We’re Going to Kansas City...

...Kansas City here we come! Mark your calendars now and plan to join us for the 2011 International Association of Laryngectomees 60th Annual Meeting and 51st Voice Institute. The dates for the Annual Meeting are June 16-18, and June 15-18 for the Voice Institute.

Those who are flying will be coming into the Kansas City International Airport (airport code-MCI). There is a shuttle from the airport (see published schedule in the April issue). For those driving, Kansas City is accessible from I-70, that runs east and west, and I-35.

The hotel is just minutes away from the airport and is the Holiday Inn at CoCo Key, 9103 East 39th Street, Kansas City, MO 64133. Hotel direct - (866) 754-0200. National reservations - (800) 465-4329. Parking is free and the hotel is adjacent to a water park (some of you will be amazed at fellow laryngectomees who are comfortable doing most water activities.)

Chair Wade Hampton and his Annual Meeting Committee has negotiated an exceptional contract. The room rate is $85.00 per night single or double occupancy. This is an outstanding rate for any major city. Breakfast is also included in the room rate. The rate is good three days before and three days after the conference for those who want to extend their stay.

The hotel features large guest rooms, on-site restaurants and market, free wireless Internet connections, indoor and outdoor pools where our water activities and demonstrations will take place, and others. The connected but separate water park offers a 60% discount for hotel guests. For those who choose to combine vacationing with the Annual Meeting/Voice Institute, Kansas City is a fabulous tourist destination with attractions sure to please every attendee. Of course the city is famous for music, especially blues and jazz. A thriving entertainment district, The $850 million dollar Kansas City Power & Light District, is a magnet for visitors. And if you are feeling lucky you can try one of the city’s famous casinos including Harrah’s and Ameristar.

There are lots of historic attractions to see including the Truman Presidential Museum/Library and boyhood home, Amelia Earhart Museum, Arabia Steamboat Museum, National World War I Museum and Liberty Memorial and Tower, Jesse James Museum, and many more.

Kansas City is also a shoppers mecca with 39th Street, Brookside, City Market, Park Place, Westport, Zona Rosa, and Country Club Plaza. Bargain hunters will especially enjoy shopping at the famous Legends Outlets and entertainment center.

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 feel we have benefited from returning again to learn new things and, of course, enjoyed meeting old friends and making some new ones. We have said it many times before, but no one remains a stranger long at an IAL Annual Meeting and Voice Institute.

It always is great to be in the majority for a change and to feel that natural kinship we have for one an-
Introducing the New
Blom-Singer® Dual Valve
Voice Prosthesis

6mm Size Now Available

Our new dual valve Indwelling voice prosthesis uses leading-edge design to deliver on a very simple, but powerful benefit: two valves are better than one!

Should the primary valve fail due to Candida (yeast) colonization, the secondary valve is intended to remain viable to help prevent leakage of fluids.

As an added advantage, each valve is imbedded with silver oxide, an antimicrobial agent that provides significant protection to the device for laryngectomees who are susceptible to Candida growth. Blom-Singer voice prostheses that contain silver oxide have been proven to eliminate or reduce the need for antifungal agents, such as Nystatin™ or Mycelex®.

Included with the Dual Valve Voice Prosthesis is a unique pop-through insertion system, designed to assist the clinician in the deployment of the esophageal flange during placement.

The Dual Valve voice prostheses are offered in non-sterile 20 Fr. indwelling packages, in five lengths:

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Blom-Singer®
voice restoration systems

The Voice of Experience
Since 1978
antifungal agents, such as Nystatin™ or Mycelex®. Silver oxide have been proven to eliminate or reduce the need for silver oxide, an antimicrobial agent that provides significant benefits. As an added advantage, each valve is imbedded with an edge design to deliver on a very simple, but powerful benefit: to help prevent leakage of fluids.

Colonization, the secondary valve is intended to remain viable to help prevent leakage of fluids. Should the primary valve fail due to Candida (yeast) colonization, the secondary valve is intended to remain viable to help prevent leakage of fluids. The dual valve system is designed to provide redundancy in case of failure of either valve.

Our new dual valve Indwelling voice prosthesis uses leading-edge technology to provide a safe and effective solution for voice restoration in patients with laryngectomy. The Blom-Singer® Dual Valve is available in a variety of sizes to meet the needs of individual patients.

6mm Size Now Available

Introducing the New Blom-Singer® Dual Valve Indwelling Voice Prosthesis

- 14mm DV2014-NS
- 12mm DV2012-NS
- 8mm DV2008-NS
- 6mm DV2006-NS

LENGTH 20 FR DIAMETER

For more information or to place an order, call us at (805) 684-9337 or visit our website at TheIAL.com. You can also find additional information under Club Resources or go to http://tinyurl.com/39ahzpa.

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

We need a location with a local laryngectomee support club to perform a number of functions, although we can work with local people on what is expected of the club and its membership. You can get additional information on what is needed at http://www.TheIAL.com and go to “Host an Annual Meeting” under Club Resources, or go to http://tinyurl.com/39ahzpa.

Make a date to join us in June for another wonderful laryngectomee reunion at the IAL Annual Meeting and Voice Institute. The Board of Directors and staff are very excited about this conference. We will have an excellent program for both the Annual Meeting and Voice Institute with valuable and interesting topics for first-timers as well as our AM/VI veterans.

As we always say, we can just about guarantee that you will be glad you came!

Host Clubs Needed for 2012 and 2013

We are currently looking at several locations for the 2012 Annual Meeting and hope to be able to announce where we will meet during the upcoming one in Kansas City. We are also looking to identify locations for the IAL’s 2013 and even 2014 Annual Meeting and Voice Institutes. Important considerations are:

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

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The IAL News is published four times per year by the International Association of Laryngectomees. The information provided in the IAL News is not intended as a substitute for professional medical help or advice, but only as an aid in understanding problems experienced by laryngectomees and the state of current medical knowledge. A physician or other qualified healthcare provider should always be consulted for any health problem or medical condition.

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

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

As a U.S. charitable organization, as described in IRS 501 (c) (3), the International Association of Laryngectomees is eligible to receive tax-deductible contributions in accordance with IRS 170.
Local Support Club in the Spotlight

The Little Club That Could

Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has. (Anthropologist Margaret Meade)

A good turn-out for the monthly meeting of the Montgomery (Alabama) Laryngectomee Association might be eight people, and half of those are likely to be spouses. But their small number doesn’t tell you much when it comes to this particular “small group of thoughtful, committed citizens” and the extraordinary dedication it has for its mission. And one of the most extraordinary things it does is work with the American Cancer Society’s annual Relay for Life fundraising event.

The continued existence of the MLA has come into question a number of times over the decades as membership dwindled. Indeed, looking through old issues of the IAL News shows that clubs had come and gone during the 1950s and 60s only to be resurrected as someone new became a laryngectomee and again took up the torch.

In more recent times just when it seemed time to close up shop someone in the community would become a laryngectomee who turned out to share the vision of helping future laryngectomees and would contribute their energy and drive to sustain the club.

The number is $5295. That is the amount of money this tiny club contributed to the American Cancer Society’s 2010 Relay for Life fundraiser! That is the total for just one year and not the total over the years. So how did such a small club raise so much money?

Among the club members who were most active in raising funds included Pat and John Morgan who used a number of methods including personal donations, but also the sale of raffle tickets and Pat placing a film canister for donated quarters at her local beautician’s.

Tom and Pat York had a lot of help from their grandchildren. Some of them set up a table outside a Walmart store and solicited donations and sold raffle tickets. They also organized a pancake breakfast at a local Applebee’s restaurant. For a flat rate of $150 Applebee’s provided all of the pancakes with any profit going to Relay for Life. With tickets sold at $5 each, they cleared $300.

Tom runs a miniature train at a local mall during the Christmas season. And his mall has several water fountains where people toss coins for good luck. Tom arranged for the mall to donate the coins to the 2010 Relay. This amounted to a whopping $1127.

Small donations are solicited throughout the year. In addition to an IAL convention travel fund jar that supports a Delegate to attend the IAL’s Annual Meeting, they also have a Relay jar that picks up from $3-$5 per week from club members. The total for any year is from $60-$75.

Frank and Faye Meek sent out a solicitation letter to family and friends. They sent out 79 letters and received donations in the amount of $1515. Faye wrote thank-you notes to each. Tom and Frank also go out to different restaurants and solicit for donations of free meals. They then sell raffle tickets for these for a dollar each.

The Relay also has a silent auction and Pat York usually makes a quilt, Faye Meek crochets some items and Pat Morgan gets a donated beautician’s basket to auction. Proceeds are credited to the club. Congratulations to the MLA!
The TruTone™ Electrolarynx is the only instrument available with natural intonation. With its simplicity and ease of use, you can truly express your feelings and emotions once again.

- Single Pressure-Sensitive Button, for Natural Expression
- Wide Frequency Range, Allowing for Masculine or Feminine Voice Adjustment
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- 9v Battery Operation Means No Custom Mail-Order Batteries
- 2 Years of "Drop & Soak" Coverage with an additional 3 Year Limited Warranty Protection*
“I am the Walking Dead.”

The TV screen is black. Then the public service announcement begins. A candle in the foreground provides the only light.

Then you see her dimly illuminated by the candle: a short-haired 60 year old woman in a green top. The hole in her neck is visible. And then, using traditional esophageal voice, she speaks.

“My name is Debi. This may be my last chance to warn you about the dangers of smoking. Gradually tobacco took not just my health, but my dreams. Think about what tobacco is taking from you. Quit now before it’s too late.”

She then puts a handkerchief to her stoma and coughs. It is a hard, raspy, nasty sounding cough.

The scene fades to black and you read: “To quit smoking call 1-800-NO-BUTTS.” And below that, “Sponsored by the California Department of Public Health.” A cigarette smolders below. Fade to black.

The commercial is barely over 30 seconds long, but it is stark, bleak, and hard to ignore or forget. The message could not be more simple or more clear: learn from her mistake and quit smoking before it’s too late for you too.

This anti-smoking commercial is a powerful follow up for the woman in the ad, Debi Austin of Canoga Park, California. In 1997 an ad featuring Debi became famous in California and the West Coast region. It showed her blowing cigarette smoke from her stoma. She said in that T.V. ad, “They say nicotine isn’t addictive.” She then took a puff and exhaled through her stoma and asked: “How can they say that?”

It was a shocking slap in the face, upsetting, and hard to watch. The “shock value” was obviously intended. Here was a woman who had obviously already paid a terrible price for smoking, but who was so addicted to tobacco that she still could not stop smoking.

Debi did finally stop smoking four months after that first ad aired. She credits her niece, Joy. Debi had initially refused requests from organizers that she participate in the state anti-smoking campaign, in part because of her embarrassment at her inability to quit. “I told (them), ‘Every day I would look in the mirror and face what I had done, and you want me to tell the entire state?! Go to hell!’” she said. But she changed her mind when her niece drew a black dot on her neck and said “I want to be like you.”

Her emphysema keeps her constantly short of breath, but she resists going on supplemental oxygen fearing that once on it she will never be able to get off. Debi walks with a cane and must keep emergency inhalers every four feet in her home.

In one interview Debi said, “The worse I look, the more impact I have on my audience. If I walked in with a scarf over my neck, it wouldn’t send home nearly the impact than if they saw it” (referring to her stoma). In an interview with a television station she said, “I am the worst case scenario that your mother (warned) you about. I am the walking dead.”

She was recently interviewed by the Los Angeles Times:

“Q: What are you doing these days — a lot of public speaking?
A: Yes. My ideal audience is young adults who think they know everything. I go to court schools, youth authorities any time I’m asked because these are the kids who don’t get it.
Q: How do they react?
A: When I go into a school, all the kids know who I am, probably from the teacher’s warning. One of the last things I want them to think about when they walk out of that room is that people remember me because of the stupid things I did. Don’t be remembered because of the poor choices you made.
Q: Do they listen?
A: It’s kind of hard to argue with me. They try to justify it. They say they like the taste. I just take the tube out of my pocket that I use to clean my throat, my stoma, and say ‘You want this?’ Most people think, ‘This cigarette gives me enjoyment.’ But what’s it taking? For young people, they’re giving up their goals.
Q: Do you talk to adults, to older people, too?
A: Not unless I have to. They don’t call me for the Ro-

(Continued on p. 8)
At Lauder - The ElectroLarynx Company™ our most important goal is to make available the very best speech aids and laryngectomee products to our customers at fair prices.

Our company began when my father Col. Edmund Lauder self-published his book, "Self Help for the Laryngectomee." Col. Lauder was himself a Laryngectomee; thus bringing needed experience and clarity to the project. Throughout the years, this book has become an indispensable guide for laryngectomees and those who care for them.

In 1990, when I was planning to print and update my father's book, I felt I could further serve his customers by offering the best products available today for the laryngectomee.

Our products include:

- books
- tapes
- electrolarynges (sales and service)
- voice amplifiers and
- batteries.

We carry most of what you may need. What we don't carry, we usually know where you can get it and will be happy to refer you to a distributor.

Call us at 800-388-8642 or e-mail me at jklvoice@aol.com.

All my best,
Jim Lauder
It is pretty common for laryngectomees to spend some period of time unable to speak. Laryngectomee support clubs that maintain loaner closets might want to consider stocking one or more tools to help new larys communicate by writing during this period.

A useful alternative to paper and pencil is one of those Magnadoodle-type magnetic writing boards intended for children. You use the magnetic pen (stylus) to write what you want to convey and then can quickly erase it by moving the lever on the bottom. The classic Magnadoodle is available from most toy stores and online. Prices vary depending on size, but a full size one can run close to $20.00. You may be able to find a less expensive knock-off. The two pack shown below, including a smaller version for easier portability, cost $5 and came from a Dollar Store spin-off, Five Below, and is available at similar stores and online.

Have Debi’s ads and others like it had an impact? While it is impossible to attribute trends to any one thing in particular, smoking in California has dropped to a much lower rate and faster than in other states. While smoking continues to be (in California, as it is in the rest of the U.S.,) the “number one cause of preventable death and disease,” the number of Californians who smoked dropped 42 percent from 1988 to 2009. The current figure for those Californians who continue to smoke is 13 percent, the lowest recorded rate. 60 percent of those who smoke reported that they tried to quit in the past year.

But health officials say that there is much more to be done to further decrease smoking. Californian smokers are also being warned about the environmental damage caused by discarded cigarette butts. Experts report that across the country 100 million pounds of cigarette butts containing toxic chemicals are thrown out each year.

Debi’s public service announcements will be available in March at TobaccoFreeCA.com and TobaccoFreeCA.com/ads_tv.html. Check out their web site for other powerful anti-smoking messages.

(Sources: California Watch, Contra Costa Times, Lost Angeles Times, KABC-TV, NBC-Los Angeles, Ron Langseth, San Francisco Chronicle).
Make Your Voice Count™

BoomVox™ Wireless Amplifier

- Great Volume Range for Intimate Discussions and Large Group Meetings or Classes
- Includes Wireless Hand-Held Mic, Transmitter Pack, Lapel Mic, and High-Gain Headset Mic
- Powerful 15-watt Speaker Powered by AC or Built-In Battery
- Convenient Travel Case Included

SoniVox™ Waistband Amplifier

- Lightweight, Portable, and Easy to Use
- Conveniently Straps Around Your Waist
- Great for Personal Conversations and Small Groups
- Includes: High-Gain Mic, Lapel Mic, Charger, Carrying Case, and Rechargeable Batteries

New Upgrade Available
Works with Both Amplifiers!
Low Profile Noise-Canceling Microphone

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800.330.5969
www.griffinlab.com
Reuse an HME Filter?

When a laryngectomee writer on the WebWhispers web site mentioned that he washed and reused HME (Heat/Moisture Exchange) filters a debate followed discussing whether this was a good idea or not.

After some exchanged statements of opinion SLP Dr. Carla Gress wrote the group:
“Greetings to all,

Several questions have come up about cleaning and re-using HME filter cassettes. These items are designed to be removed and replaced on a daily basis. Both ATOS and InHealth treat their filter cassettes with agents that have antimicrobial properties, and help to retain moisture in the lungs. These agents lose their effectiveness over time and are washed away when you use water or other cleaning agents.

The pulmonary system, being warm and moist, is the perfect breeding ground for all sorts of bacteria, and that is why the antimicrobial agents are used on the HME cassettes, in addition to agents that help to retain moisture.

Several of you have commented that you clean the cassettes using various methods and re-use them for varying lengths of time, and report no ill effects from this practice.

I agree that it is unlikely that you will spontaneously combust before my eyes or otherwise suffer life-threatening consequences, but you may be increasing the risks of infection by washing/rinsing them or re-using them. So to answer the question, ‘No, it probably won’t seriously HURT you in the short run.’ But then again, the real question may be ‘Does it HELP you?’ You may be saving money, have the benefits of easier stoma occlusion and increased resistance to airflow with a re-used filter, but more importantly, you have to wonder if are you achieving all the desired effects of an HME.

Carla DeLassus Gress, ScD, CCC-SLP”

Moving? Traveling? Looking for a SLP?

If you are traveling or moving to a new area it is not always easy finding a Speech-Language Pathologist (SLP) who is familiar with laryngectomees. Here are three suggestions for finding an SLP familiar with laryngectomee issues:

(1) If the area you are traveling in or moving to has a laryngectomee support club it can be a good source for recommendations.

Groups that have been in existence for a significant period of time and have enough members can be a good source of knowledge about local SLPs who are familiar with our needs and problems.

One of the best sources to check to find out if there is a local support group is the IAL web site at http://TheIAL.com. Click on US Club Search or International Club Search in the menu on the left side of the home page. Then use the information for the club contact person for recommendations.

(2) The IAL also maintains a list of SLPs who have completed the IAL’s Voice Institute program and met the requirements to be listed in its Directory of Alaryngeal Speech Instructors. Unfortunately, it is not now up to date and it is the plan of the IAL to improve it. Information can also found on the IAL home page. Click on “Find a Speech Instructor.” It provides a list by state.

(3) While it may not be as reliable as the IAL Directory since it is self-reported, the professional organization for SLPs, the American Speech-Language-Hearing Association, maintains a list of members including those in North America. Go to the web site at http://asha.org/proserv. Type in the location. You then need to click on “View all information for this provider” for each name. It is not a common specialization, but you are looking for “Laryngectomy” in their list of specializations.

(4) Post your request for a recommended SLP in the area where you are traveling or moving to the Web-Whispers Internet e-mail list. Membership is free and you can join at www.webwhispers.org.

Attention SLPs

If you are listed the IAL’s Directory of Alaryngeal Speech Instructors please check it to make sure your information is current. Report any problems to pdoyle.uwo.ca and tomherring@embarqmail.com. Thanks.
The Upgraded 9 Volt
ROMET® R200A

The ROMET® R200A Features:
• Full 5-Year Warranty
• Easy to Use
• External Adjustable Wheels for Ease in Adjusting Pitch & Volume for a More Natural Sounding Voice
• Fits in Your Hand
• Small & Lightweight; Durable Aircraft Aluminum Tube
• Only Electronic Larynx to Use Rechargeable 9v 700 mAh Batteries with Powerful Lithium Chemistry Giving the User Much Longer Speech Time
• Only Electronic Larynx with Reversible Battery Polarity & State-of-the-Art Circuit Board Technology
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The ROMET® R300A Features:
• Full 3-Year Warranty
• Quality, Natural Sound with two External Adjustable Wheels for Ease in Adjusting Pitch & Volume
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• Rechargeable 9v Lithium 700 mAh Battery included Providing Much Longer Speech Time
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• Good Volume Range
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• Great Value for Primary Use or as a Back-up

Kit Includes:
R200A Unit, “Smart” Charger, Rechargeable Lithium 9v 700 mAh Batteries (two incl. with R200A, One incl. with R300A), Intra-Oral Adapter and five Straws, Stoma Light, Lanyard

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In writing this article on how to deal with the effects of cancer from a psychological standpoint, I decided, after some thought, to use my own case as an example. While each person’s experience of cancer is unique in some ways, I believe there are some general principles everyone can use. I hope these tips will be helpful for you, not only during your recovery, but long after, as well.

I had felt the emotional effects of dealing with cancer long before I ever got it myself. An aunt, a childhood friend, and a favorite boss had died from it and a couple of my friends had had surgery and treatment for it. I had even had an occurrence of cancer in polyps on my vocal cords, which I did not find out about until the surgery was done. As painful as these events were, they were nothing compared to the emotions I experienced when, nine years later, I was told I had cancer in one of my vocal cords and that I would probably have to have a total laryngectomy. Later, after an evaluation by a second doctor, I was told I might get by with a partial laryngectomy.

What first went through my mind was that it was the worst possible place for me to have cancer. I made my living teaching, lecturing, and doing psychotherapy. I could function pretty well with an arm, a leg, or even a lung missing, but without a good voice I was done for. Even some of my favorite leisure time activities, acting in community theater and singing, were lost. Further, neither my medical nor my disability insurance would cover me because I had had the previous cancer. I experienced spells of fear, anger, depression, and a hopeless/helpless paralysis of mind and emotions as severe as any I had treated in my practice.

Fortunately, after going through a few days of this, I got my thinking back to a more rational level. I began to use some of the techniques I had been teaching to my clients and patients. A basic part of my therapy technique is to help people see that their thoughts affect their feelings and actions, and that by changing the way they think about something they can significantly change the outcomes. As Shakespeare wrote, “There is nothing either good or bad, but thinking makes it so.”

I had fallen into the trap of irrational thinking - catastrophizing the bad and ignoring the possibilities for making things better. I had to remind myself that the mind has great power to promote healing and well being if we will only use it in the proper way.

• Don’t catastrophize. An example of this is to imagine the worst case scenario without evaluating the actual probabilities of it happening. In my case, I was ignoring the probability that I would not die from my cancer, which would be the real worst case. Also, I had not yet been evaluated by a cancer surgery specialist, so I did not know what my options were.

• Realistically evaluate the most likely consequences of your situation. A total laryngectomy would indeed mean a great change in the way I practiced my career. However, I would likely come out of the illness with my mind as well as most of my body intact and healthy. I would likely have a lot of medical expenses and delinquent bills to cover.

• Examine and evaluate your goals. What do you really value? What do you really “need” as opposed to “want” to make your quality of life acceptable? I “wanted” things to stay as they were, but what I “needed” was a way to make a living using as many of my current skills as possible.

• Utilize resources for information, help, and support. There are usually resources available we have not thought about or used before because we didn’t need them. Wonderful friends and family members searched out some of these for me. Vocational Rehab. agreed to help with my medical expenses. I was referred to a woman who had gone through total laryngectomy and she was able to help me realistically evaluate my post-surgery possibilities. The library had a wonderful book on laryngectomy “Why Me, Lord?” by William Gargon. (Those old enough may recall he was a radio and movie actor.) The American Cancer Society told me of support groups such as TOUCH and Lost Chord. Nowadays, you can get on-line with a computer and find cancer support forums with people all over the world to communicate with.

• Develop alternative ways of getting your goals. What do you need to do to get back on track towards your goals? I needed some ways to “do”
Keep your thoughts focused on healing and success. Research is showing that positive thoughts and attitudes, especially when combined with frequent positive visualization of goals, can significantly speed healing and improve chances of success. I used my skills in self-hypnosis and positive visualization to both recover from the surgery and to restore a passable level of oral speech. (It took nearly a year.) You can learn these skills from a variety of sources, ranging from books to classes to therapists trained in the technique.

Learn to enjoy the things you still have and can still do. This may sound trite, like the homily of making lemonade if life hands you a lemon, but it is still true. I greatly miss doing community theater acting and singing, but I could still help with lighting, sound, set construction, etc. Sometimes you need to develop new hobbies or interests, and you may, as a result, find things you never would have enjoyed otherwise.

- Be innovative, be flexible. “The way I’ve always done it” is not the only way, or even the most satisfying.

Rick Rivenbark
January, 1997

Dr. Rivenbark was both a Professor of Psychology and the Chief of Psychology at Taylor-Hardin, a mental health facility in Tuscaloosa, AL. He continues to be active in theater through directing and script writing.

Forever in love with the theater, Rick, (with his wife Nora,) dressed up as a woman for a skit they performed at the senior living facility where they live.
Study shows Aspirin Use Decreases Risk of Cancer Death

A new study published in the prestigious British medical journal, *The Lancet*, suggests that consistent use of aspirin can help minimize the chance of getting a number of common cancers. According to the lead researcher, the drug can also become more effective with the increasing age of the user.

Over 25,000 patients were studied who used aspirin on a daily basis to reduce heart attack risk. The study, lasting 20 years, found that daily aspirin users were 21% less likely to die of cancer. There was a 60 percent decline in esophageal cancer, 40 percent decrease for colorectal cancer, 30 percent less lung cancer, as well as 10 percent fewer cases of prostate cancer.

An expert on the subject stated regarding this research study, “These promising results build on a large body of evidence suggesting that aspirin could reduce the risk of developing or dying from many different types of cancer. While earlier studies suggested that you only get benefits from taking high doses of aspirin, this new study tells us that even small doses reduce the risk of dying from cancer provided it is taken for at least five years.”

We are advised before beginning daily use of aspirin to consult our doctors. Regular aspirin use is not recommended for those who have stomach ulcers and certain other medical conditions.

HPV-Caused Cancers Easier to Treat

Patients with oropharynx cancers caused by Human Papilloma Viurus (HPV) respond better to treatment than those whose cancers are linked to smoking and drinking. This finding has been reported in several studies including one presented by the prestigious Dana-Farber Cancer Institute at a recent convention of the American Society of Clinical Oncology.

70 percent of oropharynx cancers (those behind the mouth), test positive for HPV. Another study reported that the HPV status of patients was a stronger indicator for the odds of survival than the size of the tumor or the spread of the cancer to the lymph nodes.

The study from Dana-Farber reported that the 5-year survival of patients with oropharynx cancers (back of the tongue and tonsils) was 82 percent compared with 35 percent of patients who did not have the HPV infection.

This significant difference is believed to be primarily caused by the biological difference between cancers caused by HPV and others. HPV cancers are more sensitive to chemotherapy that weakens the cancer cells and makes them die more easily from radiation. Also, the DNA of the HPV cancer cells is not damaged as much as those damaged by tobacco and alcohol. Another less significant factor is that these HPV cancer patients tend to be younger and generally healthier.

A preferred treatment presently involves an initial round of chemotherapy followed by a combination of chemotherapy and radiotherapy.

Most cancers of the head and neck including oropharynx cancers have been blamed on excessive alcohol and tobacco use. But in the last 25 years an increasing number of cases have been linked to HPV, which is a sexually transmitted virus that also causes cervical cancer.

There are a number of potential advantages to knowing if a patient’s cancer was caused by HPV including the ability to reduce the amount of radiation used and thereby reduce some of the long term negative side-effects of radiation.

An “A Peeling” Idea

Many of us have at least an occasional problem with some food item or pill getting stuck in our throats. Laryngectomiee Rita Burfett of New Jersey got a tip from the physician’s assistant at her doctor’s office she wanted to share.

The suggestion is to mash a banana up and eat it while drinking water. She reports that the banana slides around what is stuck and acts like a lubricant and helps it on its way.

Hard Neck Area? Q/A

Q - I have a hard, thick area in my neck. What causes it?

A - A hardened area of the neck can be caused by lymph fluid that never properly drained away after your surgery, by scar tissue and/or radiation. It is common and not much of a problem unless it interferes with movement or causes pain. It can also make it harder to find a “sweet spot” if you are an artificial larynx user. If the hardness is widespread you might need to use the AL against your cheek or use an intraoral AL.
Is there anything a laryngectomee can’t do?” Keynote speaker SLP Dr. Jim Shanks asked this question to a member of the IAL Board of Directors in Louisville Kentucky at the 2010 past Annual Meeting. Dr. Shanks had famously stated years before that he had long ago decided that if a laryngectomee said he or she could do something, regardless of what it was, to never bet against it.

One kind of activity many would rule out until they find out otherwise would be that a laryngectomee would not be able to play a musical instrument such as a flute, clarinet or trumpet that required lung air.

Tell that to Tom Page of Peabody, Massachusetts. He retaught himself to play trombone after losing his voice box to cancer. His doctor had told him that he would never again be able to blow his horn but, like so many other laryngectomees, Tom defied that prediction.

Tom had learned to play the trombone at age 10 during the Great Depression after listening to his father play. At age 86, Tom still plays. You can watch and hear him play at http://tinyurl.com/4vo7xl9. (From a Boston Herald article on the Club 200 web site hosted by vendor Jim Lauder).

Tooting his own horn

Tom Page

Massachusetts to Host Two-Day Conference

A two day course entitled “Update in Tracheoesophageal Voice Restoration and Laryngectomee Care: 2011” is scheduled to be held in Boston, Massachusetts on March 25 and 26, 2011. Sponsored by the Massachusetts Eye and Ear Infirmary and Harvard Medical School, it will provide a comprehensive overview on the current standard of care practices. Innovative and evolving treatment approaches will also be explored.

Sessions will include the evaluation and management of surgery including primary versus secondary TEP voice restoration, swallowing problems, breathing and smell rehabilitation, as well as dental complications and oral hygiene issues following the TEP procedure.

The second day will focus on clinical demonstrations including the selection of the prosthesis and insertion. Behavioral complications along with medical and surgical impact on TEP voice restoration are also discussed.

Further information and registration can be found at: www.cme.hms.harvard.edu/courses/TEVR. Up to five scholarships are available for medical professionals.
Richard Doll - Pioneer

His name is hardly a household one for most people, but Sir Richard Doll was a scientific pioneer in the effort to link tobacco use and lung cancer. His work is credited with preventing millions of premature deaths.

The work for which he is best known was a 1950 study which showed that smoking was “a cause, and a major cause” of lung cancer. He and his colleagues interviewed about 700 lung cancer patients to try and determine a common factor. In his research he reported that “It was not long before it became clear that cigarette smoking may be to blame. I gave up smoking two-thirds of the way through the study.” The study findings were reported in 1950 and then confirmed again four years later in 1954. A follow up study 50 years later showed that at least half, and perhaps as many as two-thirds, of people who begin smoking in their youth are eventually killed by the habit. When he began his research about 80 percent of British adults smoked. 50 years later the figure was 26%, largely because of the fear of cancer and other smoking-related diseases.

Referred to by many involved in the tobacco wars as the “godfather” of the health movement against tobacco and its effects, one expert involved in that field has stated that Dr. Doll “may have done more to save people’s lives than anything else in medicine, certainly more than any drug.”

Dr. Doll is regarded as one of the most eminent scientists of his generation. In addition to his work with tobacco he published hundreds of papers on topics as varied as oral contraception, peptic ulcers and electrical power lines, and he demonstrated that aspirin could protect against heart disease (see related article on page 14). He also did pioneering work on the relationship between radiation and leukemia, as well as that between asbestos and lung cancer and alcohol and breast cancer. He died still active in 2005 at age 92.

Treaty Aims at Flavored Smokes

Public officials from around the world recently agreed at a convention in Uruguay to recommend restricting or banning flavor additives that make cigarettes more attractive to new smokers, according to an Associated Press article. Chocolate, licorice and strawberry flavors are among hundred of ingredients added to cigarettes. Delegates from 172 countries have signed on to this treaty requiring tobacco producers to disclose their ingredients to health authorities.

The tobacco industry had lobbied hard against the guidelines saying that millions of jobs would be lost and economies ruined. A convention spokesman stated that the treaty was “a major achievement because countries really showed unity and showed they are putting public health policies as a priority before the interests of the industry.”

The U.S., which signed but did not ratify the convention, is among a number of countries such as Canada, France and Australia that already regulate these additives.

High School Smoking Decline Slows

Smoking among high school students is not declining as fast as it did ten years ago, according to a recent study. As a result the U.S. did not meet its goal for reducing teen smoking.

Smoking fell to about 20 percent of students in 2003 from 22 percent in 2003, according to the Centers for Disease Control. The decline was much slower than the drop from 36 percent in 1997. The goal had been to reduce teen smoking to 16 percent or less.

Teen smoking increased during most of the 1990s due to advertising and price discounts on popular teen brands. Smoking declined in the late 1990s and early 2000s because of restrictions on promotions, anti-smoking programs and high cigarette taxes. The head of the CDC concluded that “Smoking is the leading preventable cause of death in this country, and 9 out of 10 adults started smoking in their teens or earlier. Much more needs to be done.”

Companies Push Smokeless Tobacco

In response to a 4 % decline in cigarette sales Altria (Phillip Morris) is working to expand sales of Marlboro Snus smokeless tobacco pouches that fit between the cheek and gum.
What’s New about the New Orange Emergency Cards and Window Stickers?

The IAL orange emergency cards and window stickers have been revised and reprinted, and this time in vibrant day glow orange. Thanks to Griffin Labs, Lauder/Servona and Luminaud for paying for the new printing of the cards and stickers.

There are several important changes in the new versions. A major one is that all three major ways laryngectomees speak are included. Previously only TEP speech was mentioned where a warning was given concerning the locations of a voice prosthesis and the directive to either not remove it at all, or to replace it with a red rubber catheter. This warning was included since emergency medical personnel could remove anything they thought might block breathing. Removing a prosthesis could produce leaks through the prosthesis and into the lungs resulting in pneumonia.

In addition to mentioning the other ways the card holder might speak, it also states that in a stressful situation the patient might not be able to speak at all.

A second major change is in directions for giving oxygen to a laryngectomee. The old card stated to use mouth-to-neck breathing. Recent research has shown that it is unlikely for emergency medical technicians to give, or even know how to give, mouth-to-stoma rescue breathing.

The revised card states, “Resuscitate with air or oxygen to the neck opening only, bag using an infant or child mask, or chest compression-only CPR.” This is much more specific, particularly that a laryngectomee can use a standard resuscitation “bag,” but modified with an infant or child mask to make a tight seal around the stoma. Directions also specifically mention the newly approved chest compression-only CPR technique. Since we cannot count on emergency treatment personnel being familiar with laryngectomees, these changes are thought to be important.

Another change has been to put the IAL contact information on the cards and stickers (reverse side). This was not uniformly done in the past.

An announcement in the November issue of the IAL News stated that when clubs ordered and received the new cards and stickers that they should discard any of the old versions they still have. Instead, clubs may order the new ones but may wish to continue distributing the old cards until they are gone, or return any they have to the vendor who paid for the printing.

The new free cards and stickers can be ordered via e-mail to WWW:IALED@TheIAL.com; mail request to The IAL, 9258 Peachtree St., NE, Atlanta GA 30309; or call toll free (866) 425-3678. Order your supply now.

The newly revised and reprinted orange emergency card.

Laryngectomee Pledge

“I will use every available means to perfect my speech and effect my rehabilitation, and I pledge all my efforts to assist fellow laryngectomees in achieving this goal.”

(Reprinted in a 1959 issue of the IAL News).
IAL ANNUAL MEETING REGISTRATION

Kansas City, Missouri
June 16-18, 2011

If you are a laryngectomee and would like assistance to develop or improve your speech, you should register for the IAL Voice Institute as a Voice Institute Pupil (VIP) and use FORM B, (IAL Voice Institute form.)

If you have been a laryngectomee for at least two years, have good speaking skills, and would like in-depth instruction in communication methods and related topics in order to serve as a peer-counselor to other laryngectomees, register for the IAL Voice Institute as a Laryngectomee Trainee (LT) and use FORM B (IAL Voice Institute form).

If you are a spouse, caregiver or a laryngectomee not looking for speech assistance as a VIP or becoming a Laryngectomee Trainee, fill out this form.

All others please complete this form to register for the Annual Meeting.

Registration Fee: $70.00 per person (If mailed on or before April 30, 2011)
$80.00 per person (If mailed on or after May 1, 2011)

First Attendee (Please Print) _______________________________ Laryngectomee? ☐ Yes ☐ No

Second Attendee _______________________________ Laryngectomee? ☐ Yes ☐ No

Street Address ___________________________________________________________________________________

City __________________________________ State/Province_________ ZIP _______ Country __________________

Phone Number (_____)_________________________ E-Mail ____________________________________________

Note: All sessions of the Annual Meeting and Voice Institute are conducted in English, and if needed, you must arrange for your own translator.

☐ Check here if you require assistance or special accommodations to attend the meeting because of physical limitations. You will be contacted for further information.

Mail check or money order payable in U.S. dollars to: IAL and mail it to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309.

Payment by Credit Card:
Please check ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express (Go to www.TheIAL.com to use PayPal)

Cardholder Name____________________________________ Card Number _______________________________

Expiration Date _____________ Security Code _____ Cardholder Signature _______________________________

You may also register on line at http://www.TheIAL.com/KansasCity

Please register for the IAL Annual Meeting OR the IAL Voice Institute.
Do NOT register for both events. ALSO REGISTER FOR THE HOTEL USING THE INFORMATION BELOW.

Holiday Inn at CoCo Key
9103 East 39th Street
Kansas City, MO 64133

Holiday Inn nationwide reservations - 1-800-465-4329 (Say “Code IAL”)
Hotel Direct - (866) 737-0200, Ext. 8404 (Say “Code IAL”)
Group discount rate is $85/night + tax (1 or 2 people). This rate runs from June 13-21 for those who wish to come early or stay late.
IAL VOICE INSTITUTE REGISTRATION
Kansas City, Missouri
June 15-18, 2011

If you are a laryngectomee and would like assistance to develop or improve your speech, register for the IAL Voice Institute as a Voice Institute Pupil (VIP) using this form.

If you have been a laryngectomee for at least two years, have good speaking skills, and would like in-depth instruction in communication methods and related topics in order to serve as a peer-counselor to other laryngectomees, register as a Laryngectomee Trainee (LT) using this form.

All others please complete FORM A (Annual Meeting Registration form)

<table>
<thead>
<tr>
<th>Registration Fees</th>
<th>On or before April 30, 2010</th>
<th>After May 1, 2011</th>
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<td>Voice Institute Pupil (VIP)</td>
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<td>$100</td>
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<tr>
<td>Laryngectomized Trainee (LT)</td>
<td>$90 (limited scholarships available)</td>
<td>$100</td>
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<td>Speech Pathologists (ST)</td>
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<tr>
<td>Undergraduate/graduate Student (GS)*</td>
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</tr>
</tbody>
</table>

*A 10% discount per student is available for groups of five or more students from the same institution identified in advance of registration.

First Attendee (Please Print) ____________________________________________________________ Laryngectomee? ☐Yes ☐No

Second Attendee ____________________________________________________________ Laryngectomee? ☐Yes ☐No

Street Address ______________________________________________________________________

City __________________________________ State/Province_________ ZIP _______ Country ________________

Phone Number (_____)_________________________ E-Mail ________________________________________

Note: All sessions of the Annual Meeting and Voice Institute are conducted in English, and if needed, you must arrange for your own translator.

☐ Check here if you require assistance or special accomodations to attend the meeting because of physical limitations. You will be contacted for further information.

Mail check or money order payable in U.S. dollars to: IAL and mail it to IAL, 925B Peachtree Street NE, Suite 316, Atlanta, GA 30309.

By Credit Card: check ☐VISA ☐MasterCard ☐Discover ☐American Express (Go to TheIAL.com to use Pay-Pal)
Cardholder Name_________________________________________________________ Card Number _______________________________
Expiration Date ___________ Security Code_______ Cardholder Signature _______________________________

Please register for the IAL Annual Meeting OR the IAL Voice Institute. Do not register for both.
ALSO REGISTER FOR THE HOTEL USING THE INFORMATION BELOW.

Headquarters Hotel: Holiday Inn at CoCo Key, 9103 East 39th Street, Kansas City, MO 64133. 866-737-0200, or Holiday Inn nationwide reservations - 1-800-465-4329. Group discount rate is $85/night + tax (1 or 2 people) (Rate good from June13-21). Parking is free. Mention “Code IAL” to get the discount rate.

You may also register on line at http://www.TheIAL.com/KansasCity

There are a limited number of Batten Scholarships available for laryngectomees who require financial assistance to attend. To apply for eligibility please visit http://www/TheIAL.com/KansasCity or contact
Philip Doyle, PhD., CCC-SLP
c/o IAL
925B Peachtree Street NE Suite 316
Atlanta GA 30309-3918
pdoyle@uwo.ca
Donors Give in the Name of Others

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

DONATIONS

In Memory of:
Jim Allen         David Blevins
Martin Dann           Joyce Dann
Roseanne Harrison         Windsor/Essex New Voice
David L. Helms          Roy Baker
Charles Herring         Susan Reeves
Henri Laralee          Windsor/Essex New Voice
George McAllister        Windsor/Essex New Voice

In Honor of:
Mary Moerer          Lynn Drazinski
Mary Moerer          Julie M. Williams
Glenn Peters, MD      David Blevins
Jim Shanks, Phd, SLP       Anonymous
Julie M. Williams & Mary Moerer    Bruce Williams
Julie M. Williams & Mary Moerer    Donna Williams

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

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

Correction and Apology

We deeply regret the clerical errors that resulted in the incorrect spelling of two names in the November issue of the IAL News (http://www.TheIAL.com) under “In Memory of” category of the “Donors Give in the Name of Others” listing.

Our condolences and apologies to the friends and families of Michael Bosehart, who was remembered by Susan Reeves; and to the family, friends and club of Armand Greenhall who was remembered by the Nu Voice Club of Mt. Sinai (Saul Silver, club contact).

The Bad Old Days

“As the result of an accident, a laryngectomee, pinned under an automobile, was denied first aid because a mirror test for evidence of breathing was negative.

Fortunately, the laryngectomee later regained consciousness and prompt and proper treatment was administered.” 1962 June IAL News.

Need Help with Calls?

Do you or someone you know have problems making phone calls?

Check out the free service: http://www.relaycall.com/national/relay, or check for a local service in your state at: http://tinyurl.com/2vgarx6.

Lauder Enterprises

4754 Shavano Oak, Suite 104
San Antonio, TX 78249-4027
Toll-Free (800) 388-8642
Fax (210) 492-1584
JKLvoice@aol.com

Send your e-mail address

U.S. clubs should check their listing on the IAL’s web site. Review your club information at www.TheIAL.com under Club Resources and then select Club Search. Click on the map for your state.

The IAL clubs listing is a method many new laryngectomees use to connect with us all. Please send corrections to: tomherring@embarqmail.com or IALED@TheIAL.com.

Thanks for your help in keeping the list current.

Spare AL?

Please consider donating it to the IAL using the information on the back cover. We will give it to a needy laryngectomee. Thanks!
# 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>Item</th>
<th># Requested</th>
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<tr>
<td>IAL Brochures</td>
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<tr>
<td>Postcards to order copies of the IAL News</td>
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<tr>
<td>Orange Emergency Cards (English)</td>
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<td>Orange Emergency Cards (Spanish)</td>
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<td>Orange Emergency Window Stickers (English)</td>
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## International Association of Laryngectomees

Auto-Matic 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)__________________________

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

or send an e-mail to Treasurer Joe Marasco at smokelessjoe77@cox.net, or call him at 757-857-0833

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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 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!

*Currently 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 currently available in English (Spanish will be added later).
(Send stamped, self-addressed envelope.)

Publications and the items above can be obtained from:
IAL
925B Peachtree Street NE
Suite 316
Atlanta GA 30309-3918
IALEd.com
or call toll-free (866) 425-3678
Welcome two new family members

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

XtraFlow™ HME delivers superior airflow. XtraFlow is great to use when exercising, adapting to using an HME, and for those that prefer lower resistance breathing.

XtraHME™ acts as an effective artificial nose. Many experience the following benefits from using an HME:

- Reduced mucus production
- Reduced coughing
- Improved pulmonary function
- Improved speech
- Hygienic stoma occlusion

Call to request your free sample today.

1-800-217-0025

HME (artificial nose) Selection Guide

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

www.atosmedical.us
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_________________________________

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

Phone: (866) IAL-FORU
(866) 425-3678
E-mail: IALED@TheIAL.com
Web site: www.TheIAL.com

Use the forms below to make a voluntary tax-deductible donation; or subscribe, change your address, or remove a name from the mailing list.

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Suite 316
Atlanta GA 30309-3918

☐ 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 ☐ Speech/Language Pathologist
☐ Physician ☐ Nurse ☐ Other____________________

Name ______________________________________________
Address ____________________________________________
City, State, Country __________________________________
ZIP/Postal Code ____________________________________
E-mail Address (for receipt)____________________________

Please send ______(number) of postcards for others to use so club members/patients can subscribe or change News mailing address.

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

☐ Please add my name to IAL News mailing list.
☐ Please remove my name from the IAL News mailing list.
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