

Whispers on the Web

A Monthly Online Newsletter for WebWhispers

Photo: CC by HM Bascom

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From The Editor's Desk

Hello everyone,

I read an article recently about an artist who was exploring the question of how different can people be and still have something in common. We can come from very different backgrounds, have very different life experiences, have very different socio/political views and still share some commonality which can help us understand, even appreciate all those other differences. Wouldn't that be refreshing?! It is not always easy to find that commonality, especially in these polarizing times, but the artist suggested that it is always there if we are willing to look for it even in those circumstances where the differences are very far apart. Without making a real effort to find that commonality we are apt to find it all too easy to dismiss someone/ some people altogether. Denigration like that frequently causes fear of "the other" which leads to hate/mistrust which all too often spirals into violence.

Can we find some common ground in everyone? Of course not. There are some views that are just so loathsome and so entrenched that the fact that they love their dog isn't enough to overcome that chasm. But it is important to try to find the common decency and humanity and if that fails to keep in mind the old adage "Keep your friends close and your enemies closer". By continuing to really listen and to hear what folks very different from ourselves have to say, we are forced to keep an open mind, to be willing to question our own beliefs and even change our minds. Other times that willingness to listen is what justifies our resolve to take a stand in the face of opposition, regardless its source.

The challenge of all this was recently brought home to me when two people who I like very much IRL (in real life) posted on social media supporting stuff I did not like at all IRL. If those posts had just showed up on someone else's feed I would have done the famous McGary eye-roll, muttered an expletive and hit delete and possibly block. But my heart sank instead. It wasn't the first time and it certainly wouldn't be the last time I'll be faced with this dilemma. There is also the equally troubling situation where someone you know is a complete jerk IRL posts something you completely agree with! All this reminds me of another

saying/meme " I love humanity; it's people I hate". We are a challenging bunch, I'll give you that!

WebWhispers is a microcosm of the world. We share a pretty obvious common bond and that bond is strong. We understand that even though we are all different, as we always say....it's our universal disclaimer before we dispense advice and we DO like to dole out the advice LOL....we have been through a lot. Head and neck cancer and its various treatments are rugged and we all bear the scars. There are some in our community who I just love, no matter what and others I'll probably never love, no matter what. That's life. But I will always try to find that humanity, that commonality that binds us together.

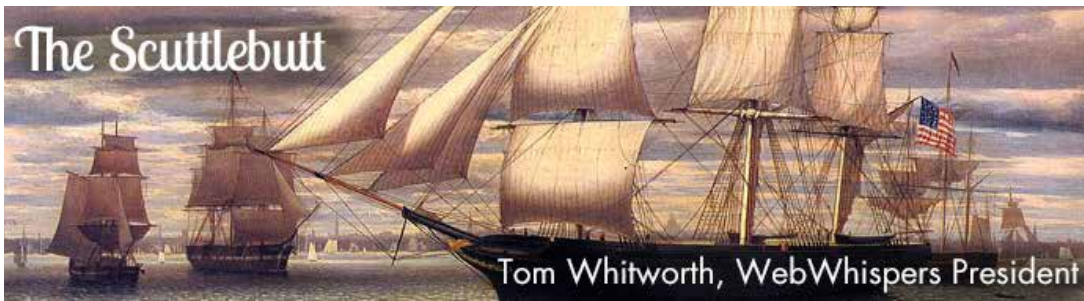
Story telling is a very human endeavor and as far as we can tell unique to us. Other animals communicate but whether they can recount the past and use it to anticipate the future the way we do is unknown. It is absolutely fascinating to me that after all my years working on the newsletter how many folks I encounter who say the same thing I did, "I found my voice when I lost it."

Whispers on the Web is a place to "hear" those new voices. This month we introduce you to Tonya Jones who found her "new voice" many years ago and has been inspiring and encouraging cancer survivors ever since. Plus the latest chapters from Aaron Wayne, "The Silent Partner". I love his writing; he's just so honest about everything without being bitter. Don Renfro always has some words of wisdom:

So as life goes on, I am learning not to agonize over making the decision and go ahead and take the first step and let the chips lie where they fall. I am still not throwing caution to the wind, but I am also less likely to become immobilized by fear.

More armchair traveling (which will have to suffice for most of us for now) by WC Baker. And that's not all. Keep reading and let us know what you think. As always, we welcome comments. contributions and constructive criticism!

Donna McGary



taught graduate students how to use laryngectomy supplies on their future patients. In need of a nice new baseplate and with very little with me, I eagerly participated as a demo lary.

I Had No Idea!

Forty-four years ago, I enlisted in the U.S. Navy and I retired January 1, 2008 with active and reserve service of thirty years, four days and thirty-five minutes. So many times, being away from my family, I thought of quitting and moving on as a regular person, but I always had reasons to stay. There was the monthly retirement check and medical benefits being earned that would be so important later. That always seemed so far off in the future. Obviously, I stuck with it and I'm glad I did, yet over all those years I had no idea what the best reason to do so would end up being.

At age 56, I was diagnosed with throat cancer and lost my job over it. Yes, I am serious. My retirement coverage would not kick in until age 60. I struggled to pay COBRA insurance payments for a few months and the premium was a goat-choker so I lost that and had no form of healthcare the month following my laryngectomy. Great timing, I know! I had the coverage long enough following surgery to learn that it wouldn't pay anything to speak of for laryngectomy supplies and I had a very high deductible.

I found myself with a borrowed Servox that needed to be returned and minimal supplies in the form of samples from my SLP. My first two voice prostheses were samples, as well. The future for all this stuff looked more than bleak. What would I do and what was going to happen to me? It didn't help much at all that I knew basically absolutely nothing about any of this. That is why I fully understand the fear and frustration of many when it comes to getting laryngectomy supplies. I have definitely been there.

Becoming a part of the laryngectomy community has made all the difference in the world for me. I can't even fathom where I would be without it or what would have happened to me. Only a handful of weeks post-laryngectomy, I found WebWhispers, which would prove to be priceless, and I miraculously made my way to an IAL Annual Meeting and Voice Institute. In one of the Voice Institute sessions, experienced SLPs

That same SLP, Carol Stach of the V.A. Medical Center in Houston, realized I was a veteran, and in talking with me, assured me I was eligible for VA health care. I had no idea! I doubted if she was right, anyway. I was in a pretty long stretch of bad luck and that just seemed too good to be true. Of course, she was absolutely correct or I would not be sitting here writing this for a WebWhispers newsletter and I wouldn't be V.A. health care patient for seven years now. I truly had no idea I was eligible for the help. My V.A. health care has to be among the best in the world for laryngectomees. I don't have to worry about going broke or even being broke already and I get everything I need. I thought of this because a package came today for which I owe nothing.

I could sing praises of the Veteran's Administration for quite some time, but the V.A. is not my point. By the way, if you're a veteran in the U.S. and have any questions, contact me. My point is the value of the laryngectomy community for me. Through WebWhispers and the IAL, I have friends I could not live without and wouldn't want to try. I do not have to be concerned about my care and needed supplies, and hearing aids and electrolarynxes either. Where would I be without that first trip to an IAL Voice Institute? I had no idea!

Night before last, I registered for the upcoming IAL Voice Institute in September 2021. I learned yesterday that I was the second person to register for the events, beat out only by the IAL president, Helen Grathwohl. How's that for being a grateful groupie? I share this now because most of our schedules get booked up early with work and family matters. So, go ahead and register now before something else gets on your calendar. It is not too early to apply for a WebWhispers scholarship, either. The information is on our website.


<https://www.theial.com>

*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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Anatomy and Physiology of Total Laryngectomy

The diagnosis of laryngeal cancer can sometimes take months after having symptoms of a sore throat, changes in vocal quality such as a hoarse voice, pain in the ear and/or neck, as well as difficulty swallowing associated with pain or even coughing and choking when eating or drinking. According to the Surveillance Epidemiology and End Results (SEER) Cancer Statistics Review of the National Cancer Institute 2013, it is estimated that there are approximately 50,000-60,000 laryngectomees in the United States.

Cancer that may result in a total laryngectomy may include cancers in the larynx (voice box) and hypopharynx (part of the throat near the voice box), and thyroid. Other non-oncological reasons a laryngectomy may be indicated include trauma to the neck, a non-functional larynx, etc.

It is important to understand the anatomy and physiology related to a total laryngectomy when preparing for surgery if your doctor is recommending this as your treatment plan or if you have already undergone the procedure. First, let's review pre-surgical anatomy and physiology.

When a person breathes, air that is inhaled goes through the nose, mouth and throat (pharynx) and passes the vocal cords (larynx) down into the lungs.

When a person speaks, the air comes up through the lungs and passes through the vocal cords causing a vibratory action. This vibratory action creates a voice. The voice moves up through the throat and then is shaped by the person's articulators: tongue, teeth, and lips to produce speech. If cancer is located on the vocal cords, your voice may sound different than it has in the

past. Sometimes it may sound like you have a hoarse voice or have no voice at all. It may even be painful to speak at times.

Swallowing can also be affected by the location and size of cancer given how close the placement of the windpipe (trachea) and food pipe (esophagus) are. Swallowing is divided into phases.

The first phase is the oral phase where you would use your teeth, tongue, lips and cheek in coordination to move the food to the back of the mouth and get it ready for the next phase.

The pharyngeal phase happens when food/liquids are guided from the mouth down to the pharynx by the tongue. Certain structures such as the epiglottis, a tiny little valve will flip over and cover the trachea/airway while the vocal cords will close to prevent aspiration. Aspiration is what many people call "going down the wrong pipe".

You may cough or choke when this happens. The last phase of swallowing is the esophageal phase. This is when the food will travel down the food pipe to get into your stomach. It is important to be aware that if you aspirate frequently, you should contact your doctor if you experience any signs of chest congestion or fever/chills.

Aspiration may lead to pneumonia, which would need to be treated. In addition to aspiration, sometimes it may even be painful to swallow. Speech Pathologists can work with you prior to surgery to determine what would be the safest and most comfortable to eat and drink to reduce the risk of aspiration.



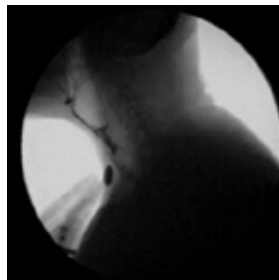
Image credit: MBSImP. Northern Speech Services

The white in the picture represents liquids being swallowed.

This picture represents a pre-laryngectomy swallow study called a Modified Barium Swallow evaluation. The black contrast is being swallowed under fluoroscopy. The barium is traveling down the pharynx and into the esophagus. The anterior grey portion is the trachea.



Post laryngectomy Modified Barium Swallow Evaluation. The barium is traveling down the neopharynx. The black dot in the picture is the area of the stoma.



By definition, a Total Laryngectomy is the complete surgical removal of the larynx. This includes the vocal cords “voice box”, epiglottis and hyoid bone.

After surgery, the trachea is disconnected from the nose and mouth for breathing and brought up through the skin to the front of the neck to create a “stoma”. The stoma, which looks like, a thumb size hole is the newly created airway. Now that the nose is no longer used for breathing, the sense of smell will be greatly impacted. Many times, doctors or nurses may mistakenly call the stoma a “tracheostomy”.

A difference between the two is that the stoma is a permanent opening and should never close, while a tracheostomy in most cases is temporary and may close within several days. The surgical creation of the stoma

and tracheostomy differs as well. Swallowing will also change after surgery. The trachea and esophagus are disconnected from each other; this would prevent further episodes of aspiration or choking in most cases.

Usually, the doctors will not allow you to eat or drink right after surgery and will place a small feeding tube to allow the new surgical site to heal. Slowly, they will advance your diet to liquids then onto solids. If food feels like it gets stuck, rest assured, it will not block your breathing! It may just take time and gravity for the food to go down the esophagus with the muscular and pressure changes that are altered from the pre-surgical swallow. Sometimes people report softer solids are easier to consume.

Although aspiration should not occur from a structural standpoint, there are isolated incidences where this can happen, such as the formation of a fistula, which is the abnormal connection between tissues. Or if the surgeon creates a tracheoesophageal puncture to place a voice prosthesis called a “TEP”. The surgeon creates a fistula to place the speech-generated device.

Once the TEP starts to breakdown and needs replacement (usually between 3-6 months) liquids from the esophagus would travel through the device and leak into the trachea. If this form of alaryngeal speech is something you are interested in or already have in place, further education and instruction from your physician and speech pathologist is recommended.

Brooke D. DuLaney, M.S., CCC-SLP

Speech Pathologist at Moffitt Cancer Center and Bayfront Health St. Petersburg

Brooke DuLaney, M.S., CCC-SLP is a Speech Language Pathologist in Tampa, Florida. She spent the beginning of her career at Tampa General Hospital as the lead speech pathologist for head and neck cancer and lung transplant patients. Ms. DuLaney now works part time at Moffitt Cancer Center as well as Bayfront Health St. Petersburg specializing in the evaluation and treatment of medically complex patients in the acute care setting.



Why Stay? Take the First Step

By Don Renfro

"The first step towards getting somewhere is to decide that you are not going to stay where you are."

— J.P. Morgan

This month was my birthday. On the day of my birthday, I was driving on a street and witnessed a person, a woman, I think, scooting across the street on her buttock because she could not walk. The traffic was stopped and patiently waiting for her to clear the lane before continuing. I was devastated. I could not believe that that was what I just saw so I went back to be sure and yes that is what I had just seen.

I felt so bad for this person for the plain reason that no human should have to exist like that. Although people were willing to give her the time, she needed to cross the street, no one seemed overly concerned that this was her circumstance. I realized that no matter how bad I felt about this woman, my feeling bad would not do anything to help her. I remembered the day before I had seen an abandoned wheelchair not far from my home, so I drove to where I had seen it, but it was gone. In my town there is a medical supply store that sells wheelchairs, so I drove to the store. It was before 5:00 but it was Sunday. When I got there, they were closed.

I went back to the intersection where I had last seen the woman and she was gone. I drove around the area looking for her figuring she could not have gotten far but was unable to find her. Now when ever I am in the area I look for her.

I look back on the situation and realize I decided to not "stay where" I was, feeling bad for her but to take a step to do something. As I look at my life, I realize that it has always been a difficult decision for me to choose to not stay where I am. After all, I know where I am now, who knows where I will end up if I do not stay where I am.

This month I had a stomaplasty surgery. My stoma had shrunk down so small it was difficult for me to breath. Still, it was a difficult decision to make, to move from where I was to where I had never been. Surgeries really concern me, not the actual surgery

itself but the process of being put to sleep due to not all anesthesiologists are experienced with putting people with laryngectomies asleep. I had a talk with my anesthesiologist prior to surgery and as it turned out her son had a laryngectomy. By the end of our conversation, I felt confident in her.

As I get older it is easier to make the decision to not stay where I am. When I was younger, I felt to make a decision to go from where I was at, to where I had never been, I need to know, in advance that the results of the decision were going to be an improvement in my situation. That I would be better off having made the decision. With age and maturity, I have come to realize I can never be 100% sure of any outcome. I can only make the decision to move, and the outcome of that decision is not within my control.

As this becomes my reality it becomes easier and easier to make the decision and take the first step. And knowing that not always will the outcome be positive.

Looking back on my history I believe more times than not the decision to move has been a positive decision. Even when breathing got more and more difficult, the decision for surgery was still difficult. I was at the IAL convention in Arizona where I met Tony Talmich and when he saw my stoma, he told me it was too small. That was almost two years ago. He also told me I would be amazed at how much better I will be able to breath after having it enlarged. And was he right! It was a night and day difference as soon as I woke up. Both of my last two surgeries I agonized over having and both were vast improvements.

So as life goes on, I am learning not to agonize over making the decision and go ahead and take the first step and let the chips lie where they fall. I am still not throwing caution to the wind, but I am also less likely to become immobilized by fear.



This Lary Life

ERITREA Part Two

W. C. Baker

There was no room at the inn in Karen, but we were offered sleeping space. The men slept on roll-up mats on the veranda on two sides of the inn, while women were provided space on another side. The few rooms had been occupied by extended stay guests. Mornings are a bustle in Karen, Eritrea's second largest city. The nearby blacksmith had fired his wood fueled forge before dawn and was already working iron on his small anvil. The camel market was not populated with the big, strong, relentless animals that we were used to seeing in movies or in zoos. These were rib-sided, seemingly listless creatures that looked like it had been too long since they had seen an oasis. Yet, we were assured they were ready for the Sahara, you just had to add water.

More toward the edge of town is a shrine in a large baobab tree. The shrine was raised to local miracle site status when British soldiers survived a direct hit while in it during fighting the Italians in WW II.

We arranged for a car and driver to pick us up in in two days. Back in Shima Nugis we visited Devra's school to take care of the final administrative matters to close the school year. After bidding farewells to colleagues, we were ready to see more of Eritrea.

Our driver, Beyene, showed up as appointed, about ½ hour after the roosters declared the new day. Beyene had been a fighter in the war with Ethiopia, but you could probably say that about any male and many females from about age 20 on up, he was 60. Our first stop was Mendefera, south of the capital of Asmara and near the Ethiopian border.

The mood in Mendefera was celebratory with the gathering of volunteers at the Peace Corps Eritrean headquarters. Neophytes beginning their training, joined those like Devra who had completed their first year and those who had completed their two-year stint and would soon be going home. Next day, we were received with open arms by the family that had housed Devra the previous year during her training.

They were a delightful and relatively affluent family housing another trainee, in the Peace Corps generated affluence of the community. The name "Menedfera" means something like "They wouldn't dare", and refers to the fierce and successful resistance to Italian colonization.

On our way to Senafe our driver stopped, allegedly to get new tires. This happened again in the course of our trip. We never quite figured out what was really going on, but it wasn't terribly expensive, so we accepted it as a necessity. Senafe is close to the border and has an outcropping that rises from the surrounding plain. This mini mount was easily topped in less than an hour and gave excellent vistas of the surrounding countryside and a troop of about 30 or 40 baboons cavorting nearby.

The road to Massawa, built by the Italians before WW II, is quite dramatic, plunging some 7500 feet, it is a marvel of switchbacks and old bridges that tested Beyene's driving abilities. At a roadside stand early on we enjoyed some Bellis, known to us as prickly pear, a sweet and refreshing taste treat on an unusually hot drive. Farther on we came upon a graveyard for disabled military equipment. Tanks and vehicles from the wars with Ethiopia were not built in Eritrea or Ethiopia. They must have been American or Russian. Massawa itself showed ample evidence of the war. Most apparent was the bombed palace of Hailie Salassi.

Although Massawa was replete with interesting and diverse architecture, the haunted air that pervaded the nation was especially pronounced in this port city that should have been bustling but felt subdued and abandoned. One enterprising Eritrean had set up a shop for renting diving and wind surfing equipment. I couldn't use either, but Devra went wind surfing in the Red Sea as she had often done in San Francisco Bay.

We watched a bit from shore then got some water (con gaz). When we looked again she had disappeared from view. The rental guy went out looking for her, or maybe for his board, and found her sitting on the board

with a broken mast. He didn't pursue the matter when she refused to pay for a new mast.

Back in Shima Nugis, we closed up Devra's "house" for the two months she would be gone, went through a series of hugging and cheek kissing and bussed again to Asmara. We were invited to join a wedding party that was going on in the hotel where we stayed. The dancing was sort of a cross between boogying and line dancing that appealed directly to our rhythmic aspect, the music dominated by drums and single string instruments being bowed feverishly. I can't imagine a more fitting conclusion to our time together in Eritrea.

Though there was gaiety and celebration at the wedding party, it was like the comic relief in a tragic drama. Everyone that we saw in our time there had, until recently, known three decades of war punctuated with periodic famines. And before that was WW II, and before that the colonization by Italy.

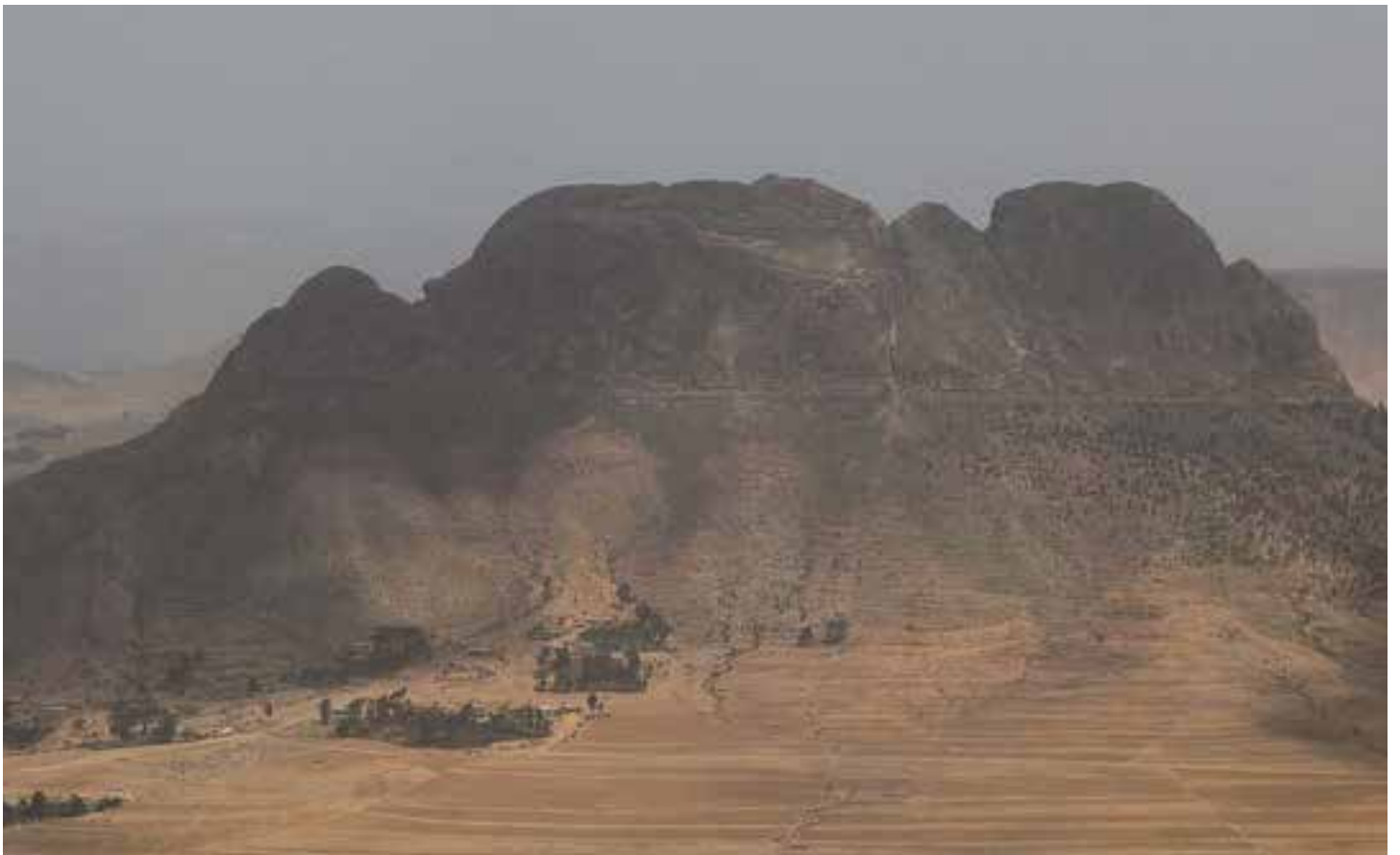
On our last night there was feeling that they were struggling to learn how to have hope, how to make happiness and security a reality. Unfortunately, it was not to be. After our time there, Afwerki made

Eritrea one of the most repressive nations anywhere. Skirmishes have been going on with Ethiopia ever since 1996.

In 2019 the Prime Minister of Ethiopia was awarded a Nobel prize for having brought peace to the Horn of Africa, but then came COVID and now there is civil war once again, this time in Tigray, the Ethiopian province that borders Eritrea near Senafe and Mendefera. A driver of the cab I own in San Francisco, Teflon Amaniel, was being taught by a Peace Corps teacher in Abas at the time Devra was teaching in Shima Nugis. He and I have never talked about his life in Eritrea. I need to do that.







THE SILENT PARTNER

My First Year as a Laryngotomee

by Aaron Wayne

2. OPEN NECK SURGERY

9-7-19: Doctor Divi told me that it was now an emergency - the tracheotomy had to happen that night. By eight o'clock, the OR and I were ready. Then while they were strapping me down on the operating table the doctor explained that during the first part of the surgery I needed to be conscious and only slightly sedated so that I could control my breathing and be able to indicate when I felt the air coming in through the incision. He said it should only take about fifteen minutes, so when he began I started counting backwards from nine hundred. I think that I only got down to four hundred thirty-something, but I'm not sure. It was only then that I was put under complete anesthesia while he took a biopsy of the mass on my vocal cords and finished up the surgery.

When I woke up in recovery, I was handed a clipboard full of blank paper and a pen so that I could answer the nurses' questions, like: What is your name?; Can you tell me your date of birth?; Could I tell them what had just occurred? Did I want pain medicine? (silly question). And then I had quite a few questions of my own: Is the sound my throat is making usual? Could you please suck the gunk out? How long is it gonna be like this? Where are my pain meds?

I was thirsty. They won't let you drink water in recovery, and I really like water. I kept asking for water and got a tiny sponge dipped in tepid water for my efforts. They told me I was getting all the fluid I needed through the IV. Bullshit, I cried (internally) I AM THIRSTY! Eventually I was brought a cup with some crushed ice in it. I put it between my legs to hasten any melting so I could have some WATER! But I was finally able to fart, assuring everyone that my stomach was fine, and then they gave me water.

I still have the notes that I started writing that night, most of which are legible. My wife Shelley, her twin Sharon, and our long-time friend, Barbara, were all

there, and my note to the nurses called them "My Harem". I remember Barbara asking how we were going to play pinochle if I couldn't bid. I told her I would make flash cards with the bids on them. I did, and I still have them. They range from a pessimistic "PASS" to the very optimistic "150" (Which I was actually able to use within the first month at home!).

I had a tube in my neck, held in place by a pale blue foam and elastic collar with small Velcro closures. This collar was rather unimaginatively called a: Tracheostomy Tube Holder. The tracheostomy tube (also called a trach tube or lary tube) is made of clear silicone rubber with a flange at the outer end, about three inches long and curved. It has a disposable plug in the flanged end, called a Heat and Moisture Exchange cassette, or HME. The HME is what one might call 'flesh colored' if one were an old white guy. This plug, about the size of a quarter, is designed to filter the air and keep it warmer and moister as I inhale, much like my nose used to do. I only wish it could also smell things like my nose used to do, but that would be too much to ask.

3. THE PROFESSIONAL PATIENT

Dr. Divi decided that I could go home as soon as I was able to suction the mucus from my stoma without help. This was a little unusual, as most trach patients are sent to a convalescent or nursing home for a while. But Dr. Divi had a plan of his own for me. One of his colleagues, Dr. Maie St. John heads the Head and Neck Cancer Program at UCLA and he wanted them to take my case on. After the biopsy results were in and she had reviewed them and seen a DVD of his camera exploration of the mass on my vocal cords, I was accepted into the program.

Suddenly I had a dozen doctors! My very first appointment at Dr. St. John's office included five of them! Dr. St. John was in charge of a medical team that included surgeons, oncology specialists, a cardiologist, and a clinical psychologist just to name a few. The shrink was named Dr. Dafter.* Naturally,

I had to tease him about his name, although I doubt that I was the first. I also told him that my 'real' last name was kinda funny in light of why I was there: before I was adopted my last name was Lynch. Dr. Dafter apparently thought I was sane enough for the program because I never saw him again and I was scheduled for the next phase, a total laryngectomy to remove the cancer and possible reconstruction of my esophagus, using parts harvested from elsewhere on my body. There was the possibility of using skin from my chest or leg for this, and possibly a thoracic surgeon might need to harvest bone if the procedure was warranted. I asked Dr. St. John and others on the team if anyone could give me some sort of general time line when these things would take place, but not one doctor would venture

an opinion on this.

For the next month and a half, I had appointments with several others, doctors, technicians, nurses, nurse practitioners, and the doctor who told me that I was now to become a 'professional patient'.

I don't remember her specialty or why I had a visit with her, I just remember thinking of her as my lovely cheerleader after that one visit. (Insert your own tasteless 'bedside manner' joke here.)

So there I was, instead of a doctor making the rounds and seeing patients, I was a patient making the rounds, seeing doctors.

**See footnote 1 of chapter 9 for more about Dr. Dafter*





Editor's Mailbox

Tonya T. Jones: Healing and Hope

For me, overcoming has been the only option.

In 1978, after struggling with a raspy voice for months, I was diagnosed with vocal cord cancer and would need surgery immediately. It was not going to be surgery with a quick fix. The removal of my larynx and thus, the loss of my ability to talk.

My physician advised that with a successful surgery, I could undergo speech therapy to regain speech through esophageal voice and/or an electronic device.

During the time leading up to the diagnosis and surgery my church was overwhelmingly supportive. Prayers, visits, gifts, cards, and phone calls were my constant encouragement. My pastor and his wife, my dear friends, gave counsel and prayed for a miracle.

The therapy of learning to speak again was difficult; my determination to do whatever was required would be done and succeed. My career with Georgia Power had begun a year and a half before, and I was the proud mother to a beautiful 3-year-old daughter. I was also active in my local church teaching preteen girls, giving periodic devotions to my adult class, and singing with the choir. I could not see myself speechless.

A few weeks into my speech therapy, I made the decision to return to work. My management was very gracious providing me with a private office and having others take my calls.

During my convalescent period, a woman from the Greater Atlanta Voice Masters called me. After a brief conversation, she asked to visit, however, I was devastated with how she sounded as a laryngectomee. I was deflated. When she and her husband arrived, having traveled from Decatur to Austell, I was awed by her beautiful smile; her visit greatly encouraged me. Jane Del Vecchio became a friend and because of her, I joined the GAVM and became a trained patient visitor. During the years with GAVM I met many laryngectomees but no one even close to my age. However, meeting these people who struggled as I did, and many of them used a



device of some sort, was a delight and a reminder there is life after laryngectomy surgery.

Jane introduced me to the American Cancer Society Decatur office. Through our connection I was invited to speak at various groups and share my story. I agreed to this venture with the inclusion my audience would know I was a non-smoker and that I would always share my faith. At this time, I answered my phone calls at the office, and had returned to life as it was with one exception: Me as a laryngectomee, a young woman with a very pronounced "disability", who was pointed out time and again because of my unique voice, not always kindly.

The speaking engagements became more frequent and Georgia Power agreed to allow me to use work time when necessary. I spoke to student nurses, cancer survivors, church groups, unwed mothers, my own company, Ga. Power, and many others.

As I was mastering esophageal voice, I was very unhappy with the quality of my voice. As a young woman who trained as a fashion model to walk the runway and who was fastidious about dress, makeup, and hair this was

a blow. In addition, due to my youth, many who heard me speak would comment or look very perplexed. This became a thorn in my side, frankly, it was a rough period in my life. But things changed. It seemed men found me interesting and attractive. I began to date again. And my voice profoundly improved.

As difficult as the adjustment was for me as a new laryngectomee, the walk strengthened me, God's purpose was at work. For this article I am compelled to acknowledge my deep love of God, the grace He bestowed upon me to walk through this period of life, and the supernatural ability He gave me to speak fluently. My faith was alive and walked out in Scripture, "I can do all things through Christ who strengthens me", and "All things work together for the good to those who love God and are the called according to His purpose". It was not my strength or ability or anything in me that gave hope and encouragement for this life, but God alone. Because of His purpose in my life, I continue to give Him praise for allowing me to touch others with hope.

As I continued to speak to various groups, I learned that people in my audience faced traumatic episodes in their lives, not only to cancer. These people needed to hear and see someone who had faced a trauma and adjusted to a drastic change, who in fact, became an overcomer not a victim. Many would come to me and share a terrible situation and how my story impacted their lives and how I did so with a smile (thanks Jane).

During my time with GAVM, the International Association of Laryngectomees hosted the convention in Atlanta and our group was involved in that effort. I was asked to take part on a panel regarding issues of laryngectomees. We also performed a Gone with the Wind themed skit and I played Scarlett O'Hara. This was a thrilling experience for me and although I have not attended another convention, I look forward to doing so in the future.

Because my voice became more fluent and less raspy, I began speaking without even thinking of the mechanics of doing so. I had far less comments about my voice and was much more comfortable being "me" and not worrying about perceptions of others.

Life continued and I was blessed with a baby boy four years after my surgery. With two children, working full

time, our church involvement I had less time for GAVM and speaking engagements.

Eventually I retired from Georgia Power after 32 years and moved to a rural area. A few years after retirement, I wanted to re-enter the workforce, but could not find a job – even with all my experience and skills.

Through the prior years I had experienced some prejudice because of my physical challenges; there was rejection, and I was marginalized as a person especially when I wanted to speak. People would speak over me not only in business meetings but in personal situations. I struggled with having people and employers view me as a 'disability' rather than viewing me as a whole person with skills and experiences and capabilities. Even after the Americans with Disabilities Act 1990 was implemented, there was still quite a bit of prejudice. Thankfully, there is a greater understanding and acceptance of people with impairments today.

Through working with the Goodwill Career Center, I was hired by Three Rivers Regional Commission Area Agency on Aging in December 2013. I was the new GeorgiaCares Volunteer Coordinator; I also trained and became certified as a Medicare Counselor within a year. This job required a great deal of face to face and phone work with Medicare clients.

During my involvement with Goodwill Career Center, I was invited to take part in a televised interview for their training center. Immediately after I was invited to speak to their Board of Directors sharing my experiences as a challenged individual. Since the interview took place at Three Rivers, the Board of Directors invited me to share my experiences.

Presently, I am retired, a grandmother, and most recently a great grandmother. To sum up my life thus far, it has been truly extraordinary. I consider my experiences great teachers, a life well lived, blessed of God, loved by family.

Having cancer and becoming a laryngectomee did not stop my life or make it easily dismissed, rather the experience gave me a depth and deeper understanding of life's purposes. Would I do it all again? Yes, a thousand times YES. The miracle came in an unexpected way and it was far better than I could have asked.

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