Greetings from the President, Helen Grathwohl

Looking ahead to Phoenix, Arizona!

May 15-18, 2019

As I write to you today I am hoping and praying that many of you will attend our upcoming VI/AM in Phoenix, Arizona, May 15 thru 18, 2019. We have negotiated an $89 a night room rate at the lovely DoubleTree Inn by Hilton, Phoenix North, 10220 North Metro Parkway East, Phoenix, Arizona 85051. Their phone number is (602) 997-5900 or you can click on the link to the hotel on the IAL website at www.theial.com.

Phoenix has a great airport and an Uber ride to the hotel runs about $25. If you are driving in, the hotel offers free parking. The hotel also offers a wonderful buffet breakfast and there are several restaurants within walking distance of the hotel.

Our Voice Institute Director, Caryn Melvin, has been able to get some wonderful speakers for our conference that will be interesting to both the VI students and to all laryngectomees. If you are coming to the conference, I hope you will also plan on attending the classes provided for the VI. These classes are open to all attendees and the more we can learn the better for all of us.

David Kinkead, a Board Of Directors member, has been very helpful in getting this conference set up. He has confirmed tickets for our Friday afternoon outing to the Heard Museum at a reduced rate of $10 per person.

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Better Nights

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Provox Luna has been designed to help you have better nights and prepare for better days.

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About The IAL News

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

Information provided by the IAL News is not intended as a substitute for professional medical help or advice, rather as an aid in understanding problems experienced by laryngectomees and the state of current medical knowledge.

A physician or other qualified healthcare provider should always be consulted for any health problem or 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 (SLP) before using any treatment or product.

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

IAL Resources

- IAL Brochures
- IAL News order/change of address cards
- Orange Emergency Cards (English)
- Orange Emergency Window Stickers (English)
- “Laryngectomees Loving Life” DVD (35 mins) ($10 donation requested) (May also be watched on website)
- “First Steps” Available to download from the IAL website

Order From: IAL in Atlanta or email

We have a good idea or a helpful hint?

We welcome laryngectomees and caregivers to submit ideas that would be helpful for other laryngectomees.

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We thank all our vendors for their support. Please contact them with your questions/comments and ask if they have any special offers for IAL members. Order from them whenever you have a need.

Contact Allison Reber, office@theial.com, for all updates to the IAL website, club postings, changes to club contacts and professionals, in addition to resources you may need from the IAL office. Thank you!
Benon and Halina Jarka were born in Poland. Following his school years, Benon trained as a journeyman toolmaker. In March of 1961, with 10 years’ experience, he escaped communist Poland and moved to New Brittain, Connecticut. He soon moved to New York where he met Halina (also a Polish immigrant) where they married in 1966 and moved to California. During this time, Benon was always working as a toolmaker. In 1977, Benon and Halina found a lovely piece of lake property in Texas and they moved to Eagle Mountain Lake, where they built their dream home. Benon worked for Tandy Corporation in Texas for several years, but soon went out on his own, working independently from his own workshop as a very specialized tool maker for the next 42 years.

In 2011, Benon was diagnosed with laryngeal cancer and he underwent a laryngectomy in 2012. Before Benon’s surgery, his doctor suggested he have a laryngectomee visitor, Leon Henderson, who was a seven-year veteran of the operation. Leon explained the only drawback was that his finger got so tired occluding his stoma for speech! Benon created a solution for that problem. It was a hands-free device with a remote ‘trigger’ to open and close a valve to occlude the stoma during TEP speech. The first version was trialed by Leon, who reported the device did not allow for adjusting the pressure to close the valve. Benon immediately redesigned the unit to allow adjustment to the valve, making it easily individualized for anyone, no matter their backpressure. He also added a few other tweaks to make the device account for various stoma topography, e.g., flat neck surface vs. deep set between muscles.

The Jarka BBS (as it was later named, short for Benon’s Best Solution) is simple to use and requires no batteries or breath support to operate. It is made from parts made to last fashioned from aluminum, stainless steel and rubber. These materials are readily available in the marketplace. The precision required to develop this hands-free device is costly and not easily nor cheaply replicated. Benon was anxious to show his device to the vendors of laryngectomee supplies. Although the vendors were interested in his unique device, they counseled him to redesign it to fail within six months, or he would never make any money from his invention. Benon’s goal was different. He was ‘old school’ and believed the device should be built to last.

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Introducing the Voice Institute Staff

Phoenix, AZ May 2019

Stacey Brill  M.S., CCC-SLP is a licensed Speech Language Pathologist certified by the American Speech, Language, and Hearing Association since 1993. She has specialized in the area of Dysphagia associated with Oral/Head/Neck Cancer rehabilitation since 2004. She additionally has: Advanced skills include Video Fluoroscopic Swallow Studies, Fiberoptic Endoscopic Evaluation of Swallowing (FEES), Vital Stim provider, Tracheoesophageal Puncture (TEP) management, and Myofascial release in the area of Trismus and Dysphagia; STAR certified; Founder and facilitator of local chapter of SPOHNC (Support for People with Oral, Head, Neck Cancer); Event Chairperson of annual awareness walk/run for Head/Neck Cancer to raise funds for local head/neck cancer grant; Organizer of annual free community wide screenings for Oral, Head and Neck Cancer. She created Head/Neck cancer pathway, Head/Neck Cancer Clinic/Education Class and Laryngectomy education modules for the Lee Health System. She is interested in identifying new or better ways to treat dysphagia and dysphonia. She is also dedicated to community and healthcare education of Oral/Head/Neck Cancer.

Bill Brummel is an award-winning documentary producer, director and writer. He has been recognized with a Peabody Award, a Primetime Emmy nomination, several National News and Documentary Emmy nominations, as well as multiple International Documentary Association awards. Just as importantly for this project, Brummel is a member of the laryngectomy community, having his voice box removed in early 2016 due to long-term tissue damage from radiation treatments he underwent 20 years ago. Many of Brummel's films have focused on civil rights and human rights issues. Some of his credits include Selma-The Bridge to the Ballot, Erasing Hate, Blood Diamonds, Rwanda-Do Scars Ever Fade?, Bullied, Viva La Causa, Inside Pol Pot's Secret Prison, Opus Dei Unveiled, Civil Rights Martyrs, Standing Tall at Auschwitz, Child Warriors, The Greensboro Massacre, Inside North Korea, and The Ku Klux Klan: A Secret History.

Lisa Crujido,  M.S., CCC-SLP is a Speech Language Pathologist from the Mayo Clinic. She will be speaking on TEP and also dysphagia.

Continued on p. 6
Voice Institute Staff, continued

Cindy Lee Gordish is a Speech-Language Pathologist with Sentara Healthcare in Norfolk, Virginia. She graduated from Old Dominion University in 1998 and currently provides diagnostic and therapeutic services to both acute care and outpatient populations. Cindy specializes in the care of patients with head/neck cancer. She follows laryngectomees throughout the continuum of care, from post-op care through outpatient post-laryngectomy voice restoration.

Dr. Michael Hinni, Professor at Mayo Clinic College of Medicine; and Chair, Department of Otolaryngology - Head and Neck Surgery at Mayo Clinic.

He received his MD degree at the University of Missouri-Kansas City, and completed residency at Mayo Clinic in Rochester, Minnesota. He then completed a fellowship in Head, Neck and Base of Skull Surgery at the Johannes Gutenberg University Hospital in Mainz, Germany. His clinical and research activities focus mainly on endoscopic transoral surgery for cancer and endocrine surgery.

Dr. Hinni has been an active member of multiple societies: American Academy of Otolaryngology Head and Neck Surgery, American College of Surgeons, American Head and Neck Society, Fellow of the American Laryngologic Association, Fellow of the Triological Society and Cancer Committee Chair of the American Bronchoesophagological Association. He has been director of more than 20 head and neck surgical educational courses and invented surgical tools and laryngoscopes.

Dr. Hinni has authored or co-authored over 100 papers in peer-reviewed journals and 16 book chapters, as well as edited two textbooks. He has delivered over 200 national and international lectures and numerous additional proffered papers. He serves on the editorial staff of multiple journals.

David G. Lott, MD holds the academic rank of Associate Professor of Otolaryngology at Mayo Clinic College of Medicine. He is a Consultant in the Department of Otolaryngology Head and Neck Surgery and serves as the Director of the Laryngeal Surgery Program at the Mayo Clinic in Arizona. His practice includes voice and swallowing restoration, laryngeal cancer, and laryngotracheal reconstruction.

Dr. Lott received his MD degree at the University of Iowa Carver College of Medicine and completed a residency in Otolaryngology/Head and Neck Surgery at the Cleveland Clinic Head and Neck Institute. He received further fellowship training in Laryngeal Surgery and Professional Voice at Harvard Medical School/Massachusetts General Hospital.

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Dr. Lott is the Director of the Center for Regenerative Medicine at Mayo Clinic in Arizona. In addition, he directs the Head and Neck Transplantation and Regeneration Program at Mayo Clinic. This includes both the world’s first clinical larynx transplantation program and a basic science research laboratory. Research in the laboratory is designed to study all aspects of regeneration for head and neck structures. The basic components of the lab include understanding pathology, development of bioengineering instrumentation, vocal fold microstructure restoration, laryngotracheal bioengineering, and neuromuscular regeneration.

Dr. Lott has authored or co-authored many publications on laryngeal regenerative techniques, including invited manuscripts on laryngeal transplantation and book chapters on laryngeal transplantation and larynx bioengineering. He has also given multiple presentations on the topic at various national and international professional meetings. Additionally, he has co-authored a book on transoral laser microsurgery for primary head and neck tumors.

**Leah Mackie** has been a practicing Speech Language Pathologist for 26 years in acute care and outpatient settings. She has been specializing in Head and Neck Cancer and Laryngectomy rehabilitation for the last 16 years. She helped to start the Head and Neck Cancer Speech Program at Banner MD Anderson Cancer Center and is now the Clinical Rehab Manager at this center. Leah feels very blessed to have been able to work with this population and is looking forward to the IAL conference. She will be speaking about pulmonary changes following total laryngectomy.

**Dr. Caryn Melvin** received her PhD from the University of South Carolina in 1994. She has worked as a medical speech-language pathologist for the past 27 years. Her areas of specialty include voice restoration following total laryngectomy, dysphagia, neurogenic communication disorders and augmentative communication. She is an Associate Clinical Professor for the University of South Carolina where she has taught both on-campus and Distance Education courses for students pursuing a Master’s degree in Speech-Language Pathology. In addition to her speech pathology degree, Dr. Melvin has completed coursework for a master’s degree in marriage and family counseling at the University of South Carolina as she recognizes the importance of counseling in the management of communication disorders. She is also a graduate of the Fowler-Wainwright International Institute of Professional Coaching.

**Lori Simpson** is a Speech-Language Pathologist in San Angelo, Texas who works with adult and pediatric patients. She became interested in working with laryngectomees during internships while pursuing her master’s degree at Texas Tech University Health Sciences Center. Lori met Susan Reeves while attending a TLA conference in 2013 and completed her clinical fellowship under Susan’s mentorship. Lori has been the Continuing Education Administrator for the IAL since 2015. Lori currently is the secretary of the Texas Laryngectomee Association.

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Linda Stachowiak M.S., CCC-SLP BCS-S has 34 years of clinical experience specializing in the areas of Head and Neck Cancer, voice disorders, swallowing disorders and trach/vents. She is presently working as a Speech Pathologist at the UF Health Cancer Center-Orlando Health, Orlando, Florida and as an adjunct instructor at the University of Central Florida. She has presented at the local, state and national levels.

Keri Winchester is a clinical speech pathologist who has been working across acute and outpatient care for 25 years. She has specialized in laryngectomy rehabilitation for the last 16 years. She is a certified IAL instructor since 2002. She currently practices at Banner Gateway Medical Center in acute care and Banner MD Anderson Cancer Center in the head and neck cancer clinic. Additionally she facilitated the SPOHNC (Support for Oral, Head & Neck Cancer) group for 15 years. She co-authored, Validation of a Postextubation Dysphagia Screening Tool for Patients After Prolonged Endotracheal Intubation, published in the March 2018 American Journal of Critical Care. She holds a special place for teaching patients, students and fellow speech pathologists on the topics of head and neck cancer and laryngectomy rehabilitation.

In Loving Memory of Barb Nitscneider

On October 22, 2018 Barb was called to her Heavenly Home. Once again she is with her loving husband, Bob, who passed away about two months before Barb. Barb became a laryngectomee at the age of 27 but she never let this get her down. She learned esophageal speech and went back to teaching second grade until she retired. She attended many IAL annual conferences and served it as secretary for many years. She was always an inspiration and helped many laryngectomees to adapt to this new way of life.

She lived her life to the fullest. She was a lover of animals and horses were always near and dear to her. She met her husband, Bob, at the stables and they had a long, loving marriage. Barb managed to do everything she wanted and rode her horse in competitions. She made many friends over the years and was always respected by those who knew her.

At her Memorial Service several stood to tell about their associations with Barb. It was plain to see that she was loved and respected for showing her devotion to her church, school, the IAL and her many friends. She will always be in the heart of all that had the honor to know her.

The IAL Board of Directors will miss her participation on the Board and she will be sorely missed as Secretary.
Helen’s Greetings continued from p. 1

(The usual rate is $22) The museum will provide docent tours. This museum teaches about the Southwest Natives as well as other American Natives and also displays their art. It should be a very informative and interesting outing. You can check it out on their website at www.heard.org

This year we will have two positions open on our Board of Directors. In addition to those seats we need a secretary, due to the death of Barb Nitschneider, and a treasurer. Right now I have my hands full trying to fill all of those positions. I am asking, no... begging, someone to please step up and take one or both of these positions.

I was honored to attend the memorial service, for Barb Nitschneider (the IAL secretary), in early December. She touched many lives and was an inspiration to many. May she Rest In Peace.

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**Does Wisdom Come with Age?**

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

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

Nisbett also concluded that the age impact on wisdom holds true at every level of social class, education and general intelligence. In the study people in three age groups were given reports about conflicts between groups in a foreign country and asked what they thought the outcome would be. Their responses were then rated by researchers who did not know which individual or age group the person responding was from. Ratings were based on things like looking for compromise, taking other people’s points of view into consideration, flexibility and looking for ways to resolve the conflict.

While the researchers were not surprised that wisdom increases with age, they did not anticipate how strong the results would be for dealing with social conflicts. A Canadian professor stated that the study was “the single best demonstration of a long-held view that wisdom increases with age.” She went on to state, “What I think is most important...is that it shows a major benefit that (comes) with aging rather than the mostly loss-based findings.... As such, it provides a richer base of understanding of aging processes. It also suggests the critical importance of workplaces maintaining the opportunity for older employees to continue to contribute.”

*Reprinted from August 2010 IAL Newsletter*
The 2019 IAL Voice Institute and Annual Meeting will be held this coming May 15-18, in Phoenix, Arizona. Our VI Director has gotten some fantastic speakers for our meeting. Please see their bios in this publication. Several of the medical community from the Mayo Clinic Hospital in Phoenix have been happy to assist Caryn and will be on hand. David Kinkead has worked very hard to make this conference memorable. He has arranged a guided visit to the Heard Museum which should be of interest to all. The conference will be held at the Double Tree by Hilton. We secured an $89/night room rate. This is a lovely hotel that has recently been updated and is close to shopping and restaurants. The hotel also offers our attendees a reduced rate on their tasty buffet breakfast. The $15 buffet has been reduced for our group to a price of $8.99!

**Double Tree by Hilton**  
**Phoenix North**  
**10220 North Metro Parkway East**  
**Phoenix, Arizona 85051**  
**602-997-5900**

Your HiltonLink is:  

Call the reservation system at **800-972-2590** and ask for the IAL Annual Conference group block. A block of rooms has been reserved for May 12, 2019 - May 19, 2019. The special room rate will be available until **April 26, 2019** or until the group block is sold out, whichever comes first.

Sky Harbor International Airport is the closest to Phoenix, Arizona.
Annual Meeting and Voice Institute
May 15-18, 2019

The recommended method for registration and payment is online at:
http://www.theial.com
For mail-in registrations use this form

Registration Fees:
Laryngectomees / Caregivers / Family ................................................................. $120 by Apr 11
($150 after Apr 11)
Speech-Language Pathologists ........................................................................... $400 by Apr 11
($450 after Apr 11)
Graduate Students ................................................................................................ $200
First Attendee (please print) .................................................................................
Laryngectomee? ______ Yes, _____ No
Second Attendee (please print) ............................................................................
Laryngectomee? ______ Yes, _____ No

Street Address
City________________________ State / Province_______ Zip_____ Country ________
Phone_____________________ Email:__________________

Will you attend the Friday afternoon outing to the Heard Museum?  YES     NO

Check here ______ if you require assistance, have dietary restrictions, or need
special accommodations to attend the meeting because of physical limitations.
You will be contacted for other information.  ________________

Mail in registration forms must have check or money order payable in U.S. dollars to:
The International Association of Laryngectomees (IAL)

Fill out for Credit Card:

Please check one: [ ] VISA [ ] MasterCard [ ] Discover [ ] American Express

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__________ Zip Card Number _________________________ Exp. date (month/year)_______
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Grief Perspectives
Anonymous, taken from Facebook

A Person Asks Online For Advice On How To Deal With Grief.
“My friend just died. I don’t know what to do.”

A lot of people responded. Then there’s one old guy’s incredible comment that stood out from the rest that might just change the way we approach life and death.

“So, all right, here goes. I’m old. What that means is that I’ve lost friends, best friends, acquaintances, co-workers, grandparents, mom, relatives, teachers, mentors, students, neighbors, and a host of other folks. But here’s my two cents, I wish I could say you get used to people dying. I never did. I don’t want to. It tears a hole through me whenever somebody I love dies, no matter the circumstances. But I don’t want it to not matter. I don’t want to be something that just passes. My scars are a testament to the love and the relationship that I had for and with that person. And if the scar is deep, so was the love. So be it. Scars are a testament to life. Scars are a testament that I can love deeply and live deeply and be cut, or even gouged, and that I can heal and continue to live and continue to love. And the scar tissue is stronger than the original flesh ever was. Scars are a testament to life. Scars are only ugly to people who can’t see.

As for grief, you’ll find it comes in waves. When the ship is wrecked, you’re drowning, with wreckage all around you. Everything floating around you reminds you of the beauty and the magnificence of the ship that was, and is no more. And all you can do is float. You find some piece of the wreckage and you hang on for a while. Maybe it’s some physical thing. Maybe it’s a happy memory or a photograph. Maybe it’s a person who is also floating. For a while, all you can do is float. Stay alive.

In the beginning, the waves are 100 feet tall and crash over you without mercy. They come 10 seconds apart and don’t even give you time to catch your breath. All you can do is hang on and float. After a while, maybe weeks, maybe months, you’ll find the waves are still 100 feet tall, but they come further apart. When they come, they still crash all over you and wipe you out. But in between, you can breathe, you can function. You never know what’s going to trigger the grief. It might be a song, a picture, a street intersection, the smell of a cup of coffee. It can be just about anything...and the wave comes crashing. But in between waves, there is life.

Somewhere down the line, and it’s different for everybody, you find that the waves are only 80 feet tall. Or 50 feet tall. And while they still come, they come further apart. You can see them coming. An anniversary, a birthday, or Christmas, or landing at O’Hare. You can see it coming, for the most part, and prepare yourself. And when it washes over you, you know that somehow you will, again, come out the other side. Soaking wet, sputtering, but you’ll come out.

Take it from and old guy. The waves never stop coming, and somehow you don’t really want them to. But you learn that you’ll survive them. And other waves will come. And you’ll survive them too. If you’re lucky, you’ll have lots of scars from lots of loves. And lots of shipwrecks.”
Features of the BBS include:

Aluminum and steel construction
Remote control to activate the seal
Effortless initiation of voice without use of manual occlusion
Standard HME filter fits within the unit
Unit is easy to clean and hygienic
The “deep stoma adaptor” is included for those who require it
A tape housing may be used peristomally for those who choose it

At 87 years old, Benon would love to share his invention with others with a 30-day trial. He has fifty (50) virtually indestructible units available to sell for the laryngectomee who is interested in a clean, hands-free device, that is completely adjustable for individual needs.

Benon has a website where you may see this device demonstrated at: www.jarkatoolding.weebly.com. You can observe the BBS in use and also contact Benon Jarka there for any additional information.

Attention SLPs

If you are listed in the IAL Directory of Alaryngeal Speech Instructors please check to make sure your information is current. If you wish to be included in this resource, please notify the IAL of your interest to serve as a resource using the same email. There is no cost to you. Report any problems or interest to: office@thial.com

IAL Loan Closet is in Need

The IAL has a loan closet available to laryngectomees is in need of an electrolarynx. The closet is presently quite low on loaner devices. If you have a spare electrolarynx that you are not using or no longer need, please consider donating your device to the IAL using the actual office address at: 105 Westland, San Angelo, TX 76901. The IAL will make it available to a laryngectomee in need.

Can You Sew or Crochet?

The IAL office gets frequent calls requesting stoma covers. The office has need of stoma covers that are sewn or crocheted. There are patterns available, and some volunteers who make the stoma covers are quite creative. If that is your talent, please consider making/donating stoma covers to the IAL office. It is a great service project for active laryngectomee clubs. The stoma covers will be carefully distributed to those in need. Mail to: IAL Office, 105 Westland, San Angelo, TX 76902. Thank you.

Susan Reeves
Open Board Positions

The IAL Board of Directors is in need of two board members, a treasurer and a secretary. Please consider sharing your time and talents serving on this Board.

With an IAL office, monthly conference calls and yearly meetings, there is work to be done for this great organization. As the saying goes, "It takes a village!" And we need to add to ours.

With the loss of Barb Nitschneider, the secretary’s position is open and quite important to the business of the IAL. Helen Grathwohl has been serving as president, in addition to treasurer since no one filled that position during the last election.

There are five laryngectomees, two non-laryngectomees (SLPs), and Susan Reeves (administrative manager, non-laryngectomee) currently serving on the board. This is a great group with whom to work and they need some assistance to fill the remaining openings. Please send a picture and a bio to agrath3004@aol.com with your interest to serve. Although not mandatory, if you are member of a Lost Chord Club, please attach a letter of recommendation from your club.

If you would like more information about the Board of Directors and application process, check out the IAL website at: www.theial.com. There one can view the Constitution and Bylaws, the timing of applicants and other details.

The election will be held in Phoenix at the Delegates Meeting on Saturday. Submit your application today to Helen Grathwohl.

Location of Last 30 IAL Annual Meetings

1989 - Dallas, TX
1990 - Cincinnati, OH
1991 - Winnipeg, Canada
1992 - New Orleans, LA
1993 - Rochester, MN
1994 - Cherry Hill, NJ
1995 - San Francisco, CA
1996 - Hot Springs, AR
1997 - Toronto, Canada
1998 - Indianapolis, IN
1999 - Reno, NV
2000 - Nashville, TN
2001 - Myrtle Beach, SC
2002 - Vancouver, BC, Canada
2003 - Atlanta, GA
2004 - Anaheim, CA
2005 - Boston, MA
2006 - Schaumburg, IL
2007 - Burlington, VT
2008 - Little Rock, AR
2009 - San Mateo, CA
2010 - Clarksville, IN
2011 - Kansas City, MO
2012 - Durham, NC
2013 - Spokane, WA
2014 - Buffalo, NY
2015 - Baltimore, MD
2016 - Dallas, TX
2017 - Newport News, VA
2018 - Orlando, FL
2019 – Phoenix, AZ

In 2020, the IAL needs a great location to host the AM/VI. Ideally, the location would have great Club or individuals to offer local support, a convenient airport, a nice hotel with meeting space and room rates between $90-$110. It is always the goal to afford access to laryngectomees from new areas of the country. See below for more details

Planning Ahead SUMMER 2020??

Would your club be interested in hosting the IAL Annual Meeting during the summer of 2020? Please submit your application to the IAL Board of Directors! The IAL will be in Phoenix in 2019 and has been east more than west in the last few years. Can YOUR club help bring the IAL to your neck of the woods? There are complete directions on the IAL website at
A Story of Hope
Surviving Laryngeal Cancer

Tracy Davis remembers when he learned he had larynx cancer. It was late autumn of 2010 and he was 48 years old at the time. Along with the rest of his family, he was preparing for Thanksgiving. “My sister was here from Atlanta, with the rest of our siblings and the family,” Mr. Davis recalls. “I broke the news to her first, and we decided together that it would be best to wait until after Thanksgiving dinner, after everyone had eaten.” During the relaxing time after the big meal, he thought, it would be easier to tell the family. Unfortunately, the news proved too much for his sister to hold inside. “She could not hold up around our Mom,” Mr. Davis said. “She just broke down.” He remembered a lot of tears. “The word cancer can really quiet a room,” he says. “It took everything I had not to break down myself. But my concern was always to show strength for everyone else, because I knew I was going to be OK.
He hadn’t been a heavy tobacco user - far from it, in fact, he’d smoked for only six or eight months, and then only one or two cigarillos a day. “And I didn’t even smoke every day,” he said, adding, “Go figure.”
Tracy Davis was one of the more than 50,000 new cases of head and neck cancer diagnosed every year in the United States, which accounts for six percent of all malignancies reported in the US. “In treating head and neck cancers, the pendulum has tended to swing back and forth, and eventually settle down as to what modalities surgeons use,” says Daniel W. Karakla, MD, FACS, a head and neck surgeon at Eastern Virginia Medical School who is part of the Sentara Cancer Network, and Tracy Davis’ surgeon. “Between World War I and World War II, radiation therapy was used broadly for head and neck cancer patients.” But as technology and surgical techniques were developed and perfected, more and more surgeries were performed. “Then, as chemotherapy agents improved, that modality became a stronger part of the treatment.” Dr. Karakla stated.
Today, the pendulum is swinging more and more back toward surgery, Karakla noted, because different surgical innovations and reconstruction techniques offer patients hope for a more normal quality of life. Although all three modalities—radiation, chemotherapy and surgery, or a combination—are still widely employed when individual cases merit. Mr. Davis underwent all three; chemotherapy, radiation and surgery, but throughout, he kept a positive attitude. “When confronted with chemotherapy, my thoughts were always on doing what it took to make the cancer go away,” he remembered. “I never wanted to stress over my condition.” But he freely admits that the three months during which he had chemotherapy and radiation at the same time did a number on his body, as well as his mental state. He lost weight and his sense of taste.
In April of 2012, Dr. Karakla performed a laryngectomy. Mr. Davis was in the hospital for 10 days, during which time he began an extensive education process, learning how to use tracheoesophageal speech.
Today, he says, “I lost my voice, yes, but I’m just the same guy with a different way of speaking. Sometimes I feel bad for people who don’t know how to have a conversation with me. The first thing people say is that they’re sorry. I tell them, “Don’t be sorry for me. I’m alive, and I’m still talking.”
Cancer-free, Tracy Davis calls himself blessed and says, “I have no regrets from my experience. It saved my life.”

By Dr. Daniel Karakla and Tracy Davis
INTERNATIONAL ASSOCIATION OF LARYNGECTOMEES
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