Vision Access

A Magazine by, for and about
People with Low Vision

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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 Winter, 2010 issue of Vision Access! Our Publication Committee suggested a new column for our magazine. It's entitled "A Question for our Readers." In this column, you'll have a chance to ask readers a question you have about living with low vision. You are also invited to answer the questions others have asked. Help someone by sharing the insights you've gained from living with low vision. See the first question asked by one of our readers and send us your response.

Enjoy all the contributions in this magazine and have peaceful, joyful holidays. My yoga teacher offered this blessing at the end of our class this morning and I'd like to share it with you as my wish for the New Year. "I wish you the happiness of always having something to give (and to receive)-a surprise, affection, freshly baked scones, good books, seedlings and apples, a hand with the tidying up, a listening ear, comfort, time. May all your kindnesses be remembered and all your faults forgiven." From Happy Days, compiled by Helen Exley.

Thanks to all who contributed to this issue.

JMK, 12/2/2010.

Organization News

President's Message
The CCLVI Challenge
By Richard Rueda

In my first President's Message, I wrote about my vision for CCLVI and the areas on which I hoped to focus--enhanced visibility and increased membership both domestically and abroad. In early October, both Dr. Bill Takeshita and I were invited to talk about CCLVI and conditions of the eye on an internet radio show based out of Australia. Additionally, our convention and fundraising committees are working diligently on new and creative initiatives to bring our organization to a new level. The Large Print committee is wrapping up their survey on large print options and we are likely to have good and useful results to report shortly.

As I sit here in late November writing this by a fire and reflecting on what we have accomplished, I'm realistically aware of what we collectively need to do to keep CCLVI the leader in low vision advocacy. I want to urge members and supporters to challenge yourself to take on new responsibilities, whether it is joining a new committee, reading up on low vision awareness and volunteering to staff our CCLVI hotline and/or jumping into other innovative CCLVI projects. I want to hear from you and what you can tangibly contribute to our organization.

Like many of you, I work a full time job, manage staff, and initiate programming for a blindness organization in northern California. At the
end of the day, or what appears to be the end of the day, I set aside a minimum of 15 minutes and often one to two hours for the business of the organization. The board and I work hard and on your behalf to manage CCLVI and its business. But we can't do it alone.

I not only invite you, but challenge you to walk with me to take CCLVI in 2011 to the next level. In offering this challenge to you, our readers and membership, I will leave you with a few ways on how to help us each thrive with CCLVI.

1. Prepare for Reno. In early July 2011, CCLVI will again hold its annual convention during the annual American Council of the Blind (ACB) conference and convention in Reno, Nevada. This week long event will bring together a significant number of low vision and blind individuals from across the United States. This is opportune networking time for you socially and professionally. If you could do one thing both for yourself and CCLVI, start saving now and join us for what I promise will be the best $900 ever spent. Many service clubs and perhaps your local state ACB affiliate and or regional chapter may have funding for you to attend.

2. Do you have a knack for fundraising? We are looking for clever ways to raise funds for CCLVI. Funds are needed to carry out the business, advocacy and mission critical outreach that we seek to do on a far greater level globally. Imagine the day where dozens of low vision peers from across the world gather to listen, learn and share life stories with each other.

3. Volunteer? Yes, if you have the ability to assist CCLVI in answering our toll free hotline for a few hours a week or a month, it would greatly assist our infrastructure in readily and nimbly impacting the far reaching low vision community.

4. Donate a gift for our convention raffle and or for a door prize to be drawn at one of our many afternoon sessions at convention in Reno.

5. Friends. We've all got them. Some of us have more than others. Why not tell them about CCLVI. With just $15, you can buy them an annual membership.

6. Cash in. Whether you've got $5 or $500 to spare, CCLVI could apply these funds to the printing and recording costs of Vision Access, our well-respected quarterly publication.

These are just a few ways in which you can contribute to our continued success. I thank you sincerely. And whether this is read during the holiday break, while commuting and or during a lunch break, I hope that you can give just a little to strengthen the CCLVI family. I am here for you, and I welcome your comments and feedback. My mobile number is 510.825.4106. I want to wish each of you an honorable and productive start to 2011.
Summary of Board Meeting, September 20, 2010

Kathy Casey's minutes of the last board meeting on 7/26/2010 were approved as corrected. Mike Godino's treasurer's report was accepted.

Information regarding insurance for the board is still being pursued.

A motion was made by Lisa Drzewucki to develop a task force to investigate the creation of a centralized filing system for information that is collected by CCLVI's board. This was seconded and passed. Lisa Drzewucki and Joel Isaac volunteered to work on this committee and Bernice Kandarian was asked to assist.

Donna Pomerantz made a motion that CCLVI have a Twitter presence along with Facebook. Her motion was seconded and passed.

Richard Rueda and Lisa Drzewucki will be interviewed on a radio show from Australia on October 1, 2010.

Following a meeting with a committee, Dr. Bill Takeshita reported on the plans for a CCLVI booklet about low vision.

A motion was passed approving Jim Jirak as chair of the Constitution and By Laws Committee. Tiffany Swosh has agreed to be on this committee and Richard Rueda will ask Michael Byington to serve as co-chair.

The board voted to approve Jim Jirak serving as chair of the nominating committee. Jim resigned his position as member of the website committee.

Tom Lealos reported that the Large Print committee is nearing completion of the White Paper. A survey about large print will appear in the next issue of Vision Access.

Suggestions were made for speakers at our 2011 convention.

Joyce Kleiber thanked Lisa Drzewucki for proof reading the recent issue of Vision Access.

Joel Isaac reported that the Website Committee is working on guidelines for members' submissions and for resource link guidelines. This committee is also reviewing low vision resource findings. Since it is time consuming to put up Vision Access in html, this committee is seeking other alternatives. Joel is asking ACB to provide him with a database and a more secure site. Joel would like ACB to host the scholarship information; up till now he has been using his own resources.

Lisa Drzewucki reported that CCLVI's profile page on Facebook has 350 friends and 261 members. Lisa and Richard have been posting questions to provoke conversations.

Lisa Drzewucki is compiling a list of fundraising ideas and she would like more members on the Fundraising Committee.

Donna Pomerantz she is stepping down as chair of Legislative Committee.

Bernice Kandarian has made up membership packets. She reported that Mike Godino sent her a list of five post convention members. Three of these are life members.

Richard Rueda asked that a Microsoft word copy of the membership application be available. Mike Godino made a motion that we get the
application in a "Word" document. This motion was seconded and passed.

Mike Godino and Richard Rueda said they will be sending information about new members to Bernice.

Joyce Kleiber reminded officers, board members and committee chairs to write a brief description of their responsibilities so that this information could be put into a procedures manual.

Mike Godino asked the board to approve the purchase of a program called "Quicken". This program is used by his accountant and would improve the records of the treasurer. This motion was seconded and passed.

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Chapter News

Metro-Council of Low Vision Individuals, with members from New Jersey to New England
"Looking Good, Looking Close".

The Metro Chapter was one of the original instigators of a coalition which has grown to about two dozen organizations of or for people with vision impairments. This coalition is making a major effort to achieve much needed street modifications in N.Y.C. The coalition which subsequently enlisted the leadership of the local and state presidents of both ACB and NFB responded to the rapidly increasing number of unconventional intersection modifications being installed lately with no apparent awareness of the negative implications for pedestrians who have impaired sight. Accessible pedestrian signals and properly placed detectable warning strips are being demanded.

Chapter President Ken Stewart reached agreement with the Chief Architect of the City's Second Avenue Subway which is currently under construction. Based on this agreement platform edges will have their required "truncated dome" strips in bright yellow, contrasting therefore with both the dark track bed and the mid-tone central platform area. Accessible signage inside stations and effective lighting are on the Chapter's advocacy agenda as the design leadership continues its receptiveness to Metro Chapter input.

A Question for You, Our Readers

Editor's Note: Our Publications Committee wants to engage our readers in sharing ideas about challenges faced by people who have low vision. We suspect that from your experiences you have gained valuable wisdom and knowledge that might help others. Or maybe you are struggling with a problem and would welcome suggestions from readers. So to get started, here is our first question.

From reading Vision Access and listening to Dr. Bill's
teleconferences, I have learned the importance of letting others know that I have low vision. My question has two parts: 1. WHEN is it the right time to tell others, and 2. HOW do I tell others without it appearing that I am seeking sympathy?
For example, a new neighbor comes over to introduce himself. I make conversation, and I would like to tell him that if he should wave from his yard that I will not see that and might seem to be ignoring him. Or say I am at work and have a new coworker, or I meet someone at a social function. Do I say right off the bat, "I'm legally blind," or do I wait until I need help with something? In other words, when should I mention my vision impairment and how should I do it without causing embarrassment to myself or to the other person? Has this been a problem for you? Can you share ways in which you have dealt with this?

Email your responses to Joyce Kleiber at jmkleiber@hotmail.com or mail to J. Kleiber, 66 Hillside Road, Wayne, PA 19087.

Advocacy

House Passes Landmark Telecommunication Legislation

Editor's Note: This news broke shortly after our last issue went to press.
In that issue Donna Pomerantz described the process by which this same bill passed in the House of Representatives. For more than 3 years, ACB worked hard advocating for the passage of his bill. Now we await the Federal Communications Commission’s regulations based on this new law.
WASHINGTON, Sept. 29, 2010 -- Late Tuesday, members of the House of Representatives from both sides of the aisle voted to send S. 3304, the 21st Century Communications and Video Accessibility Act, to the White House for presidential signature. This bill will significantly improve the accessibility of smart phones, as well as a variety of communications via the Internet for people who are deaf, blind, or deaf-blind. "We are very pleased by the passage of this landmark legislation," stated Mitch Pomerantz, ACB's president. "It will greatly enhance the quality of life for our members, and we very much appreciate the hard work of those in both the House and Senate who made this possible."

Eric Bridges, American Council of the Blind's Director of Advocacy and Governmental Affairs, said, "ACB wishes to express our sincere appreciation for the tireless advocacy that Rep. Ed Markey (D-MA) and Sen. Mark Pryor (D-AR) demonstrated through this long and difficult process. The blind and deaf-blind communities have staunch advocates in both of these congressional leaders."

He added, "It is also quite appropriate to express our thanks to the
chairmen of the House Energy and Commerce Committee, along with the Senate Commerce Committee, Henry Waxman (D-CA) and Sen. Rockefeller (D-WV) for the critical role they played in working with us, and the Republicans on his committee so that the bill could be bipartisan. Thank you also to the ranking member of the Energy and Commerce Committee, Joe Barton (R-TX) and Rep. Cliff Stearns (R-FL) along with Sens. Hutchison (R-TX) and Ensign (R-NV) for their willingness to work in a bipartisan way.

Senator Mackey said: "The ADA mandated physical ramps into buildings. Today, individuals with disabilities need online ramps to the Internet so they can get to the Web from wherever they happen to be. Passage of this bill is a landmark achievement in the fight for equal access to technology for all Americans. From the time of Helen Keller and Annie Sullivan - through the Americans with Disabilities Act - to closed captioning for television programming and the ability of individuals who are deaf to make telephone calls - and now to the comprehensive communications and video accessibility bill that has passed both the House and Senate, we've made great strides."

Markey's 21st Century Communications and Video Accessibility Act (H.R. 3101) significantly increases accessibility for Americans with disabilities to the indispensable telecommunications and video technology tools of the 21st century by:

-- Making access to the Web through improved user interfaces for smartphones
-- Enabling Americans who are blind to enjoy TV more fully through audible descriptions of the on-screen action
-- Making TV program guides and selection menus accessible to people with vision loss
-- Providing Americans who are deaf the ability to watch new TV programs online with the captions included
-- Mandating that remote controls have a button or similar mechanism to easily access the closed captioning on broadcast and pay TV
-- Requiring that telecom equipment used to make calls over the Internet is compatible with hearing aids
-- For low-income Americans who are both deaf and blind, providing a share of a total $10 million per year to purchase accessible Internet access and telecom services so these individuals can more fully participate in society.

Grants Awarded to Improve Vocational Rehabilitation Services

The U.S. Department of Education announced on October 1, 2010 that it will award more than $5.6 million in grants to support the professional development of state vocational rehabilitation staff who provide services that lead to employment of people with disabilities.
"These funds are aimed at helping Americans with disabilities find employment," said U.S. Secretary of Education Arne Duncan. "Improving the job skills of persons with disabilities is an investment in their future - and in the country's economic future.

Of the $5.6 million, more than $4.4 million will be distributed by the Rehabilitation Services Administration (RSA) to 75 state vocational rehabilitation agencies to help train personnel in effective management and skill areas that lead to employment of individuals with disabilities.

Another $1.2 million will be provided to 19 state agencies in "Quality Awards" for successfully addressing one of the priorities for program including:

- Development and dissemination of model in-service training materials and practices
- Distance education
- Enhanced employment outcomes for specific populations.

More than one million Americans with disabilities are served by vocational rehabilitation programs funded by RSA. Support services include vocational evaluation, counseling and guidance, work adjustment, diagnosis and treatment of physical and mental impairments, education and vocational training, job placement and post-employment services.

White House Disability Group Hosts Monthly Disability Calls

In order to help keep you more informed, the White House Disability Group has begun in December to host monthly calls to update people on various disability issues as well as to introduce people who work on disability issues in the federal government. Anyone who wants to participate can do so. Dial in: (800) 230-1092, Title: Disability Call (use instead of code) To be notified of future calls email to sfeuerstein@who.eop.gov

Have You Checked Your Accessible Credit Reports in 2010?
By Lainey Feingold, Esq.

As the holiday season approaches it is a great time to review your free credit report - available in Braille, Large Print or audio format, or on-line in an accessible on-line format. Every United States citizen is entitled to one free report every twelve months from each of the three companies: Equifax, Experian and Trans Union. These companies have been providing accessible reports for two years as a result of American Council of the Blind and California Council of the Blind's Structured Negotiation advocacy efforts.

You can request your report in Braille, Large Print and Audio formats by calling 877-322-8228. This is a toll-free automated system. You will be asked to choose your alternative format towards the end of the call,
You can contact Lainey and Linda to report any problems (or positive experiences) by email at LF@LFLegal.com or by toll-free telephone to Linda's office at 1-800-822-5000. You can also use this contact information to report other financial or health care information that is not accessible to you.

As with all Structured Negotiations agreements, it is important that members of the blind community use the accessible services and information that the advocacy of ACB, CCB and its members have brought about.

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Science and Health

Glaucoma and the Brain
By Jeffrey L. Goldberg, M.D., PhD.

Editor's Note: This article originally appeared in Gleams, the newsletter of the Glaucoma Research Foundation in San Francisco, California and is copyrighted by the Glaucoma Research Foundation. Website: www.glaucoma.org.

It is reprinted here with permission of the above sources. This article was reported to Vision Access by Matt Kickbush.

About the author: Jeffrey L. Goldberg, MD, PhD is an Associate Professor of Ophthalmology at the Bascom Palmer Eye Institute. His research is directed at neuroprotection and his clinical effort is focused on patients in need of medical or surgical intervention for glaucoma and other retinal and optic nerve diseases.

Researchers now view glaucoma as a disease of the brain - a neurodegenerative disease - rather than simply an eye disease. Recent research has shown that the complex connection between the eye and the brain is an important key to the disease.

Glaucoma shares a number of features with degenerative brain diseases such as Alzheimer's, Parkinson's, and Lou Gehrig's disease. In all of these diseases, age and family history are significant risk factors, and specific areas of the brain are damaged over time. In glaucoma, the only
difference is that the "specific area of the brain" affected is the eye and optic nerve!

Indeed the eye’s retina and optic nerve are a part of the brain: during early development, a small part of the brain pouches out and becomes the retina and optic nerve. Inside the eye, a group of neurons called retinal ganglion cells collect all of the visual information and pass it down their extensions, called axons, through the optic nerve and back to the rest of the brain. The ganglion cell, which collects all the vision information from the other retinal cells, is the one type of cell that is initially damaged by glaucoma.

The optic nerve continues to be a major focus for researching the underlying causes of glaucoma. Whether due to mechanical trauma, decreased blood flow, or other causes, optic nerve axon injury causes changes in retinal ganglion cells, eventually causing cell death. Researchers have observed that specific areas of injured optic nerve axons and retinal ganglion cell loss match the peripheral vision damage from glaucoma.

Because the retinal ganglion cell axon stretches from the retina through the optic nerve to the brain, its surrounding cells also become damaged by glaucoma. Within the retina, other cells, such as amacrine cells, degenerate and rewire their connections after retinal ganglion cells are lost. There are also changes in the brain within the lateral geniculate nucleus (the main brain target of optic nerve axons), and even the visual cortex, which is the part of the brain that helps us interpret visual information.

Thus, in addition to treatments directed at lowering eye pressure, still the mainstay of glaucoma therapy, there may be opportunities to develop treatments directed at the retina and the brain. Some promising treatments that promote nerve health, called neurotrophic factors, could help at multiple places in the visual pathway. For example, neurotrophic factors such as ciliary neurotrophic factor (CNTF) may keep retinal ganglion cells from dying, a process called neuroprotection; they may increase axon regrowth down the optic nerve, called regeneration; and they may improve the support between the dying retinal ganglion cells and their surrounding cells in the retina and brain, called neuroenhancement.

The understanding that one key to glaucoma is in the connections within the retina and to the brain has led to exciting advances in research that may well lead to new potential treatments.

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**New Test Detects Glaucoma While Reversible**

By Nancy Walsh

Editor’s Note: Nancy Walsh is Staff Writer for MedPage Today. Her report was published on December 02, 2010 and reviewed by Robert Jasmer, MD, Associate Clinical Professor of Medicine, University of California, San Francisco and Dorothy Caputo, MA, RN, BC-ADM, CDE, Nurse Planner. This
A steady-state pattern electroretinogram known as PERGLA was able to detect destruction of retinal ganglion cells early enough to allow vision correcting surgery, a prospective study found.

In a cohort of patients with glaucoma undergoing PERGLA, intraocular pressure was significantly lessened after trabeculectomy or drainage implant surgery to 10.4 mm Hg from a baseline measurement of 19.7 mm Hg (P<0.001), according to Mitra Sehi, PhD, and colleagues from the University of Miami in Palm Beach Gardens, Florida.

This reduction in intraocular pressure resulted in electrophysiologic improvements in the responses of dysfunctional or damaged ganglion cells to 0.46 ?v from 0.37 ?v (P=0.001), they reported online in Ophthalmology.

Eccentric Viewing for People with Macular Degeneration
By Dr. Randy Jose
Summarized by Matt Kickbush

Editor’s Note: This article is based on a Let’s Talk Low Vision Teleconference on November 16, 2010. Dr. Jose is a graduate of the University of California-Berkley School of Optometry and former professor at the University of Houston School of Optometry.

Eccentric viewing is helpful when the cells of the macula, the center of the retina, have been damaged. This part of the retina is used for reading and identifying facial details. This is where our 20/20 cells are located. The larger the blind spot, or the scotoma (the area of the retina that does not work), the worse the acuity is going to be. Prescription glasses may no longer work. Using high contrast, direct lighting, eliminating glare and eccentric viewing are alternate methods for helping people to read.

When the scotoma begins to affect the dominate eye (the eye that you use most often) the acuity will drop to around 20/50 in the early stages.

When trying to use your two eyes together (your dominate eye with the scotoma and the better eye without the scotoma) you will get a confused acuity or an overlapping acuity. This acuity is called retinal rivalry and will result in blurred vision. If you cover you dominate eye, you will regain your 20/20 vision in the other eye. The use of occluders and special bifocals will help rectify this overlapping vision.

As the blind spots or scotomas worsen, complete words or parts of words in print may become blocked out. Enlarging the font of the text will lessen the negative affect of the scotoma. As the scotoma or blind spot gets even bigger, it will be difficult to identify faces. The center part of faces will be gone, leaving only the top or bottom portion of the face in view. Things also may appear to flash on and then flash off. People will suddenly see things appear in their vision and then suddenly
disappear. As the eye is moving around looking for a good spot to view, it may capture an image only to have it disappear again in the blind spot giving a flashing on and off effect. Looking up or above the target with the eye (eccentric viewing) will help you to see the entire object; however it may be blurred as this is part of the eye that does not contain the 20/20 cells. This part of the eye contains the 20/50 or 20/100 cells. Moving the eye or the blind spot to the left is the second best position for eccentric viewing. Moving the eye down may be dangerous for orientation and mobility purposes, and moving the eye to the right may hamper reading. So ultimately, always try to look up lifting the blind spot upward. If you have difficulties moving your eye muscles to eccentrically view, physically move your head in various directions.

It will take time to train and exercise the eye muscles to steadily fixate and track when viewing eccentrically. After a few weeks of muscle exercises, your eye will have an easier time maintaining fixation and tracking. You will also have to work on improving your PRL (preferred retinal locus). This means that you will need to practice using the new eccentric viewing point; your brain needs to understand that when you look up, this is your new central viewing point. Hand-eye coordination exercises such as such as threading a needle, circling letters, or dropping pins into bottles will help develop your new preferred retinal locus.

Using an Amsler Grid will help to determine where the blind spot is located within your eye. This grid contains white vertical and horizontal lines on a black background. When you notice that part of the grid is missing or the lines and squares in the grid are distorted, this will indicate where the blind spot is located and help to determine the best eccentric viewing locus.

Every scotoma is different; there are no two blind spots that are the same. One myth about scotomas is that they are a perfectly round black spot on the eye. Some people view scotomas as an area of vision that is missing, or an area of blurred, or black spots in their vision. A scotoma is just like a snowflake. Each scotoma has a different shape with nooks and crannies within it.

NIH Adds First Images to Major Research Database

The National Institutes of Health has expanded a genetic and clinical research database to give researchers access to the first digital study images. The National Eye Institute (NEI), in collaboration with the National Center for Biotechnology Information (NCBI), has made available more than 72,000 lens photographs and fundus photographs of the back of the eye, collected from the participants of the Age-Related Eye Disease Study (AREDS).

These images are now accessible to scientists through NCBI's online
database of Genotypes and Phenotypes, known as dbGaP, which archives data from studies that explore the relationship between genetic variations (genotype) and observable traits (phenotype). Though study descriptions and protocols are publicly accessible, researchers must apply for controlled access to de-identified information about study subjects, including the new images.

"The availability of AREDS images through dbGaP may transform the way we conduct vision research," said NEI director Paul A. Sieving, M.D., Ph.D. "Scientists can increase their understanding of the impact of genetics and gene-environment interactions on blinding eye disease progression, which could aid in diagnosis and in developing effective treatments."

The NEI-supported AREDS was one of two studies included in the December 2006 launch of dbGaP. The first version of controlled-access AREDS information was made available in 2007, including data gathered from genome-wide scans of DNA samples from 600 study participants. The database was updated in November 2008 to include clinical trial and natural history information from the 4,757 total AREDS participants over 10 years. The latest addition to the AREDS dataset includes more than 72,000 lens and fundus photographs from 595 study participants with genome-wide scan data available.

"The National Center for Biotechnology Information is very pleased to be involved in this effort to provide researchers with access to the images from AREDS," said NCBI director David Lipman, M.D. "Linking individual study subjects' eye photographs with their phenotype and genotype data provides a valuable new dimension of information for researchers to explore in attempting to understand age-related eye disease."

AREDS began in 1992 as a multi-center, prospective study designed to evaluate the progression of age-related macular degeneration and age-related cataract. Participants, who were age 55 to 80 when the study started, also enrolled in a clinical trial of high-dose vitamin and mineral supplements. They were followed for a median of 6.5 years during the trial and five years after the study ended. Beginning in 1998, DNA was also isolated from blood samples obtained from more than 3,700 AREDS participants.

"AREDS has been the main focus of the translational research program at NEI for a number of years," said NEI clinical director Frederick L. Ferris III, M.D. "This new group of lens and fundus images from well-described study participants provides a new opportunity for vision research, and is a valuable resource for clinical teaching and training as well."

Open-access AREDS data and a link to apply for controlled access to individual-level data, including the new images, can be found on the NEI-AREDS study page at <http://www.ncbi.nlm.nih.gov/gap>.

NCBI creates public databases in molecular biology, conducts research in computational biology, develops software tools for analyzing molecular
and genomic data, and disseminates biomedical information, all for the better understanding of processes affecting human health and disease. NCBI (http://www.ncbi.nlm.nih.gov) is a division of the National Library of Medicine (http://www.nlm.nih.gov), the world's largest library of the health sciences.

The National Eye Institute, part of the National Institutes of Health, leads the federal government's research on the visual system and eye diseases. NEI supports basic and clinical science programs that result in the development of sight-saving treatments. For more information, visit AREDS study page at <http://www.ncbi.nlm.nih.gov/gap>.

The National Institutes of Health (NIH) -- The Nation's Medical Research Agency -- includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. It is the primary federal agency for conducting and supporting basic, clinical and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <www.nih.gov>.

Eye Health in the Digital Age
By Dr. Nathan Bonilla

Editor's Note: Dr. Nathan Bonilla-Warford, OD, is a licensed VSP Vision Care provider based in Tampa, Florida specializing in children's vision, computer vision, and orthokeratology. You can visit his blog or follow him on Twitter. This article was reported to Vision Access by Richard Rueda.

In attempting to sum up the world in 2010, one word comes to mind: connected. Everywhere we go we carry devices that keep us connected to something important to us. Be it a sleek new tablet letting you share photos with the person helping load your groceries, or a smartphone making sure you don't miss that late night e-mail from a colleague; we are now constantly connected to the world around us, more than ever before.

We've become dependent on these digital devices to survive both professionally and personally, and with the holiday season now upon us and digital devices topping most of our gift wish lists, the amount of time we spend with these gadgets will only increase. Yet many of us forget to consider two devices we are naturally equipped with that keep us more connected to the world than anything else: our eyes. Consumers often don't think about the impact digital devices might have on their vision, and it can be to the detriment of not just their health but also productivity.

In an effort to help consumers keep their eye health in mind this winter while enjoying these amazing products, we've put together five tips for creating a vision-healthy environment for digital device usage.

Customize Your Environment

You can adjust your environment when using digital devices to promote
healthier eyes. If possible, use a large monitor or screen magnifier to reduce eye strain. Make sure your chair is close to your computer and you are sitting in a chair with adequate lower-back support. Position your chair so that you are comfortable.

Each person has a preference for his or her chair, so take some time to find what's best for you. Making sure you're comfortable before you start using a device will decrease the amount of stress you put on your eyes trying to find the best viewing angle.

Think About Lighting

For extended reading, change your monitor settings to a reflective lighting scheme. But don't only think about your computer lighting. Good room lighting isn't just flattering. It's also healthy for your eyes. So, keep bright lighting overhead to a minimum. Too much lighting overexposes and irritates the eyes, while too little causes the eyes to strain in order to see. Keep your desk lamp shining on your desk, not you. Try to keep window light off to the side, rather than in front or behind you. Use blinds and get a glare screen. Position the computer screen to reduce reflections from windows or overhead lights.

Adjust Your Reading Angle

Adjust the screen so you look at it slightly downward and are about 24 to 28 inches away. The center should be about 4 to 6 inches below your eyes. Also, make sure your screen is big enough and with just the right brightness and contrast so you're not straining to see text or images clearly. Adjust the screen settings to where they are comfortable for you.

Magnify Text on Screen

For those with permanently decreased vision magnifying the text and images on your device will help you avoid straining your eyes from squinting. Almost every device can be adjusted to display larger text, and for those with compromised vision, this can make reading much easier.

Blink and Take Frequent Breaks

Devices are set up for virtually nonstop work—but you aren't a machine. You need to take breaks to recharge, and so do your eyes. Use the "20-20-20 rule." It's easy to remember: every 20 minutes, take a 20-second break, and look at something 20 feet away. And don't forget to blink! Blinking washes your eyes in naturally therapeutic tears. If you regularly wear glasses, also make sure you have proper lenses for the computer.

Follow the above tips and you can enjoy your slick new technology without worrying about consequences to your eye health, productivity and overall peace of mind.

President Bestows Awards to Two National Eye Institute Scientists

The White House has honored two members of the National Eye Institute (NEI) research community with one of its most prestigious awards. Brian P. Brooks, M.D., Ph.D., a member of the National Eye Institute (NEI) Intramural Research Program and chief of the NEI Unit on Pediatric,
Developmental, and Genetic Ophthalmology, and Doris Y. Tsao, Ph.D., an NEI grantee and assistant professor of biology at the California Institute of Technology (Caltech), were among a distinguished group of 85 researchers selected to receive the 2009 Presidential Early Career Awards for Scientists and Engineers (PECASE).

The Presidential early career awards represent the highest honor bestowed by the U.S. government on outstanding scientists and engineers beginning their independent careers. The awards embody the high priority placed by the government on maintaining the leadership position of the United States in science by producing outstanding researchers who will broadly advance science and the missions important to their agencies. Only 20 of this year’s PECASE recipients, who are selected by the White House from 10 federal departments and agencies, were from the broad National Institutes of Health (NIH) community of many thousands of scientists. As award recipients, Dr. Brooks and Dr. Tsao have demonstrated exceptional leadership potential at the frontiers of scientific knowledge.

Dr. Brooks is being recognized for his research on the molecular genetics and developmental studies on uveal coloboma, a congenital ocular disease that accounts for about 10 percent of childhood blindness. He is also involved in collaborative research projects on a number of inherited eye diseases, including Bardet-Biedl syndrome, mitochondrial disorders, and albinism. Dr. Brooks serves as principal investigator for the National Ophthalmic Disease Genotyping and Phenotyping Network (eyeGENE®) and as senior ophthalmic consultant for the NIH Undiagnosed Diseases Program. He also directs the Ophthalmic Genetics Clinic at Children’s National Medical Center in Washington, DC. Dr. Brooks received his M.D. and Ph.D. from the University of Pennsylvania. He has also received a Young Investigator Award from the American Association of Pediatric Ophthalmology and Strabismus, and the NIH Director’s Award.

Dr. Tsao’s research focuses on understanding how the brain interprets and transforms visual information into various three-dimensional shapes and forms, human faces in particular, using brain imaging and electrical recordings from single neurons. Knowledge of how faces are recognized by the brain may shed light on clinical conditions such as prosopagnosia (the inability to recognize faces), autism, and other social anxiety disorders. Dr. Tsao received her Ph.D. from Harvard University in 2002. Her research has won numerous awards, including a Sofia Kovalevskaya Award from the Humboldt Foundation in 2004, which allowed her to establish her own lab at the University of Bremen, Germany. Dr. Tsao joined the faculty at Caltech in 2009.
Johns Hopkins Offers Vision White Paper

In the 2010 Johns Hopkins Vision White Paper, specialists from Johns Hopkins Medicine report in depth on the latest information regarding eye care and the many vision disorders that strike people as they grow older.

With the pace of medical research accelerating each year, keeping up with the latest health information is important. The goal of the Johns Hopkins White Paper is to empower readers with the best advice on the health conditions that impact their lives.

The 2010 Johns Hopkins Vision White Paper is designed to help readers ensure the best outcome. They can use what they learn to:
- Recognize and respond to symptoms and changes as these occur.
- Communicate effectively with their doctor, ask informed questions, and understand the answers.
- Make the right decisions, based on an understanding of the newest drugs, the latest treatments and surgical techniques, the most promising research.
- Take control over their condition and act from knowledge, rather than fear. Readers will:
  - Learn how vitamin and anti-VEGF therapies can lessen vision loss for people with age-related macular degeneration.
  - Find out which medication is better for wet age-related macular degeneration: Lucentis or Avastin.
  - Learn about a new ocular imaging tool that allows doctors to individualize treatment for patients with age-related macular degeneration.
  - Find out about two older drugs used to treat other medical conditions that may help prevent and treat diabetic retinopathy.

To keep people on the cutting edge of vision research, Johns Hopkins offers an automatic annual update service to White Paper readers.


A Manual for Those Experiencing Vision Loss

Very often relatives and friends of people experiencing vision loss feel frustrated. They do not know how to help those with vision loss manage their lives. The information offered in Access to Information for the Blind - The Vision Aide Manual authored by Mildred Frank can make a great difference in the life of a person who becomes visually impaired. It offers a guide to a variety of methods and adaptive devices that can help in managing life when vision loss occurs.

To purchase a copy of Access to Information for the Blind - The Vision Aide Manual contact Maxi-Aids at 800-522-6294, www.maxiaids.com. The cost of this manual if ordered online is $15.95 plus $7.50 for shipping and handling, $19.95 if ordered by phone..
For the Holidays Two Recipes

Apple Crisp
Submitted by Valerie Ries-Lerman

This homey favorite with perhaps a little yogurt alongside can stand proudly against any more exotic desert.

Preheat oven to 375 degrees. Slice apples till you have enough to fill a 9” by 13” baking dish. Mix apples in a bowl with lemon juice, cinnamon, flour and raisins. Return them to the baking dish, adding enough water or apple juice to cover the bottom, about 1 cup.

Mix topping in a bowl and press onto top of apples. Bake for 25 min. or until apples are soft.

Serves 8.

Ingredients:
- 8 apples (green are the best)
- Juice of 1 lemon
- 1 teaspoon cinnamon
- 2 tablespoons whole wheat flour
- 3/4 cups raisins
- Water or apple juice, about 1 cup

Topping:
- 1 cup rolled oats (old fashioned oatmeal)
- 1/3 cup toasted wheat germ
- 1/2 cup whole wheat flour
- 1/2 teaspoon salt
- 2 teaspoons cinnamon
- 1/2 cup brown sugar
- 1/2 cup butter or oil

Savory Sweet Potato Wedges
Submitted by Jill Feldman

My brother sent me this recipe. These sweet potatoes are very tasty and easy to make.

4 medium sweet potatoes or yams
1 T. olive oil
1 t. each paprika, cinnamon and ground or crushed rosemary

Spray a baking sheet with non-stick spray and set aside. Peel or leave skins on washed and dried sweet potatoes. Slice potatoes into French-fry like wedges, about ½ or ¼ inch thick. In a large bowl toss wedges with olive oil.

In a small bowl, stir together paprika, cinnamon and rosemary. Add to potatoes and toss until they're evenly coated.


If you've cut your potatoes into ¼ inch pieces, bake them at 375 degrees for 10 minutes. Then using tongs, turn the pieces over and bake for 10 more minutes. If you want a bit of crispness, turn the oven down to 200 degrees and leave the potatoes pieces in for 20 more minutes.

Here is an alternate spice mix you can use: 1 T. each cumin, paprika,
and oregano. This recipe works well with no seasonings at all. Simply add salt to taste.

A Parable Stone
Submitted by Gaile Pohlhaus

Two friends were walking through the desert. During some point of the journey, they had an argument; and one friend slapped the other one in the face.

The one who got slapped was hurt, but without saying anything, wrote in the sand, "Today my best friend slapped me in the face."

They kept on walking until they found an oasis where they decided to take a bath. The one who had been slapped got stuck in the mire and started drowning. But the friend saved him.

After he recovered from the near drowning, he wrote on a stone: "Today my best friend saved my life." The friend who had slapped and saved his best friend asked him, "After I hurt you, you wrote in the sand and now you write on a stone, why?"

The friend replied, "When someone hurts me, I write it down in sand where winds of forgiveness can erase it away. But when someone does something good for me, I engrave it in stone where no wind can ever erase it."

Assistive Technology

The eClipseScan
By Peter Poscia
Summarized by Matt Kickbush

This article is a summary of a "Let's Talk Low Vision with Dr. Bill teleconference on September 21, 2010 which featured guest speaker Peter Proscia, owner of Innovative Rehabilitation Technology Inc. (IRTI). Mr. Proscia gave an auditory demonstration of the "eClipseScan" entertainment center, which is a stand alone reading and scanning machine with a myriad of built-in options. These options include accessible talking DVD, CD, and multimedia player, internet radio, text to DAISY formatting, video and audio outputs, internal stereo speakers, and more. The machine is twenty inches long by twelve inches wide, four inches high, and weighs approximately twenty pounds.

The "eClipseScan" features a flatbed scanner that measures twelve inches long by 8 inches wide. It takes approximately fourteen seconds for a full page (single or double sided) to be scanned with an additional ten seconds to analyze the document. Once the document has been analyzed, NeoSpeech Kate or Paul Text To Speech Voices will begin reading the document. While the document is being read, you can continue to scan
additional material. A wide range of materials may be scanned including manuals, phonebooks, and letters. The scanner will scan and decipher materials, including ones that are presented with columns. The "eClipseScan" can stack columns and tables vertically and read them in the correct order.

The "eClipseScan" includes an easy to use tactile keypad that allows for easy navigation using speech and/or an optional monitor via VGA or S-Video connection. The keypad presents arrow keys to navigate throughout documents and menus. Documents can be navigated word by word or line by line. Using the "enter" button of the keypad allows you to use the spell word feature that helps to identify spelling errors. The pitch and speed of the NeoSpeech Kate or Paul can be adjusted for listening preference. When using a video display with the "eClipseScan", the font size of the displayed text can be adjusted. Also, for visual efficiency, someone with low vision can adjust the contrast by customizing their own text and background color scheme. The keypad includes a "Key Describer" key that announces the use and function of each key in the various modes such as scan & read mode or internet radio mode. There is also a simple two page users manual in audio that can be accessed for help.

The "eClipseScan" has many entertainment features. The first feature includes a built-in internet radio via internet service. The same keypad allows you to access various menus that contain an assortment of music genres and preprogrammed internet radio stations. You can use an optional keyboard to enter links for new or personal internet radio stations. Genres and radio stations can be stored into individualized "favorite" folders. Connections to the internet can be performed via internet network cable or an optional wireless connection. The audio from the internet radio can be monitored through the internal stereo speakers, headphone jack, or an external audio source such as your home theater through audio out connectors.

The second entertainment feature includes a built-in talking DVD player with TV and VGA output connections. When playing a DVD, the "eClipseScan" will use the keypad as the main controller of the player. You can find the beginning of movies, item numbers, or chapters of the DVD using the arrow keys. Using the talking menu, you can choose through options of the DVD, such as turning on or off sub-titles, secondary audio options, and choosing languages. A remote control is currently in the process of being released onto the market to use with the "eClipseScan" in the near future.

The player of the "eClipseScan" can also play commercial compact discs and data discs that contain audio material in the MP3, WMA, and WAV formats. The player will read any audio identification tags that are assigned to the discs; these tags contain information about the name of the audio track, artist, etc. Using the arrow keys of the keypad allows you to navigate through these discs and select specific tracks or files that are
desired. You can create your own talking books by converting your scanned or saved documents into a DAISY MP3 or text file. These digital audio files then can be automatically burned onto a blank disc using the "eClipseScan".

The "eClipseScan" costs $1995.00 which includes an audio manual on tape and full tech support. The same software that supports the component of the "eClipseScan" machine can be purchased separately. The "eClipseScan" kit includes software, keypad, and a flat bed scanner that can be loaded and hooked up to your computer. The software will operate with Windows XP, Vista, and Windows07. The cost of this kit is $995.00. For further information about the "eClipseScan" or other products from Innovative Rehabilitation Technology Inc (IRTI) call toll free Monday through Friday 8-5 Pacific Time at 1-800-322-4784 or via the internet at www.irti.net.

Accessing Directory Assistance

Editor’s Note: Donna Pomerantz submitted this article to Vision Access. Google recently shut down Google 411. The free directory assistance service had very accurate speech recognition and even connected you to the requested number for free. Luckily Microsoft debuted its own free directory assistance last year; it's called Bing 411. It has even more features than Google 411 had. Besides directory assistance, Bing 411 provides news, weather, sports, stock quotes, traffic reports, movie times, and more. When using Bing 411 for directory assistance, it will text you the requested phone number or connect you to your requested number for free. Give Bing 411 a try at 1-800-246-4411.

New Website for Apple Products Users

Editor’s Note: The following was posted by Guild for the Blind of Chicago in their newsletter. Attention Apple Product Users: AppleVIS is a new website dedicated to supplying information about Apple iOS products for people with vision loss. You can find information on accessibility of apps developed for the iPhone, iPad, and iPod Touch. You can also find guides, tutorials and tips to help you get the most from your Apple devices. Visit: http://applevis.com/#main-content

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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.
AREDS study

Annual Credit Reports
Directory Assistance, Bing 411,
800-246-4411.

Innovative Rehabilitation Technology Inc (IRTI),
800 322 4784,
www.irti.net.

Johns Hopkins Vision White Paper,
800-829-0422,
Click on "Health Topics," then on
"Vision," then on "2010 Vision White Paper."

Law Office of Lainey Feingold(800) 230-1092,
http://lflegal.com/2010/11/credit-access/

Maxi-Aids,
800-522-6294,

National Center for Biotechnology Information (NCBI),

National Institute of Health,
www.nih.gov

Website for Apple Products,
http://applevis.com/#main-content

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