July 2018

World Views

AER International Services and Global Issues Division

Welcome to the June 2018 edition of the AER Global Issues newsletter. In this issue we will have two main articles that allow us to travel through narrative to Nigeria and Puerto Rico. First, Paul Ajuwon will explain about services and issues for the visually impaired in Nigeria. Next, Carmen Rivera-Bermudez will give an update on the post 2017 hurricane conditions and its relation to people with visual impairments in Puerto Rico.

Our Division will participate in the upcoming AER conference in Reno, July 25-29. For those attending, look for our roundtable discussion on Thursday, July 26, 1:30-2:30 p.m. in the room called “Tuscany 2.” Also, we will have a poster session on Saturday, July 28, 8:00-9:30 a.m. Please come visit!

We’re always looking for ways to improve the Division. Please send any comments, questions, suggestions, or encouragements to Kevin at [kevin3dmack@gmail.com](mailto:kevin3dmack@gmail.com)

Title: Signature of Kevin McCormack

Kevin McCormack, COMS

Chair  
[kevin3dmack@gmail.com](mailto:kevin3dmack@gmail.com)

**In this issue:**

* [Scholarship](#_Our_first_scholarship)
* [Development of Services for the Visually Impaired in Nigeria,](#_Development_of_Services)
* [Hurricane Maria and people with visual impairments in Puerto Rico,](#_Hurricane_Maria_and)
* [Nonprofit Focus](#_Nonprofit_Focus:_Under)
* [Book Review](#_Book_Review:_Diversity)

# Our First Scholarship Has Been Awarded!

The AER International Services and Global Issues Division is proud to announce the 2018 scholarship recipient, Denise Garabito Diaz. As a resident of Puerto Rico, she is an online student at UMASS Boston Massachusetts, studying Orientation and Mobility (O&M). Throughout Miss Diaz’s application she showed a true love and commitment to the field of O&M and the population of Puerto Rico. She has been working in the only government agency in Puerto Rico that provides services to the visually impaired population. She has been teaching O&M skills for a number of years, as certification is not required on the island. She is taking the extra step, studying O&M at the university, and wishes to become a Certified Orientation and Mobility Specialist. As she stated in her application “Being an O&M Specialist requires knowledge, experience and practice.”

We had a number of exceptional applicants from students that are studying around the world and in the United States. The applicants were from various regions, including Nigeria, Taiwan, Turkey, and Puerto Rico. Many of them planned to use their degrees to better the services provided in their places of origin.

Congratulations Denise Garabito Diaz, we are happy to have you in our field and as the AER International Services and Global Issues Division’s first scholarship recipient.

# Development of Services for the Visually Impaired in Nigeria

By Paul M. Ajuwon, Ph.D.  
Professor & Coordinator, Program in Blindness & Low Vision  
Dept. of Counseling, Leadership & Special Education, Missouri State University  
[paulajuwon@missouristate.edu](mailto:paulajuwon@missouristate.edu)

## Geographical, social, and economic situations of Nigeria

Nigeria, which is roughly twice the size of California is situated at the Bight of Benin on the coast of West Africa. Nigeria is often referred to as “The Giant of Africa,” owing to its diverse population and economy. With approximately 182 million inhabitants (National Population Commission, 2017), Nigeria is the most populous country in Africa, and the seventh most populous in the world. Nigeria attained independence from Great Britain on October 1, 1960. As a multiethnic, multilingual nation, English is the official language of instruction in primary, secondary and tertiary institutions.

There are no precise data on the number of children and youth with visual impairment in Nigeria. However, data from a three-year survey indicate there are 4.25 million adults aged 40 and above who are visually impaired or blind in the country (Kyari et al., 2009). The main causes of visual impairment were identified as: refractive error, cataract, uncorrected aphakia, glaucoma, diabetic retinopathy, trachoma, road accidents, aging, etc. The number of persons with visual impairment is expected to rise significantly in the future, given the increase in the number of children, youth and adults who are unable to seek eye care, the inadequate number of eye care specialists, and rising poverty that prevents affected individuals from seeking appropriate intervention.

## Early formal education of the blind in Nigeria

Similar to trends in most African countries, missionaries from Europe and North America were the first to introduce formal education of the blind in Nigeria. Mr. David Forbes, a Scottish missionary who came to northern Nigeria under the auspices of the Sudan United Mission (SUM) was credited with the pioneering effort to educate Milkatu Batu, a three-year-old blind girl whom he discovered in 1916 in the current Nasarawa State (Hill, 1985). At that time, the region was characterized by high prevalence of blindness, illiteracy and poverty (Audu, 1973). This successful initial effort culminated in the setting up of other special schools and the Open Education scheme for the blind in northern Nigeria and beyond (see Table 1).

|  |  |  |
| --- | --- | --- |
| Date | Name of Institution | Founding Group |
| 1916 | Freed Slaves Home | Sudan United Mission |
| 1944 | Sudan Interior Mission School for the Blind | Sudan Interior Mission |
| 1953 | School for Blind Children, Gindiri | Sudan Interior Mission |
| 1960 | Open Education | Royal Commonwealth Society for the Blind (RCSB) |
| 1960 | Training Center for the Blind | American Baptist Mission |
| 1960 | Special Education Center at Oji River | Church Missionary Society |
| 1962 | Pacelli School for Blind Children | Lagos Roman Catholic Diocese/Government of Nigeria |

Today, there is at least one residential elementary school for the visually impaired in each of the 36 states and the Federal Capital Territory, Abuja. The Open Education (mainstreamed) system, which G. Salisbury of the Royal Commonwealth Society for the Blind introduced to Kaduna and Katsina provinces in 1959 (Salisbury, 1964) has not been widely embraced due, in part, to inadequate manpower, lack of funds, and parents’ preference for residential education.

Meanwhile, the thriving residential schools focus their curricula on compensatory skills such as braille reading and writing, typewriting, indigenous music, traditional dances, rudiments of O&M, basic assistive technology, adapted physical education, self-help skills, and home economics. In a sense, children who are blind in Nigeria are routinely exposed to the “Expanded Core Curriculum” right from the primary grades where the older girls and boys engage in daily chores like using the hand-broom to sweep the floor, assisting with preparing meals, dish-washing with the hands, hair braiding for the older girls, etc. under the supervision of the mainly sighted teachers and staff. Needless to say, the headmasters and headmistresses of these missionary-inspired institutions inculcate in the blind pupils their religious values, which are intended to prepare the blind students for academic and social life.

The pupils are also taught public school subjects that are aligned to standards set by each state’s ministry of education. As a result, in the final year of elementary education, the students sit for the National Primary School Examination. Over the years, successful pupils have been admitted into regular secondary schools - a practice now known as “inclusive education”.    This system has become a popular model of education beyond the residential setting, albeit poorly resourced (Ajuwon, 2008).

In spite of the daunting challenges at the secondary level, a number of blind students have enrolled in universities within Nigeria. Currently, several of these graduates can be found in various walks of life in the country including, but not limited to: teaching, broadcasting, music, law, the civil service, mosque and church leadership, and self-employment.

## Adult Rehabilitation in Nigeria

The training of adults who are visually impaired gained prominence in the 1950s, under a partnership between the colonial government, the Royal Commonwealth Society for the Blind, and the Federal Nigeria Society for the Blind. The latter was formed in 1955 as the first major voluntary organization serving the blind in Nigeria. In 1959, the colonial government inaugurated the Nigeria National Advisory Council for the blind, with the mandate to look into the medical causes and treatment of various forms of blinding diseases, education and rehabilitation of affected persons, etc.

Dr. George Ademola of the Lagos Ministry of Health was instrumental in setting up Farmcraft Centers for the blind, first in Ikeja, Lagos in 1957. His innovative training idea quickly spread to other provinces in the country (see Table 2).

|  |  |  |
| --- | --- | --- |
| Date | Training Center | Founder |
| 1950s | Farmcraft Centers | Lagos Ministry of Health/ Royal Commonwealth Society for the Blind |
| 1956 | Vocational Training Centre (VTC) for the blind | Federal Nigeria Society For The Blind |

## Higher institutions and training challenges in Nigeria

The University of Ibadan, Nigeria’s premier university, launched the first teacher training program in blindness at the certificate level in 1974.  Today, there is a total of 13 postsecondary institutions that prepare professionals at certificate, diploma and degree levels. The curricular offerings emphasize courses mainly in instruction of students with blindness and partial sight. However, practical courses like orientation and mobility, deaf-blindness, low vision, cortical visual impairment, and assistive technology are conspicuously absent or not well emphasized in their curricula.

In spite of these shortcomings, the number of students with visual and other disabilities entering postsecondary institutions has increased by leaps and bounds. The absence of a Disability Resource Center on most campuses means that newly-admitted students with disabilities cannot access professional services to enhance their transition into their new environment, thereby impeding their effective integration into campus life. There is evidence to show that most-higher institutions lack up-to-date textbooks, journals and assistive technology devices that could improve teaching and learning.

## The way forward

As we have seen, efforts to improve services for the visually impaired in Nigeria have developed at a gradual pace, and dominated to some degree by foreign Christian missionaries. Since 1960, there has been a plethora of policies related to special education and rehabilitation services, with the government quick to sign off on all international instruments and protocols related to the sector (Ajuwon, 2017). Unfortunately, these policies have remained mere rhetorical expressions, and lacking in the political will to implement them. Therefore, the recommendations that follow aim to address the pitfalls in special education and rehabilitation services in the country.

First, there is need for a national database on blindness. This is required for effective planning and implementation of policies and programs.

Second, appropriate funding must be legislated to stabilize policy implementation related to visual impairment and other disabilities in the 774 local government areas of the country. This point is even more urgent in this era of worldwide austerity.

Third, if services are to be meaningful, it is imperative to empower consumers and their families. This implies discarding the notion of a charity-based model of service for one that recognizes the needs, wants and choices of consumers who are visually impaired and their families who do not have social safety net or respite care.

Fourth, it is necessary to strengthen standards and curricula in all primary and secondary school programs dealing with visual impairment. This means extending in-service training opportunities to all the teachers and support staff working in the residential and inclusive settings. In this regard, the Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) could encourage their members with proven expertise to assist with such training, as deemed appropriate.

Finally, the government should collaborate with overseas professional organizations like the International Services and Global Issues Division of AER to provide continuous, quality training to students and lecturers in the 13 higher institutions that prepare specialist personnel. The focus of such collaboration should, among other things, include training in orientation and mobility, low vision, assistive technology, deaf-blindness, and cortical visual impairment. It is anticipated that such international, collaborative efforts will bring Nigeria’s special education and rehabilitation services in line with evidence-based practices that will benefit consumers of all ages.

**References**

Ajuwon, P. M. (2017). Disabilities and disability service in Nigeria: Past, present, and future. In R. Hanes, I. Brown, & N. E. Hansen (Eds.), *The Routledge History of Disability* (pp. 133-150). London: Routledge.

Ajuwon, P. M. (2008). Inclusive education in Nigeria: Benefits, challenges and policy implications. *International Journal of Special Education*, *23*(3), 11-16.

Ajuwon, P. M. (2012). Making inclusive education work in Nigeria: Evaluation of special educators’ attitudes. *Disability Studies Quarterly*, *32*(2). Retrieved from <http://dsq-sds.org/article/view/3198/3069>

Audu, J. (1973). *The establishment and growth of SIM School for the Blind, Kano, from 1930s–1972* (Unpublished B.A. thesis). Zaria, Nigeria.

Hill, K. E. (1985). *Provision for the visually handicapped in Plateau State, Nigeria* (Unpublished doctoral thesis). University of Birmingham, England.

Kyari, F., Sivasubramaniam, S., Gudlavalleti, M. V. S., & Gilbert, C. E. (2009). Prevalence of blindness and visual impairment in Nigeria: The National Blindness and Visual Impairment Survey. *Investigative Ophthalmology & Visual Science, 50*(5). DOI: 10.1167/iovs.08-3133

National Population Commission of Nigeria (2017). Nigeria’s population now 182 million – NPC. Retrieved from <http://population.gov.ng/nigerias-population-now-182-million-npc/>

Salisbury, G. (1964). Open Education. In A. Taylor & F. H. Butcher (Eds.), *Education of the Blind in Africa*. (pp. 4-8) Ibadan, Nigeria: The Caxton Press Ltd.

# Hurricane Maria and People with Visual Impairments in Puerto Rico

By Carmen Rivera-Bermudez

On September 20, 2017 hurricane Maria hit the island of Puerto Rico.  The hurricane created difficulties on top of those having to do with the fiscal crisis that the government had been dealing with for months.  On the day of this writing, after more than six months of the atmospheric event, the difficulties it generated are still being felt. Although lack of basic services affects everyone by making daily living more difficult, the impact to some people with special needs and those in some rural areas is more. The comments in this essay are general but readers should recognize that a gap exists between the experience in the metro urban area and that in rural environments, where at the time of this writing there are still many areas without electricity.

## Initial experience

The day after the event mostly only first responders and some community people were out evaluating the aftermath, opening roads and getting a sense of what had to be done.  There was only one radio station working and no television. Phone communication was down. The initial Central Government response has been described as slow, limited and disorganized. The tardiness in providing for needs and the lack of information made people more anxious.  Feelings of discouragement in the week after the cyclone were reported.

Each town in Puerto Rico has an emergency management office which compile a registry of people with disabilities.  These lists provide contact information that enables staff to evaluate needs and aid in case of a major emergency. It is not a census, enrollment is voluntary, thus there is a great possibility that there are some individuals with disabilities that are not on the list.   This suggests that people in need might have gone without immediate assistance for a while.

## Changes in the environment

Hours after the event it was noticeable how much the general environment had changed. There was flooding in some areas and basic services were out. Traffic lights were not available due to power outages, being broken or blown away.  These lack of signaling at intersections made street crossings more difficult for everyone and worst for people who have visual disabilities or use mobility assistives. At the time of this writing there are still many traffic lights that are not working. Aspects in the environment useful for navigating disappeared and their lack caused feelings of disorientation for a while. For example, trees or street furniture considered landmarks for people who are blind fell or were blown away. Darkness at night made difficult ambulation for people with low vision.  Nature sounds like those of birds used for orientation were not available for a while.

Damages on the home resulted for some in moving from their houses, going to shelters, or leaving the country.  Staying at home meant discovering new dangers in previously known areas. The danger in the surrounding area also increased for driving or walking around. Street poles fell and electric cables were everywhere.  Sidewalks had been damaged and debris was placed on them too. Thus, people with limited vision experienced increased dangers at home, when walking in their communities, or in the shelters.



## Utilities

The lack of utilities presented families with additional challenges.  Lack of electricity and water was the norm, thus the normal routines were disrupted. Cooking and cleaning was difficult, and quality and safety of the water was reported as questionable.  The need to go out of the house to cover basic needs increased. People with visual impairments had trouble getting to places of distribution because public transportation was not available.  Distribution centers were few and for some very far away. These lacks also increased the challenges for people who use electrically powered life support equipment. There were reports of death of people who used machines for life support.

## Food and gas

The general environmental conditions described also made the logistics of distribution of necessities more difficult. Food and gas were part of the items affected for everyone including the first responders and distributors.

Most people were unprepared for the length of time without the utilities and necessities.  Food was scarce and difficult to get initially. Without ice, food would spoil and it was not possible to cook.  For some it meant (and still means) attempting to go out to buy prepared food where available, getting it from neighbors or in the Emergency Assistance Center. Chef Jose Andres, an award-winning chef from New York, volunteered and activated resources to distribute food. He organized across the island and claimed that he saw a lot of people going hungry. There is no data on how many of those with limited access to food had disabilities.

## Transportation

In an emergency, the transportation system is essential for someone who cannot drive to move to cover needs.  Transportation in Puerto Rico in general is based on private cars. Little attention has been paid to increasing the service area or supporting the development of independent providers. For a sector of the community, including those with visual disabilities, the typically limited offerings of public transportation are essential for access to other resources. After Hurricane Maria passed, public transportation took some time to activate.  Some routes started three days after the event but, in general, public transportation was not available for over a month in the metro area.   The urban train which moves over 40,000 passengers daily did not start running until December 27, 2017.

Private providers that are the main source of transportation in rural areas had individual start days according to possibilities and needs. Uber services were not available for some time because of the lack of cell phone and internet communication.  It was easier to get a connection from any state in the US to the few working phones in Puerto Rico than from your local town.  Lack of transportation affected the capacity to go where it is needed to access the limited resources that were available.

## Communication

For weeks, if not months after the hurricane, cell phones and other services that required communication such as the internet and the ATM machines did not work. Even family members that live in the island could not be accessed for a while.  Furthermore, this meant that access technology for people who are blind, based on Internet availability could not be used. For instance, in the case that cell phone communication was available access to phone numbers through Siri was not.

## School closings

The emergency situations caused school closings because of flooding or structural damage or that their space being used as shelters. The emergency is compounded by the government’s plan to close schools or convert them into charter schools.  Some schools have not opened yet and some students will have no school to return to. The list of closed schools includes a School for students who have visual impairments in Caguas while the Loaiza Cordero School in San Juan has been undergoing major changes in personnel and admissions policy.  Teachers, parents of students and their legal advocates are raising their voices about the negative effects of these changes in their academic learning and rehabilitation.

## Considerations for future events

While dealing with the long-term process of recovery it is necessary to continue to learn from the results of these experiences to improve the response in future events.  The hurricane has shown us that while the central and mainland government should have an important role in providing support, it was local governments and communities who were active in maintaining the wellbeing of people after the events.

In general, limited attention to the specific needs of people with visual impairments were reported and it is not known if they were considered in the logistics of the disaster recovery after the event.  It is necessary that people with a variety of disabilities and the organizations that serve them are included in planning and execution of disaster management. Services should be evaluated by the consumers with the idea of improving the experiences based on the participant’s experiences.

Communication and travel logistics before, during, and after the emergency should include people with visual impairments.  A general orientation to people with specific needs could be disseminated through the general and the community media. This orientation together with service providers with specialized competencies willing to act as emergency responders on call could assist people in avoiding dangers, finding services, and locating transportation for covering immediate needs. These providers could also assist in reorienting people with visual impairments where they are, to their surroundings, both at home or in the shelter, depending on their possibilities.

In this event, it was also true that the first assistance came from those nearby.  Thus, it is felt that people with disabilities might need special plans (for instance orientation in shelters about people who are blind) but also one that is integrated in the context of their neighborhoods.

Transportation alternatives for people with special needs, to get to and from the shelters, food or service centers is necessary and should be included in planning and in the information provision.

------------------------

*The emphasis of the information is to document and to make an informal sense of the experience.  It has been gathered from several resources, including newspaper, television, and radio articles, informal interviews with rehabilitation specialists, consumers and providers, some of which are included in the references. Emergency recommendations for the individual having to do with emergency planning have been documented in other articles available for review when needed*.

# 

# Nonprofit Focus: Under the Same Sun

[http://www.underthesamesun.com](http://www.underthesamesun.com/)

Under the Same Sun brings to light the issues with albinism in Africa concerning discrimination and rejection by the society. In Tanzania, some cultures have strong superstitions about people with albinism. There have been numerous mutilations and deaths because of these superstitions. Under the Same Sun also focuses on the health risks of people with albinism regarding skin cancer.  This agency provides education in a safe environment where the student’s low vision and health needs are met. They also have a strong public awareness and advocacy component.

# Book Review: Diversity and Visual Impairment

by Pam Parker

We just finished our division’s very first book review. However it felt much more like a very fun book club, where old friends reunited and new friends were made. The Core group of the AER International Services & Global Issues chose the book; *Diversity and Visual Impairment* for our initial book review because it was one of the first books in our field to discuss diversity and inclusion specifically regarding people with visual impairments. AFB Press published the book, in 2001. Yes, we all knew that the content probably was outdated. But within our conversations during the call-in book review, it was interesting to realize how much diversity in our field has both changed and remained the same. Each of the five book reviews was recorded and the links to the calls have been included in this article.

When Kevin McCormick, the division Chair, asked if I would be willing to take on this project I said “yes”. After all it was my “Year of Saying Yes” and so far things were turning out to be pretty exciting. It didn’t take me long to realize I had no idea how to conduct a book review. I have never even been a part of a book club. After my initial panic receded, I thought about what I wanted out of reviewing this book. And what I wanted was to discuss the issues highlighted in the book with the authors. So, that’s exactly what we did. I set out and did my best to contact each one of the authors and asked if they’d like to join our conversations. It was amazing how many said yes and were shocked that this book was still considered.

*Diversity and Visual Impairment* is divided into five sections. The first two chapters in Part 1, *Individual and Societal Responses to Diversity and Visual Impairment and Multiple Dimensions of Identity: Individuals with Visual Impairments* were written by Dr. Jane Erin and Dr. Madeline Milian, who were also the editors of the book. Dr. Erin and Dr. Milian joined our first conversation and most of the other scheduled discussions as well. During this first conversation Drs. Erin and Milian reflected on how the concept of this book came about. The conversation was bedrock for the following chapters. Dr. Erin suggested asking each of the authors to come to our conversations with the following things in mind, “Please briefly describe the purpose of your chapter and the challenges you faced in writing it” and “If you were to update the chapter, what new issues on the topic would you address?” Here is the link to Part 1: <https://fccdl.in/pUQL5lqpMV>.

In Part II, *Ethnic and Racial Diversity,* chapters 3-6 were covered and brought us into rich conversations regarding African Americans, Asian Americans, Latinos, and Native American with Visual Impairments. Dr. Carol Love, along with Madeline and Jane, joined us on this call to discuss her chapter, *Asian Americans and Pacific Islanders with Visual Impairments.* Having the cultural context and understanding of working with individuals and families was extremely interesting and valuable. This is a piece of this older book that has not changed with time. The link to Part 2 of our book review:

<https://fccdl.in/zgirIazETs>

The conversation with Sandra Ruconish and Katherine Schneider for their chapter 7, *Blindness and Visual Impairment and the Religious Community* in Part 3 was so fun and enlightening. They spoke mostly to being a part of a religious community and how to have an active role. Having them talk about working with each other on this chapter was great. Discussing how much society and the world has changed in this area since the book was published was interesting. You can hear this discussion here: <https://fccdl.in/QJBN3aVZxI>.

Part 4 of *Diversity and Visual Impairment* is titled, *Gender, Sexual Orientation, and Visual Impairment.* The call-in discussion was full of so many interesting thoughts, ideas and changes since this book was published 17 years ago. Dr. Penny Rosenblum, Father Jim Warnke, and Dr. Kay Ferrell were a part of this conversation. As Dr. Ferrell pointed out, there was very little data regarding the topic in her chapter on *Gays, Lesbians, and Bisexuals with Visual Impairments* when she wrote it. Today there is still not much information about this topic specific to people with visual impairments, but now it seems to have some standing. The link to that discussion is here: <https://fccdl.in/ujiCKQZ98v>

The last part of the book contained chapters 12 and 13 regarding *Professional Practices and Diversity.* Dr. Milian discussed providing services to individuals who speak English as a second language and how current practices have changed since the book was written. Throughout this book review we discussed the possibility of somehow updating this book and what that might look like. We all agreed that updating *Diversity and Visual Impairment* would be an excellent idea. The link to this final section is here: <https://fccdl.in/hwuGCdBQtl>. Be on the lookout for AER Global Issues next book review.