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Information provided by the IAL News is not intended as a substitute for professional medical help or advice, rather as an aid in understanding problems experienced by laryngectomees and the state of current medical knowledge. A Physician or other qualified healthcare provider should always be consulted for any health problem or medial condition.

The IAL does not endorse any treatment product that may be mentioned in this publication. Please consult your physician and/or speech language pathologist (SLP) before using any treatment or product.

The opinions expressed in the IAL News are those of the authors and may not represent the policies of the International Association of Laryngectomees.

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*"First Steps” Available to download from the IAL website
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Contact Allison Reber Wurz,
theialoffice@gmail.com, for all updates to the IAL website, club postings, changes to club contacts and professionals, in addition to resources you may need from the IAL office.

Thank You!
My very first meeting was in Seattle, WA in 1988, and it made such an impression that I have continued to attend meetings ever since. At that first meeting, I met people I learned to love and respect across decades of watching their service to others: Joe and Ellie Marasco, Joann Fenn (laryngectomee/speech pathologist), Dean Rosekrantz, Elizabeth Finchem, Dorothy and Tom Lennox (Luminaud), Jim Lauder (Lauder Enterprises), Jim Shanks (speech pathologist), Shirley Salmon (speech pathologist), Zilpha Bosone (speech pathologist), Frances Staack (laryngectomee/speech pathologist), Candy Moltz (speech pathologist), and Mary Jane Renner (laryngectomee/social worker and later Inhealth Rep.). These people and so many more became my mentors, friends and peers. I would see them, and year after year I’d meet another person who, over time, would be added to this list. People such as Richard Crum (Inhealth rep.), Richard Najerian (Bruce Medical), Matt Griffin with Griffin Labs and later Archer Medical. Karen and Cliff Griffin a few years later are now with Atos Medical. Others I admire and learned to love because of how they freely shared their talents are in my home state of Texas. Dr. Jan Lewin and Julie Leone-Bishop who later took her talents to reach out in other ways through Atos Medical. We were all a family, or to me it appeared as though we were a family, and we did not always agree but we had a common cause and mission which was to help laryngectomees all over the country. In those early years, Dr. Eric Blom was a pioneer for TEP. He literally would step out of his own therapy sessions to take calls from others across the country, who were trying to learn all about TEP, but few had information. He actually came into the laryngectomee arena lecturing on artificial larynx but he and Dr. Mark Singer were pioneers and developed, as a team, the TEP procedure and prosthesis. In my first Annual Meeting/Voice Institute there were only two (2) TEP speakers and one of those was Mary Jane Renner.

Esophageal speech was by far the most prominent speech option and there was a lot of bias against TEP as well as the artificial larynx, but the IAL taught these three options equally, at that time. We were taught to share information about treating the entire patient including working with the family. Mary Jane Renner, social worker, lectured on the importance of rap sessions for family members and significant others. For the new laryngectomized individual’s family, this remains a vital part of the annual meeting program and one I hope we continue for a very long time.

The IAL program, held once a year, is a program which literally heals the spirit and helps to get people back to their lives. For me, this organization has shown me the best of who we are as people. I am extremely proud to have worked alongside the professionals and laryngectomies I’ve been privileged to meet across the past four (4) decades. I’ve seen regional meetings start across the country, such as in Florida, Texas, California, Chicago, and North Dakota, etc. and heard of many wonderful clubs in other countries. I know many of the mentors helped to establish programs across the world. In a very small way, I helped establish a program in Mexico City with Dr. Enriwue Hulsz with many of the people and vendors listed above. Many people worked tirelessly, although it was highly unlikely a strong laryngectomy program would be established, not for a very long time, at least, yet they sent supplies and came to help.

The memories of those early years with the laryngectomee community will always be what drives me forward to help someone new or going down this road. Our missions are the same, whether working through WebWhispers, pioneered into decades of service under Pat Sander’s leadership or whether viewing information in the comfort of our own home through virtual club meetings. We are family, and I for one am extremely grateful to have traveled these roads with so many dedicated to the service of others.
A Note of Encouragement
From Facebook by Mark Niel
A note, I hope, of encouragement to all the Laryngectomees/Glossectomees out there, particularly the newer ones.

I have had both a Laryngectomy and Glossectomy, so cannot talk at all and only gravity swallow liquids to eat. I'm a little over 2 years out, retired on disability and learning every day that there are things I can still do.

My wife and I have traveled, and but for Covid-19 would have done a whole lot more. We bought our retirement home, moved to live on the water, and bought a used pontoon boat. We've done landscaping and I built a storage shed, new wooden side porch and front walkway.

I've played piano at church on Facebook, gone to social events (before quarantining became popular), did the Father's Day sermon at church using a text to voice app and PowerPoint on my computer, did a legal ethics webinar, again with text to voice app and PowerPoint for another state and am working on my next one for next month. I've had visits from friends, did FaceTime chats with those we couldn't visit with, read a lot of books, and watched the bald eagles and heron fishing in the river.

My point is this: life has thrown us a knuckleball slider, but we don't have to give up. It's tough some days, because I can't do so many of the things I used to love, like sing, eat a hot dog, or tell my wife how much I love her in my own voice. But we can improvise, adapt and overcome. Life is still exciting in the face of the challenges. Happiness is still there, maybe in a different form than we were used to, if we only look for it.

Lord, Remind me
That nothing is
Going to happen
to me today
That you and I
can't Handle
together!

Pet Peeves
Do things happen to you that you find irritating? Here are a few pet peeves from laryngectomees:
(1) It is tough to find Ear, Nose & Throat Specialists and Speech Language Pathologist's who know enough about us
(2) It is amazing how many non-laryngectomees think we are also deaf or even mentally retarded
(3) We are often interrupted by non-laryngectomees because they can overcome our low voice volume with theirs.
(4) When we cough, sometimes other people look at us like we are about to die, or least spread some terrible disease to them.
(5) Mucus, mucus, mucus!
(6) Getting stared at.
(7) Having to repeat ourselves over and over.
(8) When an emergency occurs, we have to have someone to help explain to the medical community, how to care for us.

Learning the Vocabulary
All too often, when we are talking to a new laryngectomee or a non-lary, we use terms and abbreviations they do not understand. Hopefully this will help to better understand.

* HME - heat and moisture exchange
* TEP - Trach-oesophageal prosthesis
* TE Puncture - The tract formed to hold the TEP
* Stoma - The permanent hole in your neck.
* Stenosis - Shrinking, usually of the stoma.
* Stomaplasty - Term used to describe a surgical revision of a stoma required because of such conditions as a shrinkage of the stoma.
* Occlude - To close or block, as your stoma, to be able to speak.
* Granulation Tissue - Tissue that typically forms at the TEP puncture, caused by irritation as the prostheses moves in the tract.
* SLP - Speech Language Pathologist
Lymphedema of the head and neck is a side effect that may occur following radiation, surgery in which lymph nodes are removed, or as a result of the cancer itself. Lymphedema develops in more than 50% of patients that undergo treatment for head and neck cancers and is more likely to occur if you have both surgery and radiation. Even though it is a life long diagnosis, there are things you can do to manage the condition and improve your quality of life.

To understand how lymphedema develops, let’s take a look at how your lymphatic system works first. The lymphatic system has multiple functions that include removing fluid from your soft tissues and being an important part of your immune system. It is a one-way system that consists of lymphatic vessels with one-way valves, lymph nodes, and organs, including the tonsils, spleen and thymus. Fluid, which includes proteins, water, white blood cells and waste products, is absorbed from your tissues and transported back to your blood stream via lymphatic vessels. As the lymph fluid travels back to your circulatory system, it passes through lymph nodes that filter out any foreign substances.

Lymphedema develops when there is a disruption to any part of the lymphatic system. Primary lymphedema is the result of a malformation of some part of the lymphatic system. Secondary lymphedema is caused when there is any damage, blockage or removal of lymph nodes and/or lymphatic vessels that results in a decrease in the ability of the lymphatic system to transport lymphatic fluid. This is known as lymphatic insufficiency and results in an abnormal accumulation of lymphatic fluid beneath the skin. The swelling itself can cause problems, such as decreased range of motion of the neck or jaw or difficulty swallowing. Because this fluid is protein rich, it can also lead to an increased risk of skin infections and changes in skin texture, such as hardening (fibrosis), if it is allowed to progress without treatment. If you notice that an area of your skin is red, warm, painful, swollen, and/or has a rash and you have a fever or flu-like symptoms, you might have a skin infection and should contact your health care provider.

Lymphedema of the head and neck can occur externally (involving the skin and tissues that are visible), internally (involving the mucosa of the pharynx and larynx), or both. Other than visible areas of swelling of the face and/or neck, symptoms can include a feeling of heaviness, fullness, or achiness of the affected area and difficulty swallowing. It typically develops 2-6 months after cancer treatment but can show up years after your treatment is completed. Swelling is often worse in the morning or after periods of inactivity and is usually improved with movement and being upright. Lymphedema may also become worse at higher altitudes, with weight gain, or during hot, humid weather.

The older I get the more I realize that the things money can’t buy hold the most value…………

Manners, Morals, Integrity, Respect, Character, Common Sense, Trust, Patience, Class and Love.

Anon
Being diagnosed with lymphedema typically involves having a thorough evaluation and physical exam during which a history of symptoms is taken along with measurements of the affected areas and assessments of the texture of the skin. An endoscopy may be performed to check for internal lymphedema. On some occasions, imaging techniques may be used to determine the extent of the lymphedema. Lymphedema is often staged using the MD Anderson Cancer Center Head and Neck Lymphedema Rating Scale. The scale uses the presence of swelling, pitting edema (being able to leave an indentation if you push on an area of swelling), the ability of the swelling to change depending on activity or position, and tissue changes to stage the severity of the lymphedema.

MD Anderson Cancer Center Head and Neck Lymphedema Rating Scale

<table>
<thead>
<tr>
<th>Stage</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No Swelling, but a sense of heaviness in the neck</td>
</tr>
<tr>
<td>1a</td>
<td>Visible mild swelling without pitting. Reversible</td>
</tr>
<tr>
<td>1b</td>
<td>Visible mild swelling with pitting. Reversible</td>
</tr>
<tr>
<td>2</td>
<td>Firm pitting swelling that is irreversible. No visible tissue changes</td>
</tr>
<tr>
<td>3</td>
<td>Irreversible tissue changes with scarring and fibrosis</td>
</tr>
</tbody>
</table>

Once diagnosed with lymphedema, there are several treatment options that can be implemented depending on the severity of the presentation. Sleeping with your head elevated can help decrease fluid that may accumulate when gravity is not helping with fluid drainage. You can also see a lymphedema therapist who will perform complete decongestive therapy (CDT).

CDT consists of manual lymphatic drainage (MLD), compression as needed, remedial exercises, and skin care. MLD is a light touch massage technique used to facilitate the pumping mechanism of the lymphatic system. Compression may be achieved by using short stretch bandages or garments that are either custom made or available over the counter. A lymphatic pump, such as the one by Tactile Medical pictured below, and/or Kinesiotape may also be used to promote lymphatic drainage.

Addressing any range of motion limitations or any scar restrictions may also help, as the lymphatic system is located just below the level of the skin and can be impacted by any scars that impede lymphatic flow. The ultimate goal of any treatment program is to decrease the amount of lymphedema present and design a home program to allow you to manage your symptoms on your own.

There are many resources available if you are looking for additional information about lymphedema. The American Cancer Society, American Head and Neck Society, National Cancer Institute, and National Lymphedema Network are all good places to start.

If you notice any increased swelling of your face or neck or difficulty swallowing, contact your health care provider to see if you need to start lymphedema treatment. The earlier you address the lymphedema, the better your results will be.
Hello! My name is Elizabeth Lucarelli – I am a speech pathologist and clinical specialist with InHealth Technologies in the Midwest region. I have been a speech pathologist for 12 years, and part of the InHealth clinical team since January 2018. As a clinical specialist, I generally travel around the Midwest region, providing education and support to other speech pathologists, patients, and clinics that work with the laryngectomy population. COVID-19 has changed that (and everything else!) quite a bit, so I am leaning into the benefits of connecting virtually. While staying home and apart from one another is important to keep us all safe, it is certainly not easy! Regardless of where you are in your post-laryngectomy journey, you have also likely realized how important it is to stay connected, not only with your own family and loved ones, but with other laryngectomees, too. Staying in touch and up-to-date can be as simple as your IAL newsletter or the InHealth Speakers Club newsletter (Speakers Club Sign-Up), but if you’re looking for something more interactive, we’d love to connect you with a virtual support group or our wonderful patient consultants. We have four patient consultants on the Inhealth team.

Please send an email to patient.support@inhealth.com to connect with the patient consultant in your area. They are happy to talk with you one-on-one, be a guest at your virtual support group, or help facilitate one if you are looking to connect with others – it’s easier than you think!

While we are thinking about “connections,” InHealth Technologies has worked tirelessly to provide comprehensive care to total laryngectomees. We have launched some exciting new products over the past few years. No two people are exactly the same – and stomas are no exception! The InHealth Technologies® Total Solution has products to meet a variety of stoma needs.

If you prefer adhesive housings, or you want to try something new, the Blom-Singer® FitSeries of Adhesive Housings may help. The Blom-Singer® AccuFit® Adhesive Housing is designed to be InHealth’s strongest, most adhesive option while still maintaining flexibility and stretch for improved seal durability. It has increased elasticity and is resistant to tearing. AccuFit® is a great option to consider for people who desire a stronger seal.

Do you need or prefer a laryngectomy tube? The Blom-Singer® StomaSoftTM Laryngectomy Tube is HME-compatible, flexible, and soft while maintaining your stoma. The reinforced tube holder tabs were designed to minimize breakage, which could help your tube last longer.
Staying Connected

Hello! My name is Elizabeth Lucarelli – I am a speech pathologist and clinical specialist with InHealth Technologies in the Midwest region. I have been a speech pathologist for 12 years, and part of the InHealth clinical team since January 2018. As a clinical specialist, I generally travel around the Midwest region, providing education and support to other speech pathologists, patients, and clinics that work with the laryngectomy population. COVID-19 has changed that (and everything else!) quite a bit, so I am leaning into the benefits of connecting virtually. While staying home and apart from one another is important to keep us all safe, it is certainly not easy! Regardless of where you are in your post-laryngectomy journey, you have also likely realized how important it is to stay connected, not only with your own family and loved ones, but with other laryngectomees, too. Staying in touch and up-to-date can be as simple as your IAL newsletter or the InHealth Speakers Club newsletter (Speakers Club Sign-Up), but if you're looking for something more interactive, we'd love to connect you with a virtual support group or our wonderful patient consultants. We have four patient consultants on the Inhealth team.

Mark Lanfersieck, Midwest.    Janice Hayes, Southeast.          Bill Murin, Northeast       Kathryn McPeake, West

Please send an email to patient.support@inhealth.com to connect with the patient consultant in your area. They are happy to talk with you one-on-one, be a guest at your virtual support group, or help facilitate one if you are looking to connect with others – it's easier than you think!

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“I love the fact that I do not have to use skin-tac before placing the baseplate and it lasts 24 hours. I have used other products but none seemed to do the job for me like the AccuFit.”   -HG; Baltimore, MD

The Blom-Singer® HydroFit® Adhesive Housing is a hydrocolloid baseplate with a protective, gel-like layer and moisture-absorbent adhesive. It is gentle on the skin and flexible, but maintains strong adhesion. Hydrocolloid baseplates like the HydroFit® promote healing by keeping the skin moist while protecting it from outside irritants.

“I have very sensitive skin and the HydroFit feels so nice on my skin. It is super flexible, so I am able to get a good smooth seal and it lays down on my skin smooth and completely flat, even over my curvy neck. I didn’t expect to be that impressed with a baseplate but it definitely stands out.”   -KM; San Diego, CA

If you want to learn more or have questions about any of these products, please discuss with your physician or speech pathologist – after you, they know your stoma best! InHealth’s team of Speech Pathologists/Clinical Specialists is also available for any questions you or your medical professional may have (education@inhealth.com).

We hope you continue to stay safe and healthy, and look forward to staying connected with you until we can see one another in person again!

Elizabeth Lucarelli, M.S., CCC-SLP

Clinical Specialist, Midwest Region InHealth Technologies

elizabeth.lucarelli@inhealth.com
patient.support@inhealth.com
education@inhealth.com

Have a good idea or helpful hint?

We welcome laryngectomees and caregivers to submit ideas that would be helpful for other laryngectomees.
Proactive Support … be the person to offer hope

By Stacey Brill MS CCC-SLP

Most of you reading this are persons with a laryngectomy. Remembering back to when you first heard the words “you have cancer”, you may well have been devastated. The words, “you need a total laryngectomy” were possibly life altering. While first reactions differ from person to person, many of my patients have told me they felt isolated, overwhelmed, and scared. Those initial days are a critical time for patients to receive information and support.

While there has been research into support for post laryngectomy patients, the focus of this article is on intervention upon diagnosis. Essentially, a proactive approach to working with patients. We know from researchers such as Nayak (2009) and Noonan & Hegarty (2010) some of the issues of patients who have undergone a total laryngectomy. Feelings of psychological stress, depression and social isolation were not uncommon. Physical worries such as altered swallow, speech difficulties, concerns with neck muscles, altered energy levels and other difficulties have been documented. Researchers’ findings have reinforced the need for rehabilitation management for prolonged periods after surgery. But what about the needs of patients pre surgery? Their worries, concerns, fears?

Research has shown that joining a support group improves both quality of life and survival of laryngectomees. Such groups can help patients feel better, more hopeful, and not so alone A support group allows the opportunity to talk about feelings and work through them, as well as to deal with practical problems. There have been in-person support groups for many years. In the age of internet and Facebook, there are a variety of online options for laryngectomees. Some of these include: Lary's Speakeasy Laryngectomy Throat Cancer Group, Lary's voice, WebWhispers Facebook Group, Laryngectomy Support, IAL, Let's Talk Laryngectomy Support Group, and New Voice Club Laryngectomy Support Group. These provide excellent support and resources but are generally accessed by post laryngectomy patients and can be overwhelming for patients preoperatively. At that initial stage, patients do not even necessarily know what questions to ask and may be find discussions frightening and information unfamiliar enough that they do not understand.

As a Speech Language Pathologist, I see patients preoperatively to provide them with education regarding laryngectomy surgery, communication options, safety measures and things to expect. However, referral to a speech therapist does not take place preoperatively in all cases, thus some patients go into surgery with limited understanding of what they will be facing and possible post-operative outcomes. Even with my support, the bottom line is that I have not walked in their shoes. I am not myself a laryngectomee. As I pondered how to help patients facing initial diagnosis, I felt it was of vital importance to provide them with preoperative support. Knowing that a support group might be too overwhelming, I considered other options. What I came up with was to create a program known as Lary Buddies.

What is Lary Buddies? Lary Buddies is made up of laryngectomees who are willing to work one-on-one with a preoperative patient. As such, a Lary Buddy can provide further education, comfort, and support to preoperative patients, families and caregivers. Lary Buddies can answer questions more realistically as they have already traveled the road about to be embarked on. Lary Buddies share experiences, give helpful hints and tips, and provide information they wish they had known at time of surgery.

In creating Lary Buddies, I asked permission of my laryngectomy patients to share their contact information with patients who will be undergoing surgery or those that have not made up their mind regarding surgery. Those that agreed became the basis of my Lary Buddy program. During new patient preoperative visits, I provide not only basic information but give each the contact details of a Lary Buddy that I feel would be a good match. If preoperative patients prefer, I share their contact
Proactive Support: Be the person to offer hope.

Buddy that I feel would be a good match. If preoperative patients prefer, I share their contact information with patients who will be undergoing surgery or those that have not made up their mind realistically as they have already traveled the road about to be embarked on. Lary Buddies share support to preoperative patients, families and caregivers. Lary Buddies can answer questions more overwhelming, I considered other options. What I came up with was to create a program known as Lary Buddies.

What is Lary Buddies? Lary Buddies is made up of laryngectomees who are willing to work one-on-one with a preoperative patient who may desperately need support in facing the journey you have already taken. As a laryngectomee, yes, you as one person can make a difference in the life of another and you may find, as my Lary buddies have, that the difference helps you as much as the person you set out to assist!

In asking Lary Buddies what they have gained from this program, the most frequent responses have been a good feeling that others do not have to go through this alone, increased self-understanding and the positive effects of helping others and reducing distress. Also reported have been a realization their own original fears and concerns were not unique, an increased ability to express feelings, learning information to assist others, improved social skills, and themselves gaining hope.

The Lary Buddy program has been beneficial for my patients, both those who are buddies and those who are preoperatively paired with a buddy To the speech pathologists, clinicians, doctors and other professionals reading this article, I encourage you to create such a network. To the laryngectomees reading this article, I ask that you consider becoming a Lary buddy in your community. Reach out to your ENT, Speech Pathologist, local voice club, support group or anyone who could put you in touch with a preoperative patient who may desperately need support in facing the journey you have already taken. As a laryngectomee, yes, you as one person can make a difference in the life of another and you may find, as my Lary buddies have, that the difference helps you as much as the person you set out to assist!

In this time of Covid 19, while you might not feel comfortable with in-person contact, nor would you most likely be able to visit in hospital, there are still ways to be a Lary buddy to others. Due to social distancing you may not be able to meet in person, but you certainly can Facetime, Skype, Instant Message, Email, text and talk on the phone. In today’s world of technology there are many ways to communicate. As noted previously, many preoperative patients want that one-to-one discussion from someone who can answer questions they may not be comfortable even asking their doctors. Some common questions have been those such as: how painful will surgery be? What to expect in the hospital? What can their family/caregiver do to help? For preoperative patients, having a sense of belonging and knowing they are not alone is vitally important. As a Lary Buddy you have the opportunity to share such information as: things you wish you had known, helpful tips you have found beneficial, best pieces of advice you were given and obstacles you have faced not only as a patient but also as a family. Be the preoperative support you perhaps wish you had had! You may be surprised by the impact your actions have on another. Kindness goes a long way and there is nothing kinder than reaching out to others, offering your insight and making a new friend along the way.

Stacy Brill is a Speech Language Pathologist at Lee Health, in Ft Myers Florida specializing in Head/Neck Cancer References:)


Introducing Doug Schmidt, new VP Sales for Atos Medical

Tell us a little bit about your background.

I have spent a majority of my career in sales and sales leadership to the healthcare market. For 30 years with Baxter Healthcare and Cardinal Healthcare I was fortunate to hold various positions in sales and sales leadership with multiple distribution and manufacturing divisions. One of the most rewarding values I gained throughout my career with Cardinal was the passion for providing the products and services to health care providers to care for people. The passion never left me.

What made you choose Atos Medical?

When I first learned about the opportunity with Atos, I honestly knew very little about the Laryngectomee community and the unique daily journey you encounter. The commitment and ongoing support to provide the best possible products, services and education to this community, and the way they are delivered, was unique to anything I had experienced in my many years in healthcare.

I felt strongly that I could help provide the leadership to the sales team as Atos Medical continues to support the Laryngectomee long into the future.

What do you love most about the job so far?

Getting to meet the people that work for Atos Medical. I have seen and experienced the daily passion and commitment to provide the best service possible.

In addition to the people, I’m proud to have learned the rich history Atos Medical and the IAL have shared. Atos Medical has been an ongoing supporter of the IAL and WebWhispers since our existence and we are committed to continuing with that support going forward. We most recently reached out and collaborated with the IAL to provide a virtual platform for their annual meeting that was cancelled due to Covid-19 that showcased various speakers both nationally and internationally along with a showing of Bill Brummel’s documentary, "Can you Hear my Voice?" It was a huge success as 328 unique users logged onto the IAL conference and of those 52% of the attendees had never attended an IAL meeting.

After such a success, the IAL has decided to move forward with some shorter educational events in the Fall with one planned tentatively for Friday, October 2nd on the topic of dysphagia/swallowing difficulties after total laryngectomy. Stay tuned for further details as we get closer to the date.
W. Kyd Dietrich assumes the post of Fire Chief for the City Of Hagerstown in 2011. He served in that post until he retired in 2015. He became acting chief after the current chief, Gary Hawbaker retired in 2010. Here is an article from the Herald Mail newspaper: Hagerstown Fire Chief W. Kyd Dieterich said he wants to leave an important message to his younger colleagues before he retires on June 30.

A survivor of laryngeal cancer, the 62-year-old Dieterich said medical professionals have determined that his condition was caused by being exposed to carcinogens as a firefighter.

He said firefighters should decontaminate, or shower and wash their clothes and turnout gear, as soon they can after battling a blaze to mitigate their chances of contracting the potentially fatal disease.

"We used to look at dirty, filthy turnout gear as a badge of honor," Dieterich said. "It meant you got the job done. It's not like that anymore."

He said researchers have learned over the past decade that carcinogens are absorbed into the skin and collect on firefighters' turnout gear. Without taking proper precautions, the toxic residue can have an insidious effect.

"We've learned so much in the last 10 to 12 years how firefighters are exposed to smoke loaded with carcinogens," Dieterich said. "Everyone at the very least should scrub up (at the station) .... If you can prevent it, you'll never have to deal with it."

Dieterich said he is cancer free after undergoing a total laryngectomy and intense radiation treatments. Despite his battle with cancer, Dieterich said he has had a fulfilling career.

As a child, he often visited Hagerstown's fire stations with his father, William, who was a longtime volunteer firefighter and worked in the city's signal department.

Dieterich said his career in the fire service began when he was a teenager. In 1970, he volunteered with the First Hagerstown Hose Co. on South Potomac Street, he said.

At the time, volunteer firefighters didn't receive the rigid training they are required to have today.

"The night you got voted in (to the company), you could jump on a truck and go," Dieterich said. "You kind of learned on the job. Now, it's a different world."

Dieterich said one of the most memorable moments of his 45-year career happened during a fire in 1976 at a home in the 500 block of Mulberry Street.

Linda Moffitt, a 29-year-old mother of two, died in the fire, according to Herald-Mail archives. Reports at the time said dispatchers couldn't understand Moffitt's panicked voice over the telephone.

And other factors, such as road construction and a fire truck getting stuck in the door of a Hagerstown fire station, significantly slowed the response time.

"It was just one of those calls you never forget," he said. The chief said one of Moffitt's children, Mick Moffitt, moved to Texas and became a firefighter. Dieterich left the area in the 1970s and served in the U.S. Coast Guard in Virginia. He said he returned to Hagerstown and was hired as a full-time firefighter in 1980.

He worked his way through the ranks from firefighter to apparatus operator. In 1986, he was promoted to shift captain and made battalion chief in 2003.

Dieterich said he was named acting chief in 2010 after Gary Hawbaker retired, and officially was sworn in as chief in 2011.

Over the years, Dieterich has acquired a number of antique fire trucks. He said he plans to spend his time in retirement fixing them up and making wine.

"It's going to be a real adjustment for me," he said. "I'm going to miss the job. I'm going to miss the people .... It's been a pretty good ride. There wasn't a day I didn't like coming to work."

Dieterich said he will leave the department in good hands. The city last week announced Steve Lohr, the former chief of the Montgomery County Fire Rescue Service, as Dieterich's successor.

Lohr has 30 years of continuous firefighting experience and oversaw nine assistant chiefs, 26 battalion chiefs and more than 1,400 career and volunteer firefighters in Montgomery County.

"He's someone of incredible integrity and conviction to the fire service," Dieterich said of Lohr. "He's no rookie. That's for sure."
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LAMENTS OF A LARYNGECTOMEE

BY: (REV. DR.) David B. Castrodale

I have been an ordained minister in a major denomination for over 62 years - so you know I am an old man. I have four post-high school degrees. Looking back over all those years of highly successful ministry I have no regrets whatsoever. But, it has not always been an easy battle, but thanks to a loving wife who has done everything humanly possible to give me a good life I am able to function adequately.

My first major surgery was 30 years ago in June 1990 - the first of three major surgeries that year. The first called “successful” and I went home from the hospital only to return five days later fighting for my life having lost most of the blood in my body. Nineteen pints were required to replace the loss. Home again and three months later back because healing wasn’t going right due to radiation I’d had before the first surgery.

Which brings to memory a source of bitterness. My wife kept the executives in my territory informed of what was going on. I knew going in the first time I would have a time of voice recovery so I’d prepared and had substitutes for several months. When I came out with no voice I was in a kind of “no man’s land.” The executives had no idea of how to deal with the situation other than to get me out of the way. They did not make any contact with my wife - did not make any attempts to visit me in the hospital for any of the three surgeries. I did not see any of them or the chairman of the ministerial committee until they showed up to moderate the meeting at which I was forced to retire. They would not wait for any kind of prognosis.

I was fortunate for two things. Our community had a new doctor - an internal medicine specialist - who became our family doctor for 25 of those 30 years. Second was the wife of a local funeral director - a speech therapist, living not too far from us. She not only got me speaking again but also got me involved with IAL.

That put the final touch on my speaking voice.

So for 25 years I had the very best medical care. I was able to return to preaching and served a congregation for almost the full 30 years. A few years ago our local community college began training RN’s and LPN’s. I offered to go to their training and tell of my experiences and make myself available for training their new nurses. ( I had passed the IAL exam given to the therapists in training.) I heard nothing from them.

Which brings me to the present. No medical person I’ve had contact with since my specialist retired and moved from town has seen any laryngectomee except me. So in a sense I have to tell them what to do. It’s even more obvious with the requirement to mask up - not once has any person checking on the masks understood that I do not use my nose or mouth. That includes the nurse practitioner at my local clinic.

It’s like “what goes around comes around.” After being diagnosed with throat cancer I went to our hospital for a required “second Opinion,” and was bluntly told not to come back there as they had no one to treat me, I had to travel almost 200 miles for surgery and follow-up. Now I have no medical person in the area who knows how to give me the best care.

That’s my lamentation.
The Third Voice
By Frank Morgan
Mario Lanza became my idol, when I was very young
I tried to emulate his voice, knew every song he’d sung,
In literature Keats and Shakespeare I studied very hard,
My voice would swell and passions tell, as I would quote the Bard.

But reading books and learning much weren’t total education
For music’s art would play its part, I sang with great elation.
In prose or verse, or tenor soaring, my voice was my ID
The accent sweet, the tone unique, told all that I was me.

Then cancer struck that fragile chord, not just once but twice!
Eating away, eroding, burning. Rewarding the smoking vice.
Cobalt beams would kill it dead, that very first time around,
Second time, the surgeon’s knife, and I’m left without a sound.

Desperation, fear and dread filled each day of my new life
As I tried ways to find out how to overcome my strife.
I had to learn to speak again, but how when on ones own
I was a freak, no one to teach, this silent fool… alone.

Then slowly, slowly words came out, a drone for sure, it’s true
But language graced these lips again, so how could I stay blue?
I’d used a tool, vibrating source, to imitate my voice,
Then I discovered gulp and speak…..I had another choice.

Where once I had a single voice, I find I now have three!
The third came with my keyboard “chord” and the screen of my PC.
The latest, loudest of them all, gives power to speak to nations,
And send out notes of hope and cheer to newer cancer patients.

The choice of the poem was based on its reflection of the time period when WebWhispers was created by its founder David “Dutch” Helms.

I Can Breathe Through my Neck What’s Your Super Power

Prayer for a Laryngectomee’s Spouse And Other Caregivers

“O, Heavenly Father, I look to thee for the strength I will need, as I encounter the trials and tribulations placed upon me.

I realize the road is long and rough, yet I know you will be there to guide me through the daily ups and downs ahead.

Give me strength, understanding, patience, and gentle compassion as I go forward with my spouse.

…………….Amen
President’s Message

Time seems to fly unless we are cooped up at home due to this Covid-19 virus and are suffering from “Cabin Fever.” It will be such a huge treat to be able to meet face to face again, without a face mask, and the fear of getting sick. We only have 9 months to go before (hopefully) our next Annual Meeting/Voice Institute. Be sure you have it marked on your calendar and are saving up for your trip.

If your family is like mine, they never know what to get you for Christmas or birthdays. You could suggest a plane ticket or other transportation to Charlotte as a lovely gift.

I hope all had a chance to enjoy our first webinar hosted by Atos Medical. It was very informative with great speakers, and sort of the “icing on the cake” was the Sunday showing of Bill Brummel’s film “Can You Hear My Voice.” Wow, what an inspiring film!! Thank You Bill! The turnout was great with over 300 people logging on to the webinar, over 40 from other countries, and more than half never having attended an AM/VI.

I also want to thank Caryn Melvin for all of the work she did in putting the webinar together. Caryn worked with Atos and put in many hours to make it a success. Caryn continues to work on getting another webinar ready for us. Watch out for the announcement and sign up for the next webinar on October 2, 2020 at 3 PM/EST. The topics that will be covered is dysplasia, (swallowing problems), and nutrition. She has lined up some experts in these problems and will also have some doctors available to speak and answer questions. Please be sure to be on the lookout for further announcements.

I also want to mention that while working with Atos Medical, Caryn is also working with Inhealth Technologies on a webinar, to be presented in early November and will be a support event. It will introduce clinicians and support services provided by Inhealth. It will be a great way to learn what services they have available to laryngectomees. Again, look for more information on this before long.

There are some others I want to thank for their dedication and work on our behalf. A big Thank You to Tony Talmich and Laura Winthrop for the Friday evening entertainment they so graciously put on Facebook. Many of us join in every Friday to see our own drummer boy, Tony and to enjoy the great music he brings us. It is such a nice way for all to stay connected in some way.

Thank you to the Heart of America Nu-Voice Club. These wonderful club members have made a generous donation of $2,500.00 to be used for scholarships for SLP’s to attend the Voice Institute. It is a generous donation that will be put to good use to benefit laryngectomee communities. Applications for scholarships will be forthcoming.

One of the biggest complaints we get is concerning our Website. I have been working with our Webmaster to get our website updated, more user friendly, and easier to navigate. We also want to add a way for our clubs to pay their annual dues on line and an easy way for everyone to make donations. It should be done before too much longer and I look forward to any comments or suggestions you may have. You can always send me an email at: agrath3004@aol.com. I would love to hear from you.

The Board of Directors is trying to find ways to cut our costs. One way we are looking at is sending out our newsletter on email rather than having to pay postage for a printed copy to be mailed. We also understand that some people do not have the option of email so we would continue to send them a printed copy. If you would not mind switching to the online delivery, please send me your postal address as well as your email address. My email address is shown above.

Want to let Mark Reichenbacher know that he is in our thoughts and prayers as he faces end of life decisions. We Love you Mark.

Sincerely,

Helen Grathwohl, President
Radio station 106.9 The FOX is located in the Hampton roads area of Virginia. Every week they honor a “Military Hero of the Week.” Recently, Joe was nominated by his daughters Shelly and Gina. Our father, Retired Chief Joseph Marasco, is truly a man of service. His dream growing up was to be a sailor. He enlisted in the United States Navy right out of high school and served in the Vietnam War. He was forced to retire with 20 years of service as a disabled vet due to a diagnosis of cancer. He was so disappointed his naval career was over; however, his service did not end there. Pops continued his calling to the military as a volunteer at the Portsmouth Naval Hospital. Nearly every day of the week, our father visits patients, bringing them hope, joy, and encouragement. He also serves his community in other ways: giving talks at schools to help students quit smoking or never start in the first place, feeding the homeless through his church and several local charities, raising funds for special needs children, and more. Our father has dedicated his life to being a man of service, and we believe is worthy of Military Hero of the Week!

Joe humbly replied to this honor on Facebook:

I am both humbled and thankful to have been nominated for the Military Hero of the Week. Humbled for being chosen by 106.9 The FOX and thankful to my two girls who nominated me.

I hope I can continue to be of service to others and to make a little difference in their lives. Thanks to all who made the wonderful comments on the post. I LOVE you all and may God Bless you.

ONE FOR THE BOOKS

Was on a family reunion in Galveston, TX for a week of fishing with family and Texas A&M buds. Rented a home on a canal for easy boat access to the bay. Wind blew all week from the wrong direction which caused the water level to be 2’ above normal consequently the dock was covered over a good foot. Noon time I decided to walk down to the dock that has shade from the patio topside. The place had a cutout for a boat with lift capabilities on pier level. No railing around cutout and shade hid the cutout so rod in one hand I walk slam off into the cutout area.

Water depth 8’…..shock value was immense. Knew not to inhale, and no one heard me fall in. Needless to say I was doing my earnest to crawl vertically for air with flip flops and rod in hand. Somehow I was able to grab the edge of the pier and pull myself on to the pier. Eventually I sat up, sitting in a foot of water when the scared part set in……that’s when my oldest just came by to see me dripping wet and speechless. Poor backup EL was trashed and I knew better to not activate it, worried about shorting out the electronics. My waterproof one was being charged in the house.

I think the only reason that the stoma hole didn’t flood was that the foam patch had some mucus on it and the water pressure closed the hole off as I never had to choke or grasp for air. The good lord was looking after my sorry arse…..grim reaper takes a back seat again.

So lesson learned was I don’t get on a dock or boat without being strapped into a life jacket and tell folks of my intensions when doing water related activities. Hard to believe also I never let go of my pricey fishing pole. That’s my story and am so glad the big guy has given me another shot at pestering my kids and grandkids. Oh, also keeping Irma entertained daily….not sure she agrees with the word entertained more like torment.

This was an email sent from Jeff Cane telling what happened to his IVox EL.

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