



# The New Voice News



**New Voice Club of South Florida**  
Serving Broward, Palm Beach and Miami-Dade  
[www.newvoiceclub.org](http://www.newvoiceclub.org)

**May 2008**  
**Editor:**  
Mike Rosenkranz  
(954) 236-0980  
[smike24@comcast.net](mailto:smike24@comcast.net)

~ **Next Meeting Sunday, May 18th, Noon to 2 p.m. ~**  
**Conference Center at Holy Cross Hospital**  
**4725 N. Federal Hwy, Ft. Lauderdale, FL (south of Commercial Blvd)**  
**Noon: Rap Sessions Followed by Light Refreshments 1:00: Meeting and Program**

From I-95, east on Commercial Blvd to Federal Hwy (U.S.1) Turn R (south) on Federal Hwy to 47th St. (1st street after the Holy Cross Main Entrance). Turn R onto 47th Street to the Ortho Parking Lot on your right. Park anywhere in the parking lot. Conference Center is the building to the right. [Look for New Voice Club Banner](#)

## **Thousands of Fla. smokers to split \$600 million tobacco fund**

Tens of thousands of ill Florida smokers and families of those who died are lining up for a share of a \$600 million fund created by major tobacco companies as part of a 14-year-old lawsuit against cigarette manufacturers. The Florida Supreme Court in 2006 threw out a massive \$145 billion damage award in the case, but the tobacco companies had previously set up the fund to be paid out even if the appeal failed. Last week, a Miami judge ordered the money divided equally among all Florida smokers who became ill **before Nov. 21, 1996**. The total number of people who could qualify is estimated at between 10,000 and 50,000.

A notice dated Friday from Circuit Judge David Miller sets a registration **deadline of June 16** for the Engle Trust Fund, and applications can be mailed or filed online. People who seek damages must submit proof of illnesses such as cancer, emphysema and heart disease that are linked to cigarette smoking. When it tossed out the original damage award, the state Supreme Court upheld a jury's findings that the tobacco companies sold dangerous products and hid the dangers of smoking.

The 2006 decision authorized individual smokers to sue the companies on that basis, and more than 7,000 cases were filed by 1/31/08. Tobacco company officials said they would vigorously defend themselves against the individual lawsuits. They also questioned whether people would be able to prove that misleading statements in cigarette advertising were a key factor in their decisions to smoke.

The defendant companies were Philip Morris USA (a subsidiary of Altria Group Inc.); R.J. Reynolds Tobacco Co. (a unit of Reynolds American Inc.); Brown & Williamson (now part of Reynolds American); Lorillard Tobacco (a Loews Corp. subsidiary); and the Liggett Group (part of Liggett Vector Brands Inc.)

Florida smokers seeking information about claiming damages for smoking-related illnesses in the Engle lawsuit can go to: <http://www.EngleTrustFund.com> or call 888-420-1666. **Potential claimants can contact the Claims Administrator toll-free at 1-888-420-1666 or by sending a written request to Engle Trust Fund, P.O. Box 013241, Miami, FL 33101 Remember, the filing deadline is June 16, 2008.**

*From the Miami Herald April 21, 2008 By Curt Anderson AP Legal Affairs Writer*

**President:**  
Warren Goodman  
(561) 737-9122

**1st Vice President:**  
Allan Smith  
(954) 724-1971

**2nd Vice President:**  
Ralph Friedman  
(561) 495-8644

**Secretary:**  
Ruth Henegan  
(954) 968-3198

**Treasurer:**  
Lenny Weinstein  
1427 E. Hillsboro Bv #529  
Deerfield Beach, FL 33441  
(954) 427-7043

**Visitation & Liaison:**  
Earl Mogk  
141 Eleuthera Drive  
Dania Beach, FL 33004  
(954) 929-0136  
[earlmogk@wmconnect.com](mailto:earlmogk@wmconnect.com)

**Directors:**  
Howard Grabowski  
Earl Mogk  
Gary Morey  
Mike Rosenkranz  
Patty Sewell  
Richard Willenborg





# What's Doing Around Town

## Get Your Free Emergency Medical Information Kit

Email Gary Morey [gemorey@hotmail.com](mailto:gemorey@hotmail.com) or call him at (954) 463-2461. The magnetic kit sticks to your refrigerator, has laryngectomy stickers and cards, and a blank form for personalizing your medical information. Be sure to ask Gary how to register with your city's 911 emergency system.

**Penny's meeting:** Penny, a Clinical Instructor and Head and Neck Nurse Specialist, depicted in slides and lecture the anatomy and physiology of saliva production and the results of cancer treatments of surgery, chemotherapy and radiation therapy. A current internet search and scientific review presented the known standard approaches and products for therapy for dry mouth. The newest agent on the market, Numoisyn, was demonstrated with its two step process of test then, if successful, a prescription. Other currently available products are Cooking oil mixed with water, Water and glycerin, Mouth Kote, Biotene Products, New oral spray, Salvert, Salagen, alivasure, Evavac and Numoisyn.

**Next meeting we will share Success Stories. Come share your story and help explore ways to motivate attendance to this meeting!**

**Lynn's meeting:** As always, there was a good turnout, with the newer members of the group, John DePeri and Ken Smith, being much more comfortable with stoma care and having significantly improved their TEP speech since last month... Several examples of helpful printed resources were shared along with how to obtain free copies.

**Main meeting:** It was a pleasure to attend our April 20<sup>th</sup> meeting which, in Warren's absence, was co-chaired by Ralph, and Al. The fine turnout included Bob and Ruth Henegan, Pascale Bourne, Gary Morey, Ralph Friedman and Micki Lindenbaum, Adolph Whitestone, George and Leah Ostrander, Max Brown, Patty Sewell, Selma Kranz, Bill and Loretta Romanello, Lenny Weinstein, Robert Iglesias, John and Jo Collier, Richard Willenborg, Mike Rosenkranz, and Charlie Sneckenburg and his son Mark. Mark is currently conducting research for his doctorate. His subject is the relationship between the caregiver and the laryngectomy. Pascale Bourne, our resident SLP, brought two guests, Harry and Lynn, a brother and sister seeking advice and input to help their father decide between radiation therapy and laryngectomy surgery. It is gratifying to report the major part of the meeting was dedicated to giving Harry and Lynn the information they sought, which was made possible by the enthusiastic cooperation of everyone present to be a willing participant. The perennially young Lenny Weinstein brought the delightful refreshment spread which was enjoyed by all.

# Upcoming Events

**Main Meeting**  
**3rd Sunday of each month**  
**Next meeting May 18th Noon-2 p.m.**

Rap Sessions at noon  
Facilitator: Pascale Bourne MA, CCC-SLP  
Light refreshments at 12:45 p.m.  
Meeting and Program at 1:00 p.m.

**Conference Center - Holy Cross Hospital**  
4725 North Federal Highway, Ft. Lauderdale  
(U.S. 1 just south of Commercial Blvd.)

**More information: Christina at (954) 267-7770**  
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**Support Group Meeting**  
**Boca Raton Community Hospital**  
**Davis Therapy Center**  
**Oaks Plaza, Glades Road at 13th Street**  
Facilitator: Lynn Carrier MS, CCC-SLP

**3rd Thursday of each month**  
**Next Meeting - May 15th**  
**10:30 - 11:30 a.m.**  
**More information: (561) 395-7100 Ext 7430**  
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**Veterans Administration Medical Center**  
7305 N. Military Trail  
West Palm Beach, FL 33410  
Loren Blumenthal, M.S.P.A., CCC-SLP  
Veterans Laryngectomy Group  
(Veterans & family members only)

**2nd Thursday of each month**  
**Next Meeting - May 8th**  
**11a.m. - 12 noon**  
**More information (561) 422-6237**  
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**UMSylvester/Deerfield**  
**Comprehensive Cancer Center**  
1192 East Newport Center Drive, Suite 100,  
Deerfield Beach

Facilitator: Penny Fisher MS, RN, CORLN  
**Mort Silverblatt SPOHNC Support Group**  
**2nd Tuesday of each month**  
**Next Meeting - May 13th**  
**1:30 - 3:00 p.m.**

**TOPIC; Success Stories**  
**More information (305) 243-4952**

# Gastroesophageal Reflux Disease (GERD, Acid Reflux)

From the Library at [webwhispers.org](http://webwhispers.org)

## ACID REFLUX-INTERVIEW WITH AN MD

Glenn E. Peters, M.D.

Director, Division of Otolaryngology

Head and Neck Surgery

University of Alabama at Birmingham,

Birmingham, Alabama, USA

Q. Doctor, in our meetings, there has been some discussion about why we can't bend over after eating and drinking because liquids and even some foods will run back up the esophagus. Please explain what has been done that creates this problem and if we need to adapt ourselves because it will always be that way?

A. Let's talk about this reflux thing for a minute. Under normal circumstances, there are two muscular bands or sphincters in the esophagus which prevent reflux. One is located where the esophagus joins the stomach and the other is located behind the larynx at the beginning of the esophagus in the neck. The lower esophageal sphincter (LES) often becomes compromised when there is a hiatal hernia, a condition resulting from a weakness in the diaphragm which allows the stomach to slip up from the abdomen into the lower chest cavity.

When this happens you get what is known as gastroesophageal reflux--the condition we all hear so much about in the media these days. The other sphincter, the cricopharyngeus or the upper esophageal sphincter (UES) prevents things from coming up the esophagus into the throat and mouth. This muscular ring takes its origin from the lower part of the larynx, a part called the cricoid cartilage. But guess what--you ain't got one no more since your cricoid was taken out when your larynx was removed. This leaves the upper part of your esophagus sort of flaccid and always open and this could result in the reflux of stomach contents up into your throat and mouth. About 80% of the general adult population has a hiatal hernia. So if you have a hiatal hernia and, in addition, have had a laryngectomy then you get a double whammy.

So what's a guy/girl to do? Gastroesophageal reflux is usually managed with medicine to stop the stomach from making acid, along with dietary and lifestyle modifications. Severe cases may require surgery to keep the stomach from slipping up into the chest. Taking care of reflux from the UES is more problematic, however. Simply knowing that this is a problem and its cause are probably the most important things. Avoid bending over when you have a full stomach after meals. You also might try reducing the size of each individual meal and eat four or five times a day instead of the usual three.

(From HeadLines newsletter)

## COMMENT

Over the years since my larynx cancer was found, the thoughts on this have changed and expanded to many causes of larynx cancer and ONE of the big reasons is GERD, or basically, acid reflux.

If you have indigestion or acid washing up from your stomach into your throat (GERD), talk with your doctor. If you had this before your surgery, it will probably be more of a problem after. He may prescribe a medication that will help to reduce the acid. **Raising the head of your bed with blocks under the frame or using a wedge pillow on the bed can help to prevent the night time reflux. After a meal, avoid bending over, exercising, or lying down and let food and drink settle before bedtime.**

....After a laryngectomy, we are much more susceptible to stomach contents coming back up the esophagus if we lean over or assume a horizontal position. Since the upper esophageal sphincter is often weakened or missing, there is nothing to stop this reflux from coming up into the throat, so allowing time for the stomach to empty is helpful...A drug a lot of us take, Omeprazole (generic), is a proton pump inhibitor which reduces acid to keep reflux from putting acid in your throat...Anytime your throat is smaller, be it from surgery, swelling, irritation....your usual gulp will not all go down .and you sealed off the back of the mouth as you swallowed, so it comes back up to the only place it can, through the nostrils. To help this, get a straw and use it to sip liquids. Sip some while you are chewing and mix the food so it doesn't jam up the passage. **Swallow small amounts and be sure one is down before the next one comes after it.** Pat S. AL



# May Birthdays

2nd Richard Sewell      14th Sy Falk  
 8th Tony Russo          14th Cathy Fowler  
 9th Carmen Sumpter    16th Howard Grabowski  
 12th McNoland Pinard   29th Lenny Weinstein

## Happy Birthday to All

### A Message from Penny Fisher

I would like to take this opportunity to congratulate the members of the New Voice Club for their constancy in support of all laryngectomees, their wisdom in changing your name to the New Voice Club of South Florida, which you have served so effectively since 1961, and for your devotion to the UM Head and Neck Cancer Support group that I have had the pleasure to lead since January 1999.

Tonight, after fourteen hours on my feet taking care of forty-two patients, and crying my way home for eight blocks at 9 pm, knowing that when I arrived home there were twelve calls on my cell phone with which I needed to deal.... there was Mike, needing this report. I knew I could write this for three reasons

1. My laryngectomees have never let me down when I needed them
2. How could I ever fail them?
3. What they have to bear every day, far outweighed my day! Each of you is so special and always gives back and faithfully supports our dwindling support group!!

**Thank you and Bless you** Mike, Gary, Lenny and Howard for believing in me to come and listen to what I know best - the care of those who have experienced Head and Neck Cancer. Today is National Head and Neck Cancer Awareness Day. I awoke at 3 am, made a display for our lobby, and eighty persons stopped and saw it and learned.. I could not be there today, so it was tended by a drug representative who has the same passion I have,.... helping patients. One hundred patients received a free Sylvester gift that was arranged during their visit today. So "It is all good", and I will renew by the morning!! *Penny*

## Major Change in CPR Uninterrupted Chest Compressions Replace Mouth to Mouth Breathing

The following was posted by Dr. Carla Gress on the Webwhispers List.

Greetings, all!

New Rules have been announced for performing CPR. Now, the guidelines call for **chest compressions ONLY, no mouth-to-mouth**, or in the case of a laryngectomy or tracheostomy - **mouth-to-stoma rescue breathing has been abolished**. A higher ratio of chest compressions to rescue breaths had been the subject of CPR guideline changes back in 2005. Bystander **CPR recommendations will now call for the rescue breaths to be completely eliminated, so as not to interrupt the chest compressions**.

Check out the news article at

<http://www.msnbc.msn.com/id/23884566>

or at

<http://www.theheart.org/article/849745.do>

Carla DeLassus Gress, ScD, CCC-SLP

For those who are not online, here is a summary of the changes.

**You only have to do two things. Call 911 and push hard and fast on the middle of the person's chest. Hands-only CPR calls for uninterrupted chest presses - 100 a minute - until paramedics take over, or an automated external defibrillator is available to restore a normal heart rhythm.**

Mouth to mouth breathing, or in our case, mouth to stoma breathing has been eliminated. More importantly, we as laryngectomees can now perform CPR with the new compression only guidelines. Hands-only CPR is simpler and easier to remember and removes a big barrier for people skittish about the mouth-to-mouth breathing, (or even more skittish about mouth to stoma breathing).

Those who have been trained in traditional cardiopulmonary resuscitation may still opt to use it.