Bob Herbst becomes IAL President

In accordance with the IAL Bylaws, Vice President Bob Herbst accepted the resignation of President Tina Long on November 19, 2009, and assumed the duties as President.

Bob, who is retired, maintains homes in both Connecticut and Florida. He was a major force in organizing the very successful 2009 Annual Meeting and Voice Institute in San Mateo, California, as chair of the Annual Meeting Committee.

In addition to his major time commitments to the IAL, Bob is also active in several clubs, is a frequent anti-smoking speaker, attends many regional conferences, and otherwise keeps very busy in the cause of helping fellow laryngectomees.

The Bylaws also require that an individual who becomes President through the death or resignation of a sitting President must fill the vacant position of Vice President within 30 days.

Bob appointed and the Board approved Wade Hampton to assume the duties of Vice President. Wade, who was elected to the Board of Directors in 2009, is a Vietnam veteran and lives in North Carolina where he is active in tobacco education.

And to fill Wade’s position on the Board, Bob appointed and the Board unanimously approved the selection of Dave Ross to fill the Board vacancy.

David Ross, from Edgewater, Florida, has a particular interest in updating all material related to diagnosis, treatment and after-surgery care for laryngectomees, and to disseminate this information wherever it is needed (particularly to the medical profession). His interests mesh with several IAL initiatives and he will undoubtedly be heavily involved in the IAL’s Public Affairs and outreach committees.

Dr. Damrose is New IAL Medical Advisor

Edward J. Damrose, MD, from the Department of Otolaryngology Head and Neck Surgery, Sanford University, agreed to serve as the IAL’s new Medical Advisor. He replaces Dr. Mark Singer, MD, whose term expired at the San Mateo Meeting in June. The term of office is for two years.

Dr. Damrose is the recipient of many awards. He is a graduate of Yale University and UCLA, where he received his medical degree. He is Board Certified in otolaryngology and has authored several dozen articles in medical journals. His clinical focus is on otolaryngology, laryngology, head and neck surgery, and cancer of the larynx.

The IAL Board of Directors extends its thanks to Dr. Damrose for agreeing to serve in this important role.

2010 Annual Meeting in Louisville, KY Area

The 2010 IAL Annual Meeting and Voice Institute will be held in the Louisville, Kentucky area on June 17-19 (with the Voice Institute starting a day earlier on the 16th). The headquarters hotel is across the river in Clarksville, Indiana. Those flying in will come into the Louisville International Airport (SDF). The head-

(Continued on page 3)
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* Survey data on file. Insurance coverage, payment, co-payments, deductibles and some restrictions apply depending on the individual's policy and medical need. Rx required.

Atos Medical products and expertise are developed in close cooperation with leading institutions, doctors, researchers, speech language pathologists and patients from all over the world. All our claims and arguments rest on the results of clinical studies. Atos Medical started the research and development on the first Provox voice prosthesis in 1987. Throughout the years, we have worked hard to develop Provox as the leading voice and pulmonary rehabilitation system on the market. We continue to allocate substantial resources for product development and training programs for Ear, Nose and Throat specialties. Atos Medical, leading the way in ENT.
quarters hotel is the Holiday Inn Lakeview, 505 Marriott Drive, Clarksville, IN 47129. A free shuttle is available from the airport.

A room rate, which is lower than any in recent memory, has been obtained of $82.95 per night (double or single occupancy). You can make reservations by calling toll-free (800) 544-7075. Be sure to mention the International Association of Laryngectomees to get that rate. Reservations must be made before June 1, 2010.

Hotel amenities include free parking, indoor and outdoor swimming pools, restaurant, lounge, free Wi-Fi, tennis court, miniature golf, exercise room, and more.

Louisville, Kentucky is within a day’s drive for nearly half of the population of the U.S. For those on a budget or wishing to extend their stay a KOA campground is within easy walking distance of the hotel. It is located at 900 Marriott Drive and has full hookups, paved sites, cable, laundry, dump station, playground and convenience store. To make reservations call toll free (800) 562-4771. You can complete conference registration on line at http://TheIAL.com or call (866) 425-3678.

There is lots to do and see in the area. The hotel is next door to the Atlantis Water Park and a dinner playhouse. Famous Churchill Downs, home of the Kentucky Derby, is 8 miles from the hotel; and baseball fans will not want to miss the Louisville Slugger Park and Museum. Those who want to try their luck, Caesars Riverboat Casino is nearby as is the Falls of the Ohio Interpretative Center.

You can view a short video of the area at: http://www.sunnysideoflouisville.org.

Those of us who have attended an Annual Meeting or Voice Institute are convinced that every laryngectomee should attend at least one. And many of us come every year and always feel we have benefited from returning again and have learned new things and, of course, enjoyed meeting old friends and making some new ones. We have said it before, that no one remains a stranger long at an IAL Annual Meeting and Voice Institute. We can just about guarantee that you will be glad you came!

- learn about the latest products designed for our use
- learn just about every development concerning total laryngectomee rehabilitation
- socialize, celebrate, laugh, dance and dine out
- shop and visit museums and tourist and historic sites.
- obtain help with speaking or other problems we may have
- meet the “celebrities” and “stars” in our laryngectomee world including the inventors of the products we use and love, the vendors we deal with, and the best medical professionals in the world in the field of laryngectomee rehabilitation
- get together with old friends and make some new ones.
- represent our clubs as Delegates who elect those who serve the IAL and shape its direction
- run for election to an IAL office
- serve on an IAL committee
- enjoy a great learning experience, perhaps combined with a vacation
- return with samples and many new ideas
- and many more

Make a date to join us in June for another wonderful “laryngectomee reunion” at the IAL Annual Meeting and Voice Institute. We can just about guarantee that you will be glad you came!
IAL Board Member Attends European Meeting

IAL Board of Directors member Torbjorn Bull-Njaa, who lives in Norway, attended a meeting of CEL (The European Confederation of Laryngectomees) on September 26, 2009 in Bad Reichenhall, Bavaria, in southern Germany. CEL is the umbrella organization for a number of the national laryngectomee organizations in Europe. Nine countries were represented including Norway, which Torbjorn represented. Torbjorn stated that The European Confederation of Laryngectomees (CEL) should not be confused with The European Federation of Laryngectomees, which is an organization based in Poland and funded by a maker of laryngectomee supplies.

Larynx Cancer—Directions in Treatment

An article in the September 2009 medical journal European Archives of Otorhinolaryngology summarized current trends in the treatment of larynx cancer. Here are some of the major trends noted:

- surgery of any kind has declined as the treatment of choice for larynx cancers
- fewer total laryngectomies are being performed
- partial laryngectomies have increased relative to total laryngectomies
- laser surgery has increased to remove tumors
- the results of laser surgery (including long term survival) are similar to that of traditional surgery
- laser surgery use has resulted in decreased hospital stays, preservation of function, and fewer side-effects
- radiation therapies have improved, particularly in the areas of the amount of radiation given, the schedule for administering it, and reduced side-effects
- dual approaches have increased combining chemotherapy with radiation for the treatment of T1, 2 & 3 stage tumors
- the preferred treatment for bulkier or level T3 cancers is with laser surgery with or without radiation
- all methods which preserve the larynx are preferred over total laryngectomy
- total laryngectomy surgery is used primarily only after other methods fail

Need a Whistle?

“You know how to whistle, don’t you Steve? You just put your lips together and blow” (Lauren Bacall in “To Have and Have Not”). Well, that is a little tough for most larys and some may appreciate having an electric whistle. The one shown to the right produces a 120 db sound level as long as the button is pressed. It uses four batteries (included), and comes with a key chain. The price is $12.95 and available from http://safetyenforcement.com/pocelwhis.html.

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Cutting Off a Prosthesis Safety Strap

A question has come up several times concerning whether or not it is safe to cut off the safety strap on a patient-changed prosthesis. This has apparently been done by laryngectomees who wear either an HME (Heat/Moisture Exchange) filter, or HME with hands-free valve. They reported that the strap interfered with the glued-on housing and keeping the seal.

Keeping the Seal

It has been said that the major reason why laryngectomees who try an HME filter or hands-free valve stop using them is problems with keeping a seal. Below Itzhak Brook, MD, describes his method of keeping a seal:

"The way to improve the life of the base is not only to glue it in place but also to remove the old glue, clean it and apply the new layers. Good and careful preparation works best, in my experience. These are the stages of the process I use to place the base.:

1. Clean the old glue or “Skin Tac” with “Remove.”
2. Take off the “Remove” with alcohol wipes. (If you do not do this the “Remove” will interfere with the new adhesive).
3. Wipe the skin with a wet towel.
4. Wipe the skin with the wet towel with soap.
5. Wash away the soap with a wet towel and thoroughly dry.
6. Apply “Skin Tac” and let it dry for 2-3 minutes.
7. If you want extra adhesion apply glue and let it dry for 3-4 minutes.
8. Apply the base housing for the HME.

I hope it helps you in getting a longer life for your base plate.”

Dr. Carla Gress, SLP

The answer is that this is not a safe practice. Below Dr. Carla Gress, SLP, addresses the issue:

“I am...not in favor of cutting the tab (safety strap) on a standard patient-changeable prosthesis, because the material is softer silicone and the retention collars are smaller. This ups the risk of accidental dislodgement, so I think it is smarter to tape or glue down the strap to the neck to overcome that.

And if you are planning to re-use the same prosthesis after removing it for cleaning, you need the strap with the tab (as far down as the hole) to safely re-insert it. If someone wears a hands free or HME housing and the tab interferes, I will suggest the possibility of cutting it, but only as far as the hole, so that you can lock the prosthesis onto the inserter when replacing it.

Most of the aspirated prostheses [dropped down the stoma] that I have seen have occurred during insertion. That is why we should teach an “extra” careful technique to the patients. Fishing those things out of the bronchus or lungs is not fun. They usually can’t do it in the office, and the ER docs don’t know how/don’t want to do it, so it can often mean a trip to the OR and anesthesia. I’m a conservative. I would rather instruct patients in methods that are more likely to prevent problems, rather than in techniques that can cause problems. Plus, there is an extra liability if an MD or SLP modifies a device beyond what the manufacturer recommends. Essentially the healthcare provider then assumes the liability of the manufacturer, and my malpractice [insurance] isn’t that great!”

The type of prosthesis which a clinician changes (SLP or ENT) is designed to have the strap cut off after insertion. This clinician-changed prosthesis is called an “indwelling.” The construction of the prosthesis is much more rigid and has a larger flange. In addition to the solution suggested by Dr. Gress above, your clinician may also recommend placing the HME or hands-free housing a little higher, leaving a little more room for the safety strap. Some laryngectomees also believe that a higher placement results in keeping the seal longer because of less mucus pooling at the bottom seal.

Inhealth

Low pressure patient-changeable prosthesis (Inhealth)

Safety strap

Inhealth

ATOS indwelling prosthesis with safety strap removed (arrow shows larger flange)

Dr. Carla Gress, SLP

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Please Give to the IAL

Question: Why does the IAL keep asking for donations? Don’t the dues from member clubs pay to keep the organization going?

Answer: Not by a long-shot. Club dues pays just about 15% of the total operating costs of the IAL.

All other income comes from donations, vendor advertising, exhibit fees at Annual Meetings and interest on current assets.

Declining numbers of clubs means that income from dues is dropping. Also, in order to stop further major losses being incurred because of the decline in the US stock market, IAL assets are now in protected and guaranteed instruments. But the income from government guaranteed instruments is currently at an all time low. Additionally, in tough economic times vendors advertise less. In the last year the IAL News has lost three advertisers entirely, and several have cut back.

You may make a donation via regular mail by sending a check to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309; make it through the web site at http://www.The-IAL.com; or by credit card using the information on page 21. The most helpful gift via credit card would be to ask that a certain amount be charged to your card each month. That way you do not have to remember to do it, and most people can afford to give more if the total gift amount is stretched over 12 months. A small fraction of those reading this who would contribute in this way would solve the IAL’s financial problems. “If not you, who? If not now, when?”

ACS has New Cancer Treatment Tool

The American Cancer Society has a new tool that can be used by cancer patients and their physicians to make better informed treatment decisions that utilize the best evidence-based information available. It is called the NexProfiler Tool for Cancer, and covers the major cancers including head and neck and lung cancers. Clubs may wish to provide the contact information for larynx cancer patients they find out about, and for those who develop a recurrence or second cancer site.

To use the tool you must register by providing your e-mail address and creating a password. Disclosing personal information is optional, and whatever information you decide to provide is protected.

The interactive tool can help make informed decisions about cancer treatments by weighing the alternatives and their known effectiveness results.

You can register by going to: http://www.cancer.org/doc-root/ETO/ETO_1_1a.asp.

Tip - Keeping a Seal

To help an HME (Heat/Moisture Exchange) filter or hands-free device keep the seal longer Janice Hayes recommends heating up the baseplate with a hair dryer for 20 seconds before removing the paper backing. She then puts more glue on before applying the baseplate and waits at least 20 minutes before speaking.

Local Club in the Spotlight

Club Calls

The Milwaukee Club of Laryngectomees

Vicki Metz reports that her club, The Milwaukee Club of Laryngectomees, invited the local police department to address their meeting. Here is the president’s report on the talk:

“At our recent support group meeting, we had a police officer talk to us about safety issues. He talked about concerns when walking, driving, parking lots, bus stops, women’s purses, home security, and various other miscellaneous concerns. All of this was very good—reminding us basically to use a lot of common sense.

We brought up to him our concerns regarding our laryngectomies, for instance, if you are stopped when driving. He said consider that the police car is behind yours.

He sees you leaning over to get something out of your purse or from the glove compartment. The police comfort level is now on high alert. He has no idea if you have just reached for a gun or other weapon.

Very innocently, you have just reached for your EL or a note saying you need this device to talk with.

One of our members (Tom Wimmer) stated that he keeps a note on his dashboard in front of the instrument panel so all he has to do is reach around the steering wheel to pick it up. It states: “I do not have a voice box. I talk using a speech aid. I keep it in my left shirt pocket.”

Vicki reported that the police officer thought this was a very acceptable way to handle this situation. On reaching for this paper, the police could see his hands and that he was not reaching for something hidden from the police officer’s view.
Len Hynds is from England and, on the occasion of a visit to his local club by the president of the national organization, he wrote a poem in honor of their guest, Ivor Smith:

**A LARYNGECTOMEE’S PRAYER**  
By Len A. Hynds

Silence now pervades the air,  
only a thumb to talk.  
Strangers in surprise do stare,  
at the sound as past they walk.

In shops I do apologise,  
explaining about the voice.  
They then have such a warmth in eyes,  
when they know that I have no choice.

And in that brief moment of time,  
the warmth of their nature, it shows,  
and then you get so many smiles,  
as their genuine friendship grows.

But our inner strength comes in many ways,  
from family, nurses and friends.  
As if Mother Nature was trying to say  
“OH! please let me make amends.”
Frank Batten, Sr.

The laryngectomee community lost a role model and benefactor with the passing of Frank Batten, Sr., on September 10, 2009 at the age of 82. He had been ill for some time and, since his last hospitalization, had been living in a nursing facility.

Board of Directors member David Blevins represented the IAL at a memorial service held at Virginia Wesleyan College’s Jane P. Batten Student Center, named for his wife. More than 1300 people attended including the current governor of the state, a former governor, two area mayors, at least four college and university presidents, and the business dean of the University of Virginia. Mr. Batten was a graduate of both the University of Virginia and Harvard University.

Many in our community consider Mr. Batten to be among the very small group of laryngectomees who have made the greatest contributions to fellow laryngectomees because of his establishment of the IAL Batten Scholarships. These scholarships help pay the expenses of laryngectomees to attend the IAL’s Voice Institute who could not otherwise afford to attend.

Those receiving the scholarships include those who have significant problems, including a lack of functioning speech, who come seeking help from the world-class Voice Institute faculty. Many laryngectomees have received the gift of a second voice because of Mr. Batten’s generosity.

Mr. Batten was the keynote speaker at two IAL Annual Meetings in Norfolk in 1987 and San Francisco in 1995. Many remember the inspirational quality of both addresses and the model he provided of our concept of “Total Rehabilitation”—the goal that each laryngectomee seek rehabilitation in all possible areas of life including speech, occupational, psychological and social. (See page 11).

The Virginian Pilot newspaper summarized some of the major highlights of Mr. Batten’s life in a front page story on September 11, 2009, “From errand boy he rose to publisher of The Virginian Pilot ... then parlayed his newspapers into an adventuresome media company with global reach. He helped lead the fight for integrated schools in Norfolk, midwifed Old Dominion University into being, commanded The Associated Press and its far-flung correspondents, and defied a legion of doubters to create The Weather Channel. He also lavished endowments on schools and universities and co-founded a scholarship program that guaranteed college educations to inner-city children.”

Remarking on the core values for his newspapers’ Batten said, “If our news reports are never influenced by the private interests of the owners or any other interest groups ... if our editorials are vigorous and courageous but also show respect for contrary opinion and are never tailored to the whims of the publisher or editor ... if we own up to our mistakes, in business matters as well as news, and correct them promptly ... if we do not tolerate the arrogance that’s evident in many newspaper and broadcasting organizations ... if we treat every customer with dignity ... if we have strong feelings for our communities, respect for the public and intense desire to serve them ... if we can do these things, we will have a business as successful as we could possibly hope for. Why? Because we will have the most precious asset of all—public trust that our products and services are reliable.”

Diagnosed with larynx cancer in 1978 at age 50, he became a laryngectomee two years later after radiation treatments failed to destroy the tumor. A month after his surgery he wrote in his hometown newspaper, “The idea alone scared me stiff. The enforced silence has been the most difficult adjustment .... What sustained me is an abiding conviction that I will learn to talk again.”

He sought out the best teachers of traditional esophageal speech and took lessons with Dr. Jim Shanks, SLP. He wrote in the newspaper concerning his new voice, “Already it represents one of the most exhilarating accomplishments of my life .... The truth is that I have gained more than I lost from the encounter with cancer.”

A former Virginian-Pilot editor remembered attending a meeting of leaders of Landmark Communications, the media conglomerate he built, not long after his surgery and his efforts to build a new voice. She said that Batten rose to his feet and introduced every member of the room by name, as had always been his custom before losing his voice. “Half of us were sitting there weeping,” she said. “It was so inspiring, and it was so perfectly Frank.”

An editorial on his passing ended with “Frank Batten Sr. was not just the leader of Landmark Communications but its very heart—the man who set standards of conduct and performance so high that it made his company, his employees and his community rise to meet them.” (Based in major part on information from the 9/11/06 and 9/18/09 issues of The Virginian-Pilot. Photo courtesy of The Virginia-Pilot, Denis Finley and the Batten family).
Believe it or not, there are certain things laryngectomees can say better than anyone else. The moment we utter a word people notice us. Usually our voices leave indelible impressions. People know we have a handicap, and most people realize we have had the dreaded disease cancer. Those who think about it recognize that we are survivors.

By our demeanor and attitude toward life, we can make a vivid statement to people who live in fear of cancer and disabling handicaps. By our example, we can teach others that life goes on.

About nine months after my larynx was removed, I attended a seminar at the Mayo Clinic for speech pathologists and laryngectomees. In one session, the speech pathologists were discussing the psychological distress experienced by laryngectomees. The discussion leader posed this question to the pathologists: “Imagine that your doctor has just said you must undergo surgery immediately to have your larynx removed. What are your immediate thoughts?”

The pathologists divided into groups to discuss the question. Most of them reacted with dark forebodings. “I may die. I may never talk again. How can I keep a job if I can’t talk? My friends, or even my family, might abandon me.” One pathologist said thoughts of the surgery and then learning to speak again were so threatening she would rather die.

I expect the pathologists conjured up most of the emotions that terrified us when we discovered we had cancer. However, we can say today that the reality is nothing like we had expected.

The road we traveled has been full of frustrations and doubts. Many of us struggled for hours on end to evoke the first human sound and agonized over whether it would ever come. Then there were months of incessant practice, taming and discipline (of) an ungoverned burp to shape it into a new voice. At last, our speech became intelligible, and we could produce it on demand.

We found that learning esophageal speech was like learning many other things. It takes time and patience. You learn in short steps and pause on plateaus that seem endless. With concentration and persistence, your fluency slowly but surely gets better.

The prospect of having to learn again something we first learned as children was disheartening. But the rewards of learning to speak again were worth every bit of the effort. As strange as my new voice must have sounded to others, I was proud of it from the first sentence. It represented one of the most exhilarating ac-
Some of us have learned that other methods of speaking—
electronic devices or the Blom-Singer prosthesis that I now use—best suit our needs. Whatever method we use, all of us have something we can reach for. All of us are capable of speaking better. We can set our sights higher with each sign of improvement.

Most of our early anxieties could be resolved in much the same way. Occasionally I’ve been angry or sorry for myself, but not for long. The thought itself rebukes me when I remember that I have been dealt good cards all my life. If I have any complaints, they are not with the Dealer. Any fault lies with me for not playing my cards better. Recognizing that has allowed me to contemplate my lot realistically.

What have the disease and the surgery taken from me?

Well, I can’t talk while I’m eating. My mother would have loved that.

I can’t swim, but I play tennis every week and was able to ski several weeks this year.

It is difficult for others to hear my voice in crowds or noisy places. Sometimes I want to grab people and shake them to get their attention. So, by necessity, I’ve become a better listener. I’ve learned also that people in large social gatherings usually don’t say much that’s worth listening to.

My limitations do not add up to a lot. They seem small compared to the plight of people who have lost their sight or their mobility.

The truth is that I have gained more than I lost from the encounter with cancer.

Discovering that I can face adversity with some equanimity and overcome a handicap have given a lift to my psyche. It may seem incredible, but I don’t think I would trade this experience and the invigoration it gave my spirit for a new pair of vocal cords.

Dealing with the handicap has taught me more than a new way of speaking. Most of us learn as youngsters that keeping your eye on the ball is essential to success in any ball game. But it dawned on me as I was learning to speak how useful that simple tenet is in meeting other challenges of life. If we look back in regret or look ahead in expectation, we lose sight of the immediate target. Then nothing worthwhile occurs. But it’s remarkable what we can do if we concentrate single-mindedly on the task at hand.

There have been other lessons. I am more aware of people’s limitations as well as their boundless capacity for change.

My experience may not be typical, but in one respect I believe it is similar to other cases involving handicaps. Like the speech pathologists at the seminar, we focus, at first, on what we have lost. But the human spirit has a mechanism that helps people replace what they’ve lost. When one thing ends, something else begins.

Some people have never had to face a real crisis. They can amble through life under no compulsion to change anything. Often, through inertia or boredom, then burn out. We’re lucky. The Almighty forced us to change. This process of change and self-renewal keeps life from becoming a monotonous treadmill. Instead it becomes a breathtaking journey.

From this experience, many laryngectomees have developed a strong sense of values and priorities. They have felt the range of emotions, anxiety, despair, exultation. They can accept the fact that we must on occasion suffer and doubt—and realize that suffering need be nothing more than the crucible in which strength, achievement and compassion are forged and tempered.

Who else can embody these traits more visibly than laryngectomees? I’ll never forget the first times I made speeches in public. I was terrified and self-conscious. I was afraid my voice would give out, or that nobody would understand me. To break the ice, I always made jokes about my voice.

Now I’m not self-conscious when I speak in public. Eventually, I drew confidence from a surprising discovery. People listen to me like never before. I’m not sure why, but they do listen. Maybe they feel that if I’m willing to get up and talk with this strange voice, I must have something I really want to say.

I discovered something else. I can influence people like never before. Not by what I say, but because I’m up there saying it.

It’s influence of the best sort. One day after I spoke to about 1,500 people at a meeting, a man I barely knew came up and said, “Frank, you don’t realize this but when you talked here last year, I think you saved my life.” He said, “I had just learned I had cancer and was so depressed I have given up. When I heard you talk to all those people, I thought, ‘By God, if he can do that, I can beat this thing too.’”

That made a powerful impression on me. I realized that we laryngectomees can be the most conspicuous examples that you can beat cancer and you can overcome a fearful handicap. People remember us. They can draw hope and strength from our example.

To set that example, we need to believe in ourselves and the marvelous resilience of the human spirit. We need to believe with William Faulkner that:

“The glory of man’s past has been courage and honor and hope and pride and compassion and pity and sacrifice. Man will not merely endure, he will prevail; he is immortal, not because he alone has an inexhaustible voice, but because he has a soul and a spirit capable of sacrifice and endurance....” Frank Batten, 1987.

Thank you, Mr. Batten, for providing fellow laryngectomees with your example as one of us, but also for reminding us what a life well lived looks like. (David Blevins, Editor)
An Invitation—

Lauder Enterprises
Invites you to come see us.

Texas Laryngectomee Association Annual Meeting
(Holiday Inn Plaza, Lubbock, TX)  January 22-24

North Carolina Conference
(Sheraton Imperial Hotel, Durham, NC)  April 8-9

California Association of Laryngectomees
(Stockton Hilton Hotel, Stocton, CA)  April 23-24

IAL Annual Meeting
(Holiday Inn Lakeview, Jeffersonville, IN)  June 17-18

(Free simple repairs on any viable electrolarynx.)
Laryngectomees and Medical Malpractice

We want and expect the care we receive in doctors’ offices, and especially hospitals where the stakes may be higher, to be perfect, or nearly so. It isn’t. The reason is simple. Doctors and other healthcare professionals are human beings and human beings make mistakes. And it would appear to be the case that the larger the institution providing the healthcare, such as hospitals, as opposed to your doctor’s office, the greater the chance of mistakes, including serious ones.

Hospitals are generally dangerous places for all patients since they are exposed to a number of procedures where mistakes can occur and be serious ones. It is not that unusual for even a surgeon to tell a patient, “I advise my patients to only go to hospitals if absolutely necessary, and to get out of them as soon as possible.” But hospitals and other medical providers are especially dangerous to laryngectomees.

Itzhak Brook, MD, related some of his experiences as a patient in an article which was reprinted in the May 2009 issue of the IAL News, “Neck Cancer - A Physician’s Personal Experience.” In that article and in his presentation at the IAL Annual Meeting in San Mateo he listed some of the mistakes doctors, nurses and others made in his treatment which were not directly related to his being a laryngectomee:

- failing to wash hands
- forgetting to wear gloves
- using a wrong sized blood pressure cuff
- resulting in faulty readings
- incorrect dosage of medicine
- taking oral temperature without putting sensor in a sterile plastic sheath
- forgetting to connect the call button
- not writing down verbal doctor’s orders
- administering the wrong form of a medication
- failing to respond to call button
- surgically removing scar tissue rather than the tumor

Additionally there were mistakes specifically relating to his being a laryngectomee. The potentially most serious was attempting to give him solid food shortly after the surgery.

Below are some stories from laryngectomees and others that help illuminate our problem with medical providers.

Linda’s ER Trip

“I went to ER last week because of breathing problems, and the doctor—who I had been talking to so he knew I was a laryngectomee—told the nurse to give me oxygen in my nose. I had to tell him that it would do me no good and he looked completely surprised. It is funny, but then again, you worry about what if you were unconscious or something. I do wear a Medic Alert bracelet, but you wonder if they would even look at it or understand what it meant.

When I lived in Hammondsport, I contacted the local ambulance departments (twice) and volunteered to speak at one of their meetings so they would know who I was and what to do for me if they were called and I was unconscious. They never responded.” (Linda Hill, Corning, New York).

Elizabeth’s Car Crash

Elizabeth Finchem was in a serious car accident.

“When the ER staff had all the necessary x-rays they called the orthopedic surgeon in for an emergency surgery to put my arm back together. For the next four hours the hospital staff kept offering help for the pain. They couldn’t understand how I was handling the pain without pain medication since I clearly had multiple fractures of both bones in my left forearm and shoulder. It is interesting to note that my insurance company is now using this refusal to use pain medication against me with the claim that I added to my own pain and suffering.

(But) I knew I had to remain conscious for a more serious problem I had to deal with first...’the anesthesiologist discussion.’ I needed reassurance that she wouldn’t use the face mask for oxygen, and would stay with me so no idiots had a crack at me while I was unconscious. I was determined to wait until I was rolled into the OR so I could look into her eyes and be certain that she understood how to handle my stoma and trach needs as a neck breather.

An accident like this is a scary situation when you are alone and vulnerable at the accident site, the ER, before anesthesia in the OR, and in the ICU. It is vital to have someone knowledgeable on hand to stand guard. I am grateful I never lost consciousness until I met the anesthesiologist and was reassured that she would be vigilant. (Elizabeth Finchem, Tuscon, Arizona).

The Missing Electrolarynx

“Recently a fellow lary friend had gotten sick and needed to go to the hospital. He uses an electrolarynx.

Problem: He didn’t have the EL with him when he went to the emergency room! The doctors needed to give him oxygen. The nurse put the oxygen mask over his mouth! He removed it and placed it over his stoma. The nurse yelled at him. She stated he might die if he removes it again and she tried to put it over his mouth again! Then she told him if he put a bandage over “that hole in your neck” it would heal up and he would feel better!

Finally they gave him a pen and paper. He gave them his daughter’s name. She was easy to find since she is the nursing supervisor at that hospital. Since then, she ordered a meeting of all the nurses. I can only imagine what might have happened to my friend if he was unconscious when he arrived at the hospital.” (Tommy Cook, Long Island, New York).
BREATHE!

Randy Lemster suffered a fall and hit his head. The EMTs placed a cervical color around his neck and rushed him to the hospital’s emergency room.

Randy tells the story: “I speak with an EL and with the collar I couldn’t communicate, so my wife did the talking for me. She told the nurse that I was a laryngectomee, couldn’t speak and breathed through a hole in my neck. I managed to get the nurse’s attention and pointed to my Medical Alert bracelet which has ‘Total Neck Breather’ on it. The nurse nodded and said ‘Oh, you’re a trach’ and walked out of the room.

I lay there and, having had several surgeries, watched the oxygen monitor. When the cervical collar would ride up covering my stoma I would pull it down and start inhaling harder to bring the oxygen level back up. My wife who was standing at my side noticed what I was doing and went outside to tell the nurses that I was having a difficult time breathing. Their response was ‘Oh, he’s alright, you worry too much’ and stayed outside of the room. My wife came back in the ER room and stayed with me.

I remember looking up at the acoustical ceiling and being fascinated by the dots starting to merge and my vision blurring. My wife, who was watching me closely, saw my eyes begin to cloud over and saw that the collar had ridden up covering my stoma. She immediately pulled it down exposing the hole in the collar and yelled ‘BREATHE!’ I luckily responded and began to raise my O2 level....

During all of this, the O2 monitor was going off like a banshee and the ER nurses never moved from the hallway. I was dying in front of my wife who, thank God, knew what to do and acted. Once again she saved my life.

This experience illustrates the tremendous importance of our caretakers and how much we depend on them, especially in an emergency. Stay with us, PLEASE!!

As an aside, when I went to my primary physician and told him what happened, he became livid and wrote a letter to the hospital Director of Nursing asking her to let me speak to the nursing staff telling them what a laryngectomee is and how we breathe. I went to her office and the receptionist told me that they had just gotten the fax from my doctor and the Director would certainly call me to set up an appointment.

To date, I have heard nothing, and it’s been over three months. (Randy Lemster, Las Vegas, Nevada). (The complete version of Randy’s story can be found here: http://jwebwhispers.org/news/sept2009.asp).

Mike’s Breathing Test

After his laryngectomy surgery Mike Hennessy needed to retire early. “In order to get Medicare I got a letter saying I would have to be examined by my doctor for a couple visits. The first one was a bunch of dumb questions as to whether I could do minor workloads.

Then I got a letter from them again. They wanted me to take a pulmonary function test. I thought, wow, I wonder how they’re gonna do that? I got there at 10:30 in the morning. The nurse came in and asked me if I knew why I was there. I said yes. I told her, ‘you know I had a laryngectomy, right?’ She said ‘yes, the doctor will be right with you’ and she left the room. About ten minutes later the doctor came in and asked a bunch more dumb questions. Then the nurse came in and asked the doctor to come out in the hallway.

The doctor came back in and said the people up in pulmonary are making a plug for your stoma so you can blow out of your mouth for the test.

After a few very bad words and asking him if he or the nurse or the clinic knew what they were doing. I was trying to scream, but my TEP wouldn’t let me. I walked out and never heard from them again. Got my Medicare the next month.” (Mike Hennessy, Baraboo, Wisconsin).

An SLP Educates

“I have always educated my laryngectomees to be advocates for themselves when hospitalized. I have been in attendance at a secondary TEP and had to educate the anesthesiologist to administer O2 via stoma NOT the mouth. I have been in the Recovery Room and moved the O2 mask from the mouth to the stoma, then educated the nurse. The whole experience must be very frightening to the laryngectomee patient.” (Carla Bright, SLP, Elberon, Virginia).

What to Do About It

By David Blevins, Editor

Our problems in dealing with the medical profession is primarily based on the fact that there are so few of us. With just 50,000 in the U.S. out of a total population of about 308 million, for example, we are a very tiny group of people, and widely spread out over a very large country. Many medical people receive little or even no training in treating laryngectomees, and those who do learn something about us may forget much of it if they do not encounter us in their medical practices. Medical people are, after all, fully human, and they may be lulled into doing their procedures like they are on cruise control and fall into habits based on the vast majority of the patients they encounter.

Even a medical person who has the job title of ENT (Ear, Throat and Throat) M.D. or SLP (Speech/Language Pathologist) is no guarantee that they know how to treat us.

However, there are some things the laryngectomee community has done and is doing to improve this situation. I think that being laryngectomees does place on us some responsibilities which other medical patients don’t have. Here are some things I think we need to do for ourselves to minimize the odds of medical mistakes being made.

(Continued on page 16)
1. **Learn your new anatomy.** You and your caregiver need to know what those individuals whose stories appear on pages 14 and 15 know, and that is that we are **total neck breathers.** If we need oxygen to survive and the mask is put over our mouths and noses and the mistake is not caught, we will die. It is as simple as that.

We and our caregivers need to study “before and after” laryngectomy anatomy. An easy way to do this is to carefully examine the charts above & below. You can get copies from Inhealth (buy them and/or download from their web site at Inhealth.com). It is not a bad idea to have some copies to take with you and share for visits with new medical providers and for elective medical procedures.

2. **Identify yourself.**

One essential is to wear a Medic Alert bracelet or pendant (I personally recommend the bracelet as more likely to be recognized by emergency medical personnel). The more conspicuous it is the better. Printed on it would be that you are a laryngectomee and, more importantly, a “Total Neck Breather.” The non-profit Medic Alert Foundation products contain a toll free number that can be called in an emergency. The Foundation maintains your basic medical information which it provides in emergencies. These bracelets/pendants are basic but can be supplemented with other identifiers such as orange emergency cards, pins, key fobs, cards in wallets and purses, etc.

Some other ways you can identify yourself is for those with cell phones to put a number in under the name of ICE (In Case of Emergency) which has the phone number of the person or persons to be notified in case you are injured and cannot speak for yourself. Another is to notify your local rescue squad or other emergency responder that you are a total neck breather and that if they receive a phone call from you that you may not be able to speak.

The IAL is also looking at a number of ideas for reducing the chances that laryngectomees will be injured by medical caregivers. One is a “top down” program to try and reach ENTs, SLPs, and anesthesiologists (in particular) through the journals these professionals read. Another is a “bottom up” approach which would supply laryngectomees with materials designed to be given to medical providers. This is not too practical for emergency situations, but could prove very helpful when we are undergoing elective medical procedures and routine visits to doctors’ offices.

**No Sew Convert a T-Shirt to Stoma Cover**

Jack Kaczor is a man who likes to keep things simple (and inexpensive). And over time he developed a way to convert a child’s t-shirt to a stoma cover without any sewing.

He uses a child size t-shirt (small) and just cuts it up the sides from the bottom hem through to the bottom seams of the sleeves. That’s it. The very small size neck of the child’s T-shirt is what makes it completely cover the stoma. You might want to consider wearing a foam stoma cover underneath (although Jack doesn’t). Cotton does shed fibers and the foam stoma cover will also protect the T-shirt from any coughed up mucus.

**Use scissors to cut up the sides including the lower part of the sleeves.**

**Tom Olsavicky of Virginia models the converted T-shirt.**
IAL BOD Cancels “Official Sponsor” Program

The IAL Board of Directors voted unanimously at its meeting in San Mateo, CA, to eliminate the “Official Sponsor” Program. The program permitted participating vendors to use a logo “Official IAL Sponsor” in their advertising. In exchange, the IAL received $10,000 per year from each vendor. Griffin Laboratories and Inhealth Technologies participated.

In exchange the vendors received discounts on advertising and favorable placement of ads in the newsletter, sponsorship for the Meet and Greet, free tables at the Annual Meeting, free web page sponsorship, and a number of other benefits.

The rationale for the program was that it produced a steady and predictable income which the IAL could rely on each year. It is difficult to create a budget when its income is uncertain and dependent on separate decisions by vendors made throughout the year on whether to advertise in each issue of The IAL News, sponsor activities such as the Meet and Greet reception at the Annual Meeting, etc.

Since its inception the program has been criticized by some people from both within the organization and outside. Some viewed it as a “selling of the IAL” since the title “official sponsor” might be construed as an endorsement by the IAL of the vendors and their products. Vendors were permitted to use the phrase “The IAL has approved _______ as an IAL Official Sponsor.”

Always the joker, vendor Jim Lauder created an ad logo, “UNofficial IAL sponsor,” as a spoof of the program.

Both Griffin Laboratories and Inhealth Technologies withdrew from the program and the Board acted to make it official to eliminate it entirely.

Check Your Club Listing

The U.S. club listings are now on the upgraded web site. Please review your club information on www.TheIAL.com under Club Resources and then select Club Search. Click on the map on your state. The IAL clubs listing is the method many new laryngectomees use to connect with us all. So please send corrections to: tomherring@embarqmail.com. Thanks to Database Manager Tom Herring, Julie Selsor and Ron Leclair who perform this important work.

North Carolina Regional Set for April

A conference for laryngectomees, caregivers and clinicians is slated for April 8-9, 2010 at the University of North Carolina, Chapel Hill. The seminar is co-sponsored by the UNC Health Care Center, Department of Otolaryngology, and the North Carolina Straight Talkers club.

Dr. Eric Blom, SLP, will be the keynote luncheon speaker. Also speaking are Julian Rosenman, MD and Mark Weissler, MD. The seminar also includes a two hour hands-on clinic for SLPs for which 1.6 CEU’s can be earned.

The seminar will be held at the Sheraton Imperial Hotel in Durham, NC. A room rate of $99 per night has been obtained. You can register and obtain additional information at www.ncstraighttalkers.com.

US Smoking Increases

According for the Centers for Disease Control, smoking in the U.S. has gone last year from 19.8 percent to 21% this year. It is the first increase in 15 years.

The suggested reasons include that states have slashed tobacco-control campaigns, and the tobacco industry has discounted cigarettes to counteract tax increases geared, in part, to reduce smoking. The report from the CDC did not mention whether economic and other stresses was a factor.

“It may seem incredible, but I don’t think I would trade this experience and the invigoration it gave my spirit for a new pair of vocal cords.” (Frank Batten, 1987)
By Philip Doyle, Ph.D., member, Board of Directors; and Chair, Speech Standards and Medical Affairs Committees

During the 2009 Voice Institute, the IAL welcomed 12 student registrants through an initiative of the Board of Directors to increase student involvement. Students represented academic institutions from across the country including Brigham Young, Cal State Sacramento, Cal State Los Angeles, Eastern Michigan, Indiana, Vanderbilt, San Francisco State, Syracuse, the University of Georgia, University of Kansas, University of Minnesota, and University of Washington. Immersion into the full IAL program was met with consistently high praise. The following comments represent the feedback received from those students who attended.

“…one of the best experiences I’ve had as a student in speech-language pathology. The guest speakers were inspirational and unforgettable; a true honor to hear.” AC – Sacramento, CA

“…nothing can substitute for the unique opportunity of working hands-on and hearing one’s personal stories, all the while being guided by highly respected and knowledgeable professionals. It is in experience that I will not soon forget!” AJ – Liverpool, NY

“This meeting expanded my knowledge and inspired a genuine interest in serving these individuals. I highly recommend that anyone interested in or who works with laryngectomees attend this annual meeting.” BB – Seattle, WA

“An amazing experience that provided me with a wealth of knowledge that I will be able to use in the future when treating this population.” CD – Syracuse, NY

“The lectures and hands-on sessions are extremely useful. Putting the two together is what makes this conference unique and worth every moment. I left the conference with an abundance of knowledge, new friends, and renewed faith in human perseverance.” JG – Nashville, TN

“By attending, I realized that this was definitely the field for me; the people are special. I am hooked and plan to make this the focus of my studies. I plan to attend every year.” JV – Sacramento, CA

“I feel I learned a whole semester’s worth of material in one week and am now confident enough to work with this population.” KM – Bloomington, IN

“The staff, faculty, and pupils were unfailingly knowledgeable, polite and willing to share. I’m so glad I went!” KN – Seattle, WA

“A wonderful experience including lectures from experts in the field and the hands on clinics.” NM – Ypsilanti, MI

“The classes and lectures gave me a solid understanding of this highly specialized area of Speech-Language Pathology. For anyone interested in working in this area, attending this conference is a must!” SS – Provo, UT

The IAL’s ability to continue to attract students to the Voice Institute is an essential component of ensuring that the next generation of professionals receives the highest level of instruction and training in working with those who have been laryngectomized. The IAL once again looks forward to welcoming students this coming June in Louisville, KY.

(Thanks to Jeff Searl, Ph.D., Director of the Voice Institute, the always outstanding faculty, and the members of the Board of Directors who assisted the planning and implementation of the 2009 Voice Institute in San Mateo, California).

How Many Larys Does it Take…?

Question - How many larys does it take to screw in a light bulb?
Answer - Two. One to screw in the light bulb and one to hold the box of Kleenex.

That’s Easy for You to Say!

A guy asks a laryngectomee: “Is it hard for you to talk?”
Lary replies: “You know, that’s hard for me to say.”
Two NC Laryngectomies Speak Out Against Tobacco Use

By Le-Anne L. Russell, SAVE Program Coordinator

Losing much of their voices to throat cancer hasn’t stopped North Carolina residents Terrie Hall and Wade Hampton from speaking out against tobacco use.

Both former smokers, Hall and Hampton attribute their throat cancers and subsequent laryngectomies to tobacco use. As a result, the pair is now an integral part of a statewide nonprofit organization called SAVE, which stands for Survivors and Victims of Tobacco Empowerment.

SAVE is comprised of a number of tobacco-related cancer survivors who travel across North Carolina educating youth in grades 5 through 12 about the dangers associated with tobacco use. SAVE survivors share their testimonies with these youngsters in both school and community settings and say the receptiveness of and feedback from their audiences are remarkable.

“There are many times when the room in which I’m making a presentation is so quiet you could hear a pin drop,” Hall noted.

“It never ceases to amaze me how attentively the students listen to and absorb what I have to say.”

On many occasions, however, the youth Hall and Hampton witness to are also extremely vocal about how tobacco use has affected them and their own families.

“Our goal is to try to relay our own experiences to these kids,” Hampton said.

“In turn, many of them choose to open up and share their own stories with us. They tell us about their grandmothers who require oxygen but still smoke and their uncles who lived only six months after being diagnosed with lung cancer.”

Having witnessed the harmful effects of tobacco use firsthand, Hall and Hampton say they consider all of their hard work with SAVE a success if they’ve helped just one young person to quit smoking or convinced another never to start.

“Working as a tobacco prevention educator is an unbelievably rewarding experience,” Hall said.

“I’m part of an organization whose mission is to educate young people and encourage them to make wise, healthy decisions regarding their lives.”

SAVE is funded by the NC Health and Wellness Trust Fund Commission and its statewide TRU (Tobacco Reality Unfiltered) ad campaign. In recent years, several SAVE survivors, including Hall, have been featured in a number of TRU television commercials aired across North Carolina.

More about Hall’s life, her battles with cancer, and her tobacco prevention work can be found at http://www.healthwellnc.com/trustories/default.htm.

Although SAVE is the only known organization of its kind, Hall and Hampton are convinced that similar programs could be implemented relatively easily throughout the United States and beyond. Some logical starting points would be the American Cancer Society, American Lung Association, state tobacco prevention and control branches, and/or county health departments.

“Programs like SAVE have the potential to actually change people’s lives for the better,” Hampton added.

“I can’t think of a more rewarding project to be involved in. (Note: Wade Hampton is the newly appointed IAL Vice President and Terrie Hall is Secretary of the IAL.)

Joe Marasco is Treasurer

Board member Joe Marasco has assumed the duties of IAL Treasurer. He replaces Sapp Funderburk, who stepped down from the position and was subsequently appointed to a vacant BOD seat. Joe previously served on the Board of Directors from 1985-1995, and was IAL President from 1996-98. He returned to the Board in 2008.

Joe faces the major challenge of completing the audits for the years 2007 to the present.

Send your e-mail address

If you would like to be alerted when there are important announcements please send us your e-mail address. Send it to Tom Herring at http://Tomherring@embarqmail.com. Your e-mail address will not be shared with any other individual or organization.
In February, 2009, the Board of Directors announced the establishment of a program which invites individuals to contribute to the IAL in memory of those who have left us and to honor others we feel worthy of recognition. Since February 66 gifts totaling almost $4000 have been received.

**DONATIONS**

In Memory of:

- Frank Batten                David Blevins
- Frank Batten                Torbjorn Bull-Nja
- Frank Batten                Phil Doyle, Ph.D
- Frank Batten                Sapp Funderburk
- Frank Batten                Wade Hampton
- Frank Batten                Bob Herbst
- Frank Batten                Thomas Herring
- Frank Batten                Tina Long
- Frank Batten                Jeff Searl, Ph.D.
- Hansel and Marian Blevins   David Blevins
- James Colvin                Susan Reeves
- Jesse Lou Dugan              Kay Allison
- Jesse Lou Dugan              Bob Herbst
- Jesse Lou Dugan              Sapp Funderburk
- Jesse Lou Dugan              Lahonda Jo Nisbet
- Jesse Lou Dugan              Shirley Salmon
- Alan Genter                 Lahonda Jo Nisbet
- Lahonda Jo Nisbet           Kay Allison
- Lahonda Jo Nisbet           David Baker
- Lahonda Jo Nisbet           Ellen & Stephen Brown
- Kent Smith                   Bob Herbst
- Paul Vadnais                Arlene Daigle
- Paul Vadnais                Jean Vadnais

In Honor of:

- Mitzie Herbst                Bob Herbst
- Pat Morgan                   David Blevins
- Joe Marasco                  Susan Reeves
- James Michael Murphree       Susan Reeves
- Dr Charles G. Reed           Phil Doyle, Ph.D.
- James C. Shanks, Ph.D.       Phil Doyle, Ph.D

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 revised 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.

The Board of Directors believes that this program will help provide funding to the IAL in order to continue to serve the purposes for which it was created more than 50 years ago, as well as provide a way to publicly honor those deserving of recognition.

Please consider donating. Thank you.

**IAL Cookbook is a Big Success**

The IAL cookbook project, “We’re Cooking Around the World,” produced a great publication. Congratulations to all of those who contributed to the success of the cookbook. Special acknowledgement is owed to IAL Executive Director Susan Reeves who originated the project and to the volunteers at the West Texas Rehabilitation Center who did much of the compilation work. A commercial company printed the cookbook. Thanks too to all of those who contributed recipes and to those who purchased the cookbook. After seeing it many have asked how to get additional copies for friends and relatives. If you see one you will want it. It is that good.

As Susan put it, “Pulling folks together for a common goal was the cookbook mission. Many memories of people who have worked tirelessly for this organization are within that cookbook.”

A number of recipes in the book came from individuals like Elizabeth Finchem, Barb Nitschneider, Shirley Salmon, and Jim Shanks whose service to the IAL is measured not in years but in decades. Our vendors also were generous in participating: Richard Crum of Inhealth, Karen Griffin of Griffin Labs, Jim Lauder of Lauder Enterprises, and Dorothy Lennox of Luminoid.

The club sending in the greatest number of recipes was the Montgomery Laryngectomee Association (Alabama) which is renowned for its many fund-raising activities. A number of recipes also came from the IAL’s largest club, WebWhispers, with recipes from President Pat Sanders, Treasurer Terry Duga, and others.

In addition to some wonderful recipes the cookbook also contains nearly 20 pages crammed with very useful tips and important information about cooking in general.

The good news is that it is not too late and there are a number of extras available for purchase. The cost is $10 plus $1 for postage. If we receive requests for at least 100 more we can reprint them. Order your copy by calling ED Susan Reeves toll free at (866) 425-3678; or e-mail: IAL-HQ@TheIAL.com.
If you would like to enjoy the convenience of automatic billing for your donations to the IAL, simply complete the information below and sign the form. All requested information is required. Once received, we will automatically bill your credit card for the amount you specify and the charges will appear on your monthly statement. You may cancel at any time by contacting us.

**Donor Name ______________________________________**  **Phone ____________________________**

**PAYMENT INFORMATION**

I authorize the International Association of Laryngectomees to automatically bill the card listed below as specified:

- Amount _____________
- Frequency (check one) Monthly _____  Quarterly _____  Yearly ______
- Start billing on (date) _____________________  End billing on (date)____________________________

Unless prior arrangements are made, all donations will go to the general fund.

**CREDIT CARD INFORMATION:**

The International Association accepts the following credit cards (check one):

- Visa _____  MasterCard _____  American Express _____  Discover _____

- Name on credit card ____________________________________________________________
- ZIP code (from billing address)______________  Credit card number _____________________________________
- Exp. date ____________________  Signature _____________________________________________  Date________

Your E-mail Address (to receive a receipt) __________________________________

Mail completed form to:

IAL 925B Peachtree Street NE • Suite 316 • Atlanta GA 30309-3918

Email:  http://TheIAL.com

Phone toll-free:  (866) 425-3678

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**International Association of Laryngectomees**

**Automatic Credit Card Billing Authorization Form**

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**IAL Materials**

**Club Order Form**

Please order the number of items you believe your club can use within at least a year or two

<table>
<thead>
<tr>
<th># Requested</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ___</td>
<td>Brochures</td>
</tr>
<tr>
<td>☐ ___</td>
<td>Postcards to order copies of the IAL News (or change address)</td>
</tr>
<tr>
<td>☐ ___</td>
<td>Orange Emergency Cards (English)</td>
</tr>
<tr>
<td>☐ ___</td>
<td>Orange Emergency Cards (Spanish)</td>
</tr>
<tr>
<td>☐ ___</td>
<td>Orange Emergency Window Stickers (English)</td>
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925 Peachtree Street NE
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Atlanta GA 30309-3918

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Mail to:
IAL
925 Peachtree Street NE • Suite 316 • Atlanta GA 30309

Email:
http://TheIAL.com

Phone toll-free:
(866) 425-3678
Available from the IAL

VIDEO/DVD LIBRARY

Spanish Videos & DVDs
A Una Sola Voz—(1/2” Video or DVD, 35 min.) A $10 donation is requested.
Rehabilitacion de la Voz—(1/2” Video or DVD, 35 min.)

Videos and DVDs can now be obtained from:
IAL
925B Peachtree Street NE
Suite 316
Atlanta GA 30309-3918
or call toll-free (866) 425-3678

PUBLICATIONS
The IAL currently publishes and distributes the following:
IAL Brochure (NEW!)
Information about the IAL. FREE!
The IAL News
A newsletter that is published four times annually. A $5 a year donation is requested but is not required.

Building A Successful Laryngectomee Club
Information on how to start a club or make your club successful. FREE!

Rescue Breathing for Laryngectomees and other Neck Breathers*
Available in English and Spanish. FREE!

*Out of print

FREE Pocket Emergency Cards
Emergency cards are available in English and Spanish. (Send stamped, self-addressed envelope and specify language.)

FREE Emergency Window Stickers
These emergency stickers can be used on automobiles or on home windows. They are available in English and Spanish.
(Send stamped, self-addressed envelope and specify language.)

Publications and the items above can be obtained from:
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We are proud to announce that InHealth Technologies was awarded accreditation status by ACHC, the Accreditation Commission for Health Care, Inc. This accreditation is one of the requirements for retaining a Medicare supplier number, which enables us to continue to submit Medicare claims on behalf of our customers.
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To: IAL
925B Peachtree Street NE
Suite 316
Atlanta GA 30309-3918

Enclosed is my tax deductible gift of $10 or more, with my check or money order made out to IAL News.

Name ________________________________

Address ____________________________________________________________

City, State, Country ________________________________________________

ZIP/Postal Code ____________________________

E-Mail Address ______________________________________________________

Please add my name to IAL News mailing list

Please remove my name from the IAL News mailing list.

Please change my address as indicated below.

I am a ☐ Laryngectomee ☐ SLP ☐ Physician Other _________

Name ________________________________

Address ____________________________________________________________

City, State, Country ________________________________________________

ZIP/Postal Code ____________________________

E-Mail Address (for receipt) __________________________________________

Please send ______ (number) of postcards for others to use.