



# The New Voice News



**New Voice Club of Broward County**  
Serving the tri-county area  
of southeast Florida  
[www.newvoiceclub.org](http://www.newvoiceclub.org)

**November 2007**

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## **NEW MEETING PLACE**

**Conference Center at Holy Cross Hospital**  
4725 N. Federal Hwy, Ft. Lauderdale, FL (south of Commercial Blvd)  
~ Next Meeting Sunday, November 18th, Noon to 2 p.m. ~  
Noon: Rap Sessions followed by Light Refreshments 1:15: Meeting and Program

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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

## **Another Alpine Adventure**

Another year, and another memorable trip to the Alps. Somehow, this one seemed just plain better than the previous years. Maybe it was the wonderful cocktail party the city of Innsbruck had in our honor for thirty seven years of bringing folks to their fine city. Or maybe the fact that they arranged for some folks that were our first contacts there to be at the party. Wow! It was great.

On the road, it was like being in another part of the world where you are confronted with civilized drivers. Everyone keeps to the right, and of course the faster moving vehicle has the right of way. And to top that off, everyone, and I mean everyone, used their directional signals. This year I drove the luggage van and on the autobahns kept a speed of about 85 mph, and it was nothing to be passed by someone driving at about 100 to 110 mph.

Our stay in the mountains was what we Floridians look forward to. The average height was about 2,500 feet for our hotels, and then there was the one hotel at the 4,500 mark where I had a bit of trouble. For me it wasn't the height, but the dryness. We always joked that it was so dry you could watch your laundry dry, and that is compared to living in Florida where we all say we can watch the grass grow. Thank goodness for the hot showers without a restriction on the use of water. I averaged about a half hour in the shower twice a day.

We covered just short of 2,000 miles in the 21 days of riding. In past years, I drove my motorcycle, but this year my better half decided that enough was enough, and she convinced me to drive the van. I really missed the bike, but in the morning with the temps around the 40 degree mark. the car felt pretty darn good. And we had two days of rain, and that too was a pleasure to be in the dry warm car.

I know I have been saying the last four or five years that it is time to retire, but honestly, as long as I have the health and the strength to go, I'm going. There is nothing like riding in the Alps.....the fine hotels, the wonderful meals with old world service. I just don't want to put all that wonderful stuff on the shelf. And of course as I said before, riding either a van or a motorcycle is a pleasure with the "civilized" drivers.

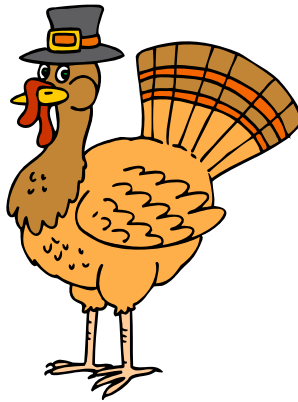
*Old Warren Goodman*





# What's Doing Around Town

## Happy Thanksgiving



Guest speaker at our November 18th meeting will be Scott Brooks, RN, BSN, National Sales Manager of Atos Medical, Inc. He will speak on a smorgasbord of topics of interest to all, including our EL speakers.

**Pascale's Meeting** Al, Elaine, Richard, Lenny, Patty, Gary and Mike were at Pascale's meeting. We had anticipated working with someone who is currently wearing a trach, and is facing laryngectomy surgery, but he was unable to join us. Gary advised he had been notified that he passed the Voice Institute final exam and was researching the further IAL requirements to become a Certified Laryngectomee Trainee..... There was a lively conversation on the subjects we would like to see discussed at future meetings, and Pascale agreed to be guest speaker at a meeting early in the new year.

**Penny's Meeting** There were several head and neck cancer survivors at Penny's meeting at UMSylvester/Deerfield, although Lenny was the only lary present. The discussion centered on rhinitis, the nose, and its multitude of senses and their functions. The subject of November's meeting will be nutrition.

**Lynn's Meeting** Gary Morey, Lenny Weinstein, Seymour Platt, John Mackay with daughter Leslie Hardy, Charlie Sneckenburg and Mike Rosenkranz, were joined by three NOVA SLP graduate students, two of whom observed our panel when we visited NOVA in September. We all welcomed Frank Argiento who was with us for the first time. Frank is so proficient with his hands-free TEP that he was asked if he was talking esophageally. We had a lively discussion centering on the problem of medical professionals who are completely unaware of a laryngectomee's changed anatomy, which was followed by a discussion on shrinking stomas. Charlie is making good progress with his TEP, and Lynn advised that Tony Russo and Myrna Glassberg will be back in Florida for the November meeting.

**Holy Cross Meeting** Our guest speaker, Lynn Carrier MS, CCC-SLP delivered an interesting and informative presentation to a packed meeting (see pg 4), we welcomed back returning member Pat Mallett, and were reminded of one reason we missed Wini and Earl during their summer travels this year when we enjoyed Wini's delicious home-baked cobbler and cake. During a brief business meeting, Warren entertained us with tales from the airport and the Alps, and announced our holiday party plans were being finalized.

# Upcoming Events

## **Main Meeting 3rd Sunday of each month**

### **Next meeting November 18th 12 - 2 p.m.**

Rap Sessions at noon followed by light refreshments Educational Program and Business Meeting at 1:15

## **Conference Center - Holy Cross Hospital**

4725 North Federal Highway, Ft. Lauderdale

(U.S. 1 just south of Commercial Blvd.)

Use Orthopedic Parking Lot next to Conference Ctr

More information: Christina at (954) 267-7770

## **Support Group Meeting**

### **HealthSouth Rehabilitation Hospital**

4399 Nob Hill Road, Sunrise, FL 33351

Miriam Paul, MA, CCC-SLP

Pascale Bourne MA, CCC-SLP

### **1st Wednesday of each month**

### **Next meeting November 7th**

10:30 - 11:30 a.m.

More information: (954) 746-1340

## **Support Group Meeting**

### **Boca Raton Community Hospital**

#### **Davis Therapy Center**

Oaks Plaza, Glades Road at 13th Street

Lynn Carrier MS, CCC-SLP

### **3rd Thursday of each month**

### **Next Meeting - November 15th**

10:30 - 11:30 a.m.

More information: (561) 955-2100 Ext 7430

## **Veterans Medical Center**

7305 N. Military Trail

West Palm Beach, FL 33410

Loren Blumenthal, M.S.P.A., CCC-SLP

Veterans Laryngectomee Group

(Veterans & family members only)

### **2nd Thursday of each month**

### **Next Meeting - November 8th**

11a.m. - 12 noon

More information (561) 422-6237

## **UMSylvester/Deerfield**

### **Comprehensive Cancer Center**

1192 East Newport Center Drive, Suite 100,

Deerfield Beach

Penny Fisher MS, RN, CORLN

Mort Silverblatt SPOHNC Support Group

### **2nd Tuesday of each month**

### **Next Meeting - November 13th**

**Topic: Nutrition**

1:30 - 3:00 p.m.

More information (305) 243-4952

## ~ Fine Tuning your Alaryngeal Speech ~

*Editor's note: Many of us have difficulty pronouncing certain difficult letters. The following posts, reprinted from the Webwhispers list, should be of considerable help in overcoming this problem.*

### **Jim McDougall's posts to Webwhispers on 10-22-07**

I read with some interest about some difficult-to-say letters and how to overcome this. I have found that **using a silent "N" prior to saying the likes of "H" or "K" is a great help for these letters.** I use this because it is a well known method of overcoming difficult speech by people who have a stammer. **I personally found that saying and thinking "N" within my mouth, prior to saying words beginning with either of the above mentioned so-called difficult letters, helps considerably to pronounce them.** This method is proven among people who speak with a severe stammer, and I believe it is taught to children with a stammer by speech therapists. This method is my personal opinion and perhaps it may not work for others. I can say however, that **I use the esophageal method to talk and I find that using the "N" extremely proficient when encountering difficult to say letters.**

### **Reply from Elizabeth Finchem, on 10-22-07**

The silent "N" works because it places the tip of the tongue against the teeth and gum line and into position for what is called "glossal" (tongue) press". This traps a little air in the roof of your mouth and it is guided toward the back of your tongue as the pressure increases.

Esophageal speakers use this method of air intake along with consonant injection, and inhalation. "Inhalation" refers to drawing air into the esophagus by simply opening the swallowing sphincter. That breaks open the vacuum and draws a little air down into the top of the esophagus. You may feel and hear it happen when you yawn.

**It will help if you take notice of what your tongue is doing as is works with your teeth and lips as you speak. Little adjustments like holding your lips together a bit longer to build enough pressure to pop your "P" will improve the mix-up over "P" and "B". There are many such tricks to learn that will improve your articulation and intelligibility no matter which method you are using to speak.**

### **Webwhispers post from Elizabeth Finchem 10-21-07**

The subject of articulating certain sounds following laryngectomy comes up on our website often. Several of our author's have covered what causes the problems,

and how to master new techniques that will restore intelligible speech sounds. There are exercises and various ways to compensate. You will find a good deal of information in our Library, and Whispers on the Web articles.

As Diane Davis was describing her early difficulty saying "Caribbean" with her Cooper Rand, she was probably still dealing with a swollen tongue that looked knotted up in a wad, instead of flexible enough to flatten. As the edema leaves, this improves with tongue exercises (also covered in WotW). The swollen tongue has difficulty working as it usually does for a "k" "cr" or "gah" sound, as in kite, crew, or ton"gue.

The other obstacle is the intra-oral straw, wand, or tubing as some refer to it. I liked the advice the ENT gave regarding the TEP that wasn't working quite right..."**go home and fiddle with it.**" Sooner or later it does come down to our own responsibility to learn how to "fiddle" around with our artificial larynges, esophageal speech, tracheal esophageal prosthesis, and articulation. The intra-oral wand tip can be positioned to allow words like "truck", "trucking", or "tongue" to come out clearly, but you must allow the back of the tongue to reach the soft palette without touching the plastic tubing for this to happen.

The illusive "H" sound is always covered at speech rehabilitation conferences, including the IAL Voice Institute, with a variety of ways to achieve it successfully no matter which method you use to speak again. I wrote a bit about this in an article focused on esophageal speech, but the technique I described for achieving an "H" sound for audible laughter and "H" words is essentially the same.

Whispers on the Web - Nov. '06

More on Esophageal Speech, (just above the last paragraph)

Another distraction is the intrusive 'k' when speakers use the back of their tongue to say a vowel; i.e. "KI, KA, KL", instead of "IAL". However, for the 'h' sound you can take air into your mouth with glossal press or inhalation, and the air return and sound will begin at the back of the tongue. If you stop short of touching the soft palette, as you move the back of the tongue as if to say, 'he, he, he', or ha, ha, ha. When you master this technique, you can say, 'Harry has hair on his head.' without an "intrusive k".

You may want to begin with a "K" sound, ke, ke, ke, and back off from hitting the "ke" sound as hard, to end up with "he". If you pump repeatedly with a series of "hehehe" you will get the feel of the bellows effect as your lower jaw moves up and down a little. Try it. Let me know if it works for you.

**Please don't write off certain sounds just because you had a laryngectomy, or use a certain method or device to speak. "H" is possible.**



# November Birthdays

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- 1st Nancy DeGregory
- 5th Warren Goodman
- 6th Evelyn Acosta
- 6th Bernard Lalime, Sr.
- 7th Ingrid Shapiro
- 8th Mary Martin
- 9th Al Smith
- 10th Myrna Glassberg
- 12th Frank Recca
- 15th Donna Lewis
- 19th Kathy Sneckenburg
- 21st Donald Robinson
- 24th Bruni Suarez
- 25th Frank Martin

## Happy Birthday to All

Those of you with nothing especially better to do on Sunday at noon missed a real treat and possibly some life-saving tips during the program presented by Lynn Carrier MS, CCC-SLP on common problems encountered by laryngectomees and how to handle them better! Lynn reminded a packed room that “losing touch” with local support groups can leave laryngectomees out-of-the-loop about new and improved products and developments that affect us all. She urged everyone to stay informed of the latest technology and news.

Lynn then discussed common problems like feeling out of breath (stoma stenosis), radiation scarring with inability to use an EL, TEP complications such as loss of prostheses, neck swelling (waddle), as well as a variety of suggestions for different eating problems. She showed several videos depicting actual cases of patients’ swallowing difficulties, and then displayed samples of some new and improved medical supplies for laryngectomees.

We need to “act as our own best advocate”, for if we do not, no one else will. Regular attendance at meetings, attending these presentations, and discussion with other laryngectomees are, by far, the best and easiest way to stay current and informed!

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Did you know that there are chemicals in coffee, chocolate, mint, garlic, and even nicotine that have the effect of relaxing the lower esophageal sphincter muscle into the stomach, thus when taken after a meal, results in an increase of food and acid up into the esophagus?

*Editor’s note: I wonder if people who follow a big meal with a chocolate mint, cup of coffee and even a smoke know that?*

After every flight, pilots fill out a form, called a gripe sheet which tells mechanics about problems with the aircraft. The mechanics correct the problems, document their repairs on the form, and then pilots review the gripe sheets before the next flight. Never let it be said that ground crews lack a sense of humor. Here are some maintenance complaints submitted by pilots and the solutions recorded by maintenance engineers. By the way, the airline these came from is the only major airline that has never, ever, had an accident.

Pilot: Left inside main tire almost needs replacement.  
 Engineers: Almost replaced left inside main tire.

Pilot: Test flight OK, except auto-land very rough.  
 Engineers: Auto-land not installed on this aircraft.

Pilot: Something loose in cockpit.  
 Engineers: Something tightened in cockpit.

Pilot: Dead bugs on windshield.  
 Engineers: Live bugs on back-order.

Pilot: Autopilot in altitude-hold mode produces a 200 feet per minute descent.  
 Engineers: Cannot reproduce problem on ground.

Pilot: Evidence of leak on right main landing gear.  
 Engineers: Evidence removed.

Pilot: DME volume unbelievably loud.  
 Engineers: DME volume set to more believable level.

Pilot: Friction locks cause throttle levers to stick.  
 Engineers: That's what friction locks are for.

Pilot: IFF inoperative in OFF mode.  
 Engineers: IFF always inoperative in OFF mode.

Pilot: Suspected crack in windshield.  
 Engineers: Suspect you're right.

Pilot: Number 3 engine missing.  
 Engineers: Engine found on right wing after brief search.

Pilot: Aircraft handles funny.  
 Engineers: Aircraft warned to straighten up, fly right, and be serious.

Pilot: Target radar hums.  
 Engineers: Reprogrammed target radar with lyrics.

Pilot: Mouse in cockpit.  
 Engineers: Cat installed.

Pilot: Noise coming from under instrument panel. Sounds like a midget pounding on something with a hammer.  
 Engineers: Took hammer away from midget

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A friend is somebody who thinks you're a good egg even though you're a little cracked!