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Vision Access welcomes submissions from people with low vision, from professionals such as ophthalmologist, 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 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 15, June 1, September 15, and December 1. Submissions may be mailed to Joyce Kleiber, Editor, 6 Hillside Rd., Wayne, PA 19087, jmkleiber@hotmail.com

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From the Editor

Welcome to the Spring 2008 edition of Vision Access. Each of us who have low vision sees the physical world in unique ways. We also respond to our low vision in a variety of ways. Sometimes our low vision seems like a prison and sometimes it leads us to high levels of inner vision, like that experienced by the young Tibetan people in the recent movie "Blindsight." Many of these perspectives are reflected in some of the articles in this issue of Vision Access. Devorah Greenspan writes about the "Vision Prison" while Mike Vogl tells about "wisdom/vision." Pat Beattie and David Paterson have climbed their own mountains. Thanks to all who contributed to this magazine. JMK, 3/17/08.

Organization News

President’s Message

By Bernice Kandarian

Last evening, March 13, the 2008 CCLVI membership list was sent to ACB. The list includes 17 ACB Life Members and 94 CCLVI Life Members. Preparing such a list takes many days of long hours and much attention to detail. This process involves checking and cross-checking lists and sometimes...
calling members directly to verify information. It is clear that most members are eager to renew their membership, even though we may have lost track of them for some reason. They say that they really want to be members to receive Vision Access, which they depend upon for quality information about low vision. I want to take this opportunity to express my gratitude to Roger Petersen, who worked side by side with me to accomplish this task for the sixth consecutive year.

There was a time when CCLVI had 2,000 members! We could achieve that again in the near future if all our members committed to maintaining contact with other members and encouraging new people to join. I think our new email list has helped to strengthen bonds among the members and that's all to the good. But think about how you could bring in a new member or make a current member feel wanted. If you have email and want to join the fun on the list, just write to our board member and list guru, Richard Rueda, Richardrueda@sbcglobal.net, and tell him you want to be on the cclvi@googlegroups.com list.

I hope you are planning to join us in Louisville in July for our national convention and the convention of the American Council of
the Blind. As usual, we will have a whole range of programs, business and social events as will ACB and other special interest affiliates. The convention is from July 5 to 12 this year and you can get information from the ACB website, acb.org (click on the convention link), or by calling ACB at 800 424-8666. The Galt House is one of our favorite hotels and it is right on "Moon River", the Ohio. Y'all come!

CCLVI 2008 Convention Preview

On Saturday afternoon, July 5, the CCLVI officers and board members will gather for a pre-convention board meeting.

Sunday morning programs will highlight the American Foundation for the Blind’s model facility for helping people at various stages of their lives cope with vision loss. Then we will learn how groups in Ohio and California are reaching out to people who are beginning to cope with vision loss.

On Sunday afternoon our Mixer will give us all a chance to meet people who have come to share our convention experience.

Sunday’s event will conclude with an opportunity to dance to good music as we sponsor our traditional dance.

On Monday
afternoon CCLVI will partner with the National Alliance of Blind Students. We will address issues like dating, driving, career planning.

Tuesday afternoon will feature our annual membership meeting and post convention board meeting.

CCLVI and the Association on Aging and Vision Loss will collaborate on Wednesday afternoon to explore ways to supplement income during retirement years. This will be followed by a Project Insight workshop. In the evening join us for Game Night.

We will invite convention goers to bid farewell to Louisville at our Friday evening dance following the ACB banquet.

Whether you are a regular attendee or if this will be your first convention, we hope to see you in Louisville beginning on July 5.

**Summaries of CCLVI Board Meetings**

9/21/2007: Minutes of the July 27, 2007 Board meeting were read and approved. The Board voted to receive the treasurer’s report and file for audit. Ken Stewart and Mike Godino are to further review the allocation of the organization’s assets and how the monies are invested. Committee reports included: Website, Publications, Legislative, and
Listserv Committees. Old business concerned CCLVI and Complete Streets and also plans for CCLVI’s convention. There was an announcement about the Mid Atlantic Joint Regional Convention (MD, VA, DE, DC) of ACB affiliates being held November 2-5 in Arlington, VA.

2-1-08: Minutes of the 9-21-08 board meeting were approved as amended. Bernice Kandarian announced that CCLVI was awarded a grant from AT&T for $5000. to cover the cost of our 800 line. The board thanked Bernice for having applied for this grant. Scholarship Committee made recommendations regarding awards and stipending recipients to our convention. To date 33 completed applications have been received for the 08-09 academic year. Deadline is 3-1-08. Joel Isaac was complemented for making online applications possible.

With regard to Vision Access, transitioning from cassette to CD was discussed. The board authorized CCLVI to pay Mike Keesley for duplicating audio editions.

A number of people will be responsible for segments of CCLVI’s convention program. Barbara Milleville explained plans for CCLVI to possibly sponsor a canoeing and camping trip on the Green River in Kentucky prior to the convention.
Treasurer’s report was read and accepted. Richard Reuda reported on CCLVI’s listserv.

Joel Isaac is moving CCLVI’s website to ACB’s server at no cost to CCLVI.

Survey for Readers of Vision Access Cassette Edition

If you are receiving Vision Access on audio cassettes, we will soon need to transition to two types of CD—audio CD or IBM compatible data CD (used in conjunction with a computer). Please call us at 800-733-2258 by May 1, 2008 to indicate your preference.

Chapter News

Delaware Valley Council of Citizens with Low Vision: We continue to offer members and others who are experience vision loss information and support. Members gathered for lunch to celebrate the end of winter and to renew friendships with others who share our low vision experiences. For information call 215-748-3822.

Metropolitan Council of Low Vision Individuals: with members in New York, New Jersey and New England "Looking Good
Looking Close"

Vice President Raphael Rivas, Chapter Board members Artie Elefant and Rick Morin, and Chapter member Joel Ziev, continue their effective advocacy efforts with both N.Y.C. Major League baseball teams. Focus is on optimal design features in their new stadiums, and appropriate ticketing and seating policies to accommodate vision impaired fans while minimizing fraudulent exploitation by non-disabled attendees.

Chapter Secretary Todd Wallerstein has accepted a lead role in the Chapter's attention to a safety problem of "major league" proportions—pedestrian-cornering motor vehicle conflicts at urban intersections. Ways to better educate motorists about legal requirements, and, self-preserving pedestrian techniques are on the agenda.

Chapter President Ken Stewart is coordinating a team with "players" from all, yes ALL, City organizations representing blind and vision impaired people, to maximize tangible results from a recently reconfirmed receptiveness of the Department of transportation toward substantially increasing the quantity of crosswalks equipped with accessible pedestrian signals. For information call 845-9896-2955.
National Capitol
Citizens with Low Vision: In January, the Columbia Lighthouse for the Blind (CLB) hosted our meeting. Knowledgeable representatives told us about new developments there and how we can best utilize their services. Job placement services were covered in depth.

Here are some of the things we learned. CLB has several government contracts and there are many diverse employment opportunities for folks who are partially sighted or totally blind.

Internships can be arranged also. Finally, clients don’t have to go to the Riverdale location to receive services. If requested, a CLB representative can meet you at any of their locations. All good things!

Everyone living in the area is encouraged to visit them at their new location.

Thanks to everyone who renewed their membership!

Welcome, new members!

Suggestions for meeting topics are always appreciated. For information call 703-645-8716.
Meet Pat Beattie—Not Quite Blind, Certainly Not Sighted, Living Between Two Worlds

I first became aware that I had low vision in first grade. As an art class assignment, I was to draw the frame around one of the window panes and then draw what I saw through that pane. My teacher objected because the line I drew was not straight. After being corrected, I drew the line again. She wrapped me with her ruler because I again failed to meet her expectations. Finally I used a ruler and despite a bump in that ruler, my teacher accepted the line I drew.

I got my first pair of glasses when I was in second grade. I am the oldest of 5, all girls. Three of us are now legally blind. My low vision is due to juvenile macular degeneration also known as Stargard’s Disease.

I remember following one of my sisters and really appreciating that she wore white sox and brown shoes. The contrast helped me to stay on course.

During the 1940's some movies were in Technicolor. Part-way through a movie, I suddenly perceived green grass and a blue sky. I was angry.
with my sisters and demanded, "Why didn't you tell me this movie is in Technicolor??!!"

In eighth grade, I suddenly couldn't see out of one eye. This was in the days of "Sight without Glasses" where eye exercises were thought to restore sight. I had to go across the street to the eye doctor every day at lunchtime and look into this machine. Apparently my dominant eye had taken over, but I have seen through both eyes ever since I did those exercises.

I recall something having been said about the Ohio State School for the Blind. I don't remember who or when, but I didn't think they were talking about me going to that school.

I do now realize that I stopped doing much textbook reading during my freshman year in high school. But I still got A's by just listening to the teacher. I sure got a shock at age 20 when I tried that technique in a World History class in college and flunked! That got me in touch with recorded textbooks. At that time these were recorded on a wire recorder/player.

I was on the all-star girls' basketball team as a forward. My team mates had learned that if they handed me the ball (not throw it at me), I almost always made a two-pointer.

My vision dropped from 20/70 during my junior year in high school. I must have been correctable to 20/40
and kept that driver's license I received in 1952 until 1972, although near the end I used to take someone with me when I had to renew my driver's license. I had to be shown the line with the X for my signature.

My Dad refused to ride with me during my early 20's after I asked him to roll down his passenger-side window so I could hear if anything was coming at me from his side. My daughter learned to read a stop sign at age two. When I got arrested for not noticing a red light, I told the judge "Sorry, Judge, I didn't see it." He gave me a $5 fine. (The judge was blind and must have thought I was joking!)

I started working

while I was still in high school. My first job was as a clerk typist at a wholesale paper warehouse. I also wrote about my Girl Scout Troop for our local newspaper, The Elyria Chronicle-Telegram. I then became a teenage columnist for this paper. My column was called "Chats with Pat." Then I wrote for the Society pages reporting on weddings and other social events. I soon became a cub reporter covering business, labor, industrial and political news.

When I was living and working in the Kingdom of Nepal as a young bride in the early 1960's, I had just used my tourist passport to join my husband at his new worksite on the other
side of the world. Eventually, they got a doctor at the U.S. Embassy. I was doing temporary work as a Foreign Service Officer for the U.S. Aid Mission to Nepal, including driving a government jeep. I decided to help the nurse unpack the doctor's supplies when this equipment arrived. Of course, I wanted to see what kind of eye chart the doctor would use. I was relieved to see it was the old faithful Snellen chart with the big E, etc. When I got called in for my physical, the doctor did the usual exam. Then he sat behind his desk while I sat in the chair in front of him. He asked me to turn around and read the eye chart as he made notes on my medical record. I turned and dutifully read off E, B, F, C, L...on down to the 20/40 line. He looked up. "Well, he said, you must know a lot of eye charts and you know we need to hang it 20 feet away from the patient. So, we had to put it on the back wall of the closet. And, the closet door is not open! What do you suggest we do now?" Having become a knowledgeable bureaucrat, I suggested that he send the news to Washington via sea pouch (Nepal is land-locked) and that would take 30 days. And by protocol, they would reply via sea pouch probably to dismiss me. By that time, I would be done with my temporary assignment. That process worked for
two more years! Ah, bureaucracy! I sure was glad when they invented the aspheric lens which could focus on a whole word, and then the CCTV. I got my first one in 1972. I could then read to my five-year-old daughter. But soon she began reading bedtime stories to me. "I like my stories in bed," she said, "and that TV is too heavy to drag upstairs."

My first contact with blind rehab was in 1972 when I wanted to go back to work full-time and applied for a job. I flunked the eye test and had to go to the Sight Center in Cleveland to get certified "safe in the workplace." They put a blindfold on me. "What's that for?" I asked. You have a degenerative disease and won't always have that vision. You shouldn't depend on that low vision." I told them I wanted to learn what they could teach me from the blind world that I could use along with my low vision, because when I left that place I was going to use my low vision. After two weeks of my bopping around there, the director joined me at the cafeteria table and asked if I was a new staff member. I guess I didn't "look blind."

I had a total of seven foster daughters for various periods of time. My own daughter used to muster them in with this advice: "Mommy can't see very well, but don't try to trick
her. She figures out everything and if you try to trick her and make her mad it's heck around here for all of us. So don't make Mommy mad! She does everything other Moms do, but does do some funny things like put her finger in her coffee cup. But she doesn't overflow it that way."

I remember Melissa age five coming down the terrazzo tile hallway toward the front door, shoe laces flapping. "Tie your shoes, Melissa," I prompted. "How do you know?" she queried. "I told you," spoke up my daughter. "She figures out everything. Just shut up and tie your shoes."

When I was working for the Easter Seal Society in Toledo, my daughter liked to hang around the office on school holidays, playing with the physical therapist's equipment or reading a book under my desk. When I was working with a TV crew on a program called "On Being Handicapped in Toledo" (1972 language), the focus was on people who use wheelchairs or crutches or were deaf. The announcer must have noticed my CCTV or magnifier or whatever and suddenly put a microphone under my daughter's chin and said, "So, Kirsten, what's it like to have a legally blind mother?" I thought she would just say "No big deal, she's just my mom." But,
no, she went off saying "Oh my goodness, first of all you have to put up with the boys making fun of her, asking 'Who is that funny lady with that black thing up at her eye?' I have to explain that she's my Mom and that is her monocular telescope and she's probably checking to be sure I pulled my socks up rather than have them falling down beneath my choir robe." Then, she went on. "And you have to learn to ride your bike really far, even if it's cold or snowy, 'cause your Mom isn't ever going to be in car pools. But worst of all," she said, "is like last weekend when it was Halloween and she said I am too young to go trick or treating alone and insisted on coming along, even though there are no sidewalks in our neighborhood. So, she falls into a ditch and I have to remember that it's not my fault!" So, at a very young age, my daughter learned that she is not really responsible for me, though a little help is much appreciated.

Once we had a panel at National Capital Citizens with Low Vision called "Friends and Lovers, Parents and Kids - Living with Our Low Vision." My daughter spoke about how I always wanted to know where I am when she was just learning to survive driving as a teenager in DC. She then added that she will never wear bright colors like red, blue, yellow or green again
because she doesn't care anymore if I can find her in a crowd!
Someone in the audience asked 
"What color are you wearing now?"
"Beige," she replied drolly. And she still does wear a lot of beige and dark green.
I’ve enjoyed living and working in Washington D.C. My first job there was with the American Foundation for the Blind. My assignment was to encourage seven states in the mid-Atlantic region to allocate funds for vision rehabilitation. I then worked for the Rehabilitation Engineering Society of North America, RESNA. I offered technical assistance to state governments on the Tech Act. This Act was intended to insure that technological assistance was available to individuals with disabilities. We also advocated that state governments purchase technical equipment that would be usable by people with disabilities so that they could keep their jobs. Since 1993 I worked for the National Industries for the Blind, NIB. I was Director of Public Policy and Consumer Relations. I monitored what Congress was doing to meet the requirement of the law passed in 1938. This law mandates that government agencies purchase supplies manufactured by people who are blind or severely disabled. I met with
Congressional staff to educate them about this regulation and to plan strategies to meet this mandate. I continue to work as a consultant for NIB. For ten years I have taught English as a Second Language in a program sponsored by my Church. I enjoy my two grandchildren, Isaac and Phyllis.

My first contact with CCLVI was while I still lived in Toledo, Ohio and went to my very first ACB convention in Louisville. I think it was 1981. Then ACB Executive Director Reese Robrahn had invited me to help provide some training for the ACB leadership on Section 504 of the Rehabilitation Act. As I walked by meeting rooms, I saw a sign for the Council of Citizens with Low Vision and peeked in. I saw a whole room full of people who suddenly picked up their papers and brought them right up to their faces. "That's the meeting I need to be in," I thought. I took a seat in the room and listened with fascination to the discussion of Polaroid tinted lenses and Founder Sam Genensky speaking about striping on public staircases. I was hooked and have attended CCLVI's meetings every convention since.

I eventually became CCLVI president, succeeding my cruising buddy Coletta Davis of California. For about 15 years I have represented CCLVI...
and ACB on various committees. These committees focused on developing standards for accessibility for people who are blind or visually impaired under the ADA and the American National Standards Institute, ANSI, A-117 Committee on Access for People with Disabilities to Public Buildings and Transit Facilities. We covered issues pertinent to people with all disabilities and concerns of national organizations in the building and other industries such as plumbing, electrical, fire protection, amusement parks, hotels and building owners, building code officials and much more. Meetings began on Monday morning and lasted through Friday afternoon.

I served 13 years on the ACB board of directors, six as national treasurer. I have served on the ACB Environmental Access Committee since its formation in the late 1980's and currently am chair. I also chaired the ACB Rehabilitation Issues Task Force and have served on the national convention committee.

The ANSI A-117 Committee currently is working very hard on developing standards for access by people with low vision to electronic variable message signs such as those found on transit platforms, airports, hotel meeting rooms, and places of assembly such as
stadiums and arenas. We have been meeting by conference call for months, developing proposed standards for character height and width, contrast, viewing distance, etc. The meetings are tedious but important for people with low vision.

Looking back on my life, I’m glad my father accepted no excuses for less than adequate work. When I didn’t get a pot clean enough and told him “It looks ok to me.” He said, “You can feel it.” He taped tooth picks to the dials of the oven so that I could use it. He said “I can’t take care of you for your lifetime, but I can teach you to take care of yourself.” And he sure did!

New York’s New Governor

As I write this article, it is less than one week since we learned that David Paterson, a man who is legally blind and African-American, will become New York’s governor. I am happy that this man has overcome so many prejudices about legal blindness, race and capability. As governor he may increase public awareness of the talents and skills of others who are sight impaired. One writer compared David Paterson to Franklin Roosevelt, another New York politician.
who had a disability and who achieved high rank. Here are some of the other things I’ve read online about David Paterson. An infection during infancy left David with no sight in his left eye and extremely limited vision in his right eye, due to optic atrophy. His parents moved from Brooklyn to Long Island so that David could receive a mainstream education in public schools. People were reluctant to invite David to participate in school activities and to attend parties because they feared he might fall and hurt himself. David graduated from high school with honors. After an academic setback while at Columbia University, David took time out and eventually learned that “In the end, success is getting up one more time than you got knocked down.” After graduating from Columbia, David earned a law degree from Hofstra University. David Paterson had difficulty passing the bar exam; the accommodations for his legal blindness were inadequate. He has been an advocate for people with disabilities and was a member of the board of trustees of the American Foundation for the Blind from 1997 to 2006. In his work as a prosecutor, David projected an “in charge” image so that he might gain the confidence of his clients and
colleagues. David's father was Secretary of State in New York and David won a seat in that state's legislature. Former New York City Mayor Edward Koch says of Paterson [he is] "very capable, not withstanding his near sightlessness. It's never impeded his public actions or his personal actions, and he's really overcome it in an extraordinary way."

In his 20-year political career in Albany Paterson's disability has never been an issue. He has demonstrated his competence. He has memorized lengthy, impassioned speeches without missing a mark, cited arcane legal references in fast-paced floor debates, and won more victories for his party in the Senate than any other leader in the Legislature. His efforts brought Democrats to within a seat of taking the Senate majority for the first time in decades.

In 2002, David Paterson was elected minority leader of the New York State Senate, the first non-white legislative leader in New York's history. In 2004 in Boston, he became the first visually impaired person to address a Democratic National Convention.

As New York State Senate minority leader, David Paterson took the lead on several important issues for New York's future. He proposed legislation for a $1 billion voter-approved stem cell
research initiative, demanded a statewide alternative energy strategy, insisted on strong action to fight against domestic violence, and served as the primary champion for minority- and women-owned businesses in New York. As a result of his work, Governor Spitzer asked Mr. Paterson to continue to lead New York State on these issues as lieutenant governor. Critics and supporters alike all point to the intellect, compassion and humor that Paterson brings to the Statehouse.

Advocacy

Reading Prescription Labels

Nearly 20 million people in America report difficulty seeing even when using eyeglasses or contact lenses. For many, reading drug container labels, such as those on prescription medications, and package inserts about the medication is difficult, or even impossible. American Foundation for the Blind has launched Rx Label Enable, a campaign to improve access to drug labeling information for people with vision loss. You can help. If you or a family member or a friend has had trouble reading prescription or over-the-counter medication information, please
tell us your story by answering just a few short questions.

When you have finished completing the survey, return it to: AFB Center on Vision Loss, 11030 Ables Lane, Dallas, TX 75229 or E-mail: dallas@afb.net

1. Please tell us a little about yourself or the person who has had difficulty reading drug labeling information (e.g., age, type and extent of vision loss, etc.).

2. Be as specific as you can be in describing why the drug labeling information was unreadable (e.g. print too small or label information not available in braille or large print).

3. Please describe the negative consequences this problem had, if any, such as misidentification or misuse of the medication. If trouble reading drug labeling information resulted in health problems, please tell us about those too.

4. If you, a family member, or a friend regularly take medications but nevertheless have trouble reading drug container labels, what strategies or techniques are used to properly identify and take medications?

5. May we keep you informed about our progress in making drug labeling information more accessible? If yes, please provide your
6. If we may contact you to discuss sharing your story with policymakers and/or the media please provide the following information.
First name
City and state in which you live
Your preferred telephone number

After we complete the fact gathering phase, we plan to organize the information that we have and hold a public meeting (possibly with a web cast component) to strategize about how to get this information into the hands of policy makers.

If you prefer to respond to our questionnaire on line, go to (www.afb.org/senior site) Call to Action: Are you having trouble identifying your medications? or to this link on afb.org:
http://www.afb.org/Section.asp?SectionID=3&TopicID=329

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Advocate’s Alley
Sic Transit Trainus
By Ken Stewart

Many readers will recognize the Latin expression I have parodied in this column’s title, originally a declaration of the destiny of tyrants. Calling him a tyrant would not be accurate, but the now-departed
President of the New York City Transit Authority, will not be missed by me. His successor represents a most welcome change.

It should be acknowledged that some accessibility gains were realized during the previous administration, but examples of unresponsiveness are easier to find. Two documents on Transit Authority stationery in my files come to mind. A letter had gone to the President requesting that subway conductor announcements of the next station include an indication of the side on which the doors will open. Other rapid transit systems, like WMATA in the District of Columbia, do it, "Metro Center is next, doors opening on the right," for example. The reply over the President's signature stated that New Yorkers would not understand that information! A letter requesting that the announcement of the station at the end of the line include identification of the arrival track ("TATL-tales", i.e., Terminal Arrival Track), also generated a silly response. That letter, over the President's signature, stated that the strategy would only be useful at the South Ferry terminus, silly because that end-of-line-line stop is the one station in the entire system which does NOT have more than one terminal arrival track. Both of those letters were likely the work products of an
underling, but it is reasonable to hold the administrator who signs a letter, accountable for its content.

Fortunately, when the quality at the top improves, the performance of "underlings" changes also. The Transit Authority’s new President is not only already demonstrating very encouraging responsiveness on accessibility issues, but subordinates who reflect his commitment are now in place. Within weeks after walking through the Columbus Circle subway station on a personal tour with him, I noticed a high visibility white sector at the base of each dark and difficult-to-see mid-concourse support column, a solution to one of the dozens of problems he had written down on his pad as we toured the system. And, on February 11th, the President assembled representatives of several disabilities in his office. He read off to us, a long list of specific actions he was initiating on problems called to his attention during the several walking tours he had made. Present in the room also was his Administrative Assistant. She, he announced to us, would be devoting all of her time to disability access matters. What encouraging news! Now we can expect responsiveness from the signatory of a letter, and, the subordinate who
composed it.

**Two Essays about Low Vision**

**Vision Prison**

By Devorah Greenspan

I’m in a “Prison for One,” and I’m doing life. I stand convicted of the visual impairment I’ve had since birth. I won’t say I’m in a “private prison” due to a semantic conflict with the corrections industry. My joint is just for me because my physical eyesight is as unique as myself as an individual. My brain has a large capacity to interpret the blurry, not necessarily flat, physical world. Doctors can assign my vision acuity numbers. They can test me for known eye diseases. They can not grant me parole.

By instinct, I learned to use hearing and an extension of touch to compensate for my vision. I didn’t realize I had a visual impairment until I was in kindergarten. In school, I sat in the back, listening as the teacher spoke, often moving her hand across a large yellow piece of paper. At the work tables, I’d recall the lecture, look at the page before me and figure out what to do. The day for my sixth birthday celebration, Mom came with treats for the whole class. At
lesson time, Mom told me to sit up front. Obeying her, I sat down, amazed. Our lesson was on that big yellow piece of paper.

Compared to other traumas I’d already experienced in life, coupled with a natural athletic ability, it was easy for me to ignore my cell for a few more years. On the outside, my classmates were surpassing me with the power of non verbal communication, as well as in reading and sports. When lockdown finally came, so did a sense of immobility, being down and out, wondering where I can fit in professionally and socially.

I still wanted to be “normal.” I felt dumb because I couldn’t read 200 pages in one night. Leaving one’s seat to see the blackboard was and is considered disruptive behavior. When I was 30, I realized that a lot of human interaction is founded upon non verbal behaviors, especially in group situations. These are little nuances of facial muscles, following a group conversation with one’s eyes, or getting in line to speak. I can’t become fluent in the language, because I can’t see it.

No one can physically see the walls of my Prison for One. They only see my actions. I’m only trying to see, to gather information that sighted people gather by instinct. I
look at people cross eyed. Many people interpret this “behavior” as hostility. Standing up against classroom and workplace taunts and maltreatment is termed “misbehaving.” Many cultures place the eyes as the window to the soul. The social services professions are full of people who equate physical eyesight perceptual differences with mental dysfunction. Yes, I feel the frustration, the waste; the doors locked with latest tech security systems. I know my high intelligence is institutionally crushed. I do not have a “learned smile,” an “everything is good” ending. Nor is this a romantic tragedy. It’s just my reality.

DEFINING VISION
By Mike Vogl

The title of this publication, Vision Access, is appropriate for a variety of reasons; one is because of the two meanings of the word “vision.”
1. Vision -- the ability to see; eyesight
2. Vision -- foresight; wisdom; insight. Let’s call them eyesight/vision and wisdom/vision. Most of us will never achieve “good” or normal eyesight, but how we deal with our disability might be an indicator of our wisdom/vision.
First, as an aside, it is important to let others know how we see so they can better understand. For the person with low vision, the mind can see clearly what the eyes physically see as if looking through a fogged windowpane. My parents did not know how I saw things; they knew my vision was poor and took me to the "eye doctor" for glasses. But if they had known how I saw things—of my blurred world, of my night blindness, of my lack of depth perception, of my sensitivity to sunlight—they might have met my needs better. To let those around us know how we see the world, helps both us and them.

A recent study has shown that some children who are afraid of the dark are not seeking attention but really are suffering from night blindness. The study concluded that it is important to get as many details about how a child sees in the dark when children are afraid of the dark. This is particularly important if there is a family history of vision problems. This element of fear and hesitation can follow a child through his lifetime, causing shyness and fueling introvertedness. Overcoming this fear of risk is a lifelong learning experience on the journey to wisdom/vision.

Low vision comes with embarrassing moments—
misidentifying people, knocking over a glass of water, tripping on a curb, finding the wrong gender restroom, etc. Being able to later laugh about these gaffes starts us on the way to wisdom/vision.

Having knowledge does not equate with having wisdom. Nor does having keen eyesight guarantee having keen foresight. No one has a monopoly on wisdom. It seems to come with age and thoughtful living and compassionate acting, and with learning patience and faith. In Vision Access Vol. 5, No. 4 Jennifer Rothschild wrote: “God is using my life to point people to what it means to trust Him with your whole heart. My limitations can be a springboard that helps me focus wholly on the goodness of God. Sometimes we pay too much attention to how God has brought us through trials. Keep walking by Faith. The joy is in the journey, growing and learning as we go.”

Good vision, or wisdom, seem to be a trait that is acquired over time by souls who ask questions and do a lot of reflecting. People with low vision have to ask a lot of questions to survive. Joyce Kleiber, editor of Vision Access, referred to people with low vision as “scavengers,” always looking for clues to understand what is around them, and they have to
concentrate on their actions and think before they proceed.”

Also in Vision Access Vol. 5, Nos. 1 and 2, Jodie Gilmore wrote: “To me a vista is a collage of colors and a sense of space....I may not be able to see birds in the sky but I can still treasure the trumpet of geese....The trick is not to yearn after what is unavailable, but to appreciate what we’ve been given.” That is a statement of true vision.

Yes, for the important things in life, we see most clearly with the heart, not the eyes. Likewise, when judging character, we are not here to see through one another but to see one another through. A person with low vision learns that early! We all need help to be independent!

Here are some quotations about true vision:

“The common eye sees only the outside of things, and judges by that, but the seeing eye pierces through and reads the heart and soul....” — Mark Twain

“The highest form of wisdom is kindness.”

—The Talmud

Charles Dickens said, “A loving heart is the truest wisdom”

And Shakespeare: “Love looks not with the eyes but with the heart.”

Looking on the bright side of things does improve one’s vision. For us, people with low vision, things always become new after we
find out what we are really seeing. In The Little Prince by Antoine de Saint-Exupery, the Fox says: “And now here is my secret, a very simple secret: It is only with the heart that one can see rightly. What is essential is invisible to the eye.”

Vision, I believe, is not so much a matter of eyes that can see clearly, as it is of a mind that is willing to search and a heart that is willing to trust. Thus, you see, we do not need “good” eyesight to possess “good” vision.

Accepting our selves, low vision and all, as we are, accepting others as they are, accepting our lot in life—with gratitude—THAT IS MY DEFINITION OF HOPE AND FAITH—AND WISDOM/VISION!

Employment
Keeping It Real
By Kimberly Morrow

American Idol has become one of my favorite television shows since its initial broadcast six seasons ago. Some of the singers auditioning blow me away while others leave me shaking my head.

When an Aretha Franklin wannabe ends up sounding like Roseanne Barr singing “The Star-Spangled Banner,” American Idol judge Simon Cowell will
look the unfortunate contestant in the eye and remark, “Whoever told you that you could sing did you a tremendous disservice.” Then judge Randy Jackson will comment, “It’s all about keeping it real.”

People who have visual impairments often dismiss the value of “keepin’ it real” when it comes to their goals and expectations. During the past 100 years, people with disabilities have overcome tremendous odds, and they have accomplished professional and personal feats that people without disabilities have thought either impractical or impossible. Often, we exert so much energy fighting a system that concentrates on the things we cannot do that we fail to realize that there are indeed some professions that we should not consider.

“Keepin’ it real” does not imply that people who are blind should be limited to professions traditionally held by blind people, such as musician, piano tuner and vendor, if desires direct them elsewhere. With today’s access to academically rigorous courses of study, however, the pendulum can, and has on occasion, swung too far in the opposite direction. I recall an incident involving Jane, a beautiful young deaf-blind woman who was being interviewed at her
local television station after receiving a prestigious award. Since Jane had never had the ability to hear spoken language, her speech was not easily intelligible and an interpreter accompanied her to the interview. The newscaster asked 17-year-old Jane what vocation she was considering after college. Without hesitation, Jane responded, “I’d like to be an anchorwoman on television.” The newscaster then made the good-natured comment, “Maybe Jane will be taking my place someday.” While some people might find the interchange touching, I found this student’s stated career aspiration and the interviewer’s subsequent remark to be unfortunate. As a person who is blind, I know that being a dynamic television personality is almost entirely out of the question given that television work requires quick reactions, direct eye contact, graceful gestures and appropriate facial expressions. On the other hand, on-air radio work has been successfully done by blind people for decades. For a person who is both blind and deaf to attempt either could only be a mismatch.

Here are some steps blind and visually impaired career seekers can take to ensure that their career aspirations are
intellectually challenging, practical and "real."

1) Listen to your guidance counselor or academic advisor—then move on.

Students often hold the mistaken belief that those charged with administering guidance at academic institutions hold supreme knowledge when it comes to advice about an appropriate career path. While these counselors may hold a degree in psychology and may be experts in their field, odds are great that they have little to no knowledge about the capabilities of people who are blind or visually impaired. A blind student might approach his college academic advisor saying that he would like to declare a double major in history and French. The blind student counts on his advisor to inform him of whether or not this path will lead to a lucrative career. The advisor, on the other hand, is counting on the blind student to major in something—anything—that he believes a person can accomplish without vision. As a result, when the advisor enthusiastically tells the student "That's an excellent choice," what the advisor may really be saying is, "That major appears to be an excellent choice for someone who is blind." Bear in mind that while the advisors have each student's best interests at heart, they usually know very little about the
capabilities of competent blind working adults.  
2) The most essential step in the definition of realistic career aspirations is to locate blind and visually impaired professionals who are successfully working in the field you wish to enter. An excellent resource for finding blind and visually impaired professionals is the Web site of the American Foundation for the Blind at www.afb.org. Click on the link for CareerConnect, which is described on the site as “a free resource for people who want to learn about the range and diversity of jobs performed by adults who are blind or visually impaired throughout the United States and Canada.” Through the AFB CareerConnect Web site, you can request a list of mentors in the field you wish to pursue. AFB CareerConnect mentors have agreed to answer questions and provide guidance related to their chosen fields of employment. Plan to spend some time on the AFB CareerConnect Web site as there are blind and visually impaired adults employed in just about every field imaginable, including television and radio.  
3) Once you have located your mentors, brainstorm constructive questions you can ask them about their careers. A list of suggested questions appears at the end of this article. Be sure
to ask your mentors what accommodations they find essential in order to perform their jobs, and whether they would follow the same career path if they had to do it over again.

4) Your vocational rehabilitation counselor is perfectly within his or her rights to ask you what grounds you have for believing you can perform the tasks of the career you propose to enter. Be prepared to share your list of blind and visually impaired mentors along with their contact information with your counselor. A mentor listed on the AFB CareerConnect Web site will be delighted to speak with your vocational counselor about their work.

5) If you decide to pursue a job that to your knowledge has never been performed by a blind or visually impaired person before, make sure you are fully aware of what you are getting into before you proceed with your plans. For example, how will you read documents, work with charts and graphs and get to your appointments if an extensive amount of driving is involved?

6) Do not count on the Americans with Disabilities Act to come to your rescue if you decide on a career that is heavily dependent on vision. The "real world" does not care if you are blind or visually impaired; the employer only wants to know that you can perform the essential
tasks of the job. Also keep in mind that a clause exists within the ADA which states that a person with a disability needs to be able to perform his or her job duties "with or without accommodation." Remember that there is also an "undue hardship" clause within the law. This means that if providing an accommodation to an employee with a disability would cause undue hardship for the employer, the employer is not obligated to provide it. Often whether or not a potential employee with a disability secures the position depends on whether he or she is willing to provide his or her own accommodation. If the interviewer expresses concerns about cost, express your willingness to provide the accommodation out of your own financial resources. Realize that if two equally qualified individuals apply for any given position, the employer will most likely select the candidate who will cause the least expense to the organization.

7) Keep it real and keep it positive. Take responsibility for your own future well-being. Remember that the 75 percent unemployment rate among working-age blind and visually impaired people in this country was not created exclusively by sighted individuals in positions of authority who hold low expectations or
question the abilities of blind people. Many blind and visually impaired people are unemployed because they themselves hold unrealistic expectations of tasks they can perform successfully without the use of vision.

Arming yourself with knowledge and realistic expectations about your professional future will permit you to become one of the many successfully employed blind and visually impaired people who find joy and a sense of fulfillment in their work.

Questions to Ask a Blind or Visually Impaired Career Mentor

What led you to pursue this career?

If given the choice, would you enter this field again? What accommodations are imperative for you to perform the essential functions of your job? Who paid for your accommodations? What other options do you think I should investigate in my quest to find a lucrative career? What other insights as a successfully employed blind person would you be willing to share with me?

The above article was first published in DIALOGUE, January-February 2007. For a free sample issue of DIALOGUE or information about other publications, contact Blindskills, Inc., P.O. Box 5181, Salem, OR 97304-
In the Kitchen

Finding the Right Microwave Oven

By Carolyn Hathaway Burley

My microwave oven broke and I had to buy a new one. My husband took me to many stores to look at all the different models. We even went to a friend’s house to look at his talking microwave oven. It didn’t talk all features and seemed to be very limited in what I might do with it.

After comparing many options, I found the GE model JES1142SJ04 had features that worked for me. This model has large tactual buttons. By marking the “5”, “start,” and the “defrost” buttons I can use all the features I want to use. If I push the “start” button, the microwave goes on for 30 seconds. To reduce the power I push the “start” button and the power is reduced by 10 percent for each time I push it. I can defrost by time or weight and the buzzer goes off half way through so that I can turn the food over. There are buttons for pop corn, beverages, potatoes and warming a plate.

I have found this microwave very easy to use and I like it.
very much. I did have a sighted friend put the tactile marks on it and tell me what the different buttons are for. After that was done, I can use my microwave independently. I bought it at Loews and also saw it at R. J. Greggs.

A Cookbook That Celebrates Community

To commemorate its 20th anniversary, Silicon Valley Council of the Blind is pleased to announce completion of a cookbook featuring recipes enjoyed by chapter members and guests at its meetings, picnics, and holiday parties. Contributors also share special memories about these recipes in short anecdotes. Cookbooks cost $10 each and are available in large print, braille, and on CD-ROM. (If you are not eligible to receive free matter for the blind, you may need to pay something for shipping.) The CD-ROM contains a textfile, a brf (braille formatted) file, an html file, in which the table of contents entries are links and a DAISY version which can be played on DAISY devices including Victor Reader Stream.

For more information, contact Michelle McGrew, SVCB Fund-Raising Chair, at michelle@svcb.cc, or send orders, along with check or money order (made payable...
Here is a recipe from this cookbook. Zucchini Squares, Submitted by Bev Clifford

This recipe is one of many scrumptious ones from *The Garlic Lover’s Cookbook* which was compiled to the delight of all after the first Gilroy Garlic Festival. I chose it when I was asked to contribute fancy hors d’oeuvres for a large church tea to introduce our candidate minister to the congregation. The squares were a smashing success. So when our families from Michigan and Connecticut came to visit for our daughter’s wedding,

I made tons of them and we ate them for breakfast, lunch, and dinner as needed. Just tasting them brings back the joy of having my whole family around me here in my own home, and the excitement of welcoming our dynamic new minister. The problem is, I want to eat most of them myself!

4 cups unpeeled zucchini, grated (4 large)
1-3/4 cups biscuit mix (such as Bisquick)
1/2 cup vegetable oil or olive oil
1/4 cup grated Parmesan cheese
1/4 cup minced fresh parsley
4 eggs beaten
1 large onion chopped fine
6 large cloves fresh garlic, pressed or minced
1/2 teaspoon salt
1/2 teaspoon crushed oregano leaves
1/8 teaspoon pepper

Combine all ingredients in a large mixing bowl and stir until well blended. Spread into a greased 9 by 13-inch baking pan. Bake in a preheated 350 degree oven for at least an hour (could take up to an hour and 15 minutes) until well set and golden brown on top. Cut into bite sized squares.

Note: Delicious served hot, room temperature, or cold. Use as an appetizer or side dish to complement any meal. Can be frozen for future use.

Science and Health

NEI to Study Drugs Used to Treat Age-related Macular Degeneration

The National Eye Institute (NEI) of the National Institutes of Health (NIH) announced the start of a multicenter clinical trial to compare the relative safety and effectiveness of two drugs currently used to treat advanced age-related macular degeneration (AMD). The two drugs are Lucentis (ranibizumab) and Avastin (bevacizumab). AMD is a disease that damages the macula. The macula is the
area of the retina responsible for central vision. AMD is a leading cause of blindness among older Americans. Nearly two million Americans are visually impaired by AMD, while more than seven million are at increased risk of vision loss from this disease.

Lucentis was approved by the U.S. Food and Drug Administration (FDA) in June of 2006 for the treatment of advanced, or wet, AMD. The approval was based on evidence from clinical trials showing that Lucentis slows the rate of progression of vision loss from wet AMD. In addition to a low rate of developing vision loss, approximately one-third of patients treated in these trials had some improvement in vision, as measured on an eye chart at 12 months.

Avastin is a drug closely related to Lucentis. It was approved by the FDA in 2004 as an intravenous treatment for patients with advanced colorectal cancer and therefore has been available for what is called off-label use for other health conditions. It has been widely used off-label to treat wet AMD. Avastin is thought to remain in the eye longer than Lucentis and therefore possibly allow for less frequent injections.

Wet AMD occurs when abnormal blood vessels behind the retina start to grow.
under the macula. These new blood vessels leak blood and fluid, damaging the macula and causing a rapid loss of vision. The growth of new blood vessels is called angiogenesis or neovascularization. NIH-supported research has helped establish that a protein called vascular endothelial growth factor (VEGF) is an important element in angiogenesis. This research provided a stimulus for the development of a number of anti-angiogenic or anti-VEGF drugs, including Lucentis and Avastin.

The Lucentis -- Avastin trial will determine the relative safety and effectiveness of treating wet AMD in 1,200 patients who will be treated with either:

--Injection of Lucentis on a fixed schedule of once every four weeks for one year, with the patient being assigned randomly in the second year to either an injection of Lucentis every four weeks or on a variable schedule depending on the patient’s response to treatment.

--Injection of Avastin on a fixed schedule of once every four weeks for one year, with the patient being assigned randomly in the second year to either an injection of Avastin every four weeks or on a variable schedule depending on the patient’s response to treatment.
--Injection of Lucentis on a variable schedule;
--Injection of Avastin on a variable schedule.

The primary outcome measure will be change in visual acuity. Secondary outcome measures will include number of treatments, anatomical changes in the retina, adverse events, and cost.

This clinical trial will be conducted at 47 clinical centers across the country. It is hoped the results of this study will improve the treatment of wet AMD. Reducing the frequency of treatments without compromising effectiveness would reduce the treatment burden for patients and produce a potential cost savings.

For a list of clinical centers, eligibility recruitments, and other information, go to: http://www.nei.nih.gov/CATT

NEI-Supported Research Advances Understanding and Treatment of Glaucoma
By Paul A. Sieving, M.D., Ph.D.

Editor's Note: Dr. Sieving is Director of The National Eye Institute (NEI), one of the federal government's National Institutes of Health (NIH).

NIH joins today with other groups around the globe to observe World
Glaucoma Day. NEI reaffirms its commitment to support ongoing research to better understand glaucoma, to identify risk factors that lead to the development of the disease, and to prevent vision loss and blindness.

Glaucoma is a group of disorders that damages the optic nerve and leads to loss of visual function. If left untreated, it leads to blindness. An estimated 2.2 million Americans have glaucoma, and an additional two million do not know they have it. All of these cases can be attributed to a form of the disease known as primary open-angle glaucoma (POAG), the most common form of glaucoma and one of the nation’s leading causes of vision loss. Approximately 120,000 Americans are blind from the disease. Worldwide, nearly 70 million people are affected by glaucoma.

Glaucoma usually begins in midlife and progresses slowly. If detected early, disease progression often can be stopped or slowed with eye drops or surgery. High pressure inside the eye, which may be associated with glaucoma, does not by itself mean that a person has glaucoma. With its painless and gradual loss of vision, glaucoma may have no early warning signs, but it can be detected during a comprehensive dilated eye examination. An eye
A care professional can see inside the eye to detect signs of glaucoma, such as subtle changes to the optic nerve, before any symptoms appear. Once vision is lost, it is gone forever.

NEI’s support of glaucoma research continues to generate breakthroughs in understanding the disease. These advances in scientific knowledge encourage the development of new diagnostic tests and therapies to prevent and treat glaucoma. For example, NEI supported the basic research that led to the development of the drug latanoprost to treat glaucoma. NEI currently supports 244 glaucoma studies at a cost of approximately $60 million. Over 15 years, investigators conducting a number of NEI-supported studies have reported significant findings. For example, in the Early Manifest Glaucoma Trial, scientists found that the progression of glaucoma was less frequent in patients who were treated early than in those who were treated later or who received no treatment. In the treated group, eye pressure was lowered by an average of 25 percent. This finding has led to the emerging consensus in the medical community that lowering pressure inside the eye can, in many cases, slow glaucoma damage and vision loss.

In another trial,
the Ocular Hypertension Treatment Study (OHTS), investigators discovered that eye drops used to treat high pressure inside the eye are effective in delaying the onset of glaucoma in people at higher risk for the disease. The pressure-lowering eye drops reduced by more than 50 percent the development of POAG. Those at higher risk for developing glaucoma are:

--African Americans over age 40
--Everyone over age 60, especially Mexican Americans
--People with a family history of the disease

In addition, OHTS investigators identified other risk factors, such as certain anatomical features of the optic nerve and the thinness of the cornea. These discoveries have been useful in helping eye care professionals predict who will likely develop glaucoma and who will benefit from the therapy.

Another area of progress in developing therapies for treating glaucoma and other diseases in which nerve cells are damaged is called neuroprotection. Among the approaches being studied are stem cell therapy, gene transfer therapy, and the use of proteins called neurotrophic factors. The major feature of glaucoma is the death of retinal ganglion cells (RGCs), the nerve cells that make up
the optic nerve. NEI-supported investigators recently used gene transfer therapy in rodent models of glaucoma to provide an ongoing supply of an essential neurotrophic factor to the optic nerve and were able to show significant improvement in the survival of RGCs. NEI-supported scientists have made considerable progress in understanding the genetic and cellular bases of glaucoma, whether accompanied by high pressure inside the eye or not. For example, mutations in a gene called myocilin have been linked to a rare, inherited form of glaucoma in which the fluid filtering part of the eye, called the trabecular meshwork, is involved. This genetic mutation may be another contributing factor in causing high pressure inside the eye. Though vision loss from glaucoma is often associated with pressure that damages the optic nerve, some glaucoma patients do not have high pressure. These people are said to have normal-tension or low-tension glaucoma. NEI-supported scientists have made considerable progress in understanding the genetic and cellular bases for this type of glaucoma as well as for the other forms of glaucoma. For normal-tension glaucoma,
investigators have identified a gene known as OPTN. Four different mutations in this gene have been found in families with normal-tension glaucoma. In addition, this gene produces a protein called optineurin that is found in both retina and brain tissue and that interacts with other proteins associated with optic nerve damage. Research into OPTN reinforces the importance of protecting the optic nerve’s RGCs.

NEI applauds the establishment of World Glaucoma Day and looks forward to contributing in the years ahead to the advancement of public awareness of glaucoma through its National Eye Health Education Program (NEHEP), increased public acceptance of the need for regular comprehensive dilated eye exams, and the importance of continuing scientific research and development of effective therapies.

Contact:
National Eye Institute
(301) 496-5248
neinews@nei.nih.gov

Visions 2008 Conference

The Foundation Fighting Blindness is hosting their National VISIONS 2008 Conference. This is a chance for people to learn about the latest research for retinal degenerative diseases. This is the
only conference tailored specifically for people with retinal diseases. In addition to science and informational sessions, people will have opportunities to speak one on one with leading retinal specialists and to network with others who have similar eye conditions. This conference is scheduled for August 8-10, 2008 at the Hyatt Regency Crystal City Virginia. For more information call the Foundation Fighting Blindness at 800-683-5555.

Assistive Technology

Freedom Vision Offers Line of Portable Magnifiers

Freedom Vision’s magnifiers make it possible for people with low vision to read menus in restaurants, labeling on prescription bottles, recipes in the kitchen, review mail order catalogues and TV program listings, read LED screens on office equipment, home appliances and cell phones, and even selected items on a computer screen. You can take these magnifiers with you anywhere, read anything, anytime. Some people even use these magnifiers to read books and the newspaper in bed or in an easy chair. Freedom Vision’s basic model, the QuickLook, magnifies to 4.3x and 6.5x
levels. It features a 4.3” LCD wide screen display. Its anti-glare screen coating reduces glossy glare and reflections. It has a simple built-in flip camera writing mode. Users can choose color, positive black/white and reverse image displays, and 5 brightness levels. The QuickLook allows users to freeze frame images and it offers convenient tactile buttons and rubberized grip for easy holding in any position. The QuickLook offers 4 to 7 hours of battery run time and it recharges in 3 hours. This unit weighs 8.6 ounces. A carrying case is included. QuickLook has a 2 year limited warranty and a 1 year battery warranty. QuickLook sells for $695. plus $20. for shipping.

If you need greater magnification, the QuickLook ZOOM may meet your needs. This model magnifies at 9 different levels from 3x to 18x. This model allows the user to select text and background colors to suit their visual contrast sensitivity needs from a wide range of palette colors. Also, the QuickLook ZOOM has an On-Screen Menu feature that allows the user to customize settings extended magnification levels on/off, battery saver mode on/off, color palette settings, and more. Other features are similar to those of the basic QuickLook. This unit sells for $795. plus $20 for shipping.
The newest model, the QuickLook FOCUS, offers unique near distance electronic focusing. With this unit people can read labels and prices on high and low shelves in a store, identify books on a library shelf, read bus or train schedules even through a display window, read notes pinned on a corkboard, and view overhead signs in a hotel or airport. QuickLook FOCUS includes all of the features of the QuickLook ZOOM model. This unit sells for $995. plus $20 for shipping.

For more information about these products call Freedom Vision at 800-961-1334, or visit their website, www.freedomvision.net.

SenseView Portable Magnifier from GW Micro

Imagine if you could read a road map, a can of food while shopping in a grocery store, or a menu at a restaurant. With the Portable SenseView CCTV, you can do all of that and more. Are you worried that you are taking the wrong medicine because you are having trouble reading the text on a medicine bottle? Your worries are over. The Portable SenseView makes life easier, and is simple to use. If you can press a button, you can use the Portable
SenseView.

The Portable SenseView CCTV is the world’s smallest portable CCTV, and is packed with features. The Portable SenseView has a 4.3” widescreen LCD display, and weighs 7.8 ounces. The SenseView can digitally zoom in and out on an image with the simple press of a button from 4x all the way up to 22.5x. The Portable SenseView also offers four brightness levels and 6 different color modes for easy viewing. You can read print in color, black and white, or with one of the other 4 color choices.

With two foldable legs, the Portable SenseView provides multiple viewing configurations. The legs can be unfolded one at a time to tilt the screen toward you to making for a more comfortable reading position. The Portable SenseView even allows you to take a snapshot of the image displayed on the screen. You can hold the unit close to your face, and zoom in on the image for an even closer view.

The Portable SenseView provides 5 hours of continuous use. Turning on the battery meter tells how much power you have left. The Portable SenseView retails for $825. Local GW Micro dealers may carry the Portable SenseView. Or, you can order yours at (260-489-3671).
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

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Council of Citizens with Low Vision International
An Affiliate of the American Council of the Blind
2007 Membership Application

Name___________________________________________________
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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:
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___ Life Member $150.00

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