



SUMMER 2010
Volume 17, No.2

Vision

Access

**Council of Citizens with
Low Vision International**

Vision Access

**A Magazine by, for and about
People with Low Vision**

**Volume 17, Number 2
Summer, 2010**

**Published Quarterly
for Members in These Formats
Large Print, 4-Track Cassette, Email,
Audio CD or Data CD**

**Copyright 2010
by the Council of Citizens
with Low Vision International,
a not-for-profit organization affiliated
with the American Council of the Blind**

**Council of Citizens with Low Vision
International
2200 Wilson Blvd. Suite 650
Arlington, VA 22201
1 800 733 2258
www.cclvi.org
info@cclvi.org**

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, low vision specialists, and everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications.

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

Contents

<u>From the Editor</u>.....	3
<u>Organization News</u>	
President's Message, By John Horst.....	5
CCLVI and Vendors Partner to Award Video Magnifiers,	
By Dr. Catherine Schmidt Whitaker.....	6
Summary of CCLVI Board Meeting,	
May 21, 2010.....	9
Chapter News.....	12

Quality of Life

Social Skills and Low Vision,
By Dr. Bill Takeshita.....19
The Flame in All of Us, By Sarah Peterson.23
The Search for the Elusive Lobster Dog,
By Joel Isaac.....29
Helen Keller National Center for Deaf-Blind
Youth and Adult Senior Program,
By Donna Sanchez.....31
On Creating a Baseball Schedule,
By Devorah Greenspan.....37

People

Meet Marie Schwarzl.....45
Meet Sister Louise Gorba.....53

Science and Health

Cataracts and Low Vision,
By Dr. Bill Takeshita.....55

Assistive Technology

Humanware Launches Victor Reader Stream
CD Edition.....62

Request for Contributions.....64
Resources.....64
CCLVI 2010 Application.....65
CCLVI Officers and Board Members.....66
CCLVI Chapters.....67

From The Editor

Since the last
 issue of Vision
Access, I had a
 retinal detachment in
 my better seeing eye.

I felt as if the lights
 were going out in the
 middle of the day!
 But I hoped that
 something could be

done. My retinal to reattach my retina using cryogenic and laser techniques. Years ago these procedures were not available. I am grateful that things have changed.

In this issue you can read about how Marie Schwarzl met the challenges of diabetic retinopathy and vision loss and how Sister Louise Gorba's life was changed by macular degeneration. Then Dr. Bill Takeshita tells us about the latest techniques for dealing with cataracts. I believe that it is good to know all we can about eye conditions, our own and others.

Interpersonal skills and attitudes play a major role in how we deal with losses. We may be

specialist knew how familiar with the wisdom Dr. Bill shares in his article on "Social Skills and Low Vision," but this is worth hearing again. Sarah Peterson writes about using such skills during her first year at college.

Devorah Greenspan tried her hand at making a schedule for Major League Baseball. In her article she shares this incredible task and her remarkable persistence. Then read Joel Isaac's article and imagine tasting the elusive lobster dog.

I've enjoyed meeting the people who contributed to this issue. I am looking forward to meeting people in Phoenix at CCLVI's convention. If you

are not able to attend, I'll try to share happenings and the stories of people I meet in the next issues of Vision

Access. Thanks to all who contributed ideas and articles to the issue.

JMK, 6/15/10.

Organization News

President's Message

By John Horst

On July 10-16, 2010 in Phoenix AZ the convention of the Council of Citizens with Low Vision International will take place as an important part of the conferences and convention of the American Council of the Blind. An exciting program is planned thanks to the hard work of CCLVI board member Coletta Davis and first vice president Richard Rueda. In addition to CCLVI business sessions which will

include planning and election of officers and some board members there will be professional discussions on best practices when using large print for publications, talking low vision with Dr. Bill Takeshita O. D. Director of optometric services at the Center for the Partially Sighted in Los Angeles CA., a discussion on travel for people with low vision and time to share experiences

and solutions to problems. There will also be the usual social functions: CCLVI's very popular mixer on Sunday afternoon, game night on Monday evening and the two dances, the first on

Sunday evening after ACB's opening session and the second on Friday evening after the banquet. Be sure to sign up for these activities. All are welcome.

CCLVI and Vendors Partner to Award Video Magnifiers

By Dr. Catherine Schmidt Whitaker

Editor's Note: Dr. Catherine Schmidt Whitaker is chair of CCLVI's Scholarship Committee.

The Council of Citizens with Low Vision International, Enhanced Vision, Eye Tech Low Vision, HumanWare and MagniSight are proud to announce the first annual Dr. Samuel Genensky Video Magnifier Memorial Award. The

partnership recognizes and celebrates Dr. Genensky's achievements and thirst for knowledge. This May a total of 6 video magnifiers have been awarded to individuals who have low vision with demonstrated need from a competitive pool of applicants.

Enhanced Vision made two video magnifier donations

to benefit students. Ms. Karen Leger of Eureka, California received Enhanced Vision's Merlin Video Magnifier. A nontraditional college student, Karen is excited to receive the magnifier as it will enable her to complete college assignments, read bills and other personal materials. The magnifier will support her over the years as she moves from a student role into her career as an orientation teacher for children with low vision.

Mr. John Wolfe's, Eye Tech Low Vision, donation of an Optelec MultiView video magnifier was awarded to Ms. Suzan Ahmad of Clifton, New Jersey. Suzan has an eye condition called Granular

Dystrophy that forms deposits on the cornea that reduces Suzan's usable eyesight. The video magnifier will enable Suzan to read print on documents and the classroom board. As a graduating high school senior, Suzan looks forward to begin studies in the sciences as a freshman at Rutgers University in the fall. Inspired by her eye doctors and scientists, Suzan's career goal is to become an ophthalmologist. Suzan is also an active member of her community and tutors children.

HumanWare made two Versa video magnifier donations to benefit students. One Versa was awarded to Aiden Stott a ninth grader

from Plymouth, Massachusetts. Aiden's eyesight has decreased significantly over the past year and this impacts his functioning due to other disabilities. A small portable video magnifier will allow Aiden to carry and effectively operate the magnifier to read books and look at maps, which are his favorite hobbies.

MagniSight's donation of a MagniSight video magnifier was awarded to William Johnson of Sudbury, Massachusetts. William is an active nine year old in third grade who loves to read. While he has access to a video magnifier at school, he has been limited to handheld magnifiers at home.

The video magnifier will enable Will to see his homework assignments by enlarging the print and allow him to see what he is writing. Additionally, Will says that the video magnifier will allow him to "read anything I want" and enhance his independence.

A video magnifier is a machine that enlarges print material on a monitor to a font size from 2 to 10 times larger. The magnifier also allows the user to change the background and text colors to maximize color contrast and eyesight usability. A video magnifier is often referred to as a CCTV.

Dr. Samuel M. Genensky, inventor of the first closed-circuit TV reading

device for individuals with low vision, founder of the Center for the Partially Sighted in Los Angeles, and the founding president of CCLVI passed away on June 26, 2009. Dr. Genensky inspired and

mentored many within the low vision community. For more information about the video magnifier award, visit www.cclvi.org and click on "scholarship programs."

Summary of CCLVI Board Meeting, May 21, 2010

Kathy Casey's minutes were approved. Mike Godino's treasurer's report was also approved. Mike's recommendation that Rebecca Gonzales, accountant, conduct an audit was approved. A request for an extension till August 15 has been filed.

The board voted to present a plaque to Dr. Bill Takeshita honoring him for his

contributions to CCLVI through his monthly teleconferences, "Let's Talk Low Vision with Dr. Bill," and through his work to put in place the Dr. Sam Genensky Video Magnifier Memorial Award. Richard Rueda and Bernice Kandarian will compose the inscription on this plaque which will be presented to Dr. Bill

at CCLVI's 2010 Convention.

The board voted to offer 3 \$25. door prizes plus a copy of Vision Access to the ACB Convention. In addition Lisa Drzewucki and Richard Rueda will put together a basket for the ACB auction at the convention.

Donna Pommerantz, member of our Scholarship Committee, reported that two of our three Fred Scheigert Scholarship recipients, Tiffany Swoish and Yvonne Garris, will attend this year's convention. Steve Cook is unable to attend. Tom Lealos, also a member of this committee, reported on the Dr. Sam Genensky Video Magnifier Memorial

Award. Recipients of the scholarships and video magnifiers will be announced at our mixer and at the ACB general session and the equipment donors will be recognized. The board voted to pay for publicizing these awards in the ACB Convention Program booklet and in the convention newspaper as well. The Carl Foley Scholarship offering has been delayed until the fall due to time limits of committee members and website issues.

Coletta Davis, co-chair with Richard Rueda of our convention program committee, reviewed the convention program. The board approved expenditures for refreshments at our

mixer, prizes for game night, and Dr. Bill's hotel bill for one night.

The board voted to approach Dr. Bill to request that his recorded presentation at each teleconference be aired not only on airsla.com but on CCLVI's website and on ACB radio.

CCLVI's Facebook committee reported that we now have more than 100 members.

Joyce Kleiber reported on Vision Access and on the Publication Committee.

The Large Print Committee is working to develop best practice guidelines for large print documents used by the low vision community. This committee consists of

Tom Lealos, Bernice Kandarian, Ken Stewart, Donna Pommerantz, Donna Sanchez, and Diane Deutsch. A White Paper will be developed.

Bernice Kandarian reported that she received a phone call from Smith Kettlewell, a federally funded research, engineering and rehabilitation center, asking for CCLVI members to participate in an on line way finding survey. The board agreed and the survey will be sent via email.

The board approved the formation of a committee that will design a brochure that will help publicize CCLVI. Lindsey Hastings, Brian Petraits, and

Bernice Kandarian will be on this committee.

Joyce Kleiber will chair the nominations committee.

Chapter News

California Council of Citizens with Low Vision

Our spring convention was held in conjunction with the California Council of the Blind (CCB) spring convention April 16 and 17, 2010 in Burlingame, CA. On Friday there was a joint program with the Committee on Access and Transportation (CAT). We heard about San Francisco's Accessible Pedestrian Signals, followed by a lively panel discussion on advocacy. We learned about the importance of advocacy and structured

negotiations. On Saturday we joined the Seniors with Vision Loss Committee where we heard from Kim Charlson who gave a report on library services for seniors and those with low vision, including a discussion about National Library Service (NLS) digital books. This was followed by Larisa Cummings, Esq., Disability Rights Education and Defense Fund, who discussed the recent court decision that requires Social Security to send out their notices in an alternate format for

those who are blind
Florida Council of
Citizens with Low
Vision

The 2010 Florida Council of Citizens with Low Vision \$750 scholarship has been awarded to Nicholas Pagan. Nick introduces himself in the following essay.

Nick in a Nutshell
By Nicholas Pagan

Many factors have shaped my personality to identify me as who I am today. Today, I am an individual who enjoys working with animals, as demonstrated by many hours spent volunteering at the local Humane Society. I am a martial artist, having taken Tae Kwon Do since the age of 5, allowing me to excel to the rank of third degree black belt. I

or visually impaired. have several disabilities, which have forced me to have to work harder than most people for what I want/need. I enjoy promoting my overall good health, taking part in activities such as working out, running, bike riding, and frequently using a Jack Lalaine Power Juicer. I am an individual who has set realistic goals for myself, with a strong desire to attend Florida Gulf Coast University and major in physical therapy.

Every community needs volunteers to function properly, and I am pleased to say that I contribute to my community. Nearly every Sunday, I volunteer at the local Humane Society, taking part

in both cat care and dog walking. Both of these activities involve working with beaten, abused, neglected, homeless, and unwanted animals and providing care until they are suitable for adoption. Also, much of my time has been spent volunteering at the Tae Kwon Do academy which I attend. I assist my instructor in conducting his elementary after school program, aiding the children in completing their homework then proceeding to teach them the art of Tae Kwon Do. I have also contributed several hours of my time volunteering at the Holy Redeemer Catholic Church and the American Red Cross.

Tae Kwon Do has been a major part of my life since the age of 5. In my early childhood, like most boys, I experimented with many sports, like basketball, baseball, soccer, etc. None of these sports appealed to me, but when I enrolled in Tae Kwon Do, it didn't take long for me to realize that this would be my passion, the sport which I would excel in. The 12 years which I have spent practicing Tae Kwon Do have taught me exceptional discipline and has taught me to treat everyone with proper respect. Tae Kwon Do has shaped who I am, and if not for Tae Kwon Do, I don't know who I would be today.

Since the age of 5, I have had a rare

disease known as **Wolfram Syndrome**, a rare disease affecting a mere 1 in every 700,000 individuals. The effects of the disease are type 1 diabetes, high frequency hearing loss, color blindness, and optic atrophy. I wear hearing aides to account for the hearing loss, and an insulin pump to regulate my diabetes. Due to the optic atrophy, I am legally blind with no means of correction. Because of it, I have been forced to seek accommodations to succeed in school, including large print books/handouts, as well as receiving copies of any notes taken in class. Through extreme effort and dedication however, I have managed to succeed,

maintaining a 3.3 GPA.

Despite my disabilities, I enjoy taking part in healthy activities. As I mentioned earlier, I love Tae Kwon Do. I attend Tae Kwon Do at least twice a week. Aside from that, I also enjoy working out, jogging, bicycle riding, and many other physical activities. Quite possibly my most unique activity is the 3 to 4 days each week that I use my Jack Lalaine Power Juicer, juicing things like apples, pears, kiwis, carrots, cucumbers, and many others.

I have always taken honors classes in high school. I spent 2 semesters as a teacher's aide in the school clinic, and I enrolled in Medical

Skills and Psychology as academic electives. Through persistence and dedication, I have been able to maintain a weighted GPA of 4.69 and an unweighted GPA of 3.3. I am currently taking dual enrollment classes to get a head start in college. I have been accepted to Florida Gulf Coast University.

In fall of 2010, I will be attending Florida Gulf Coast University, where I plan to continue my academic success. I intend to major in physical therapy. This challenging and costly degree will require 6 years of study, but through good study habits and careful time management, and financial aide to help pay for the many

costs associated with college, this goal will be reached.

A combination of time spent volunteering in my community, martial arts, healthy habits, and realistic life planning have shaped my character. I am unique in a positive way, and proud of it. All I can do is continue being who I am and hope it gets me where I want to go in life.

Metropolitan Council of Low Vision

**Individuals, with members in New York, New Jersey and New England
"Looking Good, Looking Close"**

Productive engagement with the N.Y.C. Department of Parks & Recreation has continued. In April, Chapter

President Ken Stewart met with the Department Foresters to review suggested design standards for street pits. The city has plans to expand the present quantity of trees along sidewalks from about 600,000 to about 800,000. Their immediate surroundings must be free of tripping hazards and white cane entrapments. Ken Stewart's presentation was well received. In May there was a meeting which reviewed park and playground design 'best practices,' with representatives of a variety of disabilities joining Stewart. Among the gratifying exhibits shared with the group was a playground swing seat with excellent

visual contrast components.

Two chapter members have also been active in CCLVI Committee activities.

Also in April the chapter had an opportunity to make a presentation at the Manhattan borough president's office to its Disability's Task Force. Several specific examples of vision impairment were described and information was distributed about CCLVI. The task force is comprised of representatives from physical, cognitive and sensory disabilities.

National Capitol Citizens with Low Vision

Like other cities in the U.S., our Washington, DC transportation

system will have to make changes in the way it operates in order to balance its budget. In April Barbara Milleville testified on behalf of NCCLV at a Washington Metropolitan Area Transit Authority Public Hearing. She told of the serious impact that cuts in service would have on riders with low vision. Some of this testimony was heard the next day on National Public Radio. NCCLV members took the time to write letters or complete surveys. Along with other disability groups, these advocacy efforts made a difference. There will be cuts in paratransit service but these cuts are minimal compared to what

was proposed. And Metro listened when riders said they'd rather have fare increases versus reduced bus and train service.

Another issue looming is that conditional eligibility for paratransit will be implemented this summer. This has the potential to impact many of our riders. There is much more work to be done to ensure this process will be fair and that riders who truly need shared-ride service will get it.

Are there areas besides transportation that need our attention and support? Please let us know.

If you aren't involved with advocating for issues that affect you,

consider doing so.
You don't have to be
an eloquent speaker
or writer to advocate.
Don't be afraid to

step out of your
comfort zone. The
rewards are waiting
for you.

Quality of Life

Social Skills and Low Vision

By Dr. Bill Takeshita

Editor's Note: this article is a summary of Dr. Bill's teleconference on March 16, 2010. Dr. Bill is Director of Optometric Services at the Center for the Partially Sighted in Los Angeles.

The first step in using social skills when you have low vision is to tell people that we do not see well. Some people who have low vision may be afraid to do this. Yet it is important to reveal and disclose so people don't get the

wrong idea about how you're behaving or what you're doing. Let everyone know. It will take a huge weight off your shoulders.

People might wave to us—across the room, and we don't know who it is, who they are. People get offended and think we are stuck up. It is helpful to disclose that you do have this vision problem.

The second step is just to go ahead and participate. Others ask, "Do you want to

go to Vegas? Do you want to go to the ball game? Do you want to go fishing? Often people who don't see well don't want to go because they're out of that safety zone.

When I lost my vision, I stayed in my house for 6 months. Then I began to realize I was missing out on life, on these social events. I was missing out just because I was concerned about how others thought about me. I learned that you really need to dive in and participate in so many different kinds of activities.

Third, we need to educate people who are around us. Most people do not know another person who is visually impaired. Because they don't know, they often do

things that might aggravate us. Waitresses may think we can't talk, can't order for ourselves, just because we can't see. Some people simply don't know. We even have to tell family members when our needs change as our vision changes.

Consider using a cane. People who have low vision are often reluctant to use a cane. I have found that a cane has helped me socially. When I didn't have a cane, I fell down steps that I thought were a ramp. People laughed. Had I had my cane, their reactions and understanding would have been very different. When I open a cane at the airport, people are very helpful. The

cane helps me not to look like some strange, uncoordinated person. The cane let's people know that this may be the reason why I'm walking slower. People tend to be much kinder when they know I have a vision problem.

It is also important that we be considerate of others.

Much of communication is actually nonverbal—a look, a facial expression, body language. When our contrast vision is reduced, this affects our ability to recognize faces and read body language. People who are totally blind can't make eye contact at all.

There are exercises to help

people make eye contact. So many people who are partially sighted just have their head down toward the table or the floor. This kind of body language creates the impression that you're really unhappy. There are certain types of reflexes that we do have. The eye is hard wired with the visual center of the brain that connects the eyes and the hands together.

When people become totally blind or stop using their vision, this hard wiring is lessened. So it's very important that you continue to practice these things so that you continue to develop eye hand coordination.

Keep your eyes closed and extend

your hand straight out from you. Put one finger up in the air and visualize where that finger is if you move it far to the right. Then snap your fingers. This gives your brain more input as to where to look. When you open your eyes, you'll notice that you eyes are looking right at your fingers. Try the same exercise with your fingers to the left. Practice with a friend by going out to a coffee shop and sit across a small table. Practice directing your gaze toward their voice. It's also important not to have your eyes wide open and just stare. This is an unnatural thing to do. So break your gaze and look for a few seconds at your coffee cup or your hand, and then look

back at the person to whom you are talking.

You could practice while you're watching the evening news on television sitting about four feet away from the set. Look at the face of the person reading the news, then look away and then go back to the face. Go back and forth and practice this.

We have to do things to make ourselves more acceptable in a social manner.

1. Don't hide our visual impairment.
2. Go ahead and participate. We only have one life to live, so go out and enjoy doing all kinds of things. I've gone to more movies, plays, art museums since I lost my eyesight.

When my wife or my

friends describe things to me, it's actually so enjoyable. 3. Let's educate people we meet about what it's like to be partially sighted. Let's tell them what they can do to make things better or easier. We also have to be courteous and

understanding and forgiving.

4. Practice making eye contact.

Continue to try to move your eyes toward the face of the other person.

Eye contact shows you are really paying your undivided attention to the other person.

The Flame in All of Us

By Sarah Peterson

As the assistive technology camp for low vision teens concluded, I reflected on my valuable experience of serving as a mentor to twenty amazing kids during the week. Each individual that attended had become a treasure to me. How would I be able to wish them all good-bye? After the closing ceremony, I

made my hugging rounds and snapped away at my camera, looking forward to the day when I'd be able to share the amazing moments on Facebook.

Although each and every camper has a special place in my heart, my parting with one of them remains a significant memory unlike all the rest. A young man

nearing his sophomore year of high school approached me to say farewell, earnestly thanking me for my friendship and all the encouragement I had given him. I felt extraordinarily humbled when I noticed the glimmer of gratitude in his eyes. Accompanying him was his equally sweet twin sister who took a photo for us and enthusiastically shook my hand. Grinning from ear to ear, they acted like they didn't want to leave, even after we had engaged in small talk for a few minutes. It was a little awkward, but not in a bad way. When they had left, the image of their sincere smiles was

frozen in my mind. It was apparent that I had made a huge impact in this camper's life. We shared many meaningful conversations throughout the week. Polite, hard-working, intelligent, and compassionate, this young man is truly a blessing to those around him. I assured him that he possessed the ability to be anything he wanted to be. There's no doubt in my mind that he will find success and deep joy in his life. Why? Because he has the positive perspective that many people lack, whether possessing a disability or not. Like this person, I too have discovered that the key to enjoying success and inner

peace despite the many obstacles low vision can bring is pursuing an optimistic attitude and welcoming new experiences with an open mind and heart.

From middle school to the time I entered college, I underwent a radical transformation. Throughout my childhood, I endured my share of persecution from certain classmates who were unwilling to accept my visual impairment. Once I reached junior high, I had acquired a pessimistic "me against the world" attitude and refused to trust most of my peers, not realizing that I had allowed only a few individuals to make me withdraw into myself, and even bitter, to a small

extent. Gradually, I began to seek friends on my own and participate in things I never thought I'd have the nerve to do, which included performing vocal solos and learning I had the ability to make people laugh in the school musical. Surrounded by supportive people while pursuing my dreams, I still regretted the years I had wasted feeling sorry for myself.

One of the greatest compliments I have ever received came from one of my closest girlfriends. Once during senior year, she exclaimed, "Sarah, you're positively glowing!" remarking on my zest for life and desire to find joy in all circumstances. As a person of faith, I

believe that the Lord's grace is sufficient, and I am grateful for the life He has given me.

During the summer before I attended Bethany College, I set a goal to take advantage of a fresh start in an environment where no one knew me. I was face-to-face with an opportunity to become the person I had always wanted to be. I yearned to be the kind of person that people were drawn to, and that others knew would accept them however they were, just like I desired for them to accept me. College turned out to be more wonderful than I had ever imagined! As the only visually impaired person on campus, people most definitely noticed my

disability. But I quickly discovered that college students, unlike many younger students, tend to celebrate diversity among their peers. It also helped immensely that I chose from the very beginning to be open about my eyesight and willing to explain it to others. This usually encouraged people to ask questions they wouldn't have brought up otherwise. My classmates were mainly curious and desired to learn about my eye condition, as well as how it affects my life. And believe it or not, the secret to success is laughing at oneself. It's true! The more I joked about it, the more I put people at ease.

The laughter was contagious.

Of course, my freshman year was not without its obstacles. The main annoyance was my inability to drive whenever and wherever I liked. As a result, I had no choice but to make wise decisions when running errands and rely on friends for carpooling. In addition, my disability affects me more socially than academically. I am often at a disadvantage, as I don't always notice waves, secret glances blocked by my lack of peripheral vision, etc. I quickly learned to express to others the importance of verbal communication and to simply provide knowledge of my

impairment so people would be aware.

After all, I certainly didn't want everyone to assume I was a snob! Otherwise, most events occurred smoothly and without great effort.

The male camper I praised earlier surely has the glow my dear friend spoke of. A light such as that, shining from within, can only grow brighter every single day. There is a flame burning deep inside each of us. We just simply have to believe it exists. As a future teacher for low vision youth, I want to help my students find their flame and encourage them to share it with others. The assistive technology camp for visually impaired teens has made an enormous impact on

my life. Before experiencing that special week, my plan to pursue a career as a TVI (teacher of the visually impaired) was merely a decision. While riding home, I realized that this decision had morphed into a fervent, passionate desire. While interacting with the students, I noticed that I thrived in their presence, encouraging them to dream big and simply being their friend, and I realized that I have also acquired much more patience and peace than I've ever had before.

In closing, this is my advice for visually impaired youth: other than remembering the technical, practical things

(being your own strongest advocate, seeking disability services in your colleges and schools, etc.), never, EVER underestimate yourself, the importance of a positive attitude, the power of laughter, or the influence you have on other people. Even when you think you're certain you don't matter, someone else is always watching you, and someone is always needing a friend. Realizing how much of an impact we have on the lives of others fuels our flame like nothing else. You have the power to reach out and light up the world. Everyone, even those whose eyes view nothing but darkness, shall

see it and rejoice in | the miracles it brings.

The Search for the Elusive Lobster Dog

By Joel Isaac

Over the years, I've heard rumors about lobster dogs, but they seemed too good to be true. Like a story about a whale by some long forgotten New England writer, I never took the rumors seriously. Although it may sound dangerous, a lobster dog or lobster roll is a delicious sandwich that can take a couple of forms depending on where you are in New England. In Maine a lobster roll consists of a cold bakery bun filled with lobster salad: pieces of lobster, mayo, relish, and other

ingredients. In Connecticut, a lobster roll is far more simple; a toasted long roll filled with chunks of lobster and melted butter. You can find both of these delicacies throughout New England usually between the end of April and August each year.

Recently, we were in Connecticut and sampled two restaurants: the Lazy Lobster in Milford and Outriggers in Stratford. The Lazy Lobster is a small storefront stand in a small summer town. They serve a roll with cole slaw for about \$16. The roll, straight from the

oven, is fresh and a little chewy, piled with sweet chunks of lobster, cut in half for easy handling. The butter can be served in the sandwich or on the side. The stand is also known for its baby-back ribs, peel and eat shrimp, and steamers. There is limited seating in the restaurant and a little more seating outside on Broadway. Since the stand is a two minute walk to the beach, a picnic lunch would also be a great option. Just remember to b-y-o-b!

Outriggers in Brewer's Marina is a two-story restaurant with great views of the Atlantic. Their dog is toasted with melted butter and

sweet chunks of lobster. The meal comes with a side of French fries or vegetables for around \$17. They serve a wide range of other foods including burgers and crab-stuffed shrimp. They also serve a wide range of drinks including wines, beer, and soft drinks.

The lobster dog is a rich and sublime summer sandwich. As the spring and summer continue, our hunt for this perfect food will continue. When fall and winter come, we'll dream of eating these rolls on the beach in the warmer days.

Helen Keller National Center for Deaf-Blind Youth and Adults Senior Program, By Donna Sanchez

Editor's Note: Most of the people who participated in this training experience had low vision and a hearing impairment.

About a year ago Cathy Kirscher, a Regional Officer from the Helen Keller National Center (HKNC) for Deaf-Blind Youth and Adults, spoke to members of the Santa Clara Valley Blind Center in San Jose. She told us about the center and their Confident Living Program for seniors. HKNC's mission is to enable each person who is deaf-blind to live and work in the community of their choice. Several of us

put our names on a waiting list for the 2010 session. We were surprised when four of us from our center were chosen to attend this program.

Rose Deterding, Naomi Grubb, Shirley Lantz and myself, Donna Sanchez, left from San Jose Airport on American Airlines at 10:15am. We had forty-five minutes to make a connection in Los Angeles and we almost missed our flight to JFK Airport in New York. What a beginning! During the flight we talked and ate the peanut butter and jelly sandwiches we had brought with us. The

airline staff was very helpful. We arrived at JFK Airport at 8:55pm and representatives from Helen Keller, Paige, Sarah and Phil, picked us up and took us to the center, which was located in Sands Point New York on Long Island, about an hour's drive from the Airport. A dinner of meat loaf, mashed potatoes and green beans was saved for us.

Our rooms were very nice and clean. They were located in the basement of this wonderful residence building. Each room had two beds, dresser drawers, desks and closets. Some rooms had two sinks.

Breakfast was at 7:30 am and classes started at 8:45 every day. The first day at

breakfast we met the four students: Derek Baum from Chico CA, Cindy Flerman from Los Angeles CA, David Hanlon from San Diego CA, Roy Harmon from Oceanside CA and their wives. All of us were compatible and really enjoyed each other. This group enabled us to share and be free with our feelings regarding our vision and hearing loss. Some of us belonged to the California Council of the Blind (CCB).

Paige Berry, Program Coordinator of the Senior Adult Program HKNC and Lisa Honan Coordinator of Mental Health Services HKNC facilitated the Senior Program for the week. We also had four wonderful volunteers called

Support Service Providers, SSP's, from Virginia who treated us like royalty.

I am going to tell you about some of the classes and speakers we had during the week. We had a support group which consisted of each of us telling our story. This was very interesting and enjoyable because I could relate and identify with quite a few things people said. This made me feel that I am not the only one who has experienced these feelings and challenges.

Audiologist Carol Hamer, a member of the HKNC staff, spoke to us about different types of hearing aids. She suggested that we go to our audiologist every five

years because there could be changes in our hearing. While we were in class we used the William's Sound FM Listening System. This consists of a microphone which we passed around and headsets for everyone so that we could all hear.

It was recommended that when hearing impaired people go to restaurants, they should acquire a table near a wall, preferably in a corner, or even better, a booth that has a high back. If people have problems hearing, they can print upper case letters on each other's palm. This is called Print on Palm.

Classes were held in the Administration Building, which was

located across from the Residence Building. In between these buildings was a track with railings to walk around. There were beautiful trees with pink and white gorgeous blossoms.

Getting back to the classes and speakers Dr. Marc Epstein Optometrist, O.D., F.A.A.O. spoke to us about our vision loss. He discussed Macular Degeneration, Glaucoma, Retinitis Pigmentosa, Usher Syndrome and Cataracts. He was down to earth and answered all the questions we had. He also liked to tell jokes.

Sister Bernie Wynne, Coordinator of the National Training Team, HKNC, spoke on tips for public speaking so

that we could spread the news about the Helen Keller National Center. Rose, Naomi, Shirley and I are going to give a talk to the Santa Clara Valley Blind Center in San Jose, and this article, I hope, will help educate many Deaf-Blind individuals about the center.

Monica Godfrey, Supervisor of Orientation and Mobility, led a discussion on this topic. She suggested that we all get some mobility training in our community. Monica made many other good suggestions.

Deanna Eble, Attorney from Vincent J. Russo & Associates in Westbury NY, discussed elder Law Issues. We learned that if we had a Trust

made eleven years ago it is still good. But Trusts can be updated at any time if necessary. Deanna suggested that we keep Health Directives and the Power of Attorney at home in a fireproof box, not in a safety deposit box at a bank. This is because we may not have access to the deposit box when Health Directive and Power of Attorney are needed in an emergency. Wills and Trusts are not needed in an emergency; they are needed after death. These could be put into a safety deposit box.

Each student had the opportunity to attend individual classes lasting forty-five minutes on topics concerning

Adaptive Technology, Computers, Creative Arts, Independent Living and Communications.

Valerie Chmela, Senior Instructor, Communication Department, HKNC, discussed Emergency Preparedness. She showed us a plastic shopping bag with items such as flashlight, whistle, radio, shoes, sweatshirt, medication, and an extra Cane. These items in this emergency bag are to take with us if we need to evacuate our home immediately. We can put one of these bags in several rooms of our home. It also was suggested that we notify our local Fire Department of our disabilities.

The Center for Disease Control and

Prevention (CDC) and Helen Keller National Center are doing a research study on Congenital Rubella Syndrome (CRS). In this study, researchers will look for markers in blood to see if there is any difference between adults born with CRS and adults who had German measles. The study will look at different markers for the rubella virus that may help health care workers find the cause for this handicap. I was asked to store my blood sample for future research on Rubella Syndrome because when my Mom was pregnant with me, she had German measles and I am a Rubella baby. I was very pleased and happy to do this.

Some of the recreational activities we participated in were a pizza party, a music jamboree, bingo, dinner brought in from a barbecue restaurant for dinner, shopping at the mall, lunch at an Italian restaurant before we went to a comedy called "Mid - Life Crisis," a musical. The Friends of Helen Keller funded the restaurant and play. During some of the evenings we played card games, dominoes and just socialized with each other.

On our last morning we listened to speeches by several of the students staying at the center concerning their adjustments, their stories and their future plans.

We caught the plane at 3:00 pm with a connection in Chicago. We arrived in San Jose at 8:55 pm. We had no mishaps on the way home. We slept, listened to music, and ate peanut butter sandwiches made by

the Center for our trip home.

The week was very enjoyable and educational. I am very glad we all had a chance to go to Helen Keller National Center and participate in the Senior Program.

On Creating a Baseball Schedule By Devorah Greenspan

Visually impaired baseball fans are making their way into the public eye. Inspired by a short online article about complexities in the 30 team schedule, I contacted Major League Baseball. I spoke with Ms. Katy Feeney regarding schedule creation. Our conversation concerned the 2010 season. In her April 24, 2008 letter, she

included the schedule parameters stating:

"If after reviewing the enclosed you continue to want to create schedules for the two major leagues, I will be happy to review them."

The general parameters from Major League Baseball state how many series each team plays within

and outside their division, address interleague play and TV. Thus, in 2008, I began to create a baseball schedule for 2010, using three 18" x 24" sheets of paper for each league. I planned by three game series: $52 \times 3 = 156$. Subtract 2 games for the 2, two-game series which leaves 154 games. Then add 8, four-game series for a 162 game schedule. The first tool I developed tracked who plays who where and when. I called these "parameter charts."

A basic question was "Who is traveling to the opposite coast?" The parameters limit travel from the Pacific Time Zone to the Eastern Time Zone without a day off. I ended up with

one such instance due to strategy I had yet to develop. In June the A's host the Indians, then play four games against the Red Sox followed by the Yankees before heading east to play the Mets without a break. As I finished the season, I needed to add a four-game series for both the A's and Red Sox. The developed strategy allows the four-games series to be planned as the season progresses and not plugged in at the end.

Alternatively, the A's could have played the Yankees for two games, then travel east. I'd already planned the two-game series "blocks," or three series in one week. MLB also "block schedules" the three series in one

week element for each league.

The baseball schedule is a cumulative, interlocking puzzle. Every step revealed something new. There are several sets of balances, equal numbers of home and road game dates. Some balances are contained within time frames. I was working on the middle of May, when I realized each month contains eight or nine series within it. April 2010 had eight series. I had several 5-3 home-road series imbalances. I went back to "fix" stuff. One of many results meant a Seattle road trip to Oakland, Toronto and Boston became travel to Oakland and Chicago.

Inside the overall season balance are sub balances. One is an equal number of home and road games played between Memorial Day and Labor Day. Around the beginning of August, every teams' remaining schedule had to have either nine home and eight away series or eight home and nine away. While tallying these numbers, I discovered the interleague balance of the three home, three away series requirement. It also produced my only one series home stand. Poor Rangers come home only to play the Cubs, and then travel to Houston, Tampa and divisional play in LA. Energy wise this eats fuel. This balance explains why specific

series dates may read as more NL teams playing at home.

My scheduling knowledge grew over the months of planning. The "hunt and change" revision method produces baffling quirks. It can explain why Team A plays Team B with only one series in between the match ups. Simple changes work the best. They were not always possible. I originally had KC playing SD in May interleague, with KC going on to LAA. Late in the planning process, I needed KC at DET to satisfy a divisional requirement. I didn't want to drop the LAA series for a trip to Detroit. I had to. When DET finally goes to LAA and OAK, they come home to play LAA and OAK

again. Major League Baseball has these concentration features in their 2010 schedule.

By completion I had discovered how every element implies varying ripple effects throughout the larger schedule. I realized the strategy and tools necessary to employ from the very beginning. I call these tools "horizontal planning." My tools in essence constituted a manual algorithm. My eventual tool kit contained blue prints for recording balances and sub balances, showing needs, proportioning divisional play, and tracking inter division teams for maximizing match up options. It also contained

redesigned planning boards with around 100 horizontal squares for each team. Hence the four-game series and days off are built in and not squeezed in. Better tracking or Horizontal Planning would have allowed KC to visit SD then LAA.

Despite a few "at deadline" shortcomings, I was very close, around 97%. Forty eight hours before submitting my proposed schedule, was when I reasoned the entire "horizontal planning" concept with its crafted tool box. MLB's rejection letter dated January 26, 2009 stated:

"We are in the process of building and in-house schedule system, so would be unable to

use the schedule you sent even if met all our parameters."

When MLB posted the 2010 schedule online, I studied the similarities between my proposed and their actual schedules for each team. In the 2010 MLB schedule I recognized from my proposal:

- Because I adopted the Mets, the Yankees opened the season visiting their rival Red Sox. MLB liked this idea so it was NYY @ BOS.
- Jackie Robinson Day: I placed the Mets at the Dodgers. MLB took this idea, scheduled the Mets to play in Colorado and placed the LAA @ NYY.

- **Double market areas: I achieved a no home-away series overlap. MLB has 15 such overlaps.**
- **All home and road trips are two and three series, with one exception. For 2010, MLB has 36 such series, excluding the opening and final series of the season.**
- **For interleague I met the parameters and focused on teams that to my knowledge have not played each other in a while. These included: MIL-OAK, CLE-HOU, BAL-STL, SF-TB, ATL-KC, KC-SD, MIN-STL, CIN-MIN**
This goal I achieved. From these

rare match ups MLB took ATL-KC.

- **"Flip" example: Series numbered 20 and 21; I had the A's hosting the Yankees, then facing the Mets in NY. MLB has Baltimore playing NYY followed by NYM for series 20 and 21, albeit both at home. I had Baltimore playing in San Francisco for series 21, whereas MLB sent Oakland across the bay.**
- **I began the season the week of April 1st. MLB shifted this to the week of April 5th. I utilized warmer climates. Baseball followed my home- road suggestions for 22 out of 30 teams.**

By comparison: MLB changed the season start date and moved the three series in a week block to dates earlier than in my proposal. Yet there were matches that were either right on target, or same match up, different park. The shift had matches either by date, series number or the "week later" factor where a series was adjacent in number, although a week later on the calendar. In range of my proposal, there were 224 out of 832 series similarities in the NL or 26.92% and 197 out of 728 series in the AL or 27.06%. There were also home-road stretches that mirrored my suggestions for all 30 MLB teams along with a few "flips," or

simple alterations, interleague suggestions, and reversal of playing order. Like the schedule itself the comparisons, as in the game itself, revolve around detail.

I wrote to MLB on November 20, 2009:

"Given the vast number of possible schedule permutations, enough of the 2010 schedule matches my submission for me to recognize the doings of your organization. I have saved all of my work including drafts."

In MLB's response letter of December 3, 2009 I read:

"Let me assure you that that is completely untrue. Major league Baseball Schedules are generated through a

computer programs that already contain a pre-existing format" (Grammar K. Feeney)

Surfing online I found the contracted schedule makers. Hoping to cultivate an ally, I wrote to Mr. Doug Bureman at the Sports Scheduling Group in Butler PA on March 31, 2010. I mentioned the proposal highlights and recognized his firms' interest in retaining their contract with MLB. Whether this contract was exclusive, I will never know. He didn't answer my certified letter. I called him long distance. He recalled my position as to the usage of my proposed material. He elaborated on factors unknown to me in 2008, such as U2's concert tour

impact and the questionnaires all 30 MLB teams answer. We discussed schedule evolution and algorithms. A computer doesn't care where the data come from. Club requests and certain demands may vary from year to year, yet the parameters remain a constant. He spoke of the business while fully supporting his client. I found it interesting that during our 35 minute conversation it was understood that I knew how to create an MLB schedule.

Lawyers have told me the legal claim is not worth pursuing. It's not sensational enough for the sports media. Katy Feeney solicited a submission from me while knowing there

was an outside schedule maker under contract. Why didn't she just send me the parameters, admit to a contract and tell me to enjoy

the season? I listen to 2010 Mets radio broadcasts, tainted; I am not following nearly as close as I have in recent seasons.

People

Meet Marie Schwarzl

I was diagnosed with diabetes in 1991. Four months later I experienced a massive ocular hemorrhage caused by diabetic retinopathy. The extra sugar in my blood caused the growth of extra, unneeded malformed blood vessels which are very susceptible to hemorrhage.

Because I am very analytical, I researched diabetes. I needed to know what was going on. At this time I worked

for the College of Physicians which has a first class medical library. In medical texts I read 50 pages about the scleral buckle and 55 pages about vitrectomy. These were treatments recommended by my doctor. These texts included the prognosis for patients. Doctors hoped to repair my retinal detachment using the scleral buckle and they hoped the vitrectomy would remove blood

clots from the massive hemorrhage.

From 1992 to 2003 I had too many laser treatments to count. With these the doctor hoped to seal the blood vessels and prevent further hemorrhaging.

Doctors were successful with my right eye, but not with my left eye. Statistically, laser treatments for diabetic retinopathy are around 86% successful, 14% unsuccessful. It is interesting to me that in my family history, my mother and her father had weaker left eyes.

A side effect of laser treatments is the formation of scar tissue. This can destroy peripheral vision but it also tends to save central vision which to me is

more important. The scarring can also distort the structure of the eye. Channels which are meant to allow fluids to leave the eye are blocked and thus pressure within the eye is increased. This causes hypoxia, a lack of oxygen which is needed for every bodily tissue to survive.

My doctors were unable to save my left eye and there was no hope of my seeing with this eye. Some people believe that when one eye gets to this state of increased pressure and hypoxia, it can cause the other eye to lose vision too. Removing the nonfunctioning eye is recommended in order to preserve the seeing eye. I went to another doctor for a

second opinion. She said this was not the case. She told me that I could take my time to adjust to the thought of losing a body part. But I started to feel discomfort in this eye which was very sensitive to air. It teared a lot. So in 2003 I decided to proceed with the surgery and have my left eye enucleated and an implant and artificial eye put in place. I learned that the implant is attached to the muscles within the eye socket. The implant is made of a derivative of coral and the muscles which control eye movements grow into it. This coral derivative is called hydroxyapatite. This implant allows the prosthetic eye to

move. The prosthesis is curved and fills the front of the eye. It sits on the implant. This prosthesis is made of a plastic material. It is cleaned professionally every year and is subject to wear and tear, for example from blinking. About every five years it needs to be replaced. Because my artificial eye does not hold fluids, I use artificial tears every day.

From the time of my first massive hemorrhage in April 1992 my vision loss was gradual. At first I noticed that I could no longer see the stores across the street. Later it became harder to read and I kept getting prescriptions for stronger glasses from my low vision

optometrist, Dr. Janet Steinberg. I found trifocals helpful for reading print, reading my computer screen and seeing things at greater distances.

I use computers to do my job. From 1988 to 1999 I ran the data base for fellowships, development, and payroll at the College of Physicians. This nonprofit was founded in colonial days to give support to physicians through its extensive medical library. Now physicians are recommended for membership in the College of Physicians by their peers based on their superior level of achievement.

I looked for another job because I wanted to earn more than this small

nonprofit offered. I found my new job at the University of the Sciences where I continue to work as a data base coordinator.

At Neumann University I was a history major, just because I liked to study history. It is interesting that, like me, three of my friends who were also history majors all manage data bases. I had planned to get a master's degree in library science. I went to work to earn money to pay for this further education, but I kept my jobs and never returned to school.

This past week, my job required that I attend computer training classes in historic Williamsburg, VA. After these classes were over I

stayed for 3 more days to visit this historic place. I learned about current efforts to breed the specific types of chickens, sheep, oxen and horses that existed in colonial times. Historic Williamsburg is supported by 140,000 donors and I am one of them. I believe that if you don't know history, you're missing a large piece of who you are and an awareness of your place in the world.

I have had no mid life crisis about the work I do or my life in general. I know people who earn more money than I do but hate their jobs. I love to be able to develop and get reports out of the computer system with which I work. There is always a

challenge, always something else to learn. How can I trick this data base into giving me what I need in order to get my job done?

With correction, my vision in my right eye is 20/100. I use my Ocutech glasses to view my computer screen. My employer has given me two 22 inch monitors. With these I can view two programs and other materials simultaneously. For my training in Williamsburg, my supervisor brought one of my large monitors to the class because I can see this screen more easily than smaller screens. My supervisor is very supportive and understanding.

My low vision specialist suggested I

consider using a white cane. This is because my peripheral vision is shot and I have no depth perception. I do not use my cane all the time. I don't use my cane at all on campus where I have worked for 12 years or at the Mann Music Center where I assist at the University commencement exercises. I use my cane in new places where I am not familiar with the terrain and where I want to be safe.

I used to devour book and magazines. I subscribed to about 12 different magazines. My vision loss has slowed me down. I use 10x reading glasses. In 1986 I joined the Philadelphia Science Fiction Society. Every month our

science fiction book group reads and meets to discuss a sci fi book and this society has an annual conference.

Before my vision loss I enjoyed crocheting using thread. I made 50 to 60 delicate snowflake ornaments each year to give to my friends for Christmas. But this project became too difficult when my vision started to go. So I looked for different kinds of ornaments to make. I've used rubber stamps, stenciling, clay, globes, sticky tape and computer craft. On the computer I've printed designs on clear vinyl and I've used transfer paper with adhesive. This has let me use my own images to individualize the

ornaments I make. It's been fun to explore these new mediums.

I've been able to keep my volunteer commitment as an usher at Philadelphia's Walnut Street Theatre. I've been an usher here since 1986. At this theater, the House Manager consistently assigns me to door #1. Most theatergoers are season ticket subscribers who know how to find their seats. So my job is simply to hand them a program and tell them to enjoy the show. For people who are new to this venue, I know that row "R" is the last row and I have a good idea about where the other rows are found. I don't use my cane in this job because I know

this theater well. I, too, enjoy the plays.

In coping with diabetes and vision loss, I've decided that I gotta do what I gotta do. When I first told people I had diabetes, many of them said, "Oh, that's nothing." But diabetes affects each person differently. I've learned to eat healthier. I began keeping a meal diary and following a meal plan. For seven years, I managed my diabetes without medications. But diabetes is a progressive disease. I now use 3 kinds of meds but no insulin. Diabetes is a leading cause of vision loss.

Learning that I had diabetes was like a bolt out of the blue. It was only 5 or 6 years ago that I learned that two of

my uncles also had diabetes. I never thought I would be challenged by this disease.

As for feeling sad about my vision loss, I recall some bouts of crying here and there, but I suppose I just try to not think about it too much, since that can get kind of paralyzing. Even now, a trip to the bookstore with friends can be a downer

My college friend married a man who is totally blind. Tom also has an artificial eye. He works as a paralegal, is an avid fan of high school and college team sports, and is the best player at Trivial Pursuit I've ever met.

For me, knowing someone like Tom has been an inspiration! I knew from Tom that blindness wasn't the end. Still, for

me, since I wasn't totally blind, it wasn't a complete answer. I had to find my own coping mechanisms, and the Delaware Valley Council of Citizens with Low Vision helped with that. I didn't have to re-invent the wheel. Plus I met new friends who understood exactly what I was going through.

My membership in the Science Fiction Society and my work as an usher meant that people in the community knew me before I lost my vision. When diabetic retinopathy struck, my friends in the community as well as the people for whom I worked were very supportive. Instead of thinking about my losses, I have kept myself occupied with other

things that have been good for me.

Meet Sister Louise Gorba

I have been a member of the Sisters of Mercy for 58 years. Due to the shape of my eyeballs, I always wore thick glasses for myopia. I've served as a music teacher and choir director until about 8 years ago when I developed age-related macular degeneration and a thinning of the membrane of my eyes. I've had surgeries for detached retinas in both eyes. These changes in my vision meant changes in my work.

I love people and I loved my work. My choir of 28 to 30 members and the pastor at Holy Family parish in Union Beach, New Jersey tried to find ways to keep me

as their director. But because I couldn't read the music quickly enough, I felt I was holding the choir back from learning new music. This didn't seem fair.

Directing my choir was my life. For me music was the same as being in prayer. I worried about what I would do now. How could I serve others?

Why was I so worried about survival? I decided to train as a spiritual director in a program offered by The Upper Room, a spiritual center.

As a spiritual director I could work one to one with people. I can see movement, a person's hair, their shape, but

not facial expressions. Because I used to take clues from how people were sitting and from their facial expressions, I wondered how I could direct people more effectively. But I discovered that God takes over and does this work. I don't have to look for clues. This work is not mine to do. I am just the instrument.

At our retreat center I teach. My friend typed an outline of the manuals I use in 36 bold font. I use this outline to keep me on track as I teach.

Cooking is something I really enjoy. My recipes are typed in 36 bold print. I hold the knife top against my knuckles and this helps me not to cut my fingers. Our cook top has a smooth

surface and spills are easy to wipe right off.

I like to listen to recorded books, but because I'm a musician, I'm bothered when readers fail to express the beauty of the text.

I've been co-director of The Gathering Place, a retreat center in Middletown, New Jersey for 15 years. When I help people to learn to meditate, I ask them to close their eyes as I direct their practice. With their eyes closed, they are not distracted by worrying about how close I have to hold a printed page in order to read.

I love the world and the gift of life itself. That helps me. Once in a while I get impatient, for example, about finding where I've put things

or dialing the wrong number. I try to find humor in the mistakes I make, to find a better balance. Holiness is balance as we face life's struggles, as I try to be a good sister. I think, "How can I make it better?"

Now at age 77, I'm going to retire. It's time. I plan to work when it's good for me—not to earn money to pay for heating our home, not in winter months when travel is more difficult. I will still serve people and my God.

Science and Health

Cataracts and Low Vision

By Dr. Bill Takeshita

Editor's Note: This article is a summary of Dr. Bill's teleconference on April 20, 2010.

Cataracts are the most common cause of visual impairments among people over 60 years of age. A cataract occurs when the lens inside your eye becomes clouded or yellow.

If you look at your own eye in the mirror, you see the colored part of your eye. There is a black circle in the center of the colored part of your eye. This circle is a hole through which light enters your eye. Immediately behind that black circle called the pupil, there is a lens. In a

newborn baby it's like a clear type of contact lens. It's shaped like an M&M. This lens will normally change its shape. When a baby looks at something close, the lens becomes very thin. Every year of our life, this lens accumulates a new layer of cells. When the lens becomes thicker, it becomes more difficult to focus at close distances. This is why people at about age 40 need reading glasses to help them to focus. At about age 55 to 60, the lens becomes very yellow. When it starts to deteriorate a person's sight, we call that a cataract. Almost everybody will develop a cataract if they're blessed to live long enough.

How do cataracts affect a person's functional vision? First, it's more difficult to focus at specific distances. For example, a person may be unable to focus on a computer screen. He may need one pair of glasses to focus on the computer screen, another to focus on reading material, another for TV, and another for driving.

Second, people who have cataracts are often bothered by glare. This is analogous to driving toward the sun coming through a dirty windshield. A person with cataracts may have trouble seeing details clearly.

Third, it may become more difficult to see at night. Because the lens is brownish yellow,

there is less light coming into the eye, less light getting inside the eye to focus on the retina. Therefore it is difficult to drive at night. A driver can't see the lanes if they're not painted very white. A driver has difficulty with the headlights of oncoming cars. Because the lens becomes very cloudy, headlights may look like starbursts if you are driving in a place like Wyoming where there are not many street lights.

Fourth, cataracts cause a change in contrast vision. Contrast vision concerns how well we can see things that are not completely black on white. In the real world, not everything is black letters on a

white background as on an eye chart. If something is written in pencil, people with cataracts may be unable to read it. If they try to walk up and down steps, they don't see the edges of the steps because grey on grey is very difficult to see.

Fifth, cataracts could also affect color vision. Grandma Moses used a very brilliant color of blue in her skyscapes. We know that she started taking painting lessons when she was in her 70s. She had to use such a deep color of blue in order to see the blue.

In very severe cases, cataracts can also cause reduced peripheral vision.

In the past 30 years, advances in medical surgical techniques have

meant that these functional problems can be eliminated easily. Before the 1970s, when people had cataracts, doctors would use a scalpel. They would cut open half of the eye, like cutting a cherry to pop out the seed. Now they just poke a little hole in the side of the eye and insert a device which is going to emulsify the cataract and suck it out. Then an artificial lens, similar to a soft contact lens, can be inserted into that small little hole. It will fit inside that pocket. One of the new inventions is the Mazzacco Taco, by Dr. Thomas Mazzacco. He invented a lens that could be rolled up like a taco. Doctors slide it into that little

hole. When it is slid all the way in, it pops open.

Cataract surgery can be performed within 15 to 20 minutes. The patient is awake. Eye drops numb the eye. In many cases patients will be home and seeing well that very afternoon.

There are new innovations with this implant surgery. In the early days, the ophthalmologist would use a single vision lens. It had only one power in it. This power would be suited to give a person the best distance vision--to see the television clearly, to help with driving, golfing, vacationing. Single vision lens would only focus at one distance. When this person would read,

he would still need reading glasses or a bifocal pair of glasses. Today we have multifocal implant lenses. These give patients the ability to see at numerous distances. Many people are selecting this option. There are different brands of multifocal lenses. For most people who have low vision, these types of lenses are not recommended. This is because they tend to reduce contrast vision. People with glaucoma, macular degeneration, retinitis pigmentosa, and other eye diseases already have reduced contrast vision. A single vision lens will give these patients the best contrast. However if a person has perfect vision

with 20/20 eyesight, perfect color vision, perfect contrast and peripheral vision, multifocal lenses may be a very good solution.

Some people have one type of lens in one eye and another type in the other eye. Tell your doctor what you're trying to do with your vision.

Doctors are now implanting a telescopic implant inside the eye. This telescope is not a very small device. It can't be inserted into the little hole like the tacito. In this case doctors have to make a larger incision in the eye. They are doing most of these studies on patients who have macular degeneration. An eye with an implanted telescope is always going to see things

larger, about 2 times larger. This could be very problematic. Depth perception could be difficult. It might also cause headaches. Moving too quickly may cause dizziness. Only people who have had very good vestibular vision will be the best candidates for this. People who get sea sick easily would not be good candidates. But with vision training, many people will adapt to this very well. At the Center for the Partially Sighted, we have created a simulation of this telescopic implant for many of our patients. We put a contact lens on the eye and a pair of lenses on top of that. In this way a person can experience what it would be like to

have a telescope implanted in the eye.

When a cataract is removed, the physical protection against ultraviolet light is lost. The natural lens of the eye that a child is born with naturally filters out the blue light and the ultraviolet light. When the cataract is removed, the eye no longer has that protection. When the ultraviolet light and the blue light enter the retina, the retina can be damaged. Make sure that the lens that the doctor is implanting does filter out the ultraviolet light. Alcon and other manufacturers make lenses that filter out both the blue and the ultraviolet light. Blue filtering increases contrast. Lenses that

filter our ultraviolet light have a yellow tinge but this is not seen when looking through these lenses.

Wear sunglasses when out doors or have reading glasses coated so that they filter out ultraviolet light.

Here are the reasons why people get cataracts:

First, age related change.

Second, exposure to ultraviolet light can cause the progression of cataracts. Farmers and gardeners tend to develop cataracts sooner.

Third, people with some eye conditions and medical conditions can develop cataracts earlier. People with diabetes may be in their 30s or 40s. Children born with

type 1 diabetes may develop cataracts in their teen years.

Cataracts reduce the amount of light coming into the eye. RP patients see better when there is more light. Posterior subcapular is the kind of cataract that people with RP commonly get. This is a small cataract that's in the center of the eye. Children with Downs Syndrome or Marphan's Syndrome tend to develop cataracts.

Surgery is not recommended for some patients with certain medical conditions.

After cataract surgery, prescriptions for glasses may change significantly. A low vision optometrist who performs a low

vision refraction can determine if the patient can benefit from an updated prescription. Using an antireflective coating on the lens to get more light into the eye can help people with glaucoma, diabetic retinopathy, and RP to see better at night and also reduce glare from street lights. Polarized filters work well in daylight to reduce glare. We like to use the brown or amber polarized lens for many people who have cataracts. So with low vision aids

we can reduce some of the symptoms especially problems with glare and contrast sensitivity. With magnification we can improve a person's distance sight.

Cataracts, although quite common, are not a cause of permanent vision loss for most people. For children or adults who have cataracts, the surgical or optical treatment will improve visual functioning.

Assistive Technology

HumanWare Launches Victor Reader Stream CD Edition

HumanWare announced a new model of its popular **Victor Reader Stream**

portable DAISY, MP3 player and voice recorder. Victor Reader Stream CD

Edition combines the VR Stream and a special CD player accessory.

Stream CD Edition is perfect for people who do not have a personal computer. It is the easiest way to transfer a DAISY book on CD onto one single, portable audio playback device without the use of a computer.

This new device is easy to use. Just attach the CD drive to the Stream, load the CD book, and press a single button to copy it to the Stream.

A short Getting Started audio book

explains the steps and plays automatically when you power on the Stream CD Edition.

The Stream CD Edition has the full feature set of the standard Stream so if users want to go beyond just listening to their DAISY CD books they can enjoy other types of books and music and even use the voice recorder. All documentation and tutorials are supplied on the SD card.

For more information visit <http://www.humanware.com/streamcd>

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

Enhanced Vision
888-811-3161
www.enhancedvision.com

EyeTech Low Vision
John Wolfe
310-704-5314
805-492-5900
www.eyetechlowvision.com

Helen Keller National
Center for Deaf-Blind
Youth and Adults
141 Middle Neck
Road

Sands Point, N.Y.
11050
516-944-8900

HumanWare
800-722-3393
www.humanware.com/streamcd

MagniSight
800-753-4767
www.magnisight.com

Optelec
866-678-3532
www.optelec.com

**Council of Citizens with Low Vision International
An Affiliate of the American Council of the Blind
2010 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>

**Council of Citizens with Low Vision
International**

2200 Wilson Blvd. Suite 650

Arlington, VA 22201

(800) 733-2258

<http://www.cclvi.org>

Officers and Directors 2009-2010

President John Horst)
Elizabethtown, PA
717 367-6328 h
877 617-7407 w
pcb1@paonline.com

1st Vice President
Richard Rueda,
Union City CA

2nd Vice President
Barbara Milleville
Vienna, VA

Secretary
Kathy Casey
Albany, NY

Treasurer
Mike Godino
Malverne, NY

Past President
Bernice Kandarian
Mountain View, CA
Directors:

Coletta Davis
Anaheim, CA

Lisa Drzewucki
Freeport, NY

Lindsey Hastings
San Diego, CA

Jim Jirak
Omaha, NE

Tom Lealos
Powell, WY

John McMahon
Readfield, ME

Brian Petraits
Indianapolis, IN

Donna Pomerantz,
Pasadena, CA

Fred Scheigert
Alexandria, VA

Editor
Joyce Kleiber
Wayne, PA

Webmaster
Joel Isaac
Rancho Palos Verdes,
CA

CCLVI Chapter Contacts

California Council of Citizens with Low Vision
(CCCLV)

Bernice Kandarian, President
650 969-3155
bernice@tsoft.net

Delaware Valley Council of Citizens with Low
Vision (DVCCLV)

Joyce Kleiber
610 688-8398
jmkleiber@hotmail.com

Florida Council of Citizens with Low Vision
(FCCLV)

Barbara Grill
941 966-7056
grillbh@comcast.net

Metropolitan Council of Low Vision Individuals
(MCLVI)

Ken Stewart, President
845 986-2955
cclvi@yahoo.com

National Capital Citizens with Low Vision
(NCCLV)

Barbara Milleville, President
703 645-8716

ncclv@yahoo.com

New York State Council of Citizens with Low Vision (NYSCCLV)

Kathy Casey, President

518 462-9487

kcasey03@nycap.rr.com

Return to:

**Bernice Kandarian
CCLVI Membership
2211 Latham Street, #120
Mountain View, CA 94040-1652**

**FREE MATTER FOR THE
BLIND OR PHYSICALLY
HANDICAPPED**

ADDRESS SERVICE REQUESTED

**Vision
Access**

To:

Return to:

**Bernice Kandarian
CCLVI Membership
2211 Latham Street, #120
Mountain View, CA 94040-1652**

**FREE MATTER FOR THE
BLIND OR PHYSICALLY
HANDICAPPED**

ADDRESS SERVICE REQUESTED

**Vision
Access**

To:

Devorah Greenspan
Devorah Greenspan
PO Box 243
Brook Ellensburg, WA 98926-1912 -0415