

Whispers on the Web

A Monthly Online Newsletter for WebWhispers

February 2020

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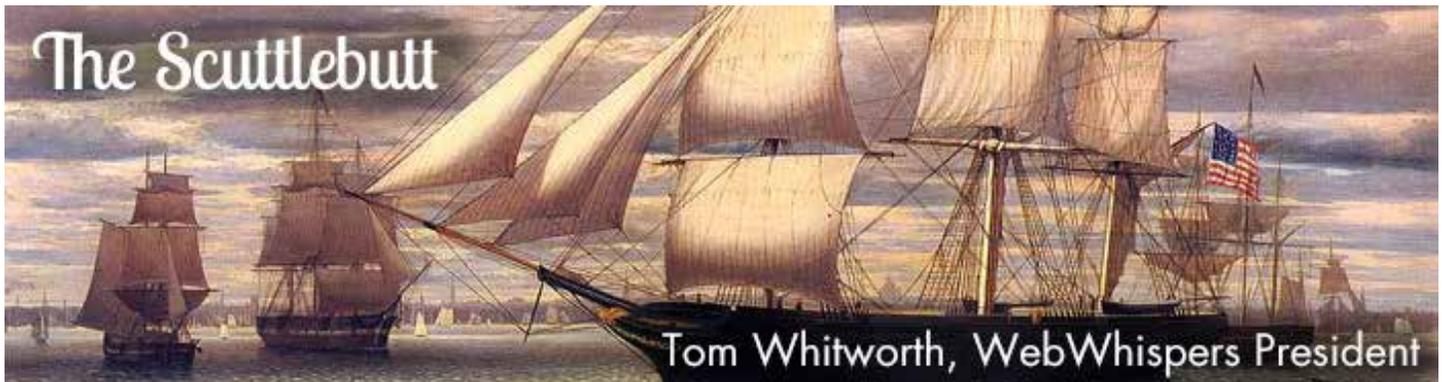
From The Editor's Desk

Being the editor of the WebWhispers newsletter has its perks. I am privileged to get to read everything first and I am always inspired and frequently humbled. It's not easy to "summon the muse" month after month but for many of us, myself included, when we started to write for WotW we discovered "our voice"....maybe even the one we lost or, in some cases, the one we never knew we had. Writing our stories month after month becomes a way to reclaim ourselves. We travel, we work, we love, we learn. We have successes and we mess up. We are not afraid of nor defined by this "new normal". Except when

we ARE afraid and feeling bound by our new life. This is where these stories...our stories... are so important. We are here to say you (and we) are not alone. We are here to encourage and educate, to listen and learn and be the friend who really "gets" you.

This month we take some time to reflect on how we got here and where we are going. Inspirational reading from all of us to all of you.

Donna McGary



Jumping In On Meetings

A proudly retired Navy man, Atlanta has always been my home of record. Though I have lived in many places, Atlanta has always been my official home. My family moved here from Macon, GA, not far away, before I was potty trained. I like to claim that this timeline qualifies me as a Metro Atlanta native. Close enough, huh? The climate here can change so rapidly. Certain times of year, it is not at all uncommon for me to change clothes three or more times in a day, simply because the weather changes so fast. I may start my day in sweats or jeans, then change to gym shorts as the day warms up (or vice versa), only to change back to the sweats prior

to seeking out flannel pajamas for the night. As soon as one gets used to a weather pattern, here comes the drastic change.

One thing that changes faster than Atlanta weather, is the rapid pace of technological advancement. We do seem to have days where techie steps forward are more frequent than my wardrobe changes. Some of this technology can help improve our local meetings of lary clubs, and other such groups. There are so many of us without a in-person club nearby. Some of us don't even have access to a Speech-Language Pathologist.

My fabulous Speechie at the Atlanta VAMC is now available for video conferencing in some circumstances so people like me don't have to drive across the city of Atlanta just to get help with a basic issue. I can use my smart phone or get on the computer and show her my voice prosthesis, whether or not it is leaking, etc. My local club "Talk of the Town" is combining forces with "Greater Atlanta Voice Masters". In a city the size of Atlanta, we are quite scattered. Lately, we have had several combined meetings as we move the location around the metro area to facilitate participation by more people. Even then, we have people who either don't or can't drive or are simply smart enough to stay out of Atlanta traffic. It can be a real nightmare. We are now making our gatherings accessible via electronic media that includes video.

In the reprint below, from September 2017, I talk about the importance of in-person support as compared to strictly online communication between those in our community. Obviously, I believe both have value, but the technology of our day makes possible a hybrid whereby folks can participate in a club meeting almost anywhere, communicating with one another while seeing those friendly faces. I would love to Skype or Zoom into other meetings and have people jump in on ours, especially people who do not have a club meeting available to them otherwise.

But I Don't Need a Support Group....

Last week, I had the pleasure of speaking to some wonderful people in Memphis, TN. The occasion was the Speech Our Way (local club) Mid-South Laryngectomy Symposium. This was among the best organized events I have seen yet, and the clinical presenters were exceptional. I learned a lot I didn't know, especially about managing my frequent episodes of neck and shoulder pain. The value of information for laryngectomees, caregivers, and SLPS, in only four hours, was truly phenomenal. I commend Tricia Grimes Harris CCC-SLP, Sherry Gaines Martin, and anyone who helped them for a job extremely well done.

I was asked to speak about support groups. Excerpts from what I had to say follow.

Online support, including WebWhispers, is great, especially for those who have no other means of encouragement and information. However, nothing is

better than face to face support among laryngectomees and caregivers. SLPs can be and often are a critical part of that. For many, a mix of in-person and online is best. Some of us need more help than others. Some never try a local or other face to face group. Others do and stop going when they feel they have evolved to the point that the group no longer has anything to offer them. That is difficult for me to understand as socialization and comradery are often important elements in a club or group.

I told the audience about an encounter I had a few months ago at the grocery store, just up the street from my home. I had planned on running in quickly to grab a couple of things and pop back out but I got delayed. While shopping, I heard the familiar sound of someone using an electrolarynx. Yes, I will admit, I stalked as I wanted to meet this person. I discreetly followed the sound until I saw him in an area where I could easily say hello. I introduced myself and we talked for at least ten minutes. As we chatted, we learned that our laryngectomies were performed by the same fabulous ENT surgeon. His was two or three years prior to mine and I was just past three years at the time. I told him about the club we were trying to re-start in our area and encouraged him to attend our next meeting. "Ah don't need no support group", he responded. I was surprised at this as he surely needed some training on using that EL. Not knowing how to respond, something popped into my head and I tried it on him. What the heck, I thought. It might work. I said "I understand that but you would be an excellent source of help for others, especially new patients". I got nowhere with him but I learned a lot that day.

If a club or group is available to you and you've never participated or have stopped attending, thinking you don't need it or you've learned all you can, your attendance is as important as that of anyone there! You are able to help others. If possible, find a club and attend regularly. If you don't need it, others in the group need you. It's okay if you're not all that outgoing. By just showing up and taking a seat, your smile, a handshake, and your very presence can provide support for someone who is struggling.

*Enjoy, laugh, and learn,
Tom Whitworth
WebWhispers President*



Voice Points

Written by Professionals

Coordinated by Kim Almand M.S., CCC-SLP

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Oral, Head, Neck Cancer Awareness Week

Oral, Head, and Neck Cancer Awareness week is traditionally in April each year. Here in Southwest Florida, it is, instead, a month-long event that serves as an opportunity to raise awareness, to provide free services and to raise funds all to benefit our local community. For the past 10 years, this has been my focus.

Many people have asked what drives me. It is a pretty easy answer. Fifteen years ago, my mom was in end stage ovarian cancer. During one of our many talks late at night, I promised her I would find a way to make a positive impact in the lives of cancer patients. A month after losing her, my mind was teeming with ideas. I was working with head/neck cancer patients and loved serving that population. From that moment forward, my life changed, and my career expanded to dedicate time and energy to raising awareness, as well as to making changes and creating programs in my hospital system.

After much thought, nine years ago I teamed up with a local cancer non-profit organization to provide our first ever free oral, head and neck cancer screening event in my area, as early detection saves lives. Nine years later, the event is still going strong. Partnering with a non-profit has allowed me to get the supplies we need donated for the screenings. A local ENT office donates their office space and staff one Saturday morning for four hours each year. I also have volunteers from the local dental hygiene program who come to assist, as well as to learn more about screening methods.

We use the screening forms provided by the Head and Neck Cancer Alliance and, in return, collect data for their use. The event is advertised locally online and in the newspaper. We generally have around 100 people who sign up to get screened or are walk-ins the day of the event. Each person is seen by one of our ENTs who do an examination looking for any skin cancer on the face, lips and ears; palpate the neck and lymph nodes; and then do an exam that allows them to look at the throat. The person is then screened by the dentist, who does a full oral examination.

At checkout, each person screened receives a goodie bag of educational material and is given instructions if they need a follow up appointment. Due to the screenings, the examiners have been able to recommend follow ups with ENTs, dentists, gastroenterologists and dermatologists, with provider names supplied. Over 500 have been screened and many have been referred for follow up. Sixteen of those screened have been diagnosed with oral, head and neck cancer.

Eight years ago, I created the "Head and Neck Cancer It's a Hard Thing to Swallow" 5K run and 2-mile walk. It's a great event to raise awareness locally but also raises funds. All of which stay in Southwest Florida to provide screenings, education and financial

assistance for patients in our community. The event gets bigger each year with 300 participants in 2019. It is a great morning for the entire family with vendors, refreshments, awards and chance drawings for many different prizes.

In the past chance drawings, prizes have included airline tickets, cruises, resort vacations, artwork and items from local businesses, all of which I have solicited. As I partner with the same non-profit as the screening event, all donations are tax deductible. Over the years funds raised have provided financial assistance for local patients to help pay for dentures, dental extractions, supplemental nutrition, feeding tube supplies, laryngectomy supplies, trach supplies, rehab co-pays, trismus devices, compression garments, therapy when their insurance doesn't cover it, as well as transportation to cancer-related appointments.

To obtain this financial assistance, clients must live in Southwest Florida and have a head/neck cancer diagnosis, but they can work, have insurance and do not need to be below poverty level. I created this financial assistance program because, over the years, I had watched as hard-working middle-class patients were having a difficult time paying for things insurance did not fully cover or did not cover at all. All these expenses added up and were not part of the patient's budget. I knew I had to do something to help. The financial assistance for some has made the difference between getting supplies and services versus not getting them due cost.

Toward the end of April, I again partner with the same non-profit and we host a free dinner seminar which is open to the community and local healthcare professionals. It's my way of giving back to the community and raising awareness of different head/neck cancer topics. Last year our local head/neck cancer surgeon spoke on laryngectomy and the ATOS clinician educator joined him discussing speaking options and how the TEP functions. In past years we have brought in physicians to speak on HPV and vaccinations. We had Dr. Itzak Brook come one year and speak about his experience of being a physician and a laryngectomee. It is always an enjoyable evening with new and educational information shared.

Each year I set new goals for new programs I wish to add to our healthcare system and new educational tools, as well as new audiences to target for the education. I'm proud to say I have been fortunate enough to reach those goals each year. My patients inspire me every day to make things better for them and to be their voice. If I can make a difference in one life, then I know I am doing good in this world and keeping the promise I made all those years ago to my mom.

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Originally published in:

**The Update
The Society of
Otorhinolaryngology and
Head - Neck Nurses, Inc.**

**Vol. 28, Number 4, September/
October 2006**

Recognizing Lt.Col. Dutch Helms, an Inspiration and True Friend of SOHN



To those of us who care for head and neck cancer patients, the name of Dutch Helms is well known. For the rest of our members I would like to tell you about this remarkable man who has done so much for our patients and all laryngectomees.

Dutch was born and raised near Cleveland, Ohio. He received his Bachelor's degree in German and History from Heidelberg College in Tiffin, Ohio in 1965. He obtained a Master's Degree in National Security Affairs from the Naval Postgraduate School in Monterey, CA.

He joined the Air Force in 1967 and has an outstanding record of service. His military awards are impressive and include the Distinguished Flying Cross, Bronze Star, both the Army and Air Force Commendation medals, and many others. He was a jet pilot, accredited diplomat and teacher. He served proudly during the Viet Nam War.

He was medically retired in 1994 with laryngeal cancer. Up until this point he had led an incredible life, traveling the world and protecting the United States. However, his accomplishments after his surgery have had an impact on thousands of patients and their caregivers and we honor him for this. After his laryngectomy, Dutch developed WebWhispers, the web site for laryngectomees with an active email exchange.

His passion for singing and barbershop quartets was a huge part of his life and he could not imagine life without singing. No one told him about the existence of the International Association of Laryngectomees (IAL) or of the local laryngectomee support groups. His computer provided him with limited answers, and in an effort to help his own adjustment post laryngectomy, he invited others to join him on his newly created "Cancer of the Larynx" web site. This was in 1996. By 1998, this site had evolved into an international online support group that is now known as WebWhispers. It provides much needed reliable information, sensitive assistance, support and common sense guidance to laryngeal cancer patients, their families and caregivers throughout the diagnosis and treatment process.

WebWhispers also provides social interaction with others who share the same new "lifestyle", who have confronted the same problems, and are willing to work together for all laryngectomees, worldwide. In my opinion, there is not greater patient resource out there.

This web site and Dutch have made a huge difference in the quality of life for so many and, as nurses, we owe him a debt of thanks. You may access this site at <http://webwhispers.org>

Dutch has sent a personal update to all Web Whispers members. After fighting a fistula he has learned that he has recurrent cancer and that there is nothing that can be done. His pain is being controlled and his attitude is wonderful, an inspiration to all of us. I wrote to him and I know I was speaking on behalf of all SOHN members when I said:

"As you know, I have been a Registered Nurse for nearly fifty years, most of those spent with ENT and head and neck patients. I am privileged to have known the best nurses in this field, not only in this country, but in the world. I also have had the honor of knowing and working with many of the best and well-known otolaryngologists in the country. I can say, without a doubt, that they have made a significant impact on patients, but NO ONE has impacted the lives of laryngectomee patients like you have. You have done more than any of us in the profession and have touched more lives. I commend you and all the work you have done. We all owe you a debt of gratitude. You have made such a difference to people all over this wide world. I think I learned as much from Web Whispers as I learned from the dozens of texts and references I have read. It is the best resource available to the laryngectomy and his family and caregivers. Thank you from me and all my nursing colleagues. You have our gratitude and our respect."

Dutch has put his affairs in order, placed WebWhispers in good hands and is planning to attend the IAL meeting next month. What an inspiration you are dear friend. You live the way we all should, one day at a time, enjoying every minute. On behalf of SOHN and nurses everywhere Dutch, we thank you for all you have done for us and our patients. We hold you in our thoughts and honor you in our hearts.

Ann McKennis, RN, CNOR(E), CORLN

Between Friends

Donna McGary

"That which does not kill us makes us strong."

On the Shoulders of Giants

"If I have seen further it is because I stand on the shoulders of giants".

This popular quote is generally attributed to Sir Isaac Newton, and he did write it in a letter to fellow scientist, Robert Hooke, in 1675. However, he was actually borrowing a common phrase, used by many of his contemporaries, from a much older source, 12th century theologian and author, John of Salisbury, in his 1159 book, "The Metalogicon".

"We are like dwarfs sitting on the shoulders of giants. We see more, and things that are more distant, than they did, not because our sight is superior or because we are taller than they, but because they raise us up, and by their great stature add to ours."

John's thought was inspired by an even earlier Christian thinker named Bernard of Chartres. John was born in France and studied there during the early 12th century and it is likely that he learned the phrase at this time. In his book, *On the Shoulders of Giants*, Robert Merton quotes Bernard as saying, in about 1130:

"We are like dwarfs standing [or sitting] upon the shoulders of giants, and so able to see more and see farther than the ancients."

(Aerospaceweb.org has a fascinating study of the history of the phrase and is my source.)

There is an honesty and humility in old Brothers John and Bernard's perspective that is notably lacking these days, if you ask me. Too often, it seems that it is the "other guys" who deserve the blame for what is wrong and "we" deserve the credit for what is right.

Human beings have been dividing into these two camps, us versus them, since the time of giants and dwarves, it would appear. Kind of discouraging, isn't it? So, let us explore the good Brothers' exhortation to collaboration. A fitting homily for our times, I think. Just imagine what we 21st century dwarves and giants might accomplish together if we weren't so hell-bent on proving our individual superiority.

As I see it, the crux of the problem is this: who gets the credit for discovering that new world over the horizon; the one who first spied it or the one who provided the critical vantage point? This drama is played out time and time again- in art, science,

business and politics. It has divided families and nations alike. Wars waged, fortunes lost and hearts broken- all over bragging rights to a prize nobody owns forever.

There are those who openly acknowledge their debt to the past and in doing so bring freshness and vitality to their field. Cezanne became a copyist as a student, immersing himself in the essence of the old masters. From that foundation, the giants of his time, he was able to create a totally new perspective. He became the giant on whose shoulders Picasso stood.

Shakespeare needed Aeschylus, Sophocles and Euripides and they, in turn, needed Homer. Einstein needed Newton and Newton needed Galileo and Galileo needed Pythagoras. It would appear we cannot do this alone.

Too often we forget on whose shoulders we stand. WebWhispers today stands on the shoulders of Dutch Helms. It is so much more than he first imagined, and I suspect he would be very pleased, indeed, that he became our giant. Like giants before him, he did not enter the Promised Land, but he saw it and knew that, because of him, we would make it.

These days, Avraham Eilat writes of the influence of past masters to inspire him to create original and vital new works. Being a laryngectomee informs his work but does not define it. There are young artists today who will, in time, clamber up to his shoulders and be so inspired by the view that they will become giants themselves.

Elizabeth Finchem always quotes her teachers and mentors as she builds on their legacy to find new ways to engage, inspire and teach. ES will stop being an endangered species and her students will re-invigorate the technique by standing on her shoulders.

Every day on the list and in the forum, members share experiences, advice and knowledge. We are a family of dwarves and giants- all vying for attention, recognition and acceptance. It is all here, but just like with any unruly group of kids, sometimes we need to be reminded, as that dwarf squashes your face on his way to your shoulder; what goes around, comes around. It will be your turn next time.

(This column first appeared in our April 2009 issue and seemed relevant especially after reading Ann's article about Dutch.)



Think It and Then Do It

By Don Renfro

"Never limit yourself because of others' limited imagination; never limit others because of your own limited imagination." – Mae Jemison.

I spent much of my career life working for the Department of Rehabilitation (DR), for the state of California. No it was not drug rehabilitation or for those that have been in prison, although some of our clients had been in prison or been on drugs, having been in prison or on drugs was neither a qualify or disqualifying factor for the services the department provided.

What the DR does is assist people with disabilities to obtain, maintain or return to employment. The DR provides services needed to remove barriers to employment. Those services could include: training, assistive technology, transportation, child care, evaluations, tools or whatever was needed for an individual with a disability to go to work. I worked there for over 20 years and learned some very valuable lessons from the people I worked with (clients). I was there to provide them with something they needed and more than once they provided me with something I needed.

When I began working for the DR back in 1990, my first job there was as a Vocational Rehabilitation Counselor. My first caseload was inherited from a caseload that had gone unattended for a good length of time. My first assignment was to review the cases assigned to me and then make contact with each of the clients and begin moving their cases forward in the rehabilitation process.

One of the first cases I reviewed was a gentleman that was diagnosed with mental illness and his case was in the very beginning of the rehabilitation process. I reviewed his file and brought him in to meet with me. He was very interesting. He lived in isolation and kept to himself. We met in my office and I got to know a little about him and made plans with him on how to progress his vocational rehabilitation case. He had a very poor support system having been in isolation for so long. The only thing I was able to do for him that day was to give him a referral to the local Department of Mental Health (DMH). I completed a form for him to take with him when he visited the DMH. I also contacted DMH by

phone, with him in my office, so that they were aware he was coming and to ensure he was not "lost through the cracks." That was the last I heard of him for

years. I never did anything with his case and we had no contact during this time. One day my supervisor came to me and stated I had too many cases without any activity and I needed to contact these people and either move their case or close their case. This man was one of the clients I contacted to update the status of his case. I made an appointment with him and when he came to the office I apologized for not being more proactive and helping him with his case. He explained to me "Mr. Renfro you have helped me to improve my life." Before my help he had lived in isolation in a trailer with very little or no support from others. He told me that he used my referral, I had provided him and contacted the DMH and began regular participation in the groups and had developed a support network that has greatly improved his life. He told me how grateful he was that I had provided him with the DMH referral and that because of it how much better off his life was. His pleas of gratitude actually brought me to tears. After speaking with my supervisor and then looking at the history of the case, I had felt that I had let him down and failed him as his counselor.

Because of other's limited imagination I had limited my abilities and impact on his life and until the gentleman explained to me just how much his life had benefited from my efforts I was willing to co-sign the belief that I had failed this man when in reality I had done with this man exactly what we (DR) were here to do.

Another one of the first cases I reviewed was the case of a lady that was diagnosed with bipolar and a back injury. She was going to school to become a Registered Nurse (RN). I had worked in the field of vocational rehabilitation for 8 years prior to beginning my work at DR, most all my years of experience was working with people who had a mental health diagnosis. I truly believed that 8 years of experience

was more than enough to prepare me to work for the DR. I must admit that when I began working at the DR I really knew very little about what it took to be a good vocational rehabilitation counselor.

I scheduled an appointment with this lady and met with her in my office. I had reviewed her file and was now meeting with her to learn who she was and what kind of assistance she was wanting from the DR. She stated to me she had been attending community college and wanted to continue to complete her degree to become a RN. I immediately had doubts about her ability to complete such a task as well as my ability to assist her with such a task.

I went to one of my more seasoned colleagues for advice as to whether I could continue to sponsor such a apparently unrealistic goal. I explained to the senior counselor the disability (bipolar, back injury) and asked her if I should continue the DR's support of this goal? She stated to me that my concerns were valid and that there was no way the client would be able to complete this goal. Not even considering the diagnosis of bipolar, which might I add was well managed/controlled, she would have great difficulty with her back injury, sitting in classroom chairs to complete the training and the field work training (working in the Emergency Room and in ambulances would require her to do functions that were beyond her functional capacities to perform over a long period of time, such as bending, lifting, stooping, twisting at the torso all of which would make successful completion of this goal impossible.

It was a long walk back to my office as I thought about how I would tell this person that I would not be able to support the vocational goal of RN. When I returned to my office I just came out and told her. I would not be able to continue support for the vocational goal of RN. She looked at me and said "Mr. Renfro I am going to do this, would you like to help?" At that point I was convinced that this goal of RN was possible and agreed to continue to support it. In 2002 I promoted to another job and transferred to another office about 100 miles away. No longer working with this woman determined to be a RN, I had forgotten all about her. One day I checked my mail box and found an invitation to a graduation. My old office had received the invitation and forwarded it to where I was now working. It was from the lady that wanted to become the RN. She had completed her degree and was inviting me to come see her graduate. I was there! Turns out she was one of about 7 completing the program and graduating that year. She and her classmates had received job offers from all over the country which even included signing bonuses if they would accept employment in certain parts of the country. Apparently there was a nationwide shortage of RN's and they were being recruited from all over the country just prior to their graduation.

I would never forget that experience. I was prepared to place limits on this person's abilities due to my own limited imagination. I am forever grateful I did not take that course.





This Lary Life

The Train to Turkey 2009

W. C. Baker

There were fewer than 10 people in the Tehran train station when I got there 5 hours before the departure time. A very pretty young woman with her hijab worn loosely over her hair, came over to speak to some men and then came to ask me if I was English. I confessed that I was American. She smiled brightly and said that if I needed help to please ask her. This was Aida, a Bahia from Shiraz. The men she had spoken to were neighbors. Aida and her father were on their way to Turkey to visit her brother who had to wait there before emigrating to the US. As Bahia, Aida's father was limited in the jobs that he could take. Aida completed high school but could not go to university because of her religion. She knew nothing of the opera bearing her name.

The four of us in my compartment were strangers on the train only as long as it took to exchange introductions: . Ben Nam Abbodlshi was a 62 year old who spent time in Texas in the late '60s learning to fly Phantom Jets for the Shah's air force. He talked quite passionately about politics, poetry and religion. There was a steady stream of visitors to our compartment with whom he talked, in Farsi, at great length. He was looking forward to getting out of Iran so he could have a beer. Ghais (pronounced Gay-eez) was a 45 year old Iraqi "fighter" and teacher of the Qur'an for whom George W was a hero because he got rid of Saddam. Ghais bore many scars on his face and arms from tortures under Saddam. His wrists bore scars from being tied behind him and then lifting him, pulling his arms from their sockets. The most alarming scars were on his chest where crumpled plastic bags were set on fire. Muhame was a 27 year old on his way to find work in Turkey. He was rather sullen and I suspect that it was he who stole my MP3.

As soon as the train crossed the border the club car was opened and immediately became filled with men who had been waiting to have a beer or two or three. A young man had asked to demonstrate his virtuosity on his guitar to determine if I thought he was good enough to play for the drinkers. I assured him that he was ready and would be well received. He was. He also played the sax. There was singing and dancing in the club car for hours on end (no women).

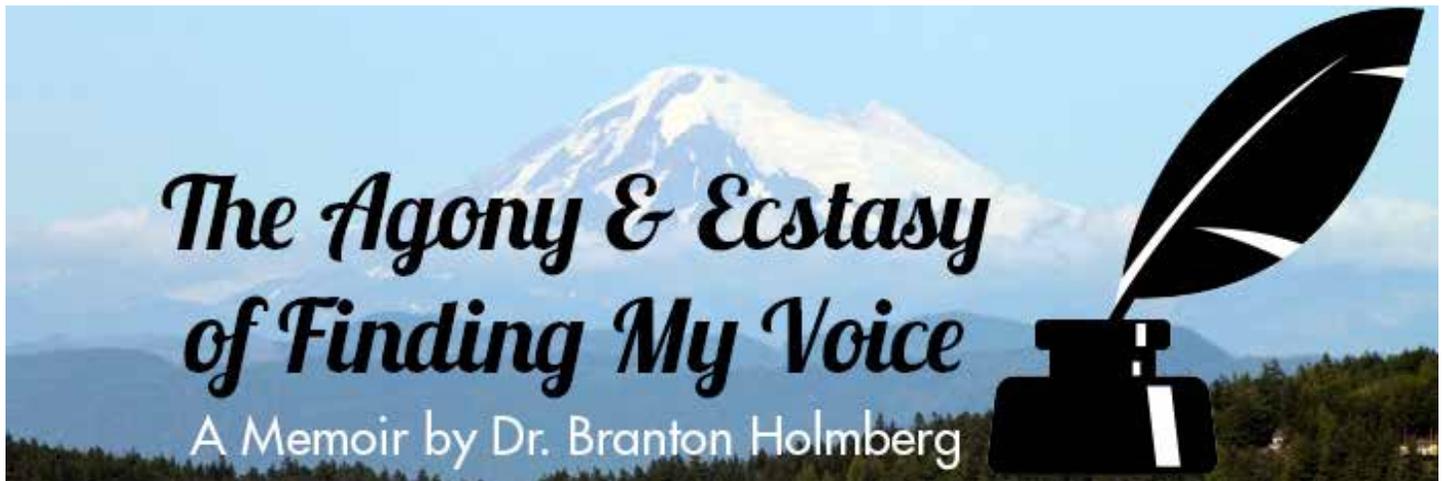
I returned to the compartment after consuming 50ml, strong beer to find Ghaiz chanting from the Qur'an. It was deeply

moving. I had reached a new level of appreciation for these people with whom I had been living for a few days. As we approached customs we had a lot of concern for Ghais. His Iranian visa had expired and he could well find himself to be a man without a country. Ben Nam and I were present when he got to the window and was told to wait. He simply said "Insha Allah" God Willing. As it turned out he got his Turkish Visa after much checking and no small amount of anxiety. I, on the other hand, was surprised to be told to wait. I don't know but I suspect the reason was that very few Americans enter Turkey from Iran by train. I could well have been the first since the Iranian revolution. Finally, I was the last to receive my visa and the long-delayed train was permitted to depart.

When we finally go to Lake Van it was quite late when we transferred from train to ferry. May his God bless Ghais for the help he gave me getting my oversized American bag up the narrow slippery step to the second deck. The silence of the of the crossing was disturbed only by the throb of the engines, the occasional crying of babies and some vigorous Muslim snoring. Some may have regarded my eye shade and ear plugs to have been a bit frou-frou, but I'd bet there were those who envied me. Glad I had them.

As the Istanbul bound train pulled into the Malatya station Beh Nam came into the compartment and took my day pack. Someone else took my duffel. The aisle was packed with my train family, each of whom wished me good bye with smiles and handshaking, hugs and cheek kissing. As I passed, they fell in behind me and followed me to the exit with singing and clapping and cheers. My compartment mates were on the platform with cheek kissing and an especially warm embrace from Ghais. About 20 people came onto the platform with singing and clapping and a few cheers of Mr. Baker, Mr. Baker, or Ameerica, Ameerica. I wiped my eyes and blew many kisses. The singing and clapping and cheers followed me until I was out of sight.

Each person who had embraced me into their lives had their own approach to the realities of the world and what they saw as the universe beyond, its history and its future. I do not believe what Aida and her father believe, I do not believe what my holy man-fighter friend believes, but I believe firmly in the power that their beliefs hold for them. My unconscious preconceptions and prejudices had been revealed to me and I found myself wanting. I grew a lot on the train to Turkey.



Chapter 5 “Breach of Contract”

During the last quarter of my senior year in 1962, Dr. Crawford asked me what I was going to do after I graduated. I told him I didn’t really know because all I’d been thinking about was getting through my bachelor’s degree.

He said there was an excellent master’s degree in School Psychology at Central and wanted to know if I’d be interested in going on in that program if Central offered me a graduate teaching assistantship working for him. He wanted me to teach an Introduction to Psychology class. I nearly lost it when he asked me that. I’m glad I was sitting in a chair next to his desk.

As soon as I could get my brain working after the shock of being asked to become a teacher working with him, I told him I didn’t think I could get accepted because my GPA was below a 3.0. He laughed and said that’d all been taken care of if I wanted to become his teaching assistant. I said I would, and the rest of the final quarter of my undergraduate degree passed at the speed of light.

It wasn’t until a week or so before I began teaching my first Introduction to Psychology class that the reality of what I’d agreed to do hit home.

I’d never given a lecture in my life and I’d committed myself to doing that every quarter of the academic year for the next two years. The School Psychology graduate program was a two year program, and so was the contract I’d signed to be Dr. Crawford’s graduate teaching assistant. Days before my first lecture, I filled page after page with the lecture notes I’d use. I had every intention of lecturing like I’d seen so many others do. I would use the chalk board, display charts, other visual aids, and strut around the lectern like an old pro.

Every minute of the morning leading up to that first lecture grew more, and more, tense as I knew what was coming. When the time came I put on the new suit I’d

bought, sure to impress my students, and headed for the lecture hall. The moment I stepped through the door I was nearly in a full blown panic, and the walk to the lectern was like walking down death row. My mind was full of images of my struggles with my speech impediment, the strongest being the time Miss Light made me read the story I’d written to my fifth grade class.

Avoiding as much eye contact with the students as I could, I laid my notes in front of me and started reading them word for word. I was sure every word I uttered went directly through my nose, at least that’s what it felt like, and was convinced it sounded like. I’d never in my life been as self-conscious of my speech impediment as I was then, even the 5th grade experience paled in comparison.

I was hyper alert to how the students were reacting to me and if they whispered to each other or threw inquisitive looks to others, I was certain it had to do with me sounding like a harelip. Those feelings only intensified the rest of the first week of classes.

I was scared to death and sick at heart after my Friday class. I set out to find the man who’d become one of the most influential people in my life to tell him I couldn’t do what he’d so kindly given me the opportunity to do. I’d just finished what I was convinced was the last lecture I would ever give.

For a week I’d been lecturing to a class of 72 students enrolled in Psychology 101, “The Introduction to Psychology”. From Monday through Friday from 1:00 to 1:50 pm, I’d given a 50 minute lecture, or close to it, and I’d read every one of them word for word as I stood behind the lectern in the lecture hall with the sweat of anxiety running down my body.

My mind was telling me my students were wondering why the college had ever hired me to do this kind of thing. Hadn’t they interviewed me and found out I had a speech problem? I’d been terrified during the first lecture I’d ever given, and it’d only gotten worse over the next 4 lectures.

I found Dr. Crawford in the rat lab. He was putting some finishing touches to a wooden maze we'd been building to run some experiments using rats. There were some 60 rats in cages spread around the lab, and part of my teaching assistantship was to take care of them too.

Thank God he was alone. The moment he saw me he knew something was wrong, "Brant, what's the matter, are sick? You look terrible".

"I quit. I can't go into that lecture hall and stand in front of those students ever again, I've had it. I know they think I'm an idiot and I don't blame them. I've read every one my lectures to them word for word from my notes. During the last 2 lectures I haven't even looked at them. If I finish reading my notes before the end of the class period, I let them go. For the last 2 days I've let them go 5 minutes early".

"I'm quitting. I'm no good at this lecturing stuff and should never have agreed to do it to begin with. I'm soaking wet with sweat after a lecture, and have been every day since I started. You can give my teaching assistantship to someone else, I'm leaving the graduate program. I can't cut it".

"Hey whoa, slow down things can't be that bad".

"They're worse, I've afraid I'll embarrass myself with my students even more than I already have and I'm not going to do it anymore."

"Brant, I'm sorry you're having a tough time but you can't just quit".

"The hell I can't, I just did."

"You'll have to come and see me Monday morning, I have to talk with the college president about this. I'll do that this afternoon. You think about this, this is a great opportunity for you and I'd hate to see you lose it".

I left him, knowing I didn't have to think about it anymore, I'd already done all the thinking I was going to do and wanted to get as far away from this experience as I could.

Bright and early Monday morning I was knocking on his office door, leaving behind my very upset wife who was back in our student housing apartment with our 2 month old son.

"Come in and sit down, you're not going to like what I have to tell you. I met with the president and he tells me if you leave now, the college will take you to court for breach of contract and he'll insist you be punished to the full extent of the law. If you quit, you'll put the college in a difficult legal position. The students in your class can bring legal action because we're not meeting the instructional commitments they paid for when they signed up for the class you're teaching".

"Brant, I'm sorry you're having a tough time but my advice is that you go ahead with it because if you don't, what can happen to you can mess up your life for years".

I couldn't believe it. I knew he was going to try and talk me out of leaving and I was still scared enough to tell him there was no way I was going back into that lecture hall. After he told me they'd sue me for breach of contract, the world became a lot more frightening than going back in front of my students again.



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