Mark your calendar now to join fellow laryngectomees, caregivers, friends, vendors and top-notch medical personnel at the 57th Annual Meeting and 48th Voice Institute of the International Association of Laryngectomees in Little Rock, Arkansas. The dates are August 28-30 for the Annual Meeting, and those attending the Voice Institute come one day earlier on the 27th. The Lost Chord Club of Central Arkansas is the host club, and the University of Arkansas School of Medicine is hosting the Voice Institute.

Those of us who have gone to one are convinced that every laryngectomee should attend at least one Annual Meeting of the IAL. And many of us come every year or as often as we can.

We come for a great many reasons. We come to
• gather together with people who understand what we have gone through as fellow laryngectomees
• socialize, celebrate and have a wonderful time
• get help with our speaking and other rehabilitation problems
• learn about the latest offerings from the makers and sellers of products we need
• meet old friends and make new ones
• represent our local support clubs as Delegates who elect those who serve the IAL organization
• run for election to IAL office
• serve the IAL through membership on committees
• learn all we can about laryngectomee rehabilitation so we can return to our hometowns to help fellow larys
• enjoy a vacation
• shop
• visit museums and historic sites
And dozens more.

The headquarters hotel is the four-star rated Peabody Hotel. If you have Internet access you can learn more about the hotel at http://www.peabodylittlerock.com.


Come join us to learn and to celebrate life. Come to Little Rock!

IAL Executive Director Sought

The IAL is launching an extensive search for the position of Executive Director. The Executive Director (ED) is a full time employee of the IAL and must be a self-starter who can work on multiple tasks without direct supervision. The individual maintains the offices of the organization at his or her residence and provides storage space for documents and records. Knowledge of computers and the Internet as well as Word, Excel, and QuickBooks programs is required.

The ED plans events/conferences and negotiates contracts with various vendors and the hospitality industry. The individual must be able to travel. Excellent verbal, written skills and organizational skills are required. The ability to work with various stakeholders and clients as well as knowledge of laryngectomee anatomy, speech options, social rehabilitation issues, and resources is desirable.

Additional information on the position can be found on the IAL’s web site at http://www.larynxlink.com. Individuals who wish to apply for the position should forward a letter of interest and a resume to John Ready, Chair of the Search Committee, 75 Arch Street, #214, Redwood City, CA 94062, (fax) 650-249-0413, e-mail John at: jeready1@getvoicing.org
Introducing The New Blom-Singer™ HME System

Heat and moisture exchange for laryngectomies

Have you been waiting for an uplifting development in HME technology?

Well, it’s here.

EasyTouch™ speech button
It starts with our innovative EasyTouch speech button, which makes stoma occlusion simple. Just press it with minimal force and it closes to direct airflow through your voice prosthesis to produce voice. You’ll know it’s closed because the feeling is definite. Release it, and the EasyTouch button instantly re-opens to its breathing position.

MucusShield™ occluder
Our integrated MucusShield occluder creates an air-tight seal closure for speech. And, it protects the HumidFilter® foam filter from mucus secretions.

Daily Disposable, Fully Assembled
The new Blom-Singer HME cartridge comes fully assembled in a 30 day supply—so you don’t have to put it together. Just put on a new one each day, and discard the previous unit. It’s that easy.

No Rx Required
The new Blom-Singer HME System. We’re reaching for new heights so you can breathe easy—and speak confidently.

Learn more about the new Blom-Singer HME System at www.inhealth.com. Or, call one of our friendly customer service representatives at (800) 477-5589.


New Board Members

In accordance with the Bylaws, the IAL President nominates individuals to fill vacancies on the Board of Directors that occur during the year, and the Board approves them. President Tina Long nominated and the Board of Directors approved David Blevins of Virginia; Bob Herbst of Connecticut and Tom Herring of North Carolina to fill vacancies. The BOD also formally acknowledged that Elizabeth Finchem of Arizona had been elected at the 2007 Annual Meeting in Burlington, Vermont, and approved the nomination of John Ready to serve as Vice President.

The IAL News is published four times per year by the International Association of Laryngectomies. 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 laryngectomies 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 Laryngectomies. As a charitable organization, as described in IRS 501 (c) (3), the International Association of Laryngectomies is eligible to receive tax-deductible contributions in accordance with IRS 170.

Is your club Information correct?
A major way people facing laryngectomy surgery or those who are new laryngectomies find a local club is through the IAL web site. Please make sure that the information for your club is correct. The information includes the name of the club, day and times for meetings and a contact person and information. You can verify your club’s information here: http://www.larynxlink.com/Main/clubmap.htm If there are any changes which need to be made please notify the webmaster at iahq@larynxlink.com

Thanks for your help!
IAL Board holds first Internet Meeting

The IAL Board of Directors held its first Internet-based meeting on October 24th and 25th, 2007. The Board approved nominations from President Tina Long to fill vacancies on the Board of Directors, and formally acknowledged through a resolution that Elizabeth Finchem had been elected as a Director at the Annual Meeting in Burlington this past July. David Blevins, Tom Herrig, Bob Herbst and Water Mumford were approved as Board members to fill vacancies, and John Ready was confirmed as Vice President.

The Board then adjourned to executive session. After consideration of a recommendation from an ad hoc committee, a motion was passed to form a new Executive Director Search Committee. After consideration and discussion of a petition that had been submitted to it which raised questions about a procedure used to fill Board vacancies immediately following the Annual Meeting, the Board passed the following resolution:

"The Board of Directors admonishes and reminds all officers and Board members that each of us has the obligation to read, understand, and abide by the Bylaws. And failure to do so may result in formal censure, vote of no-confidence and/or removal from office."

The Board also voted to establish a permanent mailing address for the IAL. All votes of the Board were unanimous.

What had begun as a meeting via an exchange of e-mails over the Internet ended up being conducted as a conference telephone call. This change had to be made when it was discovered that the amount of time it took e-mails to be delivered to and from each Board member could vary from a few minutes to several hours depending on different Internet service providers and the routing of the messages. It had been hoped that an e-mail-based meeting could take place with each participant on his or her computer at the same time.

Background

Until the Delegates voted to change the Bylaws at the Annual Meeting in Burlington on July 14, 2007, the only way the IAL could make decisions was at Board meetings at the Annual Meeting and at an Interim Meeting held midway through the year. The Bylaws also provided for emergency or special face-to-face meetings of the Board.

The Bylaws also established an Executive Committee consisting of IAL officers and elected Board members that was authorized to make decisions which had to be made quickly. Since the IAL pays the travel expenses of Board members to attend face-to-face meetings the costs were becoming significant and a financial burden on the organization. For this and other reasons additional methods for making decisions were explored. The Delegates in Burlington also voted to abolish the Executive Committee since it was believed that modern technology through the Internet, video conferencing or telephone conference calls could permit the entire Board to make any decisions which needed to be made between regular meetings.

Concerning the Board's decision to confirm Elizabeth Finchem as having been elected at the Annual Meeting in Burlington, a mistake had been made at the Meeting concerning the number of vacancies on the Board. Since Elizabeth had the next highest vote total and upon the recommendation of the parliamentarian, the Board officially confirmed that she had been elected.

Concerning the decision to form a new Executive Search Committee, Gary Miner had been asked to serve on an interim basis after the previous Executive Director resigned. A majority of the original Executive Director Search Committee had decided that Gary should be appointed as Executive Director until an open search could be conducted for the position, and it made this recommendation to the Board. The recommendation had been that he would serve until the Board met at the Interim Meeting in March. The recommendation also included that Gary would be considered as a candidate for the permanent Executive Director position. However, the Board decided that it did not want to change the title of Interim Executive Director and wanted to launch a broad national search for a Director with hopes of interviewing candidates and making a choice at its scheduled March Meeting, if possible.

The Board hopes to again try a meeting via e-mail, but spread the time set aside for it over several days to compensate for the time delays in e-mail delivery.
The Singing Laryn Cowboy

As you are watching television it immediately grabs your attention and holds it for just shy of one minute. The location is a crowded city street in New York City. Two cowboys are riding their horses together past the stopped traffic. As horns blare they get off their horses and, as a guitar begins to play, they build a campfire right there on the asphalt. One cowboy plays the guitar and the other removes his neck scarf revealing a stoma. The voice which begins to sing is familiar to most. The lyrics are displayed at the bottom of the screen with a bouncing star following: "You don't always die from tobacco, Sometimes you just lose a lung. You don't always die from tobacco, Sometimes they just snip out your tongue. You don't always die from tobacco..."

The ad concludes by showing a sign hanging from the bottom of the screen with a bouncing star following: "Knowledge is contagious. Infect truth. The Truth.com."

The next day they contacted me. They wanted to set up a meeting. We met at a local diner and chatted about the concept of the commercial, (and) what they wanted me to do. We also discussed the song they wanted me to sing in the commercial, using an (artificial electronic larynx) for 'shock value'. Two days later they contacted me again stating they wanted me for the commercial!

So, in August of 2006, my wife and I went to New York City. We did the audio part first. I sang the song several times in a professional studio. This took about three hours. We had a lot of fun and I found it to be very easy and exciting. You need to know that before surgery I couldn't sing on key at all! Now, I'm in a studio singing with an (artificial electronic larynx) for a commercial to be aired around the world!"

Tommy's story on becoming a laryngectomee is a familiar one. He started smoking at age 13 and was up to a three pack a day habit by age 33 when he decided to quit. At age 38 he woke up with a hoarse sounding voice. By the time it was finally diagnosed he had a large tumor and it was growing under his no longer functioning left vocal cord. Tommy wrote, "Now, time to start treatment. Two cycles of chemotherapy. They wanted to do three, but I refused the third due to the fact that the first two nearly killed me. Then forty rounds of radiation. By the end of the treatments, I lost all my hair and I was burnt like toast. I won't tell you about all the sickness these treatments caused. I choose to forget as best I can."

So, back to the hospital for the doctor to take a good look and see if the treatments worked. A few days later, my wife and I saw him in his office. He stated, "I have received hundreds of e-mails from all over the world! E-mails from kids telling me I helped them quit or not start smoking. Some kids even stated that the commercial helped their parents quit! I also received e-mails from adults stating they shared the video with their kids and were able to convince their kids not to smoke!"

Tommy wrote, "Before my surgery, I was never a singer. I never liked western movies. And I never liked going to the city! Now, I'm in a commercial singing, dressed like a cowboy, in the middle of Manhattan!"

He concluded, "Please allow me to thank some people. My wife Donna and my kids! Thanks to The Truth and American Legacy for choosing me for the commercial. And for all of the support I get from WebWhispers! (Thanks Dutch Helms [recently deceased founder])."

Tommy a 65 pound weight loss in just eight months, but he stated, “With the help of my wife and kids, over the next few years my life became almost normal again! They were my main support. You see, all of my friends jumped ship as soon as I got sick. Guess they couldn’t deal with the word CANCER.” The commercial has had quite an impact on Tommy. He stated, “I have received hundreds of e-mails from all over the world!”

The commercial is another of the hard-hitting anti-tobacco ads funded by The American Legacy Foundation. The Foundation was created by and receives most of its revenue from the tobacco industry as part of the 1999 Master Settlement Agreement between the industry and a coalition of attorneys general from 46 states. It provides grants to further its two goals: to keep young people from starting to smoke, and to help adults who already smoke to quit. The commercial is from TheTruth.com which is the web site for the Foundation’s program to keep young people from beginning to smoke.

The commercial has been nominated for close to 30 awards including two Emmys. If you have Internet access you can view the entire commercial at: http://www.youtube.com/watch?v=xRHvZazd4IM. The commercial has been nominated for numerous awards. And the laryngectomee finishes with) “Yippie ky yo.”

So, who IS the singing laryngectomee cowboy? He is Tommy Cook from Long Island, New York. Writing about how the commercial came about Tommy wrote, “After living a pretty normal life again (following surgery) and getting adjusted to being a lary, I got an e-mail from a talent agency looking for help with an anti-smoking campaign. They were looking for a lary around my age to shoot a TV commercial. I sent them a random photo of me that my wife took. The next day they contacted me. They wanted to set up a meeting. We met at a local diner and chatted about the concept of the commercial, (and) what they wanted me to do. We also discussed the song they wanted me to sing in the commercial, using an (artificial electronic larynx) for ‘shock value’. Two days later they contacted me again stating they wanted me for the commercial! So, in August of 2006, my wife and I went to New York City. We did the audio part first. I sang the song several times in a professional studio. This took about three hours. We had a lot of fun and I found it to be very easy and exciting. You need to know that before surgery I couldn’t sing on key at all! Now, I’m in a studio singing with an (artificial electronic larynx) for a commercial to be aired around the world!” Tommy’s story on becoming a laryngectomee is a familiar one. He started smoking at age 13 and was up to a three pack a day habit by age 33 when he decided to quit. At age 38 he woke up with a hoarse sounding voice. By the time it was finally diagnosed he had a large tumor and it was growing under his no longer functioning left vocal cord. Tommy wrote, “Now, time to start treatment. Two cycles of chemotherapy. They wanted to do three, but I refused the third due to the fact that the first two nearly killed me. Then forty rounds of radiation. By the end of the treatments, I lost all my hair and I was burnt like toast. I won’t tell you about all the sickness these treatments caused. I choose to forget as best I can."

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He concluded, “Please allow me to thank some people. My wife Donna and my kids! Thanks to The Truth and American Legacy for choosing me for the commercial. And for all of the support I get from WebWhispers! (Thanks Dutch Helms [recently deceased founder]).”

Tommy can be reached at TOMJC3@aol.com.
Using antibacterial creams, lubricants, ointments and around the stoma

When laryngectomies develop problems, at least some will experiment with off the shelf items which may already be in their homes. A persistent and important question is whether doing so is safe or not.

One common problem we develop is dryness and irritation in and around the stoma, and the question is whether using common products such as creams, lotions, ointments and similar products is safe. The problem is that a product which is safe and effective for one use can become harmful and even extremely dangerous if used for another. A question which comes up from time to time involves using any lubricants in and around the stoma, but also antibacterial creams such Neosporin, Bactracin, Polysporin or similar products.

Here is a discussion of the issue by Dr. Carla Gress, ScD, CCC-SLP.

"Knowledgeable ENTs and pulmonologists (lung doctors) will tell you, "DO NOT USE PETROLEUM PRODUCTS IN OR AROUND THE STOMA!" These products do not belong in the lungs, and you risk the development of an abscess, which can be life-threatening. And 'a little dab will do you' isn't a good idea either. It is just as risky. I know that people like to use the threat ening.

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The other problem with prolonged use of antibiotic preparations is that over time the bacteria become resistant to the medication. If and when you do develop an acute infection, the drug won't work anymore, and you have to go to more powerful drugs to treat the infection. You may have heard about MRSA (methicillin resistant staph aureus), which is a bacterial infection from a 'super-bug' that has developed resistance to all but the most extremely powerful (and very costly) antibiotics. That is why there is a growing trend in medicine to only prescribe antibiotics when absolutely necessary, and then for as short a period as possible.

So think twice before using Bactracin, Neosporin or Polysporin, or their generic equivalents, and only use it on the skin around the stoma when your doctor specifically prescribes it for a short period of time. And then, never IN the stoma or around the rim."

Dr. Carla Gress lives with her family in Charlottesville, Virginia.

A Letter to Ann Landers

Dear Ann:

Here is a "bow we met" story that is a little different from the ones you have printed.

We met when I was 14 years old and bonded almost immediately. From that time on we were constant companions. For 56 years, we were together through happiness, sadness, sickness and death. Even though we were extremely close, I always felt if we ever split, I could manage OK on my own. I didn’t know that when the time came, it would be so difficult. When I finally realized that I was being destroyed by this friendship and had to end it, it was too late. The damage was done, and now my constant companions are embryos, asthma, bronchitis, and lung that work at half capacity.

So, friend, if you meet a cigarette, don’t say, “Hi.” Say “Goodbye,” and mean it. Take it from me - it’s a no win affair. T.H. Ukiah, California.

(The Washington Post, April 21, 1999)

Bob Herbst’s lary web site

By Bob Herbst

I have had a web site for at least six years now. It started out because my friend and co-worker Ron Leclair was amazed by all that I had been through with my throat cancer ordeal. His eyes were opened to the laryngectomee world, and it was he who urged me to allow him to act as my webmaster. He said “you have a lot of interesting and powerful stuff to share; don’t keep it to yourself.” We decided to start a web site right then and there.

The first thing we did was try and put a meaningful name to it. We came up with the “New England Throat Cancer Site,” “The American Laryngectomee Townhall,” “The Bob, Lesley and Ron Servox Fan Club,” the “I Can’t Snorekl Any More Club,” “Neck Breathers Rule.org” and “Webwhispers” (only kidding; that was already taken by one of my heroes, Dutch Helms (founder of the Webwhispers internet-based laryngectomee support club)). Finally the three of us agreed on www.speakagain.com.

Now that we had a name, we had to start assembling topics and data that interested all three of us and, hopefully, the laryngectomee world. We came up with about a dozen areas of interest on our home page, and slowly started filling those areas with pertinent and/or interesting information. We started like gangbusters erecting what became a site that we were all proud of and added sections that were important to us individually.

As happens in life people become busy and interested with other things and www.speakagain.com became less pressing than our real jobs and family obligations. I had a company to help run with about 100 people to manage, I was visiting hospitals and speaking to schools all over Connecticut about smoking and cancer. Ron became manager of a computer programming department, bought a new house, got a boxer puppy, and then was blessed with a daughter and later a son. Les was still working as a visiting nurse for the New Haven VNA (Visiting Nurse Association of Southern Connecticut), cooking, cleaning, gardening and entertaining. Needless to say the web site was back burneded and growing cobwebs.

Bob’s fellow laryngectomees, friends and coworkers began needling me about the web site updates or lack thereof. I asked Ron, who is a computer professional, for some of his precious time to get some updating and refresh my mind on how to do updating myself.

A couple months ago we started pumping new life into the site and are determined not to let it become outdated again. I need to fly Ron down to Florida to work with us for a day or two ASAP. However, his job takes him all over the world and he is currently in Korea for an undetermined time.

I am asking all members of the IAL and the cancer community who may be thinking of starting a web site to take a look and maybe get some ideas on substance and format for your own web site. We have incorporated the informative, the personal, some medical, and a few professional links to our site. We also highlight a scholarship fund we started six years ago that helps pay the tuition for a SLP graduate student at Southern Connecticut State University. As of 2007 the interest generated by the scholarship fund has helped six young SLP’s get their masters degrees. I hope you get a chance to visit our site (Speakagain.com) and, if anyone has questions or suggestions, please let me know. E-mail Bob at: Bobb@bix.com

Lesley and Bob Herbst

Learning the Vocabulary

Stenosis—shrinking, usually of the stoma. The condition is also called Microstoma.

Stomaplasty—term used to describe a surgical revision of a stoma required because of such conditions as a shrinkage of the stoma.
Quality of life one year after treatment may help survival

A study reported in a recent issue of the Archives of Otolaryngology - Head and Neck Surgery concluded that quality of life measured one year after treatment for head and neck cancer appears to be associated with longer-term survival. “Quality of life” is defined by the medical profession as a person’s perceived physical and mental well being, and is often used as a measure of the effects of illnesses and the effectiveness of various medical treatments.

A possible implication of this study is that early post surgery therapies and resources which help improve quality of life may actually increase the survival rate of head and neck cancer patients.

The experience of many laryngectomists is that their recovery from surgery was helped and speeded by having contact with a fully recovered laryngectomee before, during, and after surgery as with a hospital visitor, and maintaining contact with a laryngectomee support group.

The study also suggests that taking a go slow, “time will heal all” approach may not be beneficial to laryngectomists. Instead, all of the patient’s problems should be addressed by competent professionals and others who can help them make the adjustments necessary to re-establish a good quality of life, and as quickly as possible. Indeed, our very lives may depend on it.

Exasperating

I don't kick if my bath is not hotter,
I don't storm if the towels are not dry;
I make a quick lunge
For my three-dollar sponge-
It's gone but I don't raise a cry.
And the scare sweets me into a rush;
But I let out a howl
(An esophageal growl!)
When my stoma gets dunked in the splash.

Research on Aspirin is mixed

The medical community and much of the public is aware of the benefits of taking a low dose of aspirin to prevent heart attacks. According to one study, the reduction is 28% among individuals at risk for heart attacks.

The Journal of the American Medical Association announced recently that taking a somewhat higher dosage of aspirin (or other anti-inflammatory drug such as ibuprofen or naproxen—which are called NSAIDs, or nonsteroidal anti-inflammatory drugs) can reduce the risk of developing cancers of the colon/rectum.

And not long ago the British medical journal Lancet Oncology reported that the research had indicated that the use of aspirin or other NSAIDs appears to also reduce esophageal cancer which frequently follows a deterioration of the esophagus called Barrett’s Esophagus (the precancerous damage caused by acid reflux, stomach acids escaping the stomach).

And another study released in a recent issue of the Journal of the Academy of Dermatology reports that the use of NSAIDs may also protect against skin cancers. This study reported that the use of aspirin or other NSAIDs more than two times per week for more than five years resulted in about a 60% reduction in the risk of squamous cell skin cancer. This was a preliminary study and the researchers who reported the results stated that further research was needed. You might think with all this positive information about the benefits of aspirin that everyone who can tolerate it should take it. But this is not the case, and for a number of reasons. In addition to producing stomach problems in some individuals it turns out that aspirin does not work on everyone. This is called “aspirin resistance” and it may be more common than previously thought according to a report several years ago. In a study carried out at Northwestern University with patients taking the 81 milligram (baby) aspirin (the recommended dose for reducing the risk of heart attacks) only 44% showed that the aspirin was having the desired effect in the blood. Among those patients taking the standard 325 milligram tablet, 28% showed no evidence of effectiveness.

This is one of the reasons why we are cautioned to consult with our doctors before beginning to take aspirin on a regular basis since, for an individual at risk for heart attacks, the aspirin may not work, or would be more effective if another anti-clogging drug is used along with it.

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This is one of the reasons why we are cautioned to consult with our doctors before beginning to take aspirin on a regular basis since, for an individual at risk for heart attacks, the aspirin may not work, or would be more effective if another anti-clogging drug is used along with it.
According to an article reported in the *New York Times*, a recent Harvard study concluded that cigarette companies have for years deliberately increased nicotine levels in cigarettes to make them more addictive. This has led for some to call for greater federal oversight of the tobacco industry.

According to one Senator, the Harvard study “is dramatic proof that Big Tobacco is addicted to addicting millions of young smokers.” The Philip Morris company disputes the findings and says that the difference in nicotine levels are a natural consequence of variation in what is in tobacco leaves.

In contradicting the companies the head of the Harvard study said that there was nothing random about the growth in nicotine amounts in cigarettes which occurred in all cigarette brands and makers. He went on to say that “we know from the data that there are intentional design changes that result in more nicotine in smoke that increases the capacity for the cigarette to cause and maintain addiction.”

A study by the Massachusetts Department of Public Health reported that the amount of nicotine that could be inhaled from cigarettes had increased an average of 10 percent from 1998 through 2004. This was disputed by cigarette companies. A further study showed that nicotine yields had increased an average of 1.6 percent each year from 1998 through 2005, or about 11 percent overall.

Most adults begin smoking as teenagers and the average age at which young smokers in a recent study began inhaling cigarette smoke was 12.8 years. And a new study has shown that young people can become addicted to nicotine much faster and after smoking fewer cigarettes than previously believed. Adolescents reported powerful cravings for nicotine within as few as two days of inhaling their first cigarette. And they showed signs of addiction after smoking as few as seven cigarettes in a month. These research results were published in a recent issue of *The Archives of Pediatric and Adolescent Medicine*.
President's Message
By Tina Long

Since the Annual Meeting and Voice Institute in Burlington, Vermont this Board and President have made several needed changes and have maneuvered quite well through many potentially thorny situations.

After several changes in membership of the Board and the resignation of both the Executive Director and Director of the Voice Institute, we have forged ahead with filling these crucial positions and our committee meetings and exchange of ideas. We have a well-rounded group of Board members, each bringing his or her own special talents and expertise to the whole. Committee members were selected with the approval of the committee chairs, and every one of us has been active within our committees discussing ideas and suggestions openly and professionally.

This Board is a strong one with the sole mission to help our laryngectomy community and the professionals who serve us. We are finding that to perform our mission we need to make more changes so we can address the needs of the laryngectomy, caregiver and professional for today and tomorrow. We never want to lose our archives and what we have learned because this is our foundation and history. But we will continue to re-evaluate what we as laryngectomies, our clubs and our support teams need and request.

To maintain continuity, changes must be examined, discussed and agreed upon. Also changes need to be added carefully and thoughtfully so as not to get too far ahead without a trial period to test them out. One of the changes we have put into place is our Internet-based Board meetings. The first meeting was not as successful as hoped, but we worked out the kinks and tried again. The second Internet Board meeting was much smoother and we have discussed the changes needed to make any future meetings more succinct and organized. We - the entire Board - are very proud of our time spent on the Internet meetings and the positive outcomes.

We also have been streamlining the IAL headquarters, and getting all documents and brochures organized with a simple system to handle requests, such as those for brochures and emergency cards, and to prepare all of the office equipment so that it is ready and organized with a simple system to handle requests, such as those for brochures and emergency cards.

We re-packed everything in newer, stronger boxes.

Until we have a new Executive Director, several of the Board are sharing these responsibilities. I have brochures and other IAL literature available for clubs and individuals. Vice President John Ready also has some of the literature and has taken over answering the IAL phone. Our Public Affairs Committee is presently working with our IAL Webmaster in redesigning the web page. If any club or individual has a change of address, please send the new information to Tom Herring at tomherring@embarqmail.com.

With many new Board members and personnel changes we are in a transition, and I hope that everyone will be patient and understanding with all of us. If you have any questions or need information, please contact me or any of the Board members. We want to make sure individuals, clubs and our professionals are getting the information they need.

We try and keep our web site up-to-date, so please check it prior to the President's report, Board meeting minutes and my blog. You can find it here: http://www.larynlink.com. Or you can write us at the addresses provided on the back page of this newsletter. Please let us know if you have any questions or suggestions.

Handy Alternative to Tied Covers

Do you wear the kind of stoma cover that is tied in the back? If so, do you sometimes have problems tying the ends, or have that handy quick-release bow that tied earlier turn into a nasty knot? Bill (“Wild Bill” to his friends) Carter of Minnesota came up with a solution.

He uses what are called “cord stops.” They are the little plastic gizmos that are often found on the drawstrings of winter coats or windbreakers. You push the little button on the end of the cord stop and feed the strings through the hole. You then pull the strings to the desired degree of tightness. The only downside is that they are a little lumpy in the back if you tuck them under your shirt.

You can find cord stops at a well-stocked fabric store. They sell for from 25 cents to a dollar. You can even color code them if you like, or go with the clear ones which coordinate them if you like, or go with the clear ones which match any color. The one shown is about an inch long, but we suspect there may be smaller ones out there.

Lary Gear

Whenever the dry season occurs where larys live it is a common experience for our stomas to dry out. The stoma often feels uncomfortably tight, and it can dry out, crack, and may even bleed a little. Our mucus can also become thick and not move as freely.

We have been told by the experts that we need a good flow of watery mucus to keep our breathing passages moist (and resistant to invasion by bacteria and viruses) as well as to move contaminants we happen to breathe in up and out of our systems as we cough. Rather than being a bad thing we might wish to eliminate, a good flow of watery mucus is essential to the health of our breathing systems.

One key to keeping our breathing systems moist is to maintain a higher level of indoor humidity than typically exists during our dry season. We have also learned that an ideal indoor humidity for larys can be as high as 45-50% relative humidity (no higher). But how do we know what the humidity level is?

One answer is to have one or more humidity gauges in our homes. One which can be used at home and as we travel is pictured. It is powered by a single triple “A” battery and it features a clip on the back which can also serve as a stand to put it on a flat surface, and also a magnet so it can be attached to any metal surface such as a refrigerator. The one shown costs under $10 and is available from department stores such as Walmart and on line.

Carbon Monoxide Detector

Larys typically have problems smelling odors. If they live alone an addition to smoke detectors which might make them feel a little safer is to add a detector which goes off in the presence of monoxide or explosive gas, such as would come from a faulty gas stove, water heater or furnace. One model is the Kidde 0113 Nighthawk Carbon Monoxide and Explosive Gas Alarm AC Plug-in. It sells for about $30 and is available at many locations including department and hardware stores.

Life is not about waiting for the storm to pass but learning to dance in the rain.

—Diane Davis
Cancer Runs in Families

A fairly high percentage of laryngectomees take medications for heartburn. If you are over the age of 50 and regularly take drugs such as Nuxium, Prevacid, Prilosec or other drug in the "proton pump inhibitor" category for heartburn, you should know about a recent study from England. The study involved 143,000 patients, and researchers reported that those over 50 and taking these medications for extended periods of time have a 44% increased risk of hip fractures than nonusers.

The researchers speculated that when the drug reduces acid in the stomach it also makes it more difficult for the body to absorb bone-building calcium. And weaker bones can lead to hip fractures.

Hip fractures in the elderly can lead to life-threatening complications, so the researchers caution doctors that the benefits of keeping their patients on these drugs for long periods of time have to be weighed against the risks of hip fractures. Of course, heartburn can cause more than just discomfort but also can lead to ulcers and, in some rare cases, to esophageal cancer.

Those who find relief from heartburn from over-the-counter medications such as Tums, Rolaid and Maalox are not believed to be at increased risk for hip fractures.

In previous research a smaller percentage of users of Tagament and Pepcid (stomach acid drugs in the "H2 blocker" category) also showed an increased risk for hip fractures.

Modifying the diet to include more calcium rich foods, exercise, and monitoring the bone density of elderly patients who are on these drugs can help reduce the chances of hip fractures. And among exercises which can help prevent falls and fractures are those that strengthen leg muscles, increase range of motion of hip joints, and those which improve balance.

Cancer Runs in Families

Research presented at the American Association for Cancer Research in April reported that ("first-degree") "blood relatives of individuals diagnosed with lung cancer, despite the fact that they never smoked, are more likely to develop melanoma, colorectal, head and neck, prostate and breast cancers.

Dr. Gorlova, of the M. D. Anderson Cancer Center in Texas, stated, "These findings suggest that there is some genetic susceptibility to cancers in families in which a person has lung cancer and has never smoked."

This study may be helpful in a number of ways including with individuals who are cancer free but who had non-smoking family members who developed lung cancer to make sure they are more carefully screened for these cancers. The information may also help those who developed, for example, larynx cancer who had never smoked, to understand that a non-smoking relative who developed lung cancer may have passed on this genetic susceptibility.

Quote from Clinical Cancer Conference

At a recent meeting of the American Society of Clinical Oncology a presentation was given titled “Integrating Novel Therapies with Standard Modalities in the Treatment of Head and Neck Cancers.” It appeared on the Medscape Internet website and contained the following concerning treatments for cancers of the pharynx and larynx:

“Today, tumors of the pharynx (oropharynx or hypopharynx) are generally treated primarily with combined chemoradiation. Laryngeal cancers are also treated with chemoradiation if the larynx is functional. However, if the tumor has destroyed the laryngeal skeleton, surgery (generally total laryngectomy) may be required to restore an adequate airway and maintain swallowing. Despite therapeutic approaches combining surgery, radiation, and chemotherapy, there has been no significant improvement in survival for HNC [Head and Neck Cancers] over the past several decades.” (Source: Forastiere A, Keck W, Trotti A et al. Head and neck cancer, New England Journal of Medicine. 2001;345:1890-1900.)

(Editors Note: The last sentence concerning no significant survival improvement may be misleading since it only takes into account the overall survival of patients and does not include the impact of the use of chemoradiation in preserving the larynx of patients along with normal breathing and swallowing. The use of chemoradiation treatments has helped many larynx cancer patients maintain their larynx. However, it should also be noted that chemoradiation therapy can produce a number of negative side-effects including serious ones.)

Coffee lovers rejoice

Those who love their coffee were pleased to hear of findings that coffee not only helps to clear the mind and perk up your energy level, it also provides more healthy antioxidants than any other food or beverage in the American diet, according to a recent study. Of course too much coffee can make people jittery and even raise cholesterol levels, so food experts stress moderation.

Antioxidants are believed to help battle cancer and provide other health benefits and are found in grains, tomatoes and many other fruits and vegetables. But the average coffee drinker got several times more antioxidants from their coffee than other foods in the diet including tea and fruits and vegetables.

Distinguishing Characteristics

A funny thing happened today that I thought would be worth sharing... Allow me to preface my story by saying that my total laryngectomy was in 1998, and I speak with a ... TEP prosthesis and hands-free valve. I wear no other type of stomal covering, since I find a cloth covering too restrictive, and the hands-free valve hides anything that might be considered too “revealing” or in poor taste. In fact, I usually leave the top two buttons of my shirt undone, so the valve is almost always exposed.

During my lunch break today, I stopped by the county sheriff’s office to renew my handgun license. As a part of this process, I had to answer a series of questions for the jail matron as she filled out my application. Midway through the questionnaire, she looked up at me and asked “do you have any distinguishing physical characteristics or scars?” I thought for a second, then raised my left hand to show the index finger that has been missing since I was three years old. Without a word, she wrote “missing tip of left index finger” on my application, and went on to the next question.

It wasn’t until hours later that I realized what had happened—there I was, talking to a complete stranger in my TEP voice and with the hands-free valve in full view, and she didn’t even seem to notice that these things might be considered “distinguishing physical characteristics.” Not so many years ago, I would have thought she was being sarcastic, and more recently, would have found it funny. But now, after nearly ten years, I simply forgot for a moment that I had had a laryngectomy, and replied to her question with the same innocence in which it was asked.

I think there might be a lesson or two in this little story, especially for the newer laryngectomees. First, even if you are overwhelmed right now, have faith that eventually you will reach a point where you can completely forget about your impairment, if only for brief periods. Second, regardless of how self-conscious you might feel, other people are probably not nearly as fixated with your condition as you are. If you act “normal,” most people will treat you that way.

No cancer risk in sugar substitute

A large study using people (as opposed to laboratory rats) has concluded that there is no additional risk of cancer for those who consume large quantities of the sugar substitute aspartame. These findings were reported at a recent meeting of the American Association for Cancer Research.

According to the Associated Press article, aspartame came on the market about 25 years ago after the artificial sweetener saccharin was linked to the development in bladder cancer in rats. Aspartame is found in thousands of products including diet sodas, dairy products, and chewing gum. Popular brands of aspartame are Equal and NutraSweet.

The article concluded by saying that the remaining danger is the thought some have that by drinking diet sodas they are “saving” calories which allow them to eat more.
The selection of the Voice Institute Interim Director

By Philip Doyle, PhD

The Board of Directors of the IAL is pleased to announce the appointment of Dr. Jeffrey Searl from the University of Kansas as the interim IAL Voice Institute Director for the August 2008 Meeting to be held in Little Rock, Arkansas. Along with this announcement, and on behalf of the Search Committee, I would like to provide some additional information on this interim appointment.

While the Voice Institute Director Search Committee was originally formed following elections at the Burlington meeting, full membership of the Search Committee was not complete until October 24th, 2007. The reason for this delay in formalizing a full committee was due to several resignations by Board members over a two-month period during September and October, and the desire to replace those individuals on the Board and the Search Committee. As a result, the ability to act on the search was limited.

Over this period of time, the Committee actively discussed questions related to timelines for an appointment and the potential problems associated with a national search. Briefly, although a full and exhaustive national search could have been pursued, the Committee and Board shared the opinion that this would take several months at a minimum, and that this delay would create two obvious problems. First, even if a national search was targeted to begin and end in a very short period of time, for example three months, this would create serious problems with the current program for August, as well as potentially creating problems specific to the external funding grant which must be submitted by the end of February. Dr. Carla Gress, the previous Voice Institute Director, stated that she believed that close to a full year would be optimal to organize a first-rate Voice Institute. Because of this situation, the Search Committee decided that an exhaustive national search could not be pursued, but that all efforts would be made to identify and make a recommendation from the new Interim Voice Institute Director to the Board prior to Christmas.

Following this decision, the Committee actively sought input from a variety of sources both inside and outside of the IAL during October and into November. The names of eight possible candidates were brought to the attention of the Committee and all were contacted directly by me to determine their interest in the position. Two of the eight allowed their names to be considered and each submitted a formal letter of interest for the position in early November. Additionally, the Search Committee advertised the position widely at the Annual Convention of the American Speech-Language-Hearing Association which was held November 14-17 in Boston.

The reason for advertising in Boston was based on the fact that it was the largest single meeting of Speech-Language Pathologists, and the Committee believed it would be an ideal place to get the word out regarding the position. The Voice Institute Director must be a certified Speech-Language Pathologist. I, as Chair of the Search committee, had the chance to meet directly with both candidates in Boston to discuss the position. Following the meeting in Boston, and heading into the later part of November, no additional inquiries about the position came forward.

Following the meeting with both candidates in Boston, I notified members of the Search Committee that both were well qualified and remained interested in the position. Over the next several weeks, the Committee carefully considered the candidates and materials they submitted and made a decision to appoint an interim director. The recommendation of Dr. Searl was unanimously supported by the Search Committee. The formal decision to appoint the Interim Voice Institute Director required a vote of the entire Board of Directors and a meeting via the Internet was scheduled on January 5-6, 2008. All members were invited to attend. Our reason for appointing an interim Voice Institute Director was that it provided us with solutions to several problems that had been created by the delay in forming the Search Committee due to the resignations noted above. First, an interim appointment would allow us to initiate a formal large-scale national search for the 2009 Voice Institute Director starting in January and ending with interviews being held during the Little Rock meeting. This would permit the announcement of the 2009 Voice Institute Director at that meeting, thus, allowing that individual almost a full year to develop his or her own program. The Search Committee had some early discussions so that we can move forward in the next several weeks. Second, and given the delays experienced in early fall, the Committee determined that having a Voice Institute Director with direct experience from recent meetings would provide a number of advantages. This included concerns about both program development and external funding. As many of you know, Dr. Searl has been a faculty member at our Voice Institutes over the last several years. His understanding of the IAL and the Voice Institute provides him with the ability to quickly develop and put into place a strong and comprehensive educational program over the next few months. We look forward to Dr. Searl’s contributions and offer him best wishes on his interim appointment as Voice Institute Director for the Little Rock meeting. In closing, I also would like to thank all of the members of the Search Committee, David Blevins, Elizabeth Finchem, Bob Herbst, Terrie-Lynn Hall, Ian Milne, and John Ready for their valuable contributions and cooperation over the past several months; their input has been greatly appreciated.

Publication in the works

An old IAL friend is getting a makeover. It is the publication “First Steps,” and is itself a revision of a still older IAL publication. “First Steps” is a booklet designed to be given to someone facing laryngectomy surgery, while they are in the hospital following surgery, or shortly afterwards. As the name suggests, it provides the kind of basic information that is needed by new laryngectomees as they begin their road to recovery.

The contents include basic terms and dealing with the stoma such as how to keep it clean, keeping it from shrinking, and the importance of covering up. Other topics include anatomy changes, keeping a good indoor humidity and mucus control, showering and bathing, emergency contacts, speaking alternatives, swallowing problems, dealing with the side-effects of chemotherapy and radiation treatment, and others.

A draft has been written and experts in the field are reviewing sections. It is hoped that the publication will be ready for printing and distribution within the year.
A Grim voice Warns: Don’t Smoke
By Monica Polanco
(The following article appeared in a recent issue of The Hartford (Connecticut) Courant about laryngectomyee Frank Smith)

Man Who Lost Larynx To Cancer Speaks To Kids
Frank Smith is retired now, but the hole in his throat has given him a second career: persuading young people not to smoke.

Smith, who smoked for 57 years, lost his voice in 2000 to cancer. Doctors removed Smith’s larynx - his voice box - to save his life. They left a hole the size of a quarter at the base of his neck that allows Smith to breathe, cough and sneeze.

To speak, Smith holds a small, battery-powered device to his neck and turns the machine’s electronic sound into words.

This spring, he came to Slade Middle School in New Britain, like others he has visited in Connecticut, to warn kids about the dangers of smoking. His body is the curriculum.

“Want to see how I sneeze?” he asks the students. “Want to see what tobacco can do to you,” Smith tells the class in his halting, robotic voice. “Today, you have a warning.”

He is a foot soldier in the war against cigarettes, which kill nearly 440,000 people in the United States each year and cost the nation more than $167 billion in lost productivity and health care bills, according to the Centers for Disease Control and Prevention. In Connecticut, the tobacco industry spends about $157.2 million a year to advertise its products.

Smith, 74, is up against glamorous portrayals of smoking in movies, the instant gratification nicotine provides and Connecticut lawmakers’ repeated decisions to tap into the state’s multimillion-dollar tobacco and health trust fund - created for efforts against tobacco use, substance abuse and other unmet physical and mental health needs - primarily to bolster the general fund.

For the next 45 minutes, the Slade students will learn what tobacco has done to Frank Smith.

“Want to see how I sneeze?” he asks the students. Without waiting for their reply, he brings a paper towel to the hole in his neck - which had been covered by a false shirt front - and makes a coughing sound. He then holds the paper up so the class can see the mucus that shot out from the hole. The class is revolted.

“Think about this every time you think about lighting up,” he tells them.

Smith, a retired sales engineer, estimates that he speaks to school groups at least 150 times a year, traveling across central Connecticut and the shoreline. He also speaks in front of doctors who work with patients who have had their larynaxes removed in laryngectomy operations, and to other laryngectomy patients.

He is president of the Barbara Smith Laryngectomee Club of Hartford/New Britain, a support group that meets every other month. He serves on the board of directors of the Mattabassett District, a regional wastewater treatment facility in Cromwell, and is running for constable in New Britain.

Standing in front of the seventh-graders, Smith seems unfazed by the possibility that the kids will laugh at him. But instead of ridiculing him, the students are curious. “What happens, if you smoke, on the inside?” one boy asks.

Smith started smoking when he was 7 or 8 years old. Back then, a pack of cigarettes cost 8 cents. People smoked in movie theaters, church and school hallways. One of his brothers, also a smoker, died of emphysema.

One day, Smith decided to see what it was like. He bought a pack of cigarettes and sneaked a puff behind a barn. He felt dizzy.

He hid the pack in a dry spot behind the barn and lit up again a few days later. The dizzy spell didn’t return, and from that day on, Frank Smith was a smoker.

His mother was the only person in his house who didn’t smoke. Smith attributes her death, from lung cancer, to the plumes of secondhand smoke she inhaled. One of his brothers, a smoker, died of emphysema.

Standing in front of the seventh-graders, Smith knows that at least some of the 12-year-olds have already held a “before” picture of the same boy, now bloated and after surgery and a “before” picture of a smiling 17-year-old and an “after” picture of the same boy, now bloated and dying two years later from the effects of chewing tobacco. At the end of the class, as he asked the students how they’d like to live, many of them would stay away from tobacco. Almost all of their hands went up.

A boy in the back kept his hand down.

“I’m [going to] smoke as soon as I walk into a club,” he said.

Smith, who was scheduled to speak to other students at the school the following week, wasn’t deterred by the boy’s defiance. Smith knew he’d be back.

—Monica Polanco

Courant Staff Writer
August 20, 2007

http://www.courant.com/The Hartford Courant

Radiation Pioneer Dies
Dr. Morton Kligerman died this past summer at the age of 88 from complications of esophageal cancer. In the 1950s Dr. Kligerman pioneered the use of alternative cancer treatments including radiation. In the 1980s Kligerman became interested in the development and use of a chemical agent which would reduce the damage done to normal tissue which surrounds a cancer. An original purpose of the drug which had been produced by the U. S. Army was to provide some protection for soldiers exposed to nuclear radiation. The chemical is still in use, particularly for head and neck cancers.

—Pat Sanders, WebWhispers President, in March 2000, Headlines

http://www.courant.com/
We laryngectomies need it all (Part 1)

By David Blevins, IAL News Editor

I am convinced that the laryngectomee community needs ALL of the services and resources currently available, and perhaps some emerging and additional ones as well. None of these resources can be eliminated without hurting individual laryngectomees and, therefore, our community as a whole. Unfortunately one part of the system of support may be unaware of the existence of one or more of these parts, or if they are aware they may question whether they are really necessary. As a result they may do things which are either not helpful, or fail to do things which can help the other parts of the system continue performing their part of the mission of total laryngectomy rehabilitation. Some occasions as a result of competition with one another.

Certainly among the most important resources our laryngectomee community needs include: (1) qualified and competent medical personnel (ENT medical doctors and speech-language pathologists), (2) a hospital visitor to meet with the individual facing laryngectomy surgery and his or her family prior to surgery and/or shortly thereafter, (3) a local laryngectomee support club, (4) WebWhispers—the Internet based laryngectomee support club, and (5) the International Association of Laryngectomees (IAL).

It does not matter whether each of us used every one of these resources. It does not matter that you or I as individuals continue to need every one of these resources. Certainly quickly and effectively become successful and fully rehabilitated without one or more of them. But as long as some other laryn lies them, every one of us should do what can to keep them alive and functioning. We must look after not only ourselves but for our fellow laryngectomee brothers and sisters. If we think about it, there really is no alternative.

Every one of us should feel compelled to look beyond ourselves and willingly accept some responsibility for the well being of others. The obvious reason is that there are so few of us. With just 50,000-55,000 in the U.S. (for example), and with that number scattered throughout the country, we must use our collective energies to support each and every one of the resources or risk losing one or more of them. This taking responsibility for one another is a proud part of our heritage as cancer survivors and is reflected in The Laryngectomee Pledge (from the IAL News in 1959): “I will use every available means to perfect my speech and effect my rehabilitation, and I pledge all of my efforts to assist fellow laryngectomists in achieving this goal.”

The needs of laryngectomies for help have only changed moderately in the last half-century. The only significant change is the external use of treatment and counseling and in helping new ones acquire the only form of post-laryngectomy speech that was considered acceptable decades ago—traditional esophageal speech. But every other rehabilitation need continues to exist as well as an ongoing need for every larynx who can to acquire some form of post-surgical communication.

I will examine each resource I believe we need, but in Part II I will focus on...

The IAL

If the IAL did not already exist we would be trying to create it, but would almost certainly fail. The factors and resources that came together in 1952 to form the IAL were unique and are just not present now. And it should also be clear to anyone that it is easier to keep something that already exists alive than to try to start it from scratch. And you need to work in the leadership of an organization to make any change which is needed, so there is no excuse for not supporting an organization the laryngectomee community needs. If you think something needs fixing, work through the democratic process that controls the organization. Our laryngectomee community needs the IAL and there is nothing available now or remotely visible on the horizon which could take its place.

The International Association provides three major resources to our community as well as a number of others. These big three are the Annual Meeting, the Voice Institute, and The IAL News. The Annual Meeting serves a number of purposes. One is to provide a time and location for the laryngectomees of the entire world to come together to discover that they are not alone, to...

learn, socialize and celebrate our survival.

The Annual Meeting is also the place and time for the IAL to function as a democratic organization. Delegates gather to vote on Board members and officers, changes in the Bylaws of the organization, and other issues. The Delegates Meeting is the place where those who are currently carrying on the work of the organization are held accountable by representatives of our member clubs. This is the one single place and time where this occurs.

Another unique and essential service of the IAL is our annual meeting. The Voice Institute has three purposes: to bring world-class medical and other professionals together (1) to offer specialized training to speech-language therapists in how to assist us in our recovery, (2) to provide laryngectomy hospital visitors and other medical personnel with comprehensive and up-to-date knowledge about lary rehabilitation to take back to our communities, and (3) to help laryngectomees with their speech and other problems they have not been able to resolve in their hometowns, or at least to point them towards specialized help.

It is not unusual for “miracles” to occur at the Voice Institute. I got my own miracle there. The best medical professionals in my state had given up on my getting a TEP voice. They had exhausted their bag of tricks of injudicious medical procedures, and I needed special help. In order to keep the job I loved as a teacher and I decided I had two last steps to try before giving up. I planned to give the Voice Institute a chance, and if that failed, my last stop would be to go to San Francisco and see Dr. Mark Singer and Dr. Carla Gress, or to Indianapolis and Dr. Eric Bloom and the staff of his faculty.

I got my miracle at the Voice Institute in Reno in 1999 with the help of SLPs Dr. Carla Gress and Dr. Dan Kellner. Mark Singer knew exceptional results do not always occur, the Voice Institute is unique. It brings together the very best and most knowledgeable experts in the field of laryngectomee rehabilitation in the world to one location and at one time. Regional meetings are very sources of information, but they are more readily accessible for many of us. But the IAL’s Voice Institute is and must remain the very best there is. Its program is the most comprehensive of similar programs. And just one unique aspect of the program is that it keeps traditional esophageal speech alive as an alternative method of speech, coupled with comprehensive coverage of all other speech methods. And the IAL’s Voice Institute is made available to even those who would not be able to afford to attend these conferences simply because of the generosity of the Frank Batten Scholarship program.

The third major function of the IAL is to publish...
The IAL is planning to start a brand new e-mail support service for all IAL club Delegates around the world. This e-mail link will be a place different from WebWhispers, the Internet-based laryngectomee support club and largest IAL member club. The WebWhispers mailing list is a place for the individual to go for rehabilitation and health issues.

“Email IAL” will be a place where IAL club members can go for help and discussion on topics such as building membership, visitation, local meetings, meeting places, projects such as speaking at local schools, how to get the present membership more active, regional meetings, identifying Delegates for the IAL Annual Meeting, and other topics of concern to laryngectomee clubs, Delegates and members. “Email IAL” will be a place where IAL club members will be able to compare notes on these topics.

“Email IAL” will be moderated to keep it on subject and will have the same kinds of rules WebWhispers uses, for example, not using the forum to attack others.

And I, as IAL Club Communication Chair, will be heading up this project with the help of Pat Sanders, President of WebWhispers. I hope to have “Email IAL” up and running in the next month or two. Be looking for complete instructions for joining and list of rules in the next IAL News.

—Janice Hayes

International Association of Laryngectomees

Automatic Credit Card Billing Authorization Form

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) _________________________

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 __________________________

Mail completed form to:
IAL
2051 Little River Drive
Suwanee, GA 30024

Email IAL
By Janice Hayes

Criticism we would love to hear

Laryngectomy and tobacco control speaker Jerry Berkowitz keeps a running list of things that students say to him. One of the latest, left by a girl on his telephone answering machine, makes his neck vibrate with glee: “I am a sixth-grader and I have been smoking for two years. I have not smoked in seven months since you came to our school to speak. I blame you for that.”

—from October 2007, CancerWise from MD Anderson Cancer Center
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Fill out and mail in the form on the back page of this issue.

WARNING: This is a Digital Publication. It is not intended to replace health care advice, diagnosis or treatment. Always seek the advice of your health care provider with any questions you may have regarding a medical condition or your health. Before initiating any new health care plan, contact your provider to ensure that it is safe and appropriate for you.

Available from the IAL

Publications
The IAL currently publishes and distributes the following:

IAL Brochure
Information about the IAL. FREE!

The IAL News
A newsletter that is published four times annually.
A $5 a year donation is requested but 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!
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