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VISION ACCESS is a magazine by, for, and about people with low vision. VISION ACCESS is published quarterly in three formats (large print cassette, and email) 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, Editor, 6 Hillside Rd., Wayne, PA 19087, jmkleiber@hotmail.comVISION ACCESS is a free publication to all members of the Council of Citizens with Low Vision International. Subscription and membership inquiries can be made to CCLVI's toll free line, 1 800 733-2258.

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From the Editor

In this issue we share highlights of the 2006 CCLVI Convention. However, words on the printed page, on an audio tape or a computer screen cannot convey things like the eruptions of spirited laughter as we heard panelists share their experiences in Dr. Edmund Druding's program "It Ain't Easy Being Green!" I listened in silent awe cheering as Dr. James Nolan and Michael Byington described their experiences driving with bioptic lenses—something that I never dared to do. Mitch Pomerantz clarified the ADA better than anyone else I've heard. Day Al-Mohamed and Don Hall motivated me to begin collecting supplies and taking responsibility for myself and my family in the event of an emergency. Barbara Milleville re-energized my ongoing battle with clutter. Low vision optometrist, Dr. Christian Guier, expressed his pleasure in helping people reach their goals. People who attended the Project Insight workshop demonstrated how much we want to encourage others who are beginning to lose vision. Coletta Davis did a fine job in putting together this very relevant convention program.

It was also good to meet old friends and get to know new people. Here are some little things that I enjoyed and wish you could have too. I wish you could have felt the
lush St. Augustine grass under your feet, seen the restful blue light that colored the towers of the bridge over the St. John's River as we looked out our window before saying "Good night." We slipped away from convention programs and business early one evening to go to the beach and splash in the warm southern Atlantic. It was a good convention experience.

In August we heard the good news that CCLVI Life Member, John R. Vaughn, has been appointed to head the National Council on Disability and the sad news that Dr. Edwin Druding had died.

Read about all of these happenings in this Vision Access. Thanks to all who contributed to this issue. Let us hear from you.

JMK, 9/1/06.

Congratulations!
John R. Vaughn Appointed to Head National Council on Disability

We in CCLVI were delighted to learn that John R. Vaughn was appointed by President Bush to head the National Council on Disability (NCD). John Vaughn has low vision and he is a life member and past treasurer and board member of CCLVI.

NCD is an independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

John Vaughn served as commissioner of the Virginia Department of Rehabilitative Services and commissioner of the Virginia Department of the Blind and Vision Impaired. Under John's leadership, those departments saw a dramatic increase in job placements for their clients. In addition, the wages earned by people with disabilities increased substantially. John promoted job training and the use of assistive technology to achieve these outcomes.

For 22 years before heading these departments, John was an executive in investment banking, a field in which he developed his skills in leadership and management. John did all of this despite his low vision caused by retinitis pigmentosa.

With enthusiasm John calls his appointment to chair the National Council on Disability "an exclamation point" in his career, "an opportunity to affect changes in many arenas in order to achieve full inclusion of people with disabilities in all aspects of society."

John says that in his new position he has two priorities. First, he plans to address the needs of senior citizens, the fastest growing segment of our population. 75 percent of the elderly will have one or more disabilities. John wants senior citizens to know that their disabilities need not prevent them from contributing actively to their communities. John's second priority is to win the general public over one at a time to believe that people with disabilities can be contributing members of society.

John and his wife love to dance. They joined the Elks Club where they can dance. The Elks Club needed volunteers. John volunteered to wash dishes. Some of the members told John's wife that they expected that she would have to take over the dish washing job;
they thought John could not do this because of his poor vision. Now John hears members talk about how well he does on the dance floor and at the sink.

We congratulate John Vaughn sincerely on his achievements throughout his career and wish him much success in his new venture!

Organization News
President's Message
By Bernice Kandarian

CCLVI ratified its constitution July, 1978, in Salt Lake City, UT and received its charter of affiliation with the American Council of the Blind July, 1979, in Grand Rapids, MI. Our founding president was Dr. Samuel Genensky. Sam was succeeded by Marvin Brotman, Elizabeth Lennon, Carl Foley, Ira Bossert, Patricia Price, Theresa Blessing, Michael Byington, Coletta Davis, Ken Stewart and Patricia Beattie. As I put on these well-worn shoes, I am reflecting upon where CCLVI has been and where it needs to go.

One area in which we are already moving forward is communication. At this year's convention, a constitutional amendment added the editor to the board as a non-voting member. Summaries of all board meetings will appear in Vision Access, so that the members will be better informed and more able to give feedback concerning the activities of the organization. In addition, I am trying to get the committees up and going as a communication channel. Current CCLVI committees include:

Budget, Finance and Investment
Chapter Development
Constitution and Bylaws
Convention Program
Legislative
Membership
Nominating
Publications
Resolutions
Scholarship
Website

Please contact me if you would like to serve on any of those committees.

I am also working to provide the board with the tools to guide the organization, including knowledge of low vision in all its aspects. To that end, before the August board meeting, I asked the board members to read the book, Coping with Vision Loss: Maximizing What You Can See and Do, by Bill Chapman. The author attended the conference call and participated in a discussion of the book. I hope to repeat this kind of activity from time to time.

CCLVI is already working on some advocacy issues that have come to our attention. Among these are access for people with low vision in sports venues such as baseball parks, public rights-of-way and pedestrian issues, labeling of prescription
bottles, quiet cars and accessible voting. If you have an issue that you think we should be addressing, especially if you want to work on it, please tell us about it. I really want to hear from YOU. You can reach me at 800 733-2258. If I don’t hear from you, you may be hearing from me.

Summaries of CCLVI Board Meetings

July 21, 2006 Post Convention Board Meeting: Announcements by President Bernice Kandarian 8 new members joined CCLVI during our convention in Jacksonville. Board meetings will be scheduled monthly by conference call. Attendance policy for these meetings: If a board member misses 3 consecutive meetings, that member will be approached by the President to determine that member's interest in remaining on the board. Board members are asked to read the book Coping with Vision Loss-Maximizing What You Can See and Do. The author is Bill Chapman, a member of CCLVI. This reading is part of their training for their position on the board. Lindsay Hastings, a CCLVI scholarship winner has agreed to complete the one year remaining in the Directors position held by Barbara Milleville who has been elected to be Second Vice President.

Committees and Appointments
Scholarship Committee-Chairman Edwin Druding, Website Committee-Chairman Carlos Gourgey, Membership Committee-Jane Kardas will chair the international component of this committee Constitution and Bylaws-Chairman Michael Byington Resolutions Committee-Michael Byington, Members Patricia Beattie and Ken Stewart. Program Committee-Chairman John Horst, Member Ruth Druding, Carolyn Hathaway Publications Committee-Chairman George Covington, Members Joyce Kleiber and Frank Welte, Fund Raising-- Legislation Committee-Chairman Patricia Beattie, Nominating Committees-- Chapter Development Committee--

New Business: Barbara Milleville suggested CCLVI advocate that drug manufacturers and pharmacies be responsive to the needs of people with low vision. This matter will be explored by Barbara and Patricia Beattie. Ken Stewart is working to ensure that accommodations for+ 3 people with limited vision at sporting events not be misused by others who do not have low vision.

CCLVI Board Meeting, August 25, 2006. We observed a moment of silence to honor the memory of Dr. Edwin Druding, CCLVI board member, who died recently. Bill Chapman, author of Coping with Vision Loss, responded to questions and comments of board members regarding his book. President Bernice Kandarian introduced Lindsey Hastings, CCLVI scholarship recipient, who has agreed to fill a vacancy on CCLVI’s board. Two additional vacancies need to be filled. Mike Godino presented the treasurer's report. Options for fund raising were discussed as well as a grant request to fund our 800 line.
Appointments confirmed by the board: Jim Jirak will chair our nominating committee. Sarita Kimble Holiday will direct chapter development efforts. Katherine Schmidt Whitaker will chair our scholarship committee. John Horst, convention program chair will be assisted by Kathy Casey, Ruth Druding, and Sarita Kimble Holiday.

Old Business:
Ken Stewart asked that CCLVI go on record that it is appropriate for sports venue operators to ask for documentation from people asking for access to seating reserved for people with low vision.

New Business:
John Horst will draft a memo to ACB about the inadequacy of signage in the convention exhibit hall for people with low vision. We will send a letter to Chris Gray, ACB President, asking the status of ACB's resolution and plans regarding quiet cars and pedestrian safety.
Ken Stewart will represent CCLVI at the Transportation Research Board Meeting.
Ken Stewart will propose a contest to design an accessible buffet for the 2007 CCLVI convention mixer.
The Hyatt Regency-Minneapolis is the hotel for the 2007 convention. Phone: 800-370-1234. Next meeting September 22, 2006.

Armchair Traveler
By Jane Kardas

Perhaps you are accustomed to my articles concerning international travel. This time I want to take you on a different journey, traveling to find members for the Council of Citizens with Low Vision International (CCLVI) in foreign lands.

As chair of the international membership committee of CCLVI, I invite you to gather around and take this voyage with me in search of international members.

At the convention of the American Council of the Blind in Florida in 1977, Durward McDaniel and Gene Apple (totally blind men) presented their brainchild, a new affiliate-Council of Citizens with Low Vision International. Because 80% of "legally blind" people have some useful vision, they suggested that this new affiliate might form a broader membership base for ACB as well.

Many of us have traveled to foreign countries and perhaps met other people with low vision there, or perhaps we have just heard of someone, often in a third world country, who would like our information. Chapters of CCLVI may even wish to sponsor a person whose income may prohibit him from joining. As a matter of fact, our $15 membership may be a month's salary in some foreign countries. (I personally plan to ask my Redwood Empire Chapter in northern California if we might adopt a member from such a country.)

In the past I have recruited members from Russia and England and I am working on gaining a few from Mexico. At this time Mexico's postal authority does not have a policy of mailing free matter for the blind. However, we can send information at very little cost to Mexico. Meanwhile, I plan to work on that project through friends and associates living there. Most other countries, without question, accept the free matter
for the blind policy: Australia, Canada, Japan, New Zealand, and most African
countries, etc.

The word "International" in the title CCLVI is an extremely important part of our
organization. In today's war torn world, I feel it is vital for us as individuals to extend
our hands across borders and make ourselves available to others who have low vision
everywhere, regardless of their race, religion, color, country of origin or political
climate.

For further information please contact President Bernice Kandarian at
1-800-733-2258, or the author of this article, Jane Kardas, at 707-468-5510.

CCLVI Chapter News

Metropolitan Council of Low Vision Individuals: Chapter members continue to be
active in the work done to plan for the new Yankee Stadium. Both the physical plant
and ticket policies are open for input from advocates for people with disabilities. Task
groups have been formed to consider communications at the facility and one to make
recommendations for the graphic design elements in the Stadium. One of our chapter
members, Dr. Joel Ziev, is leading that combined task group. Another chapter
member, Rick Morin, is taking an active role in the group proposing ticket policies. Rick
has the distinction of being our most distant chapter member, hailing from the Boston
area. Members Art Elefant and Raphael Rivas also are taking an active part in our
stadium advocacy, which now has expanded to discussion of a new Shea Stadium for
New York City too.

For information about this chapter call 845-986-2955.

National Capitol Citizens with Low Vision: In June, our guest speaker was Michael
Katzmann who is head of the Engineering Section at the National Library Service
(NLS) for the Blind and Physically Handicapped. He gave us the "inside scoop" as the
organization continues to prepare for the transition from an analog to a digital
format for its audio materials.

The new player will be smaller and lighter than the current NLS cassette player. It
will include a built-in speaker and will support the easy navigation functions inherent in
digital talking books. The cartridge will be larger than a credit card but smaller than a
cassette and will be very easy to handle. You'll be happy to learn that great emphasis
has been placed on the usability of the products designed. These products were tested
at many stages throughout the design process by users who are blind or physically
handicapped.

We are looking forward to this new player!

To learn more about this chapter call 703-645-8716 or email to:
ncclv@yahoo.com
In Memoriam: Dr. Edwin Druding

Dr. Edwin Druding, Psychologist and CCLVI board member died on August 8, 2006. Dr. Druding has been a faculty member teaching psychology at Grand Canyon College, Phoenix College and Arizona State University. He has had a private practice in psychological counseling for 50 years.

At CCLVI last year's CCLVI convention, Dr. Druding offered a presentation on "Depression and Vision Loss" and he led a panel at this year's convention on the topic "It Ain't Easy Being Green." Using the pseudonym "Dr. Ikan C. Kleerly" he has authored numerous articles for Vision Access.

Dr. Druding was also an active member of the Arizona Council of the Blind. We are grateful for his contributions to CCLVI.

Meet Brian Petraits-
CCLVI Scholarship Recipient

Although I have only spent two years at Purdue University, I have learned a life time of information. I am in the College of Technology with an accumulative GPA of 3.66. I am pursuing a degree in Industrial Engineering Technology with a minor in Communications.

This past summer I was able to obtain an internship in Industrial Engineering. With this internship I realized that this choice of major was perfect for me. Throughout the internship, I was able to apply my knowledge in engineering and management. I also learn how to lead others. I oversaw many production employees. At first it was difficult to say "No," but as the summer went on, I began to see how good industrial managers do this. Purdue has shown me how to calculate the numbers and how supply chains work. My internship taught me how to lead.

In addition to my technical major, I am working towards a communications minor. I want to be able to communicate with any type of person in the work place, whether it is someone on the production floor, or the CEO. I am already putting my minor to work as a senior sportswriter for the Purdue Exponent (Purdue's newspaper that is distributed to over 20,000 readers daily). At the Exponent, I cover many different sporting events both on and off the Purdue campus. I've talked to the cross country coach about the upcoming event and I've covered the 2005 Indianapolis 500; the Exponent has given me many responsibilities. I am responsible for gathering news and meeting deadlines; all of this will help me once I graduate.

Outside of the classroom, I am involved in public speaking. I am an advocate for disability issues. Last year I spoke to over 5000 people about different types of disabilities and about my own experiences in going through a public high school and a large university with a visual impairment stemming from retinitis pigmentosa. I do most of my speaking on a volunteer basis to community and school organizations.

The goal of my message is to get the word out about different disabilities. I use my athletic success in high school as a building block to get the audience's attention. When the audience hears that I was a Sports Illustrated All-American in wrestling and an all-state performer on the football field, they listen. I end all of my discussions with
question and answer sessions. If, after hearing my presentation, people think twice about doing or saying something towards someone with a disability, then I have done my job well.

In the last couple of months, my mobility and confidence has taken a giant leap. I now travel with a guide dog. Not only has my guide, Shadow, been a great companion, he has allowed me to travel quickly. I feel so free when I am moving about at night and in unfamiliar environments. My cane has its’ advantages in some situations, but I have no regrets with my guide dog.

The Purdue Reamer Club was formed in 1923 and is an integral part of Purdue University's traditions. As a member of the club, I foster school traditions and aide in the development of school spirit. I am also a care taker of the world's largest mascot (the Boilermaker Special 23'x9'x8' replica train). We spread spirit like champions as we travel to all away football games and promote awareness for major and Olympic sports on campus. I am currently in the process of rewriting and updating some of Purdue's athletic and academic traditions. By doing this, I am getting a first hand look at the university's past.

Whether in the classroom or on the back of the world's largest mascot, Purdue has positively impacted my life in many different ways. I have confidence in my academic and social abilities. Through the help of CCLVI, I have been able to meet successful people with visual impairments. It is very reassuring to see other professionals succeed despite their blindness. This is the drive I use to overcome greater challenges.

2006 CCLVI Convention Reports
Chris Gray, ACB President, Challenges CCLVI

Dialog between ACB and its affiliates is important. CCLVI, one of ACB's largest and most vibrant affiliates, has stood in the forefront in recognizing the largest segment of blind people in America--those who are not totally blind, but who have some good, usable residual vision.

Internationally in 2005-2006 we are seeing a ground swell of interest in recognizing the needs of people with low vision. The rest of the world is hearing you. I would encourage you in CCLVI to reach out to the World Blind Union and the disabled community throughout the world. Help them to continue to increase their awareness of low vision. The interest is there. If you choose to, CCLVI can be a huge player in that movement. You have experience in sharing the resources that are available and maximizing what everyone has, not to the expense of others but to the benefit of all. This is what needs to be shared. CCLVI could be a part in taking that message throughout the world. This would be of tremendous service, keep CCLVI on the map, and give CCLVI some new arenas to influence.

In ACB, in the area of civil rights, we have promoted the rights of individuals, assisting them with claims under Section 508. Section 508 of the Americans with Disabilities Act states that all technology that the federal government uses has to be accessible to people with disabilities. Federal employees have begun to advocate
for greater access to jobs and to computers. Many employees, however, who could benefit from Section 508 have chosen not to use the power of Section 508. They've got to step forward, become visible, and become advocates for their civil rights. There is the risk for some push back from supervisors and the agency for which they work. Such advocacy--putting out a 508 complaint--takes courage.

Before filing a complaint, go through these steps. First, identify a problem. Then bring it to your immediate supervisor's attention. Then bring it to the attention of your 508 compliance officer. Work with that person to see if he or she can do something for you. Allow a reasonable amount of time for change to occur. If things don't change in about a year, it would be time to file a 508 complaint. Be positive, be constructive, and be firm. The Advocacy Services Committee of ACB can help you in fashioning your complaint.

There is a realization that if these claims are not filed, the world is not going to change. If the private sector begins to feel the sting of 508 action from the federal sector, it's going to improve things for those who work in the private sector as well. Companies are not going to create one set of software for the government and another set for everybody else. There is no economic incentive in that.

ACB strives to reenergize and refocus the fiscal end of our organization. Our goal is to have a more self-supporting organization. Individuals can and do make a difference in these organizations with a fairly minimal financial contribution. ACB has a Monthly Monetary Support Program. Imagine that if 20,000 members each gave $10 a month for 12 months of the year--20,000 x $10 x 12 equals $2,400,000 a year. That amount is more than the ACB budget has ever been. Consider this program and think of what ACB could do in ways that have never been thought of before. We could begin by strengthening and empowering people to become effective leaders of ACB and its affiliates so that much can be accomplished.

It Ain't Easy Being Green!

Butch Arnold, a real estate broker from Baltimore MD and President of BFLAG spoke about having low vision and being gay. He said he grew up at a time when people did not talk about things that mattered. High school years were difficult, but when he got to college, he learned that he had to accept himself in order for other to accept him. "The hardest thing I had to do was to accept myself and be content with who I was."

Barbara Milleville, President of National Capitol Citizens with Low Vision and CCLVI Board Member, at first thought there was "no in between, you either had 20/20 vision or you were blind." She tried to fit into the sighted world but never quite made it. After sharing some of her experiences, Barbara said "I encourage you to step out of your comfort zone, take a risk like I did. Get on that unfamiliar bus, do something you've always wanted to do but never had the guts to do. Don't let this in between state, being green, stand in your way of being you and living your life." Dr. James Nolan, Director of Special Projects and Research, Envision, Wichita, KS: Here are some of Dr. Nolan's comments. My parents expected me to figure out what I needed to figure out to survive in the world... I still deal with acceptance issues. I'm also free to talk about it. I want
people to understand what some of us go through and help those who don't understand... Being self-confident in our own ways, being out there pushing the envelop a little bit...

Pam Shaw, MSW, Philadelphia: Each of us has to put together our own identity... My "green" is probably some weird combination of all kinds of things... Describe yourself in the way that works best for you... Surround yourself with people who get it-family, friends, people in ACB and CCLVI. Accept other people for who they are as well. It ain't easy being green. But why have it any other way. Green is my favorite color. One does what one can with what one has.

Driving with Bioptic Lenses

Dr. James Nolan, Director of Research at Envision in Wichita, KS: I have moderate low vision. I've been driving with the use of bioptic aids for about 20 years. Bioptic glasses allow a driver to spot objects at a distance. Telescopes are mounted inside or on top of a carrier lens in a glasses frame. They provide magnification up to a certain type of power.

I was licensed to drive in the state of Kansas in the summer of 1986. I was 18 years old. All my life I had been told that I would never drive. My low vision is due to a condition known as cone dysfunction syndrome, similar to cone dystrophy. I was born with it and it has not progressed. The result is that I have moderate low vision. With my regular corrective lenses, my acuity is 20/160. I have full central and peripheral vision.

That idea that I was not going to be able to drive worried me. I began asking "What are the possibilities?" Doctors told me that in other states certain people with low vision were licensed to drive. This was in 1984; I followed up on this. If people with vision similar to mine were driving, that meant that I would be able to drive someday.

I made a list of states that had granted driver's licenses to people with low vision. My eye specialist told me that this would be a legal possibility in Kansas. So we began practicing. I purchased a set of bioptic aids. I rode my bicycle while wearing my bioptic aids and pretended that I was driving a car. At the time there were no specialized training programs for driving with bioptics.

In 1984 the Department of Transportation issued a statement that the visually impaired should not be discriminated against with regard to driving privileges. So in 1984 states began to consider how they would relate to drivers with low vision.

Bioptic devices assist people with low vision to drive safely. These devices range in power from 1.5x to 5.5x magnification, with 3x or 4x power being the most common for driving. They can be either fixed focus or adjustable focus with fixed focus being the most common for driving. They can be single or dual mounted in the carrier lens frame. Drivers look through the carrier lens 90 to 95% of the time. Drivers with bioptics need to have correction from 20/30 to 20/200 in the carrier lens to be licensed in most states. Individuals who fall into the near normal to moderate low vision categories are most likely to qualify for driving with bioptics.

Here are some common characteristics of individuals who are good candidates for driving with bioptic lenses:--visual acuity of 20/200 or better, --stable ocular conditions, not degenerative or progressive, --good central and peripheral field of view, --good
motor skills in general and good sensory ability, --cognitive ability to handle several things at once while driving, --good cognitive ability, good judgment and decision making, --excellent reaction time, --not a risk taker, not overly confident.

Visual acuity seems to be the major factor states use to determine if someone can drive. Some states require 20/40 to 20/60 visual acuity for driving. Nobody knows how these acuity limits were determined. Yet it is known that people with less visual acuity can drive safely. For example, my best corrected vision is 20/160 and I drive. I drive an average of 15,000 miles a year and I've done this for 20 years. This implies that with this reduced acuity it is possible to drive very effectively. This goes against what many state requirements are saying in their Department of Motor Vehicle policies.

States usually place restrictions on people who are licensed to drive with bioptics. Most common restrictions are driving only in daytime and driving only a certain number of miles from home. Yet many people who have low vision have glare problems. People with these problems may be more comfortable driving at night. So these across the board restrictions seem unwarranted.

State guidelines vary widely and rules change frequently. So you have to keep abreast of these changes. Here are some examples of the variations in these regulations. In the state of Hawaii, you must have 20/40 acuity in the better eye and bioptics cannot be used to meet the acuity standard. However, if acuity and field standards are met, you can use your bioptic lenses. There are a number of states like this, who avoid the charges of discriminating against people by having high requirements. They found a way to skirt the rules. If you have 20/40 vision, you're not even considered to have low vision. You're on the fringe of normal visual acuity. Most states (50) allow bioptic driving. The question is, "What are the specific requirements in each state?" There is only one state, Connecticut, which says you can't use bioptics at all. In Florida you can use bioptics, but you cannot use them to take the drivers' test. You have to have 20/70 acuity with your carrier lens.

There are a number of states with looser guidelines. The state of Mississippi requires that you have corrected vision of 20/200 in the carrier lens and a 20/70 acuity with your bioptics and that you meet the field requirements. Then you are driving!

If you have visual acuity of better than 20/60 in your carrier lens, 10 states allow you to use biops. In 5 states, you have to have better than 20/60 visual acuity to get a driver's license. In 11 states if you have less than 20/60 visual acuity, driving is a possibility with substantial restrictions on your license. There are 30 states that will not allow you to drive even with bioptics if you have less than 20/60 visual acuity. Therefore although most states recognize driving with bioptic lenses, only a handful will actually allow you to drive while using bioptics with moderate to severe low vision. In 26 states you can use biops to meet certain acuity levels. In 24 states you can not use biops to meet acuity standards. 17 states do not have mandatory restrictions.

Many states are going to a "case by case" determination. This means you have to have a doctor's report that goes to an advisory board. Members of this board make decisions regarding eligibility for driving. 34 states have mandatory restrictions. These do not take into account individual differences. Most states require an annual vision report from an optometrist.
There are only 5 other states besides Kansas where I could get the same license I have now. In 25 states I would not be able to get a driver's license at all. In 20 states, I would get some type of restriction. This shows that we have some issues with standards about driving across the country. Arbitrary acuity ratings have been put into practice.

What can bioptic aids do for you? By looking through your mounted telescope to see that sign or light, you have much more time to stop. With biops, you are continuously scanning, looking through the carrier lens. If you have an issue with color, for example seeing red brake lights on the car in front of you, does this mean you shouldn't drive? Not at all! Focus on the object in front of you as a whole. And when that object is approaching you faster than normal, it's probably stopping.

Sometimes it's hard to see the needle on speedometers against the background. This can be corrected by putting certain filters or shades over the speedometer.

Glare is often a big problem in driving with low vision. Driving east in the morning or west in the evening makes it harder to distinguish lights. You will learn ways to get around this, like turning a block earlier where there is no stop light. Find what works for you, what you can do safely. I recommend that when you need to drive in a new environment, always ride as a passenger first. Get to know that area before you drive there. Rain and left hand turns are challenging.

Research has shown that people who drive with bioptics are at least as safe and in some cases safer than standard drivers. Michael Byington, Manager, Kansas Rehabilitation Center for the Blind and Visually Impaired and President of the Kansas Association of the Blind and Visually Impaired: Dr. Nolan's research has helped us know quantitatively and qualitatively what we have known anecdotally for years. I have a safe driver's rate from my insurance company which means I am as safe as my fully sighted counterparts within the limits in which I drive. I was one of the trail blazers, the first one to be licensed in Kansas and one of the first 50 people in the U.S. to be licensed as a bioptic driver.

Requirements for driving with bioptics are not standard across the country. If you want to consider driving with low vision, it is important that you work with a low vision optometrist. Choose an optometrist who has made low vision driving part of his expertise and who has taken advanced training in this area.

In my better eye my corrected vision using my carrier lens is 20/140. I have corrected vision of 20/200 with my other eye. I, too, like Dr. Nolan, have full field side to side. I am achieving these acuities through heavier, more powerful lenses than Dr. Nolan's. Because I am using a lot more magnification than Dr. Nolan's, I probably have more fatigue issues than he has.

In 1972 when I began driving, there was little regulatory language for driving with bioptics. People responsible for Departments of Motor Vehicles really didn't think it ought to work. I was given individual evaluations and given restrictions to drive in familiar areas only-15 miles from home. Given the fatigue factors due to the kind of magnification I require, I think that was a fair restriction. I think Dr. Nolan is a better driver. He drives more. I only drive 5,000 miles a year, he drives 15,000. He has no blemishes on his record. I have fewer than most people who have 20/20 vision. But I don't have a perfect record over 34 years of driving. I am convinced that I am as safe as the average driver out there.
The ADA says that if you're already licensed to do something, it's not legal for officials to give you another, possibly more difficult test for you to prove that you can do it. They wouldn't require such a test of someone who doesn't have a disability. To ask me to have a behind the wheel test at the time of renewal every 6 years means my requirements are more rigorous than usual. All of that is probably illegal. At the time of the renewal for my license, I was asked to take a behind the wheel test. I had already been driving for about 25 years. It was easier to take the behind the wheel test again rather than to protest in Court using the ADA as my defense. I choose my battles carefully.

In 1983 the head of our Kansas Optometric Association's lobbying division and I tried to put into law that bioptic drivers should be licensed in the state of Kansas. There was so much misunderstanding about this, and it was difficult to educate the legislators. Low vision varies greatly from person to person. Therefore each case should be taken individually.

I'm convinced that bioptic driving is not particularly quantifiable. Dr. Nolan drives on interstate roads. I drive in familiar areas at speeds no greater than 40 miles per hour. That's where I feel safest.

Above all else, if you've got serious doubts about whether you ought to be attempting to drive with a bioptic, if you don't think you can be as safe as other people on the road, then don't do it, no matter what the low vision optometrist is telling you. People who tend to be risk takers ought not do this. You have to have confidence that you can, and then keep the driving that you do within safe limits. None of us will function like people who have good vision.

What is the history of bioptic driving as an advocacy issue within the American Council of the Blind and CCLVI?

This is not a new issue for CCLVI. In 1983 and 1984 CCLVI brought resolutions before ACB about driving with bioptics. ACB defeated those resolutions rather soundly. In 1985 at the ACB convention, after a lot of work, we were able to get ACB, in a close vote, to adopt the position that people who use bioptics to gain the acuity necessary, should have the opportunity to be tested to see if they are able to drive. This continues to be ACB's position to this day. Later ACB leaders questioned whether it was possible to support bioptic driving and pedestrian safety at the same time. Thanks to research by Dr. James Nolan and others, we were able to point to statistics to show that bioptic drivers do not impact pedestrian safely.

Bioptic driving is a growing, moving living force in this country. It came from very disorganized strands; people who were driving with bioptics did not have contact with each other and with people who wanted to begin driving this way. We are now moving into a new phase; the number of people over the age of 65 who lose vision due to age related macular degeneration (AMD) is increasing. Many of these people want to continue driving if possible. Their central vision loss due to AMD may be enhanced with the use of a bioptic; and their peripheral vision, is probably not impaired by AMD.

There is little research comparing people who began driving with bioptics at age 18 and those beginning to drive with bioptics later in life. There is a lot of research about what the restrictions ought to be. And the most common restriction being given to older drivers is to restrict their driving to familiar places-somewhere between 5 and 25 miles away from home.
Are neighborhood electric vehicle something to consider to help people with low vision to drive? For such electric motors, the top speed is 25 to 30 miles per hour. Owners plug them in at night as they would an electric wheel chair or golf cart. Then the next day they can drive for 25 to 30 miles. Neighborhood electric vehicles are made for people who are not going to drive very far or very fast. Marketers say that these vehicles might be of interest to people with low vision.

CCLVI could look at a dual pronged approach to research in this area. First, are there people who have had a recent vision drop who use this type of vehicle to drive to the grocery or hardware store or to visit friends? Second, how could these vehicles be made into something that blind pedestrians could hear?

A lot of people who do not think of themselves as being qualified to drive standard cars for various disability reasons may be driving neighborhood electric vehicles. Within 20 to 15 years low speed vehicles, as they have become popular in France, will probably become popular in this country.

Emergency Preparedness for People with Low Vision

Day Al-Mohamed, ACB’s Director of Advocacy and Environmental Affairs: During most emergencies, unless it is a burning building or an unsafe or damaged structure, most people are told to shelter in place and wait for further instructions from their local emergency management agency.

To prepare for such occurrences assemble a supply kit. This would include basic necessities for 3 to 5 days—one gallon of water per day for each person, a supply of non-perishable food, a battery operated radio and extra batteries, a flashlight and plastic emergency whistle, a first aid kit, toiletries and a change of clothing, medications, assistive devices, a cane, work gloves and sturdy shoes.

It is also good to have identification, photo copies of important documents and a list of contact phone numbers.

If you are told to leave when a disaster strikes, it will be helpful to know alternate transit, transportation and pedestrian routes in your neighborhood and work environments. Know emergency exits of buildings that you are in, such as office buildings, apartment/condo complexes and hotels, as well as at conferences and events that you attend. Have a designated family contact or check-in person, preferably someone who is out of state.

Have a reliable designated driver for home, school and work in case you need a ride in the event of an emergency.

Contact your local Office of Emergency Management to learn about their planning to meet the needs of people with disabilities with regard to transportation to shelters. Explore the creation of a voluntary registry of people with disabilities located within their jurisdiction.

Demand pre-event emergency planning information in accessible formats at the same time printed materials become available.

Work with your own neighborhood to develop a neighborhood evacuation plan.

Ask your local media to make sure that all emergency contact information is read slowly and repeatedly for people who cannot see the TV screen.
Take classes through your local Red Cross too learn about how you could help others in emergencies. Don Hall, Senior Emergency Preparedness Planner, Jacksonville, FL: There are 3 categories of disasters
--those caused by human error, fire, mass casualty incidents, hazardous materials incidents
--those resulting from natural disasters, catastrophes, and by weather,
--those that are intentional, such as terrorism, vandalism, sabotage, unauthorized access, bomb threats

It's important to have a disaster plan. This includes a plan for evacuation. Know routes and exits, know where stairwells are, know 2 ways out of your home and your workplace, convention center or hotel.

Also be prepared to shelter in place. depending on the disaster, it may be better to stay where you are and make do until the officials advise you differently.

In Florida hurricanes are a threat. A hurricane watch occurs 36 hours before the hurricane is likely to strike. A hurricane warning takes effect 24 hours in advance of the storm. Hurricanes are categorized by wind speed. Storm surge is the biggest cause of life and property loss.

Evacuation can be either mandatory or voluntary. There is no voluntary evacuation in Jacksonville. Safety and preservation of life are primary concerns. We may not be able to get back in to help you if you don't evacuate.

We use phased evacuation. First, tourists and visitors are told to leave. Second, people in health care facilities and special needs programs are evacuated. Third, people in the general population must leave.

Know if you are in a hurricane evacuation zone. If you are not, stay in place. We want no extra folks on highways. Prepare to stay in place for 5 days by having a supply of food, water and medications.

Be ready to put your plan in place and to evacuate early. We need citizens to help us. As soon as you get the word, implement your plan. Take responsibility for yourself and for your family. The government will not be able to take care of you.

Assist a neighbor in need. Lend them a hand, a ride, a place in your house. Citizen cooperation is key to success. Don't rely on government to do it all for you.

Personal disaster preparation means that you Know the hazards that may impact you. Are they likely to be hurricanes or winter storms, or something else?

Become familiar with your community and its emergency planning agencies and how they can assist you during the time of that disaster.

How will that disaster impact your daily routine? What are your needs before, during and after a storm or an event? Do you need communication devices? Accessible transportation? Regular medical treatments? Electrical dependency for medical equipment?

Take into account all of these factors when you are developing your plan. Use as many resources as you can, including your neighbors, family, advocacy and support groups.

Create a personal emergency plan, one for home and one for work. These will be considerably different.
Jacksonville has a hot line that operates 24 hours a day. Know what your local emergency broadcast system is. Find people in your local emergency agencies who are willing to talk with you and work with you. We in Jacksonville use radio and newspaper announcements and we work closely with home health agencies, advocacy and support groups to identify people with special needs.

**ADA and Low Vision**
Mitch Pomerantz, ADA Compliance Officer, City of Los Angeles

The Americans with Disabilities Act (ADA) is an equal acceptability statute. It is not an affirmative action or preferential treatment statute. It's meant to level the playing field, not to give someone with a disability a leg up. The ADA is not going to give us a job or move us to the front of the line at Disneyland. We need to be mindful of what it doesn't do as well as what it does do.

With the ADA there are very few absolutes. Everything is fact based and situational. Title 1 of the ADA is the employment section. Title 2 applies to state and local government facilities. Title 3 applies to public accommodations such as stores and gymnasiums.

Because court decisions over the last decade seemed to narrow the scope of the ADA, some people would like to open up the ADA for amendment. Others maintain that this is not a good time to do that given the political tenor of our times. If the ADA is opened up for revision, those who believe the ADA is onerous will have the opportunity to still further narrow its scope.

Let's consider Title 1, which deals with employment. The ADA prohibits discrimination against a qualified individual who has a disability. Employers cannot discriminate with regard to hiring, advancement, discharge, and training. If you believe you're being treated differently in some aspect of employment, you are at least going to be covered.

Title 1 requires reasonable accommodation for workers with disabilities when those accommodations will not impose an undue hardship. Reasonable accommodations are logical adjustments made to a job or to the work environment that enables a qualified individual with a disability to perform the duties of that position. Here are a few examples of such accommodations: screen reading software, better lighting, flextime because of bus schedules taking you to and from the job, and other things you might require in order to do your job.

I will elaborate on some of the terms contained in the above description of "reasonable accommodations." "A qualified individual with a disability who with or without reasonable accommodations can perform the essential functions of the job" means that you need to meet the listed requirements of the position by performing those essential functions. "Essential functions" are the fundamental job duties of the position. It's those components of the position that make the job what it is. Job descriptions are based on skills, knowledge and abilities, the physical and mental tasks and the kind of expertise you need to have for that job.
Many job descriptions talk about such things as reading printed material and writing reports. If you are blind or have low vision and you go for a job interview, employers are not sure what questions to ask you about how you read. What they often don't realize is that processing information is most important, and that there are many ways to get what is on the printed page into our heads. So when you are interviewing for a job, talk about essential functions and how you will accomplish them. You must be able to perform those functions on your own or with the help of a reasonable accommodation.

"Undo hardship" is an action requiring significant difficulty or expense in order to make the accommodation. What may be an undue hardship for a small employer would not be considered an undue hardship for a large employer. Undue hardship may be used as a defense by an employer who may be concerned that he can't make a reasonable accommodation.

"Direct threat" is a significant risk or substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by providing a reasonable accommodation.

If employers can show that an accommodation would be too difficult or expensive, they don't have to provide that accommodation. Employers do not have to give you the specific accommodation you request. The accommodation employers offer, however, must be equally effective in helping you to perform your job duties. Therefore, you need to show, to justify that what accommodation you are requesting works best for you.

Employers can't ask about the severity of your disability. But they can ask if you can perform the essential duties of this job. Be able to describe or demonstrate how you will do that with or without accommodations. If you are a person who can pass as sighted and you then get into a job and you decide that now I'm going to tell the employer that I have a visual impairment, that's not a strategy I recommend. I believe in being up front with the people with whom you are interviewing. They don't like surprises.

The process of providing reasonable accommodations must be an interactive process. There must be dialog between you and the employer. This is especially important for people who are losing vision while on the job. Such people need to know their rights under the ADA so that they can enter into the negotiation process with their employer. Be savvy as a person with low vision. You can't hide it forever. If you get to a point where you're going to need an accommodation, you probably should talk about that sooner rather than later.

When should you tell a perspective employer that you have a vision impairment? Some employers require an exam, even before the first interview. You may be given materials for that exam in 8 point type. Sometimes you may have to give a sample of your writing in answer to a question in 15 minutes using a computer. Will you have the ability to enlarge the font or to have a computer with speech? As soon as you suspect that this is going to be part of the evaluation process, you need to let them know about your vision. On your resume, it is good to list your membership in organizations like CCLVI, ACB and/or your state and local affiliates. I believe in disclosing at the very latest during the first interview when you are asked about
how you’ve done a job previously. "It may not be apparent, Mr. Employer, but I have a visual impairment. And this is how I’ve gotten jobs done in the past." An employer does not have to accommodate a disability that he or she is not aware of. By talking about how you work with your disability early in the employment process, you can establish a relationship of trust.

Title 2 addresses all services and activities of state and local government including transportation services provided by public entities. Government facilities need to be accessible by public transportation.

"Auxiliary aids and services" include large print, CCTVs, anything you use on your job. This also includes braille and raised print signs adjacent to elevator doors, inside the elevator and at permanent rooms and spaces. There are no requirements for accessible signage for directories and directional signage.

Every government entity disseminates written information. You need to go back to your local communities and start lobbying for accessible material including emergency preparedness documents. Is your city's website accessible?

The ADA requires that every government entity have a designated individual who is responsible for ADA compliance. Know who that person is.

Title 3 addresses public accommodations—that's every store and business establishment where things are bought and sold. These are to be accessible "to readily achievable standards." I will focus here on access to information. If you are a catalog shopper, is the catalog available in large print or on disk? If people who answer the phone at companies that sell through catalogs have to spend hours on the phone assisting callers who have impaired sight to make purchases, these companies may begin to make changes. The business mentality in this country has great sway. Congress is not likely to legislate regarding businesses. It's easier to start in places where you are a regular customer. Show stores that larger, easier to read signs and labels are in their interest.

Get the Clutter Out of Your Life

By popular demand, Barbara Milleville, President of National Capitol Citizens with Low Vision and CCLVI Second Vice President, repeated her presentation from our 2005 CCLVI Convention in Las Vegas. This time around Barbara awarded prizes for audience participation. For a report of Barbara's valuable suggestions and motivational comments, please refer to Vision Access, Vol. 12, # 3, Fall, 2005.

An Optometrist Talks about Low Vision

Dr. Christian Guier, Mayo Clinic, Jacksonville, FL:

The term "legal blindness" is a figurative line drawn in the sand by the government to determine disability status. People who have low vision are those with acuity of 20/200 or worse or visual field less than 20 degrees in better seeing eye. People of all ages have low vision. Estimates state as many as 10 million individuals. Because
people are living longer today, those who are age 85 and up are the fastest growing segment of our society. Low vision is more common in the senior population.

Low vision doctors address function. When people visit their low vision doctor, they should come in prepared to answer the question "What would you like to do better?" With new devices, we can realize more success in helping people obtain their goals. I also want to know what's going on with their vision, how long it's been that way, how they've been coping, how long they have had trouble seeing, what is their support system. Proper contrast and good lighting are crucial to anyone that does not see well. It is easy to use contrast and supplement lighting in your home. Magnification is also essential. There are four types of magnification. Any combination can improve your abilities. I will suggest that you move closer to any objects that are difficult to see. Or, if that is not enough, consider whether a larger version of the object is available like using large print text. I like to start simply-with strong reading glasses. Using eccentric viewing-you can move your eye to see better. Most of us are familiar with the use of lenses. We often use magnifying glasses and telescopes to magnify. I may recommend hand magnifiers, often illuminated, for spotting details, stand magnifiers for reading, and microscope glasses.

For help in using computers people can use programs like Zoomtext and Big Shot. Microsoft's newer operating systems offer tools built into the operating system to help people with impaired vision. Look under the "accessibilities" portion of the control panel. Screen readers and voice recognition software are increasingly available.

One of the simplest ways to enhance distance vision is to control the glare and increase contrast with filters. Amber seems best for reducing glare while still allowing light through. Telescopes help people see into the distance with 6x, 8x or even higher levels of magnification. However, with higher magnification, visual field is reduced.

Electronic devices, like the Ocutech and the Jordy are head-born devices useful for distance, intermediate, and near magnification. The electronics allow the user to adjust the level of magnification and the contrast. Closed circuit televisions (CCTVs) are also useful and give a larger field than simpler magnifiers. Flat panel screens are now available for CCTVs. These are wider and brighter, take up less room, and can be angled to reduce glare.

What can be done for more severe visual impairment? Visual substitution may be helpful. If you can taste, touch, smell or hear it, you don't have to see it. Talking watches, "Hi Marks" stickers on appliance controls, relying on taste and smell in the kitchen are examples of how visual substitution can be effective. Scanner/reader devices allow people to listen to scanned text. You are able to adjust tone, pace, male or female voice style and volume.

Non-optical solutions include lighting that mimics sunlight, talking books, large print books, periodicals and checks, orientation and mobility training, vocational rehabilitation, organization and planning, are all helpful.

There have been recent advances in medications to treat macular degeneration. Anti-Vascular Endothelial Growth Factor (VEGF) medications slow the chemical stimulus for growing new blood vessels in the eye. These have been shown to be quite effective treatments when new blood vessels are present. Macugen and Lucentis may result in stabilizing or even improving vision.
Project Insight Workshop

At this workshop we recalled that CCLVI's Project Insight was initiated by our late, past Past President, Terry Blessing. Terry modeled this Project after the Florida Council of the Blind's Project Insight. The purpose of Project Insight is to give information and support to people who are experiencing vision loss.

This is how it works. Bernice Kandarian, who answers CCLVI's 800 line, 800-733-2258, maintains a list of CCLVI members who have volunteered to be a part of this Project. When callers request information about services for people facing vision loss in their community, Bernice calls a Project Insight volunteer who lives near to the caller. Our volunteer is familiar with helpful services in the particular community or state and may refer the caller there.

People attending our workshop shared experiences in which others have helped them in learning to cope with vision loss/low vision and also experiences in which they have been able to help others.

We, in CCLVI, are pleased to offer this positive service to people who call.

Book Review
Coping with Vision Loss
By Bill G. Chapman, Ed.D.
Reviewed by Joyce Kleiber

If there is one book I wish everyone who has low vision would read, it is this one-Coping with Vision Loss-Maximizing What You Can See and Do. The author of this book, Bill G. Chapman, Ed.D., has a doctorate degree in Rehabilitation Psychology and Rehabilitation Administration. He has lived with Stargardt's Disease for 47 years. For 35 years he has worked as a consultant with people who have vision impairments. Bill is a member of CCLVI.

Bill Chapman's book is filled with practical ideas about many topics-visual skills and techniques, taking classes in college, the most effective ways to buy and use magnifiers, dealing with emotions and many more. Bill Chapman believes that "We have to do whatever is necessary in order to function independently." His ideas are good, and he is very credible. He speaks from his formal education, his successful work experiences and from his personal life. But the best part is that Bill's ideas may help you to think of solutions yourself, and these may work even better for you.

Coping with Vision Loss is published by Hunter House Publications in Alameda, CA. It is also available on audio cassette from the National Library Service, RC 55481.
Advocacy
Advocates' Alley, By Ken Stewart
If They Build It, We May See It

I have written previously in this column about the importance of getting our message to facility designers before their creations are constructed. There are so many decisions that are made by well-intentioned but uninformed people sitting at drafting tables in the privacy of their offices; these decisions will impact on people with low vision who will use their works for decades after the concrete has dried.

In July I had what felt like "the chance of a lifetime." Only time will tell if it really was, of course. I made a presentation to an assemblage of people who are developing three major projects for the Metropolitan Transportation Authority in New York City- a multi-line subway station in Lower Manhattan, a replacement for the Staten Island Ferry Terminal, and the long-awaited Second Avenue Subway Line. The architects and designers, some in-house, and some with an outside architectural firm, paid close attention to my comments, judging from the quality of the questions they asked. In preparation for my presentation, I formulated several documents, descriptions of the features in transit facilities which we see best, and examples of features which can be quite unhelpful visually too. I have submitted for publication the article immediately following this one, one of those documents, entitled, "Welcome to Transit Center Utopia."

I have attempted to reflect in that essay, the ideas I have accumulated from others with vision impairments, not just my own. I shall value highly any reactions from readers who can articulate their own personal likes and dislikes--what looks good and what looks not-so-good as they travel through bus depots, train stations, and airports.

I expect to have several more opportunities in the coming months to refine my pitch on behalf of all travelers who have impaired vision and those who have no usable sight, as well as people with other disabilities. Already on my agenda was the restoration of the transit hub at the World Trade Center site, and a planned expansion of Manhattan's Penn Station. And in recent weeks I met the contact person for the design of a rail terminal about to be designed for New Jersey Transit. So, the more VisionAccess readers I hear from, the more accurate and comprehensive my message to designers can be.

Welcome to Transit Center Utopia,
By Ken Stewart

As I approach the nearest entrance late in the evening, it is obvious that this part-time entrance is closed for the night. The exterior lighting is noticeably more subdued than when it is open. I am spared the inconvenience of climbing down a long flight of stairs before confronting a steel mesh fence pulled across an otherwise normally appearing passageway. Beside the entry is an electronic sign directing me to the location of the nearest open entrance. There is a button on this sign which I can push so that the visual display will be announced verbally.
After entering at the alternate location, I proceed down a stairway holding a handrail which is very conspicuous because it is polished metal. And, there is no surprise abandoned coffee cup into which I might inadvertently stick my fingers. That is because the handrail is mounted just far enough from the wall for my hand to wrap it, not far enough away from the wall for a styrofoam cup to be wedged. Each step is highlighted with a nose with high visual contrast from the remainder of the stair tread. 

As I approach the fare collection area, I know to swing wide around the ticket vending machines where sometimes there are other people clustered, making purchases. I have learned the exact location of all these vending machines because there is a large steel floor plate immediately in front of each one. That plate, in addition to providing easy access to the machine's infrastructure when maintenance is required, also is easily detectable by its shiny surface, its resonance to footsteps and white cane tapping. And, it feels a bit different from the usual walking surface too.

Again, the abundant shiny metal portions of the turnstiles are conspicuous, and the sounds emanating each time a customer swipes a fare card, also function as audible beacons. I can differentiate among the several types of turnstiles by their differing gross shapes and required card positioning. These differences which are communicated to the general public by signage indicating, "Metrocard," "Auto Gate Cards Only," or, "Easy Pass Here."

When I swipe my card, any of the specific visual sign responses--"Enter," "Swipe again," "Swipe again here," "Insufficient fare," etc., has a clearly separate beeping pattern. I receive the message without seeing the visual feedback.

As I approach the escalator to proceed down to the rail platform, the shiny metallic portions of the escalator are visually prominent in the evenly and moderately illuminated concourse. The floor surface, as I walk toward the escalator, is in high visual contrast to the wall, or, at least to the wall's base.

As I board the escalator, I can detect the exact place where the treads will separate, because the leading edge of each tread has a high contrast strip which also has a distinctive texture. I avoid stepping onto a seam just as a fully sighted traveler can.

Once on the platform, I can judge how close to the edge to stand safely, thanks to the detectable warning strip which has truncated domes, and, is visually in extreme visual contrast to the track bed.

Immediately on my right, where I arrive onto the platform, is braille signage, accompanied by the same basic information in raised-letters, white on black background. The conventional signage is in the same high contrast pattern, and has a matte, rather than glossy, finish so it does not reflect the nearby lighting fixtures.

The signage overhanging the platform edge, is tilted slightly (bottom edge away), to reduce still further the reflections of ceiling lighting, and, to optimize presentation to anyone desiring to get a close look at it.

Public address announcements are easily understood because the volume is not so high as to cause echoes and reverberations. The close spacing of speakers along the platform makes loud volume unnecessary. Each loudspeaker has a high profile and is approachable so anyone with impaired hearing can stand very near. Any nearby wall surface has an acoustically "soft" surface.
The real-time informational message-board being watched by other patrons to read about the next arriving train, has a button I can push to hear the same information.

Upon completing my trip and returning to the Utopia Center Station later, I gather information as soon as I alight from the train. A system of geometric symbols directs me to the elevator. Along the wall facing the track, are large hexagons indicating whether to turn right or left. They appear every few yards all the way to the elevator. In between them are triangles showing which way leads to the stairs. The nearest escalator is indicated by a trail of semi-circles. All of these symbols show directionality by the positioning of the symbol's flat side. That is, if the triangle has a vertical side on its right, the stairs are to the left. If the hexagons have a flat right side, the elevator is to the left. Likewise, if the semi-circle is flat on the right, this indicates an escalator to the left.

As I proceed along the platform, I can detect all furniture by its high visual contrast with the platform surface's appearance. And, the occasional bench seating also sits upon a patch of platform with a slightly different texture, thus alerting a customer with no usable vision, of its presence.

Once inside the elevator, there is a control panel on each interior side of the door. The control panel mounted low for people with limited reach, will not necessitate my getting down in a deep-knee bend to look closely at the numerals. That is because the other control panel is mounted high, making it easy for someone using its braille numbers, or feeling the raised numerals, or, looking closely.

My successful travel experience is climaxed as I stroll confidently across the Center's spacious plaza, maintaining my directional orientation from the high contrast floor pattern of widely spaced dark longitudinal bands and, periodic dark bands crossing at right angles. These bands are at expansion joints, offering a slight tactile notation underfoot, also. Further, there is a subtle but cane-detectable, longitudinal seam at each edge of the longitudinal bands.

I am assured I am leaving the interior plaza where I intend, by the aroma of the pastry shop I know to be adjacent to my desired set of doors. Finally, the general illumination near the exit area is a bit reduced due to its "mimic" feature; that is, this lighting adjusts to the exterior ambient light, to ease the adjustment all people's eyes are compelled to do. That same lighting would be much brighter during daytime hours.

Request for Contributions

CCLVI gratefully accepts contributions from readers and members to help pay for the costs of publishing Vision Access, the costs related to our 800 line and Project Insight, and for funding the Carl E. Foley and Fred Scheigert Scholarships. Please send contributions to CCLVI Treasurer, Mike Godino, 104 Tilrose Avenue, Malverne, NY 11565-2040. Our Tax ID number is 1317540.
2006 Membership Application

Name___________________________________________________
Address_________________________________________________
City_________________ State _____ Zip Code _________________ Country
Phone ___________ E-Mail ____________________

Membership Status: I am:
___ New member. _________ Life member of CCLVI.
___ Renewing my membership. _________ Life member of ACB.

Visual Status: I am a:
___ person with low/no vision. _________ fully sighted person.

I wish to receive the CCLVI publication, Vision Access in:
___ Large print     ___ Cassette     ___ E-mail     ___ Do not send

Please send the American Council of the Blind Braille Forum in:
___ Large Print     ___ Cassette     ___ Computer Disk
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