Welcome to the February 2021 edition of the AER Global Issues newsletter.

Since our last newsletter, our division has been busy! Here are some highlights:

- Several of our members have presented at international conferences. The South Pacific Educators in Visual Impairment Conference (SPEVI) featured presentations from Callie Brusegaard, Katie Ericson & Belinda Rudinger, Spencer Churchill & Janet Cloaninger. Kevin McCormack and Belinda Rudinger spoke at the International O&M Online Symposium (IOMOS).
- Several division members also volunteered to provide remote instruction sessions at a two week training held by TLEC Re(hab) in Nigeria: Dr. Nora Griffin-Shirley, Dr. Dawn Adams, and Spencer Churchill.
- We held a Division Mixer in January 2021, which we hope will be the first of many.
- Finally, plans are in process for a Global Speaker Series, with the first speaker to be announced shortly.

In this issue of our newsletter you will first read an article by A.J. Bean, an orientation and mobility specialist who shares with us her unique way of seeking and engaging in experiences with other cultures and countries while living in Texas. Second, Dr. Callie Brusegaard follows with an article on the Federated States of Micronesia where she describes the situation regarding the visually impaired community, the attempts to get rehabilitation personnel there trained, and the many obstacles still to be overcome for the provision of adequate services. And finally, Dr. John McAllister gives us an idea of what university O&M programs had to do in the middle of a pandemic to get university O&M students through their programs and to graduate.

We’re always looking for ways to improve the Division. Please send any comments, questions, suggestions, or encouragements to us at aer.global.division@gmail.com

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Teaching in China from Texas

by A. J. Bean, M.Ed., COMS, CATIS

The day after I finished my Orientation and Mobility internship at the Central Texas Veterans Healthcare System’s Blind Rehabilitation Center in Waco, Texas, I hopped on a 12-hour flight to The Republic of Korea to teach English for a year. I’d always wanted classroom teaching experience and loved visiting Korea the year prior. While this decision put a pause on my blind rehabilitation career, I could not pass up this opportunity. As your typical COMS, I can’t sit still for long, and boy, did I get my wish. Not only would I be living in a foreign city dependent upon public transportation, I would also be corralling “kindergartners” (3–6-year-olds) for 8-hours a day.

Originally, I was drawn to Korean culture through K-dramas on Netflix in my undergraduate years. In 2016, I was finally able to visit Seoul in December with my brother, who was stationed in Okinawa at the time. The next month, I enrolled in a Saturday Korean school in Killeen, Texas for the 2017 spring semester. By the summer, I was interviewing for teaching opportunities and signed a contract to begin at a hagwon (private kindergarten) that fall, days after I would have all the hours for my O&M certification.

Since I’ve been back in the States, my best friend, who also introduced me to O&M, also referred me to teach English online to students in China. I currently contract with two companies but mainly teach with one platform where there are up to 4 students in one virtual, 25-minute class. While it requires a lot of upbeat energy in the early mornings, I always start the day with a smile after working with students ranging from pre-k to middle school. It’s very rewarding bringing all of that positivity to my work with veterans in and around Austin, Texas throughout the day.

With the webcam as a portal, I am privy to home lives, taxi rides, and restaurants. Not only am I more conscious and respectful of other cultures from the experience of teaching online, I am also more aware of and adaptable to my students’ and veterans’
needs. Standby classes have hammered home the importance of being prepared for anything, which is a crucial skill to have since I’m now itinerant as a Blind Rehabilitation Outpatient Specialist. Online English teaching has also helped to prepare me for COVID where we switched to a 100% virtual modality in blind rehab for 7 months. During this time, while our virtual clients seem oceans apart, we are all still connected at heart.

Global Spotlight: Federated States of Micronesia
by Dr. Callie Brusegaard, Ph.D.
(originally printed in NEAER Newsletter; reprinted here with permission)

The Federated States of Micronesia (FSM) is comprised of the four states of Yap, Chuuk, Pohnpei, and Kosrae totaling 607 islands in the North Pacific Ocean, 71 of which are inhabited. Each island has its own indigenous language thus English is used to communicate across islands and is the official language of the country.

The FSM has a significant amount of people with blindness and visual impairments due to genetic conditions such as microphthalmia (small eyes), achromatopsia (color-blindness and decreased visual acuity), diabetic retinopathy, and cataracts. These genetic conditions occur more often because of the lack of genetic integration due to decreased mobility of persons living on islands. In 2015, the FSM reported having 2047 children with disabilities ages 3 to 21. Of those, there were 82 children with visual impairments and one child with deaf-blindness. These numbers
come from an unduplicated child count, meaning only children with a primary disability of visual impairment are counted. Informal child count indicates about 160 children with visual impairments.

The FSM uses the American school system as the basis for the structuring of their school system. Free education is offered from first to 12th grade and is compulsory for grades one through eight. There is a law (Federated States of Micronesia Special Education Act of 1993) that guarantees children with disabilities full access to education. This law allows access to funds from the US government to support the majority of education.

In 2010, UMass Boston started a personnel preparation program in the Pacific for teachers of students who are blind and visually impaired (TVI). In the FSM, six teachers graduated from the program in three of the four states. While the law and TVIs exist, there are still many barriers to education for children with visual impairments. The overarching barrier to achieving inclusive education and learner participation lies in the lack of financial support and financial accountability for the education system. The FSM struggles to fund its educational programs, especially special education. This leads to a lack of educational resources, which impacts children with visual impairments significantly. The FSM currently has some access to such as braille books, braillewriters, hand-held magnifiers, special lighting, bold-lined paper, manipulative, tactile markers, and monoculars. High-tech materials including synthetic speech output to translate text to speech, video magnifiers, screen magnification programs, electronic braille notetakers, and computers used for braille transcription are currently rarely available to the students in the FSM.

Additionally, the geography of the country extenuates the struggles of the itinerant teacher. The type of transportation used in the FSM to get children to school and for teachers to visit children can vary widely from boats to buses.

In terms of attitude towards children with visual impairments, the society fully accepts and embraces children with disabilities. They are accepted into recreational and community activities, but they do not participate in education at the same level. This can occur because when there are issues within education, it is not accepted within the culture to call attention to those issues, reducing the child’s ability to fully participate. There is also overprotectiveness that occurs within the families of children with visual impairments. This appears as parents limiting their child’s independence with actions such as accompanying their children to school or not allowing their children to walk independently in the community. Overall, the FSM is far ahead of many other developing countries in the availability of trained TVIs, but many barriers to education persist.
O&M in the Age of COVID-19

by Dr. John W. McAllister, Ed.D., COMS

2020 brought about a dynamic shift in the way O&M services were delivered. The world was crippled by the pandemic and the way that everyday business is handled changed. This was devastating to the field of blindness and visual impairments. This field is characterized by face-to-face and hands-on interactions when providing O&M training to blind and visually impaired individuals. The physical distancing due to the pandemic brought not only blind and visually impaired programs to a halt, but shut down the entire world as we knew it. This caused a great problem for O&M students who were already in the practicum and internship phases of their programs. Plus, those who were on track to receive the blindfold section of their programs had to delay or push back a semester or a year, thus delaying their potential graduations. This put several programs on hold and forced the field to make decisions concerning the use of tele-practice in O&M. COVID-19 forced the field of O&M to explore this innovative method of delivery so students could continue in their programs and so programs could continue to operate on university campuses.

After several meetings with the Higher Education Accreditation Commission (HEAC), Subject Matter Experts, AER and ACVREP, the decision was made to allow O&M tele-practice at least through 2021, and then the issue will be revisited and revised for the period of COVID-19. This allowance of tele-practice was particularly important because it allowed students who were in the practicum and internship portions of their programs to get hours towards completion and thus not delay graduation. Recently, the development and distribution of the COVID-19 vaccine has given hope to many programs and students in the pipelines at various institutions around the globe that the traditional way of teaching O&M may be returning.

Lastly, programs had questions about the number of tele-practice hours that should be allowed. As a collective, the HEAC, AER, ACVREP and Subject Matter Experts all agreed that the number of hours should be at the discretion of each program. It was also emphasized that programs should pay close attention to the O&M Code of ethics and be sure to abide by it. Furthermore, University programs that are still operating with have to continue to comply with the CDC’s guidelines for PPE and physical distancing until this pandemic is under control.
According to their website (https://tlecrehab.com/), the Lens (Re)Habilitation Center for the Blind in Nigeria was established in 2015, for the purpose of helping those who cannot see.

Purpose: To help those who cannot see enough to function in society
Vision: World class pediatric and adult (re)habilitation of visually impaired persons
Mission: Raising individuals able to excel regardless of visual or multiple disabilities