Facility To Treat Vets With Age-Related And Wartime Visual Impairments

By SEAN BELK
Staff Writer

The new blind rehabilitation center, expected to open later this year at the Long Beach Veterans Affairs (VA) Healthcare System, is being built to provide a wide range of inpatient treatment services for blinded veterans across the region.

Tony Candela, the center’s newly selected chief director, said the 24-bed facility is being specifically designed for veteran patients who require intensive rehabilita-
tion for adapting to regular life, such as seniors who have lost their eyesight due to age-related health conditions or active duty veterans injured in combat.

Candela, who is blind, said the prevalence of veterans entering their senior years is growing at an ever-increasing pace, which is a major reason for building the new center, expected to be the U.S. Department of Veteran Affairs’s 11th such structure, under the Veterans Health Administration. The closest blind rehab center on the West Coast is located at the Palo Alto VA Health System.

Congress recently approved the new center to be named in honor of Major Charles R. Soltes, Jr., the first-ever optometry officer fallen in action. The facility is part of the Long Beach VA’s $110 million overhaul.

Last year, the hospital alone serviced close to 48,000 patients. Candela said the new blind rehab, planned for completion by July, would help assist some 5,000 veterans currently on the VA waiting list in need of service for vision impairment. Overall, there are about 155,000 blind veterans in the United States, according to the latest census data.

“A majority of the folks we serve are those who have been normally-sighted all their lives and have encountered some health related issues that have caused their eyesight to diminish markedly,” Candela said. “Then there’s that small group of active service, which the VA and U.S. Department of Defense has a cooperative working relationship with.”

The new rehab center would be able to serve soldiers in active service with some
On a tour with officials in charge of the project, Tony Candela, the new chief of the blind rehabilitation center at the Long Beach Veterans Administration Healthcare System at 7th Street and Bellflower Boulevard in East Long Beach, walks down stairs that have specific colors for patients with low-vision and indentations on the ground to provide spatial awareness. (Photograph by the Business Journal’s Thomas McConville)

being able to return to duty, at a desk job with their disability, he added. “What happens in the Iraq and Afghan theatre predominantly is that people have an explosion happen near them, from an Improvised Explosive Device or an artillery shell,” Candela said.

In direct response to injured soldiers returning from World War II, the VA’s first 34-bed blind rehabilitation center was built on July 4, 1948, at Edward Hines, Jr., VA Hospital in Illinois, as the first organization to ever educate or rehabilitate adults who lost their vision. A majority of treatment before then was geared more toward rehabilitating blind children, diagnosed at birth, through schools for the blind.

“Really, the VA is actually the birthplace of blind rehabilitation in our country,” said Jerry Schutter, chief director of the Hines VA Central Blind Rehabilitation Center, which now services 14 states. “The waiting [time] to get into blind rehabilitation right now is close to 120 days, once they actually apply. You do have to be a veteran, but you do not have to be service connected and it doesn’t have to be a wartime condition . . . It’s available to any individual that’s served our country honorably and in the armed forces.”

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Leading Causes Of Blindness

Latest studies and statistics show modern-day seniors are the most at-risk age demographic for developing low-to-severe visual impairment. With about 15 million blind and visually impaired people in the United States, 70 percent of severely impaired persons are age 65 or older, with 50 percent of that group legally blind, according to the Braille Institute of Los Angeles. For veterans, in blind rehab centers throughout the country, the average age of patients is about 80 years of age, Candela added.

The leading cause of vision loss in Americans over 60 years of age currently is Age-Related Macular Degeneration (AMD), a disease associated with aging that gradually destroys sharp, central vision, according to the National Eye Institute. Other leading causes of blindness include glaucoma, diabetic retinopathy, retinitis pigmentosis, age-related cataracts and traumatic brain injuries. Schutter said about a third of blinded veterans from World War II and the Korean War suffer from AMD, while about 20 percent have diabetic retinopathy and glaucoma, now affecting a majority of Vietnam era veterans.

The increase throughout the years in AMD patients has largely been attributed to populations living longer with advances in medicine and healthier lifestyles. However, more recently, evidence shows the prevalence of AMD patients could be changing.

While the condition remains an important cause of vision loss in the United States, overall prevalence of AMD among adults age 40 and older in a 2005-2008 survey was an estimated 6.5 percent, which represented a decrease from 9.4 percent reported in a 1988-1994 survey, according to a recent study by the Archives of Ophthalmology.

Healthcare professionals say the difference could reflect recent changes in lifestyle such as more people quitting smoking and maintaining healthy diets, physical activity and blood pressure, which reduces such age-related conditions.

Low-Vision Optometry

Dr. Kara Gagnon, director of low-vision optometry at the Eastern Blind Rehabilitation Center in Connecticut and executive council member for the American Optometric Association’s vision rehabilitation section, said rehab centers perform eye exams on patients in order to provide better care for those with some vision left.

“What low-vision optometry uniquely brings to the care of [blinded veterans] is we empower the patients with the knowledge of the eye disease,” she said. “We make sure they understand the anatomy and
how best to functionally access that vision.”

While contrast is low, some patients are provided therapy, working with the low-vision ophthalmologist, to pinpoint what she calls the “sweet spot,” a faint sight but a remaining bit of vision left. The doctor then goes over ocular anatomy, retinal focus and the remaining viable nerve.

The relationship between low-vision exams, therapy and other healthcare services is critical and comes together as a team, Gagnon said. “We are blessed to have a blind rehab staff everyday,” she said. “We need all of those services under one roof. . . . When [patients] come into the program and when they leave [it’s] a dramatic difference.”

Re-Learning Life Skills

As with advances in medicine, methods of treating blindness have highly developed over the years, today geared toward a combination of healthcare specializations combined with re-acclimating adults to society. The VA’s blind rehabilitation centers, for instance, are currently at the forefront of treatment.

The residential inpatient programs provide comprehensive adjustment to blindness training and serve as a resource to a geographic area, offering a variety of skill courses designed to help blinded veterans achieve a realistic level of independence, according to the U.S. Department of Veterans Affairs. On average, patients are expected to stay about six weeks or up to 16-20 weeks depending the need for care. “The idea is to give them the life skills necessary to allow them go back to the community and live alone or with their families again independently and safely,” Schutter said.

While still in the process of hiring staff, Candela said patients have to be physically and cognitively able to undergo the rehabilitative techniques. Methods of treatment include orientation and mobility; spatial awareness; communication skills; activities of daily living, such as cooking in a kitchen; manual/visual skills, such as safety working a saw; computer access training; such as typing; and social/recreational activities.

“These are things you don’t think about,” Candela said. “How does a person who just lost their eyesight know how to eat, or know what the color of their clothing is? We teach them labeling techniques. We teach them how to orient in space . . . We’re going to really make them understand properly how to adapt.” ■