THE CANADIAN COUNCIL OF THE BLIND

FALL 2026

White Cane Magazine

The Voice of the Blind™ in Canada



INSIDE:

My Voice, My Rights: Why Lived Experience Must Shape Patient Education
CCB’s Mobile Eye Clinic: Back on the Road
Making the Most of Your Eye Care Appointments

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Jim Tokos photographed by Andre Martin.

President's Message

The future of the CCB is bright, but that future depends on all of us continuing to participate, advocate, and support one another.

Jim Tokos, National President of the Canadian Council of the Blind

As we move into another busy season across the country, I am once again reminded of the strength of the Canadian Council of the Blind (CCB) and, most importantly, the people who make this organization what it is.

Across Canada, our community continues to contribute in countless ways to advancing the rights, independence, and quality of life of people who are blind, deaf-blind, or living with vision loss. Whether it is through advocacy, recreation, peer support, community programming, education or simply being there for one another, each contribution helps strengthen our national voice.

One of the greatest strengths of the CCB is that our advocacy is grounded in lived experience. Our members understand the barriers that can exist in our communities because we encounter them ourselves. From accessible transportation to healthcare, employment, technology, and public services, our voices are essential in identifying barriers and defining what accessibility truly means.

This work has never been more important.

The CCB continues to work with our partners and supporters to advance a National Eye Care Strategy and to ensure that the perspectives of Canadians living with vision loss are part of the conversation. Through our ongoing advocacy and public education, we are working toward a stronger, more coordinated approach to eye health and vision care across Canada.

At the same time, we remain committed to the many programs and activities that bring our members together. From sports and recreation to Chapter activities, community events and national initiatives, these opportunities remind us that the CCB is much more than an advocacy organization. We are a community.

I would also like to extend my sincere appreciation to our donors, sponsors, partners, volunteers, and supporters. Your commitment allows the Council to continue its work across Canada and helps us bring the experiences and priorities of people living with vision loss to a broader audience. Our progress is made possible through this collective effort.

The future of the CCB is bright, but that future depends on all of us continuing to participate, advocate and support one another.

On behalf of the National board: thank you for everything you do to strengthen the CCB and our collective voice.

Yours in service,



RTS
RIGHT TO SIGHT



CANADIAN COUNCIL OF THE BLIND
LE CONSEIL CANADIEN DES AVEUGLES

Right to Sight

ABOUT RTS

Right To Sight is a research and education project the Canadian Council of the Blind is undertaking to better understand the Canadian vision health system, and make recommendations to leaders developing the national eye care strategy.

TAKE THE SURVEY

Part of this project requires feedback from those who have recently experienced vision care in Canada. Please consider completing the short survey using the QR code below, or by visiting www.righttosight.ca

www.ccbnational.net

www.righttosight.ca

My Voice, My Rights: Why Lived Experience Must Shape Patient Education

Mike Potvin, Editor of the White Cane Magazine

As a blind Canadian, I have learned that health care is about much more than medical treatment. It is about dignity, access, communication, and respect. Every patient has the right to understand their health, participate in decisions, and receive information in a format they can use. Yet for many Canadians who are blind or partially sighted, these rights are not always realized in practice.

Too often, patient education materials are distributed in formats that are inaccessible. A brochure handed to me during a medical appointment may contain important information, but if it is only available in print, it immediately becomes a barrier rather than a resource. Consent forms, medication instructions, appointment reminders, and diagnostic results are frequently designed for sighted patients with little thought given to accessibility. This can leave blind patients feeling excluded from conversations about their own health.

I know from lived experience that the consequences are real. When information is not accessible, patients may struggle to understand treatment options, manage medications, or make fully informed decisions. Independence is diminished, and reliance on others increases. No patient should have to surrender their privacy or autonomy simply because health information was not provided in an accessible format.

Patient rights must include the right to accessible communication. Whether through Braille, large print, audio, electronic text compatible with screen readers, or direct verbal explanations, health care providers have an obligation to ensure that every patient can access the information they need. Accessibility is not a luxury or a special accommodation. It is a fundamental component of equitable health care.

Education is equally important. Health professionals receive extensive training in medicine, but many have limited exposure to the realities of blindness and vision loss. As a result, misconceptions can influence patient interactions. Too often, blindness is viewed only through the lens of limitation. The truth is that blind Canadians are students, workers, parents, volunteers, leaders, and active members of our communities. What we need is not pity but understanding, accessibility, and inclusion.

Accessibility is not a luxury or a special accommodation. It is a fundamental component of equitable health care.



Mike Potvin photographed by Andre Martin.

This is why lived experience matters. The people who understand the challenges of navigating health care with vision loss are those who live it every day. Our perspectives can help identify barriers that others may overlook and offer practical solutions that improve patient care for everyone.
Organizations such as the Canadian Council of the Blind (CCB) play an invaluable role in advancing this conversation. The CCB empowers blind and partially sighted Canadians through advocacy, education, peer support, and community engagement. By bringing together individuals with lived experience, the organization helps amplify voices that might otherwise go unheard. Through its programs, leadership opportunities, and awareness initiatives, the CCB promotes greater understanding of vision loss and advocates for a more inclusive Canada.

The CCB also demonstrates the power of peer support. Speaking with others who have faced similar challenges can provide practical advice, confidence, and encouragement. Whether someone is newly adjusting to vision loss or advocating for accessible health services, the CCB provides a network of support that helps individuals navigate barriers and exercise their rights.

The future of Canadian health care must be built with patients, not merely for them. When blind Canadians are included in the design of services, educational resources, and policies, the result is a system that is more accessible, more responsive, and more effective for everyone. My experience as a blind Canadian has taught me that accessibility is not simply about removing barriers. It is about recognizing the value of every voice. Patient rights begin when every patient is heard, respected, and empowered to participate fully in their own care.



FIGHTING BLINDNESS CANADA

SCIENCE INTO SIGHT

Meet the 2026 Fighting Blindness Canada Catalyst Grant Winners

Six innovative research projects receive support to advance new ideas in vision science.

Big breakthroughs often begin with a question.

Fighting Blindness Canada's (FBC) Catalyst Grant Competition is designed to give researchers the opportunity to pursue those questions. And in that pursuit is the hope that they can turn **science into sight**. Already, thanks to research, 75 per cent of vision loss is preventable with early detection and treatment.

FBC's grants support research that can improve outcomes for more people affected by blinding eye disease. They advance our understanding of eye disease and help researchers develop new ways to diagnose and treat it. Grants also give scientists the opportunity to test promising ideas, generate critical early data and build the evidence needed to pursue larger-scale funding.

This year, FBC received a higher-than-anticipated number of applications from researchers across Canada, indicating there are far more scientists asking worthy questions than there is funding. Each proposal underwent a rigorous peer-review process involving leading Canadian and international experts. Six projects were ultimately recommended for funding, receiving more than $1.19 million over two years. Several of this year's projects also build directly on discoveries made possible through previous FBC funding.

Understanding a newly discovered cause of inherited blindness



Dr. Michel Cayouette of the Montreal Clinical Research Institute will investigate mutations in the **BCOR** gene, recently identified through FBC-supported research as a cause of a new form of early-onset inherited retinal degeneration.

Using specially developed mouse models, Dr. Cayouette's team will study how these mutations lead to retinal degeneration and explore whether gene editing can precisely correct them.

Building toward treatments for Usher syndrome



At the University of Toronto, **Dr. Vince Tropepe** is continuing research into Usher syndrome type 1F, a rare inherited condition that causes hearing loss, balance problems and progressive vision loss.

His research will also build on previous FBC funding that helped Dr. Tropepe's team uncover an eye-specific form of the **PCDH15** protein that appears to be essential for the health of photoreceptors — the light-sensing cells of the retina. Now his team will investigate how this protein works and test whether restoring its function could prevent retinal degeneration.

Unlocking the role of a master eye-development gene



Dr. Mark Currie, an early-career investigator at the University of Toronto, will study **PAX6**, one of the genes responsible for directing the development of the eye. Mutations in PAX6 are associated with inherited conditions.

Dr. Currie's team will investigate how PAX6 normally functions and what happens when disease-causing mutations disrupt it.

Targeting AMD before vision is lost



Dr. Joanne Matsubara of the University of British Columbia is focusing on intermediate AMD — a stage when vision may still be relatively well preserved and there may be an opportunity to prevent further damage.

Her team will test how genetic risk factors may contribute to the breakdown of tissues that support the retina.

Making wet AMD treatment more personal



People living with wet AMD often require repeated injections aimed at slowing the disease's progression.

Dr. Darius Rackus of the Toronto Metropolitan University is developing a point-of-care biosensor that could help doctors determine more precisely when those treatments are needed, potentially reducing unnecessary injection.

Understanding what happens when sight returns



Many emerging treatments aim to repair or restore function in the retina. But there is another important part of the equation: the brain.

Dr. Stuart Trenholm of McGill University will investigate how the brain responds when visual signals return after a period of vision loss.

Using an innovative research model, his team will study whether the timing and duration of vision loss affect the brain's ability to interpret restored visual information.

Creating the evidence for what comes next

These projects tackle very different questions, but they share a common goal: creating the knowledge needed to move vision research forward.

By giving scientists the opportunity to explore new ideas at an early stage and paving the way for future funding, the Catalyst Grants ensure scientist can continue asking bold questions.

Visit FightingBlindness.ca/catalyst-grants to learn more.



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CCB's Mobile Eye Clinic: Back on the Road to Tackle Barriers to Eye Care

Amanda Lloy - Programs Manager at CCB

"Get an eye exam." It's a phrase we hear all the time. Maybe it's back-to-school season and your child is struggling to see the board. Maybe your vision gets a little blurry at the end of a long day at work. Or maybe you missed a red light the other week and wondered if your eyes had anything to do with it.

For many Canadians, getting an eye exam is simply a normal part of taking care of their health. Routine eye exams can help safeguard our sight, and improve overall wellbeing. But is getting an eye exam really that simple?

For many people, the answer is actually no.

With the rising cost of living, paying out of pocket for an eye exam, glasses, or other vision care can be a deal breaker. According to the Canada Eyecare Report 2025, published by Specsavers Canada, 51% of Canadians identified cost as a concern when accessing optometric care.This included concerns about the cost of care, uncertainty about the value of seeing an optometrist, a lack of understanding about provincial coverage, and limited extended health benefits for eyecare.

And cost is only one barrier.

For some, getting an eye exam means taking time off work, arranging transportation, or travelling a significant distance to reach a clinic. Others may live in communities where access to optometrists is limited. For people with mobility challenges, simply getting to and navigating a traditional eye clinic can present challenges. Newcomers to Canada navigating the already confusing health care system might not receive eye health care simply because they aren't aware it is available.

These barriers can make something as simple as getting an eye exam much more complicated, and can delay or all together prevent people from getting the eye care they need.

Unique challenges offer the opportunity to find unique solutions.

For people who experience these barriers, a non-traditional approach to optometric care may be part of the answer.

The Mobile Eye Clinic

The Mobile Eye Clinic (MEC) is an initiative of the Canadian Council of the Blind (CCB) that brings licensed optometrists directly into schools, community centres, retirement homes and other community settings to deliver comprehensive eye exams to populations that face barriers to accessing care.

So, how does it work?

Rather than asking patients to travel to a traditional optometry clinic, MEC brings the clinic to the patient. Traditional optometry equipment, including a phoropter, slit lamp, autorefractor and tonometer, is set up inside the facility. Patients first undergo pre-testing before being seen by a licensed optometrist, who then completes a comprehensive eye examination.

The examination includes an assessment of visual acuity, refraction, eye coordination and movement, the anterior and posterior portions of the eye, the retina and optic nerve, peripheral vision, eye pressure and more. A glasses prescription and a voucher/letter to cover the cost is also provided if needed. In other words, patients receive the same comprehensive eye care they would receive in a traditional optometry setting, without having to overcome the barriers of getting to one.

Where It All Began

The CCB's involvement in mobile eye care goes back much further than the launch of MEC in Canada.

In 1967, the CCB worked to raise funds to purchase a mobile eye clinic in India. The clinic provided eye care services to underserved populations across the country and would eventually serve as a precursor to the CCB's mobile eye care work in Canada.

In 2014, the CCB, with the support of other organizations, including Lions Club Canada, launched the first charitable mobile eye clinic in Ottawa and the surrounding areas. Over the next six years, MEC delivered more than 10,000 eye exams to youth in the region who needed access to eye care. During this time, two international trips to China were done to support eye care services in rural areas.

COVID-19 and the Road Back

When the COVID-19 pandemic arrived, providing mobile eye exams was no longer possible. Restrictions and prevention methods made it challenging to get back into schools and retirement facilities. With MEC temporarily paused, the CCB turned its attention toward advocacy, pushing for greater access to eye care and funding to support under-served communities.

As COVID-19 restrictions were lifted, MEC was able to get back on the road. However, rebuilding the clinic from the ground up came with its own challenges. The pandemic had created hesitancy around in-person care, while a shortage of available optometrists made it difficult to resume regular clinics. At the same time, changes in legislation and healthcare requirements meant that MEC had to adapt to a new landscape.

Mobile Eye Clinic in 2026

As of May 2026, the Mobile Eye Clinic is active in the Ottawa area, with a focus on providing care to youth aged 19 and under who face barriers to accessing eye care.

With two successful clinics already completed, MEC is once again building momentum, with hopes of expanding its reach and connecting more children and youth with the eye care they need. This work is not be possible without the generous support of our sponsors, donors, staff, volunteers, and our optometrist, Dr. Angela Malik.



Optometrist Dr. Angela performing an eye exam.



The Canadian Council of the Blind's MEC team. Top row, from left to right: Mohamed Abdelsalam, Mohamed Selim, Sarah Mohamed, and Olivia Nicholas. Bottom row, from left to right: Dr. Angela Malik and Amanda Lloy

Looking forward

The return of the Mobile Eye Clinic is just the beginning. As MEC continues to rebuild, the goal is to reach more children and youth who face barriers to accessing eye care. This means connecting with more schools, community organizations and youth-serving agencies across Ottawa and, eventually, expanding into surrounding communities.

But expansion isn't as simple as putting the equipment in a van and hitting the road. MEC needs the support of optometrists, volunteers, community partners, donors and sponsors to make each clinic possible. Increasing the number of available optometrists will be particularly important as demand for mobile eye care grows.

The vision for MEC is simple: bring eye care to the people who need it, rather than expecting people to overcome barriers to find it.

If you are interested in finding out more about the MEC, please visit our website. If you would like to support the MEC, please consider donating.

braille literacy canada
littératie braille canada

Accessible Braille Signage, Quick Reference Guide

Daphne Hitchcock - Past President, Braille Literacy Canada

Signage that follows principles of Universal Design will communicate clearly with all and provides information that is easy to perceive and understand. The purpose of signage can be:

Informative – to communicate information;
Directional – to give directions to a facility or service;
Locational – to identify a location.

Using braille, raised print and tactile markings to produce wayfinding and signage can help create more inclusive spaces for people who are blind or have low vision. However, there is a lack of knowledge about standards and best practices for tactile signage, which often leads to errors in the design, installation, and accessibility of signage found in built environments.

Knowing where to turn and who to contact when signage is not adequate is a question that often comes to Braille Literacy Canada (BLC) -- Info@blc-lbc.ca.

BLC is home to the Canadian Accessible Signage Guidelines. This document is a go-to resource and provides information on:

- Placement and mounting height of signs
- Tactile elements including braille specifications, raised tactile letters, pictograms
- Design elements and maintenance

All Canadians who require braille in order to access information effectively have the right to braille literacy. The braille should convey the same information as the print. BLC educates and advocates for equitable and timely access to high-quality braille for those who are blind, DeafBlind or who have low vision. For more information visit our website: www.brailleliteracycanada.ca or email us at info@blc-lbc.ca.

The following page is a Quick Reference to Accessible Signage Guidelines. For more detailed explanation refer to the 2024 Accessible Signage Guidelines. Questions and comments? Contact us info@blc-lbc.ca

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Refer to Braille Literacy Canada's 2024 Accessible Signage Guidelines (ASG) for detailed explanations of the following recommendations.

- Left justify braille and print text.
- Use initial letter capitalization for both print and braille.
- Use contrasting colour for braille dots, embossed lettering and pictograms, such as white dots or text on dark blue background (avoid use of clear braille dots).
- Braille characters must follow exact size and spacing specifications (refer to ASG). Braille cannot be enlarged, as it is read with the fingertips.
- Empty spaces between braille cells must be preserved to mitigate the braille becoming unreadable. Do not add any extra spaces between words or characters.
- The standard for English braille in Canada is Unified English Braille (UEB). It is essential to ensure that signs are produced in UEB. For French text, use Code braille français (CBFU).
- Follow braille rules with letter-number or number-letter sequences (refer to ASG).
- For signs of 10 words or less use uncontracted braille (grade one), which provides character-to-character correlation between print and braille.
- Braille must be embossed (raised). Use raised pictograms and raised print, as some people new to vision loss or who may have a print disability may not be able to read braille, but can feel the shape of the letters to confirm the information.
- Use a print font that is NOT condensed (refer to ASG for recommended fonts). Condensed fonts make it more difficult for people who have low vision to discern the letters.
- Use plain backgrounds. Avoid placing braille or text over logos, patterns, or multi-coloured images.
- Use glare-free matte finishes. Avoid reflective, glossy, or metallic backgrounds.
- The braille should be in the same language(s) as the print.
- Keep the text of each format as one block. Braille block follows print block.
- When signage includes both English and French text, both English and French braille are included. Keep the text of each language as one block of text. A side-by-side layout of English and French raised text and braille is suggested.
- Make sure that all the visual information on the sign is represented in braille, especially noting the information conveyed on pictograms that might not be spelled out in print.
- Consistent formatting across all signage in building.
- Consistent placement and specified height for signage throughout the building.
- Maintain the permanency of your signage by completing scheduled building signage audits

VISION LOSS REHABILITATION™ CANADA

One Conversation at a Time: Navigating Disability Benefits

Shane Guadeloupe – Manager, Marketing and Communications at VLRC

Different paths, common ground

Bert Wormington couldn't read the mail anymore.

Alan Kalash's family faced a language barrier and couldn't read his either.

Both men had letters piling up on the counter: benefit forms, government notices, and other documents they couldn't read. Bert, now 91, lost his ability to see print because of macular degeneration. Alan lost his sight to glaucoma and needed documents in a different format; his family, still learning English, couldn't translate what they couldn't read.
Neither knew how to begin. Bert calls the process "a treasure hunt," adding, "you really got to dig in to find it." Alan had a similar experience: when he asked organizations for documents in an accessible format, they often told him they weren't available. "That automatically made me feel left out," he shared.

Eventually, Bert and Alan found the GAIN Program, offered by Vision Loss Rehabilitation Canada (VLRC). GAIN — Guidance & Assistance in Navigating Disability Support — launched in October 2025 to help Canadians with disabilities access disability tax benefits and other supports. In its first year, it has helped hundreds of Canadians, including Bert and Alan.

Bert has been self-reliant since age 17, working at the Toronto Transit Commission until retirement. Now, he cares for his wife May, who has dementia. Alan fled conflict in the Kurdistan region of Syria, lived in displacement in Turkey and Lebanon, and came to Canada in 2017. As a newcomer, he learned English and Braille at the same time and is now preparing for university. Although their lives are very different, the men reached the same turning point: someone who understood the system took the time to explain it to them.



Bert and May Wormington at home, 2025

Guided toward the right support

Bert first heard about GAIN through CNIB's London office and did some research before phoning. "They just pointed me in the right direction," he says of his first conversation with a GAIN navigator. Together, they completed the Disability Tax Credit application and got him the funds he was entitled to. VLRC specialists also connected him with low-vision magnifiers, an accessible computer, and an official ID card for legally blind Canadians.

Alan learned about GAIN through his own research and his orientation and mobility instructor at VLRC. He chose GAIN partly because it is free; unlike some private services that charge 20 to 30 per cent, GAIN does not take a commission from a client's return. "It goes toward supporting that person," Alan says. His navigator helped him organize his documents and was "really knowledgeable."



Alan continues to lead an active lifestyle through wrestling, boxing, soccer, and basketball.



Keele has seen many positive outcomes and received encouraging feedback from clients about the compassion, care, and support tWhey received throughout the process.

Keele Briand, a Disability Benefits Navigator with GAIN, says Bert and Alan's stories are common. "Navigating government benefits can appear to be a 'treasure hunt' to many individuals," she shares, especially because "federal and provincial programs can have different and overlapping requirements." Keele explains that GAIN offers something different: "Disability Benefits Navigators are knowledgeable about provincial, territorial, and federal programs, which gives clients one consistent point of contact, so they are not left to manage each step on their own."

Keele has seen many positive outcomes and received encouraging feedback from clients about the compassion, care, and support they received throughout the process.

Keele says this kind of relief is common among clients and families who have been trying to manage disability benefits on their own. She recalls assisting a client's daughter, who was serving as her mom's full-time caregiver and handling disability benefits on her own. After receiving assistance through GAIN, she shared with Keele that she finally felt like she could "breathe again."

What really makes the difference

For Bert, the support opened up more than he expected–making it easier for him to care for May while managing his own vision loss. Through VLRC, he could access more assistive technology. Later, his daughters gave him smart glasses for Christmas, which now read his mail, news, and weather.

For Alan, the tax benefit helped pay for a screen reader, a year-long Microsoft Office subscription, and taxis to unfamiliar locations, helping him study and get around on his own. “These are the things that actually made me feel independent,” he says, “and also capable of providing for my family in general.” He is now preparing for university and hopes to start a business that improves accessibility for people with all kinds of disabilities. “I’m hoping I can start something that can help myself, and a lot of people out there,” he says.

GAIN also helped the men find other supports. Alan is exploring the Registered Disability Savings Plan and researching which banks offer more accessible services, including whether any bank can issue a Braille debit card. “We have the technology to make that work,” he says. Bert learned about discounted access to local venues and events for people who are blind, which he didn’t know about until his navigator told him.

“The GAIN Program is designed to look beyond the initial application and understand the whole person,” explains Josie McGee, Vice President, Healthcare Innovation with VLRC. “Once we help someone access the Disability Tax Credit, our navigators can identify other benefits, services and practical supports that may strengthen their independence, reduce financial pressure, and make everyday life more manageable.”

Advice for others

Bert lives by a few rules. “Enjoy today, deal with tomorrow’s problems tomorrow,” he says. This philosophy has helped him while caring for May. “Having the right person with knowledge, that’s a key thing,” he adds when asked what he wants other families to know about GAIN.



Bert and May, beachside on Lake Simcoe at the Salvation Army camp in 1959, one year after their wedding. They met when Bert was a music student at the camp, and May was a camp waitress.

Alan’s advice to others facing similar barriers is: “There is a lot of support out there,” and it gets easier to find when people are willing to share their experiences. “Being an open book and accepting questions from different people to educate themselves is really important,” he says.

“The goal is not simply to complete a form,” affirms Josie. “It is to help each person understand what is available and connect them with the supports that can make a meaningful difference in their life.”

For Bert and Alan, the difference was not just the tax credit. It was having someone knowledgeable to guide them to it.

To learn more about GAIN or find out if you qualify, contact VLRC at gain@vlrehab.ca or visit: visionlossrehab.ca/en/disability-benefits-navigation



Every day of lost vision is one too many.

Sight is our window to the world. It connects us, guides, and inspires us. At Astellas, we are committed to researching advanced eye diseases such as geographic atrophy.

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Making the Most of Your Eye Care Appointments

Shelley Ann Morris - Advocate

As someone with life-long vision loss regular appointments with eye care specialists are necessary. They help me maintain the vision I have today while taking proactive steps to prevent or reduce the likelihood of additional vision problems as I age. They also give me opportunities to learn about new treatments, tests, and technologies that may help me make the most of the small amount of vision I have.

I'm extremely fortunate to have wonderful specialists who have collaborated with me to provide the best eye care possible. They answer my questions, listen to my concerns, and help me find ways to maximize my vision and overall eye health.

I am sharing some of my own experiences in the hope that they may be helpful to others. Every person's experience with vision loss is different, but whether you are newly diagnosed or have had vision loss for many years, there may be something here that helps you feel more prepared and confident when navigating the health care system.

Even though I was her firstborn, my mother noticed that her baby's eyes didn't follow objects like other babies' eyes did. She also noticed that I often kept my head down and didn't make eye contact, nor did I react to the visual information around me. She was devastated when an eye doctor told her that her baby was "blind."

At that time, there were far fewer supports available to families. My parents were, in many ways, feeling their way around in the dark. I was raised on common sense, determination, and the expectation that I would not only survive, but thrive, despite my low vision.

Receiving a diagnosis of an eye condition, whether for yourself or a loved one, can feel overwhelming. The unknown can be frightening, particularly if you have never met someone who is blind or has low vision. We depend so heavily on our vision that the thought of losing it can be upsetting. Fortunately, there are many excellent sources of information and support available today.

Fighting Blindness Canada has excellent information on its website to help people prepare for eye care appointments, better understand their eye condition, and their treatment options. The site includes information about different types of eye care professionals, suggested questions to ask,, and resources available.

They recommendwriting your questions down ahead of time because it is easy to forget them during an appointment, particularly when you are anxious or processing a lot of new information. For people experiencing vision loss, however, "writing things down" may not be easy. When adapting to vision loss, a trusted friend or family member can serve as a scribe. They can help record what the doctor says, assist with forms, and make sure important information doesn't get lost. Over time, people can develop their own methods for recording information, including using smartphones and other accessible technologies.

Your vision may be temporarily worse after your eyes are dilated or following a treatment. If you are not able to see well enough to navigate unfamiliar surroundings or drive, having a trusted sighted guide can provide safety and assurance.
If medical appointments make you nervous, relaxation techniques such as box breathing can help before and during the visit. Taking a few slow breaths can give you a moment to regroup and focus on the information in front of you.

Taking some time before your appointment to consider what you want to know can make the conversation much more productive. Some questions suggested by Fighting Blindness Canada include:

- What is causing my vision loss?
- What symptoms should I watch for?
- How often should I come in for appointments?
- Is there a treatment, and what would it involve?
- Are there supports or benefits available to help me adapt?
- Who can I talk to about the emotional side of vision loss?
- How can I learn more about clinical trials or vision research?

There is no such thing as a “silly” question when it comes to your vision. If something is unclear, ask for an explanation. If you don’t understand a medical term, ask your specialist to explain it in plain language. You are an important member of your health care team.

I find it helpful to talk with people who are going through—or have already gone through—similar experiences. They can share what worked for them, what didn’t, and sometimes provide valuable inside information about how to navigate “the system.” Find people you feel comfortable with and ask! Their experiences may help you discover a resource, prepare for an upcoming procedure or simply reassure you that you are not alone.

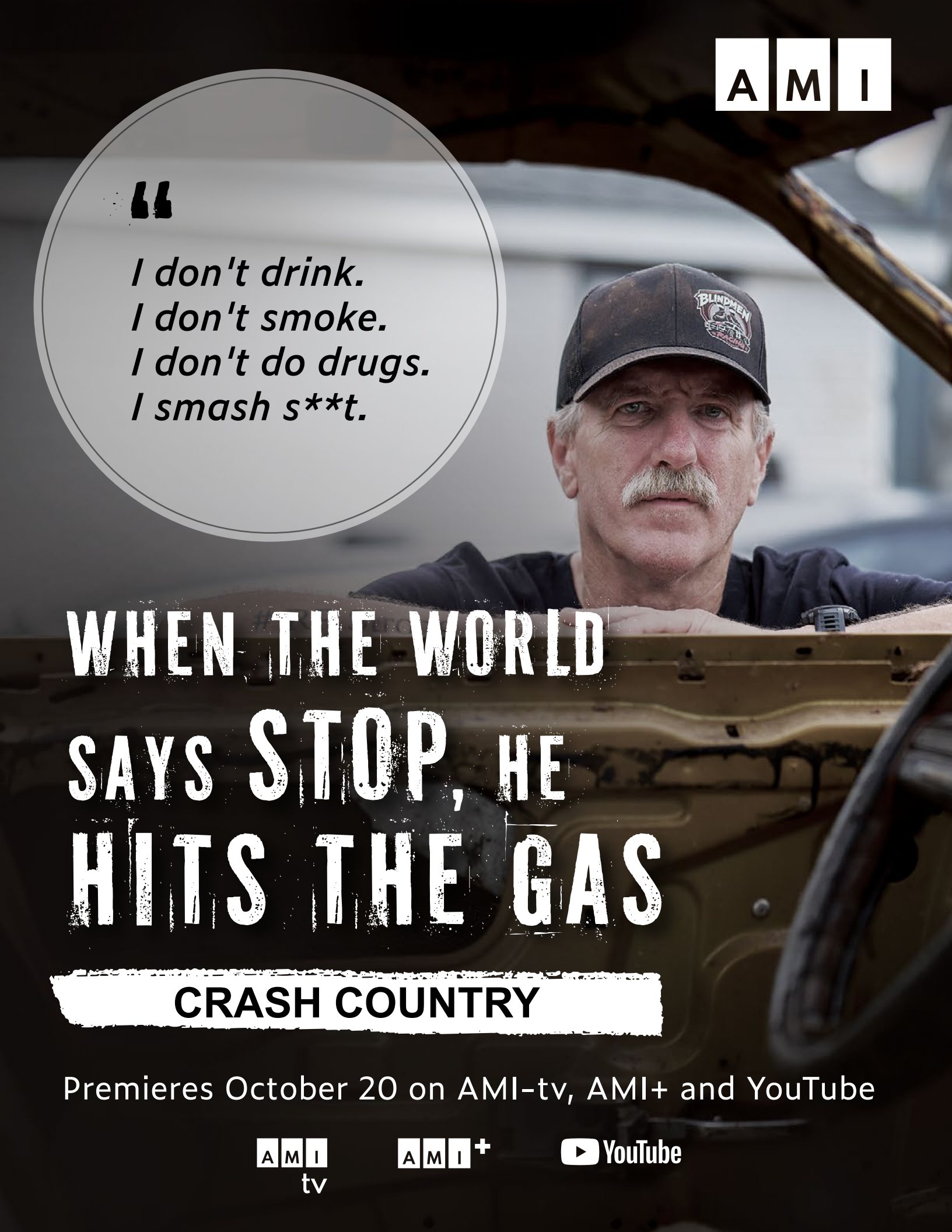
I use a variety of high- and low-tech devices to maximize the small amount of vision I have. I bring a bagful of equipment: glasses, magnifiers, monocular devices, head-worn devices for near and distance viewing, and various “talking” technologies. My eye doctor can see what I use and, more importantly, understand how I use it. Technology and eye care is always changing. Sometimes a simple demonstration can lead to a valuable conversation about what other options might be available. Your visual aids can also help your specialist understand how you are actually functioning in your everyday environment.

Make sure your eye care professional understands your practical needs. We know that securing an appointment with a specialist can be difficult, and we simply cannot choose the date or time that works best for us. I work full-time and do not drive, so I have asked for my annual appointments to be scheduled at the beginning of the day whenever possible. That allows me to attend my appointment and still get to work afterward. It may seem like a small request, but communicating this need makes a significant difference in my ability to manage my health care while maintaining my independence and responsibilities.

“Make it a double.” My mother, who advocated for me when I was a child, is now receiving treatments to slow the progression of macular degeneration. She recently asked her doctor for a double dose of pre-injection anesthetic. Her doctor was happy to accommodate her request. Through working at CCB, I was able to provide her with information about the medication she is receiving. It is reassuring to know that she is getting one of the most effective treatments available today. Although not all requests will be met, my mother’s experience demonstrates the power of asking questions.

Family members, friends, doctors and other health care professionals cannot always know what we need or what they can do to provide support. They want to help, but they need us to tell them how. Having an honest, thoughtful conversation can help everyone better understand what you need. Whether it is asking for an appointment time that works with your transportation needs, requesting help with paperwork, explaining how you use your assistive technology or asking for a small accommodation to make a treatment easier, speaking up can make a difference. Although it’s not always easy, we can become creative problem-solvers and strong advocates for ourselves.

My hope is that by sharing some of my own experiences, it will encourage others to approach their eye care appointments proactively with preparation and confidence. You are an active participant in your own eye care. Your experiences, questions and insights matter.


AMI
“
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I don't smoke.
I don't do drugs.
I smash s**t.
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SAYS STOP, HE
HITS THE GAS
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AMI announces new and returning content on AMI-audio, AMI-tv, AMI+ and YouTube

AMI continues to create award-winning content by and for members of the disability community that truly resonates with Canadians of all abilities as well as gaining recognition internationally.

“It shows that you can do anything and everything we want as persons with disabilities,” one viewer wrote about Season 1 of Underdog Inc. “Any limits we have are only because we impose them ourselves.”

AMI is pleased to reveal its upcoming slate of new and returning series for AMI-audio, AMI-tv, AMI+ and YouTube.

New on AMI-audio

Access in Progress, Tuesday to Friday at 3 p.m. Eastern

Hosted by disability advocates Bean Gill (Push) and Marco Pasqua and with contributions by John Loeppky (History in 60), *Access in Progress* explores what needs to happen to make Canada barrier-free to members of the disability community by 2040.

Returning series on AMI-audio

Double Tap, daily at Noon Eastern
Tune in daily for new episodes of *Double Tap* for discussions, led by Steven Scott and Shaun Preece, on news, reviews, and technology ss of interest to people who are members of the blind, partially sighted, and disability community. Available as an audio podcast and video podcast on YouTube.



Access in Progress hosts Bean Gill and Marco Pasqua.

Reflections, daily at 1 p.m. Eastern
Hosted by Ramya Amuthan (Kelly & Ramya), Season 2 of *Reflections* explores how we make sense of the world, through conversation and the lens of lived experience, weaving our questions with your stories. Contributors to Reflections include Kelly MacDonald, Grant Hardy, Joeita Gupta, Beth Deer, Jennie Bovard, Jacob Shymanski, and Nisreen Abdel-Majid. Available as an audio podcast.

My Life in Books with Red Széll, daily at 2 p.m. Eastern
Join Red Széll for Season 5 of *My Life in Books with Red Széll,* featuring one-on-one interviews with audiobook authors who discuss their life, works and three books that have resonated with them. Available as an audio podcast.



Para Sport Nation, Saturday, Sunday and Monday at 3 p.m. Eastern
Para Sport Nation is where elite competition meets real stories from the world of para sport. Hosted by Paralympian Nathan Clement and Alex Smyth, each Season 3 episode dives into the athletes, events, and moments shaping adaptive sport in Canada and beyond. Available as an audio podcast.

Our Community, daily at 4 p.m. Eastern
Hosted by Jeff Ryman, each episode of *Our Community* highlights the people, places, and organizations that have made life more enjoyable for Canadians with a disability.

Audiobook Café, daily at 5 p.m. Eastern
Season 2 of *Audiobook Café*—hosted by Jacob Shymanski and Andrika De Lanerolle—lets you know about great new content in the audiobook realm with help from authors, listeners, and regular contributors. Available as an audio podcast.

Disability Rights, and Wrongs: The David Lepodcast
Released every three weeks, outspoken disability rights advocate David Lepofsky and Jacob Shymanski welcome guests to discuss the latest in disability rights … and wrongs.

Visit AMI.ca/channels to find AMI-audio in your area.

AMI-audio programs are available free to download as podcasts on all major podcasting apps and platforms.

New series coming soon to AMI-tv, AMI+ and YouTube

Adapting airs Fridays at 9 p.m. Eastern
Navigating grief, identity, and small-town chaos, *Adapting* is a sharp, irreverent family drama about a widowed father and his twin teenage daughters as they attempt to find love, acceptance, and their place in a messy, unpredictable world.

Lennon (Threnody Thai) has cerebral palsy, but she's determined not to become "the disabled new girl." Instead, she sets herself an ambitious goal: experience every messy teenage milestone before life passes her by—friendship, first kisses, heartbreak… maybe even sex. If she has to adapt to a new town, she's going to do it on her own terms, even if those terms are spectacularly self-destructive.

Crash Country debuts October 20
In rural Nova Scotia, engines roar and steel crumples in a chaotic dance of demolition derby destruction. But beneath the helmets and behind the wreckage are stories of grit, heart, and unbreakable spirit. Bob MacDonald, who is legally blind, is defying the odds in the demolition derby arena. Crash Country is a raw and heartfelt portrait of a man who refuses to park the dream, proving that vision is more than what you see.

It's a Funny Story debuting in January 2027
Diagnosed with Attention deficit hyperactivity disorder, comedian and writer Bob Kerr goes on a journey to find the positive side to a negative stigma commonly used to deny the existence of ADHD. Beginning with a common accusation levelled at those suffering from the disorder, Bob finds the bright side in every aspect of ADHD, meeting with experts and ADHDers from all walks of life while providing actionable advice, dire warnings, uplifting stories, and, of course, big laughs along the way.

Laugh Your Eyes Out debuting in February 2027
Laugh Your Eyes Out is a comedic docuseries where Ashley Comeau confronts grief head-on with the help of her hilariously broken, wise, and weird comedian friends, processing loss through interviews, wild grief rituals, and laughter-fueled healing, all while navigating her partner's Stage 4 cancer diagnosis.

Returning AMI-tv series include Season 3 of *Game Changers,* Season 3 of *Underdog Inc*., Season 2 of *History in 60,* Season 2 of *Pretty Blind,* Season 2 of *All In,* Season 2 of *We Were Broncos*, Season 3 of *Crip Trip,* Season 2 of *How We Do It!*, and a brand new All Access Comedy special.

Visit AMI.ca/channels to find AMI-tv in your area.

Visit AMI+, AMI's free streaming, accessible streaming service to access AMI's stable of audio and television content created by and for the disability community. Additionally, visitors can utilize customizable accessibility settings for the blind and partially sighted community AMI serves.

Visit AMIplus.ca today!

Looking for exclusive AMI content, you won't get anywhere else? Head to our YouTube channel to watch new episodes of original AMI series released concurrently with AMI-tv and AMI+, video highlights, curated playlists and more. Head to YouTube.com/AccessibleMedia now!

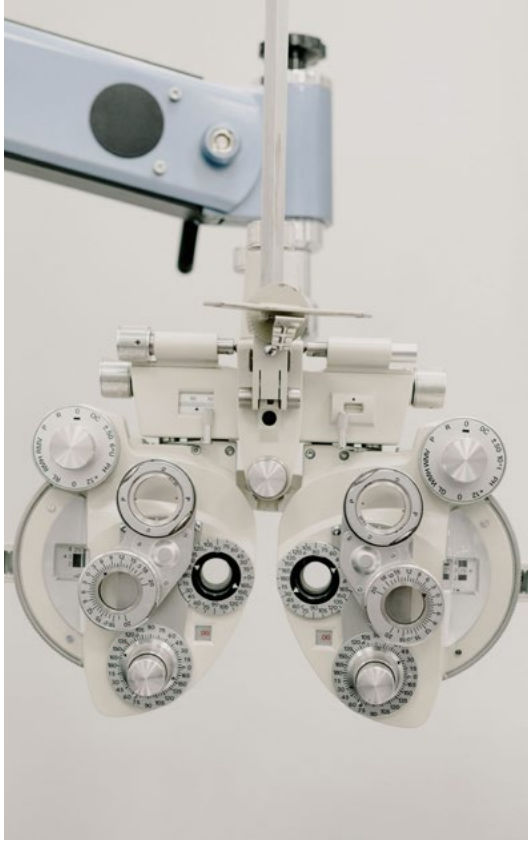
Keep up to date on everything going on at AMI and in the community we serve by signing up for the AMI newsletter at ami.ca/newsletter and have it delivered straight to your inbox.

Want to have input into the future of programming at AMI? Join our Research Panel at ami.ca/researchpanel.

AMI-audio, AMI-tv, and AMI-télé are all available as part of basic digital packages offered by most television providers across the country. If you have basic cable, you have access to AMI. Learn more about our French language broadcast channel, AMI-télé, by visiting amitele.ca.

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Canadian Council of the Blind is proud to be part of the Vision Health Partners' Coalition.

The Vision Health Partners' Coalition (VHPC) is a group of not-for-profit organizations working together to improve vision care across Canada. The coalition advocates for policy change, public awareness, and support for research and education that help Canadians protect and manage their eye health.

Vision Health Partners' COALITION

We believe everyone in Canada, no matter where they live or their income or background, should have access to affordable, high-quality eye care. Good vision care helps people stay independent, continue working, and fully participate in everyday life.

That is why VHPC is proud to support Health Canada in developing a National Strategy for Eye Care. Together, coalition members have created a shared set of recommendations to help guide the strategy and strengthen eye care for people across the country.



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

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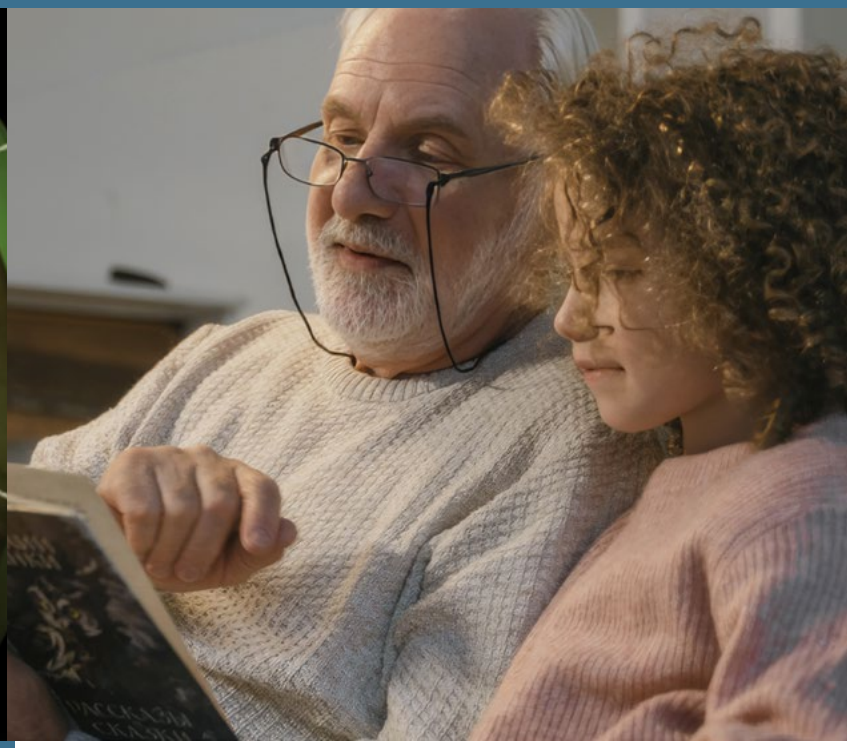
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Increasing Access to Vision Care in Rural, Remote and Northern Communities

As the second-largest country in the world by area, Canada is known for its beauty, wilderness, and expansive territory. While this affords Canadians many benefits, our geography also poses a challenge: while our population is largely concentrated in urban areas, many communities are isolated and remote, which can lead to inequitable access to healthcare. In this article, we highlight three models of care in which ophthalmologists work with our partners in vision health to bring needed care to all Canadians.





Diabetic Retinopathy Screening in Northern Manitoba

Dr. Ravi Dookeran leads the Early Screening for Diabetic Retinopathy program in Manitoba, which has been in place for over two decades and has provided screening for Diabetic Retinopathy to thousands of patients living in Northern communities. Ophthalmologists in Winnipeg then log into a computer, review the photos of diabetic patients, and see which patients have enough severity of disease that they need to be flown South for treatment. According to Dr. Dookeran, the ability to provide care to these patients has been very satisfying and is proving to also be cost effective, saving the healthcare system over $1M annually. In a study that reviewed 4,676 patients with type 2 diabetes between 2007 to 2013, the average savings per tele-ophthalmology examination was $1,007 . Since inception, the program has tripled in size in terms of patients and number of communities that the program is offered.

The more you can learn to work with partners…the better we are going to do for society.

Learn more: https://misericordia.mb.ca/programs/acute-care/eye-care/mrsvp/

[1] Raageen Kanjee MD, Ravi I. Dookeran MD, FRCSC, Mathen K. Mathen MD, FRCSC, Frank A. Stockl MD, FRCSC, Richard Leicht MD, FRCSC, Six-year prevalence and incidence of diabetic retinopathy and cost-effectiveness of tele-ophthalmology in Manitoba, Canadian Journal of Ophthalmology, Volume 52, Supplement 1S15-S18 wNovember 2017



Indigenous Children's Eye Examination (ICEE) Program

Vision care for Indigenous children remains one of Canada's most overlooked healthcare crises. Blindness is six times more prevalent among Indigenous children than among their non-Indigenous peers, and rising diabetes rates further increase the risk of vision-threatening complications. To address this urgent need, Dr. Kourosh Sabri, pediatric ophthalmologist and professor at McMaster University, founded the Indigenous Children's Eye Examination (ICEE) Project in 2019. ICEE advances a simple but powerful mission: Help a child see, and they'll see a brighter future.

ICEE delivers comprehensive eye exams directly in remote and underserved Indigenous communities. Children who need glasses receive them at no cost, while those requiring advanced care are referred and transported to the nearest pediatric tertiary care centre. Follow-up care continues through weekly telemedicine clinics, with ICEE professionals supporting trained community nurses through remote technologies. ICEE is also building long-term capacity by training Indigenous youth to become community-based eye technicians.

A proven model of community-based care, ICEE has provided eye examinations to more than 1,200 Indigenous children in Northern Ontario and Saskatchewan, demonstrating the program's lasting impact.

ICEE is more than an eye care program—it is a step toward reconciliation, built on respect, trust, and action. Together, we can ensure all children in Canada—no matter where they live—can see the future they deserve.

Learn more: https://www.iceenow.ca/



The Eye Van

Established in 1972 as part of Vision Loss Rehabilitation Canada's (VLRC) Prevention of Blindness program, in partnership with the Eye Physicians and Surgeons of Ontario, the VLRC Eye Van is a fully equipped mobile medical eye care clinic serving Northern Ontario. Travelling more than 6,000 kilometres annually—and more than 300,000 kilometres since its first summer tour—the Eye Van has helped thousands of people in remote communities improve their eye health, detect eye disease early, and prevent vision loss. Each year, the VLRC Eye Van tours Northern Ontario for several months, bringing vital eye exams and treatment to people who may otherwise face barriers to accessing care. Ophthalmologists provide vision exams, treat eye conditions, perform minor surgeries, and offer essential medical advice and eye health information. Supported by more than 25 ophthalmologists who generously donate their time, the Eye Van serves 4,500 patients each year.

For more than 50 years, the Eye Van has been a lifeline for people in Northern Ontario who would otherwise go without essential eye care. It's a powerful example of what's possible when specialty medicine meets community need. None of this would be possible without the more than 25 ophthalmologists who generously support this program year after year, and we're proud that their commitment continues to prevent and treat blindness and low vision for thousands of people across Northern, rural, and remote communities.

Learn more: https://visionlossrehab.ca/en/about-eye-van

To learn more about how the Canadian Ophthalmological Society is advancing eye health through research, collaboration, and innovative models of care, visit cos-sco.ca.

Canadian Ophthalmological Society
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EYE PHYSICIANS AND SURGEONS OF CANADA | MÉDECINS ET CHIRURGIENS OPHTALMOLOGISTES DU CANADA

cos-sco.ca

CCB Webinars Help Members Navigate What Comes Next

Braydin Frizell - Development and Communications Manager at CCB

Receiving a diagnosis of an eye disease can be life changing. Along with questions about treatment and prognosis, a diagnosis can bring uncertainty about work, independence, and what the future may look like.

For many people, the question is not simply “What is my diagnosis?” but rather, “Now what?”

This summer, the Canadian Council of the Blind (CCB) explored that question through the Beyond the Diagnosis Webinar Series, a virtual webinar series designed to inform, encourage and inspire people living with vision loss.

Held on Zoom, the series brought together people with lived experience, health professionals, advocates, legal professionals and technology specialists. Each session approached life after diagnosis from a different perspective, recognizing that adapting to vision loss involves much more than medical care alone.

Moving Beyond the Diagnosis

One of the central messages of the series was that a diagnosis does not define a person’s future.



Anne Mok

Anne Mok shared her personal journey of living with cone-rod dystrophy and New Daily Persistent Headache. After years of advocating for herself to understand what was happening with her vision, Anne has gone on to become a digital storyteller, entrepreneur, author and professionally trained voice actor.

Her story offered an important reminder for people who may be newly diagnosed: there can be life, creativity, purpose and new opportunities beyond the uncertainty that often follows a diagnosis.

Through her company, *Purpose in View*, and her book of the same name, Anne has made it part of her work to share that perspective with others.



Allison Motluck

Understanding Your Healthcare Options

A diagnosis also means learning how to navigate Canada's healthcare system.
Freelance journalist Allison Motluk joined the series to discuss her reporting on cataract surgery and the challenges patients can face when navigating public and private healthcare options. Her presentation encouraged attendees to ask questions, understand what services may be covered through their provincial healthcare system, and make informed decisions before agreeing to pay privately for care.

For someone who has recently received a diagnosis, understanding the healthcare system can be just as important as understanding the diagnosis itself.

The session reinforced the value of being an informed patient: ask questions, understand your treatment options, learn what your provincial health plan covers and, when appropriate, seek a second opinion.

Technology as a Tool for Independence

For many people living with vision loss, technology can open doors to greater independence.

CCB staff members David Greene and Shelley Ann Morris led a session exploring the role that assistive technology and accessible devices can play in everyday life. The discussion also introduced participants to the work of the CCB's Get Together with Technology (GTT) program.

Technology can help people read, communicate, navigate, work, access information and remain connected with their communities. But learning a new device or accessibility feature can sometimes feel overwhelming, particularly after a new diagnosis.

The message from this session was therefore about more than technology itself. It was about having the confidence to learn something new and knowing that community support is available along the way.

GTT demonstrates the importance of peer-based learning, where people can share their experiences, solve problems together and build confidence in using technology.



CCB's GTT team, Nolan Jenikov (left) and David Greene (right).

Seeing the Whole Person

Vision loss does not happen in isolation from the rest of a person's life.

Award-winning speaker, author and social justice consultant Ingrid Palmer brought an important intersectional perspective to the series. Diagnosed with Retinitis Pigmentosa as a teenager, Ingrid has drawn on her lived experience to advocate for equity, inclusion and belonging.

Her work through *Focus On Ability* examines ableism, bias and the ways in which different aspects of a person's identity and circumstances can intersect to shape their experiences.

For someone adapting to vision loss, this perspective matters. Accessibility is not simply about removing a physical barrier. It is also about ensuring that people are seen as whole individuals and that their experiences, identities and communities are respected.

Ingrid's presentation encouraged participants to challenge assumptions about disability and to consider what genuine inclusion and belonging can look like.

Understanding Your Rights

For people living with vision loss, knowing your rights can be an important part of self-advocacy.

Lawyer and accessibility advocate Ben Fulton brought his experience in human rights, criminal and administrative law, accessibility and alternative dispute resolution to the series.

Ben's own experience as a blind lawyer has informed his commitment to accessibility and student rights, including advocacy during his time at Osgoode Hall Law School.

His approach emphasizes practical, human-centred advocacy and the importance of understanding the systems that affect our lives.



Ingrid Palmer



Ben Fulton

For someone recently diagnosed with vision loss, learning to advocate for yourself can be a significant step. That may mean asking for an accommodation at work, addressing an accessibility barrier, understanding your rights when accessing services, or simply becoming more comfortable speaking up when something is not accessible.

Self-advocacy is a skill, and like any skill, it can be learned.



Dr. Parnian Arjmand

Asking the Right Questions

The series also returned to the medical side of diagnosis with Dr. Parnian Arjmand, a retina specialist practicing at the Mississauga Retina Institute.

Dr. Arjmand's session focused on an important question "What should you ask your doctor or specialist after receiving a diagnosis?"

Medical appointments can be overwhelming, particularly when someone is hearing unfamiliar terminology or processing difficult information for the first time. Preparing questions in advance can help patients better understand their condition, treatment options and next steps.

The discussion emphasized the importance of patient education and knowledge translation, helping people understand complex medical information so they can participate more confidently in conversations about their own care.

Building a Community Beyond the Diagnosis

While each Beyond the Diagnosis session approached vision loss from a different perspective, a common theme emerged throughout the series: you do not have to navigate a diagnosis alone.

There are healthcare professionals who can provide medical guidance. There are technologies and rehabilitation services that can support independence. There are legal and accessibility advocates who can help people understand their rights. And there are communities of people with lived experience who understand what it means to adjust to life with vision loss.

That sense of community is at the heart of the Canadian Council of the Blind.

The CCB's role extends beyond advocacy. Through programs, Chapters, peer networks, technology initiatives, recreation and education, the organization provides opportunities for people living with vision loss to connect with others, share experiences and continue pursuing the activities and goals that matter to them.

The Beyond the Diagnosis series reflected that broader approach.

Sometimes the most important question is not "What does this diagnosis mean for my life?" It's "What comes next, and how can I get there?"

The CCB is committed to helping Canadians find that answer.

Chapters of the Canadian Council of the Blind

Alberta
CCB Calgary Club
CCB Edmonton Chapter
CCB GTT Edmonton Chapter

British Columbia and Yukon
CCB Alberni Valley Chapter
CCB Blind-Yukon Chapter
CCB Campbell River White Cane Chapter
CCB Cariboo Blind & Visually Impaired Society Chapter
CCB Chilliwack & District Chapter
CCB Comox Valley Chapter
CCB Dogwood Chapter
CCB Festival of Friends Chapter
CCB GTT BC Chapter
CCB Kamloops White Cane Chapter
CCB Kelowna Blind Curlers Chapter
CCB Hands on Yarn Chapter
CCB Lower Mainland Chapter
CCB Nanaimo Chapter
CCB Parksville & District 69 Chapter
CCB Prince George Blind Curling Chapter
CCB Provincial Book Club
CCB South Okanagan Chapter
CCB Sunshine Coast White Cane Chapter
CCB Vancouver Arts & Culture Lovers Chapter

New Brunswick
CCB Bathurst Club
CCB Miramichi Club
CCB Moncton Curling Chapter
CCB Moncton Club

Newfoundland and Labrador
CCB St. John's Royles Chapter
CCB Humber Valley – Bay of Islands Chapter

Nova Scotia
CCB Blind Sports Nova Scotia Chapter
CCB Crafts & Hobbies Chapter
CCB Faith, Hope & Love Chapter
CCB Sydney Curling Chapter
CCB Sydney Chapter

Ontario
CCB Afloat Chapter
CCB Chatham-Kent Chapter
CCB Club "60" Barrie Chapter
CCB Cornwall Chapter
CCB Dragon Boat Toronto Chapter
CCB GTT North Bay Chapter
CCB Hamilton Blind Curlers Chapter
CCB Hamilton Chapter
CCB Hamilton Juniors Chapter
CCB Listeners Book Club
CCB London Chapter
CCB London Vision Impaired Curling Chapter
CCB Mississauga V.I.P.s Chapter
CCB Ontario Blind Golf Chapter
CCB Ottawa Blind Curlers Club
CCB Ottawa Chapter
CCB Pembroke White Cane Chapter
CCB Peterborough Chapter
CCB Road Runners Chapter
CCB Rocks Chapter
CCB Sault Ste. Marie White Cane Chapter
CCB Thunder Bay & District Chapter
CCB Toronto Blind Curling Club
CCB Toronto Ski Hawks Ski Club Chapter
CCB Toronto Visionaries Chapter
CCB Waterloo Regional Club
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In the News

Revolutionary eye injection saved my sight, says first-ever patient

By Michelle Roberts and Sophie Hutchinson
BBC News

Nicki says the results have been life changing. Doctors say they have achieved the previously impossible - restoring sight and preventing blindness in people with a rare but dangerous eye condition called hypotony.

Moorfields hospital in London is the world's first dedicated clinic for the disorder and seven out of eight patients given the pioneering treatment have responded to the therapy, a pilot study shows.

One of them - the first-ever - is Nicki Guy, 47, who is sharing her story exclusively with the BBC.

She says the results are incredible: "It's life-changing. It's given me everything back. I can see my child grow up.

"I've gone from counting fingers and everything being really blurry to being able to see."

Currently, she can see and read most lines of letters on an eye test chart. She is one line away from what is legally required for driving - a massive change from being partially sighted, using a magnifying glass for anything close up and having to navigate around the house and outside largely using memory.

“If my vision stays like this for the rest of my life it would be absolutely brilliant.

“I may not ever be able to drive again but I’ll take that!” she says.
Nicki has regular eye checks to see how she is progressing

With hypotony, pressure within the eyeball becomes dangerously low, leading it to cave in on itself.
It can happen if there is poor production of the natural jelly-like fluid inside the eye, following trauma or inflammation, for example.

Sometimes it’s a side effect of eye surgery or certain medications. Without treatment people can go blind.
Before now, doctors have tried using steroids and silicone oil to plump up the eye. But this can be toxic over long periods and doesn’t restore much vision.
Even when the cells at the back of the eye used for sight are working, the silicone oil is difficult to see through, causing blurry vision.

The experts from Moorfields decided to try a different approach with something they already had in their cupboard - a low-cost, transparent, water-based gel called hydroxypropyl methylcellulose or HPMC.
It’s already used in some types of eye surgery.

But rather than using it as a one-off, the Moorfield’s team decided to inject it into the main part of the eye as a new type of therapy.

The gel is clear or transparent, which allows better vision.

When Nicki first had eyesight problems back in 2017, just after her son was born, she was initially given lots of silicone oil in her right eye, which was failing.
She says it had lost its normal shape and “sort of collapsed” or “crumpled like a paper bag” due to hypotony. The treatment did little to help.

And a few years later, her left eye started to fail in the same way.

“After I lost vision in my left eye, I thought, ‘there has to be something else we can try’,” she explains.

“Sheer determination. I was just like ‘I’m not giving up.’”

Her eye doctor Mr. Harry Petrushkin said, together, they decided to do something entirely new - fill the eye with something that you can see through.

“The idea that we might be causing harm to somebody who has only really one eye with a treatment that may or may not work was nerve-wracking,” he recalls.

“We came up with this as a solution and amazingly it worked.

“Really, we could not have dreamt of her having the outcome that she has had.

“Somebody, who by all rights should have lost her vision in both eyes... is now living normally. That’s completely remarkable. We couldn’t have hoped for better.”

He says the same treatment could potentially help hundreds or even thousands of people each year in the UK. It comes down to whether they still have viable cells at the back of the eye that allow vision.

“We knew with Nicki there was vision to gain, and she would get better if we could make her eye round and hard again.”

They’ve treated 35 patients so far, thanks to funding from the Moorfields Eye Charity, and have now published the outcomes of the first eight in the British Journal of Ophthalmology.

The treatment is given once every three to four weeks for around 10 months in total.

The researchers hope that with time, they will get even better at working out who could benefit.

“It’s been a fantastic story. The results are really promising but it’s early days,” says Petrushkin.

In the News

Awe at How Blind Dad Tells the Difference Between His Twin Babies

By Daniella Gray
Newsweek

A blind dad from the U.K. has left internet users in awe after revealing how he distinguishes between his 3-month-old twins.

Souleyman Bah (@blinddaduk) shared a reel on Instagram answering a question he's heard since welcoming twins Angelo and Nemaya with his partner Saskia Symington: "How is it that a blind dad like me can tell between these twins?"

Souleyman, who has around 10 percent of his eyesight, explained that the answer wasn't always obvious.

In the blurred, sleep-deprived days after the twins were born, exhaustion and emotion took over as he adjusted to life with two newborns on top of caring for the couple's 2-year-old daughter, Tallulah-Bella.

Like many new parents, he worried about getting things wrong, but layered over that was anxiety about mixing the twins up or missing something important. "Those thoughts definitely crept in during the quiet moments," Souleyman told Newsweek. "At the same time, I didn't want my sight loss to be the thing that defined how I showed up as a dad."

"I had to trust myself and learn as I went," he continued. "Pretty quickly, I realized that being a parent isn't just about what you can see, it's about being there, getting to know your children, and building that connection day by day."

At first, the dad of three recognized that each baby had a distinct cry—Nemaya's higher-pitched and quick, Angelo's more drawn-out.

As the weeks passed, their sizes began to vary slightly. Their hair grew in differently, Angelo's lighter and Nemaya's darker and curlier.

Soon enough, the babies' personalities shone through. One is much calmer and more settled, while the other is louder and more expressive.

"The way they breathe when they're asleep is different, and even how they relax when you hold them isn't the same," Souleyman said. "Those little things are what I rely on. It's shown me that you don't need sight to know who someone is—you can feel it." Practical strategies also play a role. Souleyman keeps a mental map of where each baby has been placed—one in the cot, the other in the SnuzPod—relying on routine rather than guesswork.

His reel has gone viral on Instagram, clocking up 734,000 views. In the comments, users were thoroughly impressed by the dad's ability.

"Such beautiful babies. It's so fascinating that you are able to tell which is which," one user wrote.

"Present and active dad. No one has an excuse," another added.

Although many responses came from surprise, even disbelief, that a blind parent could confidently and safely care for young children, Souleyman felt the reaction missed the point.

"I wish people understood that blindness doesn't mean helplessness," he said. "What people often don't see is the adaptability, problem solving and heightened awareness that comes with vision loss. We don't parent despite our disability we parent with it—and our children grow up seeing resilience, creativity, and independence modeled every day."

Age-related macular degeneration (AMD) is the leading cause of vision loss in people over the age of 55, affecting ~2.5 million Canadians

In AMD, your central vision is affected, making it harder to do activities like reading, driving, and distinguishing faces.



AMD is a progressive disease, which means that it gets worse over time.

There are three stages of AMD based on the number of drusen on the retina. Drusen are tiny yellow or white spots made up of proteins and fatty substances that result in central vision loss.

AMD typically begins as dry AMD and can progress to wet AMD at any stage

EARLY STAGE

DRY AMD

Low quantity of drusen.



May not show any symptoms.

INTERMEDIATE STAGE

DRY AMD

The quantity of drusen is higher than it was in the early stage.



Mild blurriness in central vision or trouble seeing in low lighting.

ADVANCED STAGE

DRY AMD

The quantity of drusen is quite high.



Marked distortion of straight lines, difficulty reading and driving at night, gradual loss of central vision, or dark, blurry areas in the center of vision.

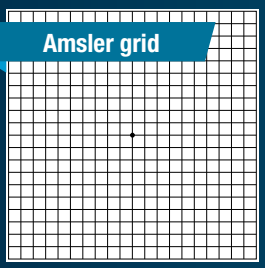
WET AMD



A gradual or sudden loss of central vision, or dark, blurry areas in the center of vision.

What is the difference between dry and wet AMD?

Dry AMD	Wet AMD
• Characterized by gradual thinning and breakdown of the macula, the center of the retina that is responsible for detailed central vision • Central vision loss tends to occur more slowly	• Caused by leaky blood vessels that damage the macula • Sudden onset with more rapid and significant central vision loss



Did you know?

- **Risk factors** for AMD include older **age**, **smoking**, extensive **UV light** exposure, **family history** of AMD and **cardiovascular disease**
- Wet AMD accounts for **10% – 20%** of AMD cases
- **80% – 90%** of severe cases of AMD-related vision loss are caused by wet AMD
- Once AMD is present in one eye, there is an **increased chance** of it developing in the other eye
- **Self-monitoring** for AMD-related vision changes can be done at home using an **Amsler grid**

Keep healthy vision in focus: visit your doctor for a routine eye exam†

Learn how to live with and manage AMD

Scan this QR code or visit fightingblindness.ca to access helpful resources and tips on coping with vision changes in AMD

† Adults without eye conditions aged 40 – 64 should have routine eye exams every 2 years. Adults aged 65 years or older should have an annual eye exam.

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Including a gift in your will can take various forms, such as a percentage of your estate or property, a fixed amount, or stocks and other investments. Consult a legal professional to create a lasting legacy for the blind, and to ensure your Will is binding, accurate, and optimized for tax benefits.

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