

White Cane

The Voice of the Blind™ in Canada

Magazine

A GUIDE DOG'S JOURNEY

How Louise Gillis met her new best friend, Monk



Monk



San Francisco



Sydney, NS



INSIDE:

Biosimilars Are Here to Stay
Navigating an Independent Future
Blind Swimmer Conquers Strait



For the love of sight

Proudly working with you
toward our shared goal –
a future where vision
lasts a lifetime.

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Better is
**seeing what
matters**

We are committed to helping reduce the number
of people impacted by visual impairment.

Science for better

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TABLE OF CONTENTS

- 6** Infographic: Focus on Geographic Atrophy
- 7** President's Message: An Update
- 9** Editorial: Striving Toward an Accessible Canada
- 10** Today's Canadian Council of the Blind
- 11** Standing with Ukraine / Honouring Our Indigenous Peoples
- 12** Could Age-Related Macular Degeneration Be Getting in the Way?
- 13** Why Get a Guide Dog?
- 15** Uniting to Combat Childhood Myopia
- 16** Biosimilars Are Here to Stay: An Important Option
- 19** AMI's Audio Lineup
- 22** Fighting Blindness Funds Research into Retinal Degeneration
- 26** New Hope for Patients with Form of Inherited Vision Loss
- 28** Navigating an Independent Future: Mobility and Guide Dogs
- 30** Infographic: Key Goals of Bill C-284
- 31** Physicians, Not Policies, Should Determine Appropriate Patient Care
- 33** Innovations in Glaucoma Research
- 34** Treating Eye Diseases with Biosimilars
- 37** Blind Youth Learn How to Play Hockey
- 39** Blind Swimmer Conquers Strait of Georgia
- 40** Halifax Walking Tour Challenges the Blind
- 40** Who Says People with Vision Loss Can't Fly Airplanes?
- 41** New App Helps Visually Impaired Users Apply Makeup
- 42** Affordable Option for Reading Audio Books
- 44** CCB Chapters and Board Members
- 45** Thank You – We Couldn't Do It Without You

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Focus on Geographic Atrophy



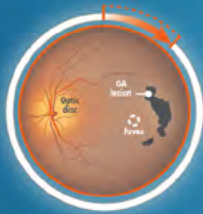
Geographic atrophy (GA), is the advanced form of dry age-related macular degeneration (AMD)^{1,2}



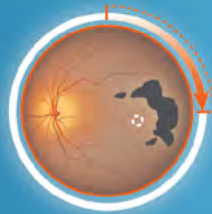
GA affects over **5 million** people worldwide³

GA affects the central portion of the back of the eye, called the macula, which is important for seeing accurate details of daily activities.² When GA spreads in the macula, it impacts peripheral and low-light vision.⁴

Over time, the disease may spread into the fovea at the center of the macula, which provides the central and clearest part of your vision.^{4,5}



Some loss of peripheral low light vision



Loss of peripheral, low light vision



Loss of peripheral, low light vision; patches of lost central vision



Loss of central vision leading to blindness

An ethnographic study (n=16) found that GA and vision loss significantly impacts patient quality of life⁶



100% of patients reported difficulty reading



75% of patients reported difficulty with driving



63% of patients reported inability to perform household chores

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President's Message



PHOTO BY: ANDRE MARTIN

Colleagues:

While welcoming our members back from a busy summer, there are many updates we wish to make everyone aware of.

Firstly, what was referred to as Bill C-22 has been enacted by the Government of Canada and received Royal Assent on June 22, 2023, and is now the Canada Disability Benefit. We at the Canadian Council of the Blind (CCB) wish to thank the Honourable Minister Qualtrough for her tireless leadership on both the Accessible Canada Act as well as the Canada Disability Benefit, and wish her the best in her new role as Minister of Sport and Physical Activity of Canada.

In August, I attended a round table sponsored by Human Resources Development Canada (HRDC), outlining future plans for the implementation of steps for the Canada Disability Benefit, which will include outreach to all of the disability communities across Canada with a targeted date of 12 months, and then consultation with provinces and territories to ensure there are no clawbacks to maximize the benefit. The entire process has a legal obligation to be fully enacted by June 22, 2025.

The Council welcomes the Honourable Kamal Khara, the new Minister of Diversity, Inclusion, and Persons with Disabilities (formerly the Minister of Seniors). The Minister's Department will be in charge of the administration and enactment of the Child Disability Benefit. The CCB advocacy team is planning on dedicating much time and effort to this file, reporting updates as they transpire so as to keep our membership aware at all times.

The CCB and its many partners are also dedicated to Bill C-284, An Act to establish a national strategy for eye care, which was tabled during the legislature summer break. The wonderful work of

the Honourable Judy Sgro, M.P., will be strongly supported by all, as legislation to create a national eye care strategy across Canada is front and centre as we enter the fall season. The bill gained much momentum going into the summer recess, and we wish to ensure this continues until the bill reaches its ultimate goal.


We continue our work on many issues moving forward, including eye health, education, and a dedicated effort to ensuring the Council has representation and a voice at all levels of government. We thank the many who continue to advocate for what they feel is important to support the needs and values of people living with vision loss and to help tackle the many challenges we continue to face.

Thanks to everyone for playing a key role in reinforcing our values as citizens living with sight loss, as we all have a role to play in continuing to advocate and educate.

On behalf of the Board of Directors, staff, volunteers, and our many partners, we welcome everyone back to what will be a very interesting and exciting time as we continue to push forward thanks to your wonderful support.

A handwritten signature in black ink, appearing to read "Jim Tokos". The signature is fluid and cursive.

Jim Tokos
National President
Canadian Council of the Blind



OUR GENES GAVE US BUTTON NOSES, BROWN HAIR, AND VISION LOSS

Around **1 in 1,700** Canadians are estimated to have inherited retinal diseases

**THROUGH GENETIC TESTING FIND ANSWERS
THAT COULD GIVE YOU MORE CONTROL**



Follow the QR code to the testing discussion guide.
EYESONGENES.CA

Talk to your doctor for more information about the disease and treatment options.

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MEMBER OF
INNOVATIVE
MEDICINES
CANADA



Striving Toward an Accessible Canada



PHOTO BY: **ANDRE MARTIN**

Canadians deserve to live in a country where all citizens have an opportunity to participate in what our society has to offer. We live in a wonderfully diverse nation, full of people from different backgrounds, including various abilities, and we all have the same goal in our hearts: to enjoy life to the fullest.

This objective can only be fully realized in an accessible Canada – one that includes barrier-free communities, businesses, and workplaces. This is especially true for those of us living with a disability.

And it just makes sense. An accessible Canada is a Canada where more people can live a healthy and fulfilling life, obtain gainful employment, raise families, travel, consume goods and services, acquire an education, and contribute to our vibrant communities. And let us not forget that the more of us who are working and consuming, the more of us are paying taxes, which helps keep our infrastructure intact and critical institutions such as schools and hospitals being built. Over the last few years, we've seen progress in this domain. Canada ratified the United Nations' Convention on the Rights of Persons with Disabilities and we enacted federal legislation such as the Accessible Canada Act and, more recently, the Canada Disability Benefit. It's fantastic to see momentum on other disability-related legislation as well, such as Bill C-284, which is looking to create a national eye care strategy.

We've witnessed provincial legislation in this area as well, such as the Accessible British Columbia Act and the Accessibility for Ontarians with Disabilities Act (AODA), which is a law that sets out a process for developing and enforcing accessibility standards. As these laws go, persons with disabilities and industry representatives work together with the government to develop the standards, which make the provinces more accessible.

As encouraging as it is to have these types of legislation in place, as we all know, laws only work if people follow them. Legislation without enforcement is nothing more than empty promises to persons with disabilities.

Unfortunately, members of the blind and visually-impaired community still face frequent barriers, even in provinces such as Ontario, where legislation such as the AODA is in place. For example, restaurants lacking accessible menus force us to use inconvenient methods to order our food, which could involve having the server stand beside you and read out each individual item – something I think we can all agree is not ideal when out on a first date.

Although it's encouraging to see this legislation, there's a need for more education and advocacy, as well as a need to ensure compliance from businesses and service providers. And when there are infractions, not only should it be easy to file a complaint, but measures that enforce the legislation need to be in place as well.

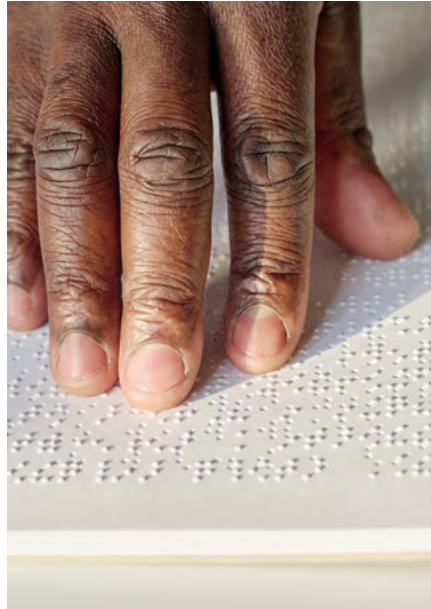
This underscores the importance of having member-based organizations such as the Canadian Council of the Blind (CCB) who keep pushing for the improvement of these laws and regulations, as well as keeping persons in the community aware of their rights. The CCB has a dedicated Advocacy Team who work closely with all levels of government on issues such as disability rights and who consult leaders on how to best implement these policies.

I know our community will remain vigilant and continue to advocate for our rights and to be treated as equal citizens. Please join me in supporting our peers and let us demonstrate all the things we're capable of doing, and trust in ourselves that we'll always overcome any challenge put in our way.

A handwritten signature in black ink, appearing to read 'Mike Potvin'. The signature is stylized and cursive.

Mike Potvin
Editor
2023 White Cane Magazine

Today's Canadian Council of the Blind



The CCB offers numerous programs to assist people living with vision loss, to increase accessibility in all areas of vision loss life, and to bring attention of vision issues to the general population and government. The CCB provides education and awareness in preventing vision loss by promoting healthy living and regular eye examinations. Most importantly, the CCB collaborates with service providers and all levels of government in order to improve the current levels of service regarding accessibility and quality of life.

The CCB supports initiatives that call for the provision of the very

The Canadian Council of the Blind (CCB) was founded in 1944 by schools of the blind and returning blind Canadian war veterans, and is recognized as the Voice of the Blind™ in Canada. The CCB is a membership-based not-for-profit, a nationally-registered charity, an extensive peer support network, and a consumer advocacy organization that brings together Canadians who are living with vision loss, including those who are blind, deaf-blind, and partially-sighted. In bringing together Canadians with lived experience of vision loss, the CCB maintains a vibrant network of active members in 74 chapters across Canada. Each chapter is unique to its geographic area, community-based, locally-organized, and volunteer-driven by those with vision loss, and engages in a variety of social, recreational, and community activities based on the interests of local members.

A tireless advocate of the vision loss community, the CCB works to promote a sense of purpose and self-esteem along with enabling the efforts of each member to achieve an enhanced quality of life. The CCB, through its lived experience constituency, is proud of its efforts to break down barriers and remains dedicated to building public awareness and improving the well-being of people with seeing disabilities.

best in available medical treatments. It advocates for increased funding for vision research and for research for devices and technology that improve the lives of people living with vision loss. It supports the fostering of patients' rights without limitation or discrimination. The CCB works with its vision partners Fighting Blindness Canada and the CNIB to provide a united voice for people living with vision loss in advocating for access to innovative treatments that prevent vision loss and restore sight. Together, the organizations advocated to bring anti-VEGF medications to Canada in 2006, and in the past year they advocated in support of access to two new medications to prevent blindness in people with age-related macular degeneration (AMD) and diabetic retinopathy. The CCB's advocacy has contributed to increasing access to the first new glaucoma medication in the last 20 years. This medication is now publicly-funded in eight provinces. Its advocacy also contributed to the positive recommendation made by the Ontario Health Technology Advisory Committee (OHTAC) to suggest public funding of a minimally-invasive glaucoma surgery device. The CCB also played a major role in advocating for the reimbursement of the first targeted gene therapy to restore sight for an inherited retinal disease. This sight-saving therapy is now funded in five provinces.

Over the past few years, the CCB has undertaken a number of important studies on issues that affect the lives of people living with vision loss, as well as issues that affect the vision health of all Canadians. It has produced important reports on accessible technology and assistive devices, as well as a survey of Ontarians regarding their experiences with and perceptions of the Ontario Assistive Devices Program. In the very early weeks of the pandemic, the CCB was quick to survey Canadians who are blind, deaf-blind, or partially-sighted to gain an understanding of the pandemic-related issues they were experiencing. The results of this study were released in April 2020 and were used to advocate for a number of the issues identified in the study, such as priority vaccination for people living with vision loss. In December of 2020, the CCB commissioned a study of the prevalence and cost of vision loss in Canada. It worked to deliver this report in partnership with Fighting Blindness Canada, the Canadian Association of Optometrists, and the Canadian Ophthalmological Society. The landmark report was published in May 2021. An addendum to this report, which assessed the impact of the COVID-19 pandemic on vision health, was released in August 2021, and a follow-up report card that assessed the impact that the pandemic has had on ongoing vision health in Canada was released in October 2022.

Through advocacy and research, the CCB is dedicated to building public awareness and improving the well-being and quality of life of those living with vision loss. It does this to ensure that stakeholders, governing bodies, and members of the vision loss community are informed with data that is substantive and reflective of the needs of all Canadians living with vision loss. The CCB does this all while recognizing that most vision loss and blindness can be prevented or treated.

The CCB is supported by its members, volunteers, and donors, who contribute collectively over 30,000 hours of their time on an annual basis to help achieve the success of the CCB's programs and initiatives.

For more information about the CCB, please visit www.ccbnational.net.



The Canadian Council of the Blind Stands with Ukraine

The Canadian Council of the Blind would like to express its deep concern and support for the people of Ukraine – in particular, our brothers and sisters in the blind, deaf-blind, and partially-sighted community, including members of the Ukrainian Association of the Blind.

The Russian military assault on Ukrainian cities has taken the lives of innocent civilians. This unjustified war is a crime against humanity, violating all norms of international humanitarian law. We further urge the European Blind Union and its members in Europe to continue to provide all possible assistance and accommodation to refugees from Ukraine with visual disabilities.

Honouring the Algonquin Anishinabe Nation, First Nations, Inuit, and Métis Peoples

The Canadian Council of the Blind (CCB) acknowledges that Ottawa, home of our head office, is built on un-ceded Algonquin Anishinabe territory. The peoples of the Algonquin Anishinabe Nation have lived on this territory for millennia. Their culture and presence have nurtured and continue to nurture this land.

The CCB honours the peoples and land of the Algonquin Anishinabe Nation. The CCB honours all First Nations, Inuit, and Métis peoples and their valuable past and present contributions to this land.

Along with the Government of Canada, we at the CCB are committed to a renewed nation-to-nation relationship with Indigenous peoples based on recognition of rights, respect, co-operation, and partnership.

Could Age-Related Macular Degeneration Be Getting in the Way?

Eye Doctor's Recommendations for Maintaining Eye Health as You Age

KAYNE ALLEYNE-ADAMS

Have you ever looked at a light bulb for too long and when you looked away there was a dark spot in your vision? It's not a perfect comparison, but these dark spots are visually similar to symptoms associated with Age-Related Macular Degeneration (AMD). Primarily affecting people over 50, AMD is the leading cause of legal blindness in Canada.

In Canada, AMD affects more than 2.5 million people – with early diagnosis, doctor-recommended lifestyle adjustments and treatment, it may be possible to slow the progression of the disease.

There are two types of AMD. Dry AMD is more common and usually progresses at a slower pace over the course of many years, while Wet AMD can cause sudden and severe vision loss.

With both forms of the disease, early diagnosis is critical. AMD treatment tries to slow down or stabilize the disease's progression.

Dr. Varun Chaudhary, Professor of Surgery at McMaster University and Chief of Ophthalmology at St. Joseph's Healthcare in Hamilton, Ontario explains the importance of early diagnosis and recommendations on maintaining your eye health.



AMD can lead to blurriness and dark spots in your central vision.

PHOTO: ISTOCK.COM/TUNATURA

“Early diagnosis empowers you to take charge of lifestyle and medical conditions that might affect your risk, and it allows you to receive critical medical treatments that can slow down the disease.”

A common medical treatment for Wet AMD can include eye injections, which Dr. Chaudhary's patients face with courage.

“If I'm told I need eye injections I might just walk out,” Dr. Chaudhary says, “I'm amazed at how brave patients are.”

AMD treatment is readily available

Innovations in the AMD space continue to progress, allowing patients and their doctors to approach treatment from a variety of angles.

“This is an exciting time when it comes to AMD,” Dr. Chaudhary says. Today, outcomes for AMD can look a lot different than they did 10 years ago. Your doctor will be able to explain the pluses and minuses of each treatment option, to help you find the one that's most appropriate for you.”

The following are some suggested lifestyle adjustments to lower your risk of AMD:



Dr. Chaudhary has been treating patients with AMD since 2009.

PHOTO BY: DR. VARUN CHAUDHARY

- Annual eye exams
- Quitting smoking
- Controlling blood pressure and high cholesterol through improved eating habits and increased mobility activities/exercise
- Daily vitamin and mineral supplementation, using vitamins that fit the Age-Related Eye Disease Study (AREDS) criteria (especially effective for Dry AMD)

If you think you might be at risk of AMD, or you may be living with it, schedule an appointment with an eye care professional. Visit www.LivingWithIt.ca for more information and resources that can help.

Why Get a Guide Dog?

LOUISE GILLIS

Over the last number of years, many people have asked me why I didn't have a guide dog. My answer was always, "Well, there are many people who need a dog more than me, because I still have some usable sight and my cane is OK for now."

As time goes on, however, my sight diminishes. When my ophthalmologist recommended that I get a guide dog, again I said, "There are many people worse off who are waiting." "There aren't many people worse than you, actually, so let's begin the process," he said. This was a shock to me, so I had to think long and hard about my future.

Would I be able to care for a dog properly? Would we bond as partners? How would my family receive the news? How would they adapt to having a dog around? I decided to go for it and to follow my ophthalmologist's recommendation.

Next came talking with my family doctor, who also gave me the go-ahead. Friends were excited to hear my plans. I did a great deal of research. I spoke with people I knew who had guide dogs and got their views as to what I'd be committing to. I did a search of all the guide dog schools in Canada and the U.S. I found a great website that explained everything I needed to know. I started to feel very positively about the whole thing, and so I began the application process in the fall of 2021 with Guide Dogs for the Blind (GDB).

Soon after I submitted my application to GDB in California, I received various emails and phone calls where I was given more information. I began receiving information from an orientation and mobility instructor from the CNIB as well.

There were delays due to COVID and fewer dogs available. My in-house visit was delayed until July of 2022 due to restrictions. The visit went well, though, and the school was able to assess the type of dog I'd need given my physical disability along with my vision needs. In August of 2022, I received my acceptance letter. Now, it was a waiting period to match a dog with my limitations.

During the waiting time, I received regular check-in calls and was sent various materials to help me prepare for school. The material was all online and



Louise and her trusty guide dog, Monk.

GDB PHOTO LIBRARY

easily accessible. I was able to call the school at any time if I had questions. On June 30, 2023, I received the call that there was a match for me. They wanted me to fly to San Francisco on July 23, to come to San Rafael Campus for my training. That was an exciting day!

I rearranged my summer vacation plans with my family, which was to drive across most of Canada with a bigger stop in Saskatchewan for a family reunion. We worked it out that I would return to Toronto a bit early and fly to California from there.

Arriving in San Francisco on Sunday morning, a volunteer picked me up at the airport and drove to San Rafael Campus. I was met by residence assistance staff and shown to my room. After all the students arrived (there were four in my class), we had lunch in the dining hall and then did a residence tour. Of my fellow classmates, one lady was a first-timer like me and two men were getting a second and third dog. All of us were of similar age, which proved to be a great benefit for us. One of my classmates was from B.C., while two were American.

Classes started after breakfast on Monday and in the afternoon, I received my dog, Monk – a beautiful black lab who was very shy at first. Really, we were both shy. But it didn't take us long to get acquainted and to begin playing.

Classes continued for two weeks and we became the best of buddies. Monk is a very sensitive dog and if he makes an error (which happens rarely), he gives me sad eyes. Our graduation was August 5, 2023, Class CA985. That was a proud day. That evening, we flew home – just the two of us!

Life with a guide dog

This new chapter in my life has been going very well. Monk and I are getting along great. He's an excellent guide most of the time with occasional minor distractions, which we work out quickly. He has met many family members, attended a large gathering at a friend's birthday party, gone to the beach swimming, played in a safe park, gone grocery shopping, and more. Recently, he met the new Minister of Diversity, Inclusion, and Persons with Disabilities, Kamal Khera. He was very polite with her.

Life is good with a guide dog. It gets me out walking and keeps me much more physically active. I'm not as fearful now when I go on my walks, with him guiding the way. He sleeps well all night and does very well with his relieving times. He loves to play with his toys and will quickly give the toys up when he sees his harness come out.

Providing guide dog etiquette to fellow tenants in my building has made the transition easy. Everyone respects him as a working dog and comments on how good he is and also how beautiful he is.

So, why get a guide dog? The answer is simple. It makes life so much easier and less stressful. And Monk isn't just a guide dog but also a faithful friend. For those who may have concerns about moving toward a guide dog, the worries will be alleviated by the training you receive and the follow-up as well. There are several schools in Canada and the Eastern U.S., so the choice is yours. Do your research and find out what best fits your lifestyle and needs.

Monk has given me a new lease on life and you can have that, too!



Louise and Monk near the Golden Gate Bridge in San Francisco, California.

GDB PHOTO LIBRARY



Taking a break from classes to enjoy a walk on the beach in San Francisco.

GDB PHOTO LIBRARY



Monk, at home, listening carefully to what his human wants him to do.

PHOTO BY: PAULINE GILLIS



Summer sun setting on the waterfront boardwalk in Sydney, Nova Scotia. A great place for Louise and Monk to walk and socialize.

PHOTO BY: PAULINE GILLIS



Uniting to Combat Childhood Myopia

Eliminating barriers to detect vision problems in children.

BY: DR. MARTIN SPIRO

President, Canadian Association of Optometrists

Traditionally, optometrists have seized Children's Vision Health Month as a vital opportunity to enlighten their patients, and communities, about the crucial significance of regular eye examinations for children. This year, we are resolute in our commitment to shatter misconceptions and reveal the real risks associated with vision impairment, especially myopia, which has evolved into a global public health crisis demanding our immediate attention.

In the year 2050, it is projected that a staggering 50% of the global population will grapple with myopia.

A concerning 10% will be plagued by high myopia, defined by a prescription of -6.00 D or higher. Myopia, particularly high myopia, is not just a minor inconvenience stemming from uncorrected vision; it poses a severe threat to eye health. It dramatically elevates the likelihood of grave eye conditions such as cataracts, retinal detachment, glaucoma, and macular disease, all of which can lead to irreversible vision loss.

Research has unveiled that approximately 17.5% of Canadian school children currently suffer from myopia (near-sightedness).

What's more alarming is that 1 in 3 children with myopia were previously undiagnosed. One in three Canadian parents admit to getting their children's eyes tested only once every two years or even less frequently.

Many parents erroneously believe that they would readily notice if their child had vision difficulties. However, the truth is that preventive measures and early intervention are absolutely critical.

Parents' concerns about their children's excessive screen time, especially during the pandemic, are well-founded. However, the majority remain unaware of the risks posed by uncontrolled myopia or the available options to manage it. This further emphasizes the paramount importance of educational initiatives focused on eye diseases and vision loss, targeting not only the general public but also healthcare professionals. Effective communication and awareness campaigns are the bridges that can span the chasm between misconceptions and the genuine risks of vision impairments.

Across the globe, numerous initiatives have sprung to life to combat "the blur" known as myopia.

Vision stakeholders are tirelessly uniting to educate parents and professionals alike through paid media, social media platforms, partnerships with influencers, and informative websites among others.

Bill C-284, a Private Members Bill calling for the federal government to establish a national strategy on eye care, and proudly has received unanimous consent from decision makers across the political spectrum, only underlines the urgency to pool our expertise, share our knowledge, and disseminate this crucial information, which has never been more imperative.

We must collectively remove the barriers that obscure undiagnosed vision problems in children. Join us in the battle against childhood myopia.

Together, lets #BeatTheBlur.



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

Biosimilars Are Here to Stay

It's time to talk about why they are an important option.

ADOBE STOCK

JULIA MILET, POSTMEDIA CONTENT WORKS

Retinal disorders with the potential to cause blindness are on the rise among Canadians. At stake are the ability for seniors to maintain their independence and for those of working age to support themselves and their families. Also growing is the need for effective vision care: treatments for retinal disorders are a leading contributor to public drug program spending. Biosimilar therapies are beginning to emerge in ophthalmology as safe, cost-effective alternatives that can help treat vision loss in Canada while helping meet the challenges of health-care system sustainability.

Age-related macular degeneration (AMD), a disease of the eye affecting central vision, impacts 2.5 million Canadians over 55. "It's the leading cause of vision loss in older Canadians," says Dr. Keith Gordon, senior research officer of the Canadian Council of the Blind (CCB). "And its toll on a person's well-being can be significant."

There are two types: dry AMD, the more common and less-severe form; and wet AMD, which is more severe and develops from about 10 per cent of dry AMD cases. "As it advances, AMD can make it more difficult to not only read or drive but also identify faces

or work," says Dr. Gordon. "In later stages and in wet AMD, central vision can be completely lost."

Approximately one million Canadians are also at risk of developing diabetic macular edema (DME) – the most common cause of blindness in working-age adults. Like AMD, DME can have significant quality-of-life ramifications. One survey of adults with DME showed that 80 per cent indicated it negatively impacted their daily life and ability to work or study.

Dr. Bernard Hurley, ophthalmologist and assistant professor at the University of Ottawa Eye Institute, has seen advancements in treatments first-hand. "When I was a student, we had laser treatments," he recalls. "It evolved to injectables that went right into the eye. Those treatments could restore vision in patients with wet AMD, vastly changing the outlook and prognosis."

This newer class of treatment, known as biologics, has been approved for use to treat AMD since the mid-2000s. "Biologics are more complex than traditional medicines, which we create by combining molecules," Dr. Hurley explains. "They're created through a biological process. The analogy I use is that traditional medicines are like making a flower with building blocks; we can do it 'manually.' Biologics are

“We’re constantly striving to do things better and more affordably for the system.”

Dr. Bernard Hurley, Ophthalmologist and Assistant Professor at the University of Ottawa Eye Institute

like growing a real flower; we have to plant a seed and let a biological process grow it.”

Now that biologics have been in use in ophthalmology for some time, drugs known as biosimilars are becoming an alternative. A biosimilar is based on a biologic drug – known as a ‘reference drug’ and is used to treat the same diseases. A simple comparison is to generic drugs.

Yet there are crucial differences, as Dr. Hurley explains. “Generic drugs are identical to their reference drugs. They’re carbon copies. Biosimilars are produced when another company studies the original biologic and produces a drug that is very, very similar. They’re also subject to a rigorous approval process by Health Canada,” he elaborates. “We shouldn’t think of biosimilars as a *new* medication. We have the background data. The biosimilar must be proven to be effectively the same biochemically and is then put through clinical trial.”

Biosimilars are subject to rigorous preclinical and clinical comparative studies that evaluate their similarity to their reference products. Although not identical to its reference product, a biosimilar has no clinically meaningful differences in efficacy and safety.

First available in Canada in 2009, today more than 50 biosimilars are approved by Health Canada for the treatment of a variety of serious diseases. Biosimilars have been used in fields like rheumatology and oncology for years and are being developed in ophthalmology to treat retinal vascular diseases.

With their emergence as an ophthalmology treatment, the patient and physician community will have to navigate how biosimilars fit in the range of treatment alternatives.

“When a biosimilar comes to market, the patent on the biologic has expired,” explains the CCB’s Dr. Gordon. “Biosimilars are more affordable and can take some of the pressure off the health-care system. They’re an alternative, and in the world of medicine and public health, effective alternatives are a good thing.” From Dr. Gordon’s perspective, accessibility is key particularly given both the prevalence of AMD and its impacts on the lives of people in and out of the workforce.

“If a patient is seeing success on any therapy – be it a biologic or anything else – they should be able to continue that treatment,” Dr. Gordon continues. “However, biosimilars aren’t something patients or caregivers should be inherently wary of. They are thoroughly tested – and there are more coming.”

Dr. Hurley believes biosimilars and their use represent the progressive spirit of the field of medicine. “We’re constantly striving to do things better and more affordably for the system,” he observes. “If there were never attempts to push research further, we’d be without some of the great innovations of medicine. The context is pushing medicine forward for the betterment of society and patients.”

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Double Tap hosts Steven Scott and Shaun Preece.

AMI's Audio Lineup Boasts Returning Favourites, New Programs and Audio and Video Podcasts



Fall is here, and with it comes an exciting lineup of programming on AMI-audio. Highlights of AMI-audio's schedule include the debut of *The Washington Post This Week*, the return of the wildly successful daily program *Double Tap* and established podcasts available with video on YouTube. These programs sustain AMI's vision to establish and support a voice for Canadians with disabilities, representing their interests, concerns and values through accessible media, reflection and portrayal.

Start your weekdays off with Mike Ross and Corinne Van Dusen on *The Globe and Mail Today*, Monday to Friday at 8 a.m. Eastern, as they deliver news, editorials and business, sports and entertainment stories pulled from the latest edition of *The Globe and Mail*.

Then, listen to *Maclean's Magazine*, Monday to Friday at 9 a.m. Eastern, as Anastasia Maclean and Michael Wile present a selection of feature articles from the most recent edition of *Maclean's*.

Next up is *The Guardian Daily* – broadcast Monday to Friday at 10 a.m. Eastern – with Hannah Tausz and Laura Kirker, who read a selection of feature articles from *The Guardian*, a British daily newspaper with a distinctly international outlook focused on politics, economics and environmental issues. On weekends at 10 a.m. Eastern, enjoy *The Guardian Long Read*, which delves into long-form *Guardian* pieces.

Then, join veteran radio broadcaster Roger Ashby on

Voices of The Walrus, Monday to Friday at 11 a.m. Eastern, as he takes you into the pages of *The Walrus* and a chorus of vibrant voices which bring to life essays, fiction and poetry from some of Canada's best writers.

Spend your lunch with the *Double Tap* team! Airing seven days a week at noon Eastern, Steven Scott and Shaun Preece discuss news, reviews and technology stories of interest to people who are members of the blind, partially sighted and disability community.



Red Széll, host of *My Life in Books with Red Széll*.

Airing Mondays, Wednesdays and Fridays at 1 p.m. Eastern, listen to *My Life in Books with Red Széll*, featuring one-on-one interviews with authors who discuss their life, works and three books that have resonated with them.

Bookworms rejoice! *AMI Audiobook Review* – broadcast Tuesdays, Thursdays, Saturdays and Sundays at 1 p.m. Eastern – hosted by Ramya Amuthan, Jacob Shymanski and Nisreen Abdel-Majid, lets you know about great new content in the audiobook realm with help from authors, listeners and regular contributors.

Let Kelly MacDonald and Ramya Amuthan be your afternoon guides on *Kelly and Ramya*, weekdays from 2 p.m. to 4 p.m. Eastern. Join Kelly, Ramya and contributors from the blind, partially sighted and disability community for lively discussions about arts, entertainment and the lifestyle issues that matter to you.

New to the AMI-audio schedule is *The Washington Post This Week*. Airing Saturdays and Sundays at 9 a.m. Eastern, veteran AMI narrator Matt Speirs reads a selection of the most thought-provoking perspectives published by the newspaper.

Enjoy nature and all it has to offer with *Outdoors with Lawrence Gunther*, Saturdays and Sundays at 2:30 p.m. Eastern. Join host



Lawrence Gunther, host of *Outdoors with Lawrence Gunther*.

Lawrence Gunther for outdoor news, environmental issues, reviews of outdoor tech and tips on exploring the outdoors with a guide dog.

Are you interested in the audio podcast world but not sure where to start? Tune in to *Podcast Roundup*, Saturdays and Sundays at 3 p.m. Eastern. Amy Amantea, artist, actor and advocate for persons with disabilities, brings you highlights from the week's AMI podcasts as well as introducing you to worldwide podcasts starring voices of the disability community.

Voices of The Walrus, *Double Tap*, *My Life in Books with Red Széll*, *AMI Audiobook Review*, *Kelly and Ramya* and *Outdoors with Lawrence Gunther* are all available as audio podcasts to download from your favourite platform.

In addition to the above shows and podcasts, AMI-audio is pleased to offer the following podcasts available with video on YouTube:

Low Vision Moments

Part story time, part comedy, part awareness driven, the monthly *Low Vision Moments* with Jennie Bovard presents funny experiences that happen when you are blind or partially sighted.

Para Sport Update

From coast to coast to coast, join host – and Paralympian – Greg Westlake as he explores Canada's

para sports scene weekly and brings you the latest news from the world of adaptive sport.

Shaun of the Shed

Hosted by *Double Tap's* Shaun Preece from his shed, the monthly *Shaun of the Shed* gives those new to the world of technology a helping hand with everything from using a screen reader or smart speakers to unboxing and starting up a new computer.

The Pulse

Now entering its seventh season, host Joeita Gupta leads a weekly in-depth discussion on issues impacting the disability community across Canada.

Tripping On Air

Fashion Dis host Ardra Shephard, along with Alex Hajjar, brings her confessional/informational blog, *Tripping On Air*, to the podcast airwaves where she spills the tea on what it's really like to live with MS.

Stream AMI programming now at our newest platform, [AMIplus.ca](https://amiplus.ca).

Keep up to date on everything going on at AMI and in the community we serve by signing up for the AMI Newsletter at [AMI.ca/newsletter](https://ami.ca/newsletter) and have it delivered straight to your Inbox.

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**FIGHTING
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Fighting Blindness Canada Awards \$1.67 Million for Transformative Research into Retinal Degeneration

These funds will go towards two awards that will fund projects at the forefront of research into glaucoma and inherited retinal diseases.

For nearly 50 years, Fighting Blindness Canada has helped move the needle on vision research, underpinning our understanding of the genetic causes of eye diseases and contributing to the development of potential sight-saving treatments. However, we know that there is more work to be done and more to discover. That's why the organization is thrilled to announce \$1.67 million in funding for two Transformative Research Awards which will push the boundaries of vision science.

These Transformative Research Awards will provide large-scale, long-term funding that will allow scientists to tackle the biggest questions and accelerate the pace of research, challenging them to test bold new ideas which can change our fundamental understanding of vision loss and fast forward treatments.

The 2023 Transformative Research Awardees are:



DEVELOPING A NEUROPROTECTIVE DRUG THERAPY TO SLOW VISION LOSS IN INHERITED RETINAL DISEASE

Dr. Marius Ueffing (University of Tübingen) is developing a novel neuroprotective drug therapy to reduce photoreceptor death and slow vision loss in inherited retinal diseases (IRDs), like retinitis pigmentosa. During this award, Dr. Ueffing will complete pre-clinical work, with the aim to move this potential therapy closer to clinical trials. This approach is mutation-independent and has the potential to impact individuals with many different types of IRDs.



UNCOVERING THE LINK BETWEEN BLOOD SUPPLY AND OPTIC NERVE DAMAGE IN GLAUCOMA

Dr. Luis Alarcon-Martinez (Center for Eye Research Australia) is using cutting edge imaging technology to understand how disrupted blood supply causes optic nerve damage in glaucoma. In glaucoma, damage to the optic nerve causes vision loss and is the leading cause of irreversible blindness worldwide. This award may lead to a new understanding of the causes of glaucoma and novel treatments to prevent vision loss. Dr. Alarcon-Martinez will be leading this work with an international team of collaborators, including Canadian researcher Dr. Adriana Di Polo (University of Montreal) and Dr. Keith Martin (Center for Eye Research Australia).

These awards are part of Fighting Blindness Canada's long-standing commitment to support innovative, ambitious, and world-renowned research. To learn more about other [research funded](#) by Fighting Blindness Canada, visit fightingblindness.ca.

Do you have eye health related questions?
Contact Fighting Blindness Canada's Health Information Line:

healthinfo@fightingblindness.ca | 1.888.626.2995



**FIGHTING
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CANADA**



Battling Myopia

How independent optometrists in the Specsavers network are working together to battle the growing global health concern



Dr. Maegan Folk, OD
Optometry Partner
Specsavers Orchard Park



Dr. Ramandeep Toor, OD
Optometry Partner
Specsavers Londonderry



Dr. Theodor Buzea, OD
Optometry Partner
Specsavers Southcentre

By Specsavers

The World Health Organization declared myopia a global public health concern, with approximately half of the global population predicted to have myopia by the year 2050¹. Untreated myopia can lead to serious vision conditions later in life such as myopic maculopathy, retinal detachments, cataracts and glaucoma.

Given that myopia progresses mainly during childhood, there is a key window to intervene with preventative strategies, when the eye is more susceptible to growth and subsequent vision changes. This can reduce the risk of a patient developing sight-threatening conditions in adulthood due to the structural changes of the eye.

Optometrists within the Specsavers network raised an interest in introducing myopia management into their practice. Specsavers engaged its Optometry Steering Groups, a committee of independent optometrists in each province, on developing a training program with the option to introduce it to their practice.

The training program was designed alongside industry leaders to allow optometrists, opticians and their teams to receive comprehensive training to provide myopia management care and products.

Specsavers interviewed Drs. Ramandeep Toor, Maegan Folk and Theodor Buzea on their involvement with the Optometry Steering Groups and myopia management.

Why was introducing myopia management into your clinic important?

Dr. Toor: After the pandemic, with work-from-home and more screen time, I was noticing that there was a significant increase in myopia. I grew up very myopic and I don't want my patients to have that struggle.

Dr. Folk: Myopia is becoming more prevalent and will impact a growing number of people. Myopia control is something I've always wanted to incorporate into my clinic. Specsavers gave me the tools and they brought the initiative to life. My clinic was one of the pilot clinics; it was fun to learn about it, bring it on and help start the initiative.

“Myopia is becoming more prevalent and will impact a growing number of people.”

– Dr. Folk



Dr. Buzea: I had been doing myopia management for a few years before becoming an Optometry Partner with Specsavers. I wanted to make sure that I was offering it again when I moved my practice to Specsavers Southcentre because I had seen the benefits to patients.

Would you have any recommendations for other optometrists considering myopia management?

Dr. Buzea: If you're feeling hesitant about myopia management, do some research. You'll quickly realize why it's so important for your patients.

Dr. Toor: Incorporating myopia management within your clinic is a huge asset to have. If you can implement myopia control strategies early on, you can make a big difference for your patients.

“If you can implement myopia control strategies early on, you can make a big difference for your patients.”

– Dr. Toor

Can you describe the purpose of the Optometry Steering Group?

Dr. Folk: The purpose of the Optometry Steering Group is to help develop the clinical road map for optometrists within the Specsavers network. I wanted to be a part of it to help guide how optometry will look in Canada. Specsavers does a good job of collaborating with us and supports the needs of our practice.

Dr. Toor: We are a group of optometrists who specialize in constantly evolving the scope of practice. The group discusses developments and how we can make further advances in our clinics. We also discuss the trajectory of optometry and share our best practices with one another.

Dr. Buzea: Being part of the Optometry Steering Group means that we can run projects and pilots. This allows Specsavers to go forward and present to the network of optometrists so they have the opportunity to consider incorporating new initiatives into their practices. I want to make sure that we're providing premium care. Not just the golden standard, but going above and beyond. As part of the steering group, I want to be responsible for helping provide newer and better technologies to patients.

Providing tools and resources to optometrists in the Specsavers network can help empower eyecare professionals to get ahead of the curve to change the predicted trajectory of myopia. Many of the teams have already reported impressive numbers of patients receiving this care. Together we're helping to make an impact in changing lives through better sight – not just in the short-term, but also in the future.

With over 85 locations now open across Canada, learn more about Specsavers.

Specsavers



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NEW HOPE FOR PATIENTS WITH FORM OF INHERITED VISION LOSS

At five years old, William could barely see objects in front of him due to a rare genetic disorder. Now 12, he's able to play nighttime soccer.

Denise Deveau | Postmedia Content Works

Many of us are familiar with common causes of vision loss, such as macular degeneration and glaucoma, particularly among aging populations. Yet there are hundreds of forms of vision loss, many of which are caused by gene mutations.

"There are more than 300 vision-related gene mutations that cause different inherited retinal diseases (IRDs) such as retinitis pigmentosa or Leber congenital amaurosis," says Dr. Cynthia Qian, a professor in the department of ophthalmology and head of retina service at the Université de Montréal. "All IRDs are inherited conditions, and there are currently not many treatment options," she says.

"The challenge with diagnosing and managing IRDs is that each one presents a bit differently, and each mutation represents a small number of patients," says Dr. Flavio Rezende, medical director at the Université de Montréal's Centre Universitaire d'Ophthalmologie. "Some progress slowly over time, while others are more aggressive," he says.

Typically, IRDs are not on the minds of parents of young children. But for the Khayrallah family, vision loss was an all-too-real prospect for their son William from the time he was an infant.

William's father, Khaled, says he and William's mother noticed some signs very early on. "Even

at three months, we noticed he loved staring at ceiling lights. We didn't think too much about it at the time. But then at age two, we saw that his eyes weren't straight."

As a toddler, William was unable to pick things up and kept bumping into objects that were right in front of him. **"We still didn't quite grasp the extent of the problem even as we went through a number of tests and eye exams, until one day we found ourselves going through genetic testing,"** says Khayrallah.

The first round of genetic tests when William was five, came back inconclusive. "Things kept getting worse. But over the next few years, a lot of progress was made in identifying the genetic causes behind IRDs."

The second round of testing confirmed that William had the RPE65 genetic mutation. It specifically attacks the photoreceptor cells that capture light inside the eye and transmit it to the brain to understand it as an image, explains





Dr. Rezende. “Although the light continues to penetrate the patient’s eyes, the cells don’t send the correct signal, making it extremely difficult to see in darker conditions. As the disease progresses, more likely than not, these patients reach total blindness.”

There are a number of different trials underway that are testing potential therapeutic approaches for IRDs, including drug or vitamin therapies, retinal implants, cellular transplants, and gene therapy.

In 2023, at the age of 11, William was the first in Quebec to undergo gene replacement therapy delivered through a surgery. “We took science fiction and made it a reality,” says Dr. Rezende, who with Dr. Qian formed the surgical team that conducted the procedure.

“William’s surgery was a huge milestone,” says Dr. Qian. “When I chose this field, I never imagined it would be possible.”

William’s progress has been encouraging.

“It makes my heart jump just thinking about it,” says Khayrallah. “Not long after the procedure, we were able to go to the park in the evening to play soccer and he never lost sight of the ball. That’s something he was never able to do before.”



William’s new world includes attending events and festivals at night. He used to navigate sidewalks and crowds with difficulty, now he avoids obstacles on the sidewalk without any issues. “Normally he would have tripped over them,” says Khayrallah. “I can’t wait to take him camping so he can see the stars for the first time.”

Throughout his ordeal, the family always looked at the brighter side. “Even when his condition seemed hopeless, we were always hopeful,” Khayrallah says.

Today, William is facing an entirely different future, he says. **“He has a passion for drawing and loves cars. This has opened a future of possibilities for William. He can look forward to pursuing his passions with a new outlook.”**

Having been through years of learning about William’s condition, Khayrallah says the first piece of advice he would give parents is to not take their child’s vision for granted. “You just assume they open their eyes and can see. Even if there is just a hint of something, or they are not seeing things quite right, pay close attention. William stared at lights because everything else was dull and they were pleasant to look at. Now we know why.”

Today, when William’s father asks his son how he is doing, William says “My life can be different now. There’s so much more I can do.”

This story was created by Content Works, Postmedia’s commercial content division, on behalf of a research-based pharmaceutical company.

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Navigating an Independent Future: A Collaborative Approach to Orientation and Mobility and Guide Dogs

SHANE GUADELOUPE

PHOTOS BY: VLRC PHOTO LIBRARY

Vision loss can be a life-altering experience, impacting almost every aspect of daily living. Vision Loss Rehabilitation Canada (VLRC), in collaboration with CNIB Guide Dogs and the CNIB Lake Joseph Centre, is committed to demonstrating that individuals with vision loss can maintain their independence and quality of life.

The O&M Guide Dog Immersion Program has emerged as a beacon of hope, empowering individuals with severe vision loss to regain their confidence and mobility.

Joining forces to make the immersion program a reality, VLRC contributes a team of Orientation and Mobility (O&M) specialists, while CNIB provides the Guide Dog Mobility Instructors (GDMI) and the dogs. The CNIB Lake Joseph Centre, nestled in Parry Sound, Ontario, hosts this transformative experience. Program participants – hailing from across Canada – are at the heart of this collaborative effort and range in age from young adults to seniors.

A long history of providing vision rehabilitation

“VLRC has a history of forming successful partnerships,” says Jennifer Urosevic, President and CEO of VLRC, a non-profit

health care organization that provides rehabilitation services for individuals living with blindness and vision loss.

“This collaborative spirit is the backbone of our ability to provide comprehensive care and support for our clients, and it exemplifies the strength that arises when organizations unite for a common cause.”



Jennifer Urosevic,
President and CEO of VLRC

During the Pandemic, wait times for guide dogs increased exponentially due to global border closures. As a result, the immersion program was designed to provide in-depth long cane instruction to applicants of CNIB Guide Dogs, while also allowing clients to work with Guide Dog Mobility Instructors (GDMI)

for assessment and exposure to working with a dog.

The program aims to ensure that guide dog applicants have the appropriate skills required to be successful guide dog handlers. By participating in the program, attendees develop their ability to sustain long cane travel during the extended wait times for the guide dogs.

The program combines the expertise of O&M specialists and GDMI to offer a holistic approach to mobility training. By providing essential skills, it reconstructs the way participants navigate the world.

Unique approach to mobility training

Participants in the program benefit from one-on-one instruction with O&M's or GDMI's and through group presentations. They also have opportunities to discover some differences between long-cane travel and using a guide dog.

“As O&M's, we work with the participants on a variety of skills when following a particular route,” explains Adam Dupuis, a Certified Orientation and Mobility Specialist (COMS), who manages the program for VLRC. “Afterwards, the participants work with a GDMI on the same route, allowing them



2023 O&M Program attendees gathered at the CNIB Lake Joseph Centre.

to appreciate the differences in the two modes of travel.”

One remarkable aspect of the O&M Guide Dog Immersion Program is that it is completely free for clients – ensuring they do not incur any financial burden. CNIB covers transportation expenses from anywhere in Canada, accommodations, meals, and all recreational activities.



VLRC covers all O&M services, emphasizing its commitment to providing high-quality vision rehabilitation services.

Life-changing experience

Attending the 2023 program, participant Yvonne Felix had a goal: “to conquer stairs, whether that was with a dog or a cane,”

she shared. After a week of specialized instruction, Felix felt she could be independent using a cane and a competent guide dog handler. “I was thrilled to know I could do both.”

“Getting a refresher on my O&M skills gave me the confidence to know I can be independent.” Felix added, “Connecting with other handlers gave me the insight I was looking for. Having conversations with a diverse group of people with varied lifestyles was useful to compare thoughts on committing to a dog and understanding the partnership I would be entering.”

After her week in the program, Felix stated, “I left feeling confident, well-rested, and ready for school, work, and family life with a rejuvenated, fresher, and positive attitude!”

Central to the program are, of course – the guide dogs! The journey toward becoming a guide dog begins even before birth, with a careful selection of parent dogs based on their health and temperamental traits. The dogs participating in the immersion program are approximately 18 to 22 months old and are still in formal training. These exceptional canines are on the cusp of meeting the International

Guide Dog Federation (IGDF) standards that make them suitable to be matched with a client.

As attendees converge at the CNIB Lake Joseph Centre for a week filled with learning and recreation, the program has seen growth over its three-year history. The 2023 program hosted 17 clients, building upon the success of its inaugural year in 2021, where 13 clients attended.

With VLRC’s strategic goal of enhancing the client care experience in mind, the O&M Guide Dog Immersion Program is a remarkable initiative that empowers individuals with vision loss to regain their independence and confidence. By combining the expertise of O&M professionals and the specialized training of guide dogs, this program demonstrates the power of collaboration and dedication in transforming lives. It’s a shining example of how, even in the face of challenges, Canadians with vision loss can lead fulfilling lives with the right support and resources.

A national strategy to support eye health in Canada

98%

Canadians who say good vision health is critical/important to overall health

1.2
MILLION

Canadians living with vision loss

8+
MILLION

Canadians at risk of eye threatening conditions

\$32.9B

Annual cost of vision loss

The good news: vision loss can be prevented or treated in 75% of cases.

Making eye health, vision care and rehabilitation services a population health priority requires a national strategy for eyecare.

KEY GOALS OF BILL C-284:



Creation of a Vision Health Desk at the Public Health Agency of Canada



Increased research funding



Streamlining approval process for new medicines and technology to treat and prevent vision loss



Enhanced access to care for vulnerable populations, including Indigenous peoples, children and seniors



Funding for advocacy and support groups

Save our sight. Make vision health a priority for all Canadians.



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES



DIABETES CANADA | DIABÈTE CANADA



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CAOT - ACE
Canadian Association of Occupational Therapists
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VISION LOSS REHABILITATION CANADA

RÉADAPTATION EN DÉFICIENCE VISUELLE CANADA

Physicians, Not Policies, Should Determine Appropriate Patient Care



DR. JANE BARRATT

PHOTO BY: IFA PHOTO FILES

For several years, government and private payers around the world have implemented policies to ensure the integration of biosimilars alongside existing reference biologics. Biologics are original products that have been in use in therapeutic areas, including rheumatology, gastroenterology, oncology, and ophthalmology. As patents expire on biologics, there has been a trend towards transitioning to biosimilars, which are manufactured to be clinically similar to the originator (biologic) medicine. Various policies have been developed globally on how to ensure biosimilars are integrated into the reimbursement programs currently in place for the biologics for ease of transition.

Europe has significant experience in the implementation of biosimilars, with the largest biosimilar market in the world. Market share ranges from 43% for newer products, approved after 2013, to more than 90% for older products. Successful uptake of biosimilars in [Europe](#) is widely credited because physician choice is preserved and forced switching to biosimilars rejected. In nearly every advanced European country, physicians are permitted to choose between reimbursed products, including the originator biologic and biosimilars, though many countries encourage prescribing biosimilars for new patients.

Biosimilars were introduced to Canada in 2009 with the first ophthalmic biosimilar announced in late 2022. In contrast with Europe, provinces in Canada have implemented forced switching policies, meaning that tens of thousands of Canadians with arthritis, psoriasis, and diabetes have been moved from their originator biologic medicines to the government's choice of biosimilar product. [Ontario](#) announced their biosimilar policy in December 2022 and the implementation plan was unveiled March 2023, which outlines forced switching.

Physicians, patients, medical societies, and patient organizations alike have formally and informally registered their concern that forced switching will negatively affect patient care and, in the case of ophthalmology, may result in vision changes. Industry continues to support the multi-sector community by

addressing gaps in access and driving new research that supports the use of biosimilars, but reinforces physician choice to prescribe the right medicine for their patient. According to [Health Canada](#) who issued a handbook for healthcare professionals on the use of biosimilars and specify that, "Health Canada's authorization of a biosimilar is not a declaration of equivalence to the reference biologic drug. This is because the biosimilar is highly similar, but not identical to its reference biologic drug."

Many provinces have implemented policies that do not respect the qualified opinion of the physician in consultation with their patient to determine safe, effective, and appropriate treatments. This is not about economics as Europe has demonstrated that forced switching is not necessary for market penetration.

The recent introduction of the first ophthalmic biosimilar into the Canadian marketplace positions this policy and the vision health of Canadians front and centre. Medical societies, including the [Canadian Ophthalmology Society](#), the [Canadian Retina Society](#), the [American Academy of Ophthalmology](#), alongside patient and advocacy organizations such as [International Federation on Ageing \(IFA\)](#), and the [Canadian Council of the Blind \(CCB\)](#) have issued statements opposing forced switching policies due to the potential risk of retinal damage or blindness.

With implementation of the Canadian biosimilar policy, the vision health and sight of Canadians with retinal diseases may well be at stake. Policies that demand forced switching from an originator biologic to a biosimilar in the field of ophthalmology are largely opposed by health care professionals and advocacy groups due to the absence of necessary studies that address the impact on the stability of a patient's condition.

Ontario has a window of opportunity to shape biosimilar policies in favour of the proven path of creating a robust and sustainable biosimilar market that achieves savings through competition and increasing, rather than restricting, the treatment choices available to its physicians and patients.

Visit [eyeseeyou.ca](https://www.eyeseeyou.ca) for more information.



Apellis is committed to leading the development of therapies that **target the complement system** with the goal of **slowing geographic atrophy progression (GA)**.

Overactivation of the complement system is strongly associated with the development of lesions in GA.¹

1. Katschke KJ et al. Publisher Correction: Classical and alternative complement activation on photoreceptor outer segments drives monocyte-dependent retinal atrophy. *Sci Rep* 2018;8:13055.
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The COS Highlights Innovations in Glaucoma Research

Glaucoma is an eye disease caused by damaged optic nerves. It can lead to blind spots in a person's field of vision, and even complete vision loss. The good news is that there have been significant treatment improvements and innovations in glaucoma research. Ophthalmologists in Canada and around the world continue to lead groundbreaking research efforts aimed at advancing treatment for glaucoma.

1960s

1960 – the first **glaucoma implant (seton)** is developed which allowed fluid to drain from the eye through a tube, thus lowering eye pressure. People with difficult-to-treat glaucoma now have an option to slow or even prevent vision loss as a result of their condition. Modifications of these devices continue to be used to treat glaucoma that is resistant to other treatments.

1967 – **propranolol**, a drug used to treat heart conditions and high blood pressure, is discovered to lower Intraocular pressure (IOP) when given by injection. A safe and effective drop form was developed and these drugs remain very important in glaucoma management.

1970s

1968 – Dr. J.E. Cairns introduces **trabeculectomy** as a surgical treatment to help lower intraocular pressure. This procedure creates a flap in the eye which allows excess fluid to leave the eye. It is still widely used to manage glaucoma.

1972 – The first **air-puff tonometer** is introduced. The air-puff tonometer uses a puff of compressed air to flatten the surface of the eye in order to measure eye pressure without the need for topical anesthesia. A modern version of the original air-puff tonometer can still be found in eye examining rooms today.

1978 – **Timolol**, a beta-blocker (a drug used to treat heart conditions), is approved for the treatment of glaucoma in eye drop format. Timolol continues to stand the test of time and is still widely used today.

1990s

1990s – **computerized visual field analyzers** become widely available. These machines improve the precision of measurement of peripheral (side) vision. This means physicians can more easily detect early vision loss from glaucoma and its progression.

1996 – **adrenergic agonists** are also introduced for intraocular pressure management. They work by increasing the flow of fluid out of the eye, thus lowering intraocular pressure.

1996 – **prostaglandin analogues** are first introduced as drops for glaucoma treatment. They work by increasing the flow of fluid out of the eye, thus lowering intraocular pressure. Together with adrenergic agonists and beta blockers, prostaglandin analogues form the mainstay of medical (drop) management of glaucoma today.

2000s and Beyond

2001 – The **Selective Laser Trabeculoplasty (SLT)** procedure is approved for glaucoma treatment. Unlike earlier laser glaucoma procedures, SLT does not produce scarring, and therefore can be used more widely in glaucoma treatment.

Ocular Coherence Tomography (OCT) - introduced to glaucoma care allowing ophthalmologists to evaluate the optic nerve with more precision, for better and earlier diagnosis. OCT also allowed ophthalmologists to follow glaucoma patients, improving their ability to detect any worsening of a patient's glaucoma.

2015 – New generation micro-implants are developed for glaucoma. These devices (stents) are tiny tubes of various designs which are implanted within the fluid drainage meshwork in the front chamber of the eye. They allow excess fluid to be drained from the eye internally without the need of external drainage. This is much less invasive than current types of glaucoma surgery (trabeculectomy and setons), and these promise fewer side effects.



Canadian Ophthalmological Society
Société canadienne d'ophtalmologie

EYE PHYSICIANS | MÉDECINS ET CHIRURGIENS
AND SURGEONS | OPHTHALMOLOGISTES
OF CANADA | DU CANADA

Today, Ophthalmologists and researchers continue to work to improve glaucoma prevention and treatment.



Biosimilar Medications for the Treatment of Eye Diseases

KEITH GORDON, SENIOR RESEARCH OFFICER, CANADIAN COUNCIL OF THE BLIND
PHOTO BY: **ANDRE MARTIN**

Over the past several years, medications for the treatment of eye diseases have evolved from drugs comprising single chemical entities to more complex drugs obtained from biological sources. These biologic drugs are usually based on recombinant DNA technology and are produced by organisms or living cell lines. As a result, they're complex molecules whose structure may vary depending on the exact method by which they're produced. As patents of existing biologics have expired, new manufacturers have developed biologics that are similar to the existing biologics but not identical. This means that biologics created by different manufacturing processes may be slightly different in structure while displaying similar clinical effectiveness.

All new biosimilars are required to obtain Health Canada approval before they can be marketed in Canada. This approval requires testing for safety and purity, as well as clinical efficacy in clinical trials comparing the biosimilar with the original drug. This provides assurance that biosimilars are safe and effective for use in the indication for which they and the original biologic were recommended. Biosimilars

in general are not new. They've been in use in many medical specialties for some time. What is new is that new biosimilars are now available for the treatment of eye diseases, with others soon to enter the Canadian market.

Various provincial jurisdictions across Canada have issued rulings regarding biosimilars for a small number of non-ophthalmic biologic drugs. These rulings require that all new patients be treated with the biosimilar drug, while also mandating that patients who may have been using a biologic drug for some time be switched to the biosimilar.

The first biosimilar for the treatment of an eye disease was approved by Health Canada on March 8, 2022, for the treatment of a number of retinal diseases. There are several other biosimilars under development that have not yet been approved for sale in Canada.

In July 2023, the Ontario government approved reimbursement of the first ophthalmic biosimilar drug (Byooviz), requiring the mandatory substitution of the existing biologic drug (Lucentis) after a transition period ending December 29, 2023. Other provinces are expected to follow.

In response to this announcement and the potential increase in the number of new ophthalmic biosimilars that may

be entering the Canadian market, the Canadian Council of the Blind (CCB) deemed it necessary to develop a position statement on biosimilars. The full position statement is available on the CCB website at: ccbnational.net/new-position-stand-on-biosimilars.

The following are the four main recommendations of this position statement:

1. Since biosimilar medications approved by Health Canada have been shown to be safe and effective treatments for eye diseases, the CCB approves of their use as treatments for new patients, provided that it's within the professional opinion of the ophthalmologist that a biosimilar drug will be safe and effective for their treatment.
2. Since a patient's response to medication may be individualistic, the CCB recommends that patients who are stabilized on a given biological medication not be switched to a biosimilar medication unless it's within the professional opinion of the ophthalmologist who's treating that patient that treatment with the biosimilar medication will be safe and effective for the patient.



A Canadian Council of the Blind Conference

The State of Vision Health in Canada

Tuesday, October 17 from 3:00 pm to 5:00 pm
Eastern Standard Time (EST)

3. Since clinical studies of biosimilars are based on assessment of the primary outcome after four and/or eight weeks of treatment, the CCB recommends that it be within the discretion of the ophthalmologist whether any patient not controlled on a biosimilar medication can be switched to a biologic drug.
4. Since clinical trials conducted on biosimilars are conducted on a relatively small number of patients, the CCB recommends that drug surveillance data continue to be collected for all new biosimilars in order to monitor their long-term effectiveness in a large population.

In summary, the CCB welcomes the introduction of new biosimilars to Canada but recommends that the decision as to whether a patient is switched to the biosimilar medication be at the discretion of the ophthalmologist treating that patient.

In October 2022, the Canadian Council of the Blind (CCB) and Fighting Blindness Canada published a report on the state of vision health in Canada in 2021, evaluating primarily the impact that the COVID-19 pandemic had on vision health. The report card found that vision care in Canada had not returned to pre-pandemic levels due to significant staff shortages, surgical backlogs, and people not keeping their doctor appointments. In addition, funding for vision research was still woefully inadequate.

We are privileged to have representatives from the major stakeholders in vision presenting their view of the future. Topics to be covered include:

- An overview of the CCB report card on the state of vision health in Canada.
- Challenges and concerns related to eye health, from birth to end-of-life. Participants will be walked through the “lifecycle of the eyes,” highlighting what to look out for, what treatment modalities are available.
- The pivotal role of comprehensive eye examinations in Canada’s vision health landscape.
- A report on a joint collaborative survey conducted by the Canadian Ophthalmological Society and the Canadian


Association of Optometrists on access to vision health.

- The current state of vision research in Canada and the fundamental role played by research in advancing discoveries.
- How an integrated model of service delivery for vision rehabilitation achieves client-centered care.

We are also privileged to have the Honourable Judy Sgro, PC, MP, with us to present an update on the progress of Bill C-284 – An Act to establish a national strategy for eye care, which was first tabled in the House of Commons in June 2022.

SPEAKERS:

The Honourable Judy Sgro, PC, MP, Humber River–Black Creek, Ontario; **Dr. Keith Gordon**, Senior Research Officer, Canadian Council of the Blind; **Dr. Phil Hooper**, President, Canadian Ophthalmological Society; **Dr. Martin Spiro**, President, Canadian Association of Optometrists; **Jennifer Jones**, President and CEO, Fighting Blindness Canada; **Dr. Larissa Moniz**, Director of Research and Mission Programs, Fighting Blindness Canada; **Jennifer Urosevic**, President and CEO, Vision Loss Rehabilitation Canada



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This Camp Is Teaching Blind Youth How to Play Hockey— and Helping the Sport Grow Internationally

PATRICK SWADDEN, CBC NEWS

PHOTOS BY: PATRICK SWADDEN



Joe Fornasier thought his hockey days were over when, at just 10 years old, he lost 96 per cent of his vision in two months.

The aspiring young player was diagnosed with Leber hereditary optic neuropathy, a rare disorder causing vision failure, and told he would have to hang up his skates.

“It crushed me,” he said. “Pretty much my whole world flipped upside down at that point.”

But six years later, Fornasier became the youngest player ever

to make the Canadian National Blind Hockey team.

The turning point, he tells CBC News Toronto, was when he enrolled in the Canadian Blind Hockey summer camp a few years after losing his sight.

“That same passion and fire that I had in regular hockey – it came back to me and I was able to play again,” said Fornasier, despite there only being a handful of players there.

The camp is now celebrating its seventh year at the Iceland

Arena in Mississauga and is now attracting youth, adult and elite players from across the country as the sport grows in popularity, organizers say.

Now 19 years old and a three-time gold-medallist with the national team, Fornasier says blind hockey is “light years ahead” of when he started playing and is giving blind and partially-sighted kids across Canada the chance to play the game.

A large part of what makes blind hockey possible is a hollow,

adapted puck – three times the size of a regular hockey puck – which has eight ball-bearings rattling inside so players can hear it.

The game is also played with shorter nets. An attacking team must also pass at least once after crossing the offensive blue line before it can score.

The most notable difference is players must be legally blind, meaning they have no more than 10 percent of their vision, while goalies must be fully blind.

Canadian Blind Hockey executive director Matt Morrow says this year's camp will feature most of the national team, as well as some elite players trying to make the cut.

"Any time we host an event like this, it has the effect of growing the para sport of blind hockey," said Morrow, adding there are 55 participants this year, including players from Europe.

He says the camp not only helps develop the elite players, but gives them a chance to mentor youth players, some of whom are as young as six and lacing up for the first time.

"Once you get that adapted puck out there and you get them into program with other kids who are blind or partially sighted with the adapted rules, it just shows the sky is the limit," said Morrow.

Laura Mark, an operations coordinator with the Canadian National Institute for the Blind (CNIB), one of the camp's sponsors, says tournaments like this help change the mindset about what can be achieved by the visually impaired.

"Just because you have a vision impairment doesn't mean you can't play sport," said Mark, herself a blind hockey player who helps coordinate the girls' and women's programs for Canadian Blind Hockey.



Laura Mark, operations coordinator, CNIB

But, she says, the biggest barrier is still a lack of awareness of the game.

"There are so many people I meet walking down the street that don't know blind hockey exists," said Mark.

She says the camp gives blind children chance they wouldn't have in everyday life to meet other blind or partially-sighted youth.

"It's great to be able to play hockey with individuals who can relate to them on a daily basis because they too have vision loss."

But while there are more blind hockey programs in Canada than there have ever been, Mark says many players still have to travel great distances to participate.

Morrow says the problem is solved by simply continuing to build the sport through camps, tournaments and other events.

"One of our largest recruitments is word of mouth, where participants know other people who are blind or partially sighted," said Morrow.

Over 10 years ago, Morrow says blind hockey was an exclusively Canadian enterprise,

but it is now played in the United States, England, Russia, Finland and Sweden.

"What we're seeing especially with the high performance division is the bar keeps getting raised for the competitive aspect of blind hockey," added Morrow.

He says COVID partially disrupted the sport's momentum, but Canadian Blind Hockey has resumed efforts to develop teams in other countries and ultimately hopes to get blind hockey into the Paralympics.

The U.S., he says, "now has a very robust blind hockey program," adding eight national teams are needed before the sport will be considered for the Paralympics.

He says clinics have started in Finland, Sweden, England and Japan.

For Fornasier, the camp is "bigger than hockey," and is an escape from reality for so many blind youth.

"I used to always sit and think, 'Why me?'" said Fornasier. "Now it's 'Why not me? Why can't I be the greatest blind hockey player in the world?'"

Blind Swimmer Conquers Strait of Georgia for Guide Dogs

BRENT RICHTER, NORTH SHORE NEWS

PHOTO BY: PAUL MCGRATH, NORTH SHORE NEWS



Scott Rees entered the water off Davis Bay in Sechelt shortly after 6 a.m. on July 23, “a bit choked up” after reading a series of supportive comments compiled by Canadian Guide Dogs for the Blind.

The 40-year-old engineer was setting out to make good on a months-long awareness and fundraising campaign for the non-profit that provided him with Kaleb, the charming yellow lab who accompanies Rees everywhere. At a young age, Rees was diagnosed with retinitis pigmentosa, a recessive genetic condition that causes the rod and cone cells in his eyes to die off.

On the swim day a friend following in a kayak kept him on course during the swim, using a bone conduction radio headset. Every 45 minutes, Rees stopped to take on some calories and hydrate.

At about the half-way point, he hit a current that slowed his speed down by half, which it took him more than three hours to battle through.

“It was a long grind,” he said. “I never really felt like I was out of breath or out of gas but I felt like I was having mechanical breakdown problems with my arms.”

Rees persevered, kept moving by the thought of everyone who contributed to the Swim the Strait campaign. As he got within the last 300 metres or so of Nanaimo’s Pipers Lagoon Park, he could hear the cheers from friends and family on the beach being picked up through the radio.

“It gave me, definitely, a little lift and a nice little push to the end,” he said.

Just shy of 11 hours after he set out, Rees emerged onto the beach on Vancouver Island.

“Mission accomplished, I guess you’d say,” he said the day after the swim. “I’m pleased with the result and I’m feeling a bit proud that it went off the way it did and that it was a success.”

In training, Rees had never swum for more than five hours at a stretch, so he didn’t know how his body would react to the feat of endurance. Initially, he guessed it would take 10 to 12 hours and 25,000 strokes to make 30-kilometre crossing, but the finally tally was closer to 35,000 strokes.

“My shoulders are pretty cooked at the moment,” he said. “I have not had a swim that made me feel quite like this before.”

The sore muscles were clearly worth it though, in light of the smashing success of the campaign.

Kaleb was pleased to see his master back on dry land, but

was mostly preoccupied by the fun of visiting the beach, Rees said. With Kaleb’s help, Rees can take the bus to his downtown office, get to the gym and meet friends for lunch.

There are several non-profits that provide guide dogs in Canada, but the wait can take years and the groups are almost totally reliant on donations to train and place dogs like Kaleb.

Initially, Rees hoped to raise \$10,000. By the time he towelled off in Nanaimo, the campaign was at \$124,000 and still climbing.

Because of Rees and his team’s actions, there are pups being born now who will soon wind up at the side of someone like him, said Jeff Murphy, events co-ordinator for Canadian Guide Dogs for the Blind.

“We were obviously extremely grateful and just blown away at the level of support that he was able to tap into,” he said. “The amount of money that he’s raised is going to do a lot of good, helping multiple individuals to receive the same kind of care and support [Rees has]. It’s just an incredible, incredible way of giving back.”

As the campaign grew, Rees said he acquired a whole team of helpers from his boat crew to people assisting with spreading the word via social media. Thanks are owed to all of them, he said.

At a higher level, Rees said he hopes his story helps spur others to reconsider what they may be capable of when they put their mind to a task.

Halifax Walking Tour Gives Sense of Challenges Faced by Blind

VERNON RAMESAR, CBC NEWS

PHOTO BY: VERNON RAMESAR



A recent walking tour of Halifax gave participants a chance to experience firsthand the barriers blind and partially sighted people face in navigating city streets.

The tour was one of many Jane’s Walks held worldwide in tribute to urban activist and author Jane Jacobs, who died in 2016.

Dubbed “What you can not SEE in District 8,” the tour led participants on a walk from the CNIB offices on Almon Street through a mixture of busy and quiet streets in the area.

Some participants volunteered to be blindfolded during the tour.

Before the tour started, Milena Khazanavicius, who is blind and uses a guide dog, explained the dos and don’ts of assisting someone who is blind or partially sighted through city streets and the many obstacles they present.

“The intent for me is just to walk through an area where I’ve lived for over 22 years ... and to point out the importance of looking for obstacles and barriers,” Khazanavicius said.

“And beyond all that, just to give information to people who are sighted and able-bodied... because there’s a lot of misconceptions and myths.”

During several stops along the way, Khazanavicius asked quiz questions of the participants to highlight misconceptions about blind and partially sighted people, such as that blind people have better hearing.

Another misconception is that anyone with a guide dog or a cane has no vision – many people have some level of vision or the ability to tell different levels of lighting.

She also pointed out areas where improvements have been made, such as a section of sidewalk along Berlin Street that has been smoothed by the municipality.

Douglas Wetmore, one of the people who chose to do part of the walk blindfolded, said the experience helped him understand the urban environment in a different way.

“These are the neighbourhoods that you walk around, you live in, you breathe them,” said Wetmore, one of about 15 people who took part in the tour.

“But when you can’t see, it’s a completely different neighbourhood ... there’s plenty of stuff you can learn and take away from that.”

Who Says People with Vision Loss Can’t Fly Airplanes?

LOUISE GILLIS



You may assume that someone with vision loss can’t fly a plane. Well, that’s not so! We may not be able to take off or land, but we can certainly maneuver the plane in the sky.

I had the wonderful opportunity to do just that thanks to Dreams On Wings. This is a charity that generally takes children with disabilities for a short airplane ride along with parents or guardians, allowing them to fly the plane and sit in the co-pilot seat once it’s airborne. It’s a dream of many to be able to fly a plane. Recently, the organization has expanded to also include persons with sight loss. I was fortunate to get to participate, along with my sister as photographer, on May 27th, 2023, in Sydney.

This is not the company or pilot’s first time to include adults with sight loss. Several people and their guide dogs were able to take to the air in Halifax. The pilot I flew with, Dimitri, is an amazing person who gives of his time and ability to make dreams come true for persons with disabilities.

Thank you, Dimitri, for your generosity and kindness.

Estée Lauder's New App Helps Visually Impaired Users Apply Makeup

MALIHA SHOAB, VOGUE BUSINESS



PHOTO BY: THE ESTÉE LAUDER COMPANIES UK & IRELAND

For people with visual impairments, applying makeup can be challenging – often relying on touch or other people for help. Now, Estée Lauder Companies (ELC) has launched an app to try to make that process easier.

“We spoke to individuals within the visual impairment community, and what became very clear was that they didn’t have the independence they wanted when it came to using beauty and makeup products,” says Monica Rastogi, executive director, corporate cultural relevancy and inclusion and diversity at ELC UK & Ireland.

Powered by the company’s augmented reality and artificial intelligence capabilities and developed using machine learning, the first-of-its-kind app, called the Voice-enabled Makeup Assistant

(VMA), analyses the makeup on a user’s face to assess uniformity, boundaries of application and coverage. Audio feedback will identify if a user’s bronzer is foundation or if their lipstick is uneven, for example, and offer descriptions of the specific areas that could be touched up, waiting for the user to adjust before scanning again. The VMA app is free to download and use and will detect any makeup – not just ELC brands.

The first iteration of the app is available in the UK via the Apple App Store and on esteelauder.co.uk, with plans to roll it out to the Google Play store and other markets such as North America in the first half of 2023. As the technology matures, ELC is hoping to expand the services and features including specific looks to choose from, tutorials using ELC brand products, and in-app purchases. Estée Lauder is the first brand to roll out the app, with others to follow – each using the same technology but with different branding.

“Since this is a mobile app, the user can check their makeup on the go, whether they are just starting their routine or want to touch up throughout the day,” says ELC chief information officer Michael Smith. “Our focus has been on useability, and as such we have tried to make the app as intuitive as possible so there is little to no learning curve.”

ELC’s IT team researched a range of variables when developing the app, from its name to the

speed of the voice command and tone of voice. Prior to the release of the app, it was tested by users of a variety of ethnicities and with different types of visual impairment. “When we thought about voice selection, we thought the best would be a humanistic voice – something that sounds really realistic. When we did the research, what was most important was familiarity with a voice they were already using for a screen reader or Siri or an accessibility setting they had,” Rastogi says. That’s why speaking to members within the community was essential when developing the app, she says.

The beauty industry has been slow to adapt to include consumers with visual impairment or other disabilities, from advertising representation to product design to retail experience and attitudinal barriers.

Globally, there are 43 million people living with blindness and 295 million living with moderate-to-severe visual impairment, according to the International Agency for the Prevention of Blindness’s Vision.

Over the past few years, brands have been introducing initiatives and adjusting products to help people with disabilities. In April 2021, Unilever unveiled a deodorant for people with visual impairment and upper limb disabilities, with easily graspable features for one handed use, a larger roll-on applicator to reach more surface area and easy-to-open packaging. In October 2021, Procter & Gamble announced

a new technology, NaviLens, which uses QR codes that can be scanned from a distance with a smartphone app to read out key product and shelf location information. Last week, L'Oréal launched a handheld motorized device to help people with disabilities apply lipstick.

“As an industry, we’re in the early stages [with disability inclusion]. I think there is beginning to be this understanding that this is a very big untapped opportunity,” says Rastogi. “The biggest crux is education. Education is where you dispel the myth that this consumer doesn’t shop beauty, because that is not the case.” With that comes the opportunity to educate yourself on the nuances of disability – for instance, vision loss includes the ageing population, she says, so increasing the font on websites or in store can vastly improve the experience for a lot of people.

To research disability inclusion more broadly, ELC has worked with third party agencies including Interbrand, the Research Institute for Disabled Customers, as well as agencies that look at accessible store design.

“The VMA launch is really one step in this bigger journey about disability inclusion. VMA is a fantastic app, but it speaks to one segment of the community,” says Rastogi. “[Disability inclusion] needs to be holistic and think about all the different touchpoints that an employee or customer might experience within their journey at work or in a store.”

Edited for brevity. Original story can be found here: www.voguebusiness.com/beauty/estee-lauders-new-app-helps-visually-impaired-users-apply-makeup

In the News

Envoy Connect Player: A New Affordable Option for Reading Audio Books

In May 2023, the Centre for Equitable Library Access (CELA) launched its new Envoy Connect player, an easy-to-use, portable device for reading accessible audiobooks.

“We’ve been really pleased with the reception Envoy Connect has received, both from our users and from the library community. The device offers users another very affordable choice for how they access books from CELA,” says Laurie Davidson, Executive Director of CELA.

The Envoy Connect, which is about the size of a deck of cards, has a simple and intuitive layout and can hold at least 12 CELA titles. It also offers users lots of flexibility in ways people can receive their books. CELA patrons can mail their Envoy Connect to CELA to be reloaded, or they can use the free CELA Connect software to reload their books at home or use both options depending on their needs.

When asked about what prompted CELA to launch this new Envoy Connect service, Laurie emphasized that choice and flexibility were key considerations. “When we look back at the last few years, whether it was mail service interruptions or the unknown of the pandemic and its associated supply interruptions, what we heard from our users was just how important consistent access to books was for their wellbeing. The Envoy Connect is one more tool in our toolbox to help our users maintain that consistent access.”



PHOTO BY: CELALIBRARY.CA

If you are interested in learning more about the Envoy Connect service, visit CELA’s website (celalibrary.ca/help/envoy-connect) and blog (celalibrary.ca/blog/envoy-connect-hit). The device retails for about \$100 through CNIB Smartlife.

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Social & Support Chapter
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The Canadian Council of the Blind (CCB) wishes to express its most sincere appreciation and gratitude to all our sponsors for their important contributions and ongoing support.

Your continued presence is necessary if the CCB is to continue to grow and develop. Therefore, it is important that you, as a group at the corporate level, as fellow

stakeholders and partners, and as individuals, understand our gratitude and appreciation for your confidence in and year-round support of the Council.

We couldn't do it without you. Together we are working to "change what it means to be blind," and that's important. Again, thank you!

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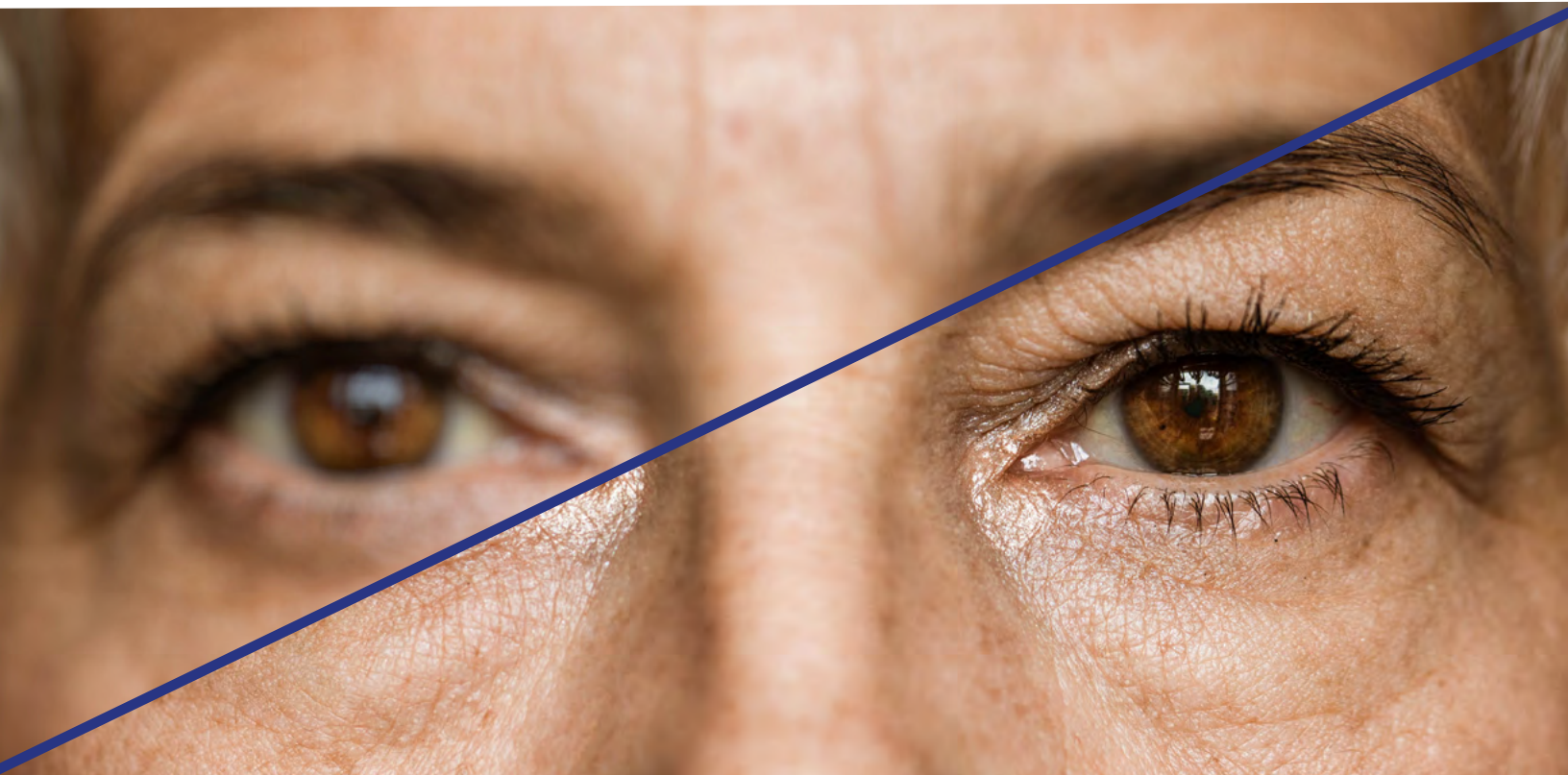


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Age-Related Macular Degeneration (AMD) and Diabetic Macular Edema (DME) are two of the leading causes of vision loss in Canada. People with AMD or DME may not notice symptoms right away.



**Think you may be at risk of AMD or DME?
Visit www.LivingWithIt.ca
to learn more and book an appointment
with an eyecare professional today.**

If you require this information in an accessible format, please contact Roche at 1-800-561-1759.

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