meeting their respective objectives; and
WHEREAS, the Veterans First Contracting Program does not require participating veteran-owned companies to hire or promote veterans, as it is not designed to be an employment program, but rather solely an effort to promote veteran-owned businesses; and
WHEREAS, Congress and VBA must ensure disabled veterans have access to employment programs for our Nation’s disabled veterans; the intent of Congress in the VBA of 2006 was to encourage the Department to award

more contracts to Service-Disabled Veteran-Owned Small Businesses (“SDVOSBs”) using competitive procedures by prioritizing SDVOSBs over other for-profit small businesses, but not to accomplish meeting the goals of the VBA by removing work from qualified Non-Profit AbilityOne agencies employing people who are blind or severely disabled performing mandatory AbilityOne Procurement List contracts; and WHEREAS, Congress has affirmed its support of the AbilityOne Program and the JWOD Act; and WHEREAS, BVA believes providing through the AbilityOne Program meaningful employment opportunities for people who are blind or have severe disabilities, many of whom are veterans, is crucial to increasing their personal and economic independence; and WHEREAS, the Blinded Veterans Association further believes that the VA must cease attempting to take away any current AbilityOne Procurement List contracts from Non-profit organizations employing people who are blind or severely disabled as that is not consistent with the intent of Congress; and WHEREAS, it is also crucial to the stability of AbilityOne agencies, particularly when making significant capital investments in adaptive technologies necessary for contract performance, that there is confidence in the VA’s acquisition process; and WHEREAS, sufficient, timely, and predictable funding could be achieved by reforming the VA budget process, either by changing VA health care funding from discretionary to mandatory, or by approving an advance appropriation process; NOW THEREFORE, BE IT RESOLVED; that the Blinded Veterans Association in convention

assembled in Tulsa, Oklahoma on this 16th day of August 2019, takes the position that unless and until a product or service has been removed from the Procurement List through the APA process, it is unacceptable for the VA to take any action required as part of competitive acquisition planning, which would include market surveys, the issuance of sources sought notice, requests for information, requests for quotes or proposals, or to take any steps associated with an intent to source work to an entity other than an AbilityOne agency, and BE IT FURTHER RESOLVED, that BVA requests that the VA Procurement department take appropriate action to cease all such activity across the VA and all of its Veterans Integrated Services Networks and support AbilityOne current contracted programs; and FINALLY, BE IT RESOLVED, that BVA strongly urges the VA to clarify its support for the coexistence of the AbilityOne Program and the Veterans First Contracting Program in their service of veterans and persons who are blind or have severe disabilities, and to issue policy guidance affirming that goods and services on the Procurement List shall be purchased from AbilityOne Program agencies.



Award Winners

The convention closed with the Awards Banquet where the winners of the Melvin J. Maas, Irving Diener, and David L. Schnair awards were announced. BVA’s highest honor, the Melvin J. Maas Award for Professional Achievement went to Dr. Norman Jones from Union City, Georgia. . The Irving Diener Award, which recognizes individual contribution to a BVA regional group or the national organization went to Ms. Elizabeth Holmes of the Georgia Regional Group.

The Irving Diener Award is the second most prestigious award the BVA presents. The award seeks to honor those who have made an outstanding commitment to their BVA regional group and the organization as a whole rather than for his/her personal achievement in rehabilitation or employment. The David L. Schair Award for outstanding services as a BVA volunteer went to Johnny Busch Sr., from the Georgia Regional group..

The Regional Gold Gavel Award went to the Heartland Regional Group. The gold gavel recognizes the group with the greatest numerical increase. The Silver gavel Award recipient was the Illinois Regional Group. The silver gavel goes to the Group with the largest percentile increase.

Thank You

BVA staff would like to thank all those in attendance at the 74th National Convention. A very special thank you to Margarine Beaman, who as always, excelled at coordinating volunteers from the airport, the hotel, and on the many tours. This convention

would not be as successful without her efforts. We also want to thank all the volunteers who joined on site and took the time to care for our veterans and their families.



To all of our exhibitors and sponsors, we thank you for sharing your expertise and latest products with our attendees and hope you will continue to support the mission of the Blinded Veterans Association, to leave no blinded veterans behind. Finally, a thank you to the City of Tulsa, for your wonderful hospitality and support. The City of Tulsa, in preparation for the arrival of our blinded veterans, had repaired sidewalks, installed tactile floor tiles at the end of streets, and installed a sound system at each cross walk giving our blinded veterans a safe means of crossing the streets.

Finally, we want to thank all of our veterans for your service and dedication to BVA. We hope you will join us again next year at our 75th National Convention in Washington, D.C. as we celebrate the 75th anniversary of the Blinded Veterans Association.

BVA Members Learn Self-Defense at Annual Convention

Kicking off the Blinded Veterans Association's 74th National Convention, three Veterans increased their knowledge of self defense. Blake Hayes, funder of Sheepdog Jiu-Jitsu, and Marana Vradenburg, blind fitness trainer and nutritionist, spearheaded a pilot program enabling BVA members to protect themselves in a variety of situations. Monaca Gilmore, Danny Wallace, and Timothy Hornik learned different techniques to escape life threatening situations, like how to disengage attackers grabbing their wrists to being tackled.

Timothy Hornik stated that, "having underwent One Touch training and other self defense classes, I still lacked self confidence in being able to defend myself. For example, holding my guide dog's handle or cane leaves my arm exposed for offenders. I now know how to utilize simple maneuvers to full body movements to escape these situations without a second thought."

The Blinded Veterans Association seeks these types of innovated educational sessions to increase our members' independence and empower them to become leaders in



BVA Member and District 2 Director Tim Hornik learning Self-Defense at annual convention

their communities. These types of programs can easily be adopted at the local level or included as part of our national programs. Blake Hayes is more than willing to assist blinded Veterans visiting Tulsa in learning more about Sheepdog Jiu-Jitsu. Likewise, Marana offers her services as a nutritional and fitness coach to all blinded Veterans individually or as a regional group presentation. If you have any questions about either of these, contact the BVA.



Keninger Speaks at BVA Convention

BVA welcomed Karen Keninger, Director of National Library Services for the blind and physically handicapped, to our annual convention in August. The National Library Service for the Blind and Physically Handicapped has been circulating books and magazines in braille and audio since 1931. From the start, it has helped people who can't use standard print materials to enjoy reading.

For many years, patrons could only receive materials by postage-free mail or by picking them up at NLS-affiliated libraries. As digital delivery became more common for all types of media, NLS launched its Braille and Audio Reading Download (BARD) service in 2009. The BARD Mobile apps for iPhone and Android devices came along a few years later. More than 105,000 books are now available on BARD—and in the 2018 fiscal year, NLS patrons downloaded more than 4 million braille, audio books, and magazines.

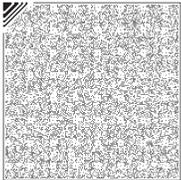
“Rapid advancements in technology are giving us new tools to connect with current

and future patrons in whatever way is most convenient for them,” NLS Director Karen Keninger said, “in some cases, that means providing the technology for people who don't have it. But more and more, it means maximizing the compatibility of our service with the devices people already have.”

Projects are now underway in preparing NLS for a future where service is centered around BARD. For example, NLS is exploring the use of a voice user interface, similar to commercially available virtual assistants, to navigate the collection and to play books on a smart device. NLS is also testing streaming audio. Streaming audio has several advantages over downloading, including the ability to listen to a book as soon as a user selects it. Also, streaming audio is mobile. Patrons can start listening to a book on their device at home and then, if they leave the house, pick up wherever they left off on their smart device.

Another project is exploring solutions for NLS patrons who can't use BARD because they don't have a computer or internet access. "We recognize that many patrons don't have high-speed data connections, so we've been testing an easy-to-use wireless device that will allow them to download books from BARD via public cellular systems," Keninger said.

One project that's close to becoming reality will provide braille eReaders to patrons who can't afford to buy their own. NLS will soon purchase a number of prototype devices, specifically designed to read NLS braille materials that will be piloted in Spring of 2020.

While all this is going on, NLS continues to expand its collection by acquiring more commercial audiobooks— nearly 1,700 in fiscal year 2018. Many of those commercial titles are available only on BARD, another reason for NLS to make it easy for its patrons to go "digital first."

Without a doubt all these advances are exciting, but Keninger is quick to emphasize the deliberate pace of innovation behind the scenes at NLS. "We won't be adopting technology for its own sake. The goal is to use technology to enhance the reading experience for our patrons—to make it easier and more efficient, to improve their quality of life. That's what NLS is all about."

Taking Care of Yourself a Must for Caregivers

According to Gary Barg, the true heroes of the American healthcare system are the family caregivers. Barg stated: "We are the ones who are there, we're the invisible ones, we're the ones who are up all night, we're the ones who are spending \$47,000/year on direct expenditures for our loved ones. We're the ones."

The panel was comprised of Mike Megan, with Caregiver Support from the VA; Richard Tapping, Vice President of Vispero; and Mickey Hines, representing L.I.F.E Senior Services in Tulsa, OK.

"The purpose of this discussion is to tell you, as a caregiver, you're not alone, there's support, there's advice, and there are fellow family, caregivers, professionals, and experts that you can lean on."

In her book, *Helping Yourself Help Others*, former First Lady Rosa Carter said that "there

are 4 kinds of people in this world, those who have been a caregiver, those who are caregivers, those who will be caregivers, and those who will need caregivers"

"All of a sudden," said Barg, "you go from being someone who had plans, knew what your life was going to be, and where you were going to go once you retired with your loved one—taking cruises, spending time with the grandkids—to a life of acronyms."

"This is particularly close to my heart," said Richard Tapping, "my grandfather was diagnosed a few years ago with eye disease and lost his eyesight and nobody knew. So, this is a very important gap that we are bridging in terms of the awareness, the education for caregivers, and the support."

"It is our stance," said Mickey Hines, "that when you help a caregiver, you help an entire family. Thank you to caregivers and what you



National Program Director of Blind Rehabilitation Services, Nicole Sandlan speaking at BVA National Convention.

do everyday. Without the care of committed family members, our system would collapse.”

“Right now,” said Mike Megan, VA Caregiver Support program, “there isn’t a mechanism for recruiting someone to stay in the home with one of our veterans. When they come to my program, they already have someone who is providing that care. At that point, we look at how we can strengthen that caregiver. A stipend or health insurance can sometimes be provided in certain situations. A lot of caregivers have decreased their hours at work or quit work altogether.”

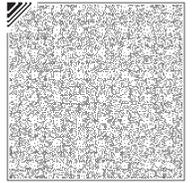
“When you come to me, you are asking what can I do to ensure that my caregiver isn’t feeling burnout, how do I get them the financial support that they need. That’s where my program steps in,” said Megan. “We can do face-to-face support groups with them, peer support mentoring, and telephone education; there are a plethora of services that I can provide to make sure the caregiver is well supported, so that they can support the veteran.”

Services brought into the home, such as home health care or home based primary care, are two different programs. Home based primary care is for individuals who have

limited ability to leave the home; it doesn’t mean that they’re home bound, just that they have limited ability. The same way you would go into the VA to meet with your provider, social worker, nurse, or physical therapist, then if you meet the home based criteria, they would then bring a primary care team into the home to provide those service to you. Home health is different because it’s an enhancing service. If you are receiving home based healthcare and you need additional care provided throughout the week, then they would bring in extra nurses or healthcare to provide that help to you. While home based is typically VA staff, home healthcare is contracted through the community.

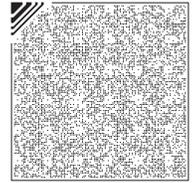
If you feel that you need a service, and it’s being denied to you, you have other means available to you such as a veteran service officer, a patient advocate, or a congressional representative. “Every caregiver of a veteran enrolled in the VA received 35 days of respite care. It’s for you to use. Utilize resources that are already in place. Respite care brings someone in to your home for up to 6 hours a day, so that you can leave your home or you can get that shower in.”

“If there’s support, and it’s good support, then you caring for yourself is the most important” said Barg. “40% of Caregivers will die before the person they are caring for due to one reason, and it’s very fixable, the effects of stress. The system isn’t holding you back, you are holding yourself back. You have to let go a little. Bring someone in and test it out, and take that shower. If you don’t let go and you can’t take care of yourself, who’s going to take care of them. You have to feel comfortable utilizing the resources around you.”



“It’s so important to understand the dynamic that happens in the caregiver role,” said Megan. “You can go from being a son to being a parent, a provider, not just simple stuff, but administering medication, working with limitations, prep cooking. When you become a caregiver, you take on all these different roles that are divergent from your role as a child, and that’s what makes it difficult. Whether you’re a son, a daughter, a wife, or a husband, when you take on those roles, you naturally are going to get some push back. Have fun, be aware of the role changes, and understand how that impacts the dynamic of your new relationship and when you have those conversations, say that you are now a medical provider, a physical therapist, a support system, and a caregiver. Just to help them understand that it’s also difficult for the provider, not just the recipient.”

“Be a self advocate,” said Tapping. “You’re the person that is driving this, for yourself and the person you’re caring for. Don’t lose sight of your own needs and health. Ask questions. Take action. Don’t give up.”



SAVE
THE DATE
MARCH 28, 2020

★

★

★

LIGHTUP

THE DARKNESS

★

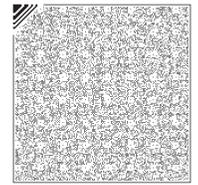
A CHARITY CONCERT FOR
BLINDED VETERANS ASSOCIATION

RICHARD J. ERNST
COMMUNITY
CULTURAL CENTER
ANNANDALE
VIRGINIA

The poster features a central graphic of a guitar silhouette with three stars above it, set against a background of radiating lines. The text is arranged in a clean, sans-serif font, with the event title in large, bold letters. The date and location are placed in diagonal banners at the top and bottom right.

Save the date for BVA’s 2nd Light Up the Darkness Charity Concert on March 28, 2020 at the Richard J. Ernst Community Cultural Center in Annandale, Virginia.

Operation Peer Support (OPS) News



Operation Peer Support (OPS) is a program designed by the Blinded Veterans Association to assist blind and visually impaired veterans and their families with educational resources and adaptive sports in order to regain independence, social skills, and confidence through rehabilitation.

Upcoming OPS Events

2019 Blinded Appalachian Trail in North Carolina “In Honor of Chief Joe Parker”

Three members of the Blinded Veterans Association, along with their guides, will walk the 96-mile portion of the Appalachian trail in North Carolina.

Beginning on the 24th of September at Blue Ridge Gap in Northern Georgia, these veterans will average 16 miles a day for 6 days ending on the 29th of September at Fontana Dam in North Carolina.



BVA and BVUK Members and their guides standing in front of the Chattahoochee National Forest sign and billboard during the 2018 Blind Appalachian Trail event.

This falls under the B-A-T program which is run by the Blinded Veterans Association

Operation Peer Support Program (BVA OPS). The mission of this program is to help get visually impaired veterans of various abilities out to experience the Appalachian Trail. The blinded veterans will complete sections of the trail over time, around specific dates to memorialize great military accomplishments that represent the freedom gained by overcoming our adversaries. The idea is to allow participants the opportunity to overcome their own adversities they face and to raise awareness and understanding with the general public and to those that may be out there that have their own challenges.

The Blinded Veteran participants include:
Lonnie Bedwell, Petty Officer First class U.S. Navy Submariner.

Ken Horn, Lieutenant Colonel U.S. Army (Ret).

Danny Wallace, First Sergeant U.S. Army Ranger (Ret).

Their Guides include:

Mike Ramsey, a retired Army Ranger, 62 years old who works for Lumpkin County Sheriff’s Department as the Range Manager.

Derek Runyon, a retired Army Ranger, 47 years old who works as a member of the Joint Expeditionary Team primarily in Afghanistan helping Soldiers.

Scott Stover, a former Army Ranger Officer at CFM, 47 years old and works as a Senior Executive for Chik-Fil-A.

Jimmy Phipps a former Army Ranger, 49 years old. He owns a heating and air conditioning business in Dahlone, GA.

Matt Cook (Doc), is a Navy Veteran and a full-time fireman in Gwinnett County and works part time for the Lumpkin County Sheriff's office.

Tom Wilburn, a retired Army Ranger, 59 years old.

Their Support Crew includes:

Joe Amerling, a Retired Army Ranger and a retired police officer and an Honorary member of the BVA.

Bob Williams, an Army Ranger and President of the U.S. Army Mountain Ranger Association.

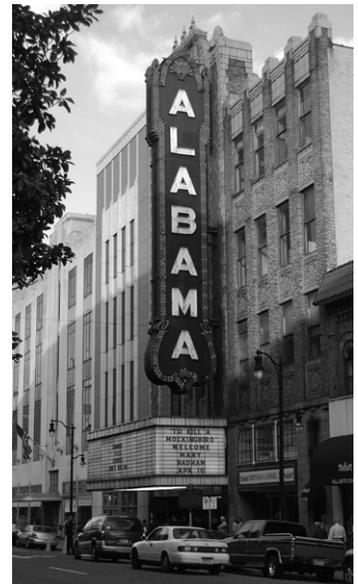
This year's hike will be dedicated to Former BVA President Chief Joe Parker. Chief Parker served his country in the U.S. Navy, completing 2 combat tours as a Seabee in Vietnam and received numerous personal and unit decorations. He retired as a Chief after 30 years of service. It was after retiring from his civil service career that he returned to the mountains he loved. He designed the log home that he had built on a piece of land he bought in Pisgah Forest, NC. Chief Parker served in all leadership positions with the Blinded Veterans Association. On Tuesday, August 27, 2019 Chief Parker passed from this world but, his dedication to duty and guidance will not be forgotten.

Contact persons for interview:
Daniel Wallace: 636-266-1550

2019 Project Gemini in Birmingham, Alabama

The Operation Peer Support Program will sponsor the 2019 Project Gemini in Birmingham, Alabama from October 13-19, 2019. This event is an exchange program that

allows both BVA and BVUK veterans to share knowledge, insights, and friendship in a week full of adventure. The exchange will address the similarities and goals with military eye trauma, Traumatic Brain Injury, Vision research, history from World War One to today, and the vision rehabilitation programs offered to veterans within both countries. There will be adaptive sports for the blind during the week with a variety of events, along with a tour of the Southeastern Blind Rehabilitation Center, and visits to nearby historic sites. During the exchange, both groups of veterans will also share about coping with blindness and the "war stories" that are part of their personal peer support adjustment to blindness and subsequent rehabilitation.



The Alabama Marquee Sign above the Alabama Theater in Downtown Birmingham.



Downtown Birmingham Cityscape



Choose a version of The Bulletin?

Would you like to receive a Word, PDF, or CD version of the Bulletin as well as a physical copy? Or a mix of all of the above? Please let us know by calling BVA Headquarters where you may choose the version(s) of the bulletin that work best for you. Are you signed up for our monthly email newsletter? If you are not and would like to be, you can sign up for that while choosing your preferred methods of reading The Bulletin.

New Mexico RG White Cane Day Walk

The New Mexico Regional Group would like to remind everyone that this year's White Cane Day is October 15th and will be observed by a one-mile walk to bring awareness to the public about the importance of the white cane. If you are in the area and would like to participate, please call (505)-269-5544 or email charglo85@gmail.com.

Louisiana/Mississippi RG hosting Fall Gathering with WWII Museum

On September 25, the Louisiana/Mississippi RG will be hosting their Fall gathering with the WWII Museum. There will be an interactive tactile tour specially designed for the blind and visually impaired. Tours will consist of 10 people and a guide who will tell you about the equipment and let you touch and handle some of the artifacts. The normal price for admission without the special tour is \$20 plus tax and \$7 plus tax for the movie, but the Museum is giving the LA/MS group and friends a discount – the cost will be \$10 per person and all WWII Veterans are FREE. Please plan to arrive by 9:30am. For a complete itinerary and more information, please contact Tracy Ferro at (228) 229-5046, blindogo62@icloud.com or Gary Schoelerman (337) 332-5505, gschoelerman@gmail.com.

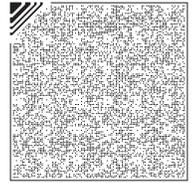
White Cane Day Brochures

If your Regional Group would like BVA White Cane Day Brochures to hand out at your White Cane Day events, please contact BVA headquarters and we will send them to you!

Did You Know? TSA Passenger Support

- TSA offers support for travelers with disabilities, medical conditions, and other special circumstances. TSA Cares is a helpline that provides these travelers with special accommodations and additional assistance during the security screening process. Call 72 hours prior to travelling with questions and to ask for a passenger support specialist. You can call TSA Cares at (855)-787-2227 and visit <https://www.tsa.gov/travel/passenger-support> for more information.

Braille Flag Dedication



People from all over the community to include state officials, the Medical Center Director, and many others attended the dedication ceremony of a Braille Flag at the Charlie Norwood Medical center on July 23, 2019. This is the second flag dedicated to a VA medical Center. The braille flag was composed by a blinded Air Force veteran who wished for his father, who had poor sight, to see the flag he loved so much. (Above photo) District 5 Director Paul Kaminsky (left) standing at the podium with the Evans High School Color Guard to the right holding the Bronze Braille Flag.



Attendees standing in a group at the braille flag dedication.

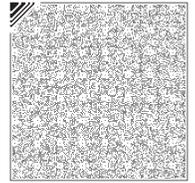


Braille flag dedication speaker, Walt Peters, addressing the attendees next to the unveiled braille flag. Walt was assisted by the DAV National Blind Chapter and the Georgia RG, Augusta Chapter in donating the Braille Flag to the Augusta BRC.



Chaplain's Corner

by Chaplain Johnnie E. Busch, Sr.



I, Johnnie E. Busch Senior, was born on Dec. 19th, 1947 in Aiken, South Carolina. I graduated from Martha Schofield High School in 1966. I was born and raised a Christian and was ordained as a deacon at the age of seventeen at my home church in Aiken.

After my high school graduation, I was inducted into the United States Army at Fort Jackson in Columbia, South Carolina where I served from 1967-1969. I proudly served my country but was injured during active duty which caused my blindness.

I went through training in West Haven, Connecticut Blind Rehab Center from 1979-1981, a couple of times at the Augusta, Georgia BRC, and numerous times at the Birmingham, Alabama SBRC to train on different devices and equipment to better my lifestyle. I've enjoyed scuba diving, rock climbing, skiing, snowmobiling, playing golf, and motor cycle riding. I'm a lifetime member of the BVA.

I'm extremely active in volunteering at the Atlanta Georgia VA center since 1994. I love helping not only our veterans in need, but all people who are in need. I'm also serving as the Vice Chaplain for the Georgia Regional Group under Doctor Norman Jones Junior as well as the Chaplain at the Birmingham, Alabama BRC.

As your Chaplain, it should be first understood that I not only believe in God Almighty, but also trust in him 100 percent; therefore, any questions I am ever asked to elaborate or comment on will be from one

source and one source only: the BIBLE. On the other hand, am I the only blinded veteran who feels this way? At this point, I cannot speak for you, but I can speak for this great country of ours, I know this because our country's motto says it all, IN GOD WE TRUST. Do you remember when it all started? Well here is a reminder:

The 84th congress passed a joint resolution declaring, IN GOD WE TRUST as the national motto of the United States of America. The resolution passed both the House and Senate unanimously. The law was signed by President Eisenhower on July 30th, 1956. So there you have it, let's keep that in mind as we march on to take this Association to greater heights in the future for all blinded veterans nationwide.

Thanks to each and everyone of you for giving me the opportunity to serve you all as the National Chaplain. I will do my level best to please everyone so that we all may be on one accord.

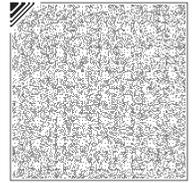
Johnnie E. Busch, Sr.
National Chaplain
Blinded Veterans Association





Auxiliary's View

By Rev. Edna Kirksey-Dixon



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Bay Minette, AL 36507
Revedna20101@hotmail.com



Another wonderful convention has come and gone. I am writing this before the actual date so the highlights and pictures will be in the next addition of the BVA Bulletin.

It is with great pleasure to announce that the Renee Feldman Scholarship of \$2,000.00 is awarded to Edan Harrison of Virginia. He has always been referred to as a gifted athlete but also plans to pursue an undergraduate degree in Criminal Justice and a graduate degree in Business Administration at Westminster College. Edan has a bright future wherever his talents lead him.

It is not too early to send in applications for a Scholarship to be awarded in 2020. The deadline for submissions is January 31, 2020. The application information is on the BVA website or you may contact me at the above address.

My inspirational notes for this month: "Life is no straight and easy corridor along which we travel free and unhampered, but a maze of passages, through which we must seek our way, lost and confused, now and again checked in a blind alley.

But always, if we have faith, a door will open for us, not perhaps one - we ourselves - would ever have thought of, but one that will ultimately prove good for us." Quoted from a little book, *Who Moved My Cheese*.

"Love" is the key word for this article. Jesus came to teach only one message and

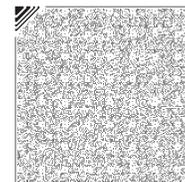
that message was and is LOVE. Love one another even as the Father loves you. Love yourself. How very hard that is to do. To love ourselves. We are taught that to even think good thoughts about ourselves is egotistical, conceited, and vain. That we should avoid that at all costs.

But how can I serve you and give to you if I first don't renew and refill my own cup? How can I give something to you that I don't have. I can't give you love if I don't first love me. I must rebuild and renew myself and my connection to The Father before I can help you connect with The Father. Why is it that even when we love and serve The Father God and we love others, that we have such a hard time loving ourselves?

If you have not done so, please renew your membership. Dues are due July 1st each year. I recommend that you renew for a total of three years at a time. If you have friends or relatives encourage them to join our organization - dues are only \$15.00/year. What a wonderful investment for a small amount of money. Be sure to check out the BVA website for the latest Veteran information.

From the Veteran's Service Staff

By Claudia Belk



Understanding Agent Orange Exposure in Blue Water Navy Vessels or Ships During Vietnam

Blue Water Navy Veterans are now entitled to a presumption of service connection for illnesses related to Agent Orange exposure. This is a result of Public Law 116-23, the Blue Water Navy Vietnam Veterans Act of 2019. The law was signed on June 25, 2019 and takes effect on January 1, 2020. If you are a veteran who served on a Blue Water Navy vessel offshore of the Republic of Vietnam, or on another U.S. Navy or Coast Guard ship operating in the coastal waterways of Vietnam, between January 9, 1962, and May 7, 1975, then you may have had contact with Agent Orange, an herbicide used to clear trees and plants during the war. The VA refers to this as a presumption of contact, and this may entitle veterans for VA disability compensation.

Veterans can contact our Veteran Services Resource Center to file a claim for VA disability compensation for a diagnosed presumptive condition due to Agent Orange exposure. These special claims will not receive a rating decision earlier than January 1, 2020, since the VA is still working out details in regards to the 12 nautical miles off shore and compiling all the ships which were involved. If you had a previously denied claim, this change in the law would be new evidence which re-opens a previously denied claim. The VA is taking these claims and adjudicating them and will not give a decision until January 1, 2020.

Illnesses the VA believe are caused by Agent Orange are as follows:

- **Chronic B-cell leukemia:** A type of cancer that affects your white blood cells (cells in your body's immune system that help to fight off illnesses and infections)
- **Hodgkin's disease:** A type of cancer that causes your lymph nodes, liver, and spleen to get bigger and your red blood cells to decrease (called anemia)
- **Multiple myeloma:** A type of cancer that affects your plasma cells (white blood cells made in your bone marrow that help to fight infection)
- **Non-Hodgkin's lymphoma:** A group of cancers that affect the lymph glands and other lymphatic tissue (a part of your immune system that helps to fight infection and illness)
- **Prostate cancer:** Cancer of the prostate (the gland in men that helps to make semen)
- **Respiratory cancers (including lung cancer):** Cancers of the organs involved in breathing (including the lungs, larynx, trachea, and bronchus)
- **Soft tissue sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma):** Different types of cancers in body tissues such as muscle, fat, blood and lymph vessels, and connective tissues
- **AL amyloidosis:** A rare illness that happens when an abnormal protein (called amyloid) builds up in your body's tissues, nerves, or

organs (like your heart, kidneys, or liver) and causes damage over time

- **Chloracne (or other types of acneiform disease like it):** A skin condition that happens soon after contact with chemicals and looks like acne often seen in teenagers. Under our rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.
- **Diabetes mellitus type 2:** An illness that happens when your body is unable to properly use insulin (a hormone that turns blood glucose, or sugar, into energy), leading to high blood sugar levels
- **Ischemic heart disease:** A type of heart disease that happens when your heart doesn't get enough blood (and the oxygen the blood carries). It often causes chest pain or discomfort.
- **Parkinson's disease:** An illness of the nervous system (the network of nerves and fibers that send messages between your brain and spinal cord and other areas of your body) that affects your muscles and movement—and gets worse over time
- **Peripheral neuropathy, early onset:** An illness of the nervous system that causes numbness, tingling, and weakness. Under our rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.
- **Porphyria cutanea tarda:** A rare illness that can make your liver stop working the way it should and can cause your skin to thin and blister when you're out in the sun. Under VA's rating regulations, it must be at least 10% disabling within 1 year of contact with herbicides.

Volunteers Wanted

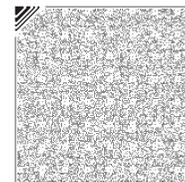
If you are a blinded veteran or a family or friend of a blinded veteran, your volunteerism is needed! We need more exposure at local VA medical facilities, and through VA Voluntary Services, a volunteer can donate the time they spend at the VA to Blinded Veterans Association. If you are interested in becoming a VA Representative or VA Deputy Representative at your local VA Voluntary Services, please contact the Chief of Veteran Services, Claudia Baldwin at FieldService@bva.org, to begin the process.



MY CONFESSION

I wake-up in the morning,
before the sun rise,
hoping I could see,
through these blind eyes,
I live in darkness, all day and night,
I used to see, but I lost my sight,
Now the bright light, is in my head,
I might be blind, but I'm not dead,
For my dreams, I continue to strive,
I'll never give in, as long as I'm alive.
Living is the true gift of life

New York Regional Group
Former President
Warner L. Murray
ARMY STRONG



DoD to begin next major phase of military hospital consolidation

The Department of Defense is preparing for the next major step in consolidating military hospitals and clinics under a single agency, one of the largest organizational changes within the U.S. military in decades.

On Oct. 1, the Army, Navy and Air Force begin the final two years of a multi-year transition to shift administration and management of their medical facilities to the Defense Health Agency by October 2021, changes that are “transformational and far-reaching,” said Vice Admiral Raquel Bono, the DHA Director.

“For the first time in our modern military’s history, a single agency, the DHA, will be responsible for all the health care the Department of Defense delivers to our 9.5 million beneficiaries,” Bono said. “Whether you receive your care at an on-base facility or through our TRICARE civilian networks, DHA will oversee your care. This consolidation will drive higher levels of readiness for operational and medical forces and integrate health care services to standardize practices across the entire Department, which means patients will have a consistent, high-quality health

care experience, no matter where they receive their care.”

The primary driver for this change is the National Defense Authorization Act of 2017. Congress mandated that a single agency will be responsible for the administration and management of all military hospitals and clinics to sustain and improve operational medical force readiness and the medical readiness of military members, improve beneficiaries’ access to care and experience of care, improve health outcomes, and eliminate redundancies in medical costs and overhead across three separate Service-run systems. DHA will be responsible for



Lt. Col. Juli Fung-Hayes (center), a U.S. Army Reserve emergency medicine physician with the 2nd Medical Brigade, leads a medic team from the 396th Combat Support Hospital, headquartered at Fairchild Air Force Base, Washington, through a trauma and critical care scenario in a field hospital during a promotional photo shoot for Army Reserve marketing and recruiting at Fort Hunter Liggett, California, July 18, 2018.

(U.S. Army Reserve photo by Master Sgt. Michel Sauret)

health care delivery and business operations across the Military Health System including budgets, information technology, health care administration and management, administrative policies and procedures, and military medical construction.

Bono said that even though congressional directives mandate this change, “it’s the right thing to do.”

“We have more than 40 years of independent studies and internal reviews that demonstrate the current structure of the Military Health System is unsustainable,” she said. “What makes us unique from other health systems is that we are heavily embedded with combat forces around the world focused on operational medical readiness and the health of our warfighters. The transformational changes underway will improve that focus, support the DoD’s priority for a more lethal force, and improve our ability to deliver high quality health care to all of our beneficiaries. Improving medical readiness is the key driver of the overall effort.”

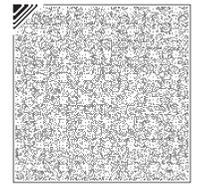
During this transition, the quality of care won’t change for beneficiaries of the Military Health System. More important, Bono said, is that over time, it will improve that care by enabling changes to improve access, patient experience, and outcomes.

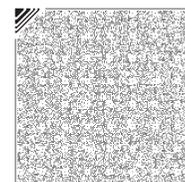
“Ultimately, what this transition means for all of us in the Department of Defense is a more integrated, efficient and effective system of readiness and health, and integration of health care services that leads to a more standardized and consistent experience of care for patients,” Bono said. “Central to that is having one agency oversee MTF operations while supporting the Services’ effort to focus more on readiness.”

Since October 2018, the DHA has been operating eight hospitals and clinics as part of the first phase of what was at first a four-year transition period. In June, the overall timeline adjusted to three years to reduce the amount of duplicative management by the Military Departments and the DHA, said Dr. Barclay Butler, the DHA’s assistant director for management and MTF transition head. “The primary driver of that is to measurably and precisely coordinate the reduction of the Military Services’ Medical Department support and oversight of the MTFs to the DHA,” Butler said. “We want to create a simple and clear transfer of authority that positively impacts healthcare for our patients.”

From Oct. 1 of this year through October 2021, the transition will focus on four primary objectives:

- **Centralized administration and management:** On Oct. 1, all hospitals and clinics in the continental United States transition to the DHA, with the Army, Navy and Air Force medical departments maintaining a direct support role. Butler said this means that while DHA assumes overall management, the existing intermediate commands of the Military Departments will continue management duties until the transfer is complete to ensure uninterrupted medical readiness operations and patient care. The Military Departments and the DHA are currently working out final plans to maintain continuity of operations.
- **Establish Health Care Markets:** At the center of the reorganization is the creation of health care markets. The DHA will stand





up 21 large markets during the transition period to manage MTFs in local areas. A market is a group of MTFs in a geographic area - typically anchored by a large hospital or medical center - that operate as a system sharing patients, providers, functions, and budgets across facilities to improve the coordination and delivery of health care services. “These markets are really key to the entire reorganization,” Butler said. “Market offices will provide centralized, day-to-day management and support to all MTFs within each market.” Readiness support is at the heart of a market’s responsibilities, Butler added, and they will ensure the clinical competency of all MTF providers within the market. The 21 large markets will collectively manage 246 medical facilities and centers of excellence.

- **Establishment of a Small Market and Stand-Alone MTF Organization:** For stateside hospitals and clinics not aligned to a large market, this office, referred to as SSO, will provide managerial and clinical oversight. As with the large markets, the Military Departments will continue managing the MTFs until they are realigned under the SSO. There are 16 small market MTFs and 66 stand-alone MTFs assigned to the SSO.
- **Establish Defense Health Regions overseas:** The transition period for standing up Defense Health Regions in Europe and Indo-Pacific begins in 2020. All MTFs overseas would then report to their respective DHA regional offices. The Indo-Pacific region has 43 MTFs, while the European region has 31.

(For a complete list of markets and their assigned MTFs, go to the MHS Transformation web page at www.health.mil/mhstransformation.)

“Change can be challenging, and this is a complex transition,” Butler said. “We will see changes in reporting relationships and communication channels while instituting standardized clinical policies and procedures and business practices. We place a premium on communicating often as we move through this together with the Military Departments.”

Bono said that from a patient perspective, these changes should be transparent. “Our patients expect the same high quality care regardless of who is in charge. Doctors, nurses, and technicians will continue to focus on practicing medicine and improving their skills and readiness. In the end, this really is about the patient - integrating into one system will improve readiness for our medical professionals and result in better care and better health outcomes for our patients.”

For more on the DoD’s medical reorganization, go to the military health web site at www.health.mil/mhstransformation for fact sheets, an informational video, and more articles.

Retrieved from: <https://www.health.mil/News/Articles/2019/08/26/DoD-to-begin-next-major-phase-of-military-hospital-consolidation>

Did You Know?

- That the first Veterans Day Parade was celebrated in Birmingham, Alabama in 1947?
<http://nationalveteransday.org/history/>

iRemember Pill Organizer Makes taking Medications Easier

By Chet Curtis

If you have a difficult time keeping track of when to take or if you have already taken your daily medications, then the iRemember Talking Pill Organizer might be for you.

At last year's BVA National Convention, we ran into Moore Greenberg who developed the iRemember Organizer.

The iRemember Bluetooth 4.1 enabled talking pill lid comes with seven stacked 3 section compartments for each day of the week. This unique weekly pill box can be set up to send notifications and be integrated with an Android 4.3 and up smartphone whenever you or a designated family member forgets to take their pills. Following is Moore Greenberg summarized why he designed the iRemember Pill Organizer and how it works.

"I grew up in Los Angeles, I went to UCLA and was pre-med. I have a master's in public health, and I worked in a trauma center for seven years.

A few years back I went mountain biking and I got poison oak. When I was working in the hospital, I could go and get an injection to stop the itching. At the time I got poison oak, I wasn't working there anymore. So I received a prescription for pills and I completely forgot to take them. I started to question, well, if I can't manage these pills with all the medical training that I have, how are other people in society managing it? I looked around and I realized nobody really is because for the most part we have just these plastic box organizers from the 1960s. Nothing is leveraging the technology that is available today.

So we started developing a product that

I thought would address the major issues of taking pills. We developed a product called iRemember. It's a cap with electronics inside sitting on top of compartments that can unscrew like a bottle. Each section that comes off has a little removable divider. You can organize the pills depending on your needs

The intelligence is really in the cap. It can be programmed directly on the cap. You do not need a phone to use it, even though it can integrate with Bluetooth.

It does two major functions. One, you can program it for reminders once a day every 24 hours; twice a day, every 12 hours; or three times a day, every 6 hours. These are proactive reminders. But the biggest challenge most people have, including myself, was that we forget if we took the pills. We wanted to solve that problem.

So the second function is when you push the button, it will tell you the last time the cap was opened, and with that actionable information you know whether to take or skip. So I'll push it and you'll hear, Last open 23 minutes ago, which tells me that I don't need to take a pill.

There is a USB port to charge it. It lasts about a week on a single charge so it can be



Picture of the iRemember pill organizer

powered by any power bank, computer, or wall charger. There are a few buttons on the other side, and these control sound on, flight mode, and sound off.

The whole point of this product is prevent under-dosing and over-dosing. A lot of times people utilize organizers for their medicines, their vitamins and supplements; some of those pills are rather large, so we wanted to make it customizable.

The cap has a ring that can be removed and replaced with rings that fit onto Walgreens, CVS, Walmart, and Rite-Aid bottles. The whole idea is that you have a few bottles, one of them is twice a day, one of them is once a day. You can get a cap for each bottle,

program it directly on the cap, place it on there, and you can skip the step of sorting pills.



One of the special Bluetooth features we have for this is geolocation. Which means that once you've paired your phone to the iRemember, and set your schedule, if you leave your home close to a dosing time, iRemember will send you a notification to take the pills with you."

If you believe that iRemember might be a good product for you then go to: <https://www.getiremember.com/> to get more information.

Disclosure: this is not a paid advertisement. BVA does not endorse this or any other product featured in this magazine.

Congressman Higgins Announces Over \$684,000 for Research Dedicated to Protecting & Treating Servicemembers Exposed to Blast-Induced Eye Damage

Project Led by the Vision Research Center at the Buffalo VA Medical Center

Congressman Brian Higgins (NY-26) announced VA Western New York Healthcare System (Buffalo VA Medical Center) has received a \$684,254 grant from the U.S. Department of Veterans Affairs (VA) to pursue research on blast-induced eye damage in active military personnel and veterans.

"Impressive research projects happening here in Western New York are providing a better understanding of serious health conditions our servicemembers face and expanding opportunities for improved treatments for veterans and the general population alike," said Congressman Higgins who recently toured the Vision Research Center at the Buffalo VA Medical Center following a separate announcement of \$2.4

million in federal funding for three additional VA research projects in April.

Military personnel are often exposed to overpressure shock waves from Improvised Explosive Devices (IED) or other blast-type weaponry. There are currently no known treatments or preventative interventions for ocular damage that occur as a result of these incidents. This research seeks to address an important but previously under-explored problem faced by many veterans.

The grant was awarded to Dr. Steven Fliesler, a Research Career Scientist and the Director of the Vision Research Center at VA Western New York Healthcare System, as well as being a SUNY Distinguished Professor, the Meyer H. Riwchun Endowed Chair

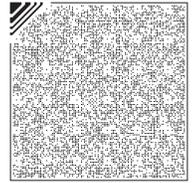
Professor and Vice-Chair of the Department of Ophthalmology at SUNY-Buffalo, and the Co-Director of the Buffalo Translational Pilot Studies Program at SUNY-Buffalo with over 35 years of experience in vision research.

Dr. Fliesler will be working with Dr. Mabelle Pardue, a Research Career Scientist at the Atlanta VA Medical Center, the Associate Director of Scientific Projects at the Atlanta VA Rehab R&D Center of Excellence, and an Associate Professor of Ophthalmology at Emory University. Their collaborative project focuses on uncovering both the causes of and effective treatments for blast overpressure-associated retinal denigration and subsequent visual impairment. The research goal is to develop strategies for minimizing or preventing the damaging impacts of overpressure shock waves.

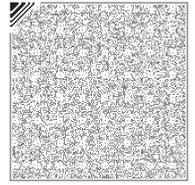
“Blast-induced injuries, such as those that result in traumatic brain injury and ocular damage, are signature injuries of the wars in Iraq and Afghanistan,” stated Dr. Fliesler. “Our research, funded by this VA MERIT Award, is aimed at understanding the molecular and cellular basis of retinal damage and dysfunction caused by the shock waves that emanate from blasts, as well as developing a simple, yet effective, treatment to reduce the severity of that damage and dysfunction.”

“This award by the Department of Veterans Affairs will help explore new strategies to lessen the devastating consequences of traumatic injuries,” said Dr. Ali El-solh, Associate Chief of Staff of Research, VA Western New York Healthcare System. “By identifying how blast energy leads to neuronal damage, the award will pave the way for targeted therapeutic opportunities needed to improve the lives of injured Veterans.”

Retrieved from: <https://higgins.house.gov/media-center/press-releases/congressman-higgins-announces-over-684000-for-research-dedicated-to>



Sean Tibbetts, founder of Cyber Eyez, came to BVA headquarters to demonstrate their newest device, the Cyber Eyes Trifecta.



Finding Money, Resources & Programs that Can Help with Caregiving

by Eileen Beal, MA

Millions of daughters, daughters-in-law, spouses, sons, and significant others – most of them Boomers still recovering from the Great Recession – have begun the caregiver journey. And growing numbers of them are caught in a financial bind. They need to use a parent’s money to provide care.

In an ideal world, the Who-do-you-want-managing-your-finances-when-you-can’t? conversation would have taken place while those needing care were still capable of making that decision, says Marshall B. Kapp, Director of Florida State University’s Center for Innovative Collaboration in Medicine and Law. However, he laments, “That rarely happens, so families are left – often in a crisis situation – to infer who they want to manage their finances.”

Understanding and Managing Your Options

The most obvious way to “manage their finances” is to get access to their checking, savings, and retirement accounts. While most people assume that requires creation of joint accounts or a financial power of attorney (POA), Naomi Karp, Senior Policy Analyst with the Consumer Financial Protection Bureau’s Office for Older Americans, suggests setting up convenience accounts.

“These types of accounts,” Karp explains, “allow a ‘helper’ to make transactions, but they only have access to [the account] for the

benefit of the account owner and according to their wishes. If the owner dies, the helper doesn’t automatically get the assets remaining in the accounts.”

However, when there are other income sources– stocks, investment dividends, income from properties, disbursements from annuities, etc., have a lawyer set up either a durable financial power of attorney (or a living trust is a better option) for both the care recipient and the caregiver.

With both, explains Kapp, “there are a lot fewer [familial] disagreements about how and where assets should be spent or used... because the person who is named as the financial manager has the legal authority to make all the financial decisions.”

According to the Consumer Financial Protection Bureau’s recently published “Managing Someone Else’s Money” guides, whether you are just helping out or are a legally designated POA “agent” or “trustee,” managing a loved one’s finances means not just using them carefully and responsibly to pay for care; it also means finding other means and opportunities to get additional services and assistance.

Stretching What’s There

That means tapping into the benefits and reimbursed programs that an older or disabled person – and often their caregiver – is eligible for, says Donna Schempp, LCSW, a consultant with the San Francisco-based Family Caregiver Alliance and a geriatric care manager with Eldercare Specialists.

“That,” she adds, “enables you to ‘stretch’ the effect of the money and assets that are there.”

One of the best places to find ways to “stretch” financial resources is at Benefits Check-Up. After you’ve filled out the easy-to-use questionnaire, you’ll get a list of programs a parent qualifies for. And, more to the point, you’ll get the information you need to contact local providers for help with and/or reimbursement of expenses related to medications, food, utilities, legal issues, health care, housing, in-home services, taxes, and transportation.

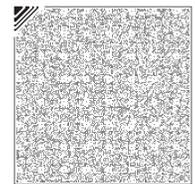
Other sites with good information about how to tap into resources include: EldercareLocator; National Alliance for Caregiving; Caregiver Action Network); and AARP’s Caregiving Resource Center.

In addition, if you are looking for ways to “stretch” resources for someone with a specific medical condition, join an on-line support group where you can share concerns (and frustrations) and get tips on programs, services and solutions from people who are walking in the same shoes you are.

If you are employed, visit your company’s Human Resource or Employee Assistance Program director, who can often point you in the direction of resource “stretchers,” such as:

- Financial planners, who can help you understand your loved one’s finances and financial state.
- Eldercare specialists who can help you understand a loved one’s physical care needs and plan for the future.
- Local agencies — such as your region’s Area Agency on Aging, your community’s Office on Aging, your community’s Mental Health Board.
- Local organizations – such as the Alzheimer’s Association, the Cancer Society, Catholic Charities.

- Local programs – such as adult day programs, senior companion programs, volunteer bill paying or tax preparation programs, etc.



There’s a slew of resources,” notes Kapp, “but it takes time to find them.”

If all this seems overwhelming, consider hiring a geriatric care manager to help you figure out what you need, do the legwork to locate the right programs and services, and fill out the paperwork to get your parent scheduled and signed up for programs and services. They aren’t cheap – charging flat-rate or hourly fees that average between \$100 and \$150 an hour (and higher in cities) – but they know who and what the best resources are (and usually have “ins” with them) and how to navigate the regulatory landscape so services are reimbursed. And once they get things rolling, they usually step out of the picture, so you won’t be paying on-going fees.

Getting Paid to Care

Many people who are providing care and managing a loved one’s finances are also juggling work, family and their own financial challenges – which often include lost income and lost work-related benefits down the road due to their caregiving.

Not surprisingly, many caregivers are looking for a way to get paid for caregiving so they don’t have to juggle work and caregiving. Personal care agreements, modeled on those used in the Center for Medicare and Medicaid’s highly successful Money Follows the Person Project, are helping them do just that.

The agreements are legally binding employment contracts — based on a third-party assessment of the care recipient’s needs.

They are made between an employer (the care recipient or their representative) and an employee (the family caregiver), and they enable that employee to bill the care recipient for the care and services they are receiving. And, along with specifying the tasks to be done, where and on what schedule services will be provided, and the compensation to be paid, they also require payment of federal and state withholding taxes (thus fulfilling Social Security and other requirements).

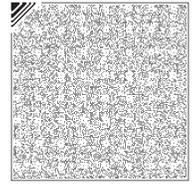
And, says Sandra J. Buzney, J.D. LISW, a Cleveland-based lawyer whose practice is focused on elder law and estate planning, “They make it possible for family caregivers to do what they desperately want to do—

devote their time to the care of a loved one.”

When combined with legally drawn up room and board agreements, these documents, explains Buzney, “contribute to the necessary spend-down documentation that will be required when a Medicaid program or nursing home placement is needed.”

And, she adds, both protect the caregiver’s inheritance rights by preventing any misunderstanding later that the money was payment for services, and should not be counted as part of the caregiver’s inheritance.”

<https://caregiver.com/articles/finding-money/>



Protecting Seniors from Work-at-Home Schemes

by Janet Crozier

“Work minutes a day at home and earn enough to pay all of your bills.” “Work part-time in your own home and make \$500 to \$1,000 your first month! It couldn’t be any easier!”

Con artists pitching work-at-home schemes rake in over \$400 billion dollars a year by exploiting people, especially seniors on fixed incomes. They use appealing but unrealistic come-ons to lure unsuspecting seniors into parting with their hard-earned retirement money in the hopes of hitting it big financially. Work-at-home schemes rarely include information such as what the business is, what its product might be, how new owners would contact possible customers, or what the total costs might be.

You’ve seen the promotions pasted on telephone poles, supermarket bulletin boards, newspaper classified sections, magazines

and on television. They’re on Internet chat rooms, bulletin boards and message boards. Since anyone can post to a message board, the promotions can even show up online at the message boards run by honest organizations that seniors trust, such as AARP.

Work-at-home schemes come in many forms. Some of the most common scams include:

Medical Billing Centers: Seniors send money for software to run a bill collection service from their home. The scam artists promise that the “market is wide open” and they have “lined up” clients for investors. In reality, seniors stand to lose thousands of dollars in their investment. The software is only an assortment of forms and collection letters that anyone could easily create. The names of companies they send seniors are often randomly selected from the phone book.

Envelope Stuffing: This is the most common work-at-home scam according to the U.S. Postal Inspection Service. Seniors send money and the “business” will send them information about earning money by stuffing envelopes at home. What they actually get are instructions to sell this scheme to others by placing ads in newspapers to illegally entice new victims. They make nothing unless they recruit others to work for them. Called multi-level marketing, this scam is much like an illegal Ponzi pyramid scheme.

Assembly or Craft Work: This is promoted as an easy work-at-home job for seniors on a fixed income. All they have to do is send money for supplies to assemble into products such as aprons, baby clothes, jewelry and Christmas decorations. They are told that there is a ready market for the products or that the company will buy the products from them. However, the assembled items rarely meet non-existent quality standards or the seniors are told that they are responsible for selling the items themselves.

But seniors can defend themselves against work-at-home scams. Start by staying alert and using common sense. If a promotion seems too good to be true, it probably is!

Fraudulent promoters of work-at-home schemes leave many unanswered questions. Caution seniors you know not to send any money until they get clear and complete answers – in writing – to all these questions:

- What exactly do I need to do to earn money?
- What will I receive for my money?
- Do I have to purchase anything?
- What are the total costs to get in on the deal?
- What quality standards must I meet for the products I produce?
- Will I receive a salary? Or, do I work on commission?

Who pays me?

Do I have to sell anything or market the product or information?

Do I need to recruit others to the program?

How do I get my money back if I am not satisfied?

If the answers they receive don't satisfy all their concerns, encourage them to walk away from the promotion. Chances are good that the promotion is really a scam.

If you know any seniors that have been taken in by a work-at-home scam, file a written complaint with the company in question and make sure to keep a dated copy. Some companies may refund their money.

For more information on work-at-home scams, contact:

U.S. Postal Inspection Service: The Postal Service advises that you report work-at-home scams to your local postmaster or nearest postal inspector.

National Fraud Information Center: The NFIC shares complaints with law enforcement offices across the country to help identify patterns of criminal activity leading to criminal prosecutions.

Federal Trade Commission: While the FTC does not resolve individual consumer problems, your complaint helps the FTC investigate fraud. The FTC enters fraud-related complaints into Consumer Sentinel®, a secure, online database available to hundreds of civil and criminal law enforcement agencies worldwide.

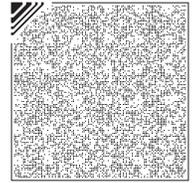
Better Business Bureau: The BBB explains how work-at-home schemes can waste your time and money and ruin your reputation.

<https://caregiver.com/articles/work-at-home-schemes/>



In Remembrance

The Blinded Veterans Association deeply regrets the passing of the following blinded veterans.



Florida R.G.

James Bunce
Joseph Carpentieri
Peter Cassanos
Robert Loft
John Wozniak

Greater Houston R.G.

Leon Oatis

Illinois R.G.

Anthony Guarnaccio

Kentuckiana R.G.

Edward Cunigan

Louisiana R.G.

Earl Forstall

Massachusetts R.G.

Joseph Cyran

Michigan R.G.

John Langolf
Dan Martin

NAT – Military bases & No State R.G.

John Fleming

New Jersey R.G.

Alexander Walker
Thomas Walker
David Young

North Carolina R.G.

Joe Parker

Sooner (Oklahoma) R.G.

Kenneth Strong

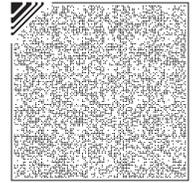
Pennsylvania R.G.

Channing Davis

Puerto Rico R.G.

Jose Boria
Pedro Cadiz
Godeberto Cantelario
Edgar Feliciano Caraballo
Josue Arroyo Carrasquillo
Joseph Carn
Johnny Castro
Juan Colon-Berrios
Jose Class Corujo
Gerado Cuadrado De Leon
Jose Curet
Pedro Ferreira Diaz
Rene Torre Dones
Ramon Colon Garcia
Eliezer Gomez
Clarence Hughes
Roberto De Jesus
Juan Cabrera Mercado
Kenneth Murray
Agustin Davila Ortiz
Daniel Pucella
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Alexandria, VA 22314

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THE BLIND OR
HANDICAPPED**

CHANGE SERVICE REQUESTED

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Domestic Mail Manual Sec. 703.5.1-2

Final Thought

On August 30th, 2019, the BVA Staff said goodbye to Chester Curtis, Chief of Public Relations and Melanie Brunson, Director of Government Affairs as they move onto the next chapter of their lives. Chester is going to work as a civilian with the US Army and Melanie is retiring. We wish you both the best of luck and happiness as you enter the next stage of your lives!



Melanie (Left) standing
with Chet (Right) in front
of a BVA seal.