

VISION ACCESS

A Magazine by, for and about
People with Low Vision

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

Submissions are best made as attachments to email or on a 3.5" disk in a format compatible with Microsoft Word. Submissions may also be made in clear typescript. VISION ACCESS cannot assume responsibility for lost manuscripts. Deadlines for submissions are March 15, June 1, September 15, and December 1. Submissions may be mailed to Joyce Kleiber, Editor, 6 Hillside Rd., Wayne, PA 19087, jmkleiber@hotmail.com

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From the Editor

As editor I have the privilege of watching each issue of Vision Access evolve into a very unique entity, different from every other issue. Here are some things that make this issue special.

Four individuals are presented in our "People" section. To me, one of the most interesting parts of life is the chance to meet people. As I learned about the qualities of each person featured in this issue, my own life was enriched.

Bernice Kandarian, CCLVI President, suggested that lighting and low vision be discussed in this issue. Dr. Bill Takeshita (pronounced "Ta kes ta") said that 80 percent of people with

low vision have issues that involve lighting. What are your experiences with lighting?

The front page of The Philadelphia Inquirer, my hometown newspaper, reported on a breakthrough in gene therapy for restoring vision. Read a summary of this research in the pages that follow.

Get ideas for advocacy, always important to people with low vision, and check out our 2008 Convention Program. I hope to meet you in Louisville.

Thanks to everyone who helped this issue grow. JMK 6/5/08.

Letter to the Editor From Mike Vogl Elm Grove, Wisconsin

Kimberly Morrow's article "Keeping It Real", Vision Access, Vol. 15, #1, made me think of what it says (sort of) in the Bible: "There is a time to keep it real....and a time to dream.... a time to be practical....and a time to try new things."

My original reaction to Kimberly Morrow's article was that her advice gave little room for "following your dream." The question I was left with is: If students are to look for role models in the careers they choose, does this mean that students have to make choices of careers in high school? Many high school seniors have no idea what they want to make their life's work. There are careers in which a person might be the first blind or visually impaired person. For those high school students who are undecided and

dreaming and have been academically successful, the long-held advice still holds:

Don't put off college until you have a major. Rather, get into school, take a variety of courses--and keep dreaming. A career might find you. You may break barriers you never thought possible. Be open to change.

I was one of those "what am I going to do" high school kids. I thought being an English Major was a safe choice for a "blind" kid because one high school teacher recognized my ability to write. In my first year of college, an English department teaching assistant accused me of plagiarism and gave me a "D" which meant the end of my English major.

I still liked to read and write so I decided to enter the College of

Journalism, knowing full well that journalists are required to be mobile and have keen observation skills. I did poorly in the reporting classes, but well in the creative writing courses. The dean suggested I consider a different career. However, two other professors encouraged me to stick it out.

I went on to take a reporting job in a small town where I could get around by foot, but the anxiety of the job soon proved too much. Then I answered an ad for an assistant editor for a small publisher, and found a career I enjoyed for 42 years, moving up to managing, then president, then publisher. Was it luck, or fate, or just persistence?

Organization News

President's Message By Bernice Kandarian

As we approach our annual convention, the Fred Scheigert Scholarship recipients have been selected and are making plans to attend the convention. Be sure to introduce yourself to them and welcome them into the CCLVI family, for they are our future. The development of the program has been a team effort this year and I want to thank Pat Beattie, Richard Rueda, Barbara Milleville, Carolyn Burley and Coletta Davis for coordinating the various aspects of the CCLVI convention. We have lightened the schedule this year, so that you will have more time to attend other convention activities and visit the exhibits.

CCLVI membership continues to grow slowly and we will have one additional vote in the ACB convention this year. But we have a long way to go to get back to the membership of years past. Word of mouth is the best recruiting tool, so keep talking!

Since our last convention in Minneapolis, we have lost the following members: Gilbert Crary, Rita Garber, Josephine Price and Karen Wedward. We have also learned of the passing of William R. Greiling, Charles Lorenzo,

Dorothy Mosley and Berna Specht. Our sympathies go out to their families and friends.

CCLVI 2008 Convention Program

Registration \$8, \$10

Bernice Kandarian, President

Saturday, July 5, 2008

3:00 to 5:00 PM

Pre-convention Board Meeting

6:00 to 7:00 PM

CCLVI Nominating Committee Meeting

Sunday, July 6, 2008

9:00 AM to 12:00 noon

"All the Latest Information for People with Visual Impairment: Where to Find It and How to Share It in Your Community"

9:00 AM Welcome and Introductions -

Bernice Kandarian, CCLVI

President, Mountain View, CA

9:05 AM Scholarship Committee Report

and Introduction of the Fred

Scheigert Scholarship Recipients, Dr.

Catherine Schmitt Whitaker,

Chair, Diamond Bar, CA.

9:15 AM "The Scoop from AFB: From

RXLabelEnable Project--Tell Us Your

Story Campaign and Senior Site, what's

there, and how you can get

involved to What's New on the AFB TECH front and Career Connect--a great resource for employment"
 Priscilla Rogers, Consultant, American Foundation for the Blind,
 National Center on Aging and Vision Loss, Louisville, KY
 10:10 AM Committee Report.
 10:15 AM Break
 10:30 AM "Reaching Out to Eye Doctors: How We did It in Our Community"
 Carolyn Burley, President, Stark County Chapter American Council of the Blind of Ohio, Canton, Ohio
 11:10 AM Constitution and Bylaws Committee Report Michael Byington, Chair, Topeka, KS
 11:15 AM Resolutions Committee Report Michael Byington, Chair, Topeka, KS
 11:20 AM What's In the Exhibit Hall for Us With Low Vision?
 Lisa Wayland Altschul, Columbia, MO and Janis Stanger, Salt Lake City, UT
 1:30 PM CCLVI Goes to the Exhibit Hall
 4:00 PM to 6:00 PM CCLVI Mixer \$10, \$10
 10 PM to 1 AM Dance. \$10, \$10
 Rock 'n Roll with Dewayne Hodges
 Back by popular demand, Dewayne Hodges from Arkansas will take you back to the 50's and 60's with rock 'n roll music.
 Monday, July 7, 2008
 1:30 to 4:00 PM Joint Session with NABS

"Navigating the Social scene as an individual with vision loss"
 Whether you are in college or engaging in your first or new career and/or if you are taking it to the web, this collaborative session with CCLVI and NABS will present attendees with a vivid discussion on the intricacies of social networking as a blind or visually impaired adult.
 Tuesday, July 8, 2008
 1:30 to 2:30 PM Lighting and Low Vision: A Perspective.
 Elaine Kitchel, Low Vision Project Leader, American Printing House for the Blind, Louisville, KY.
 2:30 to 2:45 break.
 2:45 to 4:00 PM CCLVI Business Meeting.
 4:00 to 4:30 PM Post-convention Board Meeting.
 Wednesday, July 9, 2008
 1:30 to 3:00 PM
 Joint session with AAVL. (See AAVL Description)
 3:00 to 4:30 PM Project Insight Training
 Joyce Kleiber, Wayne, PA.
 8:00 PM to 10:00 pm Game Night \$10, \$10
 Friday, July 11, 2008
 9:30 PM to 12:30 AM Dance. \$10, \$10
 Dance and Party with Dewayne Hodges
 Dance the night away with a wonderful variety of rock 'n roll and country music brought to you by a new favorite of the ACB crowd, Dewayne Hodges.

Chapter News

MCLVI, serving New York, New Jersey and New England, "Looking Good, Looking Close"

Chapter member Barbara Friedman Esq. distinguished herself and made the chapter proud when she joined

other alumni of The Brooklyn Law School on a panel discussing Entertainment Law at her Alma Mater in April.

The chapter's board of directors is evaluating additional services and

activities to respond to the needs and desires of chapter members. Input is invited, via email to cclvi@yahoo.com or by calling 212-664 1038, or 845-986 2955.

NCCLV, serving the Washington D.C. area: In January, Patrick Timony, Coordinator of Assistive Technology at the MLK library in Washington, DC talked to us about the special adaptive technology program the library has for those who experience vision loss. He shared information about the assistive technology training program.

Patrick just returned from the International Conference on Technology and Persons with Disabilities also known as CSUN. He told us about some of the hot new items that may help us in day to day life. In addition, we had fun seeing and using the Smart Board which allows information on computer screens to be displayed on a giant touch screen.

For information about this chapter call 703-645-8716 or email ncclv@yahoo.com

Summary of ACB Membership Committee Activities By Donna Williams

Here are highlights from the ACB membership committee meetings which I attended.

We held our first meeting on August 26, 2007. We began with an outline of goals set for us by Mitch Pomerantz, ACB President. We agreed with our chairperson, Ardis Bazyn's suggestion that we form subcommittees.

The subcommittees formed had these functions: finding interested people in states without affiliates, creating a membership brochure, reaching out to young people, and finding interested Spanish speaking members. Here is what each subcommittee has accomplished so far.

The first subcommittee is in contact with interested people in the states of Connecticut and Idaho.

A membership brochure has been designed and sent to the Board of Publications for approval. The board has given us feedback and suggested changes. These were made and the brochure was resubmitted and is pending approval.

A document focusing on outreach to college and high school students has been put together and distributed to affiliate presidents. This document is also available on the ACB website.

Two documents were put into audio conversational Spanish. Several copies were given to the New Mexico affiliate along with large print and braille membership documents.

At our latest membership committee meeting we were given an update on the possibility for visitors to the ACB website to join online. Apparently there are still some difficulties due to affiliate differences and a brainstorming session is planned in order to resolve the issues.

Our membership committee is attempting to have every ACB affiliate represented on our committee.

Our committee has decided to take responsibility for the ACB Convention's First Timers Seminar. This seminar is now known as "The Keys to the Convention." I and four other members

have met to develop and finalize plans for this seminar.

The full membership committee met in June to complete plans for the convention. We will conduct a focus group meeting on August 25 at 8:30 PM, EDT to review our convention and to answer questions about this convention. We invite all ACB members

to participate as we value suggestions from everyone. Call in details will appear in a future issue of the Braille Forum.

If you have questions about the membership committee and its projects, contact me by email at

TheSunshineAlliance@gmail.com

People

AER Honors Richard Rueda By Joyce Kleiber

Richard Rueda, CCLVI board member, is the recipient of the Rehabilitation Service Award from the Northern California Chapter of the Association for the Education and Rehabilitation of the Blind and Visually Impaired, AER. This award is given every two years to people who have made significant contributions to the field of rehabilitation.

Richard gained this recognition for his outreach work in transition services for high school students who are blind and visually impaired. As a rehabilitation counselor for the California Department of Rehabilitation, Richard developed a program that offers work-shops and seminars for high school students, teachers, parents and advocates. These workshops are designed to help students begin thinking about their future career and employment options. Richard has traveled throughout the state of California offering these workshops and seminars.

Richard advocates that the rehabilitation counselor be part of the Individual Education Program (IEP) team and attend team meetings. In this way, rehabilitation counselors are

prepared to assist students as they leave high school for college and/or work and job exploration and training.

Richard has established the California Transition Council. This council meets quarterly and is composed of private agencies that serve people who are blind and visually impaired and who work with young adults in transition services. This council promotes dialogue and coordination of services and it minimizes overlapping and duplication of efforts.

Under Richard's direction, the California Transition Council has developed a website of resources for students, parents, teachers and advocates. Topics covered by this site include: Supplemental Security Income (SSI), residential transition programs, summer transition education program, tips for students, scholarships and grants, accessing books, where the jobs are, internships and volunteer opportunities, a list of advocacy organizations of and for the blind, and an archive of student profiles. Visit this site at www.transition2employment.com.

We congratulate Richard for the innovative services he has put in place.

Students in California will surely benefit from Richard's work.

Meet Dr. Bill Takeshita
Based on an Interview by Joyce Kleiber

When I was 6 years old I had my first eye exam. I was fascinated by the equipment. When I put my glasses on, I thought it was really neat that my nearsighted eyes could see better. This is when I decided to become an optometrist.

While attending UCLA I was a research associate at the Jules Stein Eye Institute. There I worked with an ophthalmologist who specialized in retinal surgery. I knew of the importance of the retina for vision. My grandmother had macular degeneration and I hoped that she might be cured by what I would learn. Yet I realized that there are so many eye diseases macular degeneration, diabetic retinopathy, retinitis pigmentosa--that surgery cannot fix.

The ophthalmologist observed and said to me: "I see how much it hurts you not to be able to help people." He recommended that I contact Dr. Sam Genensky, the founder of the Center for the Partially Sighted in Tarzana California. Dr. Genensky also invented the closed circuit television which helps people with low vision to read. It was at this Center that I recognized that there is a field in which I could work and help people whom retinal surgeons could not help.

To become a low vision optometrist I entered the Southern California College of Optometry. I did two internship rotations at the Center for the Partially Sighted. I loved doing low vision work, especially working with children.

I began my private practice with children and continued working one day a week at the Center for the Partially Sighted. At that time the Center treated mostly older adults. At my suggestion, in 1988 the Center opened a pediatric clinic which grew and grew. I became the Chief of Optometry spending 3 days at the Center and 3 days in my own practice. My career was a dream come true. I was fortunate to meet many stars and celebrities who asked me to treat them and their children.

People suggested that I stop working at the Center and instead work only four days a week in my own practice and have time to go to parties that my patients invited me to attend. But because I enjoyed my work at the Center, I continued to work there.

In 2003 I noticed a little blind spot in the center of my left eye. At first I thought this was due to central serous maculopathy which can affect men in their 40's and is caused by leakage of fluid under the macula. To treat this condition, patients are told to rest and relax and the leakage and the blind spot will go away. But my spot didn't. It grew bigger.

I saw many retinal specialists and underwent testing. They told me that I had rod-cone degeneration.

This was a surprise to me. Rod-cone degeneration is a genetic condition and I have no family history of this disease. In addition, it occurs in people who are very young.

I was forced to retire. I did not want to mis-diagnose anyone, and the condition started to affect my right eye.

I was not only surprised but fearful, fearful that I would soon be totally blind. I wished I had macular degeneration or any other eye disease. Instead what I had was one of the worst. What would my life be like if I were no longer a doctor? I was a successful doctor, a doctor to celebrities-athletes, politicians, movie stars. I was losing my identity! How would I cope? How would I survive? I was married and had two children, then ages 13 and 10. How were they going to react to my blindness?

I spent a year visiting eye doctors, searching for a cure, a treatment, even though I knew in my heart that there was no cure. I even explored non-medical treatments-acupuncture, intravenous vitamins, chelation, had the metal fillings in my teeth removed, learned Tai Chi, and traveled distances to consult with healers. Whatever people suggested, I tried, despite my training in Western medicine. I spent 10s of 1,000s of dollars. Nothing helped.

My only realistic choice was to go on. I still had my knowledge of optometry. I volunteered to teach eye doctors at the Center for the Partially Sighted. I became part of the lecture circuit. I began serving as an expert witness making recommendations in cases concerning vision.

I used assistive technology-magnifiers, CCTVs, computer software. I learned what works. When I was a doctor, I only knew what the company that manufactured and marketed products told me. Now that I had low vision, I gained a new appreciation for how technology could help and how

people might determine what is best for them.

We added an assistive technology component to the Center for the Partially Sighted. There we demonstrated solutions to patients. After comparing products, patients can make wiser decisions regarding what assistive technology to purchase.

My wife and children knew how much I had enjoyed helping children. They challenged me to continue to do this. I established the Dr. Bill Foundation. This Foundation seeks to educate teachers and parents about meeting the needs of children who have impaired sight. This Foundation also offers scholarships to help families purchase visual aids and computers for their children.

A mother whose daughter is blind lived in Korea. If she and her daughter stayed there, her daughter would probably become a massage therapist or a seamstress-the only occupations open to people in Korea who are blind. Therefore this mother brought her child to the United States. Here she discovered that her daughter had talent as a pianist. She is now enrolled at the New England Conservatory of Music, the first blind student at this school. Our Foundation purchased for her a computer that prints music in braille. We contacted the Change a Life Foundation which gave this student a braille embosser and Note Taker. In my private practice, I would sometimes give glasses and visual aids to patients who could not afford them. Through my Foundation I have found a way to do this again.

Last year I became a consultant for the Braille Institute of America, their Director of Low Vision Services.

I've learned that even if you lose your sight, people are willing to pay you for your knowledge. After my own experiences, I believe I am more effective in helping people regarding technology and visual aids. In school we learned to prescribe assistive devices using complex formulas. I've learned that it's not about what you can see-the line of smallest print-but it's what the best solution is for you. Maybe your solution is recorded books and News Line by phone.

I'm grateful for how things are going. At the beginning I was fearful of total blindness. I thought of ending my life in order to avoid encountering what I feared. Now I know that was a selfish thought. I did not think of what my wife, my kids, my parents would feel. What would I teach my children about facing obstacles in their lives?

But I found I could still go running and shoot baskets with my kids even though I couldn't see the basket clearly.

It was summer, 2007 when I lost all my vision. And this was not as bad as I had anticipated. It meant I had to do things differently. I was not in pain. I knew the stereotypes about blindness and I had met some angry patients. I

did not want to become like that. This would not be fun for my wife, for my children. Sometimes I am frustrated, especially when I know that if I could see, I could do something to help someone. After hiding from the world for 6 months, fearing to learn how people would respond to me, I decided "Let's go out there, let's do it!" We tend to fear what we don't know. I thought back to Dr. Genensky whose vision also deteriorated, and who continues to actively serve others.

I have been blessed. It was significant that the ophthalmologist with whom I worked as a research associate directed me to the Center for the Partially Sighted. My personal experience with assistive devices has changed the way I teach others to present aids to patients with low vision. I have found ways to continue to serve others, especially children. I can sincerely encourage my daughter to leave the comfort zone of high school and face the unknown world of college. I have been blessed! Blindness is not bad, it is just different.

To learn more about the Dr. Bill Foundation visit www.drbillfoundation.org.

The Hammer Could Hear the Crack of 12 Strikes By Jake Kurtz

Editor's Note: This article is reprinted with permission from The Storm Lake Times, Buena Vista County, Iowa.

A perfect game. The most difficult achievement a bowler can accomplish. It's even more impressive when a blind World War II veteran does it.

That was the scene at Saturday evening's All-League Playoffs at Century Lanes in Alta. Dale Davis, just

three months from his 79th birthday, his sight stolen years ago by macular degeneration, rolled 12 consecutive strikes in front of an enthusiastic and supportive crowd. The effort was the first-ever 300 game at Century.

"It was quite a thrill," Davis said of the achievement. "When I got to the tenth frame, I said 'Lord, let me throw three more good balls.' When I did, people on other teams were yelling and

cheering. A few guys were hugging me and almost broke my skinny bones."

With his neatly combed back hair and 115-pound frame, Davis is proud of the fact he still uses the heaviest ball available, explaining that he and his ball "weigh over 130 pounds together."

His first introduction to bowling was as a pin-setter in his early teens, making roughly 45 cents per night. Since that time, the former truck driver and carpenter has amassed over 65 years of experience with the sport. As he grew up, Davis' bowling skills flourished and he began to play in leagues and tournaments. He even won an event in California to take home \$2,500 after his days served with the Navy.

In 1996, Davis lost all vision in his left eye. He believes heavy smoking and his previous lifestyle were perhaps factors in the loss. A year later, the sight in his right eye began to blur and eventually darkened as well.

Davis, who is divorced, was living in California at the time of his blindness. He made the decision to leave the west coast and move back to Alta, where he had been raised. His sister, Thelma Shorewood, lives in Storm Lake and makes life easier today by helping with errands and some meals. He has two sons in California and two in Illinois.

"When I moved back, I asked if I could stay with her. I said it would only be for a few months," Davis explained of the aid Thelma provided. "Instead, I lived with her for just over four years - even remodeled her basement. She isn't just my sister, she's a great friend to me. I wouldn't be bowling now if it wasn't for her."

The only sight Davis has today is a foggy spot of peripheral vision in his right eye that requires him to turn his

head to use. He uses what remains of his sight to maintain his small apartment, take care of his dachshund, and find where he needs to line up on the lane.

He even sits a few inches from his television screen sometimes and tilts his head to get a meager, tunneled glimpse of professional bowling when it's on.

"He gets around and does pretty well for a blind guy," Thelma said of her brother.

In the wake of losing his eyesight, Davis gave up his bowling passion for a few years. Thelma, though, continued to be active in area leagues and eventually talked Davis into picking the sport back up three years ago. Now he plays six games a week, in two leagues.

Thanks to his sister's support, Davis is back in form with a 188 average to show for it. Fellow bowlers nicknamed him The Hammer for the surprising punch his shots can pack.

"I can't see the lane or the pins and have a heck of a time finding my ball sometimes," Davis said with a laugh of his bowling skills. "I can kinda see the dots on the floor to know where I start. After that, I rely on my hearing and other people to tell me what's going on."

When he doesn't throw a strike, fellow bowlers like Century Lanes owner and good friend Clem Ledoux tell Davis what pins are still standing. The blind bowler then finds his bearings with the dots on the lane, approaches and hurls his next shot.

"The Hammer has a great knowledge of bowling," Ledoux remarked. "It's hard for some to believe, but he gets more strikes than spares. There are times you think his ball has eyes. It's almost like the ball sees for

him when he bowls. He remembers things so well from when he could see that he just pictures the lane and the pins in his head and uses his imagination. There isn't a bit of luck when it comes to the Hammer's game. He really is that good."

Davis has four balls he uses for different circumstances. One is for the 10-pin and tends to curve toward the right. The others are used depending on how the lane is playing on a given day.

"I've also got a new pair of bowling shoes, too," the Hammer added. "I'm not using them until Clem gets the new lanes finished."

Century is in the expansion process, as Ledoux plans to have four more lanes in working order by Labor Day. Davis, of course, wants to be one of the first to test the new lanes in the new bowling shoes he bought in honor of the event.

It's believed that when a person loses one of their senses, the others get stronger to make up for the loss. In Davis' case, his sense of hearing has greatly improved since 1996 and is evident with his bowling game.

While he took in some practice throws Monday afternoon, Davis' bowling routine was on full display. First, he lines himself up on the floor dots. Once situated, he pauses for a moment to relax. Davis then takes a few steps toward the lane and releases his ball of choice.

His first toss of the day started off to the right and faded back left, eventually leaving only the 3 and 9 pins standing after the collision.

"That ball went south," Davis said accurately of the throw without seeing

anything. "Some pins are still standing off to the right."

Ledoux informed Davis which two pins were left. The 78 year-old then again found his position with the dots, followed his routine and hurled his ball down the lane. This time, the 3 pin was all Davis took out in his effort to pick up the spare.

"Shoot," Davis said in disgust after hearing just one pin fall. "I left one."

The variation in sound as his ball makes contact with the pins allows Davis to sometimes "see" what type of shot he had without actually laying eyes upon it.

"The sounds of the alley let me know how I'm doing," Davis said of his hearing. "There's a loud crack when I get a strike. When I hear that crack, usually it's followed by someone telling me I can sit down. Saturday night, all I heard was 12 cracks in a row."

Those 12 consecutive cracks also lifted a burden off Davis' shoulders. With bowling such an important part of his life, Davis said it was good to finally reach his goal of getting that elusive 300 game.

"After I went blind, I just assumed it wouldn't happen," he said of the doubts he had. "I always knew I wanted to have a 300, but I never thought it would be possible, especially as I got older and couldn't see. Bowling rejuvenated me. I've got a love for this game I can't even describe."

Bowling, being a part of Davis' life again, has also taught him another important lesson: You're never too old to set goals for yourself.

"Hopefully I'll do this again when I'm 90.

"New York's Blind Gov. Paterson Now Embraces His Disability By Michael Gormley

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As a young man, David Paterson never looked for dropped change because he didn't want people to see a blind man crawling on the floor for nickels and dimes. He didn't use a white cane, either: it would make him a target in his New York City neighborhood.

Then, in a dizzying rush of events just two months ago, David Paterson he became governor of New York. His blindness became national news.

"The concentration that I have had to engage to make this adjustment sometimes feels overwhelming," Paterson told The Associated Press Wednesday.

In his first extensive comments about his disability, Paterson, who took the job March 17, uses words like "frighten-ing" and "overwhelm-ing" to describe the challenges of being the nation's only blind governor.

But he also speaks with pride about how his unlikely ascension has taught him to embrace his disability and may help others be more comfortable with theirs. He rose from the lieutenant governor's office when Gov. Eliot Spitzer resigned amid a prostitution scandal.

Paterson lost sight in his left eye and much of the sight in his right because of an infection as an infant. He can see shapes, and usually recognizes people as they approach, but he can read for just a few minutes at a time and must hold text close to his face.

Another New York governor, fellow Democrat Franklin Delano Roosevelt, hid his polio by using secret doors and hallways in the Capitol. But Paterson is up front about his legal blindness.

When he was a state senator, it was almost imperceptible. He couldn't rely on teleprompters for speeches, so he memorized them.

"He and I would often debate each other on the floor of the Senate and his ability for recall, and for not using Braille or notes, was always astonishing to me," said Sen. Thomas Libous, an upstate Republican from Broome County. "You didn't even know he was disabled."

Memorizing speeches became harder when he became lieutenant governor, and had to deliver two or three addresses a week. As governor, he does two or three every day.

He can't read voluminous reports, can't immediately recognize the dozens of top aides he inherited, can't even watch a teleconference.

Two weeks ago, his new job forced him to decide whether to confront his disability as never before.

At a news conference, with cameras clicking away, he hunched over with his nose practically touching a bill as he searched for the line where he would sign his name. The photo took up much of a page in the next day's edition of The New York Times.

"A number of people were actually upset that I was exposed that way by the picture," Paterson said. "But I felt very good about the picture because when I was younger, if I dropped change, I would never pick it up. I wouldn't even attempt to, because I had

a problem with people watching me crawling on the floor, looking for change."

"Only in the last few years of my life am I comfortable having people see me display that I have a disability," said the 54-year-old lawyer from Harlem.

Days after the bill signing, he was taken to the hospital with severe head pain. A doctor performed emergency surgery on his left eye to relieve the pain and avoid the spread of acute glaucoma. Two days later, Paterson underwent preventive surgery on his right eye. He had the rare time to rest for a few days. And panic struck.

He worried that he'd forget the names, the briefings, the facts and figures he'd committed to memory. "That was a little frightening, but I think I've gotten past that point," he said.

He said people with all disabilities those who have to turn to hear people talk, or sit in a wheelchair when others are standing face daunting "ancillary disabilities."

"It's how it makes you feel as a human being, and that's the reason that a lot of people try to hide that," Paterson said.

He's known for using a quick wit to ease political conflicts and make light of

his disability such as when social workers tried to convince him as a youth to use a white cane and a guide dog.

"It was hard for me to get the social services people to understand that," he remembered. "They said, 'They wouldn't attack a person with a white cane.' I said, 'You don't know the folks.'"

In his 10th week on the job, Paterson has taken on politically daunting hurdles as well. He has ordered a 3.5 percent cut in spending because of looming deficits and a recession, and has said "no" to some of Albany's powerful labor unions that sought to

sweeten pensions. He's also drawn together a fractured New York state government that was constantly gridlocked under the combative Spitzer.

"I had been, on occasion, accused of trying to hide my own disability," Paterson said. "But now, to be able to be myself and have it known ... I think there are a lot of people who have a lot of different problems who feel more empowered.

"If that's the case," he said, "I'm feeling pretty good about that aspect of the job."

Science and Health

Gene Therapy Restores Vision By Joyce Kleiber

Editor's Note: This article summarizes a report in The Philadelphia Inquirer, April 28, 2008.

Scientists at the University of Pennsylvania announced that the vision of three adult patients with Leber's congenital amaurosis (LCA) had been

improved through gene therapy. With a hair-thin needle the surgeon delivered thousands of genetically modified viruses to the patients' retinas. Several weeks after this treatment, the patients reported improved vision. Their vision was measured at 20/710. Before this surgery their vision was estimated

at 20/several thousands. There are indications that this procedure may work even better in children whose retinas are less damaged by LCA than those of adults. The lessons learned may one day apply to other forms of inherited eye conditions.

The surgery to affect this treatment was performed at Children Hospital of Philadelphia on December 13, 2007. Molecular geneticist Dr. Jean Bennett and her husband, surgeon Dr. Albert Maguire, led this project.

The project to restore vision through gene therapy began 23 years ago when Dr. Maguire discussed this question with Dr. Bennett: Since many diseases that result in retinal degeneration are the result of a single defective gene, could "fixing" the gene, "fix" the disease?

The notion that eye problems could be inherited dates back to Aristotle. For a long time no one had identified the genes that cause any of the retinal diseases. The first gene for retinal degeneration was identified in 1989. Today more than 400 eye-disease genes have been identified. The Human Genome Project has promoted these discoveries. In 1997 scientists at the National Eye Institute found a mutation that causes a rare subtype of retinitis pigmentosa that strikes children. It's called Leber's congenital amaurosis (LCA).

Of all the body's organs, the eye is the most accessible. Is it possible to inject a corrective gene into the eye? Scientists deliver their corrective genes by piggybacking them on an agent that is extremely effective at invading human cells--the virus. They chose a very primitive form of virus that never had the ability to reproduce. On their own these simple viruses provoke at

most a mild negative response. This is especially true in the eye, an "immuno-privileged" organ in which the immune system does not attack a foreign presence in a significant way.

In animal trials scientists injected a virus that had been modified to deliver the recipe for the missing enzyme in the eye of a breed of dogs, the Briard, where LCA occurs naturally. Within weeks the dogs' vision improved. If gene therapy could work for LCA, could it work for other forms of RP?

In people with normal vision, a crucial protein is made by the retinal pigment epithelium, a layer of cells beneath the retina. The protein, an enzyme called RPE65, is used to metabolize vitamin A. The metabolized vitamin then allows the nearby rod cells to make a pigment to absorb light so it can be converted into an electro-chemical message to the brain. People with an RPE mutation develop LCA. Their eyes make flawed versions of the protein, if any at all.

The team of scientists led by Dr. Jean Bennett took the virus and gutted it. They replaced its two genes with a single human gene-one with the blueprint for a healthy version of RPE65. All that remained of the original virus DNA was a pair of genetic bookends, one on each end of the DNA molecule. The viruses would latch onto and

enter the sub-retinal cells, then travel to the cells nuclei. There each virus would ordinarily release its own DNA. But in the patients, the lab modified virus instead would release its cargo of the new RPE65 gene. Because retinal cells do not divide, the impact of the corrective gene would not be watered down over time. It should be permanent.

**The Effects of Fluorescent Light on the
Ocular Health of People with
Pre-Existing Eye Pathologies
By Elaine Kitchel**

Editor's Note: Elaine Kitchel is Research Scientist at the American Printing House for the Blind in Louisville, KY.

Fluorescent light is the most common source of lighting today for industry and commerce. The cool white fluorescent tube is the light source of choice for most designers of interior spaces. Fluorescent light is cheap, efficient and long-lasting and the tubes are available in a wide array of styles and choices, from the common cool white fluorescent tube (4100K and 5000K) to specialty tubes such as plant growth tubes and actinic tubes for aquarium lighting.

Most schools are lit with cool white fluorescent tubes as well, owing to the qualities of economy and long life they offer. However, recent studies in cellular activity of the human retina indicate cool white tubes or daylight tubes should probably not be considered as a good lighting source for people with eye disease or eye injury.

When the eye is healthy and carrying on the process of photoreception, each photoreceptor in the retina does one unit of work for each peak in a wavelength of light which strikes it. Each unit of work done by a single photoreceptor generates one unit of cellular waste product which must be carried away by the eye's natural system of waste disposal.

In the diseased or injured eye, the natural system of waste disposal is often compromised. Thus, while the retinal cells are working hard to process

light information, they often produce more waste product than the eye's disposal system can handle. Waste products build up in the eye and are perceived by the brain as "glare."

Glare is often characterized as "fog, whiteness, blackness, or an irritating feeling." Whatever it is, it's unpleasant to the person who experiences it. For the person suffering from diseased or injured eyes, it is more than unpleasant, it can be extremely painful and it can last a very long time after the source of light is removed.

How does cool white light or light with an output in the predominantly blue portion of the spectrum exacerbate glare? It is simple mathematics. For every peak in a light wave which strikes a photoreceptor, the cell does one unit of work. UV and light in the blue part of the spectrum have peaks which are very close together, working the eye at a much higher rate (2 trillion times faster) than that of the warm white (2700K) fluorescent tube. Conversely, light in the red part of the spectrum, tends to allow the retinal cells to operate at a slower rate, often giving them a better chance to keep pace with the disposal of the by-products of photoreception. This then, results in less glare.

It is not too harsh to state that virtually all people with vision problems should be removed from a light environment where the predominant light waves are a temperature above 3500K or a wavelength less than approximately 500 nm.

Not only is it uncomfortable for people with diseased or damaged eyes, there is adequate information available to safely state that blue light, in addition to UV, causes irreparable damage, over time, to the human retina, especially in young children. Numerous studies by Dr. Chen of Sweden and Drs. Ham and Ruffolo, suggest it is wavelength alone, not duration or intensity which is responsible for cellular damage and death in the presence of blue light. Serious consideration as to how we light environments of people with visual problems cannot come too soon.

Because of the slow processing of visual information in the diseased or injured eye, many people with limited vision are able to perceive the flicker in fluorescent lights which is imperceptible to people with healthy eyes. While this does not present a health problem to most people (except those with epilepsy), it does become a source of annoyance for some.

If there is a choice to light a school, workplace or home with cool white or warm white tubes, then warm whites are the obvious choice. While warm white fluorescent tubes are a much better environmental choice than cool white; incandescent bulbs offer an even better environment.

If overhead warm white tubes are selected, they can perform even better for the low vision user by the addition of a 1" peracube lens. This lens looks like a silver grid with cross pieces being 1" apart. Acrylic or Lucite lenses, which look more like sheets of semi-translucent material over the tubes, tend to scatter the light throughout the room and thus rebound it within the eye several times. Use of these lenses should be discouraged.

A new product, the Vivid Vision Lamp, is now available from the American Printing House for the Blind. Even though it is fluorescent, it employs a new technology which reduces the flicker rate to almost nothing. Additionally, it uses a combination of fluorescent and other lamp technologies to produce light that is in the 2700K range. It is perfect for most people with compromised vision, and those people with typical vision for whom typical fluorescent lighting is not advisable, because it emits NO blue or UV light.

It is important that those of us who make decisions about the environments of others, especially children, take the safety and the comfort of their visual experience into consideration.

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**The Fluorescent Lighting Crisis:
Background, Overview and Action
By Joan Hudson-Miller**

Editor's Note: Joan Hudson-Miller is Past President of Library Reproductive Services, LRS-an organization that produces books and other publications in large print. She is also a board member of the National Association of Adults with Special Learning Needs, NAASLN. Her article here points to the need to advocate for lighting options.

Has fluorescent lighting been a problem for any of the individuals you serve in your professional capacity? Or what about friends, family, even yourself? In all the disciplines addressing visual perception and disabilities, learning disabilities, emotional, behavioral, and psychological problems, there has been a growing

awareness of the negative effect that fluorescent lighting can have on individuals with these problems.

Now a coalition of industrialists, environmentalists, and energy specialists is banding together to try to eliminate the incandescent light bulb. Legislation that has been proposed in California, Canada, and Australia focuses solely on energy and environmental concerns. And while arguments are being made that mercury content in fluorescent lighting may cause even more environmental problems, few are addressing this issue as it affects people with visual concerns that are exacerbated by fluorescent lighting. No doubt about it, this legislation will hurt people.

Fluorescent sensitivity can greatly exaggerate pre-existing conditions and interfere with treatment. If the fluorescent problem is considered, addressed, and treated first, then the primary problem can be treated. Too often, however, because of a lack of awareness, the effects of fluorescent lighting are not taken into consideration in Individual Educational Programs (IEPs) or clinical diagnoses. Too often, especially in the classroom and work environment, children and adults put up with or accept as "normal" headaches, stress, weariness, squinting, and even blurred print. The remedy is often "take two aspirin and get more sleep".

According to Helen L. Irlen, Executive Director of The Irlen Institute, nearly one-quarter of the world's population will suffer negative physical effects if this legislation is allowed to pass. For this portion of the population, fluorescent light triggers headaches, migraines, stomach aches, fatigue, eye strain, anxiety, and irritability. Fluorescent lights can also negatively

impact the immune system, literally making people sick.

I should know because I was one of the 25 percent and didn't even know it. I lived with this for more than 50 years, 16 of which were spent in the classroom and a good percentage of the rest in indoor work environments, all of which had fluorescent lighting. I was lucky to have met Helen Irlen in a professional capacity. In learning about the Irlen Syndrome and her pioneering work with perceptual problems and light sensitivity, I discovered that there was a simple solution that could remove all my debilitating symptoms. Ideally, I should read and work only in environments using low-intensity incandescent lighting. Since this was impossible, I explored the use of colored overlays or filters with the correct combination of shades of color. The latter, while the best solution, involves the cost of evaluations and tinting of eyeglass lenses or contacts.

But let's be realistic. Purchasing and wearing eyeglasses with the correct color tints may not be practical or feasible for the majority of that 25 percent of the population who experience adverse effects from fluorescent lighting. So what can be done right now for these individuals?

We need to educate ourselves and others. And we need to advocate. While we need to learn more about the properties of fluorescent and other lighting options as well as their environmental impacts, our first priority is to take immediate action.

We must ensure that there is no ban on incandescent lighting until the impact on individuals and our environment is fully understood and taken into consideration. As with so

many "crisis" issues like global warming, the short-term quick fix is not the long term solution, and it can cause more problems than it solves. This appears to be the case with fluorescent lighting.

An easy step toward halting this misguided full ban on incandescent lighting is to sign the Irlen Institute Petition (<http://irlen.com/index.php?s=news>) The Irlen Institute has taken the lead with this petition and suggests concrete ideas on making your views known to your community and your legislators. To learn more go to www.irlen.com

The Irlen Institute suggests that in addition to the petition, send emails with your personal story to your legislatures and to the media, such as Oprah (www.oprah.com). The Canadian Broadcast Company (CBC) offers a search engine at www.cbc.ca. Type in 'incandescent' in 'search cbc'. A number of articles will appear. At the end of each article is an option to submit feedback. A form will come up. On it are options to 1. Comment, 2. Suggest a story, 3. Tell your story.

In Canada, you may contact Onechange.org at porchlight@onechange.org; Kamloops MP Betty Hinton at hintob1@parl.gc.ca, NDP MP Paul Dewar at dewarp@parl.gc.ca, or your local MP, whose email may be found by using your favorite search engine.

In Australia, send your emails to the Australian Environment Minister, Malcolm Turnbull.

We can make a difference!

An example of how effect this type of advocacy can be has just been proven with the very recent blockage of a pending California Assembly bill AB 722, for which the Assembly Committee was soliciting comments. Through the efforts of the Irlen Institute, the committee received the above petition with over 900 signatures, plus individual letters, calls and emails.

We end with a personal note from Helen L. Irlen, Executive Director, Irlen Institute International.

"We may have won the battle but not the war. We will need your help since the governments of Canada, Australia, and possibly the U.S. are still considering legislation to ban the sales of incandescent light bulbs. However, our success in California has shown that your emails and petitions can make a difference!

"We all have to work together to get our voices heard. So please continue to sign our petition on line to help prevent the ban on incandescent light bulbs. Go to www.irlen.com. Tell your family, friends, and neighbors. Send the petition link to everyone you know.

"We appreciate everything you are doing to make the world know that there are people who are bothered by fluorescent lighting. We need to continue educating and spreading the word. Together we can make a difference."

Lighting and Vision By Dr. Bill Takeshita

Light is the most fundamental element of vision. It provides contrast

between the object and the background, enabling the eyes to send

signals to the brain to be perceived. When there is not sufficient light, there is no contrast between the object and the background. For example, in total darkness, everything appears black and there is no contrast. Conversely, when there is too much light, such as looking at stars in the sky during a bright sunny day, the stars cannot be seen because there is insufficient contrast. Patients with low vision can improve their functional vision by modifying the lighting levels to help them in their daily lives. For example, the use of desk lamps can increase the contrast level to make reading print written in pencil easier. Similarly, the use of sunglasses can reduce the lighting levels to improve the contrast that allows patients to see concrete steps and curbs.

Sensitivity to bright light and glare are common complaints of patients with low vision. Their eyes are not able to adapt to high levels of illumination and they are often "blinded by the light." Many patients with low vision have difficulty using over the counter sunglasses because they are often too dark or not dark enough. Low vision specialists can customize filters to maximize contrast and not reduce vision. Specialized filters such as multiple pinhole glasses, Corning CPF, Melanin, and NoIR//99 lenses are designed to reduce glare and improve eye comfort without reducing vision. These specialized sunglasses are not available "over the counter," but may be the most effective optical treatment to improve visual function when outdoors. They also protect the eyes from the harmful rays of the sun.

Interior lighting conditions can be customized to improve visual function of children and adults at home, work, and

at school. Paint and wall coverings are one of the most effective treatments to alter the ambient lighting of a room. The use of dark colors will reduce the overall ambient lighting while lighter colors will brighten the room. Ceilings painted with an off white paint will increase the brightness of the room and will increase the perceived size of the room, especially when table and floor lamps shine light towards the ceiling. Light colored paints should be used on walls and ceilings for patients who require higher illumination. Base moldings, door jams, and crown moldings made of dark woods such as mahogany will provide contrasting visual clues to help patients with low vision to navigate more easily and accent the features of the room. Conversely, patients who are bothered by light will benefit from using darker paints, floors, and window coverings to reduce the room illumination.

Lamps and lights can significantly improve visual function of patients with low vision. The first step is to obtain the appropriate ambient illumination. This is the amount of light that fills the room and illuminates the ceilings, walls, floors, and furniture. It is important to note that ambient lighting is not designed to provide lighting for reading, cooking, or performing specific tasks. Patients who are bothered by glare and bright light will benefit from using 45-watt incandescent bulbs placed in table and floor lamps with opaque fixtures to provide diffuse light on the walls, floors, and ceilings. The opaque shades will eliminate glare and the incandescent light bulbs will provide minimal light. Conversely, patients who require high levels of illumination will benefit from using table and floor lamps with

translucent shades that will allow light to pass through the shades and reflect off the light colored walls, ceilings, and floors. Fluorescent 15-watt spiral bulbs will provide high levels of light in a cost-effective manner, allowing patients to use more lamps as necessary. Do not use 300-watt halogen floor lamps because they use too much energy, generate too much heat, and can cause fires if they tip over.

One of the best methods to modify ambient lighting for patients with low vision is the use of recessed lighting. Recessed lights are cylindrical cans that are inserted into the ceilings. They are generally installed by electricians and can be placed strategically to illuminate hallways, kitchens, bedrooms and study rooms. Recessed lights can use incandescent flood or spot bulbs to provide ambient or task lightings. They are dimmable and provide high levels of flexibility for patients. The use of 85-watt incandescent flood bulbs in an R-40 can provide excellent ambient illumination while the use of halogen spot bulbs will illuminate specific work areas such as desks, stoves, and eating areas without causing glare. Recessed lights are available in a large variety of sizes and styles. Fluorescent ceiling light fixtures provide very high levels of illumination in kitchens, dinettes, bathrooms, and bedrooms at a very affordable price. Four-foot fluorescent light fixtures can hold 4 four-foot tubes and cost approximately \$100.00. They also provide the highest amount of lighting at the most affordable cost. Fluorescent light bulbs do not generate much heat, they use very little energy, and they provide high levels of light. However, fluorescent light bulbs may distort the appearance

of colors, they sometimes flicker, and they also produce glare for some patients. Purchasing full spectrum light bulbs, which generate light that is most similar to the sun, can eliminate many of these complaints. While the use of plastic coverings will reduce glare, the mixture of various types of fluorescent tubes can provide different colors of ambient illumination.

Many patients with low vision attempt to increase the lighting in their homes or work areas by replacing their table lamps with more powerful light bulbs. In most cases, this does not help significantly because most of the light shines on the ceilings and walls or is absorbed by the lampshade. The use of desk and floor lamps that direct light specifically on the work areas are the best solutions to help patients to read, write, play cards, see their food, and perform their hobbies. Desk lamps generally consist of a silvered or white reflective surface that directs all of the light on the reading material. Because light is directed in a precise manner, all of the light illuminates the reading material and stray light does not cause glare. Desk and floor lamps are available in various styles and they use a variety of light bulbs. Halogen light bulbs are very bright, but they tend to generate a lot of heat. Incandescent light bulbs generate a moderate amount of heat but the light often has a reddish or yellow hue that is bothersome to some people. Fluorescent bulbs do not generate much heat but some will cast a bluish color on the paper and some patients do not like to read under such lighting. Thus, it is important to actually compare the visual comfort with each type of light bulb before purchasing a desk lamp.

Many patients with low vision prefer the OTT full spectrum fluorescent desk lamp or a desk lamp that uses a 60-watt incandescent General Electric Reveal Bulb.

Track lighting provides excellent task lighting for patients with low vision who require very high levels of illumination for reading, writing, cooking, and eating. It is an affordable alternative to recessed lighting. Track lighting consists of a rail or track that is mounted to the ceiling and small light fixtures are attached to the track. The lights can be directed in any direction and are very effective at illuminating desks, dining areas, and other work areas. Track lights use both incandescent and low voltage halogen bulbs. The beam emitted from the bulbs tends to be narrower than the beam from recessed lights. However, because they use less energy, more fixtures can be used to illuminate areas where patients need more light.

When choosing light fixtures, it is very important to learn about the type of

bulb that the fixtures use. Halogen and incandescent spot lights are excellent for spot lighting while fluorescent, incandescent flood lamps and conventional incandescent light bulbs are best for ambient illumination. The wattage of the bulbs only tells how much energy the bulbs use while the lumens describe how much light the bulbs emit. Fluorescent bulbs are the most efficient bulbs and produce the most light for ambient purposes but they tend to create glare and distort colors. Halogen bulbs are available in a variety of styles and they produce a very white light but they also emit a lot of heat and use more energy. Thus, they are best when used in recessed and track lighting.

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Advocacy

Advocate's Alley, When Good Intentions Meet Good Information By Ken Stewart

It was certainly very pleasing to hear an article in the local weekly newspaper, of the mayor's proclamation that 2008 is "The Year of the Pedestrian" here in Warwick! I listened to the item on a cassette recorded by a volunteer at our public library in a project I started many years ago. The newspaper story lauded the Village's Sidewalks Committee, and specifically noted that wheelchair users and "sight impaired" pedestrians too, will be considered as the local sidewalks are improved.

I had put my name in for consideration when the Village board of trustees first announced their intention to create that committee. I was appointed even though I reside outside the Village limits, and at every meeting my comments were valued just as much as any other committee member. In fact, our chair, a Village trustee, often looked to me particularly for guidance on matters with which I have had previous familiarity such as the guidelines from the U.S. Access Board. I knew the material well,

having had the privilege of representing CCLVI on the Access Board Advisory Committee that developed them.

The Warwick Village Sidewalks Committee chair was committed from the start of the committee's work to respond to the needs of all pedestrian groups. But she, like most local government decision-makers, was limited in her knowledge of the needs of pedestrians with disabilities. In the coming months I am confident that sidewalk improvements will be responsive to those needs, as adapted to particular circumstances such as a roadside with no sidewalk at all, a beautiful but almost unusable walk of handsome old flagstones pushed way out of alignment by maple tree roots, and a concrete pad with a steep side slope responsive only to the convenience of a driveway.

At the other end of my bipolar life, there has been encouraging receptiveness to information that will result in a more usable sidewalk on one Manhattan block. In that instance, the primary decision-maker is a property owner. He operates a service station which runs an entire short block on the west side of Tenth Avenue. Customers drive in from, and out to, one-way streets on all three sides. The very unconventional maneuvers of some of these motorists are quite threatening to pedestrians, especially children walking to and from a nearby public school.

Participating as a member of a neighborhood transportation committee, I seized an opportunity to provide a modification which should reduce the threat to the general pedestrian population, but also make way finding along the sidewalk easier for vision

impaired pedestrians. Wherever there has been an open concrete pad adjacent to the sidewalk, there will be intermittent fixed barriers with a continuous "rumble strip" across the gaps. Rumble strips are the material typically utilized by traffic engineers paralleling the edge of a highway. These strips present a highly visible shoulder edge, while also providing a rough texture to vehicle tires. The texture creates a warning sound, and vibrates the steering wheel as an additional attention-getter to the driver. At the service station it will have a calming affect on the arriving and departing motorists. And, as is my additional objective, the rumble strips will furnish tactile high-visibility information enabling a white cane user to maintain a straight course across the broad concrete expanse on that block. All along the property owner wanted to do right, but needed help knowing how.

Governmental decision-makers and private parties usually want to create a built environment that is reasonably friendly to everybody and are willing to consider better ways to proceed. The same can be said for the third sector, the non-governmental organizational world. The Warwick Public Library has just broken ground for a new building on a new campus. Recently its director mentioned to me that she has already shared with the architects, my submission which identifies specific design decisions that will be considerate of blind and low vision patrons. These suggestions are all the more appealing, I expect, because they can be cost-neutral. An instance of good intentions combined with good information, plus good cents!

New Web Community for Parents

When parents learn their child has a visual impairment, it can be overwhelming. Parents wonder, "Will my child fall behind at school?" or "Will my child make friends?" or "Will my child have a successful career?" With only 93,600 visually impaired school-aged children in the U.S., over half of whom have additional disabilities, it's easy for families facing vision loss to feel alone.

To help these families connect with each other and give busy parents, grandparents and other caretakers a place to find comprehensive resources and support 24 hours a day, the American Foundation for the Blind (AFB) and the National Association for Parents of Children with Visual Impairments (NAPVI) launched FamilyConnect(tm), an online, multimedia community for parents and guardians of children with visual impairments.

Located at www.familyconnect.org, FamilyConnect gives parents access to message boards where they can talk to other parents, compelling videos featuring real-life families, parenting articles, a mom-authored blog, a glossary of more than 30 eye conditions, and links to local resources.

The site also features sections dedicated to multiple disabilities, technology, education, and every age group from infants to teens.

"We created FamilyConnect to give parents the support and information they need to ensure their children can achieve their dreams-whether that is playing sports or music, learning to read braille, getting a first job, surfing the web, making the

cheerleading squad, traveling the world, or going to graduate school," said Carl R. Augusto, President & CEO of AFB.

A recent NAPVI/AFB survey of parents of children with visual impairments showed that parents/guardians turn most commonly to physicians (82%), educators (76%), and web sites (65%) for information and support regarding their children's vision problems. This is consistent with national statistics from the 2006 Pew Internet & American Life Project that show 80 percent of American adult Internet users have searched for health information online. For parents living in rural areas with fewer resources, the web is particularly important to finding relevant, trustworthy information and the right services.

"When I talk to parents of visually impaired children they almost always ask about three things: they want to talk to other parents who have children with the same eye condition as their child, they want access to the latest health and education information, and they want to know what the future holds," said Susan LaVenture, Executive Director of NAPVI.

"FamilyConnect offers parents all these things-and more-in one place.

In addition to joining a community of parents, visitors to www.familyconnect.org can create a personal profile and receive information on news and events based on their child's age, eye condition, and location. Families can also find articles written by parents and professionals on topics such as:

--Finding the right eye care professional for your child

--Developmental milestones: What do they mean?

--Your child's Individualized Educational Program

--Friendship in the teen years

--College life begins In designing this web site, AFB and NAPVI

partnered with leading national organizations and hundreds of local agencies that serve children who are visually impaired to keep FamilyConnect content complete and up to date.

Recipes

Warm Fudge-filled Cheese Cake Submitted by Mike Smyczek

Editor's Note: Here's an easy to prepare recipe designed to please chocolate lovers.

2 8 oz. packages cream cheese
3/4 cup sugar
1 tsp. vanilla
2 eggs
1 cup chocolate chips
1 Oreo pie crust

Mix first four ingredients until smooth. Put one half of this mixture into an Oreo crust. Cover this with chocolate chips. Cover chips with remaining filling. Bake at 350 degrees for one hour or until set.

Cool for 30 minutes.

Lemon Mousse

Editor's Note: I found this recipe in The Philadelphia Inquirer. You don't have to turn on your oven on hot summer days to prepare this light, refreshing dessert.

2 eggs
1/2 cup of sugar or Splenda, divided
2 large lemons
1 tsp. Knox unflavored gelatin dissolved in 2 T. hot water
1/2 cup heavy cream
Pinch of salt

Separate the eggs putting whites in one mixing bowl and the yolks in another. Add 1/4 cup sugar and salt to whites and beat to make meringue.

Add 1/4 cup sugar to the egg yolks and beat until almost white.

Add zest and juice of 2 lemons. Mix in the gelatin (already dissolved).

Add meringue to the bowl with the yolks, slowly, by hand, using a spatula.

In a separate bowl beat heavy cream until whipped. Slowly add cream to yolk/meringue mixture. Put mousse into serving bowl.

Refrigerate for at least 6 hours. Decorate and serve with fresh berries. Makes 8 servings. This recipe can be doubled.

Assistive Technology

Lighthouse International Sponsors Expo

LITE 2008 is a new assistive technology expo for individuals who are visually impaired, their family, friends, caregivers, service providers, doctors, teachers, employers, technologists and other professionals. It will take place on Friday, September 19, 2008 from 9:30AM to 6:00PM at Lighthouse International, 111 East 59th Street, New York, NY 10022. This free event is hosted by Lighthouse International, a leading non-profit organization helping people of all ages overcome the challenges of vision loss. Vendors from across the country will be showcasing devices, hardware, and

software that is aimed at helping those who are visually impaired lead more independent lives as well as succeed in their educational or vocational pursuits. In addition, presentations will be given throughout the day on topics ranging from the financing of assistive technology to healthy living using accessible glucose monitors, thermometers and more. For more information on vendor registration, a detailed list of events, or how you can participate, contact atceducation@lighthouse.org or call 800-829-0500 or 212-821-9371.

Request for Contributions

CCLVI gratefully accepts contributions from readers and members to help pay for the costs of publishing Vision Access, the costs related to our 800 line and Project Insight, and for funding the Carl E. Foley and Fred Scheigert Scholarships. Please send contributions to CCLVI Treasurer, Mike Godino, 104 Tilrose Avenue, Malverne, NY 11565-2040. Our Tax ID number is 1317540.

Resources

ACB Membership Committee
TheSunshineAlliance@gmail.com
American Printing House for the Blind,
Elaine Kitchel, Research Scientist,
800-223-1839

California Transition Council
www.transition2employment.com
The Dr. Bill Takeshita Foundation
(310) 458-3501

Familyconnect
familyconnect.org
The Irlen Institute
www.irlen.com
Irlen Institute Petition
(<http://irlen.com/index.php?s=news>)
Lighthouse International
atceducation@lighthouse.org
800-829-0500
212-821-9371

Council of Citizens with Low Vision International
An Affiliate of the American Council of the Blind
2008 Membership Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Country _____ Phone _____ E-Mail _____

Membership Status: I am:

New member. Life member of CCLVI.

Renewing my membership. Life member of ACB.

Visual Status: I am a:

person with low/no vision. fully sighted person.

I wish to receive the CCLVI publication, Vision Access in:

Large print Cassette E-mail Do not send

Please send the American Council of the Blind Braille Forum in:

Large Print Cassette Computer Disk

E-mail Braille Do Not Send

Dues Structure (Payable in up to three annual installments):

Individual \$15.00

Organization or Agency \$25.00

Life Member \$150.00

Payment Due:

\$ _____ Annual Dues

\$ _____ Life Membership Dues (full or installment)

\$ _____ Additional Donations

\$ _____ Total Amount

Make check or money order payable to "CCLVI" and send to

CCLVI Treasurer: For Office Use Only:

Mike Godino Date Paid: _____ Date of Dep _____

104 Tilrose Avenue Check # _____ \$ _____ Cash _____

Malverne, NY 11565-2024 Ph: 800-733-2258 <http://www.cclvi.org>

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Washington, DC 20005

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