

VISION ACCESS

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by

the Council of Citizens with Low Vision International.

VISION ACCESS is a magazine by, for, and about people with low vision. VISION ACCESS is published quarterly in three formats (cassette, large print, and email by subscription) by the Council of Citizens with Low Vision International (CCLVI), a not-for-profit affiliate of the American Council of the Blind. Views expressed in VISION ACCESS are those of the individual contributors and do not necessarily reflect the views of the editor or of CCLVI. All rights revert to individual contributors upon publication.

VISION ACCESS welcomes submissions from people with low vision, from professionals such as ophthalmologists, optometrists, and low vision specialists, and from everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications. Submissions are best made on 3.5" disk in a format compatible with Microsoft Word. Submissions may also be made in clear typescript. All submissions should include a self-addressed stamped envelope. VISION ACCESS cannot assume responsibility for lost manuscripts. Submissions may be mailed to Joyce Kleiber, 6 Hillside Rd., Wayne, PA 19087.

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From the Editor

Every time I begin to put a new issue of VISION ACCESS together, I wonder with what I will fill the pages of our magazine. This time, as before, I am amazed at all there has been said about low vision. What are scientists doing to prevent vision loss in premature infants? On ER, a man with macular degeneration committed suicide-What are people on WGPS listserv saying about this? What can you do to make your travel experiences easier? Ima Whyte Kane adds a light spot to your reading. And so much more... I hope you will find something in these pages to make your journey with low vision a little bit easier.

Thank you to everyone who contributed or wrote articles for this issue. I invite all of you, our readers, to share with us what you have found interesting and helpful. JMK, 3/20/04.

Organization News

President's Message

--Convention Preview

By Patricia Beattie

As this is written, plans are beginning to fall in place for our 2004 annual convention. This convention will be held in Birmingham, Alabama, in conjunction with that of the American Council of the Blind (ACB). CCLVI will have programs and social functions beginning on Sunday morning, July 4 through Friday night, July 9. Our program sessions will be Sunday morning, and on Monday, Tuesday and Wednesday afternoons.

To those of you who may not yet have attended conventions of CCLVI, ACB and other national special interest affiliates, we extend a special invitation to join us in Birmingham. For many attendees, a major highlight is the exhibit hall - a "candy store" of special technologies and other products of particular interest to people with vision loss. The Exhibit opens on Saturday afternoon, July 3 and will be open through noon on Wednesday, July 7. The convention will be at the Birmingham Sheraton Hotel and Convention Center. The reservation number is (205) 324-5000.

Be prepared for warm weather. The average temperature is 91 degrees in July. But do not despair -- you will be indoors most of the day, as the hotel is connected via a short walkway to the convention center. You will enter the convention center on the second floor, where the general sessions, exhibits and the ACB Café will all be in a row. Meetings will be held on either the first or third floor, accessible by elevators or escalators.

We are planning program sessions on several thought-provoking topics of special interest to people living with low vision. An important one will be current practices in low vision rehabilitation. We hope to visit the world-renowned vision rehabilitation center operated in Birmingham by the U.S. Veterans Administration. There is much controversy today about services appropriate for people with some residual vision. Should they be required to learn Braille? Must they use a very long white cane? And, most debated of all: what about requiring blindfolds or "sleep shades" during training?

In another session we will talk about depression which often accompanies the experience of vision loss. This discussion undoubtedly will continue during the traditional support group sessions to be held on Sunday and Wednesday afternoons.

Many people are confused about current Medicare rules and are wondering what will happen as the federal government rolls out its new prescription drug program next year. We'll have the opportunity to hear from the experts on this topic.

It is becoming more difficult to feel safe in crossing streets in both familiar and unfamiliar neighborhoods. Talking traffic signals may help. We will offer a workshop on how talking traffic signals actually work - and how we can advocate for them in our communities. It's amazing how different we think and describe problems and solutions than do traffic engineers! Learn to speak traffic engineer "speak" - and get an accessible traffic signal in your community.

Large print is important to people with low vision. What are desirable qualities of large print?. What size and style fonts? How much contrast? What about white space? We'll learn about standards for large print being developed in Canada. But, most important, we want to hear about YOUR needs for characteristics of large print.

And, of course, join us for fun and socialization. We hope to see you Sunday afternoon for our famous CCLVI mixer. We also sponsor dances on Sunday and Friday evenings featuring the wonderful music of ACB's own Gordon Kent. And don't miss our CCLVI Game Night on Wednesday evening.

You should receive registration materials listing all these and other convention activities in a mailing from the American Council of the Blind. You may either pre-register by mail or electronically - or register on-site in Birmingham.

If you have convention ideas or would like to help with any of the programs or social events, please be in touch with me at (703) 642-1909 or at pbeattie@nib.org. We also would welcome your thoughts on any of these or other topics of interest to people with low vision via a letter to the editor of this magazine. Why not consider joining in the information and thought sharing by submitting an article for publication in the fall issue of VISION ACCESS? We'd love to hear from you!

Cingular Wireless Grant Supports CCLVI's 800 Line

By Bernice Kandarian

CCLVI has received a generous grant from Cingular Wireless to underwrite the cost of our toll free information line.

CCLVI's 800 Line was established in February, 1990. Through this service we give callers information like what to expect from a low vision evaluation, medical information in alternate formats, products to help people cope, scholarships, and the chance to talk to someone with low vision who lives near them through Project Insight.

Cingular Wireless has been a leader in the telecommunications industry, adopting a policy on universal design, providing monthly bills in large print or braille, giving an allowance for a limited amount of directory assistance service without a charge along with voice connect at no charge, and is continuing to develop accessibility.

CCLVI wishes to publicly thank Cingular Wireless for their support and encourages you to check out Cingular Wireless to find out if it is true that "Cingular Wireless Fits You Best."

CCLVI Chapters

California Council, CCCLV, Bernice Kandarian, President

The California Council of Citizens with Low Vision (CCCLV) will hold its semi annual program and business meeting during the Spring Convention of the California Council of the Blind. This event will take place in Newark, California, at the Newark/Fremont Hilton Hotel April 15 thru 18, 2004. Program details will be shared in the next issue of Vision Access.

Delaware Valley Council DVCCLV

See a report by the guest speakers, Vicki Anderson and Joy Boyer at our January, 2004 meeting in the "Coping with Low Vision section of this issue of VISION ACCESS. Vickie and Joy are Orientation and Mobility Specialists and Rehabilitation Therapists who have established their own company-Compass.

In February, we attended an audio described performance³ of the play "Nickel and Dimed." In April and June we plan to attend two more audio described performances by the Philadelphia Theater Company.

We welcome new members with whom we hope to share much of what we ourselves have learned about life with low vision. Call us at 215-735-5888 for information.

Metropolitan Council, MCCLVI,

Ken Stewart, President

For information about this chapter which serves the New York area, call

National Capitol Chapter, NCCLV

Barbara Milleville, President

Here is a recap of happenings at recent NCCLV meetings.

Once again, Skip Sharpe was gracious enough to host our Holiday Party at a local VFW Hall on December 6th. Members had the opportunity to see old friends and make new ones in the blind and visually impaired community.

On February 24th, we had an Open Forum where attendees shared challenges they are facing and success stories. Others offered support and gave practical advice.

On March 23rd, we got to meet JORDY, Max and Flipper, star players in the Enhanced Vision line of low vision products. We got to try out the JORDY and saw why it is the star of the show. We all loved the versatility of JORDY. It is a portable device and can serve as a desktop video magnifier (CCTV) and as a device to see things at a distance.

To learn of future NCCLV meetings, e-mail to NCCLV@yahoo.com or call 703-645-8716.

Blind Adults in America,

Their Lives and Challenges--A Briefing on Capitol Hill

The results of the first comprehensive, national study of the lives of legally blind adults and children in the U.S were released in February at a briefing on Capitol Hill. The report based on this study is entitled, "Blind Adults in America, Their Lives and Challenges." It was made available at the briefing in hard copy and CD.

In cooperation with the Congressional Vision Caucus and the Congressional Caucus on Women's Issues, this briefing report was written by the National Center for Policy Research for Women & Families. The briefing also features Members of Congress; Dr. Margaret Giannini, Director of the Office of Disability at the U.S. Department of Health and Human Services; Ms. Betsy Paull O'Connell, Aid Association for the Blind in Washington, DC; and Jim Dixon, American Association of People with Disabilities.

The briefing focused on useful information for policy makers, advocates, and the media. Such information included regional differences in blindness, the financial and health needs of people with impaired sight, services used, and quality of life for blind adults. As baby boomers age, as diabetes becomes more common, and as Americans live longer than ever before, the incidence of blindness is increasing. The policy implications of these changes will become more pressing. What federal programs are helping blind adults, and what programs aren't? What is needed to make sure that blind adults can continue to live independent and productive lives in their seventies, eighties, and nineties?

Challenges to ADA

Court cases in Texas and Tennessee have posed challenges to the Americans with Disabilities Act (ADA). Each state is arguing that Congress has no constitutional authority to require states to pay money damages for violations of the ADA. Disabilities rights groups demand that state Attorney Generals enforce rather than fight against the federal law. They oppose the states' stance against applying the ADA to state and local governments.

In Texas the Attorney General defended the state against two federal lawsuits, contending that state and local governments in Texas have "sovereign immunity" from complying with anti-discrimination clauses of the federal ADA. In one of the cases, a lawsuit is brought by a Texas Tech University associate dean and professor who became legally blind. She sued under the ADA after university officials refused her request for high contrast tape to be placed on stairs. A separate class-action lawsuit is on behalf of 25,000 disabled Texans who are on waiting lists and who have been denied access to community services.

Civil rights advocates and other groups representing the disabled contend 4 million Texans or one in every five, are disabled and could be affected by the outcome of the lawsuits.

The U.S. Supreme Court is expected to hear a related case, Tennessee v. Lane and Jones. In it, two plaintiffs with paraplegia sued the state for failing to ensure that courthouses are accessible for the disabled.

Advocate's Alley

By Ken Stewart,

A Senior Class Act

Recently I heard that my town government was about to construct meeting facilities for local senior citizen clubs to use. I sought and was granted an audience with the Town Supervisor to offer my opinions about architecture and interior design choices that could make the space more friendly to folks with severe vision limitations.

I know from previous experiences that when local government builds, it depends entirely on its own engineers. They in turn, conscientiously rely on State building codes and federal regulations to tell them all they need to know about accessibility for all disabilities. These documents though mainly deal with the requirements of people with mobility impairments.

I was quite pleased with the receptiveness of the Town Supervisor. Here below is the content of my initial presentation. It represents the ideas and preferences I have collected from many colleagues who have low vision. It is not complete and not even precise to the particular needs of every person with limited vision. It is an attempt however, to spotlight some factors which are appreciated by most of us. I shall welcome feedback from VISION ACCESS readers on how well you think it captures the main points.

Introduction--The design features which consider the needs of vision impaired people are mainly in the design of interior elements and accessories rather than in the construction specifications. They include:

Lighting--Evenly distributed moderate intensity lighting is best. Switches which can adjust intensity, especially in work areas, are helpful. Fluorescent fixtures often are a source of excessive glare and should be used very selectively and with care to the type

installed. Windows should have covers or blinds which can be adjusted from fully open to fully closed, especially on the sunny sides of a building.

Visual contrast--The visual contrast (very dark on very light or very light on very dark) is extremely important. Switch plates and service outlet covers should be visually conspicuous by their contrast to the wall appearance. Contrasting baseboards help to define edges of room spaces and edges of corridors. Visual contrast of door jambs is helpful, and the edge of a door which shows when it is partially open, should be designed to be conspicuous.

Plumbing Fixtures--A restroom with all light colored fixtures against light colored walls and floor, can be a major problem. For example, if a white urinal is mounted on a white wall, a strip of black several inches wide around its edges can be extremely helpful. A dark colored or polished metal paper towel dispenser mounted on a light wall, is easiest to find.

Appliances--The controls on appliances like cooking ranges and coffee makers, should have large print labeling, and be in positions that are approachable (not at the rear of a range). Any digital displays should avoid red on black digits. Touch screen controls are usually very difficult for anyone who depends on tactile topography to find exact switch locations.

Furnishings--Light against dark contrast should be a consideration for furniture also. On a dark floor, light colored chairs are much easier to see, and vice versa of course. If the background context will be variable, chairs which incorporate both light and dark elements, are a smart choice. An example would be a chair with a dark seat and back cushion with light colored or polished metal legs and back supports. If table surfaces are very light it becomes much more difficult to see the location of items on them such as documents, white coffee cups, and paper plates.

You can get feedback to Ken through the Metropolitan Council, via CCLVI's toll free phone number 800-733-2258, or to www.cclvi@yahoo.com.

Science and Health

Eye Disease May Cause Sleep Disorders

February 1, 2004, Reprinted with permission from the American Academy of Ophthalmology.

A study appearing in the February issue of Ophthalmology-the clinical journal of the American Academy of Ophthalmology, shows that inner retinal and optic nerve disease may be a significant risk factor for sleep disorders.

In the prospective cohort study, researchers observed the sleep-wakefulness cycles of 25 visually impaired subjects, ages 12 to 20, and compared them with the cycles of 12 young subjects with normal sight. Because recent basic research has suggested the retina contains non-visual photoreceptors in the inner ganglion cell layer that communicate directly with the areas of the brain involved in circadian rhythms, the visually impaired subjects were divided into two groups--those with optic nerve disease and those without. Daily activity, including both sleep and wakeful periods of the subjects, was continuously monitored for 14 days using a wrist-worn actigraph.

"The study showed the subjects with optic nerve disease were 20 times more likely to have pathologic levels of daytime sleepiness, as indicated by napping, than the subjects with normal sight," said one of the study's authors, Russell N. Van Gelder, MD,

assistant professor in the Department of Ophthalmology and Visual Sciences at the Washington University Medical School, in St. Louis. "They were also nine times more likely to have pathologic sleepiness than the visually impaired subjects who were blind from the non-optic nerve diseases. We suspect these patients have difficulty using daylight to synchronize their internal rhythms to the outside world."

The subjects with the optic nerve disease also had highly variable wake-up times and had more trouble falling asleep compared to the other two groups.

"Taken together, these results lead to the unexpected conclusions that eye disease is a risk factor for sleep disorders and whether the optic nerve is healthy or diseased strongly influences the risk of sleep disorders," Dr. Van Gelder said. "Physicians and other health care professionals should be sensitive to the possibility of daytime sleepiness or insomnia, particularly in patients with severe optic nerve disease." This will likely affect all patients with congenital optic nerve hypoplasia, congenital glaucoma and other early onset optic neuropathies.

"There is an important take-home message here for all ophthalmologists," said Alfredo A. Sadun, MD, PhD. "While some might argue that there is little merit in trying to salvage already bad vision, this present clinical study confirms what we already suspected from basic science investigations. That is, even rudimentary vision is a required substrate for human health and longevity. Vision helps entrain the neuroendocrine control of circadian rhythms, and even poor vision is much better than no vision at all."

Early Treatment of Blinding Eye Disease in Infants Can Prevent Severe Vision Loss

An important clinical trial, sponsored by the National Eye Institute (NEI), a part of the National Institutes of Health (NIH), has provided doctors with improved prognostic indicators and treatment options for retinopathy of prematurity (ROP), a blinding disease that affects premature, low birthweight infants. ROP spurs the growth of abnormal blood vessels in the back of the eye. These vessels leak fluid and blood and scar the nerve tissue inside the eye, increasing the risk of retinal detachment and severe vision loss in infants.

Because it follows an unpredictable course, ROP presents doctors with difficult treatment decisions. In many infants the disease spontaneously regresses and spares vision. However, in some infants ROP progresses, resulting in serious visual impairment. Although current therapy can stem its progression, many infants are still blinded by the disease. Due to a lack of clinical criteria to predict which patients will ultimately develop severe vision loss from ROP, ophthalmologists were forced previously to defer treatment until it was clearly indicated. Unfortunately, as it turns out, delaying therapy can leave infants who might benefit more from early treatment with poor visual outcomes.

The Early Treatment for Retinopathy of Prematurity (ETROP) study results, published in the December issue of the "Archives of Ophthalmology", demonstrated that premature infants, who are at the highest risk for developing vision loss from ROP, will retain better vision when therapy is administered in the early stage of the disease. This treatment approach was found to be better than waiting until ROP has reached the traditional treatment threshold. Just as importantly, the study also established the value of an improved risk assessment model to more accurately identify those infants who are at the highest risk for developing severe vision loss from ROP.

The previous standard treatment threshold for ROP hinged on the disease having progressed enough that the risk of retinal detachment approached 50 percent. As part of the ETROP study, a new computerized risk model, developed by NEI-supported researchers, was used to identify high-risk infants early in the disease. The risk model assessed birthweight, ethnicity, being a single or multiple birth baby, gestational age, ophthalmic exam findings, and whether the infant had been born in a hospital that participated in the study. "This new risk assessment model proved invaluable in the early detection of infants who have a high risk of blindness and may require treatment. It also allowed us to better identify and monitor those patients who are less likely to require treatment," said Robert J. Hardy, Ph.D., the University of Texas School of Public Health at Houston, a researcher who led the efforts to develop this improved risk model.

Once identified, the infants were then assigned randomly either to treatment at the standard threshold (50 percent chance of retinal detachment) or to early treatment. Researchers found that early treatment significantly reduced the likelihood of poor vision from 19.5 to 14.5 percent at about one year of age. Early treatment also considerably reduced the likelihood of structural damage to the eye from 15.6 to 9.1 percent.

Current treatments for ROP involve laser therapy or cryotherapy. Laser therapy uses heat from light energy while cryotherapy uses freezing temperatures to retard blood vessel growth. A consequence of these treatments, known clinically as blood vessel ablation, is a partial loss of peripheral or side vision. Nonetheless, treatment is valuable in preserving the most important part of our sight -- the sharp, central vision we need to read, see faces or perform detailed tasks that require hand-eye coordination.

The study will continue to follow these infants until age six to ensure that the benefits of early treatment persist into childhood. "Because visual acuity continues to develop during infancy and early childhood, the long-term effect of early treatment on visual development is not yet fully known. We expect that the significant benefits to vision found in this study will persist into childhood, but we have to be sure," Dr. Good said.

Glaucoma Research Furthered With Implant.

March 11, 2004. Minnesota Eye Consultants has been selected as one of only 15 U.S. investigational sites to participate in on-going clinical trials (Phase III) for the Eyepass(TM) Glaucoma Implant. The device represents an emerging surgical treatment option for glaucoma, the second-leading cause of blindness.

"The Eyepass(TM) Implant, an investigational device, is designed to lower abnormally high intraocular pressure, which is the major risk factor for vision loss from glaucoma," said Dr. Thomas W. Samuelson, board-certified ophthalmologist and a founding partner of Minnesota Eye Consultants. "We are very encouraged by the preliminary results from the earlier phases of the clinical trials surrounding the Eyepass(TM) Implant, particularly for patients who have failed to respond to conventional medical therapies or laser procedures for glaucoma."

Approximately 2.2 million Americans suffer from glaucoma, and as many as 2 million more may be undiagnosed, according to the Glaucoma Research Foundation and the National Eye Institute. "Many patients are unaware that they have glaucoma until it progresses to more advanced stages," said Dr. Samuelson. "While there is no cure for glaucoma, early diagnosis and treatment can reduce its progression by as much as 50 percent."

Glaucoma involves damage to the optic nerve, most often from high pressure caused by poor drainage of a fluid (aqueous humor), which supplies nutrients to the cornea and lens, according to Dr. Samuelson. Some forms of glaucoma cause symptoms such as blurred vision, severe eye pain, headache, rainbow-colored halos around lights, nausea and vomiting.

The more common form of glaucoma, known as open-angle glaucoma, typically does not exhibit any outward signs or symptoms, according to Dr. Samuelson. Rather, the disease develops gradually and can go undetected for years. "An annual, fully dilated eye exam is the best means to monitor eye health and pressure and detect glaucoma in its earliest stages," he said.

Conventional glaucoma treatments include eye drops or oral medications, laser procedures and/or surgery to lower internal eye pressure by opening drainage passageways for the trapped fluid.

The Eyepass(TM) Implant is promising because it may significantly reduce the risk of glaucoma surgery, such as the potential for serious eye infections for the remainder of the patient's life, according to Dr. Samuelson. "The Eyepass(TM) Implant is intended to bypass the diseased portion of the eye's drainage system, but utilizes the normal fluid pathways downstream from the obstruction," he said. "The Eyepass(TM) Implant may extend the options to potentially provide a vital therapy for patients with open-angle glaucoma who have not benefited from conventional treatments," said Dr. Samuelson.

He added, "Earlier studies suggest its safety and ability to lower abnormally high intraocular pressure. We're looking forward to participating in on-going clinical trials leading to FDA approval."

Dr. Samuelson has been recognized internationally for research supporting the medical and surgical treatment of glaucoma, as well as laser vision correction of refractive disorders. He is president of the International Society of Spaeth Fellows - Wills Eye Hospital's glaucoma fellows program, and a recipient of the American Academy of Ophthalmology's Achievement Award, honoring physicians who significantly contribute to the Academy's educational endeavors.

For more information about glaucoma, or to inquire about eligibility for the Eyepass(TM) Implant or other upcoming research studies at Minnesota Eye Consultant, please call 1-800-EYE-TO-EYE or visit the website at www.mneye.com.

New Drugs for Macular Degeneration Show Promise

From The Health Library at Peninsula Center for the Blind and Visually Impaired: Research is progressing on at least 3 new antiangiogenic drug treatments for Wet Age-related Macular Degeneration (AMD). This new type of drug reduces new blood vessel development.

Squalamine: Genaera Corp. is betting that its experimental intravenous treatment for the more severe wet form of AMD will be more acceptable than intraocular treatments. In August the tiny Pennsylvania biotechnology company released promising results from a small, early stage trial. Squalamine led to improvement or no deterioration of vision in 97 percent of the 40 patients in the recent study. AMD drugs in later stages of development by Pfizer Inc. and another by Genentech are delivered by direct injection into the eye (intraocular).

Lucentis: Genentech Inc. also reported in August, 2003 encouraging early results from a midstage trial of its experimental drug for treatment of macular degeneration. Genentech, based in South San Francisco, California, said six month data from the phase I/II trial of Lucentis as a treatment for the wet form of AMD show that the drug improved vision in most patients. The injected drug is an antibody fragment engineered

to bind to and inhibit vascular endothelial growth factor, a protein believed to play a critical role in the formation of new blood vessels and in regulation of vascular permeability. Of the 53 patients who received Lucentis during the trial's initial 98-day treatment period, 40 patients completed the study's 210 days. Visual acuity of these patients was measured by an eye chart at day 210. Those patients in the lower dose group read an average of 12.8 more letters and patients in the higher dose group read an average of 15.0 more letters on the eye chart. At six months of treatment, 97.5 percent had stable or improved vision and 45 percent of them improved 15 letters or more on the eye chart.

The most common side effects were reversible inflammation. Three patients suffered infection, recurrent inflammation and vein occlusion, but these events were successfully treated, the company said.

Genentech said it is currently enrolling patients in two randomized phase III trials of Lucentis.

Coping with Vision Loss Member to Member Visual Impairment and Depression

By Carlos Gourgey

Last November the popular television show ER ran an episode in which Bob Newhart portrayed a man with macular degeneration. He could not cope with the prospect of losing his vision, so in the episode's dramatic conclusion he committed suicide.

The program aired during "sweeps" week, when the networks showcase their most attractive offerings to lure lucrative advertising contracts for the coming season. Bob Newhart certainly was a draw. So, apparently, was the sensationalizing of macular degeneration, the leading cause of vision loss among the nation's elderly.

Many of our members felt this episode sent a destructive message to people who are losing their vision: that they are beyond hope and their condition is shameful. Here are some of the members' comments. As you can see, some were very outspoken.

I saw the ER episode and I was thoroughly disgusted. Its portrayal of macular degeneration was both stereotyped and sensationalistic. And Bob Newhart's performance, in spite of all his talent, was simply pathetic. The one good thing about him blowing his brains out is that now I won't have to watch that stupid story and his terrible acting anymore. Perhaps a letter-writing campaign would be a good idea. I can imagine that many people in the early stages of vision loss watching that program would have had their anxieties greatly aggravated.

You can count me in as one who will write. We watched it, and indeed, it was disgusting, all for a chance to squeeze out the appropriate tears from naive critics, viewers and advertisers. Cheap sentiment, and at what cost? It's chilling; at times, I've gotten interesting insights from that show, or actually picked up a tad bit of medical information. Now, it's obvious to me that nothing that's shown or said on it is trustworthy.

Most members were critical of the program, but some felt it had some value in bringing up the subject of depression that often accompanies vision loss later in life. Some even reported having similar feelings.

I cannot speak for anyone born with a sight impairment, but having one come on at age 27 was no picnic for sure! 13 years later and I know I am still in denial over many aspects of vision loss when I had "my whole life" ahead of me. Depression is an understatement and I too had the same thoughts.

What was really so tragic for me was that ... I had been legally blind since birth but had some sight restored through corneal transplants. I had dreams and accomplished many of them. When I lost my sight this final time I was devastated and really had no dreams anymore. That's what led me to the suicidal thoughts. I am trying to craft some new dreams now but it is so, so hard.

Some members shared their own personal experiences and also those of others:

I really hate to see that kind of stuff on TV, but to tell the truth, when I was doing the support groups at the Lighthouse, the one theme that I found most common among the older community who had just recently lost their vision was thinking about killing themselves. I did understand though. For example, one woman I spoke with had retired at age 67. She sold her house in Miami, bought a condo in Hollywood and a new car. She figured she was set up for the rest of her life. She did not have much money, but invested wisely and with her paid for condo and her new car, well, she was living the life. Only 6 months later, she had macular degeneration. She could not drive and now lived far from her son. She told me that she really did consider it for a while. She felt that there wasn't much to live for. Her hobbies were reading, movies and needle point. Now, she could no longer do any of the things she wanted to do during her retirement. After she went to the lighthouse, she began to volunteer to help others. It did give her some satisfaction. This was a very intelligent woman. She was a professional and worked hard all of her life. She just could not understand what she did in her life to deserve this. Of course she knew it had nothing to do with who deserved it or not, no one does, but how we feel does not always follow what our mind tells us is true. Well, I'm really glad I got to know her. She was a pretty fantastic person.

I am very much like the woman you write about and believe me I have considered suicide A LOT and still think about it some although things are getting better now. I was getting pretty down with everyone writing in and acting like Bob Newhart's character and ER were so terrible because they showed this side of vision loss. I too wish they had dealt with the suicidal feelings and then let him find peace with his life but let's face it, suicide is a big issue with many of us. Thank goodness most of us are strong enough to find other outlets for our energy and another way to do the things we used to love to do before we were blind, but the loss is so essential, so deep that addressing the issue is not unrealistic to me.

Ok now, don't everyone pile on me at once!

No need to pile on you. I loved your message. It would have been wonderful if in later episodes the show had explored these suicidal feelings and how one copes with them. Unfortunately, that was not the show's purpose. They

just wanted to stick Bob Newhart in there for three episodes during November sweeps, and did so in a very exploitive manner. The show has done this trick before with brief celebrity appearances, and usually the writing suffers. But in this case they did a real disservice to a group of people whose numbers are growing.

There could be real drama in showing the struggle of someone to overcome not only the physical but also the emotional difficulties that come with vision loss. It could be truly inspiring. But I have yet to see this done without exploitation.... I think the reason they do it this way is to give sighted people false confidence: if you treat people with vision loss as some kind of unusual/sensational problem class, you can maintain the illusion that it could never happen to you.

Some members felt the show should even have performed a public service, by portraying how someone with vision loss can learn to cope with the disability and live with it successfully:

I also saw the ER episode and was disgusted. When the character with macular degeneration, portrayed by Bob Newhart, was first introduced several episodes ago I was hoping that he would be portrayed as eventually learning to live with his vision impairment.

Yes, that would have been more realistic. Although many of the clients did think of ending their lives, they did not do it. They found a way to make it in the world. The spirit of the human being is to survive, no matter what the odds are against us.

It would have been great if NBC portrayed him learning to cope with his vision loss by using low vision devices. Also I wish NBC had a notice at the end of ER listing several blindness or low vision organizations to contact for more information about macular degeneration, low vision, and blindness.

One member rounded out the discussion by bringing to it a spiritual perspective:

I think suicide is a pretty common thought among those who are really struggling, whether that be depression, hopelessness, etc. When things don't go our way, when we can't be like other humans who enjoy good physical health, thus living a life of denials. We can't help but think that God has come down hard on us.

What is considered a hardship is determined by the individual's religious and philosophical beliefs. Yes, I've thought of doing away with myself many times in the past because when my sight completely goes--which is near--I don't have my hearing to fall back on because I'm profoundly deaf. Now that's bad. That's real bad.

Who do I blame for this? I have to blame somebody, you know. Do I blame God? After all if it wasn't for Him, I wouldn't be here. So I figured if he wants me to be happy He must have some plans way down the road for me. What

could it be? I wonder.

Or do I blame myself, even though I had nothing to do with the disease my body was afflicted with--blame it on the chromosomes or genes.

There must be a reason for the sorry state of my health and for the extreme circumstances I'm living under. Gee, how much inner strength can I tap into? Surely the reservoir must be running dry by now. But I've found out that the supply is inexhaustible, so I keep on going. It seems I never stop doing this.

No one can tell me what hardship is, because I'm living it to the hilt in this lifetime. So what purpose does God have in mind for me? I wonder again.

I think there are two reasons for our being here on earth; one is to find God, to have God-Realization. The other is to be of service to our fellow man, utilizing our educational knowledge or our talent. Have you ever noticed that everybody you meet has a different talent?

I might have already bumped myself off if I didn't think I had something to offer both my family and to humanity. It doesn't matter if what I offer is not accepted. What does matter is that I make an effort to do what I think should be done. There is something in me that is goading me to do certain things that may benefit mankind, and maybe set an example for family and friends.

There should be less thinking about our plight, and more thinking about how we can develop ourselves and humanity.

Let us look around a bit, it helps. For instance, Karen has a guide dog because she doesn't see. Yet she teaches other blind students how to use a computer. Carlos may not have the best eyes, yet he teaches Hospice patients how to deal with impending death, teaching them not to fear it. Such examples go on and on.

Suicide? Naw, don't have time for that now, as there is work to be done still.

It is clear that this TV show touched a nerve for many of us. While it may have sent a harmful message to people with newly acquired visual impairments, it also brought to the surface issues that we are usually reluctant to talk about. While many people who have spent their entire lives acquiring blind skills do very well and lead very normal lives, despair and depression are real problems for many others who become sight-impaired at later stages of life. We need to admit that these problems exist. We need to talk about them.

I hope this article has given some sense of the flow of discussion in our group. You are welcome to join - just send a request to Carlos Gourney, laflauta@hotmail.com.

Tips for People with Low Vision

By Vickie Anderson COMS/RT
and Joy Boyer COMS/RT

We are the founders of Compass, an agency that offers specialized services in orientation and mobility, independent living skills, staff training and environmental assessments. We had the pleasure of speaking at the Delaware Valley Council of Citizens with Low Vision meeting in January. We were happy when we were asked to write a quick tip list for this publication discussing everything that we talked about at the meeting. The three topics that were discussed are: (1) knowing who is in the room when you enter, (2) ways of accepting and declining help and, (3) some basic self-defense tips. So, let's get started! Knowing who is in the room

Educating our peers is important. The more we educate people on how to work with an individual who is visually impaired the more things will become less stressful; both parties will be more comfortable. In a situation such as this one, you could have an individual (who has already been taught what to do) come up to the person with low vision and tell him or her exactly who is in the room and what they are doing. This can work at parties, meetings, or any situation where there are several groups of people. Another idea, when entering a room filled with people, would be to ask who is present when you first enter the room. This will give you a spatial idea of where everyone is located. When at a meeting, one suggestion would be to have everyone around the table announce who they are and what their job is. This will break the ice and be a great way to start the meeting without calling attention to the person with low vision.

Ways of Accepting and Declining Help from People

The first thing to address on this issue is -ALWAYS be nice. You might have had a terrible day and may be frustrated with people always offering to help. They do not know this. The person offering help is trying to be nice. If people gets a rude response, they might not offer help to someone else in the future because they are afraid of the response they may get. It is okay to ask for help. It is okay to receive help. Asking for help does not make you dependent. Everyone's goal is to be independent whether sighted or visually impaired. Asking someone for help proves exactly how independent you are by showing that you have the initiative to get the information needed.

When someone asks if you need help, there are 3 responses that you can give. The first response is to politely decline. If you feel that you do not need help, do not feel obligated to accept. The second response is accepting the help. In this situation, if you are asking for directions, make sure you state clearly where you want to go. When someone gives you the information, make sure to repeat the directions so you can make sure you understood exactly what you were told. If you are asking someone to help you across the street or around a building, make sure that you show that person how to correctly be a sighted guide. Visually impaired people want to be in control of the situation. The last response can be used if you want to make the person feel good. You can simply ask a question to which that you already know the answer. This way the person will feel good about having assisted you. If the person tries to go further and guide you, simply decline politely.

Basic Self Defense Tips

These are some basic tips for you to keep in mind. They are suggestions to increase your odds of getting out of any dangerous situations.

The first step is to always be aware of your surroundings. Be aware of where you are, what buildings are around you, where the phones are located, and where the exits

are in a building. This is a trick that cannot only help you if someone was to attack, but it gives you an opportunity to escape safely from other situations, like a fire. Use your intuition. If you feel like you are in a bad situation, then you might very well be correct. Take steps to get out of that situation immediately. Another tip is to make sure to always set boundaries if you feel uncomfortable around someone. You can do this both verbally and physically by using strong confident body language along with strong, simple, clear statements. If you should find yourself starting to panic, you should first acknowledge that you are panicking. This acknowledgement might help to make the panic go away. If not then take a deep breath. Doing this provides oxygen to your brain and muscles helping you to think and act quicker. One important rule to remember is to check your options. Where can I go? What can I do?

Another word of advice is to yell! When you yell it makes a statement of what you want and how you feel. Do not ever yell "HELP". In most situations it has been found that if you yell "FIRE", you have a better chance of getting someone to help you. This will call attention to you and the scene. In addition, yelling forces you to breathe, getting the oxygen to your brain and muscles and gets your adrenaline pumping.

To hear more about being safe there is a great book called *Safe without Sight* printed by the National Braille Press. This book is an excellent read. Another good book if you would like to read more about intuition is *The Gift of Fear* written by Gavin De Becker. Both of these books are great to have on the bookcase.

We would also like to thank Al Kaufman for the great presentation he gave on self-defense that discussed all of these tips.

If you have questions about any of these topics, please feel free to contact us at: Vickie Anderson COMS/RT, 215-517-8408 and Joy Boyer COMS/RT, 215-576-1661

Accent the Positive

By LaDonna Ringering, PhD,
Executive Director of The Center for the Partially Sighted, Los Angeles,
California

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Are you frustrated by what you feel is a lack of understanding by your family and friends? Do others expect too much of you or express too many fears about your ability to do things on your own? What can you do to improve your relationships and, at the same time, meet your needs?

Turn your complaints into requests. Complaining or keeping quiet and allowing resentments to build aren't solutions. Let your needs be known through assertive statements instead of making accusations based on frustration. First, describe what the person is doing and how it makes you feel. Start a sentence with "I" instead of "you." For instance, "I feel like you don't care when." rather than "You always/never." This helps keep communication positive, open and less antagonistic. Suggest how you'd like to be treated. Be specific. For example, asking someone to be more considerate doesn't help. Explain that you need to take someone's arm in a dark restaurant. It's more effective and less likely to produce a negative reaction.

Share your experience. If possible, ask a close family member or friend to join you in the low vision examination or other rehabilitation training. Introduce them to vision

simulators so they can experience your specific vision problem, or request a family consultation with your eye care professional.

Consider having a family session as part of your vision loss support group. There are helpful resources available. People who know or live with someone with impaired vision can also benefit from sharing experiences. They can see that they're not alone and, through talking with other group members, can realize that your needs and issues are not unique.

Evaluate your expectations. It's easy to leap to all-or-nothing thinking and focus on a single failure rather than on nine successes. For example, the one time Sarah's husband forgot to tell her to duck under a tree branch, she accused him of never understanding her limited vision. Can you be satisfied with 80 or 90 percent perfection? It also helps to set goals together and keep track of successes. Focusing on the positive helps you both realize that you share the same goals and makes the problems seem more manageable when they do arise.

It's a family affair. Remember, you aren't the only person affected by your vision loss. Everyone who counted on you to be independent, to share visual pleasures, to perform specific family roles, will also be dealing with issues of loss. Too often the focus of a rehabilitation program is only on the person with the vision impairment. This approach leaves out the considerable impact on family and friends.

We bring our own beliefs and attitudes to a new situation. Although everyone's experience with vision loss is unique, most people are confused by low vision and have only a vague concept of total blindness. Often this concept is accompanied by belief that you'll either be helpless or develop special gifts to compensate. It's up to you to share your own reality to clarify these misconceptions.

Practice good communication and don't be afraid to get help. These suggestions are only a start. Sometimes, the stress of a loss or disability brings underlying problems to the surface and threatens relationships. If you think this is happening, don't hesitate to get professional counseling to help you deal with these difficulties more effectively.

An Open Letter to Parents Who Have a Child with Low Vision

By Barbara Biewer

A Note of Explanation by Mike Vogl: Some eye conditions that cause low vision are genetic, that is they are passed on from parents to children. I inherited my eye defect called Congenital Stationary Night Blindness (CSNB) which is a retinal disorder causing severe nearsightedness, night blindness, and is accompanied by nystagmus (an involuntary, erratic movement of the eyeballs). I inherited this condition from my maternal grandfather, whose eight daughters were carriers. Thus I and several of my male cousins were born with CSNB and four of my female cousins have proved to be carriers. My cousin Barbara wrote the following letter. She is the youngest of 12 children among whom six boys were affected with CSNB and two of the girls are carriers. Barbara's youngest son, Nate, inherited CSNB. I asked Barbara what I should tell my two daughters who are married and are concerned about having children that might be born with CSNB (because all daughters of affected males are carriers). I think her response might help parents facing the possibility of having children with an eye disability, or parents who have a child with low vision.

Someday I would like to write a book about my son Nate and his vision handicap. I would love to give this book to all my nieces and cousins and to all those who dread having a child with a vision handicap.

When I was 14, I became interested in my brothers' vision problem, Congenital Stationary Night Blindness (CSNB). At that time I learned that my sister Cathy's daughter, Kim, has CSNB. I knew that the problem is recessive X-linked inherited so it shouldn't show up in a girl. My science teacher hooked me up with a geneticist in Madison Wisconsin. This gave me a chance to explore the genetics of this vision problem. Medical genetics in general became my prime interest for the rest of my high school and college days. (I learned that the reason for CSNB showing up in a girl was complicated but that the Lyon hypothesis explains it).

When I married, my husband and I were uncertain about having children. But after several years, we decided to chance it. With all my background in medical genetics, I knew my chances of having a child with CSNB were one in eight. There was a 50% chance that I had received this gene from my mom, and then if I were a carrier, there were four possibilities for the children I would bear - normal daughter, carrier daughter, normal son, affected son.

Becca, our first child, has normal vision, and now we know we "saddled" her with a fifty-fifty chance of being a carrier. Then eight years later we had Dan who has normal vision. By then I was forty years old, and really wanted another child, but couldn't wait another eight years. I thought that our good fortune up to then was an indication that I probably was not a carrier. But of course, statistically, there was still a possibility for a child with CSNB.

Four years after Dan, Nate was born. I had asked my mother (who had six sons with CSNB) if their vision handicap had been noticeable at birth. She really couldn't remember, but recalled the doctor saying, when my brother Ed was born, that "you have another son with the eye problem."

So we rejoiced because baby Nate's eyes didn't move, as is characteristic of CSNB. We thought all was well. Then as the days turned into weeks, I noticed this baby was different. He didn't smile and there was no focused eye contact. By six weeks, I worried Nate might be autistic. It never occurred to me that he wasn't smiling because he couldn't see me clearly. Shortly after that, as I nursed him in the middle of the night, I saw his eyes move. At first I just thought I was tired, and through my tears, I tried to convince myself all would be better by the light of day. By the time we went for his doctor visit at eight weeks, I knew that Nate had this vision disability.

Now for me this was a very guilt-laden time. Here I was, knowing all the genetic details and having seen all the hardship my brothers had been through -- and now I had given this suffering to this baby. I remember coming home from the doctor's office with the official news. It was a sunny spring day, our driveway had been washed away by some torrential rains just the day before, and Nate was in his Snuggly as we walked up the mountain. Then a police car came. The officer offered me a ride, but I told him he couldn't give me a ride because our driveway was gone. He had come because our neighbor had complained that our cow had been out walking in his fields. How trivial this complaint was when all I could think about was my son's vision handicap. And my husband, Michael, waited for me as I came up the mountain. It was symbolic that he was there for us. I know that sometimes a child's vision "defect" tears a couple apart.

So I can understand the depths of your daughters' concerns about bringing a child who might suffer a vision disability into the world.

That is why I wish I could tell all those who are in a quandary over whether to have children and those that do have a child affected with low vision, that it is not the end of the world.

This is the story of Nate.

A woman wrote to the editor of a newspaper that there shouldn't be any defective kids. Such kids waste taxpayers' money. People can just be tested and eliminate genetic defects.

First of all, the tests for detecting many genetic anomalies are not available. And second, many birth defects are not due to genetics, but rather are due to environmental factors. And, of course, there is the morality of destruction of human life to avoid having a child that is not "perfect".

But, you see, Nate is a perfect kid. I often say, he sees more, is more intuitive, than most kids with normal vision. He "sees" what is important.

Let me give you an example. When Nate was 4, the nursery school class went on a field trip to an apple orchard. On their return to class, the teacher had the children draw a picture of what they saw on the field trip. Almost every child drew a picture of an apple. Nate drew a detailed map of the entire orchard. He included the circle driveway, the long red building where the apples were sorted and sold, the gray cellar room where the apples were stored, the trees outside, the picnic area... He couldn't see what the other kids were drawing but he saw so much more than anyone else.

My brother, Paul, who has the vision problem and is 56 years old, married my friend Wendy a few years ago. Wendy recently told me that one reason Paul had not married earlier in life was that he didn't want to have children who might pass on the vision problem. But, he told her, after he met Nate, he realized, that the vision handicap does not have to be a burden, and that a child like Nate is no detriment to society, and is most definitely a joy.

Of course having a vision problem is not something one wants. But it isn't the end of the world.

Some things that helped Nate:

I talked to all my relatives with the vision problem, and each and every one has helped me to understand the problem, and has helped me to help Nate. For example, Mike told me his parents always had his brothers do things, because "Mike can't see well enough." That very day, we stopped at the post office, and instead of handing Dan the letters to drop inside in the slot, I gave them to Nate, and sent him into the Post Office by himself. Yes, he had trouble finding the slot, and reading which was the local slot, and which was the out of town one. Yes, it took a little longer, but he did it. And now he knows, and we know, that he can do it the next time.

One night while visiting my brother Paul, I commented on how many more stars there are in the Wisconsin night sky than there are in Connecticut and Paul said he couldn't see them. It dumbfounded me that in all the years I had never noticed something so simple -- that my brothers could not see stars in the sky! I try, now, to be more aware of what they can't see.

When I see Nate faced with a problem, I call my brothers to see if there is some life experience to help. We talk about the teacher who hollered at Ed for holding the book so close, telling him that was why his vision was bad. So we talk to each and everyone of Nate's teachers, so they have some idea of what he sees and what he doesn't see. We tell them that he is real good at faking people into thinking he sees when he really doesn't and it can get him in trouble.

My brother Bill tells how our sister Mary was his eyes since they had many classes together. So we encourage the teachers to give Nate a classroom buddy, someone to clue him in when he misses a visual cue. And Bill relates how a shop teacher wouldn't let him use power tools, and it turns out Bill, who now builds houses in spite of his low vision, was more capable than probably everyone in that room. So we try to stay aware of what discrimination Nate faces and prevent it whenever possible.

And there are, of course, many educational and technical advances since my brothers were young. Before Nate's second birthday, someone from the state came to start services for him. I felt a little funny, taking state services, because Nate wasn't totally blind and we weren't in need of a state handout. The woman said that it is children like Nate, who are partially sighted, that lose out the most. If a child is blind, of course, everyone knows he needs help and there seems to be more help available. But with a partially sighted child, people can misjudge the child as being difficult or "dumb" since they often don't realize he has a handicap. So it is important that these children get the help they need.

My brother John tells how our Dad was adamant about not accepting any help. He could have had money to help him go to college because of his vision handicap. Dad didn't want handouts. But sometimes getting help from professionals who have worked with people with low vision will bring new light to a situation. We will never know what difference it would have made in the lives of my brothers.

Nate had a teacher from the Board of Education and Services for the Blind (BESB) assigned to him since he was two. At first the teacher came weekly to our house, then Nate went to Day Care to get more socialization, and at age three he started in a special nursery school, with many "normal" children, but also children with disabilities. They had specialized teachers, who worked one on one with the kids with disabilities. One of the most important aspects of this early education was getting Nate to advocate for himself. This helps to prevent the isolation and shyness that often accompanies low vision.

When he began elementary school, the BESB teachers came once a month to work out any problems with the school, and especially to explain to other children about Nate's handicap. They also determined if there were any hazards in each new school. Now Nate is learning Braille to expand his mind and give him an alternative "language". The State gave him a Jordy (a portable low vision device), and eventually he will take a laptop computer to school to take notes.

BESB has arranged daytrips for Nate with other visually handicapped youngsters. This past fall Nate went to the Space Camp in Alabama. Since many of the kids at these events were totally blind, Nate developed compassion for others. I think he felt real good helping them just like he gets other kids to help him.

There are new technologies being developed all the time. There are better readers, the Jordy, different magnifiers. There is always more research being done.

So would I have had the third child, knowing he had this severe eye problem? Most definitely!

When I was driving with Nate, I said how happy Dad and I were with three beautiful perfect children, all very bright and motivated. His response: (Now this profound thought is from a young child of 7 or 8.) "But," he said, "I have the vision problem, I'm not perfect."

So I just feel it is my job in the next few years, before he is off on his own, to get him to believe -- to believe that, yes, he is perfect!

Travel Tips for People Who Are Visually Impaired Compiled by the Braille Institute

Plan ahead. Read about your destination before your trip so you know what to expect and what sights you'll want to visit. Make reservations whenever possible. Call airports and airlines ahead of time to find out about services, including seating arrangements, special meals and shuttle services.

Carry written directions with you. Have directions written down before leaving. Even if you can't read them you can ask for help by showing them to someone else if you get lost. It's also helpful to have a copy of the exact address of where you are going. A driver may not know where a specific hotel is, especially if there are several with the same name.

Keep necessities with you at all times. Carry your money, keys, tickets and bus pass in a pocket. If you happen to misplace your purse or wallet or someone takes it, you still can reach your destination. Keep some extra money handy for tips.

Know the bus schedule. Inform the bus driver where you want to get off so he knows to call it out. Sit near the front of the bus.

Notify others about your needs. Inform your travel agency or companies such as airlines you are using that you are visually impaired. Tell your companion or those around you about your visual limitations.

Ask questions. If you cannot see a monitor or find a gate at the airport or bus station, ask a customer service representative or another traveler to help you find your way.

Carry your cane. Whether you choose to use it or not for mobility purposes, your cane helps to notify others that you are visually impaired.

Ask about amusement park or other tourist discounts. Some of the amusement parks give discounts either to visually impaired visitors or to their sighted guides.

Preboard and bring carry-on luggage. Avoid the hassle of crowds and obstacles in aisles by preboarding trains and planes. Packing only carry-on luggage saves you time and trouble by eliminating a visit to the baggage claim terminal.

If you do bring a suitcase, remember its type and color. It may be helpful to affix a colorful piece of yarn or sticker to help you or anyone assisting you with easy identification.

Plan for guide-dog restrictions. Some countries and states such as Hawaii either do not allow guide dogs for short visits or have quarantine requirements. Call your local guide-dog school for information on restrictions.

Enhance your sensory experience by going on tours and visiting gift shops. Some tour groups allow travelers who are visually impaired to experience an exhibit by touching object otherwise off-limits. Gift shops often sell small scale replicas of monuments you can touch.

Research accommodations. Foreign destinations are likely to have accommodations or services different from your home city. Prepare yourself by researching your destination before you plan your trip.

Information provided courtesy of:

How I Spent My Summer Vacation in the Fall

By Ima Wytte Kayne

Ruth and Edwin Druding were asked to write their adventures of six weeks in Europe. Ruth didn't bring her Bailer and Edwin's computer wouldn't fit in the overhead compartment so the job fell to me by default.

After 3 1/2 hours of waiting followed by 10 hours of flying we arrived in London. As I touched British soil, I had a funny feeling. Since the Brits are on the other side of the world, everything to them is backwards. The rental car had the steering wheel on Ruth's side, cars drove on the wrong side of the street, light switches work upside down, and voltage was 220. Restrooms were "WC". I guess that means "wee-wee and

caa-caa". They said it came from 'water closet'. When you think of it, who takes a bath in the restaurant's 'bathroom?' Also, every street has more curves than Jenifer Lopez. Even straight streets put turn-a-bouts at intersections, which means every driver from every direction has equal chance to get run off the road by every other driver. I was so relieved when Edwin turned in the car after three hectic hours of driving in circles.

Their new coins and bills are easy to read for a blind person because of graduated size according to the values. Don't look for an elevator. It is called a 'lift' and the ground floor is 0 with the first floor being one flight up. Trucks are 'lories' and the underground is not some subversive but the subway, very clean and very fast. They have blind folks in mind because they have a sign painted 'Watch the Gap' at the edge of the platform! As I took Ruth walking, I never expected pavers and cobblestones for sidewalks. She was about to throw me into traffic when I poked her in the chest several times when my tip got stuck.

Public transportation is crazy. Buses run over each other. Folks may have to wait 5 or 10 minutes but they run all night. By the way, the easiest people to understand are those from India, Africa or France. They at least speak English with a Swahili accent.

Ruth and Edwin took me into London on the Heathrow Express. It took 15 minutes! That platform is not blind friendly either. The tactile warnings were about 2' from the edge and there is about a foot gap between the platform and the train door. I almost dropped down it. Ruth had to use the WC so we went into the Burger King. She was told it was upstairs. Yeh, 50 of them, I counted. We took the double-decker bus and climbed the narrow steep steps up to the top where we saw all the famous places except London Bridge. That is in Arizona! After the tour, Ruth had to use the WC again so after eating in a Greek restaurant, she found it 25 steps downstairs in a small dark closet she could hardly fit.

Den ve vent de Holland. Where London pelted pedestrians with cars, Amsterdam has bicycles.. ..millions of them. Everybody rides them. Public transportation is convenient and inexpensive and runs all night. The Dutch prefer to ride bikes. You may see a mother with a box on the front of the bike and 2 or 3 kids riding in it. Or an elderly man in a suit peddling to work. Kids, groceries and even the family dog get to ride in the box. Bike riders take the right of way over pedestrians.

I took Ruth to the museum where I showed her Rembrandt, Goya, Van Gough and others. I also showed her to the "toilette" as it is called here. The flush button and the water in the sink was on the floor which she found by accident. How was I to know?

The trip to the diamond factory was great. Diamonds are cut with 57 facets. This number is the magic number they use in cutting them. We saw stones from \$150 to \$150 thousand. I tried to find some on the floor, but they rarely leave them there if they are dropped.

I also escorted Ruth through Aalsmeer Flower Auction, the largest in the world. The floor of the auction house is over 30 football fields. I almost wore out my tip, but it smells pretty.

Edwin signed us up for a 30 day river trip, but because the Rhine River ran out of water before it reached Amsterdam, we had to go by motor coach 90 miles to catch the boat in Koblenz. I was folded up for 6 hours. We did stop in Köln to see a beautiful cathedral then back on the bus. We saw some windmills and a factory where they still make wooden shoes by hand. Yah, zey var dem hair. I wooden want to gesteped on by them! It wood break me up.

We found das boot in Koblenz where we unpacked in a beautiful cabin. Ruth put me on the windowsill so I could look out. I took Ruth on a tour of Koblenz. Talk about old, Edwin is a kid compared to the Roman Bridge built in 700AD and a church in 1200AD. There was a lady coming out of that old church with a white cane like me. I spoke to it but I guess it only does German guiding.

As we continued up the river, I was amazed at the grape orchards that were planted on hills almost straight up. Glad I don't have to take Ruth up those rows. Speaking of grapes, Ruth attended a wine tasting demonstration by the head judge of wine tasters in the world. He told Ruth how to taste wine not to chug-a-lug. I didn't know if I was going to get her back to the cabin without both of us going overboard but we made it.

Romantic Heidelberg was a real challenge for me. The guy that built that castle in the 10th century must have had a fetish for stairs. I saw more steps in that day than I have in the life of my tip. Funny too, the steps weren't all the same height and width. Edwin got us both lost. He was so busy taking pictures that the group went on without us. Being the Boy Scout that he was, Commander Edwin saw an exit sign and took it down. To make a long and very steep story short, we ended up in downtown Heidelberg. We had to take the tram (for 4 Euros) half way up the mountain to the plaza where the bus was waiting.

We continued up river through some locks and under some bridges that were so low that Ruth would not have to lift me very much to touch the bridge. Even the wheel house of the boat retracts to get under these low bridges.

I think that Herr Reinhardt Herzog must have seen me with Ruth in the front row because he asked her to help him blow glass. I've always known her to be 'hot lips' but this really confirms it. She blew a beautiful multicolor Christmas ball.

In Wurtzburg Ruth and Edwin were given a one hour course in German. It is hard enough for me to count the seemingly countless steps to the Toiletten or Pissor without having to convert it to funf und dreezig. I can't understand why if the babies and even the dogs here understand German why R&E with all their graduate degrees can't ask where the toilet is without going into some obscene gestures and dance.

Nothing is Brailed so I tried to use the intelligence I acquired leading Ruth around the academic halls for five years. With a guide dog you can say, "Find the toilet". Not me, I found the toiletten, the pissor and the WC but the final decision became baffling. HEREN and DAMEN. Ok, Heren would refer to 'her' and Damen would be 'da men' like the Brooklyn accent. Right? Wrong. Live and learn - the embarrassing way. Edwin couldn't understand why an elderly lady who collected the money for the facility would also be mopping the floor around his feet while he also tried to empty his bladder.

As we rode the bus to Regensburg today, I saw my Bavarian cousin leading a man down the street. I tried to get his attention, but my limited German didn't reach him. That makes 2 blind folks I've seen in Germany. This stop gave us more churches and castles, always up a steep cobblestone path they call a street. Again, they always put the toilets down several flights of stairs, and you pay the lady to use it. Now comes the question, I can get Ruth to the toiletten but that is as far as I can help her. She will have to calculate how many Euros, pounds, Ferneg or Lei it costs.

Regensburg also posed another problem, the old railroad bridge across the Rein River. The rain had caused the river to rise to the point where our boat could not get under it. Then back on the bus. I was folded up for hours with my only relief to see more churches, cathedrals and castles than I knew existed. Yep, and always up them cobblestone streets and steps to the top of the mountain!

Hungary was another experience. Here people speak a language that only they know. It has no relationship to German, Slavic, Bulgarian nor the Romance (Latin) languages. We were told it is somewhat related to the Finish. I took Ruth to some very beautiful palaces and churches. Then came the acid test. I took her to a small village in the mountains named Holoko. The people there are dedicated to perpetuate the old Hungarian culture and live as their ancestors did hundreds of years ago. We had dinner with a couple in their house with folks who spoke no English. We had no interpreter and knew no words in Hungarian. Gestures and non verbal communication did bridge the language gap. Everybody smiled a lot as interpretations finally were

understood. Ruth downed the small cup of schnapps like a sailor. I thought that I might have to lead her alone, but she did not feel the effects at all. We were told that they have one word with 60 letters in it. Some of the street signs are almost as long as the street itself. Letter combinations that look like someone dumped out the Scrabble game. The boat was finally able to get under the bridge with a slight scrape and caught up with us in Budapest.

When I took Ruth to the castle that was used by Queen Elizabeth of Austria when she visited Hungary, the guide saw me and took Ruth through the ropes and allowed her to touch several of the precious treasures. I guess I have some influence in some places! It was great. Ruth can thank me for getting her places other than the WC!

Somewhat aside, blind people treasure their independence and freedom of travel. However, sitting through several lectures where the local guide told us about sighted people who lost their freedom and independence when Communism came in with the Soviets. Everyone's property was taken away and given to the state. The state controlled everything including a person's thoughts. People were tortured and killed. We saw buildings where countless people entered and never left. We saw the building in Nuremberg where the war criminals trials were held. People who couldn't be trained for jobs were "relocated for retraining" which was another name for genocide. Maybe that's why I didn't see my cane relatives.

I guess Ruth perceived my attitude about cobble-stones and steps. In Kalocsa, a small rural village in Hungary, I had to lead her through a trail in the meadow loaded with horse and cow paddies. I got some on my tip and it still smells. This village showed the traditional horsemanship of the Hungarians. One man stood on the back of 5 horses abreast and raced around the arena. Others displayed their skills with arrows and spears on a racing horse.

These Europeans certainly enjoy their music and dancing. This was discouraged under Communist rule. Our program manager told us about her father who was imprisoned because he helped a nun off the train. He was a town official and later was declared a hero. A family was placed in her home when she was a child. Her family could do nothing about it even years after the country was given its freedom.

I thought something like this would happen with all the activity I have been through with Ruth with the cobblestone streets, countless steps to the non-functioning WC plus on the bus, off the bus, through this church, that castle or palace, folding and unfolding, I snapped. Yes, I lost my tip. Edwin tried to repair me with a knot but he doesn't realize what it does to my spinal cord. To say nothing of my self image. I am five inches shorter and completely rigid. I no longer can bend or fold and will need surgery when I get home. I'll do the best I can for Ruth, but she will have to get used to my disability.

Here in Beograd, Romania over 15,000 homes, temples, churches and businesses were bulldozed to make "the Palace for the People". It is the second largest building in the world after the Pentagon. It has 3600 rooms, some the size of a basketball court with a huge carpet on the floor. Chandeliers weighing two ton hang from the ceiling; huge marble columns with gold inlays and staircases grace the magnificent halls. Beautiful paintings cover the walls. This is a far cry from what the local people themselves had. Even today, many of the farmers still drive a donkey and cart to market and plow their fields with animals. This palace was built by Chernenko, a self appointed leader of Romania. It took over 2000 workers laboring 24 hours a day for 5 years to complete the palace. He left the country in 1990 with 5 airplanes of loot. He was later captured and shot for the atrocities against over 21,000 people of his country. He did, however, take a different attitude toward blind and disabled people. He wanted to show that his country was more physically fit than his Communist neighbors. He provided schools, special aids and residential facilities for all disabled and even provided personal aids to help people individually whenever necessary. It was

acknowledged that cobblestone streets, steps and WC's down stairs were not conducive for wheelchairs. Can you imagine negotiating 50 steps and having to pay 100,000 lei (Romanian currency) for the facility?

Since I broke my spinal cord and can no longer fold up, thanks to Edwin, I have to remain rigid all the time. But in a way it can be a blessing in disguise. Ruth puts me on the window sill of the boat or bus so I can take in all of the sights without being responsible for Ruth until we need to go.

One thing impressed me that I observed over here. I know water runs down hill and rivers are water. The Rhine and Main Rivers flow West into the Atlantic Ocean at Amsterdam. The Danube flows East into the Black Sea. Between them is a mountain about 2000 feet high. They have made a series of locks several over 100 ft high that are filled with water as the ship enters it and lifts or lowers the ship to a different level, depending on whether the ship is going up or down stream. It is fascinating. Huge barges now plow these waters between these two great bodies of water.

Romania just threw out Communism 10 years ago, but it has taken time for the transition to a Republic form of government. One US dollar is worth 34,000 lei. A dinner for two might cost a million lei. Many high rise apartment buildings set unfinished and huge factory buildings sit rusting away. Salaries now average \$200 per month. A skilled secretary might get \$300. Gas costs \$4.00 per gallon. Many people do not drive nor own a car. Public transportation is ample and available on week-ends.

Transylvania, a section of Romania usually conjures up thoughts of Dracula. I took Ruth to Dracula's castle and the house where he had lived. It is now a restaurant.

It gave me the creeps taking her up those narrow steps to the dining room. I fully expected that the waiter was going to serve Ruth a chalice of blood! He said it was red wine!

On the trip up to the house it started snowing. With my stiff back and unsteadiness I did my best to guide Ruth over the snowy, slippery cobblestones. It felt weird poking through the snow. I hope I don't catch a cold. I'm not used to that stuff. It was beautiful, I must admit.

You would think that by now standing at the foot of 100+ steps I would get over my escolatophobia, (fear of stairs) and my acrophobia (fear of heights). I guess to some extent, I did because after negotiating those steps I found myself with Ruth crammed in a box with 30 other people. That box hung precariously from a cable which stretched up 2000 feet to the top of the mountain. Snow-covered trees lie hundreds of feet below us. Finally we were in a room with lots of folks with skis and poles. At first, I thought that we were at a blind convention until I saw the skis. That's a great idea with that guard on the end. I bet I wouldn't get stuck in cracks and grates as easily if I had one. I took Ruth outside, but after finding myself slipping on the ice, we both decided to go inside where she could enjoy a warm room and a hot cup of chocolate. Back down the same 100+ stairs in reverse. This time I wore out the patch Edwin put on me after surgery. He came up with another one which was better.

I should have swiped one of those ski poles until we get back to the states where I can under go surgery.

Today, I took Ruth to the Bucharest Airport where the x-ray confirmed a permanent break in my spinal cord. We arrived in Athens, Greece. I caught the eye of a cute security lady and she took Ruth and me past the crowd to the passport window. What would she do without me? The taxi driver also recognized me, which is more than I can say for the many people who stepped over or on me in the past. He spoke Greek which none of us could understand. After a harrowing ride through the city we arrived at

the London Hotel in Athens. I doubt that the driver had any sighted guide training because he rushed around, opened Ruth's door and proceeded to lift her out of the cab. I just stood there and laughed.

After Edwin's almost driving disaster in London that almost drained the red from my tip, he cancelled the cars for Greece and Italy. That makes all of us breathe easier. He has a hard enough job driving without complicating it with deciphering the Greek and Italian signs. He wisely called a cab to see the city. He asked the cab driver "Do you speak English?". The driver said "Yes". Unfortunately that was the only word he knew in English. With Edwin's math background, he knew some Greek alphabet and pi r square which didn't help a lot but he did manage to exclaim "Acropolis". To which the driver sped us to the once beautiful ruins of the temple to the gods. This has withstood the ravages of weather and wars for thousands of years. But the architect did not fathom the ravages of the tourists who persist in trying to topple the columns. So the authorities have restricted tourists to looking only and have built steel structures to prevent toppling. It destroys the effect Edwin experienced in 1965 when he was able to walk around in the structure.

Greeks like Italians use any excuse to have a holiday. Today was declared as a holiday. Today celebrated Greece entering WWII. Thousands of school children of all ages through college marched in their uniforms showing a readiness of the nation's youth to defend their country. Even a Special Olympics group was represented. There was over 60 of them in the group and I could notice that there was none representing blind folks in that group. I did notice a blind man who was begging. He did not carry a cane. On the way back to the hotel, the cab driver pantomimed taking a picture of us. I guess that he doesn't see many folks using me. He took one and we took one of him too. Since it was a holiday, all of the stores were closed, so no shopping for Ruth and a rest for me in Athena.

Roma brought another challenge. At the Rome airport Edwin was approached by a taxi driver who actually spoke English. He proceeded to load the luggage into his 2003 Mercedes Van. After seeing the address of the hotel he stated 8 Euro fee. Herein lies the problem, either with Edwin's hearing loss or a loss in the translation. After 45 minutes drive he discovered it was 80 Euro which is about \$100.00 US dollars. The desk clerk must have experienced this in the past because he asked immediately what we paid and told us that the accepted rate is 45 Euro. Edwin learned a new word today, "mafia".

Edwin's choice of this "Three Star Hotel" leaves a lot to be desired. As I took Ruth into the room as she stood in the doorway, I was already touching the outside wall. I have seen walk-in closets bigger than this. The bathroom was almost the same size except that one had a bed and nightstand while the other had a tiny tub, toilet and bidet. I wondered if there was room for me to stand any place or whether I would be left out in the hall. The elevator held 2 small people only.

I must say that Rome sends mixed messages to the disabled community. The elevator is Brailled and the corner curbs are cut, but cars and scooters by the thousands careen around the streets. Traffic lights are for Christmas decoration because no one pays attention to them. Cars may park 3 deep on the street with no regard as to how someone gets out of that box. Some cars are about the size of a garbage can! Democracy means that everyone has the right-of-way and go ahead and take it before someone runs over you. I got the paint scared off me several times as I tried to get Ruth across an intersection with a green light. One way streets are common but a car coming the other way is only going one way in his estimation. Horns work more frequently than brake lights.

Ruth gave me a new WC experience in Rome. Instead of some elderly senior lady collecting the fee, a "toll" station like some subways collected the money inserted and a

guillotine-like set of glass doors quickly opened and allowed one person through and immediately closed. Then she discovered that her 60 Euro only allowed her into the outer part of the WC where the sinks were and that another 60 Euro would allow her past the elderly lady into a stall. Then she had to look all over to find the button to get out those guillotine doors. I'm glad I don't have a bladder!

In Roma I guess I still have recognition with some people. As I led Ruth toward a typical hectic intersection while Edwin ogled the Italian gals, one brave piasano walked brazenly into the traffic with his hands raised and stopped all cars and motioned me to take Ruth on across safely.

I'm going to exercise some poetic license here. You readers must know that a week cruise generally adds 10 pounds. Ruth and Edwin have been at this for six weeks. I think they both gained 60 pounds. If I ate as much as they did, I would look like a baseball bat and how effective would I be in O&M? I've got to tell you that during the trip both of Edwin's hearing aids quit. My theory is that with 10 countries and that many languages, many with guttural sounds that some phlegm got into them and shorted them out!

Anyway, I've seen enough cobblestones, steps, WC's, castles, palaces and churches to last a couple lifetimes. My final wish is to see that final step into the Palace in Arizona where I can get myself back together.

I'm just waiting to hear Edwin ask Ruth how soon we can get all of our blind friends over to the house to see the 5000 pictures and the 24 hours of videos he took. Count me out. I'll be in my corner if you need me to sneak out when he turns out the lights.

Access Solutions

Good News from the Library of Congress

WASHINGTON, Dec. 3, 2003 -The Librarian of Congress issued a ruling supporting the right of people who are blind or partially sighted to gain full access to electronic books (eBooks). The ruling provides an exemption to the 1998 Digital Millennium Copyright Act (DMCA), making it legal to circumvent any encrypted or protected features that render the text inaccessible for the specialized computer technologies used by people who are visually impaired to read electronic text.

"This ruling upholds the fundamental right to read for all people," said Carl Augusto, President of the American Foundation for the Blind (AFB). "The emerging electronic book technologies have the potential to make published information more accessible and usable to people with visual impairments. By removing barriers to utilizing eBooks, the Library ensured all people can continue to enjoy the benefits of progress."

WGBH's National Center for Accessible Media Awarded Grant to Develop Access Solutions for Multimedia in E-Books

Boston, MA. The National Center for Accessible Media (NCAM) at Boston public broadcaster WGBH has been awarded a three-year grant from the U.S. Department of Education to study ways to make multimedia (images, audio and video) used in electronic book formats (e-books) accessible to people who are deaf, hard of hearing, blind or visually impaired.

E-books offer online and portable access to traditional print media-fiction, nonfiction, textbooks, professional journals and other content-via personal computer, laptop, library systems or personal digital assistants (PDAs). The use of e-books is steadily

increasing, as is the amount of content publishers are making available in this format. Many e-book formats contain features such as audio and video playback, built-in dictionaries, easy-to-read type, highlighting, note-taking, bookmarking, text searches and direct Internet connections. All these features offer considerable learning resources for users, sophisticated tools for educators and an entirely new development and distribution model for publishers, particularly in the educational market.

These features could also enhance and improve access to information for users with disabilities. Accessible e-books promise learners who are blind or deaf equal access to trade, text or scholarly books, a major leap forward in leveling the playing field for people with disabilities at home, at work and at school.

The goal of the project, called "Beyond the Text," is to enable deaf, hard-of-hearing, blind, visually impaired or deaf-blind users to easily locate, activate and utilize accessible multimedia content within various e-book formats and hardware devices. Staff are currently evaluating e-book software and hardware for multimedia capability as well as for general accessibility to users with hearing or vision loss. Project activities will yield accessible prototypes and a set of recommended practices for those interested in creating multimedia that is usable regardless of hearing or visual acuity.

A comparison chart of e-book and digital talking book (DTB) hardware and software is now online, as is the project's first prototype e-book with captioned multimedia. These and other resources, which will be updated throughout the project, can be found at <http://ncam.wgbh.org/ebooks>.

Beyond the Text builds on existing NCAM research initiatives such as the Access to Rich Media Project and Specifications for Accessible Learning Technologies/SALT (<http://ncam.wgbh.org>), as well as the work now underway in publishing and educational consortiums and standards organizations such as the DAISY Consortium (<http://www.daisy.org>), the Open eBook Forum (<http://www.openebook.org>), the World Wide Web Consortium (<http://www.w3c.org>) and the American Foundation for the Blind Textbooks and Instructional Materials Solutions Forum (<http://www.afb.org/education.asp>).

The project grows out of WGBH's three decades of experience pioneering and furthering access solutions to mass media for people with sensory disabilities. WGBH developed captioning for television in the early '70s, brought video description (which describes on-screen action, settings, costumes and character expressions during pauses in dialogue) to television and videos in the late '80s. Throughout the '90s, these services were applied and integrated into other forms of mass media, including movie theaters (via WGBH's "MoPix" technology and service), Web sites (via WGBH's MAGpie, a free software tool that enables do-it-yourself captioning and description for digitized media) and classrooms (through projects which utilize captioning and description to increase literacy levels and foster inclusiveness for all students). Today, all of WGBH's access initiatives are gathered in one division, the Media Access Group at WGBH.

Ophthalmology Times Ranks 2003's Best

Ophthalmology Times conducted a survey which led to ranking the nation's ophthalmology programs according to a. Best Overall Programs, b. Best Research Programs, c. Best Clinical (Patient Care) Programs. Here are the results.

Best Overall Programs

1. Wilmer Eye Institute/Johns Hopkins University, Baltimore MD
2. Bascom Palmer Eye Institute/University of Miami, Miami FL
3. University of Iowa, Iowa City, IA
4. Jules Stein Eye Institute/UCLA, Los Angeles CA

5. W.K. Kellogg Eye Center/University of Michigan, Ann Arbor MI
6. Massachusetts Eye & Ear Infirmary/Harvard University, Boston MA tied with University of Wisconsin-Madison
8. Duke University Eye Center, Raleigh-Durham, NC tied with Wills Eye Hospital, Philadelphia PA
10. Doheny Eye Institute/USC, Los Angeles, CA tied with Cole Eye Institute, Cleveland Clinic, Cleveland, OH

Best Research Programs

1. Wilmer Eye Institute/John Hopkins University, Baltimore MD
2. Jules Stein Institute/UCLA, Los Angeles CA
3. Washington University, St. Louis MO
4. Massachusetts Eye & Ear Infirmary, Boston MA
5. Scheie Eye Institute/ University of Pennsylvania
6. University of Iowa, Iowa City, IA
7. University of Wisconsin-Madison
8. W.K. Kellogg Eye Center/University of Michigan, Ann Arbor MI
9. Mayo Clinic tied with Columbia University, New York, NY

Best Clinical (Patient Care) Programs

1. Wilmer Eye Institute/John Hopkins University, Baltimore, MD
2. Bascom Palmer Eye Institute/University of Miami, Miami FL
3. Wills Eye Hospital, Philadelphia PA
4. Jules Stein Institute/UCLA, Los Angeles CA
5. University of Iowa, Iowa City, IA
6. Cole Eye Institute/Cleveland Clinic, OH
7. Duke University Eye Center, Raleigh-Durham NC
8. University of Tennessee-Memphis
9. Emory Eye Center, Atlanta, GA tied with all of the following: Wake Forest School of Medicine, Winston-Salem, NC; Cullen Eye Institute/Baylor College of Medicine, Houston, TX; University of Pittsburgh Medical Center, Pittsburgh, PA; Columbia University, New York, NY

New Listserv for Vision Rehabilitation

A listserv for everyone interested in vision rehabilitation has been set up by the American Academy of Ophthalmology and its Vision Rehabilitation Committee. This committee hopes to learn from subscribers, not necessarily members of the Academy, and share their thoughts as well.

To join, go to www.aao.org/member/ and go to the bottom of the list on the left side of the page, under Member Center, where you'll find "Rehab E-mail list." Click on it and follow the directions from there. That's it.

Fun with Word Processing

Would you like to produce a variety of documents on your computer, ranging from letters and memos to reports and books? Hadley's new tuition-free course, "Word Processing," helps you do just that. Available in braille, in large print, and on audiocassette, this tuition-free distance education course enables you to work at your own pace in the privacy of your home.

This course teaches you the basics of word processing in five lessons. Familiarity with the computer keyboard and the ability to type are prerequisites. To start things off, a short section familiarizes you with keystroke orientation. The first lesson then gets you started in WordPad, the word processing program included in Windows 95 or later versions of Windows. The second lesson describes menus and dialog boxes; the third explains how to create, save and delete files. Included in the third lesson is an optional section on printing. The fourth and fifth lessons explain how to modify texts and change their appearance, respectively.

Hadley Dean George Abbott points out, "This course completely demystifies word processing. No wonder the typewriter has become obsolete!" This course is open to students in the Adult Continuing Education and High School Programs. So why not contact Student Services today to enroll? To do so, just call 1-800-526-9909.

All You Ever Wanted to Know About Food

Want to tailor a food and nutrition program to your unique needs? Hadley's Foods series can help you do so. Now available in large print, in braille, and on cassette, this tuition-free series can help you plan delicious yet nutritious meals in the comfort of your home at a pace that's right for you.

The series is based on the textbook Guide to Good Food. Four of the series' mini-courses each focus on a particular food group: "Meat, Poultry, and Fish," "Eggs and Dairy Products," "Fruits and Vegetables," as well as "Grains and Sweets." The fifth mini-course, "A Social Perspective," describes how food enhances entertainment. This series features a unique handbook that includes adaptive techniques and tips to help you confidently handle food-related tasks. Enroll in any of the courses that appeal to you and learn to plan healthy and satisfying dishes that you can enjoy on your own and with others.

Hadley instructor Patti Jacobson notes, "If you'd like to learn how to select, store, prepare and serve foods while preserving their nutrients, flavors, textures, and colors, then this course is for you!" This series is open to students in the Adult Continuing Education and High School Programs. So why not contact Student Services today to enroll? To do so, just call 800-526-9909.

Founded in 1920, The Hadley School for the Blind is a worldwide educator of people who are visually impaired. Hadley offers over 90 tuition-free courses to eligible students. The school serves 8,500 students annually from all corners of the United States and more than 90 countries. Courses are available to students who are visually impaired, family members, and professionals. Visit us on the Web at www.hadley-school.org.

CONTACT: Student Services

The Hadley School for the Blind

Phone: 800-526-9909 or 847-446-8111

Fax: 847-446-0855

Email: student_services@hadley-school.org

Assistive Technology Clip-on Lenses Help Seniors

By Ralph Sherman

As we age our eyes become less and less able to focus up close for reading and other near visual activities. This condition is called presbiopia. Fortunately there are bifocals, trifocals and reading glasses that can help with this normal part of aging. There are also clip-on lenses that clip onto your glasses to add the extra power your aging eyes need to focus. These are especially important for older people who use computers and those with low vision who use CCTV magnifiers and or computers with magnification software because the clip-on lenses cover the top part of the user's glasses. When they are used while reading a computer monitor or a CCTV magnifier they are in the proper position and power to help alleviate the symptoms of presbiopia.

How can you tell if you may need these clip-on lenses? Ask yourself these questions. Do my eyes get tired when I use my computer monitor or CCTV magnifier? Would I use my computer or CCTV magnifier more if my eyes didn't get so tired? Do I get head aches when I use my computer or CCTV magnifier? Is it hard to focus my eyes on my computer monitor or CCTV magnifier monitor? If you answered yes to any of these questions then you probably should use these clip-on lenses. You can find more information on these clip-on lenses at www.visionaid.com/cctv/clipon.htm.

New Merlin(r) Color Select Aids Reading

Enhanced Vision, announced an addition to its popular line of desktop video magnifiers, the new Merlin Color Select. This product offers people with specific vision conditions 28 color combinations, more than any other product in the market.

Color Select is accessed using the front panel control buttons. People can easily browse through color combinations onscreen and then set the viewing modes that best meet their individual needs.

For ease of use Merlin Color Select has three, pre-programmed viewing modes along with four standard viewing modes: full color, photo mode, enhanced white on black and black on white. Using the tactile buttons on front of the unit, the user can easily switch to the most useful mode for the specific task such as writing checks, viewing photos or objects and working with hobbies or a computer.

Leading eye care specialists have discovered that magnification is just one way to address certain eye conditions. Often, finding the right combination between color and background can offer dramatic improvements in visibility.

Enhanced Vision products are available through distributors and doctors located throughout the world starting at an MSRP of \$2145.00 (U.S.). For more information please call (888)811-3161, email info@enhancevision.com or visit www.enhancedvision.com.

Pulse Data Humanware Offers Discount to ACB Members

The American Council of the Blind (ACB), and Pulse Data Humanware (PDH) have joined in a Marketing program designed to provide savings to ACB members who purchase PDH products according to a joint announcement made by Chris Gray, ACB President and Jim Halliday, PDH President Emeritus.

The program provides a 5 (five) percent discount on all PDH core products beginning immediately.

"This program demonstrates how we can benefit our members through cooperative programs with manufacturers and distributors of technology which is critical to the success of blind and visually impaired individuals," Gray said. The ACB is the Nation's leading consumer based advocacy organization representing blind and visually impaired consumers.

"This joint effort reflects PDH's commitment to respond to consumer representatives who want to assist us in serving our market audience in the United States and Canada," Halliday said. PDH is one of the world's leading manufacturers and distributors of adaptive hardware and software designed to provide Braille, speech and large print source information for a wide range of technology products.

"To receive the discount a person needs only to identify themselves as an ACB member when they order a core product," Halliday explained.

PDH's core products available for the discount include a wide range of adaptive technology. BrailleNote and VoiceNote are PDAs (personal data assistants), like a Palm or Pocket PC would be for a sighted person that offers an email package, internet access, a scheduler, a database manager, a calculator, a book reader, plus full word processing and spell checking. These PDAs are amazingly friendly yet powerful personal productivity tools.

The Braille Star 40 and 80 are intelligent Braille terminals designed to work with a screen reader accessing a laptop computer or a desktop workstation. Unlike other Braille terminals, Braille Star includes a scratchpad and memory that enables users to take notes or read books even when disconnected from a computer.

For additional information contact: Ralph Sanders, ACB PR Committee, Chair at (360) 892-9229, or Jim Halliday, President Emeritus, Pulse Data Humanware at (800) 433-8314 or jhalliday@humanware.com

Request for Contributions

CCLVI gratefully accepts contributions from readers and members to help pay for the costs of publishing VISION ACCESS, the costs related to our 800 line and Project Insight, and for funding the Carl E. Foley and Fred Scheigert Scholarships. Please send contributions to CCLVI Treasurer, Coletta Davis 2879 East Alden Place, Anaheim, CA 92806. Our Tax ID number is 1317540.

Resources

American Academy of Ophthalmology
Email: media@aao.org. Phone: 415-561-8534.

The Braille Institute
PO Box 491546
Los Angeles, CA 90049
310-473-0653 888-868-2455

CCLVI Chapters
California Council
800-733-2258

Delaware Valley Council:
215-735-5888
Email: DVCCCLV@earthlink.net.

Metropolitan Council
845-986-2955
National Capitol Council
301-496-5248
Email: NCCLV@yahoo.com.

Clip-on Lenses
www.visionaid.com/cctv/clipon.

Compass
Vickie Anderson COMS/RT,
215-517-8408
Joy Boyer COMS/RT,
215-576-1661

Enhanced Vision
(888)811-3161,
email: info@enhancevision.com
www.enhancedvision.com.

Hadley School
800-526-9909.
Fax: 847-446-0855
Email: student_services@hadley-school.org

The Health Library
Peninsula Center for the Blind
and Visually Impaired:
800-733-2258

Lighthouse International
info@lighthouse.org
800-829-0500.

Ralph Sanders,
ACB PR Committee Chair
(360) 892-9229
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Pulse Data Humanware
(800) 433-8314
jhalliday@humanware.com

Vision Rehabilitation Listserv
www.aao.org/member

WGPS Listserv
laflauta@hotmail.com.

CCLVI2004 Membership Application and Renewal

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