Clarksville/Louisville AM/VI a Major Success

More than 255 laryngectomees, their companions, speech/language pathologists and other medical professionals, vendors and others gathered to attend the 2010 IAL Annual Meeting and Voice Institute just across the Ohio River from Louisville, Kentucky in beautiful Clarksville, Indiana.

The occasion was the 59th convening of the Annual Meeting and the golden 50th anniversary for the Voice Institute. The Voice Institute was excellent under the continuing guidance of Voice Institute Director Jeff Searl, PhD. It was well attended with a total of 87 participants (increase of 14% over last year) including 19 practicing SLPs and 32 graduate students in speech/language pathology. 29 VIPs and LaryngectomeeTrainees were part of the group, and a total of 36 laryngectomees received help ranging from learning esophageal speech to getting free prostheses and the chance to try HMEs and hands-free valves.

The general session featured the awarding of two SLPs with the designation of “Master Clinician”—Zilpha Bosone, PhD, and Jim Shanks, PhD. Both have dedicated decades of service to the laryngectomee community in both clinical service and in the training of SLPs. Dr. Shanks gave the keynote address where he took the audience on a journey through the history of the IAL and profiled the central figures and events through the decades of laryngectomee rehabilitation.

A town hall meeting was held with IAL President Bob Herbst presiding (see article on page 4). The program lived up to its reputation for excellence with topics on every aspect of laryngectomee rehabilitation. A demonstration of laryngectomees participating in water activities was a well attended event at pool side. Two buses took anyone interested on a tour to a famous old candy factory and then were off to famous Churchill Downs for an afternoon of horse racing and a little wagering.

Some of the attendees at the 2010 IAL AM/VI opening session

The Delegates Meeting on Saturday was cordial and brief considering the length of the agenda. Bylaw amendments to reduce the term of the offices of President and Vice President from three to two years and to increase the option for Board members to run for three terms instead of two easily passed. An amendment to decrease the size of the Board was almost unanimously defeated based on changes that have occurred since it was originally proposed including the reduction of Board expenses.

All of those running for re-election to officer and Board positions won: Bob Herbst, President; Wade Hampton, Vice President; Joe Marasco, Treasurer; and Kay Allison, David Blevins, Sapp Funderburk as Directors. Elizabeth Finchem was nominated from the floor and also won election as a Director.

The annual banquet, auction and dance were very successful. Thanks go to the Hoosier Anamillo Club (Mary Jane Renner, President) which was the hosting club. They did an incredible job, and the IAL had better support from the local tourism bureau than for any Annual Meeting in anyone’s memory.

Many were delightfully surprised at the dance entertainment supplied by laryngectomee drummer Tony Talmich and Elvis impersonator Dave Morin. In addition to music from “The King” they provided lots of other oldies music that drew the crowd to the dance floor.

The 2011 AM/VI will be held in Kansas City on June 16-18, 2011 (Voice Institute participants come one day earlier). Bob Herbst and Wade Hampton have negotiated another outstanding contract with the headquarters hotel, the Holiday Inn CoCo Key Water Resort.

It was nearly impossible to find anyone who did not think this year’s meeting was a big success. Many attendees this year are already looking forward to Kansas City. Mark your calendars now to join us next year!
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Host Clubs Needed for 2012 and 2013

We are looking to identify locations for the IAL’s 2012 and 2013 Annual Meeting and Voice Institutes. Important considerations are:

- A relatively inexpensive hotel room rate (the more under a hundred dollars a night the better).
- A hotel that has a lot of meeting space.
- Meeting spaces will be free of charge if we guarantee a certain number of room rentals.
- A location that is attractive to families.
- Located within commuting distance of a teaching hospital or other clinical setting for the Voice Institute.
- That is a reasonable distance from the previous AM/VI (a different region of the country).
- Major airline connections.

We need a location with a local laryngectomee support club to perform a number of functions, although we can work with local people on what is expected of the club and its membership.

You can get additional information on what is needed at http://www.TheIAL.com and go to “Host an Annual Meeting” under Club Resources, or go to http://tinyurl.com/39ahzpa.

If you have questions, please feel free to contact us through IAL Executive Director Susan Reeves, SLP, by calling her toll-free at (866) 425-3678. There are many benefits to hosting an IAL AM/VI, with the major one to bring this wonderful experience to your local club members and those in your region.

Lary Laughs

“Where I work, I have a lady who works with me. We work in a two room office. Sometimes she goes off into the other room to do some things and usually when I need her for something, I just snap my fingers so she will know to come see what I want.

One day she had just gone into the other room as I was needing to show her something and I knew I could not get her attention with a snap so I clapped my hands, perhaps loudly, because she came out of the other room, hands on her hips, admonishing me with, ‘Well, you don’t have to shout at me!’ By the time I quit laughing, I had forgotten what I needed her for.”

Bob De Long

New Drug for Candida

This April the U.S. Food and Drug Administration (FDA) approved miconazole (sold under the brand Oravig) tablets for the treatment of mouth and throat candida in adults and children over age 16.

Candida, commonly called “yeast,” is the enemy of the TEP prosthesis. It grows on and into the silicon material of the prosthesis and eventually keeps the valve from closing completely producing leaks through the device. If cleaning does not fix the problem it is time to get a new prosthesis.

A commonly used remedy for candida is the old and fairly inexpensive liquid medication, Nystatin. You swish that around in your mouth and, if your stomach permits, swallow it.

Miconazole tablets are flavorless and odorless and don’t interfere with eating and drinking. Research has shown that it is as effective as clotrimazole (sold as Mycelex). The use of miconazole involves letting the tablet dissolve in the mouth. Like most drugs, it has a few side effects in some patients that your doctor can explore with you to see if it is a good choice for you.

The IAL News is published four times per year by the International Association of Laryngectomees.

The information provided in the IAL News is not intended as a substitute for professional medical help or advice, but only 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 medical condition.

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

As a charitable organization, as described in IRS 501 (c) (3), the International Association of Laryngectomees is eligible to receive tax-deductible contributions in accordance with IRS 170.
President Bob Herbst Spells Out IAL Challenges

At a specially scheduled “town hall meeting” held following the opening session of the International Association of Laryngectomees Annual Meeting President Bob Herbst shared a PowerPoint “slide” presentation on the financial challenges facing the organization.

One of the major challenges has been that audits were not completed for years 2007 and 2008 as required by the Bylaws. The missing audits would be a relatively minor problem except that Boards of Directors during this period of time and until very recently were unaware that expenses had continued at the same levels while income and net assets had significantly declined.

The primary reasons for audits not being completed and the lack of timely information on the organization’s finances included:

- Bookkeeping was incomplete and the books could not be reconciled by two different Certified Public Accountants.
- Turnover in key personnel from 2006-2010 included four Treasurers and four Executive Directors.
- A Treasurer became ill and couldn’t perform the duties. Bills were not sent out or paid. The individual eventually resigned.
- An individual who filled in for this Treasurer was unable to keep records in standard QuickBooks format.
- Records were not maintained that would allow the CPA to identify and match all income, bills and checks.
- In general, all IAL files including financial ones were incomplete or missing (caused in part by turnover).
- In addition to the Treasurer and Executive Director turnover, many Presidents, Acting Presidents and Board members resigned, were not re-elected, etc.

Bob reported that the current CPA told our Treasurer that IF it would be possible to obtain every missing record and complete audits for 2007 and 2008, and it was not possible, in his opinion, the cost to the organization would be up to $10,000 each.

However, Bob pointed out that federal tax form 990s for 2007 and 2008 could help fill in some of the missing numbers for those years. The forms, which were filed late, ultimately provided information showing that the organization’s net assets had declined for both of those years.

The second major challenge facing the IAL is the decline in the net assets of the organization. There has been a dramatic decline for the years 2007-2009.

IAL Assets - 2006-2009

<table>
<thead>
<tr>
<th>Year</th>
<th>Source</th>
<th>Net Assets</th>
<th>Gain/Loss</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>Audit</td>
<td>$570,987</td>
<td>-$3,693</td>
</tr>
<tr>
<td>2007</td>
<td>990*</td>
<td>$518,288</td>
<td>-$52,699</td>
</tr>
<tr>
<td>2008</td>
<td>990*</td>
<td>$415,788</td>
<td>-$102,500</td>
</tr>
<tr>
<td>2009</td>
<td>CPA**</td>
<td>$155,238</td>
<td>-$260,550***</td>
</tr>
</tbody>
</table>

*Federal tax form 990
**CPA’s 2009 Financial Report
***This figure includes carry over losses from previous years just now being found by the auditor. They include a 2007 $65,000 error (cashed in CD incorrectly credited as income instead of a loss), $94,000 carry over stock value loss (from 2007 and 2008), at least $46,000 loss from the 2008 Little Rock AM and $10,000 loss from LR Voice Institute, money meant to be spent such as the Rice Fund, differences in bookkeeping entry dates (when bills were received versus paid), etc. 4/5ths of the loss resulted from events and results that did not occur during 2009.

Included in the remaining $155,238 are two funds that can only be spent in limited ways. One is the Batten Voice Institute Scholarship Fund ($85,000), with the interest used for laryngectomees to attend the VI who otherwise could not afford to do so. It also includes the Prohaska Fund ($4,000) that pays medical expenses for laryngectomees who have no other source of funding. With those funds subtracted from the current net assets, this leaves what might be thought of as potentially spendable funds of only $66,238.

Aside from making the organization’s continued existence less secure, the dramatic decrease in net assets means that the IAL has lost the interest/dividend income from the larger net asset amount. This had been a major source of income and it must be replaced.

The largest single source of financial loss was the stock market crash. As was true for many other charitable institutions, the IAL suffered a major financial blow. In order to stop the losses that threatened the continued existence of the IAL, the Board voted to remove all assets from the market and put them in government guaranteed deposits. While doing so kept the IAL from suffering further losses, it also meant that it could not benefit from market recovery and the loss of a source of significant income.

(Continued on pg.6)
Welcome two new family members

XtraMoist™ HME comes even closer to mimicking normal nasal function. Humidification is improved and good airflow is maintained for easy breathing. XtraMoist is recommended for patients who have recently undergone a total laryngectomy, and for those already accustomed to using an HME.

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HME (artificial nose) Selection Guide

<table>
<thead>
<tr>
<th>HME Cassette</th>
<th>Airflow Resistance</th>
<th>Humidification</th>
<th>Bacteria, virus, dust and pollen filtration</th>
<th>24/7 capabilities</th>
<th>Antimicrobial hygroscopic properties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>Low</td>
<td>Better</td>
<td></td>
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<tr>
<td>HiFlow</td>
<td>Lower</td>
<td>Good</td>
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<td>XtraMoist</td>
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<td>XtraFlow</td>
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<td>Micron</td>
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<td>FreeHands</td>
<td>Low</td>
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Provox FreeHands HME cassette is not to be worn at night unless used with an HME cap. Insurance coverage, payment, co-payments, deductibles and some restrictions apply depending on the individual’s policy and medical need.

www.atosmedical.us
A second major source of financial loss was the 2008 Little Rock Annual Meeting. It had a deficit of at least $46,000 (with $10,000 of the total loss coming from the ACS withdrawing financial support from the Voice Institute after planning had been complete). With only 115 people attending, the room guarantee quota was not met and the IAL had to pay the cost of renting the meetings rooms.

Although we hope to negotiate it down, the IRS penalties for late filing of the tax forms for 2007 and 2008 could be as high as $10,000.

Until recently and because it felt that it was obligated to wait for the official audits and the more trustworthy figures they would provide, the Board was unaware that expenses continued to be higher than income, and/or that the differences were as great as they turned out to be. Not having a written budget contributed to this lack of information on which better spending decisions and further cost-cutting could have been made.

Bob listed a sampling of a number of cost-saving actions taken by the Board of Directors:

**IAL Cost Cutting**

- Reduced cost of Executive Director. Had been paying $30,000/year, now paying E.D. Susan Reeves’ employer up to $12,000/year for her services on a part-time basis.
- Volunteers where E.D. works do a lot of IAL work without billing us.
- In addition to her services, her employer, the West Texas Rehabilitation Center, provides the facility, secretary, technical support, and speech pathology support.
- Members of the eleven member 2009 Board of Directors contributed about $20,000 in cash and not requesting reimbursement for authorized travel expenses.
- Current Board members are donating part or all of travel and hotel expenses for this AM. All are donating per diem expenses.
- Interim (mid-year) meetings of the Board continue to be cancelled and much of the work of the organization is done through e-mail.
- Better contracts were negotiated with hotels for Meetings in San Mateo and Clarksville. Rates were lower, enrollments/registrations up, room quotas met, and vendor income increased.
- Every expense has been examined and consideration given to eliminating or reducing it.

In addition to cutting costs the Board of Directors has worked to increase income. Bob listed some of these:

**Increased Income**

- In Memory/Honor Of Program begun and it contributed to the total of $18,019 given in donations in 2009.
- The IAL cookbook raised $2,000 after expenses.
- Vendor support has increased (despite losing some smaller vendors due to the economy).
- *IAL News* turned from a source of net financial loss to a net gain (total of $3,519 profit for the last three issues).
- Eliminated the position of Financial Advisor who had been paid 1% of the net worth annually.
- Replaced the paid *IAL News* editor with a volunteer saving about $9600/year.
- Eliminated deficit spending for *IAL News* from about $5,000/year to a net gain.
- Cut the budget of the Voice Institute by about $10,000.
- AM/VI program produced about $1,700 profit last year and this year.
- Voice Institute enrollments have increased along with registration income. (Graduate students help meet room quotas).
- Three proposals have been sent to foundations. All rejected due to lack of financial information (audits), and one rejected for being overly broad.

Bob concluded his presentation by stating that information about the financial situation of the IAL had not been withheld. Many false rumors had circulated about why financial information was not produced as required by the Bylaws. He stated that every reasonable effort had been made to comply with the Bylaws to create audits for the missing years, but this had defied being accomplished by all those who tried to do so (four treasurers, four EDs and at least two CPAs).

He also added that the disagreements within the Board only involved in what form the information should be provided, to whom, and when. He stated that this was necessary and proper to avoid providing possibly in-
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CPR for and by Larys

An issue for families with a laryngectomee member is how to do cardiopulmonary resuscitation on a lary, or how the lary could do CPR on someone else. The problem has been the part of CPR involving mouth-to-mouth breathing. Since the noses and mouths of larys are no longer connected to their lungs, they could not do rescue breathing on a non-lary without specialized equipment. Also, a general problem for standard CPR is the difficulty and reluctance for anyone to give unprotected mouth-to-mouth breathing to strangers and even family members.

A potential solution is chest compression-only CPR. In most cases, but not all, including situations such as victim of drownings, compressing the chest is enough to pump sufficient blood to the brain, according to the American Heart Association and other sources. Those with computer access can watch a video of this method being used at the Mayo Clinic at this Internet address:

http://www.youtube.com/watch?v=E5huVSebZpM

The IAL is working on a revision of its booklet on CPR by and to laryngectomees. It may combine elements of the previous method along with the chest compression-only method that would allow a laryngectomee to perform CPR on a non-laryngectomee. The IAL is also looking into the creation of a DVD that would illustrate the recommended methods.

We Need Your Help

► There is no absolute guarantee that the IAL will continue to exist.

► Whether it does depends on all of those who care about laryngectomee rehabilitation—from those who volunteer to do the work of the IAL—to our clubs, vendors, medical professionals, caregivers/companions and every laryngectomee.

► We need to further cut costs, but we also need new sources of income.

► You can help by providing your thoughts, suggestions and help.

Please also read the article on pages 16-17. It contains additional information about the IAL’s finances.

Tip

In flushing your TEP prosthesis use warm (not hot) water instead of water that is cold or room temperature. In addition to doing a better job of cleaning the prosthesis Dr. Itzhak Brook believes that it extends the life of the prosthesis.

Kansas City Here we Come in 2011!

Mark your calendars now to attend the IAL AM/VI in Kansas City June 16-18 (VI participants from 15-18). See the November issue for more details.

Note: Dr. Itzhak Brook has a PowerPoint presentation “Rescue Breathing for Laryngectomees and Other Neck Breathers” that can be downloaded at his website (intended for those already knowing CPR):

http://dribrook.blogspot.com
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Am I Cured Yet?
By Itzhak Brook, MD

(Editors’ Note: One thing laryngectomees share with other cancer survivors is the fear that the cancer will return or that a new one will develop. Below, Dr. Itzhak Brook, a medical doctor who is a fairly recent laryngectomee, shares his personal feelings about this common concern.)

Once one had been diagnosed with cancer and even when it had been successfully treated, it is difficult and close to impossible to completely free oneself from the fear that it may come back. Some people are better than others in living with this uncertainty, and those who adjust well to this reality end up being happier and are more able to go on with their lives than those who do not.

I experienced the fear of recurrence since I was diagnosed with throat cancer that was diagnosed and treated with local excision (surgical removal) and radiation. My fear actually materialized when I had a local recurrence 20 months later that required laryngectomy.

Even though I religiously followed my surgeon’s recommendations and was examined once a month and had diagnostic PET and CT scans, all of these failed to detect the recurrence until the tumor was large enough. I learned the hard way that all these scans and even the examiners’ eyes have their limitations. PET and CT can only detect cancer that is larger than 1 centimeter [about the width of your little fingernail] and physicians can miss a small lesion that is located at a difficult to visualize site.

Even though my surgeons assured me that the laryngectomy removed all cancerous tissues and that my chances for recurrence and spread were small my anxiety and fear was not gone and the worry that I was not cured was hanging over me. I was afraid to make long-term plans such as out of town trips or repairing my house. When confronted with a simple task like responding to my mail, writing a manuscript or fulfilling a promise, I tried to do it promptly in case I got sick again.

Once a month I visited the Otolaryngology Clinic for an examination of my throat using a scope and had PET-CT scans every three months for the first year and less often later. As the date of the scheduled scans approached, I always became nervous. After the scan was complete, I eagerly waited for the results.

On several occasions, these tests showed worrisome findings that necessitated further studies; and in other instances, they manifested [showed] inconclusive results that had to be monitored until the next scans, planting a seed of uncertainty in my mind. Whenever the scans did not show any new abnormality, I felt great relief and that I had been granted a temporary lease on life until the next tests were done. My life became a series of three-month intervals of relative calm until the next set of scans.

I was eventually told by my otolaryngologist [Ear, Nose and Throat MD] sixteen months after my last surgery that there was no need to repeat the scans so often because they were stable and did not show any ominous signs of cancerous spread. He explained to me that there is no scientific evidence that repeating the scans at three-month interval improves survival and it is just a waste of medical resources. What he was also attempting to tell me without actually saying it was that if the cancer did spread to other locations in my body there was little that could be done to combat it and knowing about it earlier would not change the outcome.

I was hesitant to accept this message. I became so used to the three-month cycle of scans, which was actually recommended by my physicians because of suspicious findings that eventually disappeared. I had to accept the reality that I would always have to live with the threat of cancer’s return and that physical examination and vigilance would be the best way of monitoring my condition. Accepting this was difficult, but eventually it partially freed me from the endless cycle of scans that was accompanied by anxiety prior to the tests and temporary relief after they came back negative.

Whenever I experienced new medical problems or symptoms I was afraid of the worst-case scenario. For each ailment, regardless of its severity, my mind jumped to the conclusion that the problems were the result of the cancer spreading locally or systemically. This snowballing of anxiety and worry was only relieved after I underwent thorough medical evaluation, including radiological and other studies.

After so many close calls, I refused to let up my guard and trust that the cancer was gone. When I shared the day’s events with my otolaryngologist, he told me that my experience is common to many other patients with cancer who keep living through these stressful events for the rest of their lives. They suspect cancer to be the culprit of every new physical, radiological, or laboratory finding. “You will have to learn to live and better cope
Lary Laughs

“I’m learning to adjust to being a lary. I play golf and where I used to shout ‘fore!’ I now just hold up four fingers.”

(Hank Luniewski)

with this reality.”

I have not yet reached the stage where my fear and worry are gone. I guess I will never be completely free of them but perhaps living with the uncertainty will get easier over time. Being vigilant and getting to the bottom of each problem is actually a positive thing and should be encouraged. It can lead to better treatment and early detection of recurrence and spread. However, a healthy balance between the anxiety and the reality is important so that one can go on with life.

What helps me cope with my worries is that I try to first wait a few days before I seek medical help unless it is an urgent problem. Happily the majority of my problems and symptoms seem to go away within this time. I also learned not to panic but use my past experience and the knowledge that I had gained about my illness and try to rationalize and understand what I feel and experience. When I do that I can generally calm myself down by understanding that what I have is expected and is not serious and wait patiently for my next appointment with my doctors.

I hope that I will get better in coping with the uncertain future over time and learn to accept it and live with it striking a balance between fear and acceptance.

Was the 2010 IAL Voice Institute good?

“I gave my brother...a trip to the IAL Voice Institute in Louisville and now I just want to thank you for the excellent program, environment, and encouragement he—and all the others—received. He came away renewed and ready to take (the) next steps. I do believe that providing this trip is the best thing I’ve ever done for someone.”

Fact-The larynx is the most common location for cancers of the head and neck.
Lary Gear

Magnifying Mirror

Getting a good look is important as we clean our stomas, install a patient-changed prosthesis, clean a prosthesis, etc. In addition to a good source of light, magnification helps. And one way to get a better view is by using a magnifying mirror.

The mirrors shown are both from Walmart, but can be purchased in many stores. Both have one side that is a standard mirror and the other is a concave 5X magnifying mirror.

The less expensive one is the table mount. The one shown costs just under $10 and can typically be found in the store section where make-up and other personal products are sold. The disadvantage of this style is that you typically have to be seated to use it. An advantage over other kinds of handheld mirrors is that you can use it hands-free.

Another type mounts on the wall. The one pictured was mail ordered from Walmart and is made by Conair. It sells for about $30.

Medical History on a Bracelet

Our question, “Who will speak for us in a medical emergency if we cannot speak for ourselves?” causes a great many of us to wear a Medic Alert bracelet that identifies us as a “Total Neck Breather” along with other medical conditions or allergies. Detailed medical information can be obtained by emergency personnel via a toll-free phone number. Now a bracelet is available that contains our complete medical history on a USB computer memory device. It is sold by Carememoryband.com for about $19.99 and is available on line and at retail stores. It comes in black, blue, gray, green and pink; and in different lengths. Retailers include Walgreens, CVS Pharmacy, Target, Kroger, SavMor Pharmacy, HEB Pharmacy, and Frank W. Kerr Company. Check their web site for other locations.

Thanks to Tom Olsavicky of the Tidewater (VA) Lost Cord Club for the recommendation.

Boogie Wipes

Laryngectomee Diane Andrews ran across a product she likes:

“Yesterday, while at Walmart, in the kid’s allergy and cold section, there’s a product called Boogie Wipes. It’s for mucus from runny noses, dried on mucus, etc. So, I bought a pack. They work wonderful. I bought more today. I always have the dried mucus and my stoma also gets sore from wiping it with tissue all the time. This was actually soothing and got the dried mucus off easily.”

Note: Just be sure to check the label and keep it out of the stoma itself.

Pill Splitters

Most laryngectomees have problems swallowing in the period immediately following surgery. But for some, the problem continues because of the nature of the surgery they had and/or because of a tendency for the esophagus to narrow over time. Stretching of the esophagus (dilation) can help, but so can doing things like chewing food more thoroughly, drinking more fluids while eating, and others.

Swallowing larger pills can be especially challenging and one solution is to get a pill splitter that will cut a larger pill into two or more sections. These should NOT be used on pills which are the timed release type where medication is gradually absorbed in the digestive tract. The medicine bottle should provide this information. Available at drug and other stores, the one pictured sells for about $4 at Walmart.
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Does Wisdom Come with Age?

Most laryngectomees are senior citizens and it has long been said that wisdom comes with age. But is this true?

According to a study reported in the Virginian Pilot newspaper on April 11th, the answer may well be that wisdom does indeed grow with age. The study’s author, Richard Nisbett of the University of Michigan, found that older people are more likely than younger or middle-aged ones to have “social wisdom” including the understanding that people hold different values, to accept that things change over time and to acknowledge another person’s point of view.

Nisbett also concluded that the age impact on wisdom holds true at every level of social class, education and general intelligence. In the study people in three age groups were given reports about conflict between groups in a foreign country and asked what they thought the outcome would be.

Their responses were then rated by researchers who did not know which individual or age group the person responding was from.

Ratings were based on things like looking for compromise, taking other people’s points of view into consideration, flexibility and looking for ways to resolve the conflict.

While the researchers were not surprised that wisdom increases with age, they did not anticipate how strong the results would be for dealing with social conflicts.

A Canadian professor stated that the study was “the single best demonstration of a long-held view that wisdom increases with age.” She went on to state, “What I think is most important...is that it shows a major benefit that (comes) with aging rather than the mostly loss-based findings.... As such, it provides a richer base of understanding of aging processes. It also suggests the critical importance of workplaces’ maintaining the opportunity for older employees to continue to contribute.”
Imaging Technique May Predict Chemo/Radiation Success

The trend in recent years is to reserve total laryngectomy surgery as a fall-back position if other treatments such as combining chemotherapy with radiation fail to be effective in order to try and save the larynx and normal swallowing and breathing. But the challenge is to know soon after these other treatments are given whether they were successful or if surgery will be required to remove any remaining cancer.

An article in a recent major medical journal reported that a combination of imaging methods completed six to eight weeks after patients had chemo/radiation helped identify patients who would need surgery. The authors of the study wrote, “These nonsurgical approaches produce an excellent response at the primary tumor site and cervical lymph nodes resulting in high rates of locoregional disease control” (preventing spread).

The imaging techniques combine PET scans (Positron Emission Tomography) with CT scans (Computer aided Tomography). Both machines take three dimensional images, but CT uses x-rays while PET scan uses a radioactive injected marker.

The authors concluded, “In addition to early prediction of treatment response, PET-CT provides early detection of distant metastases [spreading of the cancer], which permits earlier intervention in patients with distant disease."

For those unable to speak a text-to-speech program can come in handy and even save your life. A free one is available at http://etriloquist.com.

2010 Budget is Passed

The Bylaws of the IAL describe the process for the creation of an annual budget. However, the organization has not operated under a budget for several years because it did not have the financial information needed to create one. What was needed were audits created by a Certified Public Accountant, and those were not created for the years 2007 and 2008 (see separate story on page 4).

The figures for 2009 in the chart to the right were prepared by the IAL’s Certified Public Accountant. The information was the best available at the time of the Annual Meeting. With subsequent information a number of figures would change such as the figures for the costs for printing and mailing the IAL News and other inconsistencies. But in the interest of not continually revising the figures as more information becomes available we have “frozen” the numbers at the point of the CPA’s financial report to the Board of Directors.

The figure that shows that $166,714 more was spent in 2009 than was taken in from income may turn out to be somewhat inaccurate. However, 56% of the indicated loss was caused by the stock market crash. At least 30% was caused by the financial losses from the 2008 Annual Meeting in Little Rock (see story on page 4). Nevertheless, the figures still indicate the general trend and challenge.

The figures for 2010 were prepared by IAL officers and Board of Directors members and passed by it at its meeting on Sunday June 20, 2010. These figures represent the tentative budget for the coming year.

The 2010 budget reflects a number of changes including cuts the Board made in its expenses. However, the declining value of the organization’s investments and the loss of interest income from them still result in a budget that anticipates deficit spending unless additional income can be raised.

You will note, for example, that dues from clubs was 2% of the income for 2009. Even with more cost-cutting, club dues are likely to pay a little under 4% of 2010 costs. Since it is a practical impossibility to raise club dues enough to cover the deficit, it is believed that current IAL programs face being eliminated or decreased in quality without new income. (Story on page 4).
# IAL Income and Expenses for 2009 & Budget for 2010

## Support & Income

<table>
<thead>
<tr>
<th>Source</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Club Membership Dues</td>
<td>$ 4,381.00</td>
<td>$ 5,036.00</td>
</tr>
<tr>
<td>Annual Meeting</td>
<td>$ 21,365.00</td>
<td>$ 21,000.00</td>
</tr>
<tr>
<td>Donations</td>
<td>$ 18,019.00</td>
<td>$ 25,000.00</td>
</tr>
<tr>
<td>Voice Institute</td>
<td>$ 22,903.00</td>
<td>$ 22,000.00</td>
</tr>
<tr>
<td>IAL News Advertising</td>
<td>$ 11,480.00</td>
<td>$ 23,475.00</td>
</tr>
<tr>
<td>Services</td>
<td>$ 2,980.00</td>
<td>$ 2,800.00</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$ 1,407.00</td>
<td>$ 1,000.00</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$ 82,535.00</td>
<td>$ 100,311.00</td>
</tr>
</tbody>
</table>

## Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss from Investments</td>
<td>$ 93,766.00</td>
<td>$ -</td>
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<tr>
<td>Annual Meeting</td>
<td>$ 72,450.00</td>
<td>$ 27,000.00</td>
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<tr>
<td>Voice Institute</td>
<td>$ 28,065.00</td>
<td>$ 24,000.00</td>
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<tr>
<td>IAL Expenses</td>
<td>$ 21,275.00</td>
<td>$ 21,000.00</td>
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<tr>
<td>Batten Scholarships</td>
<td>$ 9,700.00</td>
<td>$ 2,700.00</td>
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<tr>
<td>Executive Director</td>
<td>$ 6,175.00</td>
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<tr>
<td>Webmaster</td>
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<td>$ 2,000.00</td>
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<td>Insurance</td>
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<td>Postage</td>
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<td>$ 1,900.00</td>
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<td>Bank fees</td>
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<tr>
<td>Office Expenses</td>
<td>$ 1,331.00</td>
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<td>Telephone</td>
<td>$ 1,260.00</td>
<td>$ 1,300.00</td>
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<tr>
<td>Travel</td>
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<td>Prohaska Fund</td>
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<tr>
<td>Misc</td>
<td>$ 605.00</td>
<td>$ 600.00</td>
</tr>
<tr>
<td>Professional fees</td>
<td>$ 510.00</td>
<td>$ 1,400.00</td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>$ 283.00</td>
<td>$ 300.00</td>
</tr>
<tr>
<td>Print &amp; Mail IAL News</td>
<td>$ -</td>
<td>$ 20,000.00</td>
</tr>
<tr>
<td>IRS potential fines</td>
<td>$ -</td>
<td>$ 10,000.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$ 249,249.00</td>
<td>$ 129,400.00</td>
</tr>
</tbody>
</table>

## Net Profit or Loss

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$(166,714.00)</td>
</tr>
<tr>
<td>2010</td>
<td>$(29,089.00)</td>
</tr>
</tbody>
</table>

1. Our investments are no longer in the stock market.
2. Includes a minimum $46,000 loss from 2008 Annual Meeting in Little Rock.
3. The auditor has been asked for more details about what is included.
4. Reflects lower income from investments.
5. Not identified specifically in 2009 expenses (probably included in IAL Expenses category).
6. Maximum fine for not completing federal 990 forms on time. It is hoped that this figure will be less.
7. Shows CPS’s reported net loss from last year. Figure to the right is the projected deficit for 2010.
New Officers and BOD

Mary Jane Renner (2nd from left) administers the oath of office to newly elected officers and Board members during the banquet at the 2010 Annual Meeting in Clarksville, Indiana. From left to right: Joe Marasco, Treasurer; Mary Jane Renner, host club President; Sapp Funderburk and Kay Allison, Board members; Bob Herbst, President; Wade Hampton, Vice President, and Dave Ross, Elizabeth Finchem and David Blevins, Board members.

Dr. Brook’s Book Reviewed In ENT Journal

There have been medical doctors before who became laryngectomies. But there has never been one in recent memory like Dr. Itzhak Brook who has turned his experiences in becoming a laryngectomee into a crusade to educate the medical profession (and others) about laryngectomies and the legitimate fears we have when under the care of medical professionals.

His book about his experiences, My Voice: A Physician’s Personal Experience with Throat Cancer, was recently reviewed in Laryngoscope, a prestigious journal for ENT (Ear, Nose and Throat) medical doctors. His book has also been adopted as required reading in some medical schools in the training of ENTs. The book is available for sale at $12.95, but Dr. Brook is also giving it away free one chapter at a time on his web site.

Here is part of the review in Laryngoscope by Jack Anon, ENT MD:

“This book is not the typical subject matter of the internationally recognized Itzhak Brook, Professor of Pediatrics at Georgetown University Washington, D.C. Indeed, this expert in head and neck infections is more recognized by his book Sinusitis from Microbiology to Management or his multitude of research articles in our own otolaryngology journals.

Rather, My Voice is his first hand tale of the past three years of his life as a patient with hypopharyngeal squamous cell carcinoma.

My Voice gives the reader Brook’s perspective of his life altering illness. He shares in vivid details the roller-coaster of emotions—despair following diagnosis, false hopes after conservative painful treatments fail, to the eventual heartache of the loss of his larynx and hypopharynx.

Through his eyes, we as head and neck surgeons—indeed, as fellow physicians—see our own weaknesses and as the role of teacher that has fit Itzhak Brook so well, we are taught that we must learn, once again, that the noble medical professional revolves around patient care—not just disease care.

How often do we treat the disease as a bodiless piece of tissue under the pathologist’s microscope instead of an individual with a problem? How often does our hurried schedule during the day hurt the people we touch? How does our approach to our daily lives as a professional with a job instead of a caring doctor diminish our roles from ‘providers’ to ‘takers’? All too often, as pointed out by Brook. The textbooks and journals teach us about disease and current treatment recommendations. My Voice, the new “must read,” emphasizes it is still all about the person/patient on the receiving end.

The book can be purchased for $12.95 through Booksurge.com.

You can also read My Voice for free by chapter at Dr. Brook’s web site: http://dribrook.blogspot.com.

In Memorium

The laryngectomee family has lost three dear friends.

Noor Ali, from Pakistan, was among the most active writers on WebWhispers, a member of the IAL’s International Outreach Committee and was instrumental in establishing support groups in his country.

Ginger Harrison was active in her local club and was a permanent fixture at IAL Annual Meetings manning the Auxiliary tables and helping to raise thousands of dollars for the organization. Her dedication to the IAL was exceptional.

Fred Losch was something of a celebrity within the laryngectomee community as a member of the famous Black Sheep flying squadron of WW II (and television series) fame. Fred was a retired businessman and divided his time between California and his ranch in Idaho.

Our condolences to family and friends. We miss each of them.
Donors Give in the Name of Others

The IAL has a program that invites individuals, clubs and others to contribute to the IA in memory of those who have left us, and to honor others we feel worthy of recognition.

DONATIONS

In Memory of:        Donor:
Noor Ali              David Blevins
Ginger Harrison       David Blevins
Fred Losch            David Blevins
Paul Pieciuk          Bob/Lesley Herbst

In Honor of:        Donor:
Terry Duga            Bob/Lesley Herbst
Dr. Jim Shanks        David Blevins

You may make your (U.S. tax deductible) donation via regular mail by sending a check along with the name of the person you wish to remember or honor to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309; make it through the web site at http://www.TheIAL.com; or by credit card using the information on page 21.

Each donation will be privately acknowledged and also posted on the IAL web site.

Gifts will also be periodically acknowledged in the IAL News by donor (unless you wish to remain anonymous) along with the name or names of those who are being honored.

Shiley Tubes Recalled

Shiley branded tracheostomy tubes and custom tracheostomy tubes are being recalled because the product’s cuff may not hold air due to a possible leak in the pilot balloon. The Food and Drug Administration is investigating the circumstances surrounding the death of three patients with tubes made by Covidien.

Problems can be reported to the FDA at 800-332-1088 or http://www.fda.gov/medwatch/report.

This problem is unrelated to more commonly used products such as standard laryngectomee tubes.

Materials Collection Available

Dave Ross of the Nu Voice Club of Daytona, Florida, took it upon himself to carefully examine as many materials he could find on laryngectomee rehabilitation. He was interested in coming up with a set of materials he and his club would distribute that provided basic information.

His collection, “The Laryngectomee’s Guide: Helpful hints, tips and ideas to assist the Laryngectomee and his/her Caregiver,” consists of materials downloaded from the American Cancer Society, “Questions & Answers for the Laryngectomee” (a publication of the Florida Laryngectomee Association and expanded upon by Dave), and a draft of the IAL’s publication “First Steps.” A DVD on life as a laryngectomee will be added soon.

You can download the print materials at http://webwhispers.org/library/FreefortheAsking.asp.

You can also contact Dave at daveross37@earthlink.net or Dave White at davesplace3@cfl.rr.com.

On the Tobacco Battle Front

In conjunction with the 30th Annual North Dakota Speech Seminar for laryngectomees last October 16-17, speech advisors joined members of the Red River Nu-Voice Club in tobacco prevention education at a middle school in Fargo. They were joined by IAL President Bob Herbst and Brandon Carmichael from Fargo. Bob and Brandon are featured in a tobacco awareness film produced by the American Lung Association and used in US and Canadian schools about the dangers of smoking (“NO IFS, ANDS, OR BUTTS”). Contact the American Lung Association at http://www.lungusa.org.
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- Terrie Linn Hall—Secretary  
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- Joe Marasco—Treasurer  
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- A newsletter that is published four times annually. A $5 a year donation is requested but is not required.

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  - *Rehabilitacion de la Voz*—(1/2" Video or DVD, 35 min.)

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