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, low vision specialists, and everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications.

Submissions are best made as attachments to email or on a 3.5” disk in a format compatible with Microsoft Word. Submissions may also be made in clear typescript. VISION ACCESS cannot assume responsibility for lost manuscripts. Deadlines for submissions are March 1, June 1, September 1, and December 1. Submissions may be mailed to Joyce Kleiber, Editor, 6 Hillside Rd., Wayne, PA 19087, jmkleiber@hotmail.com
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Welcome to the Fall 2008 issue of Vision Access. Reviewing the articles in this issue, I noticed that members of CCLVI are talking in these pages. Instead of articles about assistive devices and cell phones written by the companies who manufacture them, two of our members, Pamela Merrill and Beryl Brown, describe their experiences with Jordy and with Jitterbug. The report of the panel discussion on "Navigating the Social Scene as People with Vision Loss" from CCLVI's convention program is filled with thoughts and feelings of many members. Richard Rueda, our First Vice President, led this lively discussion by panelists and members of the audience all eager to speak on this topic. I heard from readers about our last issue's articles on lighting. Two of these letters (from Elaine Kitchel and Vivian Schmucker) gave us a "To the Editor" section. Carolyn Hathaway Burley tells how she reached out to eye doctors in Ohio. Matt Kickbush, one of our three Fred Scheigert Scholarship recipients generously writes about his journey with low vision. Pamela Warren-Peace and Charles Michael Newell, who also won Fred Scheigert Scholarships, will be featured in the next issues of our magazine. All of this shows that, in many ways, we are the experts in living with low vision. As members of this organization, CCLVI, we encourage and inspire each other. What could be better!

Thanks to everyone who contributed ideas and articles to this issue. I look forward to hearing from you. JMK, 9/12/08.

Letters to the Editor

From Elaine Kitchel, Research Scientist, American Printing House for the Blind

I have the utmost respect for Dr. Takeshita and his contributions to the field of vision. I read with interest his article about lighting in your most recent issue. Most of the article was accurate, in my opinion. I must, however, offer clarification to what I think are statements that might innocently mislead some readers. First, Dr. Takeshita offered this statement. "Purchasing full spectrum light bulbs, which generate light that is most similar to the sun, can eliminate many of these complaints." (distortion of color) While full spectrum bulbs can correct distortion of color, which was the context of this comment, full-spectrum bulbs do not offer the range and amplitude of color that is most similar to the sun. Because spectrum bulbs offer spikes of light in each part of the visible spectrum, many people equate this distribution to being the most similar to that of sunlight. This, however, is not accurate. The sun does not offer high spikes of green, blue and
ultraviolet light, but offers a curve of light of mostly red, slightly less green, dropping to less blue, and even less ultraviolet. This distinction is important because in general, people with visual impairments should avoid light that offers spikes in the blue and ultraviolet ranges. Of course blue and ultraviolet light cause glare problems. But even worse, research shows that exposure to blue and ultraviolet reduces cytochrome oxidase in the eye and thus reduces oxygen to retinal cells. This exposure ultimately results in cell death in test animals after 4 minutes of exposure. The light bulb that offers light most like the distribution and amplitude of sunlight is the common tungsten light bulb. (I would be happy to send diagrams of this distribution to anyone who e-mails me at ekitchel@aph.org)

Next, Dr. Takeshita’s article said "Many patients with low vision prefer the OTT full spectrum fluorescent desk lamp or a desk lamp that uses a 60-watt incandescent General Electric Reveal Bulb." (The OTT and Reveal bulbs emit spikes of blue light. The OTT emits quite a high spike of ultraviolet light as well.) This is correct, many patients do choose these lights over other types of fluorescent or tungsten lamps. However, we must look at these selections with a critical eye.

There has been a great deal of misinformation circulated which states that "full-spectrum" light is superior to any other. Companies which make and sell "full-spectrum" or "daylight" tubes and bulbs have participated in a misinformation campaign for the purpose of increasing sales. Their hype is not necessarily true, but people with visual impairments are as susceptible to hype as anyone else. "Full-spectrum" or "daylight" tubes often are neither full-spectrum nor daylight simulating. While companies may declare their tubes may appear brighter, this is not necessarily so. What some people experience as "brightness" is actually a glare response to the blue light emissions. A better option is usually a fluorescent lamp in the 2700 to 3500 Kelvin range, or an incandescent bulb of slightly higher wattage than what was previously in use.

There is not enough space here to go into all the reasons why people with visual impairments should avoid "full-spectrum" or "daylight" tubes and bulbs. Anyone interested in the details can e-mail me for a full packet of information and a bibliography of research articles to support the claims I have made here.

From Vivian Schmucker

Bravo Joyce for the summer issue of Vision Access! I especially appreciated the articles explaining the problems fluorescent lighting causes for people with low vision. I am sensitive to bright light, especially fluorescent, and these articles validate what I have been trying to explain to family members, friends and coworkers.

I am very concerned about the push to use compact fluorescent lights and the possible future ban of incandescent lights. Compact fluorescent lights are way too harsh and glary for me. Since incandescent lights are the best option for many people with low vision, couldn’t the banning of them be prevented because of the ADA?
People with low vision need to be able to use the kinds of lights that work best for them -- even if it is just for their homes or apartments.

**Organization News**

**President's Message**

By John Horst

On August 1st, CCLVI's newly elected Board of Directors met by teleconference to approve a resolution on color contrast strips installed on the edges of steps. This resolution was unanimously approved. One of the recommendations states that these strips should extend from one side of the step to the other.

A second board meeting took place on September 5th. Copies of minutes of both these meetings are available from CCLVI secretary Kathy Casey or from the resident's office.

At the CCLVI Convention business meeting, this new Board of Directors was elected. See listing in this issue. Directing the work of CCLVI is new to some of us. We are open to suggestions and recommendations from the membership. We are in process of appointing committees. See list of committees (last page). If you are interested in working on any of these committees, please let us know. I can be reached at work 877-617-7407 or home 717-367-6346. Email is pcb1@paonline.com.

One of the resolutions passed at the 2008 ACB Convention directed the ACB president to appoint a task force to work on accessibility to stadiums and other large arenas. Rick Morin, CCLVI member, and others have been actively working on this issue. He has met with stadium officials and with representatives of the US Department of Justice. We have recommended to the ACB President that Rick be included as one of the people appointed to this task force. We have been assured that this will take place.

Since we are into a new year with CCLVI with a newly organized Board of Directors and committees, it is appropriate to again remind all of us of the mission and purposes of CCLVI. Article II of the CCLVI Constitution states: CCLVI is an advocacy membership organization the purposes of which are:

1. To establish the right of people with low vision to make full use of their vision through all available aids, services and technology.
2. To provide a mechanism through which low vision people can express their individual needs, interests and preferences.
3. To educate the general public, professionals, and low vision people themselves as to the potentialities, capabilities, and needs of people with low vision.
4. To establish outreach programs to insure that all individuals with low vision have access to necessary services.
5. To promote research to prevent blindness, improve maximum utilization of sight, and improve environmental conditions and access for people with low vision.
6. To support the development of and expansion of pre-service and in-service
training programs to improve the quality and quantity of medical and rehabilitative low vision services.

These purposes are our challenge in 2008-2009. We are indebted to those who have established CCLVI and to those who have carried on this important work to the present time on behalf of people with low vision. Now to all of us who are members of CCLVI, it is our privilege and opportunity to continue the task to identify needs and to respond to those needs in a creative and positive manner.

Mid Atlantic ACB Affiliates Convention,  
By Barbara Milleville

Save these dates, November 21 to 23, 2008! That's the weekend for the second annual Mid-Atlantic ACB Affiliate Convention! If you were there last year, you know how informative and engaging the convention was. And if you missed it in 2007, you can stop regretting the fun you didn't have last year. Get ready to attend this year's regional ACB affiliate convention where you'll experience informative seminars, fabulous speakers, vendors from all over the DC metropolitan area and a wonderful banquet where the former national ACB president and current Board of Publications Chair, Paul Edwards will be the featured speaker.

We're planning lots of cool sessions especially for folks with partial sight on topics such as new developments in lighting, stem cells and your eyes-hype or hope, and vision changes got your down? Also for you "veterans," there'll be sessions on accessible home appliances, how to fly the unfriendly skies, handling finances smartly, new assistive technology, accessible currency, and more.

Renew old friendships, meet new people who understand, like you, the meaning of blindness and visual impairment, and share your experiences with others. This year's theme is "Short on Sight, Long on Vision," so you will certainly have ample opportunity to renew your commitment to living a full and fulfilling life, no matter how much you see or don't see.

The registration fee is $50; $65 if received after November 1. Fee includes reception, lunch, banquet meal and exhibits. A short hop from Philly, New York, or Virginia Beach! Make plans to join us!

The Mid-Atlantic ACB Affiliate convention will take place at the Holiday Inn, Rosslyn at Key Bridge, located at 1900 N. Ft. Myer Drive in Arlington, Virginia. Like last year, room rates are $99. per night, single or double occupancy. To book a room, phone the Holiday Inn Rosslyn at 703-807-2000 or 1-800-368-3408 and mention "ACB" to get our group rate.

Sponsoring ACB affiliates are: The American Council of the Blind of Maryland (ACB-M), the District of Columbia Council of the Blind (DCCB), the Old Dominion Council of the Blind and Visually Impaired (ODCBVI) and the National Capital Citizens with Low Vision (NCCLV). Further information and registration forms will be forthcoming.

For further information, contact any of these host affiliate representatives, and visit the following website to see
what new information has become available:
www.acb.org/olddominion
Doug Powell, Steering Committee Chair
Oldjock1@cox.net, 703-573-5107
Pat Sheehan (ACB-M), psheehan@comcast.net,
301-598-2131
Sandra Sermons (DCCB), sandrasermons@grosvenorpark.net,
301-841-7045
Barbara Milleville (NCCLV, Barbmill1@verizon.net 703-645-8716

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Summary of Pre-Convention Board Meeting, July 5, 2008

   Minutes of the 2007 pre-convention Board meeting were read and approved. The treasurer's report was read and filed for audit.

   Richard Rueda gave the Scholarship Committee's report.

   Recipients of the Fred Scheigert Scholarship for 2008-09 are Charles (Michael) Newell, in the entering freshman category, Matthew Kickbush, in the undergraduate category, and Paula Warren in the graduate student category. The committee is still working to establish more relevant guidelines for the Carl Foley Scholarship. Applications have increased since the scholarship application can be completed online.

   Joyce Kleiber gave the Vision Access report.

   Patricia Beattie's legislative report concerned the Twenty-first Century Communications and Video Accessibility Act of 2008 and the Coalition on Accessible Telecommunications (COAT). Pat also discussed Quiet Cars and pedestrian safety, and the ADA Restoration Act.

   Bernice Kandarian reported that an updated version of CCLVI's constitution is now available. This update reflects the amendment passed at our 2006 convention adding Section C to Article 4 which make the editor of Vision Access a permanent non-voting member of the Board.

   Resolutions are still being formulated by the committee.

   Convention Program was reviewed.

   New Business: A committee was formed to consider insurance for CCLVI.

   The Board voted to pay up to $100 to advertise CCLVI at the Visions 2008 Conference sponsored by the Foundation Fighting Blindness in Washington D.C.

   August 8-10.

Summary of CCLVI's Membership Meeting, July 8, 2008

   Bernice Kandarian, President, chaired this meeting. Kathy Casey, substituting for Secretary Rick Morin, read the minutes of the 2007 annual meeting and these were approved.

   Mike Godino, Treasurer, read the treasurer's report and his report was approved.

   Richard Rueda, substituting for Catherine Schmidt Whitaker, Scholarship Chair, gave the Scholarship Committee report.

   Joyce Kleiber, Editor, gave the Vision Access report. She asked members for suggestions for Vision Access and thanked contributors. She
also acknowledged the assistance of Roger Petersen and Bernice Kandarian for their work in arranging for the production and mailing of cassette and email subscription formats of our magazine.

Nominating Committee Chair, Joyce Kleiber, presented the Committee's report. The nominees were: John Horst President, Richard Rueda First Vice President, Barbara Milleville Second Vice President, Kathy Casey Secretary, Mike Godino Treasurer. Jim Jirak, Donna Pomerantz, and Lisa Drzewucki were nominated as Directors. Elections were held. John Horst, Richard Rueda, Barbara Milleville, Kathy Casey, and Mike Godino were each elected by unanimous vote. The three directors were elected by acclamation. Fred Scheigert was nominated and elected to fill the two-year unexpired term of the director seat vacated by Richard Rueda.

Michael Byington, Resolutions Committee Chair, deferred to Gene Lozano who presented information pertinent to a proposed resolution concerning marking edges of stairs. Gene brought samples of striping materials, some with reflective properties. This resolution was referred back to the committee. The membership gave the Board the power to take action on this resolution in a timely manner.

**Summary of Board Meeting, August 1, 2008**

After considerable discussion the board voted to approve a resolution in support of stripping the entire width of the nose of steps instead of ending the stripe 3 inches from the edge. This is currently a pending issue in the state of California. It is hoped that this state's policy on this issue will become a precedent for the U.S.

**Summary of Board Meeting, September 5, 2008**

President John Horst conducted this meeting by conference call. Secretary Kathy Casey's minutes of the Pre-convention board meeting and of the August 1, 2008 board meeting by conference call were read and approved as amended. John Horst reviewed his progress in completing CCLVI committee assignments. Coletta Davis described the plans she has made for the 2009 CCLVI convention program. Board members made suggestions regarding program planning.

Treasurer Mike Godino summarized income and expenses since our convention. Work needs to be done to obtain a grant to defray the publication costs for Vision Access and to obtain insurance coverage.

An attendance Policy for board members was adopted. Policy regarding board member's absence from meetings is to be clarified by referring to the CCLVI constitution and bylaws.
Members discussed importance of making information about CCLVI accessible to people who do not use computers. Pat Beattie gave a legislative report concerning the ADA Restoration Act, the Rehabilitation Act and the Telecommunications Accessibility Act.

NCCLV Holds ZoomText Workshop
By Barbara Milleville

On August 6th, National Capitol Citizens with Low Vision held its first-ever ZoomText workshop for intermediate users at the Martin Luther King Jr. Library in Washington, DC. The event was a result of a partnership with Ai Squared and the Martin Luther King Jr. Library.

If you were able to attend, you know the event was a smashing success! Maurie Hill, Product Support Specialist at Ai Squared flew in from Vermont to make the presentation. We all enjoyed meeting her in person. Attendees were able to follow along on their own computers in the lab as Maurie showed us lots of cool tips and tricks. All seats were filled and the event attracted many new people. Welcome new members!

Following the event, we gathered at a nearby restaurant for a bite to eat and more conversation.

We are looking forward to a long lasting and mutually fruitful relationship with our new friends at the library and Ai Squared. Who knows where this will lead!

For more information on how you can put together your own outreach effort, contact Barbara Milleville at barbmill1@verizon.net or phone the toll free number at CCLVI, 800-733-2258.

Metropolitan Council Congratulates Two Members,
By Ken Stewart

We congratulate Metro Board Member Artie Elefant on the success of his tandem bicycling project. With the use of a fleet of bikes from the New York City Department of Parks & Recreation, Artie has been offering rides in Central Park every other Saturday this summer. The 4 to 6 mile outings have attracted about thirty people with disabilities to take the rear seats as "stokers". And he always recruits more than enough "captains" for the front seats. Anyone in the area who would like to participate can call Artie at 917 328 1352, or email him at bikeachilles@aol.com.

Congratulations are also in order to Chapter member Carol Sussman-Skalka who just completed fifteen years as the Editor of Lighthouse International's semi-annual publication, "Sharing Solutions". That newsletter goes out to nearly Ten Thousand recipients nationwide in several accessible formats. Free subscriptions can be requested by emailing or phoning The Lighthouse at 212 821 9470, or by sending an email to: sharingsolutions@lighthouse.org.

The Low Vision Committee of The Pennsylvania Council of the Blind, PCB, is preparing a presentation "Lower Vision, Higher View," for this year's PCB convention. This convention will be held from Friday, October 31st through Sunday, November 2nd in Johnstown, PA.

The Low Vision Committee plans to ask everyone in the PCB who is interested in the area of low vision to provide contact information including the chapter to which they belong. With this information the committee hopes to form a liaison with individual chapters. This approach may enable statewide interaction among chapters to share ideas and resources relating to low vision and it may attract new members.

Some members of the Delaware Valley Council of Citizens with Low Vision are members of this committee. The members of the low vision committee are: Co-chairs Ed Hersh and Ed Facemyer, Sarita Holliday, Julie Chappell, Jerry Weinger, and Ross Wasielke. To contact members of this committee call the PCB office at 877 617-7407.

People

Meet Matt Kickbush,
Fred Scheigert Scholarship Recipient

I recently attended my first ever ACB convention in Louisville, Kentucky this past summer. This wonderful opportunity was created from the generosity of the Fred Scheigert Scholarship and the Council of Citizens with Low Vision International. While attending the CCLVI mixer during the convention, I was able to meet and share with many individuals including Joyce Kleiber. She asked me to share some aspects about myself as a new member of the CCLVI and a Fred Scheigert scholarship recipient.

I was born in Milwaukee, Wisconsin in 1972. Right after my birth, I was diagnosed with congenital glaucoma; the early diagnosis came from the physical characteristics of the enlarged size of both eyes and hazy corneas. This rare pathological condition is usually considered autosomal recessive. With the dangerously high intraocular pressure existing prior to and at birth, I would need to undergo surgery. My first operation was a goniotomy on both eyes at the age of a couple of weeks. This procedure of making an incision in the trabecular meshwork was not fully successful. The ophthalmologist in Milwaukee recommended that I see an ophthalmologist who specializes with infants. During this time, there were very few ophthalmologists who were specialists in the field of infants and congenital eye diseases; the closest was located at Barnes-Children’s Hospital in St. Louis, Mo.

The usual routine for me during those first couple of years included the typical pressure checks at Children's
Hospital in Milwaukee. If the IOP was too high, I would have to travel to St. Louis for surgery and recovery. I would endure twelve trabeculotomies on each eye; a total of twenty-four surgeries. This is a surgical procedure that removes part of the trabecular meshwork to help increase the drainage of aqueous fluid. It wasn't until the age of two that the pressure was becoming more stable and within a normal pressure range. The reason for so many surgeries was due to the fact that the body has an incredibly rapid and resilient healing mechanism in the infant stage. The incisions in the trabecular meshwork would often heal and cause the pressure to rise again. With regularly scheduled pressure checks and field vision tests, I was free from the surgical table for the next twenty years.

In my mid twenties, I started a regimen of mixing and matching every type of medication to combat the slowly increasing IOP in both eyes. After a year and a half of trying various medicines, the pressure was approaching into the measurement of thirties and forties. The local ophthalmologist that I've trusted all these years recommended having a trabeculectomy in my right eye to be performed by a colleague of his. After I was sent home from the surgery that day, things went terribly wrong.

I started to feel excruciating pain coming from within my right eye; it felt as if someone was using an ice pick in a stabbing and swirling motion. This was accompanied with flashing lights and a warm oozy liquid sensation. I remember passing out and going into shock a few times because of the intense pain. I saw the doctor the next day for the post-operation visit. As he removed the bandages from my eye and took up a light to shine into my eye, I suddenly felt nauseous; I saw nothing. After a couple of weeks of post-operation visits, he finally admitted the inevitable; my retina had detached due to the IOP dropping too low.

I had my retina reattached using an air bleb and a scleral buckle. After six weeks of keeping my head positioned downward at all times with my chin at chest level, the operation was a physical success but no vision was ever recaptured. Since then my right eye has gone through stages of atrophy. I currently wear a prosthetic scleral shell that fits over the existing eye. I utilize this shell for protective and cosmetic purposes.

Since then, I sought out a different ophthalmologist who has performed seven more operations on my left eye. These procedures include the installation and removal of various types of valves that aid in the draining of excess aqueous humor. The first valve installment left some blood trapped in the vitreous which left me completely blind for the first month after the surgery. Fortunately, the trapped blood slowly was absorbed into my body. I've had two cyclophotocoagulation procedures which use a laser to destroy parts of the ciliary body. The ciliary body produces the aqueous fluid; too much fluid will cause the IOP to increase. I've also had two cataract removal procedures. One of these procedures involved the replacement of the lens. I've been myopic (nearsighted) my entire life, but with the implant of a new artificial lens, I made the transition to hyperopic (farsighted). For the first time in my life I needed glasses to read; objects in a
near distance were now much more defined. It should be obvious that living in a sighted society created many challenges throughout my life. I think the biggest challenge of all was going to school. When I started kindergarten at a local public progressive school in 1977, the Education for All Handicapped Children Act (P.L. 94-142) was still in its infancy. I qualified for special education and had an annual IEP (Individualized Education Plan). I was considered to be highly functional in a mainstream classroom. I spent all of my time in elementary school placed in an inclusive environment. Academically I did quite well even though I had to work twice as hard as my sighted peers.

My vision was measured at 20/200 in both eyes during this time. I usually had to sit in the front row with my thick glasses to squint at the blackboard or projector screen. I had to hold materials close to my face in order to read them. I also had nystagmus in both eyes which meant that I often would look at paperwork, objects, and people at an angle to find my null point of vision. Needless to say, I got an endless dose of teasing and scorn.

It didn't get any easier as I entered middle and high school in the parochial sector. I didn't find much support from any of my teachers or related staff. They never asked how they could help or what my visual limitations were. I got the same generic advice given to all high school students from my so called guidance counselors and homeroom teachers. I was so self conscience about my disability that I didn't want to be any more different than what I already was. I never advocated for myself when it came to accessibility to materials, classroom work, or extra time; I'm not sure at that time if it would have made a difference in a parochial school setting. Because of this paradox, my grades suffered significantly. Looking back at it now, the harder that I tried to be like my sighted peers, it was more obvious that I wasn't.

When I graduated from high school in 1990, I had a complete distaste for any type of schooling including any possibility of college. I would end up working the next fifteen years in the culinary field which included assistant chef and kitchen manager at various restaurants. I spent the latter twelve of those years working as a food service assistant for the Milwaukee Public Schools. It was during this time that I began experiencing vision loss including the retina detachment mentioned earlier. With the loss of vision in my right eye and an uncertainty about the future of my left eye, I found myself in an emotional slump.

I knew that I had to do something; I was tired of feeling tired every morning that I woke, having the feelings of sullenness towards others and my future. I knew that I no longer could fight this alone; I needed to abandon my stubbornness and seek some guidance.

In 1998, I contacted the Badger Association for the Blind and Visually Impaired located in Milwaukee to talk to someone. I was connected to Howard Kaufman who happened to live in my neighborhood. After an initial introduction to the Badger, I decided to take some of their rehabilitation classes which included Braille, computers, and adaptive technology. Most importantly, I was introduced to others who all shared the common ground of
blindness or loss of vision. It was enlightening to meet others who have endured blindness but lead productive and fulfilling lives. Ironically, though I've been visually impaired my entire life, this was my first exposure to others who were blind or visually impaired as well. Through group discussions and a few good people of this non-profit organization, I was motivated to try again with a new approach.

At the prime age of thirty-three, I decided to give college a try for the first time in my life. I decided that I wanted to become a teacher for the visually impaired (TVI). There were many variables that went into this drastic change. One stemmed from the opportunity to volunteer for a year and a half at the now defunct Solomon Juneau Business High School in Milwaukee. I spent time in a resource room for blind and visually impaired high school students. This wonderful experience helped me to strongly realize that this is what I want to do now in my life.

To achieve this goal, I started off by taking my general education courses on a part-time basis at Milwaukee Area Technical College while working full-time for the city. I quickly learned the importance of self-advocacy and communicating with my college counselors and instructors. Most importantly, I learned that college isn't anything like high school; success in college requires that you take control.

In late 2006, I left my lucrative job with the city, rented out my house, and transferred my out of state credits and made the pilgrimage to DeKalb, Illinois to attend Northern Illinois University on a full-time basis. Northern Illinois University is one of the few schools in this union which offer a B.S. Ed degree in teaching for the visually impaired.

As I sit here and type this article, I am beginning the latter half of my junior year. This semester brings me to my first professional block which will include some student teaching in the Chicago area. I've been included on the Dean's list for every semester of college including the College of Education Dean's List here at NIU. My graduation will be in May of 2010. After completing my degree, I eventually plan on putting my education to work. I'm not sure geographically where I want to start this new career, but what a wonderful predicament to be in. Once I gain more real life experiences from teaching, I would like to continue my education in psychology. Sometime in my life I would like to emigrate back to the motherland (Europe).

I know that at this point in my life I can feel good in knowing that I have accomplished and have succeeded in reaching many goals and overcoming many obstacles. I also know that there will be new challenges and required adaptation to an ever changing environment to come. I hope to incorporate some of my personal, practical, and professional experiences with my future students. Until then, there is so much more that I need to learn so that I can become an effective and efficient educator. Learning is infinite. I'm looking forward to my next ACB convention!
Pat Beattie Wins Award

Long-time CCLVI board member and NCCLV member Pat Beattie of Alexandria, VA has won the coveted George Card Award. The award, which is presented periodically, is in recognition for her lifetime service to the American Council of the Blind and advocacy for people who are blind or visually impaired. This award was presented to Pat at the national ACB convention this July in Louisville, Kentucky.

Thank you Pat for your tireless work! Congratulations!

In Memoriam

Dr. Bill G. Chapman

Editor’s Note: Dr. Bill Chapman is known to readers of Vision Access. One of his books, Coping with Vision Loss, was reviewed in Vol. 13, No. 3. Bill contributed numerous practical articles to our magazine on topics such as the mechanics of vision, eye fatigue and pain, and aids for watching television. Bill was a passionate advocate for people with low vision and a member of CCLVI.

Dr. Bill G. Chapman died Sunday, August 26, 2007 in Lubbock, Texas at age 78. Following a memorial service at Second Baptist Church, Lubbock, where he was a member, he was interred at Dallas-Fort Worth National Cemetery with military honors.

Bill was born to the late Helen and Talford Chapman on October 11, 1928 in Chickasha, Oklahoma. He was graduated from Oklahoma Baptist University, Shawnee, OK in 1950, Central Baptist Theological Seminary, Kansas City, KS in 1954 and Texas Tech University, Lubbock, TX in 1973.

Following seminary Bill entered the U.S. Air Force as a chaplain and served in Louisiana, Labrador, Baffin Island, California, Oregon, England and Texas. He was medically retired in 1969, having attained the rank of Lt. Colonel.

Bill entered Texas Tech University as a legally blind student and earned a Doctorate in Rehabilitation Administration and Rehabilitation Counseling, graduating with High Honors. He then founded Vision Loss Technology, serving as a low vision consultant, role model for visually impaired people and distributor of low vision products in Texas, Oklahoma and New Mexico. He became a legally licensed, legally blind driver to conduct these activities. His mission was to enable the partially sighted to function as well as sighted people. Bill was the author of two books, Coping with Macular Degeneration and Coping with Vision Loss as well as numerous journal articles. He influence is international in scope.

Bill is survived by his wife and high school sweetheart, Katherine, whom he married in 1951 in Chickasha, Oklahoma, and their three children. They are David Chapman of Austin, TX, Melody Deaver of San Antonio, TX and
Jane Stubblefield of Lewisville, TX, along with five grandchildren, a sister, Lawana Case of Lincoln, NE, a brother, Richard Chapman of Yukon, OK and two nephews.

Bill was a member of Macular Degeneration International, Council of Citizens with Low Vision International, Association for Macular Diseases, and American Council of the Blind.

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**Convention Program Reports**

**The Scoop from AFB**

**By Dr. Priscilla Rogers**

Editor’s Note: Dr. Priscilla Rogers is a consultant at the American Foundation for the Blind National Center on Aging and Vision Loss.

In the past AFB addressed its programs to providing resources to professionals in the field of vision services. Now AFB is shifting its focus to the needs of consumers, hoping to reach people directly. Vision loss is occurring in epidemic proportions—6 and a half million people ages 65 and older are experiencing vision loss. These numbers will double as the baby boomers join this segment of our population. We’ve got lots of people who need services and we know we don’t have enough resources. Many people do not find out about help, so they do not get connected. In our country right now 20 million people are experiencing vision loss. These numbers are already overwhelming the vision rehabilitation system. The annual cost of vision problems is 51.4 billion dollars in non-medical, medical, care giving expenses and loss of productivity.

We can do something to reduce these costs. People need help in making connections with vision rehabilitation services that can help them to continue to be productive and to live in their own homes.

In a random sample, the two conditions people feared most are vision loss and cancer. Loss of vision represents loss of independence—loss of the ability to read, to identify prescriptions, and to drive.

At our national center in Dallas Texas AFB has a pilot program to develop materials for our new website-Senior Site. Here we develop and test resources for people who are visually impaired. We have a model apartment where contrast, textures, and products are displayed to give visitors hands on, reach out and touch media that will help to maintain independence and quality of life.

In West Virginia AFB has a technology office where products such as cell phones, monitoring devices, programs to help older people access the internet are tested. Test results are reported in AFB’s publication, Access World. Our technology staff in West Virginia influences our pilot programs in Dallas.

We offer Senior Site for older people and their families so that they will know what’s available for people experiencing vision loss. The web address for this site is www.afb.org/seniorsite. Here we address concerns about daily living. For
example, so that people with vision loss can continue to read, we list talking books, Victor Stream, CCTVs, 40 videos with audio description, and a large print transcript that is downloadable.

All AFB websites offer ways to enlarge text and alter the contrast. And they work with screen readers as well. They are fully accessible.

Because people want to know about their eye conditions, we feature a section entitled "Understanding Vision Loss." We describe types of eye conditions, links to National Eye Institute studies, information about diabetes, how to find help and support, directories of resources throughout the country. We hope this site will help all people not just seniors.

On our site we display changes people can make in their homes or apartments. Our video shows how people can make changes room by room and how to organize a kitchen.

We offer a section on fitness and fun. This section was written by people who are actually doing these things. Activities include tandem biking, woodworking, home repairs, running, knitting, skiing and gardening.

We offer Message Boards. We need your help in answering messages for us. We want people to get answers from people who are involved in living with vision loss.

We have set up the Agency of the Month. We may include CCLVI. It's a way to get the word out about what you do.

Currently there are no federal guidelines regarding access to medical information. The one policy that over the counter products be described in point 8 font is inadequate! We encourage people to get information about their difficulty with prescription labeling to Congress and to the Food and Drug Administration. The more stories we can get, the better off we are. AFB has been working with the American Society of Consulting Pharmacists Foundation, an organization of pharmacists who work mainly with the older population. Dr. Janis Feinberg is their research scientist who worked with AFB to put together guidelines for prescription labeling for pharmacists along with resources for large print labels, braille labels, talking pill bottles, and scanners. Take these guidelines to your pharmacist to alert them to what they need to be doing. So there is a two pronged approach we can work on-addressing Congress and the FDA and getting information to pharmacists. If we do this, we can create a movement!

Seniorsite's videos on hearing and vision loss feature devices available to help people know when someone's at the door, when their phone is ringing, or their smoke detector is signaling.

We will have a section on lighting and vision loss.

CareerConnect is AFB's internet offering for people concerning employment and vision loss-jobs, mentors, as well as information for employers and professionals. For example CareerConnect describes how attorneys do their job, how to get through bad patches, how to find someone to talk to, how to gain an edge in competitive employment by having fun. and, for high school students, how to transition to college or to a job. Success stories are included on this site. Visitors to this site can learn how to sign up to become a
The University of Texas in Austin's Institute on Nursing Research is doing a study on health information for people with vision impairment. This study has identified what health care providers need to know to offer better information to patients with vision loss. Dr. Tracy Harrison at that University will welcome your story.

The Veterans Administration is doing a study on falls. The highest ratio of people who fall are people with vision loss.

FamilyConnect.org is a new website for parents of children with vision loss. This site is a collaborative effort of AFB and the National Association of Parents of Children with Vision Impairment, NAPVI. The goal of this site is to inspire hope, allay fears, reduce isolation, raise expectations, and provide information for children at all age ranges.

Topics on this site include eye condition, what to do after diagnosis, education issues, technology, children with multiple disabilities, and a toy guide. There are videos on FamilyConnect of parents talking about their children and issues they have faced. The idea is to let parents know that they are not alone, that there are other parents with whom they can connect and share.

This site addresses area of family life such as coping with feelings, expectations, chores, educational options, growth and development, self-care skills, staying organized, building self-esteem and healthy habits, outdoor activities, sports, and safety precautions. The section on education deals with the Individual Education Plan, expanding the core curriculum to include disability related skills, understanding assessments, defining least restrictive environment, how students who are blind or have low vision read and write, managing classroom work and homework, reading and making tactile books with your child, social life and recreation, transitioning to independence, preparing for life as a non-driver or as a low vision driver, summer and weekend programs for children with vision impairments. We've tried to address every aspect related to home, school and community. Parents from NAPVI were very involved in writing this website.

The concerns of parents of children with multiple disabilities are also addressed. 65 to 70% of children with vision loss (some say 87%) have some other disability. More lives of children are being saved in infancy. Schools for the blind are being renamed to acknowledge that children who attend these schools in all likelihood have more than one disability.

People needing help in accessing AFB's website can contact Beatrice@afb.net

Reaching Out to Eye Doctors
By Carolyn Hathaway Burley

Editor's Note: Carolyn Hathaway Burley is President of the Stark County Chapter, ACB of Ohio, Canton, Ohio. Carolyn is a retired rehabilitation teacher and a member of CCLVI. Carolyn's chapter received a grant of $2400 from Diebold to have the information packets printed.
Many people who experience vision loss hear their doctor say "Go home and live with it." Doctors are not prepared to give their patients information about resources they might use to maintain a certain level of independence. So I thought of developing a resource packet that doctors might give to their patients. It began as a project for our chapter but I did most of the work on this project.

First I included general information—how to get free directory assistance, bills in large print or braille, accessible transportation and a handicapped parking sticker. One of our chapter members suggested a section offering helpful hints to make things more convenient for people in their homes, like marking dials on appliances, ways to identify coins, and how to put the key in the keyhole.

Then I included a page on sighted guide techniques. I have a section on helpful products and the catalogues in which these can be found.

There is a section on magnifiers, and accessible medical devices like glucose monitors. I included a paragraph on what a magnifier will and will not do. Most people want a magnifier that will magnify the whole page. But the purpose of a magnifier is to help you focus your eyes at a shorter distance. With a 7x magnifier you will see part of a word.

I feature a list of places to go for a low vision evaluation. Then I talk about electronic magnifiers (CCTVs).

I have sections on cell phones, on rehabilitation centers near our county, on Talking Books and other publications on audio.

I have a section on health books such as Bill Chapman's book Coping with Vision Loss and my comments about these books.

I have a section on organizations—national, state and local chapters. There is a section on websites, computers and technology, window eyes, Braillelite, and Victor Stream Reader.

I include a section on guide dogs and one on vendors, another on driving, and one on benefits like Social Security, Medicare and Medicaid, and reductions on property taxes based on age and disability. I tell about the importance of support groups and what a support group can do for people.

Using my computer, I printed the information using Verdana, 16 point regular font. This packet is 44 pages long and it has a Table of Contents. I realized that I needed a grant to cover the cost of printing this packet. I applied to DeBoldt and the Hoover Company. At doctor's offices, I approached the office manager. Most were able to present this to their doctors who mostly had favorable responses. Creating this packet was a lot of work, but I'm hoping that as doctors hand this information to their patients, many people will benefit.

Vendors Address CCLVI

Barbara Milleville, CCLVI 2nd Vice President, invited the following vendors who spoke briefly about some of their products on display at the convention exhibit hall.
The MaxiAIDS representative spoke about the Tady personal organizer, the Voxcom, a device for recording labels, and an atomic talking watch. Learn more at www.maxiaids.com or call 800-5226294.


Senseview highlighted a portable video magnifier with a distance viewing feature and the ability to take a snap shot and save the image. For information visit www.senseview.com or call 888-640-1999.

Ai Squared featured ZoomText—a screen magnifier, ZoomText on a stick—useable on any machines in a work environment, and a ZoomText keyboard. Visit www.aisquared.com or call 800-859-0270.

Mind's Eye Travel arranges trips for people with impaired sight, currently trips on the mid-coast of Maine, another to Sedona AZ and the Grand Canyon, and a cruise on Princess cruise line from San Juan Puerto Rico to Barbados, Antigua, St. Thomas and other islands. Learn more at www.mindseyetravel.com or call 207-542-4438.

American Printing House presented a new CCTV-MaximEyes, Compact Plus—a portable tape recorder, and the Braileplus which offers non-visual ways to communicate, inform, entertain, and manage life. Visit www.aph.org, or call 800-223-1839.

SaraTEK offered System Access Screen Reader. Learn more at www.saratek.com or call 403-569-0837.

ABISee offers portable 1 lb USB devices that scan books and documents and instantly convert printed text into multiple accessible formats. www.ABISee.org, call 800-681-5909.


Freedom Scientific told about OCR products that have low vision features and the Onyx and Opal which are CCTVs with distance viewing capability. www.freedomscientific.com, or call 800-444-4443.

Statler Center for Careers has two career tracks—hospitality and call centers, and offers extensive training programs and works with vocational rehabilitation agencies. www.statlercenter.org716-881-6587

Navigating the Social Scene
As People with Vision Loss

Editor's Note: Richard Rueda, CCLVI's newly elected First Vice President, led a lively discussion on this topic. This panel was co-sponsored by the National Association
of Blind Students and CCLVI. Panelists and audience members offered the following comments on this topic.

--I am often asked "How can you recognize me from across the room at our meeting, but not when I walk up to you at the supermarket?" Because I know where you belong. And I don't expect to see you at the market."

--I'm not a very social person. My social interactions are around my work. I have a few people, my small social group, that I try to spend time with when I'm not working.

--It's hard enough to be single when you can see people around you. But being visually impaired brings many additional challenges. Making eye contact is hard.

--Where do you go to meet people? Get out where people are. If you're in a room full of people that you'd love to meet, at as large party for example, after having a conversation with someone, ask that person, "Do you know someone that would be interesting for me to meet? Can you introduce me to that person?" Continue this way throughout the whole evening and meet many people.

--As an adult I find things to get out and be where the people are, an event in my neighborhood, a farmers' market or a coffee shop. I even talk to people when I'm waiting in line. That's a great opportunity to meet people.

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--It's the attitude you have that's important.

--At the bus stop I say "Good morning!" I know when people get on the bus and I greet them. Some of them have become good friends after riding to work with me for an hour every day.

--If you're meeting someone for the first time, pick a place you're familiar with, one that is safe, that you can get to by bus, where you know where the restrooms are. Check out the menu online before your date. Choose the location by the lighting or the time of day that works best for you.

--The challenge of a future mother-in-law: She may assume and say to your intended partner, "If you marry him/her, it will be so much work for you. You will not be able to have kids because she/he will not be able to take care of them." It's human nature to fear the unknown. It may take time to change those assumptions. When my mother-in-law sees me in my kitchen, she will know that I am a capable person.

--Spouses, even those without disabilities, are sometimes burdens on each other. Everyone has good and bad days. Everyone has some kind of problem. In a good marriage, partners give and take all the time. The fact that you have a visual impairment needn't get in the way of others finding out who you are as a person.

--Still, a new relationship takes time.

--Advances in technology and research make me confident about having a child who may inherit my disability. When others question me about this, I reply, "Do you think my life is less valuable because I have a disability?"

--If a person chooses not to date me because I don't see well, I tell myself "It's your loss, I'm awesome. Can't you see I'm cute, that I have a cute personality?" I see myself in a positive light. Accepting myself makes a difference.

--Pretend to know people. Walk up and say "Hello." Be comfortable with who you are. Be open and honest.
Editor’s Note: Elaine Kitchel is Low Vision Project Leader and Research Scientist at the American Printing House for the Blind in Louisville, KY. Readers who want to see the scientific bibliography from which this information was distilled or who want more information about lighting, can write to Elaine Kitchel at ekitchel@aph.org.

The visible spectrum consists of three colors of light we can see—blue, green, and red. (Green and red together equal yellow.) The high frequency waves of the visible spectrum, the ones that are very powerful and fast moving, are called ultraviolet and blue light. Blue and ultraviolet light cause the retina to work 2 trillion times harder than light from the other parts of the electromagnetic spectrum. For every peak of a light wave, the eye does one unit of work. Blue and ultraviolet light consist of many, many millions more peaks per second. For every unit of work the eye produces one unit of waste. The diseased, injured or compromised eye cannot keep up with rapid waste production.

By product build-up occurs when the cells processing of light waves produce waste products and the elimination systems of the eye cannot keep up. The brain interprets this buildup as glare. In this case a person may experience headache, fatigue, eye pain, or carbohydrate craving.

The ultraviolet and blue light rays are usually focused in front of the retina and do not contribute to clarity of vision. The normal, healthy eye is not affected by these waves. But people with impaired vision must be careful.

What kinds of lighting emit the most blue and ultraviolet light? Cool white fluorescent tubes and bulbs, full spectrum tubes and bulbs, daylight tubes and bulbs, and mercury vapor lights all emit the most.

But much good light is available: warm white fluorescent, SPX fluorescent, Halogen, and basic incandescent.

Every color has a temperature depending on its hue. Temperature units are called Kelvin units—the higher the number, the bluer the light; the lower the number, the redder the light. Fluorescent tubes and bulbs range from 6700K (or Kelvin) to 2700K. Choose warm fluorescent bulbs with a rating of 3500 or lower Kelvin.

Besides choosing proper light bulbs and tubes, here are some other ways to minimize blue light and glare. Use colored desk blotters to prevent light from bouncing off shiny or light-colored surfaces into eyes. Apply tinted, UV filter film to windows. Paint walls a warm color, or use wallpaper or a mural. Install adjustable blinds. Use warm colored wall hangings to reduce glare. Use yellow or plum tinted lenses to reduce glare. At work where banks of fluorescent tubes are generally used,
use paracube 1 inch lenses (also known as parabolic lenses) with 2700K tubes.

Here is how to interpret the code on a fluorescent tube:
F27/T8/30CW
- F stands for Fluorescent
- 27 is for 27 watts
- T8 stands for narrow tube 3/4 inch in width
- 50 stands for 5000 Kelvin temperature
- CW stands for cool white

F15/T8/SPX35
- F stands for Fluorescent
- 15 indicates the wattage
- T8 indicates the narrow tube 3/4 inch wide
- SPX stands for special phosphor extra (highly desirable)
- 35 indicates Kelvin temperature of 3500 which tells us this tube is in the yellow range

Light in the yellow range (3500 to 3100 Kelvin) usually works best for people with glaucoma and retinitis pigmentosa, and light in the red range (3000 to 2600 Kelvin) works for everyone else. Order bulbs on line at www.bulbman.com. Contact Elaine Kitchel at ekitchel@aph.org, or 800-223-1839, ext.313.

Project Insight Workshop

At this workshop we considered how the information presented at convention sessions will help us in reaching out to potential members and in responding to people who call CCLVI about their concerns with vision loss. Members shared their positive experiences and their frustrations in working with and encouraging others.

A Recipe from Kentucky, The Hot Brown

The Hot Brown was invented by the chef at Louisville’s famous Brown Hotel to serve to guest who had danced late into the night.

Ingredients:
4 oz. butter
About 6 T. flour or enough to make a roux
3 to 3 1/2 cups milk
1 beaten egg
6 T. grated Parmesan cheese
1 oz. whipping cream (optional)
Salt and pepper to taste
Sliced roast turkey
8-12 slices of toast
Extra Parmesan for topping
8-12 strips of fried bacon

Melt butter and add enough flour to make a reasonably thick roux (enough to absorb all the butter.) Add milk and Parmesan cheese. Add egg to thicken sauce, but do not allow the sauce to boil. Remove from heat. Fold in cream. Add salt and pepper. For each Hot Brown, place 2 slices of toast on a metal or flame proof dish. Cover toast with a liberal amount of turkey. Pour a generous amount of sauce over the turkey and toast. Sprinkle with additional Parmesan cheese. Place dish under a broiler until the sauce is speckled brown and
Nearly four million Americans suffer from vision loss that impedes their central vision and their ability to comfortably view the images on any television. This cuts them off from a significant source of information and entertainment enjoyed by the mainstream. Often such people cannot see faces of characters or other details that make a broadcast understandable. One solution has been special telescopic glasses; these can help patients see details but often cut off parts of the image, lessening context. Another solution has been large television screens, which can be quite costly.

A new image enhancing method gives viewers a remote control by which they can increase or decrease the contrast of the images on their TV screen. This technology has been developed by Dr. Eli Peli and his team. Dr. Peli is the Schepens Eye Research Institute’s low vision expert, the Moakley Scholar in Aging Eye Research, and a professor of ophthalmology at Harvard Medical School. Dr. Peli and his colleagues have worked within the "decoder" that makes digital television images possible. They were able to make a simple change that could give every digital TV the contrast enhancing potential for the benefit of people with impaired sight. The same modification could easily be made to new HDTVs and digital cable set top boxes.

To test their new technology, the team presented eight digital videos to 24 subjects with vision impairment and six with normal vision. Each patient was given a remote control, which allowed him/her to increase or decrease the contrast of the image. Patients manipulated over-enhanced and blurry images for the greatest clarity.

The research team learned that even subjects with normal sight selected some enhancement and that the amount of enhancement selected by those with visual problems varied depending upon the level of contrast sensitivity loss they experienced due to their disease. All this demonstrated to the team that the device was both usable and useful to the subjects, even those without vision problems.

Peli is now working with Analog Devices Inc. to create a prototype chip that could be included in all future generations of digital television. Peli believes that as the population ages, this technology will be used by more and more of those whose eyes are going through a normal change as they get older as well as those more severely impaired.

To see examples of how images are enhanced go to http://www.eri.harvard.edu/faculty/peli/lab/videos/mpeg

This research was published in the edition of the Journal of the Optical Society of America published online in November 2007 and issued in print in January 2008.
Freedom Updated-the Jordy
By Pamela A. Merrill

Years ago, I searched for an ophthalmologist who might be able to reverse my damaged eyesight and improve my visual acuity. Physicians concentrated on medical issues, but one New York City doctor casually mentioned visual aids available at the Lighthouse for the Blind. The adaptive equipment the Lighthouse offered seemed miraculous. Despite being cumbersome and tiring to hold, the monocular they prescribed enabled me to see facial expressions at plays and concerts. While using it, I did not have to ask strangers to read to me bus destinations or fast food restaurant menus posted above counters.

When I worked overseas, there were no disability advocates to help me, so I waged a one person campaign for my employers to provide a CCTV and a spoken speech program for my computer. My employers required the return of the adaptive equipment when I retired.

Upon returning to my Tennessee home, I visited the State Department of Rehabilitation seeking the latest low vision aids. A flier describing Jordy was included in the bundle of information I was given. Testing the Jordy became a priority. Immediately, I was intrigued by the possibilities it offered. Its virtuosity seemed too good to be true. I was eager to try it at the concerts and plays presented in Nashville. The virtually hands free Jordy has added immense freedom and pleasure to my enjoyment of presentations. Facial expressions are so clear. I find the location feature very useful. The tiresome switching of hands to hold the monocular to one eye and the narrow field of vision are over.

When using the Jordy docking station, I have the freedom of a CCTV that I have sorely missed. Both my husband and I rejoice in my freedom to read material independently. While he was reasonably patient, he no longer has to spend time reading about make up, recipes or the lives of movie stars.

I took the Jordy with me on my annual visit to my ophthalmologist. He immediately showed my Jordy to his team. The doctor believes he has many patients who can use the Jordy and find their own freedom. I am thrilled that he wants to contact the local Jordy representative so others may also be helped.

The Jordy, manufactured by Enhanced Vision (888) 811 3161, is classified as a head worn magnifier. Using your search engine, enter the word Jordy and the company's website will be a choice. Their description and picture will help you understand the equipment. Basically, the device is mounted on a spectacle frame that receives extra support from thin elastic straps that fit over your head. The two focus options enable both reading of print and long distance viewing. You can choose from four color options. The hand held battery or main power unit changes the magnification levels. An optional extra, the docking station, turns the Jordy into a CCTV for reading print material by sending the display to your TV set. The magnifier can also be plugged into a TV output for viewing remarkably clear pictures. During a play or a concert, I sometimes find the nose
Get Walking Directions on Google Maps

You can now get walking directions on Google Maps that include the most direct, flat route, as well as the best use of pedestrian pathways. But you don’t have to just be going on a walk to benefit from this new service; it’s also helpful if you’re using Google Maps for public transit directions and want the best way to get from one stop to another. Visit http://maps.google.com

Access to Web Pages for People with Low Vision

Lighthouse International, a leader in advocating accessibility for people with low vision, is announcing an innovative new add-on software tool that will enable millions of people with low vision to access previously inaccessible web pages.

While existing programs enable blind people to access the web effectively, LowBrowse(tm) is the first program to enable people with moderate or severe low vision to both view web pages as the original web author intended and read the text on those pages tailored to their own visual needs. The highly anticipated program, which runs in conjunction with the Mozilla Firefox browser, will be offered at no charge and is expected to be available to the public for download via the Firefox add-on site in late summer or early fall of 2008.

LowBrowse(tm) is part of a larger research project on low vision user interface design headed by Aries Arditi PhD, Senior Fellow in Vision Science at Lighthouse International, under a grant from the National Eye Institute. "This technology enables all the text on a website to be presented in the same readable format - size, color, font and spacing - regardless of which page is being viewed and without having to navigate to the next line," said Arditi, a vision scientist and an expert in web accessibility. Dr. Arditi, who is the current president of the International Society of Low-Vision Research and Rehabilitation, has written more than 80 scientific publications about vision and is the author of Lighthouse International's popular Color Contrast and Making Text Legible publications (available at www.lighthouse.org).

Arditi added, "LowBrowse(tm) emphasizes efficiency and accessibility for the unique needs of people with vision loss. This system further democratizes the Internet and empowers millions of people with low vision.

LowBrowse(tm) is important and useful for many reasons:--LowBrowse users spend a few moments configuring their preferences (using a very simple procedure) for font, text size, color contrast and letter spacing. Once the configuration is set, no further adjustments will be needed on any web pages - including pages with photos and graphics. --LowBrowse(tm) makes searching and skimming web pages for specific
I got my Jitterbug several months ago. I have been using cell phones for some time, but never been happy with any of the models I had--too much technology! I just want to be able to make calls and to receive calls with ease.

I saw the ads for the Jitterbug and one of my friends had one. The company sent a rep to show us the system. As soon as my contract with AT&T ran out, I ordered one.

They have 2 models: a one button without cell pad or a regular number pad and three buttons.

This is perfect for someone with low vision as the numbers are large, the buttons easy to feel and the screen easy to read. You can put up to 50 numbers in the phone. To make a call you can either scroll to the name of have the Jitterbug operator call from your list. For information you dial 411 and the Jitterbug operator will find what you need and connect you.

The primary cost for the phone is $137 plus an installation fee. Other costs depend on the number of minutes you want. If you just want your cell phone for emergencies, it costs $10 a month. If you plan on using the Jitterbug a lot, you will want to go with some kind of monthly plan.

I have really enjoyed this cell phone. I do get voice mail, but no email or other stuff.

The number for Jitterbug is 800-670-7240.

The Jitterbug Experience
By Beryl Brown
CCLVI Committees

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

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.

Resources

ABISEE, Inc.
www.abisee.com
800-681-5909

Ai Squared
www.aisquared.com
800-859-0270

American Foundation for the Blind National Center on Aging and Vision Loss
www.afb.org/seniorsite.

Dr. Priscilla Rogers For help in accessing AFB's website contact Beatrice@afb.net

Freedom Scientific
www.freedomscientific.com
800-444-4443

Google Maps
http://maps.google.com

GWMicro
www.gwmicro.com
260-489-3671

Humanware
www.humanware.com
800-722-3393

Jitterbug
800-670-7240

The Jordy, Enhanced Vision
(888) 811 3161
Lighting and Low Vision
Elaine Kitchel
ekitchel@aph .org
Order bulbs on line at

LowBrowse(tm)
Leslie Gottlieb
212-821-9760

MaxiAIDS
www.maxiaids.com
800-522-6294

Mid Atlantic ACB
Affiliates Conference
www.acb.org/olddominion
Doug Powell,
Oldjock1@cox.net,
703-573-5107
Barbara Milleville (NCCLV,
Barbmill1@verizon.net
703-645-8716

Mind's Eye Travel
www.mindseyetravel.com
207-542-4438

SaraTEK
www.saratek.com
403-569-0837

Senseview
www.senseview.com
888-640-1999

Sharing Solutions
The Lighthouse
212- 821-9470,
sharingsolutions@lighthouse.org.

Statler Center for Careers
www.statlercenter.org
716-881-6587

Tandem Biking in NY
917-328-1352,
bikeachilles@aol.com.
Council of Citizens with Low Vision International
An Affiliate of the American Council of the Blind
2008 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
___ E-mail     ___ Braille     ___ Do Not Send

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_____ Life Member $150.00

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$_______ Life Membership Dues (full or installment)
$_______ Additional Donations
$_______ Total Amount

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CCLVI Treasurer: For Office Use Only:
Mike Godino Date Paid:______ Date of Dep______
104 Tilrose Avenue Check # ______ $_______ Cash_______

Council of Citizens with Low Vision International
1155 15th Street NW, Suite 1004
Washington, DC 20005
(800) 733-2258
http://www.cclvi.org
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