VISION ACCESS is a magazine by, for, and about people with low vision. VISION ACCESS is published quarterly in three formats (cassette, large print, and email by subscription) by the Council of Citizens with Low Vision International (CCLVI), a not-for-profit affiliate of the American Council of the Blind. Views expressed in VISION ACCESS are those of the individual contributors and do not necessarily reflect the views of the editor or of CCLVI. All rights revert to individual contributors upon publication.

VISION ACCESS welcomes submissions from people with low vision, from professionals such as ophthalmologists, optometrists, and low vision specialists, and from everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications. Submissions are best made on 3.5" disk in a format compatible with Microsoft Word. Submissions may also be made in clear typescript. All submissions should include a self-addressed stamped envelope. VISION ACCESS cannot assume responsibility for lost manuscripts. Submissions may be mailed to Joyce Kleiber, 6 Hillside Rd., Wayne, PA 19087.

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## From the Editor

As I prepare this issue of Vision Access we are celebrating Thanksgiving Day and looking forward to Christmas, Chanukah, Kwanza and the New Year. I am looking at the articles in this issue and I see much to be thankful for - new devices to help me read more easily, scientists working to find ways to restore sight, members reaching out to members, new publications and educational programs to address our needs, people
sharing their stories about meeting their challenges, and all who contributed to this magazine.

All of this is CCLVI's gift to you, the gift of community. Together we share the condition of low vision.

Today in the mail a dear friend, Mike Vogl, who often writes articles for Vision Access, sent me this holiday message and I want to share it with you:
"May your heart always have a place for gratitude, (gratitude changes everything), and may the cheerfulness of Thanksgiving Day, the peacefulness of Christmas Day, and the hopefulness of New Year's Day be yours every day." JMK, 11/27/04

Organization News

President's Message
Technology for People with Low Vision - More Access to Print and at Home and Around Town
By Patricia M. Beattie, CCLVI President

CCTV's are going very portable and digital!
The voting machine magnified the ballot and read it into my earphones!
There is a cell phone that really lets you use most of the features you paid for!
There's new technology which can easily make any computer temporarily usable with speech or magnification.

There is a mouse-style device that can display magnified print material on your home TV screen.

It has been more than a quarter century since CCLVI's first President, Dr. Sam Genensky, guided development of the first CCTV, (closed circuit television device) which gave us the option of magnifying electronically as much as 300 times--a huge leap of progress for people who were needing more than the 15 or 20 times magnification that strained the physical capabilities of optics. There have been some improvements to CCTV's, including color and automatic zoom focus. CCTV's are a vital everyday tool for many of us. But they are limited by the old TV technology. The two major complaints have been the cost and the nausea resulting from moving the reading or writing material being viewed back and forth, up and down on the X-Y axis table under the camera.

What many, many of us have been calling for is a device that could help us see an entire page that was magnified and displayed just the way we want it. And, oh yes, portability would be wonderful! And, of course, affordability would benefit almost all of us. Others would like the option of having both audio and magnification in the same or compatible devices.

And, while people have been dreaming about accessibility to information, our society is interjecting technologies in banks, public transit systems, cell phones, personal assistant gadgets, wrist watches, traffic signals, gated communities, apartment building lobbies, household thermostats and alarm systems, TV, radio and stereo controls, kitchen appliances, government information kiosks, and even election polls.

As we encounter all this new technology in the commercial marketplace, our neighborhoods and homes, it is obvious that accessibility for people with visual impairments has not been considered during the development of these technology applications.
There are some new breakthroughs arriving in the marketplace, most of them still designed especially for our tiny fraction of the population and, therefore, more costly than the mainstream technologies. The long-term answer, of course, is finding universal design solutions that work for us and for everyone else, too.

You'll want to watch for opportunities to see some of these quite new technologies aimed at the visually-impaired market. They include very portable, small screen portable electronic magnifiers which can be found in the $500 range. You might check for a review of some of these new very portable, small electronic magnifiers at afb.org.

You might check with your local or state agency for the blind or your state "Tech Act" project for names of dealers or dates for upcoming exhibits in your area. We have begun to pass along more detailed information on specific products in this and in future issues of Vision Access in our "Assistive Technology" section. We anticipate that all of the latest models of all of these devices will be on exhibit during the 2005 convention of the American Council of the Blind, of which CCLVI is a national special interest affiliate. The exhibits always are a highlight of the convention during the first week in July.

Meanwhile, you might want to talk with your community's traffic engineers about installing talking pedestrian signals and bumpy warning strips on curb ramps. And to your local board of elections about getting electronic voting machines which can magnify the ballot information or convert it to synthesized speech. And you may want to talk to your bank about talking ATM's. Stop at the cell phone store and ask for a demo of a cell phone with a better text display and/or audio access for both input and output to the various features, including the contact list and caller ID.

Public officials and commercial companies need to know what we want. We are watching things here in Washington, DC. We'll keep passing along information so you can benefit from new laws and products in your own community.

Happy holidays and best wishes for the new year to all!

Reports from CCLVI Chapters

California Council of Citizens with Low Vision: This chapter celebrated its 17th birthday while the California Council of the Blind was observing its 70th this past Halloween weekend in Los Angeles. Our Thursday afternoon program was about cruising with low vision and featured Barbara Kron and Jane Kardas, who booked a cruise without telling the cruise line about their visual impairment, Coletta Davis, who has taken ten cruises and Dave Kronk from Damar Travel and Cruise, the company which is offering group cruises for ACB. Our Friday morning joint session with the Committee on Access and Transportation of CCB featured a three-hour workshop on public transportation given by Donna Smith from Easter Seals Project Action. On Saturday morning, our joint session with the CCB Senior Blind Committee featured Paul Edwards, talking about life-long learning for people with vision impairment and one of the founders of CCLVI, Dr. Sam Genensky discussing the perils of shopping with various disabilities. Plans are for the Friday and Saturday morning sessions to be made available for streaming on the CCB website, www.ccbnet.org.

For information about this chapter contact Bernice Kandarian President, CCCLV at 800-733-2258.

Delaware Valley Council of Citizens with Low Vision: Our members continue to share experiences in using adaptive technology at work and at home. At our November meeting we considered ways in which we could make the challenges and needs of people who have low vision better known in the community. We plan to
contact local newspapers and radio and television stations for this purpose. We hope that this will eventually increase people's understanding of low vision.

Our chapter has become a special interest affiliate of the Pennsylvania Council of the Blind.

For information about this chapter serving Philadelphia, Southern New Jersey and Delaware call 215-735-5888.

**Metropolitan Council of Low Vision Individuals:** For information about this chapter serving the New York City area, call 845-986-2955.

**National Capitol Citizens with Low Vision:** In September, our meeting topic - "How to identify yourself as a person with a visual impairment" - was an eye opener for everyone who attended. Everyone had something interesting or different to share. We learned of the advantages and disadvantages of using a white cane, guide dog, magnifier, monocular, or other device. Also, each person must decide for what works best for him or her. Regardless of which tool is used, the group learned that communicating our needs is essential. Vijaya Dabir, an orientation and mobility instructor brought a thin white cane which is used for identification purposes only. This cane was popular with those who are not ready or do not need to use a "regular" white cane full-time. Two new folks came to this meeting. Yeah!

On a Sunday in October, the group met for brunch and then saw an audio described performance of "Jesus Christ Superstar." In the cast were several people with disabilities. Carissa Janis, member of NCCLV, is Business Manager and Secretary of the Board of the Open Circle Theatre (OCT) which produced the show. OCT is Washington DC's first professional theatre dedicated to producing productions that integrate the talents of artists with disabilities.

At our October meeting, Pat Sheehan gave us the inside scoop on descriptive video. Pat lives in Montgomery County, MD and is very active in lobbying to get descriptive video in local movie theaters. We learned that descriptions make films and other media accessible to folks with visual impairments as key visual elements such as actions, settings, facial expressions and costumes are described. We learned the process for getting a movie described and how to access programs with descriptive video on our TV's using SAP, Secondary Access P. The history of descriptive video was shared as well as who decides which movies are described.

For further information about this chapter, call or email to Barbara Millville: 703-645-8716, ncclv@yahoo.com.

**Quality of Life**
**Member to Member**
**By Carlos Gourgey, Ph.D.**

In this edition we address a very down-to-earth issue: how to take advantage of DVS. Yes, unfortunately, due to our high-tech culture this article will be full of acronyms, but they will all be explained.

DVS stands for "descriptive video service." Pioneered by the folks at WGBH, the public broadcasting outlet in Boston, this service adds an audio description track to a movie or TV program that explains the on-screen action for the benefit of blind listeners. It's like having someone sit next to you telling you what's going on, so you don't have to keep asking questions.
For years people with hearing loss have been enjoying closed-captioned TV programs. However, we in the visually impaired community have not been as fortunate. Few programs on TV are video described, and many people don't know how to access the ones that are. (There is also some politics involved: certain groups claiming to represent the interests of blind people have actually interfered with efforts to make this service widely available. But that is another subject, which I won't go into here.)

Anyway, DVS is a lot of fun, and it's worth knowing about just in case some program you like happens to be described. Our online support group discussed it, and since our intentions are only to protect the innocent, all names will be deleted except mine.

Carlos, This may be a dumb question, but I have no idea how to get video description on my TV. Could you tell me?

You will need a TV set capable of receiving the "SAP" signal. SAP stands for Separate Audio Program. It is a separate audio channel used to broadcast added description when it is available, or at other times foreign language translations of some programs. It's up to the producers of the program to decide whether they want to use this audio channel and what to use it for.

If a program is described for the blind, you turn your signal to SAP and then you will hear it. If the SAP channel is not in use, usually you hear no audio at all.

How do I find out if my TV has it? It probably doesn't because it is sooo old. Is there anything I can do short of buying another TV? Thanks for your patience.

Look at your remote control. If it has a button marked "MTS" (multi-channel television sound) or "SAP" (second audio program) then you have it. Otherwise, you don't. If you don't have a remote control, then your TV is too old and you don't have it. (Or else you lost your remote control, in which case you also don't have it <grin>.)

If you don't have it, there is no real easy way to get it short of buying a newer TV. The WGBH web site says that "Inexpensive receivers that convert TV sets to stereo with SAP also can be purchased" but it gives no details, and I have no idea where you might find such a thing.

If you do decide to go for a new TV, be sure to ask whether it receives the SAP. Not all of them do.

This point is important. Some TV sets and VCR's as well can receive the SAP signal, but the feature is not standard. I have been burned by clueless salespeople telling me their products had this feature when in fact they didn't. It pays to do a little research. If the unit has a remote control, the easiest way to tell is to look for a SAP or MTS button (this applies to TVs but not VCRs). The instruction manuals of some models are posted on the web, and those certainly will tell you if the unit is SAP-capable. Otherwise you need to find a salesperson who knows the product - a very rare bird these days.

Even if you have a TV set that can receive the extra signal, you still aren't guaranteed to get it. Glitches can occur at any step along the way,
from the network to the network affiliate to your cable provider. If all of these have not made the necessary arrangements to transmit the signal, you won't hear it. A number of our members experienced this problem.

When our PBS channel went digital, we lost the SAP channel in the Seattle metro area.... One may have a SAP channel on the TV or remote, but it doesn't access anything locally. When we had SAP it was great. I could finish the dishes and not miss anything on the TV! I don't know the technology of any of this, but this is what several people told me.

Part of this really is an advocacy issue. We worked with our cable provider RCN, and the TV channels themselves, when there was supposed to be description and we weren't getting it. Certainly, you should contact the local PBS station, and if you don't get anywhere with them, go directly to the Media Access Group at WGBH in Boston. After all, DVS started out as a public TV feature, just as captioning did. For heaven's sake, digital should make the SAP feature easier to implement. You can get into their site by visiting http://www.wgbh.org/dvs

Does this mean that even if I get a new TV with SAP that I won't be able to access the local PBS and other local channels? If that is what it means, I wonder if contacting the people at PBS would make a difference?

You better check with your cable provider first to see if they broadcast the SAP data. This requires additional equipment on their part and I have Time Warner and they do not broadcast it in this area. Very frustrating as I know the next county has it.

My question for the list is: at the convention, Joel Steinberg of the National Captioning Institute promised us that the ABC Network was going to broadcast the Disney remake of The Miracle Worker, with description. This was a big deal, since ABC has never described anything! But we didn't get one morsel of description. I wanted to know whether anybody watched this, and whether you got the description. Thanks in advance.

After some investigation it turned out that WABC in New York failed to provide the DVS feed. They promised to do better next time.

So in conclusion, DVS is out there, it's available on some programs, but service is spotty, and disruptions can occur anywhere along the food chain. Some troubleshooting may be required to determine the source of a problem. But it's well worth it, and if your favorite TV shows are not described, you can still get video-described movies that will play on any VCR.

To find out what shows on TV are video described, go to http://main.wgbh.org/wgbh/pages/mag/services/description/ontv/

For a full catalogue of described movies on home video, go to http://main.wgbh.org/wgbh/pages/mag/resources/dvs-home-video-catalogue.html

To join our online support group, write to me at laflauta@hotmail.com

If you don't have a computer but would like to ask our group a question on any visually impaired topic, send your question to Carlos Gourgey 55 W. 14 St., #4A New York, NY 10011
We are happy to extend the reach of our online support group to other readers of this publication. Even if you are not computer connected, you may write to the editor and we’ll respond to your questions.

One reader writes:

My sister and I both have limited field of vision from complications of glaucoma. I lost most of my left eye vision as a result of total intraocular pressure loss following trabeculectomy surgery late 1994. My sister lost most of her right eye vision from a rejected cornea transplant. Both of us fully meet the requirements for driving with our corrective lenses.

Every person over 40 starts having vision impairment and must adapt. Glaucoma peripheral vision loss requires different degrees of adaptation. I've long used the procedure of adjusting the sideview mirrors for optimum vision of cars in the side blind spots. With the left side of the head against the side window, the left sideview mirror is adjusted so the left rear fender can just barely be seen with the inner edge of the mirror. The head is then moved so it is about at the center of the front seat. The right mirror is then adjusted so the right rear fender is just barely visible with the inner edge of the right mirror. With the head then in the normal position, the car passing on the left or right side is fully visible during its passage, leaving minimal side vision blind spots.

I further adapt to low vision by never using a cell phone in the car, by never adjusting the radio or air-conditioning controls when the car is in motion, and by refraining from eating in the car. Many normal vision drivers, who are distracted with eating, cell phones, or controls, operate with only 20% concentration on driving. With my 70% vision, I still operate safely by not allowing the distractions under which most full-vision drivers operate.

It would be interesting to hear how other low-vision drivers adapt to loss of side vision or single-eye vision. I'm really searching for a sideview mirror that will give two fields of vision. One section of a special mirror would be desired for the left and right blind spots, while the major part of the mirror operates in the normal fashion.

Recently, I added a rearview mirror that is six inches wider than a normal mirror and clips over the normal mirror. This wider view allows me to pick up from the rear any traffic approaching the left and right blind spots before they enter the normal blind spot. The mirror then allows view of the left or right passing car through a segment of the extra-wide mirror. That has been a very desirable purchase, and I recently purchased one for my sister.

I would be very interested in reading articles on driving adaptation to reduced field of vision.

Sincerely,
Joseph
Hi Joseph,

Sorry to learn of your visual challenges. Although I am not too familiar with the mirrors, I'd suggest that you and your sister drive more conservatively than before your vision changed. By that I mean, don't try to pass other cars or drive a lot at night when your lack of depth perception/vision might be a problem. Driving a smaller car might help too.

Travel more slowly so you have more time to react if things come up. If there are other forms of transport available, use them instead of fighting the city traffic. Also, spend some time reviewing maps and get your directions straight before getting behind the wheel. By doing so, you can then focus on driving and minimizing your limitations. I think you are doing these things already but it is worth repeating.

Check out http://www.albinism.org/. Under the NOAH News heading, look for the bioptic driving seminar. Call Rhonda Beadles (her number is in the conference details) and ask her for Chuck Huss' contact info. Chuck is an orientation and mobility instructor in WV and seems to be the guy to know in his field. (Tell him I said "Hi.") In addition to helping you himself, he might know of someone in your geographic area who can. There may be a low-vision driving school that could assist you as well. I hear that Johns Hopkins in Baltimore, MD has a good low-vision clinic and driving program. Also, I believe NOAH has a list that deals with bioptic driving issues.

Happy travels!
Barbara

Dear Joseph,

Dr. Anne Corn of the Department of Special Education at Vanderbilt University has, I'm quite sure, done some work on this. She is a low-vision individual herself. I'm sure if you "google" her you might find some helpful information.

Karen

How Not to Dance Alone
By Dana Nichols

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Like everyone else, I have several solitary hobbies, ranging from reading mysteries to surfing the Net. I also have other interests, like dancing, which require partners. As a visually impaired person, my problem has always been finding the people who can join me in these activities. Where do I find someone to dance with? If you like camping, how do you meet other people who like to camp? Where do you meet a tandem biking partner?
Even a solitary hobby can be more fun if there are other people who share the hobby. It increases your enjoyment if you can talk over a new mystery with another Sue Grafton fan or share a poem you have recently written.

When I moved to Huntsville, I came up with methods that anyone can use for finding people with like interests. The places to begin are the places people go—school, work, church, community events. Word of mouth is an effective tool; let your interests be known. Always follow up by asking for more information. At work, someone mentioned that one of the supervisors taught dance. I went to him and asked about places to dance in Huntsville. He later e-mailed me a list of dance clubs, dance schools, and churches sponsoring weekly dances.

But how to find a dance partner? The second most effective technique is eavesdropping. At church I overheard people talking about dancing, and a man I only slightly knew mentioned how much he enjoyed dancing. So I asked him if he would be my partner for dance lessons. We went to some of the places recommended by the instructor, and there I met other people who liked dancing enough to form a club with weekly get-togethers.

Combining eavesdropping and inquiry works extremely effectively. A woman at work mentioned that she had recently been to a poetry reading. My inquiry revealed that there was a weekly poetry reading, open to all local poets, at the nearby Barnes and Noble bookstore. I was too shy to read my own poems, but I enjoyed the readings. At one of them, a poet mentioned the creative writers meetings. Again I asked, and was told there was a local group of writers, professional and amateur, who met monthly to read their works in progress, get supportive critiques, and share their successes and disappointments. At these meetings I did read my writing and even got a writing assignment from a local editor. I made new friends, with whom I went to a state writers' conference. If I had not asked questions, I would have remained at home, writing in solitude.

Mainly, the idea is to take advantage of your opportunities. If you like hiking in the woods, ask around at school, church, or work for anyone with the same interest. Or ask whether there are local hiking clubs. Listen also for public announcements. Recently I heard a local TV announcer mention that a hiking club was sponsoring a mountain hike. A call to the TV station produced the name and contact number for the club.

Other contact points may not be so public as TV. The local senior center brings together people with similar interests. So does the continuing education department of the local college. Here, ordinary citizens teach classes in things like computer use or gardening. Call the instructor listed and ask for information about computer or ham radio clubs, gardening clubs, etc.

Of course, the Internet is an excellent source of information. Go to your city's Web site. There is always a calendar of events, which includes things like that mountain hike, amateur plays, dances, and special events like ham radio shows. I am also interested in the Red Hat Society, an organization of women of a certain age. The name is based on a line from a poem: "When I am old, I shall wear a purple dress, with a red hat that doesn't go. ..." The RHS Web site had lists of local clubs in many cities. I found six in Huntsville, with names and phone numbers and e-mail addresses.

If your hobby is being an appreciative audience of plays or concerts, take control by buying two tickets to an event; then ask someone to accompany you. "I have two tickets to The Fantastiks. Would you like to go with me?" works much better than "Can you take me to see The Fantasticks?"
So, whatever your hobbies are, you can find like-minded people all around you. Let other people know of your interests. Listen when people are talking of their own hobbies. Pay attention to public announcements and remember to check your city's home page. Above all, ask for information. Then follow up on the inquiry with action. Your enjoyment of your hobby will be all the richer for it.

**Tips for Better Living with Low Vision**

For people living with low vision, some of the simple everyday tasks of life can become difficult and troublesome-setting the correct oven temperature for those world famous brownies, choosing a comfortable temperature setting for your home, trying to look up an old friend's telephone number in the phone book. Here are some tips offered in an email newsletter from Optelec—a company that offers low vision aids—that can help you to continue living actively and independently.

- Secure or tape down wires and cords to avoid accidental tripping.
- Make sure that kitchen lighting is adequate, helping you to better handle cutlery.
- Clearly mark all food products, making identification quick and easy. A roll of labels and a 20/20 pen are useful here.
- Mark appliances with a tactile substance, to easily identify desired settings. Many gas and electric utility organizations will authorize their service technicians to mark settings on home appliances with a special substance that leaves raised marks at the desired settings.
- Purchase special low vision products, providing accessibility and safety: long oven mitts, cutting boards in light and dark colors for contrast, liquid level indicators, and adjustable knife with slice guide.
- Keep a list of frequently called telephone numbers in large, bold print. Most telephone companies will provide you with free directory assistance, or at a minimum, a reduced rate schedule. Some companies also offer additional gadgets that can be used with your phone, such as large number plates or magnifiers, free of charge to their visually impaired patrons. Call your local and/or long distance telephone service provider, to find out what services they provide, and how you can become eligible for them.
- Make enlarged copies of the local bus and train schedules. Many public transportation organizations offer reduced fare programs. Orientation and mobility rehabilitation can go a long way in ensuring that you have a safe and pleasant journey.

**Get Up and Go**

Have you given up your car keys because of visual impairment? Kudos to you—such a decision is often very difficult, as car keys seem so entwined with independence. Or, as a non-driver, have you wondered how you were going to get where you need to go? Hadley's new course "Going Places" is for you! Available in large print and braille (cassette and online coming soon) this tuition-free course will help you establish your ability to travel independently.

This course familiarizes you with various transportation issues in North America. It covers the personal and social aspects of being a non-driver. Then it examines the practical implications involved with using alternative means of transportation. It also focuses on specific methods of transportation: walking and biking, public transit and paratransit, as well as taxis and hired drivers.
Various issues, like the planning and safety involved with each method of transportation, are explored.

"Being a non-driver should not hamper your independence," says instructor Ginger Irwin. "As you will see, many travel options exist. In fact, you may soon feel quite positive about your non-driver status." This course is open to students in the Adult Continuing Education and High School Programs. Why not enroll in this course now so you can go places with confidence? To do so, just call Student Services at 800-526-9909.

Founded in 1920, The Hadley School for the Blind is one of the largest worldwide educators of people who are visually impaired. Hadley offers over 90 tuition-free courses to eligible students. The school’s students, 10,000 annually, are from all corners of the United States and more than 100 countries. Courses are available to students who are visually impaired, family members and professionals. Visit us on the Web at www.hadley.edu.

**Assistive Technology**

**Breakthrough in Adaptive Reading Technology**

CONCORD, CA (November 16, 2004) - Pulse Data HumanWare today announced the introduction of a new low vision auto-reading device called, myReader(tm)(www.myreader.com). The first significant breakthrough in adaptive reading technology in over 30 years since the Rand Corporation demonstrated its video magnifier prototype in 1968, myReader is a compact, transportable device that turns the difficult and frustrating task of reading into an easy and enjoyable one for millions of people with impaired vision.

myReader was developed to overcome the serious limitations of video magnifier technology, (CCTV), and provide people who are visually impaired a comfortable and easy way to read for extended periods of time. "A video magnifier works fine for what we call spot reading, when a person only needs to read a price tag or a medicine bottle," said James Halliday, President Emeritus of Pulse Data HumanWare. "But with myReader, people can read long documents and even books, faster, with far less fatigue and better comprehension."

myReader captures an entire 8 1/2-inch x 11 3/4-inch page and displays the text so it can be read in much the same way that fully sighted people read. Within three seconds of placing a document or page on the reading table beneath the 'sensor,' the enlarged text appears on the LCD monitor, rearranged like a page from a large print book.

The user then selects one of three reading modes: row, column, or word. In row mode, text appears in a single horizontal line across the screen. In column mode, text displays as a vertically formatted paragraph. In word mode, text appears one word at a time. [Photographs showing the three reading modes are available.]

When reading in the column mode, for example, the user reads from the top of the screen to the bottom, and then touches a key on the handheld control device to bring up the next page. Depending on the selected magnification size, the original document may be transformed into as many as 30 screens of enlarged text. For hands-free reading, users can select the automatic scrolling feature, which moves text automatically at the selected speed, similar to a TV teleprompter.

myReader offers many other assistive functions, including the ability to magnify and view photographs in full color. In live video mode - a high magnification option - users can independently accomplish challenging tasks like threading a needle, reading a medicine bottle, writing checks, and composing letters to friends and family.
Maxine Dilling of Alamo, California, who has Age-related Macular Degeneration, was one of the first people to experience myReader. "With myReader, there is so little for me to do once I place the reading material on the table and touch a few buttons to select the size of the letters, the speed, and the colors I want. It's all done for me! I do not have to use my hands and arms to push the table back and forth like I do on my video magnifier. Also, I timed some articles that I had read on the video magnifier, and it took me half the time to read them on myReader."

For more information about Pulse Data, visit www.pulsedata.com. Write to Pulse Data at 175 Mason Circle, Concord, CA 94520
Phone: 800-722-3393
Fax: 925-681-4630
info@humanware.com

Accessing Cell Phones

Cingular Wireless is responded to the needs of people with vision impairments. Cingular offers TALKS - speech-enabling software that essentially turns the Nokia 6620 handset into a talking mobile phone. The software itself is stored on a Multi Media Card (MMC) that is inserted in the phone similar to the insertion of a smart chip. Once inserted, this software runs in the background and translates screens, keystrokes, menu selections, etc. into speech output. This speech output is audible via the handset speaker or a connected headset, thereby making most phone functions accessible for customers with visual disabilities.

So what exactly can TALKS and the Nokia 6620 facilitate? Specifically, once activated and registered on the Cingular Wireless network, this TALKS/Nokia 6620 combination will allow Cingular Wireless customers to:
* Hear incoming Caller ID which allows you to be selective about the calls you answer.
* Know the phones signal and battery strength.
* Write and read notes, text messages, and email.
* Compose and access multi-media messages (MMS).
* Add, edit and dial entries in a contact database.
* Use the appointment calendar, alarm clock and other tools.
* Edit the phone’s profiles and settings.

The TALKS/Nokia 6620 combination may not be for everyone; but people who currently use a screen reader, consider themselves somewhat technically savvy, and are willing to undertake the usual new technology learning curve, will find that this product may be exactly what they need to harness the full potential of cell phones.

To see if the TALKS software is right for you, it might be helpful to review the TALKS Manual. The following formats are available on http://www.cingular.com/about/talks_program, TALKS Manual in Word Large Print Format (.doc), TALKS Manual in text (ASCII), TALKS Manual in mp3 audio.

Customers with disabilities can get pricing information and order the Nokia 6620 and TALKS by Cingular Wireless software and sign up for Cingular Wireless service and their rebate program by contacting Cingular's National Center for Customers with Disability (NCCD). The phone number for the NCCD is (866) 241-6568. The NCCD hours of operation are 7am - 9pm Eastern Time Monday thru Friday and 9am - 6pm on Saturday. More information about TALKS by Cingular Wireless and the rebate program can also be found at: http://www.cingular.com/about/talks_program
New Portable Video Magnifiers

The Pico (offered by Telesensory) and the PocketViewer (offered by Pulse Data) are new compact, handheld, battery operated video magnifiers. Designed to be truly portable the Pico and the PocketViewer are the enable you to see more of what you want, wherever you want.

The portability of these magnifiers means that you can carry your Pico or your PocketViewer with you at all times. Their slim line design fits easily into a pocket or handbag. Use your Pico or your Pocketviewer to look at details and price labels in shops, sign credit card payments, read restaurant menus, theatre programs and timetables, instructions at a bank, television and radio programs, browse through magazines and read books while traveling.

Using a special miniature video camera the Pico and the PocketViewer are able to transfer and enlarge images from a page to a screen. Pico offers both color and black and white options. On the Pocketviewer, images appear in high contrast, black on white, or white on black depending on your preference.

By lifting or tilting the PocketViewer you can reduce the magnification and see more of the object you are looking at. The battery life of the Pocketviewer is up to one and a half hours. Pico's battery holds its charge for about 1.25 hours.

Contact Telesensory at 800-804-8004 and Pulse Data at 800-722-3393.

Introducing the MLS Student

The MLS Student is a portable combined reading and distance camera that connects directly to a laptop or desktop computer, and runs off the computer's power. It is ideal for use in school or workplace. Use the distance mode to see the blackboard or lecturer. Use the reading mode to magnify textbooks, magazines, newspapers, and other written material.

The MLS Student's mini-camera will project onto a PC or laptop screen live images of blackboard notes or the person speaking at the front of the room. It can be used to take still snapshots of, for example, flipchart or blackboard notes to store on a computer for later study.

The MLS Student is made to fit in with a laptop in a larger laptop case. Its compact size and low weight (3 lbs.) make it easy to carry.

No external battery or power supply is necessary. The MLS Student is powered directly from a computer via the USB 2.0 port.

Attachment to a laptop can be done in a couple of seconds. All functions in the system except magnification are handled directly from the computer keyboard. It is easy to switch between reading and distance modes simply by tilting the camera head. In distance mode the unit can change quickly from looking at the blackboard to looking at the teacher. In both distance and reading modes, auto focus automatically adjusts the picture for sharpness. It even makes reading thick books with curved pages easy. It can be used in math class or the science lab for close-up measurement work. By pressing a button images from the video camera can be stored on the computer. For example, take a snapshot of the blackboard to study back home. Use the natural color mode to view presentations, diagrams and pictures. Use one of the high contrast modes to facilitate reading.
Science and Health Research Announcement

Nov. 11, 2004. The Rehabilitation Research and Training Center On Blindness and Low Vision at Mississippi State University is conducting research on how the Americans With Disabilities Act (ADA) affects people between the ages of 18 and 64, who are blind or have low vision. The contact person is Dr. John Frank, at (800) 675-7782 or by e-mail jfrank@colled.msstate.edu. Your input will help us describe the affects of this law on people with severe visual impairment.

The survey has questions about accommodation requests made because of a visual impairment since January 2000. If you have a severe visual impairment, but made no ADA requests, there is a section for sharing your reasons for not requesting accommodation.

The survey participants may describe none, or only one request, or up to 25 requests that they feel relate in some way to their employment search or job. This includes accommodation or barrier removal requests related to transportation, school and training, communication, or requests for private services such as banks, utility companies, restaurants, and stores, or requests to government services including local, state or federal government services as well as requests for accommodations needed for job interviews or on-the-job. The survey may take 10 minutes, or it could take over an hour depending on how many requests are described. The information gathered is confidential. The names of people who fill out the survey and the names of any entities mentioned that are covered by ADA will not be published.

The consent form is found at http://www.blind.msstate.edu/cgi/survey/consent.pl. If you agree to participate check yes and hit the consent link at the bottom of the page - this goes to the survey form. If you have difficulty using the online survey form contact Dr. Frank, at (800) 675-7782, or e-mail: jfrank@colled.msstate.edu, for a phone survey.

Please note: a request for a product or a service made by a client to a state rehabilitation agency is not an ADA request for accommodation. A request for a needed accommodation or barrier removal in order to use or access a product or service of a state rehabilitation agency may be an ADA request.

John Jay Frank Ph.D., CRC, LPC, Research Scientist, RRTC on Blindness and Low Vision, Mississippi State, MS 39762, (662) 325 - 7828 jfrank@colled.msstate.edu http://www.blind.msstate.edu

AMD Education Campaign Launched

The Alliance for Aging Research, one of the nation's leading citizen advocacy organizations dedicated to improving the health and independence of Americans as they age, recently launched a health education campaign on age-related macular degeneration (AMD). The initiative is designed to provide both physicians and patients
with the information and resources necessary to educate individuals on how to cope with this condition while maintaining an active and self-sufficient lifestyle. The campaign has been reviewed and approved by a panel of experts and has received scientific clearance from the National Eye Institute of the National Institutes of Health. Materials have been mailed to the offices of approximately 26,000 eye care professionals. Each physician received a packet containing the following:

-- An AMD physician's guide "How to Better Help Your Patients with Age-Related Macular Degeneration: Facts for Effective and Efficient Care," that provides guidance on caring for older patients with age-related macular degeneration.

-- An AMD physician resource guide "Beyond Diagnosis: Next Steps for People with AMD, Resource Guide for Physicians and Staff," that offers physicians resources to direct older patients to for information on coping with the condition of AMD.

-- Ten copies of an AMD Patient FAQ Fact Sheet "Don't Get Blind-Sided by Age-Related Macular Degeneration," which are geared towards older patients, answers common questions that individuals may have about their condition.

-- A Tabletop Patient Display, for placement within the waiting room, provides information on how to receive our free patient FAQ brochure on AMD.

All of the campaign materials are available on the Alliance for Aging Research's website -- www.agingresearch.org. A special section, "AMD Health Corner," has been developed that gathers all of the Alliance's current and previous AMD educational materials. Among other things, the site includes an interactive quiz, titled "Test Your Eye-Q" where visitors can evaluate their risk for developing this condition.

Share this initiative with others. The Alliance for Aging Research is very interested in working with groups in order to get the information in the hands of those who desperately need it. Provide links to the Alliance website or directly to the AMD section. All of the campaign materials can be ordered by visiting the Alliance's website (www.agingresearch.org) or calling (800) 639-2421. The first copy is available for free and additional copies can be ordered for a minimal charge.

Enhancing Patient Care by Supporting Caregivers

Today, four million older adults are coping with vision impairments that interfere with their ability to maintain independence. Most often, elders with vision problems turn to family and friends to help them navigate their environment. Vision loss or impairment impacts the entire family and causes each member to make some adjustments in order to support their visually impaired older family member.

There are many ways family members can help elders with vision problems: -- Selecting ophthalmologists and accompanying elders to medical appointments -- Securing needed adaptive devices and supplies -- Encouraging mobility training -- Helping elders maximize existing vision -- Promoting vision rehabilitation so that elders can learn safe new ways of doing essentials tasks -- Consoling elders who are grieving vision changes -- Managing medications if required

According to a 2004 survey by the National Alliance for Caregiving and AARP, 16% of the population, or nearly 34 million adults, provide unpaid care to someone who is 50 or older. Oftentimes, however, family caregivers may not realize that they need support in their caregiving role as well. Although rewarding, caregiving also can be extremely stressful - physically, emotionally and mentally. Caregivers often risk their own health, and may unwittingly compromise the care and safety of their aging loved
one. Yet, with the right information and services, the older person can adjust to vision loss or impairment and remain as independent as possible, and caregivers can get the help they need to support them in their caregiving role.

The American Academy of Ophthalmology encourages physicians to refer caregivers to agencies that have services to help them by using a tool-"Making the Link"-a project of the National Association of Area Agencies on Aging, AAA. AAA staff members will offer a range of information and support to the caregiver. AAA will also provide Physicians and their staff with the materials and resources they need to identify caregivers and refer them to services.

New Association Promotes Vision Rehabilitation

The National Vision Rehabilitation Association (NVRA) was launched last month to advance the independence and quality of life for people who are blind or partially sighted. Its goal is to expand access to quality vision rehabilitation services provided by highly qualified professionals to all Americans who need them. Lighthouse International President and CEO, Dr. Barbara Silverstone, is the Chair of the NVRA Board of Directors, and Linda Merrill, President and CEO of Envision, is Chair-Elect. In announcing NVRA, Dr. Silverstone noted, "The new entity aims to provide a vehicle for the common interests of vision rehabilitation service providers -- vision rehabilitation agencies, ophthalmologists, optometrists, low vision clinics, hospital outpatient low vision services and others -- in promoting services, standards and public awareness." NVRA will advocate for health insurance and other types of funding, and for public policies that assist people with vision impairment.

NVRA's founding leaders are: Anita Shafer Aaron, Rose Resnick Lighthouse; Steve Barrett, Pittsburgh Vision Services; Donald LoGuidice, Central Association for the Blind and Visually Impaired; June Mansfield, Community Services for the Blind and Partially Sighted; Linda Merrill, Envision; Lee Nasehi, CITE-The Lighthouse for Central Florida; Barbara Silverstone, Lighthouse International; and George Theriault, New Hampshire Association for the Blind. NVRA, which has established headquarters in Washington, DC, grew out of the National Vision Rehabilitation Cooperative, a coalition established in 1991 to strengthen the provision of vision rehabilitation services. For additional information and to become a member, contact NVRA Director Lorraine Lidoff at 508-240-6510 or llidoff250@comcast.net

U.S. Latinos Have High Rates of Eye Disease and Visual Impairment

Latinos living in the United States have high rates of eye disease and visual impairment, according to a research study, and a significant number may be unaware of their eye disease. This study, called the Los Angeles Latino Eye Study (LALES), is the largest, most comprehensive epidemiological analysis of visual impairment in Latinos conducted in the U.S. It was funded by the National Eye Institute (NEI) and the National Center on Minority Health and Health Disparities (NCMHD), two components of the Federal government's National Institutes of Health (NIH). Study results are published in the June, July and August 2004 issue of the journal Ophthalmology.

Researchers found that Latinos had high rates of diabetic retinopathy, an eye complication of diabetes; and open-angle glaucoma, a disease Study investigators gave a detailed health interview and clinical examination to more than 6,300 Latinos, primarily Mexican-Americans, aged 40 and older from the Los Angeles area, assessing
their risk factors for eye disease and measuring health-related and vision-related quality of life. Each participant received a blood test for diabetes and a comprehensive eye exam that included photographs of the back of the eye.

The researchers noted that many study participants did not know they had an eye disease. One in five individuals with diabetes was newly diagnosed during the LALES clinic exam, and 25 percent of these individuals were found to have diabetic retinopathy. Overall, almost half of all Latinos with diabetes had diabetic retinopathy. Among those with any signs of age-related macular degeneration (AMD), a condition that can lead to a loss of central vision, only 57 percent reported ever visiting an eye care practitioner, and only 21 percent did so annually. Seventy-five percent of Latinos with glaucoma and ocular hypertension (high pressure in the eye) were undiagnosed before participating in LALES.

"Because vision loss can often be reduced with regular comprehensive eye exams and timely treatment, there is an increasing need to implement culturally appropriate programs to detect and manage eye diseases in this population," said Rohit Varma, M.D., M.P.H., associate professor of ophthalmology and preventive medicine at the Keck School of Medicine's Doheny Eye Institute at the University of Southern California, and director of the study.

New Experiment in Corneal Transplants

In Science News Weekly Magazine, September 18, 2004 an article by Nathan Seppa reported that mouth membrane was used to provide tissue for corneal transplants. This article was subtitled "Tapping an unlikely source."

Corneal transplants are the prime example of transplant surgery. Corneas don't have blood vessels and so they don't stimulate the patient's own immune system to reject the newly implanted tissue. However, if the eye is severely damaged to the point where the stem cells below the surface of the cornea and near the white portion of the eye are unable to support the newly implanted cornea, then often the corneal transplantation fails.

It was reported in the New England Journal of Medicine that Japanese ophthalmologist Kohji Nishida of Osaka University Medical School and his colleagues have successfully restored vision to four patients with Steven-Johnson Syndrome, a disease which is destructive of vision. These four patients had vision of 20/2000 or less. The team of doctors removed the damaged cornea in one eye of these patients. They cultured stem cells from mouth membrane tissue taken from the patients themselves. They succeed in growing these tissues into sheets measuring 25 millimeters or 2 1/2 centimeters across. These sheets were used to form the new corneas which were implanted. Ten weeks after the surgery, these patients enjoyed vision of 20/300, 20/100, 20/50 and 20/25 respectively in the operated eye. They still have this level of vision 14 months after their surgery. It is a scientific mystery as to why these mouth membrane stem cells function now as corneal cells in these patients.

It should be emphasized that this is a first experiment and it is not yet available for clinical trials.

Successful Generation of Retinal Pigment Epithelium Cells

(Reprinted from Vision Connection, Copyright 2004, with permission from Lighthouse International, www.lighthouse.org.)Larchmont, NY, Sep., 23- For the first time, scientists have successfully used human embryonic stem cells (ESC) to generate
retinal pigment epithelium (RPE), a potential cell replacement that could be used to treat human blindness, according to a paper in the Fall 2004 issue of Cloning and Stem Cells.

"Retinal pigment epithelium cells could potentially be used to treat blindness and are likely to be one of the applications of embryonic stem cell technology," says Robert Lanza, M.D., a coauthor of the report who predicts that RPE could be tested in the clinic in human patients within the next two years.

The results of this cutting-edge research clearly demonstrate the enormous potential of embryonic stem cell technology and could offer a unique treatment option for the more than 30 million people worldwide who suffer from macular degeneration. In the United States, macular degeneration is the leading cause of blindness in patients over 60 years of age. Retinal pigment epithelium is a specialized eye tissue involved in photoreceptor maintenance. Dysfunction of RPE can lead to photoreceptor deterioration and blindness.

"This very exciting paper describes the first derivation of human cells that will be used to treat some forms of blindness. It is a very important step forward," says Ian Wilmut, Ph.D., Editor-in-Chief of the Journal and Head of the Department of Gene Expression and Development at the Roslin Institute. "This is very important research because it takes us nearer to being able to treat forms of blindness that affect thousands of people every year for which, at present, there is no effective treatment."

Researchers from Advanced Cell Technologies (Worcester, MA), the Institute of Regenerative Medicine at Wake Forest University School of Medicine (Winston-Salem, NC), and the Department of Ophthalmology and Visual Science at the University of Chicago, collaborated to develop a novel stem cell differentiation system that does not require co-culture with animal cells or animal-derived factors. This allows the production of zoonoses-free RPE cells suitable for human transplantation.

Co-authors Irina Klimanskaya, Jason Hipp, Kourous Rezai, Michael West, Anthony Atala, and Robert Lanza used transcriptomics, an innovative approach to evaluate the embryonic stem cell-derived RPE to its natural counterpart. The researchers compared the transcriptional profile of human ESC-derived RPE to the fetal RPE present during human development.

Uveitis
By Dr Ikan C. Kleerly

(Dr. Kleerly has just returned from a prolonged stay where he was researching the rapid eye movements of people watching Tahitian Dancing Girls. Hopefully he will get his mind back on track).

Uveitis is a swelling of the eyeball. The alternative names are:
Posterior uveitis; nongranulomotous uveitis; retinitis; anterior uveitis; choroidis; iritis; granulomotous uveitis.

Definition: An inflammation of the uveal tract which includes the iris, the ciliary body and the choroid of the eye.

Causes, Incidences and Risk Factors: Uveitis affects the uves, the layer between the sclera and the retina which includes the iris, the ciliary body and the choroid. The uvea is the middle layer of the eye which is very vascular and supplies blood to the retina. Causes of uveitis can include allergy, infection, chemical exposure, trauma, or the cause can be unknown.

The most common form of uveitis is anterior uveitis which affects the iris. This condition can also be called Iritis or nongranulomotous uveitis. The inflammation is associated with autoimmune diseases such as rheumatoid arthritis, or ankylosing
spondylitis. This disorder may affect one eye and is most common in young and middle aged people. A history of autoimmune disease is a factor.

Posterior uveitis affects the back portion of the uveal tract and may involve the choroids layer or retinal cell layer or both. This condition is also referred to as granulomatous uveitis, choroidis, choroidiretinitis or sometimes just retinitis. Posterior uveitis usually follows a systemic infection. However, it is difficult to culture the organism within the eye. Therefore diagnosis is based on the clinical and laboratory examination. Toxoplasmatosis is one of the most common causes of congenital uveitis in infants.

The inflammation causes spotty areas of scarring corresponding to areas of vision loss. The degree of vision loss depends on the amount and location of the scarring. If the central part of the retina, called the macula is involved, central vision is impaired.

Posterior uveitis, affecting one or both eyes, can be caused by any of the following: Toxoplasmosis, hystoplasmosis, tuberculosis, sarcoldosis, DMV retinitis or other cystomengalovoviris infection, trauma (especially to children), ulcerative volitis, pauci articular rheumatoid arthritis, ankylosing spondylosis, Kawasaki disease, herpetic keratitis (herpes symplex), Behecet disease, psoriasis, Reiter's Syndrome, and last but not least, syphillis. (Note: Physicians fees are generally related to the number of letters in the diagnosis of the condition). In the next issue Dr Kleerly will address Macular Degeneration. Sincerely, Dr. Edwin Druding

Publications

Job Hunting Resources for People with Vision Impairments

In this world of fast-paced career changes and job insecurity, people who have visual impairments need the latest tools and information to succeed in the job market. Job Hunting Resources for People with Vision Impairments is the definitive contemporary career guide. This guide focuses on topics other career books do not address. Not only does it include information on interviewing techniques in a post ADA world and pointers on resume and cover letter writing, it also places emphasis on social and communications skills as they apply to visually impaired job hunters.

This dynamic new book includes the latest thinking on successful job hunting strategies. You won't find a more comprehensive current career resource list anywhere. In addition to an excellent bibliography, this guide contains extensive online resources, which will provide links to future job opportunities.

The book is available for $10 per copy in large print, cassette, and computer diskette. A braille resource list is available on request for those who purchase the book.

The book's author, Karen Lynn Thomas is a writer and editorial consultant specializing in employment, education, and disability awareness. For eight years before starting her own communications business, Karen worked in career education helping teens and adults prepare for college, create career plans, and conduct successful job searches. She has written and assisted in the development of training manuals, how-to guides and related materials for blindness organizations such as The Hadley School for the Blind, American Foundation for the Blind, and Blindskills, Inc.

To order a copy of this guide call Blindskills Inc., at 800-860-4224 or fax: 503-581-0178. Make checks payable to Blindskills, Inc. and send to P.O. Box 5181, Salem OR 97304-0181. Major credit cards are accepted. Please specify which format you would like.
Cooking in the Dark Recipe Collection
By Dale Campbell,

The Cooking in the Dark Recipe Collection is finally complete. This is a collection of favorite recipes and family traditions of the members of the "Cooking in the Dark and Blind Cook" e-mail lists. A heart felt thanks to everyone who worked so hard getting this collection of delicious recipes together!

This collection features over 160 recipes. It is a cookbook by the blind for the blind, and it is available In Braille, cassette tape, and IBM computer diskette. For a complete list of included recipes, please write to me at: mailto:cookinginthedark@houston.rr.com.

If ordering at blindmicemart.com, be sure to select the "Matter for the Blind" shipping option to avoid any shipping charges. Dinner Tonight Book Volume 1: Entrees and Soups-$17.50, 46 delicious recipes to fill your tummy and tantalize your taste buds. Dinner Tonight Volume 2: Vegetables and Side Dishes, Salads, and Breads $17.50 Over 50 recipes that are a perfect accompaniment to any entrée! Dinner Tonight Volumes 1 and 2 $31.50. Save 10 percent! Sweet Comforts Volume 1: Desserts, cakes and pies, $16.50, 42 recipes that will make everyone save a little room at dinner! Sweet Comforts Volume 2, snacks and cookies, $16.50, over 45 wonderful recipes for kids and adults! Sweet Comforts Volumes 1 and 2, $29.70, save 10 percent! Complete cookbook, All Volumes, $56.50, save over 15 percent! On cassette tape: $27.50. The entire cookbook is on a four sided cassette tape. It plays on a library of congress 4 track tape player, and it was recorded by our friends at Home Readers. On IBM compatible computer diskette: $27.50. The entire collection of recipes is saved on a 3.5 inch floppy diskette. The recipes are filed in categories for easy access. Also included are some helpful hints!

Ask about the "Cooking in the Dark" cooking aprons with our mascot, Bart B Cue Mouse, printed on them. These aprons normally cost $21.95 but with a cookbook purchase they are $16.95!

The proceeds from the sale of the cookbooks and the aprons benefit the Mouse Hole Scholarship Program for visually impaired students.

To join us on the cooking in the dark listserv, send a blank email to: <mailto:Cookinginthedark-subscribe@acbradio.org. Contact Dale Campbell with your order or with questions by: Email:cookinginthedark@houston.rr.com
Phone: 281 486 1840
Mail: Dale Campbell, 16810 Pinemoor Way Houston, Texas 77058
Order on-line:
<http://www.blindmicemart.com>
Checks and major credit cards accepted

Advocacy
Advocate's Alley
By Ken Stewart
Educating the Professionals

I have had several reminders in recent weeks that some, perhaps many, of the professionals who offer services and programs to people with disabilities, are clueless about practicalities of communicating with and presenting to, folks with vision disabilities.
It should not surprise me when that professional is associated with some other disability, but it does surprise me when the professional is employed in service delivery to the vision impaired community. I sat in the front row of an auditorium during a program on the subject of Macula Degeneration. The program was presented by one of the nation’s leading organizations in the field of vision rehabilitation. I could see the speaker, the agency’s President, gesture with her arm as she declared from where in the room she would be taking an audience question—"Over there", and then, "Over here". Also, presentations had been made earlier during the event from widely separated places on the large stage with no attempt to localize the sources of the spoken words, all of which reached the audience from loudspeakers high on the wall adjacent to the stage. Afterward, my personal feedback included the, to me, obvious techniques of offering an initial quick greeting "off mike", so that vision impaired attendees could better know where to look.

Just two weeks later I attended an all-day workshop aimed at a multi-disability population. It was the offering of a nationally prominent organization serving people with physiological disabilities. Features of this workshop were quite unfriendly, albeit unintentionally, to attendees with vision impairments. Several of the day’s workshop sessions were held in partitioned areas poorly insulated from the constant commotion in the exhibits area alongside. And, several of the presenters appeared to have no inkling that some of their attendees could not benefit from the non-verbal portions of the conduct. Those presenters also received a little friendly advice from me afterward.

Worse yet, the exhibits area was a nightmare to negotiate without adequate access to the scant, timid-print, low visual contrast, signage identifying the various exhibitors. No navigational aids were found to discern the overall layout in the expansive exhibit space of amorphous dimensions.

Just a week later I participated in a meeting discussing changes needed in the New York City Building Code with regard to the needs of people with disabilities. It was a committee of a membership organization making a noble effort to be truly multi-disability in its profile. The contributions I made on behalf of the vision impaired population seemed to be heard for the first time. To their credit, the other committee members were receptive students to the content of my remarks.

A much more satisfying experience was the two-day conference during that same calendar stretch, sponsored by the national Easter Seal Society’s Project Action. That event had the considerable advantage of leadership from American Council of the Blind active-member Donna Smith. She, of course, knows very well, and practices very well, good non-visual communication skills. Those two days were a refreshing change of climate. Project Action even checked in advance with enrollees to furnish workshop materials in a preferred alternate format. And, Donna and her fully-sighted co-leader, invited me to find a solution to my one constructive criticism, ‘next time try a session “ice breaker” exercise which depends less on reading a printed page and circulating around the classroom.

I came away from this run of conferences and workshops among disabilities professionals with this lesson: each of us, who knows best from so often being on the receiving end of inadequate communications, must be assertive. Give that feedback. Make it gracious and constructive, but make it! Even that President of the prominent vision rehab corporation needs to hear that, "down in front on my left" is far better than "over there", as she waves her arm or points.

Editor’s Note: Reactions from readers to "Advocate’s Alley" columns are encouraged. Email to jmkleiber@hotmail.com or write to Joyce Kleiber, Editor, 6 Hillside Road, Wayne, PA 19087.
Detectable Warnings Required by Law
Reported by Robyn Wallen

As a result of federal mandates (July 26, 2001/DOJ, and March 6, 2002, DOT/FHWA), detectable warnings, also referred to as "Truncated Domes," are now required at all new public ramps for the benefit of blind and visually impaired people. Detectable warnings at ramps and hazardous vehicular ways are in fact "Braille for your feet," and aid people who are blind and visually impaired in safely maneuvering those areas that sighted people take for granted. These detectable warning signs are typically yellow, sometimes brick red, little bumps installed on the lower half of all new pedestrian ramps.

These warning signs were first developed in Japan for public ramps and transit platform edges in the early 1960's. They have become an international standard that can be felt underfoot, and mean in every language "STOP! Be aware! You're about to enter a dangerous vehicular way or a grade change!"

Vanguard ADA Systems of America has been producing and marketing their effective product lines since 2001. Products previously available for this purpose were often difficult to install, expensive to maintain and in some cases even dangerous when installed improperly.

In 2002, the Ninth Circuit Court in "Barden v. Sacramento" stated that public sidewalks and ramps are a "public service" and therefore must meet all current ADA (Americans with Disabilities Act) standards, including the installation of detectable warnings for blind and visually impaired pedestrians. This established a significant precedent with national benefits to blind and visually impaired people. On January 22, 2004, Sacramento lost a very public appeal. These rulings have begun to have effects nationwide.

People

Meet Lori Miller, Another CCLVI Scholarship Winner

Lori Miller, a three time cancer survivor at the age of 29, has led a life of struggles, but has refused to give up. She won her first battle with cancer, but she sacrificed her sight. This was devastating to her parents who had to immediately accept that their spirited two-year-old was totally blind. They behaved as many people do about people with disabilities (moved to a residential area away from traffic and to a house that didn't have stairs, etc); they were frightened, afraid she would get hurt, weren't sure about her future, etc. However, Miller quickly began her journey of overcoming obstacles that appeared in her path.

With her mom's devoted support Lori explored the world through touch. Her mom made sure she participated in activities that all children did. She enrolled her in tap dance lessons, gymnastics, and roller skating. Lori’s mom had the patience to make sure that she taught Lori the simplest of things that we all take for granted like tying shoes, brushing hair, and identifying various fruits and vegetables without using vision. Lori began to read braille before she started school and her literacy was a key to the future.

Lori’s mom was insistent about her involvement in sports so that she would develop coordination and balance. Lori’s determination and spirit gleamed as she stepped on stage for her first tap dance recital as a kindergartener, one shoe adorned
in the classic tap shoe, and the other grossly swollen foot in a ballet slipper. Lori Miller was living proof that disabled kids were just kids who played with other kids and that sometimes accidents happen as they do to all of us. But there was no stopping her performance.

Following in the footsteps of her older sister, Lori begged her mom for roller figure skating lessons. Her mom didn't hesitate about approaching the coach. She simply asked if he would teach her six year old daughter. After the coach agreed, she popped the news that her daughter was blind. The challenge was set and everyone jumped in feet first. Soon Lori was speeding around the rink and demanding that the coach find her a partner so that she could compete in compulsory dance roller skating.

Lori discovered that not only did skating teach her balance, coordination, and grace, but it became a social icebreaker tearing down the barriers of negative attitudes toward people with disabilities. At every open session you would find Miller just being a kid, playing the hokey pokey and limbo, with all of her friends. Lori was the only totally blind child in her Midwestern community. She knew she was different from her peers in the sense that she couldn't see, but she didn't let this stop her from pursuing her dreams.

Lori excelled academically and socially in elementary school participating in a variety of activities ranging from swimming, gymnastics, canoeing, square dancing, and many other activities. As she matured her love and passion for roller skating grew. Lori's skating instructor found her a dance partner and Lori found herself training full time. With her partner she competed in regular skating competition. She quickly rolled to success as she achieved her bronze level of proficiency tests. Soon Lori and her partner were winning medals at the skating competition to which they traveled on weekends. They traveled throughout the Midwest and as a team won the hearts of the crowd. By-standers refused to believe that Lori was blind. Lori loved the opportunity to participate in community and mainstream activities. Not only did the by-standers rarely know that she was blind, but her wig concealed her battles with her second cancer.

During the summer between sixth and seventh grades, Lori was diagnosed with her second cancer, Rhabdomyosarcoma, a muscle cancer that was located in her jaw. Despite the challenges of complicated surgery to remove the tumor, a muscle and a piece of her jawbone, combined with the nauseating 14 month regiment of debilitating chemo therapy, Lori maintained a positive attitude and kept her head up. She missed 105 days of the seventh grade and attended 75 half days and proudly managed to maintain her grades at school. She played her flute even though the chemo drugs caused sores in her mouth. Her chemo did make her too weak to compete in Junior Olympic roller skating Nationals, but her spirit didn't get snuffed out. Lori adopted a new lifelong interest, horseback riding.

Lori's mother drove her an hour each way to ride at Loveway Therapeutic riding center. Lori discovered a freedom through the movement through space that horseback riding allowed her and a special bond with animals. There were days that she was so sick from her chemo therapy that she would vomit in the bathroom but not tell anyone because she was so determined to ride. Following the repeated theme in her life, Lori's therapeutic involvement in riding soon turned to competition. Many times she was named the therapeutic center's rider of the year, and she also went on to show in open local 4H English equitation and pleasure classes, placing in the top five.

Maintaining balance, Lori returned to her full time academics and ran for class office. She served as freshman vice president and sophomore class president. Her high school experience was filled with so many opportunities. She was a member of x Libres (literature club), French club, peer facilitators (tutoring at risk younger students), marching band, first place in solo and ensemble in flute and piccolo at the state level,
ski club, and a number of other athletics. Lori attended a sports camp for the blind hosted at Western Michigan University one May where she fell in love with goal ball, a team sport designed for the visually impaired. As the center for the Western Michigan team and an Indiana team she carried her team mates to National finishes in the top three multiple times including a national championship. Miller was also named as an alternate to the US Paralympics team in 1992 and 1996. Goal ball would later be instrumental in her life.

Also while at the sports camp for the blind, Lori was inspired to apply her natural athletic ability to swimming and track and field. She competed at the national level for the blind in both sports.

Lori found that she was a natural spokesperson for people with disabilities. For a good portion of her secondary education, she was the only blind student. She eagerly educated her peers and teachers about her abilities and enjoyed tearing down misinformed social attitudes possessed by the general public about people with disabilities. One hurdle she overcame was the ski club advisor's discouragement of her participation. Lori was persistent and demonstrated that she was fully capable of skiing with her class mates. Lori went on to race and became the women's alpine champion for the United States Association of Blind Athletes. She was invited to join a US contingent to compete in Europe.

Not to lose sight of her academic gift, Lori juggled her post secondary education by attending the University of Notre Dame. This was truly an eye-opening experience for her. At the time, the University did not have an office for students with disabilities. Lori encountered discrimination created by lack of knowledge about people with disabilities and their abilities as well as insufficient access to materials (books) in accessible formats. She spoke out, wrote articles, had articles written about her, collaborated with peers, and, with support from friends, the University established an office for students with disabilities. Lori felt that during her first two years at the University, she spent most of her time educating people about disability awareness, but it was well worth it.

After the Office for Students with Disabilities was established, Lori had more time to dedicate to her passions in life--athletics and community service. She joined the University's club for rock climbing, volunteered on football weekends at various booths raising money for charities, was an officer for the American Cancer Society, and continued to be involved in her residence hall politics. Simultaneously, she was empowered by the internet and created two listservs: one for Retinoblastoma survivors and the second list for parents of children who have recently been diagnosed with Retinoblastoma. Both of these lists continue to reach out to people all around the world.

Lori continues to play goal ball and she led her team to bring home the gold at the annual Canadian tournament. She traveled on the weekends to ski racing competitions.

Soon it was time to cross the next bridge in her life. Lori devoted a summer to an internship with Arkenstone, a former adaptive computer and scanning business in California where she got a taste of California. However, Lori returned to graduate school at Western Michigan University where she began her first masters in Blind Rehabilitation Counseling.

Lori was at perhaps one of the highest moments in her life. Academically she was at the top of her class and she had been invited to ski in Europe to represent the US and also penciled in as the starting center for the women's goal ball team for the world cup. But in a matter of weeks, these dreams dissolved.

Lori, at age 22, had detected a lump in her breast. At first people kept telling her that she was too young, that there was nothing to worry about; they couldn't feel what she felt. Being so in tune with her body saved her. She had a breast biopsy at
Christmas. This showed abnormal cells but supposedly not cancerous. However, as Lori continued to train for her sports and take classes, the lump began to grow. She went for a second opinion and ultimately had a mastectomy to remove the cancer. This dashed her hopes of skiing and goal ball. She could not get hit in the chest; this knocked goal ball out right away. Lori was devastated. She longed to wear the US jersey and to represent the US at the international level. She had come close so many times. Injuries had caused her to be an alternate on Paralympics teams in the past. Competing at Junior Olympic nationals had been yanked away because of complications with her chemo treatments, and so on. Then, someone pointed out to her that her legs were still fine. She was challenged to try out tandem cycling. The United States Association of Blind Athletes had both track and road cycling nationals. Lori began training day and night and kept her mind off of her cancer. She wound up at nationals, competed, and earned a spot on the US team of World Championships. In September she had her US world championship jersey and continued on the road to recovery.

Later that year, Lori entered the most difficult athletic endeavor of her life. Just months after her mastectomy and reconstructive surgery she found herself hurtling down root infested leaf snagging jungle trails on the back of a tandem bike. Lori was the first blind athlete to attempt this ultra endurance ride which is dubbed as the hardest mountain bike race on the planet. Her mountain bike race across Costa Rica did not end in victory, but it was a genuine challenge in self-determination. It certainly was one of those once in a life time moments. Lori wound up in a Costa Rican hospital because of potassium depletion, but has never regretted the experience. Through all of her years of ski racing, she has never felt like she was pushing the limit and living on the extreme edge as she did for that race.

The following spring, Lori and her tandem pilot took fourth place in the open cross country mountain bike event at the Sea Otter Classic in Monterey, California. Lori loves the tandem category because she is on the level field with all of her competitors. Still riding to live, Lori qualified for the 2000 Paralympics in tandem cycling. She and her team mate raced in all of the cycling events on the road and velodrome. They turned in respectable finishes in the top 8 and higher despite finding out at the event that her team mate was diagnosed with a medical condition.

After the Paralympics Lori returned to her realm of academia and completed her masters in Orientation and Mobility: instructing blind and visually impaired people how to travel safely and independently. She spent 6 months in Los Angeles and broadened her horizons and knowledge about the world. Completing her degree took her back home to Indiana where she quickly realized that she wanted to return to California. This is where you can find her now, working on a teaching credential for children with visual impairments at San Francisco State. She still races her bike, swims, and rock climbs. She enjoys devoting her time to volunteering for programs like Bay Area Outreach and Recreation Program (BORP) for goal ball and promoting their tandem cycling program. She dedicates time to volunteering time to the youth program for blind and visually impaired children at the Lighthouse in San Francisco. On campus, Lori advocates for disabled students rights and is organizing a student group to address needs of students with disabilities. Currently, Lori is getting the ball rolling by coordinating a blind bowling league in San Francisco.

Lori will always balance career and recreation and competition. She loves to set goals and achieve them for herself, but equally, she loves to promote opportunities for others. She is a firm believer that everyone has something to contribute to our society.
Working Through Change: A Young Person's Experience
By Angela Winfield

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For a high school student with progressive vision loss, preparing to attend college is a daunting challenge. However, my own experience shows that academic and social success are both possible. It just takes a great deal of extra planning, patience and persistence.

During high school and the first half of my college career, I experienced staggered occurrences of vision loss which left me with no vision in one eye and minimally useful vision in the other. What made these losses manageable was the advance planning that my parents and I did to learn practical skills and functional coping methods in addition to laying out my future career plans and goals.

I began learning Braille although I could still manage with large print, magnifiers and other reading aids. Some people told me it was not necessary to learn Braille since few titles were available in Braille and everything I would need for college would be available on tape. I was also told that Braille is much more difficult to learn as a teenager and, for that reason, I would never be fluent in it. Although there is some truth to these statements, I found that learning Braille, even if I was not fluent, was invaluable for tasks such as labeling, preparing notes for oral presentations and reading small bits of information like elevator panels, restaurant menus and room numbers.

At the same time, I began to familiarize myself with the various organizations that offer audio texts, how to obtain titles and learn basic navigational skills for using them. When training with adaptive software, I worked with both a screen magnification program and a screen reader.

Mobility-wise, after years of obstinate refusal, I decided to get formal cane training and started to open myself up to the idea of carrying a cane for identification purposes in certain situations. Although it may not have been the safest option, I at first used a cane only when I was traveling alone in places where nobody knew me. When the time came when I absolutely had to use a cane consistently, I was more comfortable and confident.

I also did a lot of advance planning to answer the big question that every high school student has to tackle: "What do I want to do with my life?" As unfair as it is having a visual impairment - especially a progressive disorder, it forced me to think and plan ahead. It was imperative to lay out a firm and clear plan with one central goal and several options following a similar path. This entailed an enormous amount of early research and decision making but it helped in two important ways. First, it let me know exactly what the needed steps were to accomplish my goal - I was able to think about obstacles and challenges I would encounter and plan for accommodations. Second, it kept me focused.

Social issues, on the other hand, can sometimes be even more difficult, especially in high school. I was never bullied, but I was ostracized and felt isolated because my peers did not know how to interact with me and also because I was too shy to initiate interaction with them. I was politely ignored and ended up befriending my teachers and guidance counselors.

Things changed when I went to college. I got over being self-conscious about my visual impairment and became more comfortable with myself, my abilities and my needs. Once I did this, not only did I feel better about myself, but other people felt more comfortable with me. I felt better too about how to make people who were uncomfortable around me relax. I also found that I could use my blindness to make
friends. Many people approach me offering help. Though sometimes frustrating and annoying, it can also be a way to meet interesting people. Depending on the situation, I will accept help, even if I do not need it. On a college campus, when people offer help, they do it because they may now know how to approach you and are trying to break the ice. Accepting help has led to good conversations and new friends ... and it has also led to being asked out on dates!

Angela Winfield is a senior pre-law/theology major at Barnard College, Columbia University, New York, NY. Note about the author: After recently spending a semester in London, England, Angela trained with her first guide dog at The Seeing Eye and interned with Mobility International in Washington, DC during the summer of 2004

Request for Contributions

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