Vision Access

A Magazine by, for and about
People with Low Vision

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Vision Access welcomes submissions from people with low vision, from professionals such as ophthalmologists, optometrists, low vision specialists, and everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications.

Submissions are best made as attachments to email or on a 3.5" disk in a format compatible with Microsoft Word. Submissions may also be made in clear typescript. VISION ACCESS cannot assume responsibility for lost manuscripts. Deadlines for submissions are March 1, June 1, September 1, and December 1. Submissions may be mailed to Joyce Kleiber, Editor, 6 Hillside Rd., Wayne, PA 19087, jmkleiber@hotmail.com

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Welcome to the Spring 2011 issue of Vision Access. In his column Richard Rueda, CCLVI President, tells about his advocacy efforts at this year's American Council of the Blind legislative seminar. He compares this effort to planting seeds—a traditional springtime activity. As you read the articles about funding for low vision devices and about accessible labeling of prescription drugs in our "Advocacy" section, you will get the information and tools you need to help these seeds grow to their fullest potential. You can do this by promoting Congressional action on these issues.

Enjoy all the features in this issue.
Thanks to all who contributed articles and ideas to this magazine. JMK, 3/5/11.

I write this President's Message to you as I sit on a plane heading back from Washington DC to San Francisco, having just attended a successful 2011 ACB Legislative Seminar. Annually, ACB, state and special interest affiliates gather in late winter to discuss, propose and advocate on matters of concern to US citizens who are blind or who have low vision. This year's seminar session focused on the Low Vision Devices Act, Prescription Drug Labeling Accessibility Act and charitable contributions to the Vehicle Donation Program.

As you will read in the "Advocacy" section of this magazine, these issues are very timely and require necessary attention. I am very happy to see that our parent organization, ACB, has decided to take on these issues that matter and directly impact over 25 million Americans.

March 1st was the culmination of our seminar and learning sessions together as we headed to Capital Hill to acknowledge our collective interests in this area.

As a Californian attending with eight others, I personally visited 12 Congressional offices and delivered two drop off packets to offices that could not meet with us.

This advocacy exercise is a critical step in the process needed to carry out effective and timely legislative issues of paramount importance to folks who have low vision or who are blind.

In this brief but pointed message to you, our reader, such meaningful legislative grass roots action starts at the local level. On this day where several of us are in DC on the Hill, we push through our visits with you in mind. Yet, to ensure that Congressional and Senate staff hear from their constituents, I ask that you look over these issues, contact us for additional details and make appointments with your member of Congress to assist CCLVI and ACB advance these matters. In short, this is a good exercise on grass roots action; the personal appeal to Congress goes a long way. What we do on the Hill is one step along the way in planting the seeds. It is up to each of us to nurture these lasting relationships in hopes that the issues facing the growing number of people with vision loss are carried out and ultimately legislation, Acts, amendments and laws to ensure rights are enacted. It is often this critical work that we do that over time will benefit millions of folks. We'll never know the number of people with low vision that we'll impact, but it is our duty as members of CCLVI to ensure that we advocate for those who are not aware of our organization and sincere belief in matters concerning low vision.

The title of this message mentioned the stairwell. As it turns out, navigating the Capital
and adjoining buildings during our seminar, we came across many groups of folks who too are visiting Congress advancing their issues. In some cases, I was asked by staff in the offices of Congress members to step into the hall and, in one case, near a stairwell as their office was overrun with other appointments. The bottom line is that no matter where, how and when, we met with Congress members and most often their staffers speaking to them about issues that matter to all of us.

As always, as your President, I am here to work alongside you in matters of advocacy for people with low vision. Best of luck in meeting with your Congress member.

Preview of CCLVI's Convention Program

Plan to join us this summer for our annual convention in Reno Nevada from July 9 to 15, 2011. We will meet at the John Ascuaga Nugget Hotel.

Our Convention Program Committee headed by Lisa Drzewucki is planning a program that will inform, support, and inspire. Our convention offers a chance to meet friends old and new. Here are some highlights.

Dr. Bill Takeshita Director of Optometric Services at the Center for the Partially Sighted in Los Angeles will lead a panel of specialists on the topic of coping with vision loss. Anticipating the change from incandescent to compact florescent bulbs, a representative of the American Printing House for the Blind will talk about lighting for people with low vision. Representatives of companies exhibiting products especially geared to people with low vision will introduce their products. CCLVI will host the film "Going Blind." A panel about Project Insight will answer questions about reaching out to people who are experiencing vision loss.

Our committee will offer a Mixer and Game Night with a "Take Me Out to the Ball Game" theme.

We hope to see you in Reno. Call us at 800-733-2258 for more details.

Minutes of CCLVI Board Meeting, November 19, 2010

Dr. Bill gave us an update on CCLVI's booklet project. He plans to present answers to the board's questions at our next meeting.

Kathy Casey's minutes of the last board meeting were read and accepted as corrected.

Mike Godino's treasurer's report was accepted.

Catherine Schmidt Whitaker, chair of our Scholarship Committee, reported on our three scholarship programs?the Fred Scheigert, the Sam Genensky and the Carl Foley programs.

Lisa Drzewucki gave the Convention Program report. One goal is to raise funds through our program and eliminate events that have led to financial loss.

Lisa Drzewucki, chair of our Fund Raising Committee shared ideas for raising funds. These included an "Ask Letter," raffles, sale of specially designed T-shirts and mugs, a drive to attract new members, CCLVI becoming a project for a service fraternity, and others.


Joel Isaac gave the Website Committee report. A motion was passed to explore paying dues and making donations to CCLVI online with the use of credit cards.

Tom Lealos, chair of the Large Print Committee reported that this committee is in the third phase?writing its report.

Bernice Kandarian, current chair of the Membership Committee, plans to relinquish this position. Mike Godino said the next chairperson
will have the use of ACB’s database for membership.

Bernice Kandarian asked that someone else take over answering our 800 line.

Lindsay Hastings reported on our recent Open Forum call. Questions addressed were: What can CCLVI do for you? What is the mission of CCLVI and how does this differ from that of ACB? How can guide dogs help people with low vision?

Bernice Kandarian suggested having a version of "Let's Talk Low Vision with Dr. Bill" on ACB radio.

Joel Isaac suggested using the URL cclvi.com. This would increase awareness of our organization.

Our next meeting is January 24, 2011.

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**Chapter News**

**Metropolitan Council of Low Vision Individuals, with members in the New York metropolitan area and New England**

"Looking Good, Looking Close"

The Metro Chapter has been an active participant since late last year in a now large coalition of member organizations and service organizations pushing hard for better pedestrian safety for seniors and people with vision impairments in New York City. Getting many more Accessible Pedestrian Signals is a top priority, but other street intersection features are also sought. The Chapter was one of the original groups in the push and has been heartened by the support coming forward from many other groups. It is especially gratifying to witness the local leaders of ACB and NFB remaining united in this important cause.

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**Let's Talk Low Vision Schedule for 2011**

On the third Tuesday of every month, CCLVI is pleased to sponsor teleconferences with Dr. Bill Takeshita, Director of Optometric Services at the Center for the Partially Sighted in Los Angeles CA. To attend these conferences on topics related to low vision, call 218-339-2699, ID# 764516 at 5:30pm Pacific time, 8:30pm Eastern time. If you cannot attend a conference, you can listen to a podcast of that conference on www.cclvi.org or on www.AIRSLA.org.

Here is a list of topics to be covered in 2011.

**Tuesday January 18, 2010**

Ten things you can do to keep your eyes healthy

Kent Small, M.D.
Director of the Macular Research Institute

**Tuesday, February 15, 2011**

How to meet people and date when you have low vision

Kristin MacDonald

**Tuesday March 15, 2011**

When should you tell others that you are visually impaired and how to do it?

Dr. Bill interviews a panel of people with low vision who share tips on when and how to let others know of your vision problem.

**Tuesday April 19, 2011**

How can the blind and partially sighted work together?

Richard Rueda, president of CCLVI,
Robert Stigile, president of NFB of California, San Fernando Valley Chapter
Tuesday, September 20, 2011
Everything that students should know before going back to school

Tuesday, October 18, 2011
How to handle uncomfortable social situations

Tuesday, November 22, 2011
Great holiday gifts for people with low vision

Tuesday, December 21, 2011
How to travel and see the world with low vision

Joel Isaacs

Donna Pomerantz Elected to Head CCB

Our very own board member and chair of our Legislative Committee, Donna Pomerantz, was elected President of the California Council of the Blind (CCB) in La Jolla at the fall CCB convention. We congratulate Donna on her new role stepping into the Presidency of CCB effective January 1, 2011.

CCLVI's 800 line, 800-733-2258, is a service we offer for members and anyone else who has concerns about low vision.

By calling this number members can report address or name changes, get information about health, about our scholarships, our convention, or other activities of our organization. Members can suggest projects that CCLVI can do.

Callers who are newly visually impaired or losing vision often call for information. These people learn that they are not alone. If they choose they can join CCLVI and connect with others who face similar challenges. Sometimes callers say that we were the first to give them useful information about coping with their vision loss. We invite them to call again when they need to. So they can learn of resources close to home, we often refer them to one of our members who lives in their area.

Readers Want to Know

Edited by Valerie Reis-Lerman

In Vision Access, Winter 2010 we introduced "A Question for You, Our Readers."

We are providing a place where you can ask questions about issues relating to low vision. Readers are asked to help their fellow CCLVI friends by giving their input. What would you say to this question?

WHEN is it the right time to tell others you have low vision? HOW do you tell others without it appearing that you are seeking sympathy, or without embarrassing yourself or others?

A reader, Jan Knuth, sent a response. Here is her reply:
I agree that it is very important to let others know about my low vision. I have 20/200 visual acuity due to albinism. I learned long ago that my low vision is very obvious, so I want to open up the topic of my low vision early on in a new relationship.

I wait for a natural time to discuss it. For example, if I am asked if I drove to an event, or if I would be driving, I say something like "No I can't drive because I have low vision."

Usually the response is, "Low vision? What's that?" Then I can give more details.

I also encourage others to ask questions about low vision anytime.

I stopped worrying about embarrassment?mine or the other person's. I find that if I am comfortable and matter-of-fact about it, the other person will usually follow my lead.

I have found that people often forget what I have told them about my low vision. I used to feel insulted about it, like they have forgotten an important part of me. I've stopped feeling badly about that and just remind them again.

I've also had this experience: one of the people I supervised told me that some staff members, having seen me on the street, said I was "stuck up" due to not acknowledging them. Fortunately, someone reminded them that I have low vision and may not have recognized them.

Another reader, Fred Scheigert, wrote: I wear special glasses to see well. There have often been times when people who don't know about these glasses ask me about them. This gives me an opportunity to talk about them and how they help me with my low vision.

What is your experience in this area? Letting others know about your low vision can be tricky at best. Is there anything YOU would like to add?

You can send either a response or a question by email to sacramentovalerie@yahoo.com.

A New Question

A new question has been submitted for this edition of Vision Access.

A reader hopes others will have guidance from their own life experience. Here is his question:

Having low vision since birth, I spend a lot of my life with my head bent forward trying to see what was in front of me. I bend to get my eyes close enough to what I need to read. On the computer, I strain my neck to look up at the corners of the monitor.

As you can see, this hasn't done much for my posture.

Most importantly, I'm sure I have no need to explain the challenge of neck, back, and headaches.

Fortunately I have found some solutions. Regular trips to my chiropractor have given temporary relief.

My question is: does anyone else find that low vision has contributed to poor posture? If so, do you have methods or exercises to remedy the problem?

If you had children with low vision, how would you help them avoid straining their necks, to see?

Send your replies to sacramentovalerie@yahoo.com.

Advocacy

CCLVI and ACB

The American Council of the Blind, ACB, is made up of state affiliates and 20 nationwide special interest affiliates. CCLVI is one of these special interest affiliates under the umbrella of ACB. CCLVI educates ACB about the needs of people who have low vision. Since 80 percent of ACB's
members have some residual vision, our role is important.

On the last weekend of February, representatives of all of ACB's affiliates attended a legislative seminar in Washington DC. They learned about issues that deserve legislative action. Then they went to Capitol Hill to meet with their senators and representatives to advocate for these legislative proposals that can benefit people who are blind or visually impaired. ACB's legal staff prepared materials and presentations and directed the activities for this legislative seminar. In the "Advocacy" section of this issue of Vision Access you can read about two of the legislative initiatives on this year's agenda in the articles entitled "ACB Legislative Seminar Addresses Reimbursement for Low Vision Technology" and "Access to Prescription Drug Labeling." Learn how your voice, too, can be heard and make a difference.

ACB Legislative Seminar Addresses Reimbursement for Low Vision Devices

Editor's Note: We encourage CCLVI members to contact their senators and representatives to educate them about this issue and to urge them to introduce legislation to fund reimbursement for assistive technology.

Background

In November of 2008, the Centers for Medicare and Medicaid Services (CMS) promulgated a regulation that has had a detrimental impact on the lives of countless individuals who are blind or visually impaired.

To the dismay of the blind community, the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Acquisition Rule contains a provision entitled "Low Vision Aid Exclusion" which states that all devices, "irrespective of their size, form, or technological features that use one or more lens to aid vision or provide magnification of images for impaired vision" are excluded from Medicare coverage based on the statutory "eyeglass" exclusion. ACB is well aware that this extremely restrictive reading of the "eyeglass" exclusion has resulted in the denial of vital assistive devices for seniors and other Medicare beneficiaries who may have disabilities, particularly those with vision loss, who need to use such devices to live healthy, safe and independent lives.

Impact of the Exclusion

This proposal has had a significant impact on beneficiaries with vision impairments who depend on assistive technology that incorporates "one or more lens" to aid in their vision. The expansion of the eyeglass exclusion has prevented access to devices such as hand-held magnifiers, video monitors, and other technologies that utilize lenses to enhance vision. These tools are often essential for individuals with low vision who, without the aid of assistive technology, cannot read prescriptions, medicine bottles, and other important materials containing content that is vital to their personal health and safety. Unbelievably, CMS has also excluded coverage of inexpensive devices like white canes.

In short, these devices allow individuals with low vision to live independently and safely and to perform activities of daily living.

Without the aid of such assistive devices, many more individuals will be forced into care facilities and nursing homes as our population ages. Seniors on fixed incomes often find the cost of such devices burdensome and therefore are unlikely to be able to afford to purchase them on their own.

The initial impact of this unreasonably narrow interpretation of the eyeglass exclusion has meant a decrease in access to current devices, since prior to this rule change, it was not uncommon for Administrative Law Judges to require Medicare to provide them to beneficiaries who had visual impairments and could demonstrate the requisite necessity. We believe the proposal will have an even more detrimental impact in the long-term. The expansion of the statutory eyeglass exclusion to include any technology that uses "one or more lens for the primary purpose of aiding vision," serves as a preemptive and unwarranted coverage denial for any new technology designed to assist individuals with vision loss.

ACB believes that this preemptive coverage denial is particularly harmful because it serves as a tremendous disincentive to innovators and researchers to develop new and progressive vision technology. Medicare coverage policies often
drive the coverage policies of private health plans, which are influential when it comes to investments in research and development. If Medicare continues to maintain this preemptive coverage exclusion for low vision aids, we will undoubtedly see a decrease in innovation in this area.

**Recommendation**

ACB calls on the U.S. House of Representatives and Senate to introduce and pass the Low Vision Devices Inclusion Act of 2011. This critical legislation would overturn the CMS regulation barring coverage for low vision devices and establish criteria for their provision. Such criteria would acknowledge other distinctive features employed by the most valuable low vision devices, other than their mere use of a lens, such as a device's integration of a light source, use of electrical power, or other distinctive features.

For further information, contact Eric Bridges, Director of Advocacy and Governmental Affairs, American Council of the Blind, 2200 Wilson Boulevard, Suite 650, Arlington, VA 22201, ebridges@acb.org

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**Access to Prescription Drug Labeling**

Editor's Note: The following article describes a Legislative Imperative presented at the 2011 ACB Legislative Seminar. Use this information when you contact your senator and representatives to urge them to introduce legislation about this matter.

At least 25 million Americans experience severe vision loss impacting their ability to independently read prescription labeling and related information. Given that the incidence of vision loss is expected to dramatically increase, this poses a significant public health challenge.

The Food and Drug Administration (FDA) implements laws and regulations that govern the amount and nature of information that is provided to the public about prescription drugs. However, the FDA has never issued specific regulations or guidelines to guarantee that prescription drug information intended for patients is accessible to persons who are blind or visually impaired. In general, states are the primary regulators of the content and format of information provided directly on prescription bottles and/or pharmacy-provided packaging. Nearly all of the states in the union have statutory requirements pertaining to prescription labeling. However, no state law ensures that prescription labeling is accessible to persons with vision loss.

Few states have ever considered adopting clear accessibility requirements.

Some pharmacies are beginning to experiment with different ways to offer their customers alternate means of identifying prescription medications. However, while such efforts are well-intentioned, they do not amount to a national trend and are not based on any reliable standards or evidence of their effectiveness.

Nationally, few pharmacies are voluntarily providing their customers with meaningful access to the labeling and other information related to prescription medications they dispense. Moreover, those pharmacies that have begun to try to provide their customers who have vision loss with prescription information they can use are doing so in a vacuum without standards that ensure complete and consistent presentation of information.

As part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress called upon the FDA to investigate solutions addressing the problem of inaccessible prescription drug labeling. Unfortunately, the report issued to Congress in May 2005 failed to describe specific processes, regulatory changes, or other solutions ensuring access. Nevertheless, the report does affirm that "all Americans, whether visually impaired or not, should have equal access to essential prescription drug information". In essence the FDA missed an opportunity to offer meaningful answers to the challenge of inaccessible labeling and related information. Since the study's release in May 2005, some effort has been made to convene expert panels to begin to formulate questions for future research and the development/communication of stopgap solutions. The failure to make medication labeling accessible to people with vision loss has been shown to lead to significant health risks (see e.g., consumer survey conducted by the American Foundation for the Blind at www.afb.org/labels.)
ACB calls on Congress to introduce and pass The Prescription Drug Accessibility Act. This legislation would grant the FDA clear authority to regulate this area and develop standards to ensure that prescription labeling is accessible to individuals with vision loss. A number of existing solutions demonstrate the feasibility of providing access to prescription drug labeling and pharmacies should be prepared to provide prescription labeling by multiple means.

For further information, contact Eric Bridges, Director of Advocacy and Governmental Affairs, American Council of the Blind, 2200 Wilson Boulevard, Suite 650, Arlington, VA 22201, ebridges@acb.org

Class Action Lawsuit against Disney
Case No. 10-cv-5810

In September 2010, three visually impaired women, who have long been patrons of the Walt Disney Company's theme parks and website, filed a class action against two Walt Disney companies, alleging that Disney's websites relating to its theme parks, hotels and restaurants are inaccessible to the visually impaired, in violation of the Americans with Disabilities Act and other laws.

According to the class action complaint filed in the U.S. District Court, Central District of California, the ADA requires Disney's websites to respect the needs of the visually impaired, such as by accommodating the use of screen-reader technology. The Disney sites, which are created for Disney affiliate Walt Disney Parks and Resorts by two other affiliates, Disney Online and Walt Disney Parks and Resorts Online, are replete with video and audio trailers which cannot be turned off by people who cannot use a mouse and which drown out screen-readers. The websites also contain Flash content that is not accessible to blind people. The Plaintiffs assert that Disney simply does not address the needs of people who are visually impaired in creating its webpages.

These allegations are brought along with broader allegations that Disney unlawfully discriminates against blind patrons, by refusing to reasonably accommodate the needs of guests with guide dogs, refusing to provide functional audio technology, refusing to provide Braille menus, schedules and maps, and more.

According to the class action complaint, Disney denies that it owes any special obligation to blind people as a group, and asserts that decisions regarding accommodations for its visually impaired patrons must be made one guest at a time and not as a matter of company policy. The complaint also alleges that Disney denies an ability to estimate the number of visually impaired or blind guests who visit its resorts or its websites.

On February 14, 2011 the Plaintiffs filed their brief supporting certification of the class, a milestone event in any class action case. The Plaintiffs expect to establish that thousands of visually impaired patrons visit Disney's parks, restaurants and hotels each year, and that the three named Plaintiffs' claims are common to those of the much larger class. The Complaint does not seek money damages from Disney, but only compliance with ADA and other laws which require Disney to accommodate the needs of, and not discriminate against, its visually impaired patrons.

Anyone desiring to obtain or share further information about Disney's treatment of blind and visually impaired people is invited to contact attorney Andy Dogali of Tampa, Florida, at 813.289.0700 or adogali(at)forizs-dogali(dot)com. The Plaintiffs' brief is available for review, along with the Class Action Complaint and other documents, at the "News" link on the attorney's website, at http://www.forizs-dogali.com

People
Introducing Art Takahara: 
Not Fully Sighted Yet Living Life 
to the Fullest 
By Sarah Peterson

Countless times we have been told to never allow our vision to prevent us from following our dreams, and that we possess the ability to do whatever we set our minds to. Now, I will admit that after a while this statement sounds a bit cliché. As members of the low vision community, it's easy to consider this fact a given, all the while never admitting to becoming downtrodden with life's obstacles. Sometimes it takes an amazing individual with an inspiring story to tell for us to acquire a fresh perspective on the wisdom of this advice. The life of Art Takahara, a gentleman whose eyesight has not prevented him from becoming even more successful than the average fully sighted person, truly provides us with motivation and confidence to achieve our own goals.

Mr. Takahara is a man of many triumphs, talents, and interests. Residing in Mountain View, California, he is currently the CEO and an engineer of his own electronic company, De Anza Manufacturing Services, Inc., a business involving manufacturing and high-speed networking. He also enjoys playing an active role in politics, especially when he served as mayor of Mountain View and currently as a board member for five nonprofit organizations.

In addition, Mr. Takahara has a passion for both music and drama. He expresses this love for the arts through participation in the Valley Chorale, a vocal music group that performs everything from sacred songs to show tunes at assisted living centers and other numerous settings. This interest originated with the influence of his gifted mother, also a talented performer. After serenading a crowd during his first vocal solo in the third grade, Mr. Takahara decided to pursue this passion further. He was rewarded for his many years of musical commitment, both instrumental and vocal, with a prestigious scholarship to attend the University of Washington. Upon entering college, he briefly contemplated pursuing a major in music. After his decision to keep music solely as a hobby rather than a career, he began to look toward engineering.

While he has accomplished many great feats worthy of recognition, Mr. Takahara has had to make some considerable adjustments, as he is also an individual with low vision. At age fifty-five, his eyesight began to decline due to his recently-diagnosed glaucoma. Many individuals with low vision claim it is significantly more difficult to adjust to a loss of eyesight later in life rather than to cope with the lack of full sight from birth. However discouraging vision loss may be, Mr. Takahara is certainly one of the most positive individuals alive. He claims that this physical change was not entirely difficult, as it gradually worsened over a period of time and has now stabilized to a state he has grown used to.

This year is an important one for Mr. Takahara, as it is the first year he has chosen not to drive. Although he reasons that his vision does not necessarily prevent him from driving if he truly wanted to, he has no desire whatsoever to be the cause of accidents. He states that he is very content with this decision, as it prevents him from ever contributing to such a disaster. Mr. Takahara expresses immense gratitude for residing in an area that provides public transportation, as well as being surrounded by very important friends and co-workers always willing to carpool. He wishes to remind the low vision community that people are most likely very willing to extend a helping hand in a time of need, especially if we feel comfortable with discussing these needs.

Mr. Takahara always actively searches for the bright side of each situation. For example, he feels he is doing his part to help the environment when he carpool or uses public transportation. He also likes to be prepared ahead of time. When he learned about his worsening eyesight, he decided to become more familiar with the area's bus system.

Mr. Takahara also reminds us that occasionally poor examples, as well as encouraging ones, can motivate us to choose a different path. For instance, he recalled that his father lost the ability to drive at ninety-two years of age, passing away only a few years later. After experiencing his father's growing bitterness and decision to remain negative about his loss of independence, Mr. Takahara was determined to make the best of each situation and use such tribulations to grow as a person.
While he certainly has succeeded in remaining consistently positive, Mr. Takahara's life as an individual with low vision has certainly not been completely void of challenges. One of the most tedious tasks of self-advocacy he frequently encounters is the task of enlarging an abundant amount of reading material, especially sheet music and theater scripts. Because this often proves to be more work that it is worth, he chooses to do a great deal of memorization viewing this as a positive practice for maintaining his mental faculties.

He has also discovered that mobility, such as stage directions during the San Jose theatrical productions, takes more of an effort to master. Much of this, he admits, has simply to do with being open about his needs and advocating for himself. If you continue to feel embarrassed about discussing a particular disadvantage you may have, he cautions, people may acquire misconceptions about you, such as thinking you are lazy and irresponsible.

Mr. Takahara explained that he does not use much assistive technology created for those with low vision, except for a very helpful handheld CCTV and a computer with a twenty-inch screen on which he can manually adjust font sizes. He also claims that the recently popularized iPad is extremely convenient for people with low vision, especially since it is equipped with voice and Zoomtext. Despite the many technological options out there, he explained that a major disadvantage with these products is their extremely high price.

For example, CCTV dealers are lucky to sell only one thousand of these in one year. Because the companies are catering to such a small percentage of the population, the prices of the products are higher than those intended for fully sighted individuals. This is a problem for the low vision community, as those with limited eyesight frequently have trouble finding a job with a stable income. Although things have greatly improved for those with disabilities seeking a position in the workforce, options are still limited compare to those for fully sighted citizens. This problem also intensifies with the high price of even giving the product a trial run, and there are few customer support services. Mr. Takahara recommends these companies follow the example of the San Francisco Lighthouse for the Blind, which offers classes on how to use products such as the Victor Reader Stream.

Despite the inevitable challenges that accompany low vision, Mr. Takahara has seized every opportunity to have an optimistic outlook and share his story with others. He advises members of the low vision community to use their own resources and talents to give back to the community in which they live, and to realize that it only requires a desire to make a difference, not full sight, in order to have a positive impact on the world around us.

Science and Health

Avastin Restores Vision in Premature Infants

Editor's Note: This news was reported in Houston KTRK TV 2011 and in Retina the Journal of Retinal and Vitreous Disease 2008.

Premature infants have been at risk for developing retinopathy of prematurity. Blood vessels grow in the wrong places around the eye and can lead to impaired sight.

A national study lead by Dr. Helen Mintz-Hittner found a surprising solution -- a single injection of a cancer drug, Avastin.

Avastin shrinks blood vessels in the eye, just like it does those that feed a cancer tumor. Healthy vessels grow back, restoring vision.

The treatment is rapidly being adopted by hospitals around the country. Because it's a cancer drug, being used off-label for vision, it's inexpensive. The cost of saving a baby's eyesight is $40. The injection is simple to give. Nurses in Third World countries, where more premature infants are surviving, can administer this treatment saving infants from retinopathy of prematurity and its consequences.
Ten Things You Can Do to Protect Your Vision
By Dr. Kent Small
Summarized by Matt Kickbush

Editor's Note: This is a summary of the Let's Talk Low Vision with Dr. Bill Teleconference of January 18, 2011

This teleconference featured guest speaker Dr. Kent Small, a graduate of Duke University, where he performed a fellowship in the area of vitreo retinal surgery. He was also a former director of the retina division of the UCLA Jules Stein Eye Institute. Dr. Small founded a research organization called Molecular Insight. He is currently in private practice in Los Angeles and Glendale California.

During this teleconference, Dr. Small presented ten things we can do to maximize and preserve our retinas. Many of the suggestions are given to his own patients who have age related macular degeneration. The majority of these suggestions stem from the Age Related Eye Disease Study (AREDS), which is a clinical trial that studied six-thousand individuals for fifteen years to determine whether antioxidants in vitamins played a role in slowing the progression of macular degeneration. This trial was sponsored by the National Eye Institute.

Dr. Small began with the reminder that age related macular degeneration is the leading cause of blindness in the U.S. and most developed countries. The incidence of age related macular degeneration is expected to double by the year 2020. This increase is due to people living longer and the addition of "baby boomers" entering the high risk groups.

Here are Dr. Small's recommendations:

1. Check an Amsler Grid on a daily basis. An Amsler Grid is similar to graph paper with a dot in the middle. The chart can feature contrasts of white on black or black on white. Hold the grid at reading distance and cover one eye at a time utilizing any bifocals or reading glasses. Stare at the center dot without scanning the rest of the grid. Notice if you see a "change" in the grid from the previous viewing. A change in the appearance of the grid could indicate the development of wet macular degeneration. Wet macular degeneration occurs more suddenly, which makes the grid useful in this measurement. Dr. Small stated that the test should only take five seconds per eye. If an individual has low vision the Amsler Grid may not be helpful. Instead, he or she should focus on the tiles in the kitchen or bathroom, Venetian blinds, or anything that is consistent enough to look at everyday under the same distance and conditions. An Amsler Grid is not the most sensitive tool; the grid will only detect about twenty to thirty percent of all new onset macular degeneration.

2. Vitamins: Dr. Small recommended taking the standard AREDS (Age Related Eye Disease Study) vitamins. The vitamins contain antioxidants and minerals that have been proven from the AREDS trial to lower the risk of macular degeneration and age-related macular degeneration (AMD). The vitamins contain zinc oxide, beta carotene, vitamin C and E, and lutein. He recommended finding AREDS vitamins through the "Viteyes" mail order company which offers a variety of formulas, including powder form. Based on recent studies by the Veterans Administration, the supplement of beta carotene in men who smoke can increase the risk of lung cancer. Dr. Small mentioned that smokers, or former smokers up to five years, should take the AREDS without the beta carotene supplement. Additional separate supplements can also help in lowering the risk of AMD including Folic Acids with vitamins B-6 and B-12.

3. Spinach: Dr. Small referenced a dietary study that was performed at Harvard University twenty years ago. The study showed that patients who habitually and normally ate dark green leafy vegetables had less macular degeneration and that the severity of the macular degeneration was less than those who were beef-eaters. Some of the other dark leafy vegetables that were mentioned along with spinach are kale, collard greens, and turnip greens. These dark leafy vegetables contain lutein. Carotenoid pigments, such as lutein, are naturally concentrated in the macula and fovea.

4. Fish: Dr. Small recommended eating fish at least twice a week. Fish contain omega three fatty acids, which have been proven to be beneficial, according to the AREDS Trial. Three of the fish that are recommended are salmon, herring, and sardines.
5. Baby aspirin: Take one baby aspirin (81 mg) per day. Data that comes from AREDS suggests that taking baby aspirin slows the progression of macular degeneration. It is believed that aspirin acts as an anti-inflammatory in altering the inflammatory pathways in the retina.

6. Do not smoke: Dr. Small stated that smoking increases the risk of macular degeneration by four hundred percent. All studies conducted on AMD state that smoking increases the chance for macular degeneration.

7. Maintain ideal body weight: AREDS data shows that people who are overweight have an increased risk for macular degeneration and age-related macular degeneration.

8. Lower cholesterol: Maintain the appropriate cholesterol level.

9. Fish oil capsules: The omega three fatty acids that are found in fish oils are beneficial. Dr. Small recommended taking the fish oil capsules, in addition to the two portions of fish twice a week. For individuals who do not want to take fish oils, Dr. Small suggests flax seed oil as a substitute.

10. Sun protection: Wearing sunglasses in bright light can help to protect the macula which is the center portion of the retina.

These suggestions, along with the AREDS vitamins, will help slow the progression of macular degeneration by thirty to thirty-five percent. The suggestions will not reverse the condition of macular degeneration. Individuals who have macular degeneration should be checked every six months with a fully dilated fundus exam. These suggestions are also recommended for children of individuals who have macular degeneration; they can be at an increased risk for macular degeneration later in their life.

To contact Dr. Small for questions or for an appointment, his office telephone number is 310 659 2200 or via e mail: kentsmall90077@yahoo.com

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**Lucentis Reverses Some Vision Loss Caused by Diabetes**

Diabetic retinopathy is a leading cause of blindness in the U.S. The condition results from the growth of abnormal blood vessels in the back of the eye that leak fluid and serum into the retina. As a result, the retina swells, damaging photoreceptor cells. If left untreated, diabetic retinopathy can cause severe visual impairment and blindness.

For the past 25 years, diabetic retinopathy has been treated with a laser to destroy abnormal blood vessels. Although laser therapy slows disease progression, the effects are temporary, and repeated treatments can damage healthy retinal tissue and impair vision. National Eye Institute (NEI) investigators have been working to improve treatment and preserve vision. The NEI and the National Institute of Diabetes and Digestive and Kidney Diseases started the Diabetic Retinopathy Clinical Research Network (DRCR.net) to find more effective treatments for diabetic eye disease. DRCR.net is a collaborative clinical trial network involving both academic centers and community ophthalmic practices.

Evidence has accumulated that abnormal blood vessel growth in diabetic retinopathy is caused by a protein, vascular endothelial growth factor (VEGF). This trial compared the effectiveness of laser therapy alone to laser therapy combined with Lucentis, a drug that prevents VEGF from stimulating abnormal blood vessel growth. The study involved 690 patients at 52 clinical sites within the DRCR.net. Nearly 50 percent of patients who received the combination of Lucentis and laser treatment experienced substantial visual improvement after one year, compared with only 28 percent who received laser treatment alone.

This treatment represents a dramatic breakthrough as it is the first therapy for diabetic retinopathy that improves vision. Lucentis is currently FDA-approved for treating age-related macular degeneration which is also caused by leaky, abnormal blood vessels. Although the use of Lucentis for diabetic retinopathy is currently off-label, the results of this trial are already changing clinical practice. Moreover, the DRCR.net is a model network for rapidly developing and implementing large, multi-center clinical trials.
New Test Detects Glaucoma While Reversible
By Nancy Walsh

Editor's Note: Nancy Walsh is staff writer for MedPage Today.

A steady-state pattern electroretino-gram 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, Fla.

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

Cancer Website Now Accessible

The American Cancer Society (ACS), in collaboration with the American Council of the Blind (ACB), has taken affirmative steps to make its newly redesigned cancer.org website and other information accessible to people with visual impairments. The American Cancer Society's new website provides an improved experience for anyone looking for information, help or ways to fight back against cancer. The new cancer.org is divided into four main sections - Stay Healthy, Find Support & Treatment, Explore Research and Get Involved - that reflect the primary ways the American Cancer Society helps save lives.

The American Cancer Society's new website is designed to meet guidelines issued by the Web Accessibility Initiative (WAI) of the World Wide Web Consortium (W3C) (www.w3.org/wai). The guidelines, which do not affect the content or look and feel of a website, ensure that sites are accessible to people with visual and other disabilities. The guidelines are of particular benefit to computer users who use screen reader, voice output or magnification technology on their computers and who rely on a keyboard instead of a mouse for navigation.

Website for Nutritional Information and Products
By George Mueden

Directionsform.org is a website that contains nutritional and product information for over 350,000 foods and appliances. Once you get past all the messy announcements it does fairly well. I found a list of product category links down the left margin and there is a search box.

I tried it on my computer. I wonder if it can be quizzed from a cell phone in the store.

Quality of Life
Free Audio Recordings Using AIRSLA.org

Have you ever wished that you could read all the popular magazines, or learn about the latest in cell phones and computer technology for people with low vision? Would you like to keep up to date on the latest treatments to reverse blindness? The Audio Internet Reading Service of Los Angeles, (AIRSLA) is your one-stop source for audio recordings on all of these topics and much more. Founded in Los Angeles, CA., AIRSLA is a non-profit organization that produces audio recordings called podcasts for people with low vision and those who cannot read typical print.
AIRSLA is staffed by volunteer voiceover artists and audio engineers from throughout the United States. These people read articles from popular magazines, such as People, Oprah, Scientific American, Sports Illustrated, Consumer Reports, and dozens more. In addition, AIRSLA produces educational programs that will teach people with low vision how to perform daily activities independently. They also post interviews with some of the most successful people with low vision who will inspire and motivate you. AIRSLA also has interview shows where experts in the field of low vision and technology share the latest advances to help people with vision impairment to work, play, and learn.

Whether you are interested in the arts, politics, cooking, science, sports, drama, technology, health, or if you want to listen to some of the most important seminars on vision impairment from the Council of Citizens with Low Vision, International, Foundation Fighting Blindness, and the Braille Institute, AIRSLA has the audio recording for you. Simply go to www.AIRSLA.org on your computer or Internet radio and listen from your home or office. If you wish, you can download any of the shows and listen to them on your iPod, Victor Reader Stream, Book Sense, or other MP3 listening device. Best of all, it is free! To listen, go to www.AIRSLA.org.

Dating and Low Vision
A Teleconference with Dr. Bill
Summarized by Matt Kickbush

This teleconference from February 16, 2011 featured guest speaker Kristin MacDonald, who hosts a Podcast titled "Second Vision." During this teleconference, MacDonald talked about dating and low vision. MacDonald is currently writing a book titled 100 Blind Dates, a story of MacDonald's life in which she began as sighted and later became visually impaired.

Dr. Bill began by asking MacDonald what is the main difference in how people treat her as sighted versus being visually impaired. MacDonald responded that when meeting someone through family, friends, work, and social gatherings, people saw her differently than when meeting on-line. MacDonald mentioned that she doesn't see herself as a person who is blind; it is something that happened to her, it's not who she is. "Just be who I am...the more I was who I was, the more people just saw me and not my disability." She said that people may treat her differently initially, but eventually they treat her like just a regular person.

Dr. Bill shared the importance of letting other people know about your visual impairment. Not letting others know can build up your stress and anxiety, which can change the way you act when meeting new people. Once you can get over the anxiety of letting others know about your visual impairment, you can be yourself and allow the chemistry to be what it's supposed to be. Dr. Bill pointed out that by hiding your disability to someone with whom you may fall in love can be damaging. When you finally tell the other person after a length of time, they may feel betrayal or a lack of trust that you couldn't tell them right from the start.

MacDonald highly recommended trying out on-line dating. She believes that this format can help you expand your horizons and meet more people.

Unfortunately, many of the on-line web pages do not work well with screen reading software, such as JAWS. It's a good idea to have a friend help with page navigation, pictures, and profiles. She recommended "Match.com," which requires a small fee. When filling out your personal profile with on-line dating services, MacDonald strongly recommended being up front and confident about disclosing your disability, rather than hiding it. Telling others right away will result in responses from people who are aware of your disability and are serious about meeting you.

MacDonald provided some helpful dating tips when meeting someone for the first time.

Try to get to know the other person right away using the phone instead of just e-mailing. This will give you a better sense of that person, and whether or not there is a connection. Meet at a public place for coffee or a light lunch; this will prevent being committed to a long date with someone you don't yet know very well. MacDonald also offered some precautions when meeting someone for the first
time. This includes letting others, such as a friend, know where and with whom you may be going out on a date. Try to meet someone during the daytime. Take the taxi to meet your date, rather than having your date picked you up from your residence. When picking a place to meet, choose a location with which you are familiar or where people may know you. Also pick a location that has good lighting or places to sit without glare. You should "Google" someone before meeting them to find out more about their background.

MacDonald gave some helpful options to take in order to find and meet new people. Let your friends and family know that you are interested in dating and being set up with others. Also take up activities that you really like such as sports or dancing. This will provide opportunities to meet others who have the same interests and will allow others to see who you are right away. Other great activities that Dr. Bill mentioned for meeting new people included working out in a gym, volunteer groups, charities and support groups.

To learn more about Kristin MacDonald's Podcast programs on dating, visit her web site at www.secondvision.net

### Employing People with Disabilities

**Reported by Barbara Milleville**

According to recent data from the U.S. Bureau of Labor Statistics, 26 million of the nation's 200 million working-age people have one or more disability. Of that number, only a fraction—just over 20 percent—are currently in the labor force, including many who are self-employed or underemployed.

These eye-opening statistics reflect the magnitude of employment challenges for those with disabilities. People with disabilities represent a significantly under-utilized talent pool. A new book, *Perfectly Able: How to Attract and Hire Talented People with Disabilities*, addresses these issues. This book is authored by Lighthouse International, a non-profit dedicated to fighting vision loss and empowering people who are visually-impaired. This book has been compiled and edited by Jim Hasse, an entrepreneur who has cerebral palsy.

*Perfectly Able* shows employers how to develop their workforce, including workers with disabilities, by completely retooling their recruitment and hiring practices and rethinking their strategies for building a diverse and inclusive workforce.

Packed with real-world examples of innovative HR practices at major corporations, *Perfectly Able* distills a wealth of insights from Lighthouse International's cross-disability online career network to provide the practical information employers need: interview questions for identifying people with the right qualities and skills, tips for translating volunteer or entrepreneurial experience into corporate experience, and recruitment strategies for locating top job candidates from among the disability community.

*Perfectly Able* also goes behind the scenes to provide fresh perspectives, relating inspiring stories of how people with disabilities have handled real-life workplace challenges. This book uncovers limiting attitudes and misperceptions that are often held about those with disabilities and it explodes the myth that ADA's accommodation guidelines make it too expensive to employ workers with disabilities.

"There's a too-common assumption that being disabled means being unable. That robs an employer of the opportunity to consider people with disabilities as intelligent, capable, and often innovative people who just happen to have some faculty in disrepair," says Katy Jo Meyer, a technical recruiter at Microsoft Corporation. In fact, in overcoming challenges, many people have acquired the qualities that employers are desperate to find: they are resilient, adaptable workers; creative problem-solvers and impressive bridge-builders.

*Perfectly Able* helps HR professionals, hiring managers, and small business owners reevaluate their diversity programs to make sure they're not just filling quotas but creating inclusive organizations. And it supplies the knowledge and tools for tapping into this often hidden labor pool to both enhance their diversity efforts and land valuable employees.

*Perfectly Able: How to Attract and Hire Talented People with Disabilities* is authored by Lighthouse International, compiled and edited by
Do you often find yourself wishing you could prepare delicious, nutritious meals that didn't take a lot of time? If that question is an accurate measurement of how you often feel, then the Pennsylvania Council of the Blind (PCB) No Measure Cookbook is just what the chef ordered.

Every recipe uses the quantities you're most familiar with: a bag of this, a half a can of that, a box of those, two eggs, and a handful of them. The only thing you'll be measuring is the amount of time and frustration you've saved by not measuring.

Here's one of the recipes from this collection.

1-2-3 Stew
1 lb. beef stew meat
1 10 oz can cream of mushroom soup
1 10 oz. can onion soup
Carrots (peeled and sliced)
Potatoes (peeled and sliced)
Preheat oven to 300 degrees. Mix meat and soup in a 2 qu. Baking dish. Bake for 3 hours. Add potatoes and carrots after 2 hours baking or 1 hour before serving.

The No Measure Cookbook is available in four accessible formats: Braille, DAISY, Large Print and Microsoft Word. This cookbook costs $12.50 per copy, except for the Braille version which is $25.

To order online and pay with PayPal, go to pcb1.org/cookbook. To order through the mail, send your order, with the enclosed check or money order to: 931 North Front Street, Harrisburg, PA 17102.

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The recorded version of Reader's Digest can now be downloaded from the American Printing House web site for playing on a digital player like the Victor Stream. To download Reader's Digest go to www.aph.org and set up an account by putting in your name and email address and creating a password. You download it just the way you download books from the BARD site, putting it into a folder on your computer and then transferring it into your player.

Assistive Technology

ABiSee Offers Mac Compatible Products

ABiSee, Inc, announces the launch of their Mac compatible Eye-Pal and Zoom-Ex products.

Note: Zoom-Twix, at this time, is only compatible with PC computers. Enjoy the same great features and functionality of our PC based products now on MAC computer. Mac software is used with the same keystrokes as the PC software.

We have added a new feature to the Mac software: the ability to save entire books as an MP3 file. The MP3 file can be uploaded to your Ipod, IPod, or even burned onto a CD to create audiobooks.

For more information call 800-681-5909, or visit www.ABISee.com, "Productos" tab, choose IPal.
Access to Mobile Document Scanning

Pathway Innovations and Technologies, Inc., the designer and manufacturer of HoverCam office cameras, and Serotek Corporation, the designer and manufacturer of Docuscan Plus™ have worked together to provide accessibility to mobile document scanning.

Unlike conventional scanners, the portable Neo and pocket-sized HoverCam Mini scan documents in one second or less. Users need only plug it into any computer's USB port. The DocuScan Plus software offers high-quality optical character recognition to convert the printed page to text. This self-voicing application requires no special drivers and can read printed pages as well as many types of PDF files, including those containing text or those containing only images. This technology offers users the immediacy, portability and global accessibility often required in today's mobile business environment.

The entire camera and software package is affordably priced below $800.

For additional information, contact Pathway Innovations and Technology, Inc. at 858-812-6358, visit www.thehovercam.com, contact Serotek Corporation at (612) 246-4818 or visit www.docuscanplus.com.

HumanWare Offers SmartView 360

HumanWare announces the arrival of the SmartView 360 which features an integrated, rotating camera that is easily positioned to magnify images. The SmartView 360 helps people with low-vision to clearly see the world around them.

This device helps students read books, see blackboards, power point presentations. Seniors will find it helpful for everyday uses such as reading instructions, books and mail, and for personal tasks such as applying make-up and styling hair.

With its 360 degrees camera view users can see everywhere--desktop, distance, self-view. Its compact design fits into any workspace and easily moves from one location to another. Because it is easy to set up, users can begin using it quickly. Magnification is large so users can see things at the size that's right for them. The Auto focus feature with focus lock ensures a crisp image on what's important.

Shipping will begin in mid-November. The SmartView 360 is priced at $2195. For additional information on the SmartView 360, visit: www.humanware.com/smartview360.

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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.
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www.ABISee.org

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Consumer Survey on
Prescription Labeling
www.afb.org/labels.

Diabetic Eye Diseases
www.DRCR.net

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HumanWare
www.humanware.com/smartview360
Kristin MacDonald Podcasts
Secondvision.net
Let's Talk Low Vision Teleconference,
218-339-2699, ID# 764516

No Measure Cookbook
Pennsylvania Council of the Blind
931 North Front Street
Harrisburg, PA 17102.

Nutrition and Product Information
www.directionsforme.org

Pathway Innovations and Technology, Inc.
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