

VOLUME 25 ISSUE 2

# The Voice

SUMMER 2020

## SINGING WHEN SICK



## CLINICAL GUIDANCE

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# EDITORIAL

**Robert T. Sataloff, MD, DMA, FACS, Matthew R. Naunheim, MD, MBA, Thomas L. Carroll, MD**

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## Singing and the Pandemic: Return to Performance?

There are hundreds of thousands of people whose living depends upon voice performance. These include not only singers, singing teachers, choir conductors (professional, amateur, university, secondary school, religious organizations, community, and more), actors (stage, film, television, radio) and others, but also all of the backstage staff, administrators, marketing personnel, advertising companies, printers, and many other professionals. Restrictions related to singing and other voice performance due to the COVID-19 pandemic has had enormous professional, financial, and emotional consequences. Unfortunately, but not surprisingly, concern over the current restrictions and an uncertain future has led to a plethora of unsupported opinions and publications. Fortunately, there also have been some fairly good research and consensus initiatives, one of which is discussed below.

Because there is so much emotion involved when people are told that they cannot perform or remain employed, informed leaders are seeking urgently the best possible data, advice, and guidance. Many people in all related disciplines throughout the world will look to interdisciplinary individual and organizational leaders to learn what we advise, and to observe how we behave. It is exceedingly important for leaders in all fields not only to make COVID-related employment and performance decisions wisely, but also to communicate the rationale for those decisions. While

most people and organizations probably have tried to gather as much evidence and other information as possible before establishing policies, the urgency and emotional impact of decisions about singing and other performance and face-to-face contact is stressful. Everyone is under so much pressure to act that it is easy for us to act prematurely and especially to forget to explain our reasoning. If people see restrictions as having been arbitrary, or at least as not grounded in credible justification, then they might be more likely to ignore them and make the pandemic worse. Almost every day, we hear about groups that have ignored recommended precautions and gathered for parties or other events that have led to high numbers of COVID-19 infections among participants. The problem has been as severe among people who gathered socially as it was among the few choir rehearsals that led to infections and gave rise to the concept of singers as “super spreaders” (despite the absence of evidence that the outcome would have been any different if the same people had been in the same room with the same ventilation talking instead of singing). It is incumbent upon those of us in positions of leadership or influence to promulgate knowledgeable and individualized policies and to be transparent and informative about how they were reached, so that people are inclined to follow advice because they understand why they should do so.



In an effort to provide clarity and guidance, a group of 18 authors (laryngologists, speech-language pathologists, singers, singing teachers, choir conductors, a basic scientist, and others) collaborated to write “Safer Singing During the SARS-CoV-2 Pandemic: What We Know and What We Don’t”.<sup>1</sup> The entire voice community is indebted to Stefanie Jewell-Thomas and Elsevier, publisher of the *Journal of Voice*, not only for publishing this article quickly, but also for making it available at no charge for any interested reader. The DOI is <https://doi.org/10.1016/j.jvoice.2020.06.028>. This article summarizes science and myth and suggests areas for research that need to be pursued soon. It also provides sug-

gestions on ways to return to singing safely, and it separates evidence from opinion clearly, trying to offer the best of both. Eleven specific suggestions are provided to guide return to singing with as much safety as possible. It is likely to be possible to follow them and resume singing in some settings, but may be impractical or impossible in others. For example, the senior author (RTS) has just canceled his 51st anniversary fall season as Conductor of the Thomas Jefferson University Choir. The five specific safety criteria that we were unable to meet, and the reasons why remote rehearsals and performances with orchestra were not practical at our institution, were communicated to all parties, not just the singers. That has



led to a level of acceptance and understanding that we believe also will keep people from congregating inappropriately to sing on their own. If we are able to proceed with rehearsals and performance in the spring, it should give them confidence that the decision will have been made with their safety in mind. The “Safer Singing” article<sup>1</sup> was key not only to making the decision, but more importantly to educating both performers and university administrators about the science and process behind the decision. This certainly will make it easier to gain the university’s approval to return to performance in the spring, if our analysis suggests that it is safe to do so.

We encourage our colleagues in medicine and music to consult the “Safer Singing” article<sup>1</sup> for guidance in each individual singing situation. It should prove useful as an aid to understanding what is known and what is unknown at this time, and as help in recognizing the many opinions that have been expressed by credible people but which have no basis on evidence or fact (so that they do not exert undue influence on performance decisions). We, along with the other authors of the article, hope especially that it will serve as an inspiration to pursue research into questions that need answers as quickly as possible.

#### References

1. Naunheim MR, Bock J, Doucette PA, et al. Safer Singing During the SARS-CoV-2 Pandemic: What We Know and What We Don’t. J Voice. 2020; in press

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# SINGING WHEN SICK

## Clinical Guidance

### Letter from the Editor



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#### Mary Sandage, Ph.D.

Whether a high-level performer or church choir participant, singers get sick. Frequently, voice specialists are asked if it is okay to sing while sick and the advice they receive can vary widely depending on who they ask. Historically, we used to advise total voice rest routinely with little regard to the professional implications or personal impacts of canceling a performance. Asking a vocal performance major

to cancel a junior or senior recital performance because of an upper respiratory infection may ultimately mean that the student has to defer graduation for a semester or more. Asking a touring performer to cancel a sold out concert may mean the loss of revenue, not only for the performer, but for the musicians and technical road crew who are hired to support the tour. Canceling gigs for a local or regionally recognized singer may mean they are unable to pay their rent.

The decision to cancel singing performances should be made judiciously, after careful review of the individual patient's case and consideration of the implications of canceling a performance on the vocal well-being and professional well-being of the individual. Fortunately, voice teams are better

at providing medical and behavioral support so that the show can go on in many cases. Current practice patterns of laryngologists, speech-language pathologists, and singing teachers that incorporate the best evidence with regard to wound healing, medical and behavioral management translate into fewer performing days lost. In this edition of The Voice Foundation Newsletter, I have asked three laryngologists from nationally recognized voice teams to describe their clinical pathway for treating singers when they are sick. While the clinical guidance from our three authors are well-aligned, there are clinical pearls from each that help provide a more comprehensive perspective of potential clinical pathways for singers when they are ill.

**REMINDER:**

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# Clinical Decision-Making pathways For Performers Who Are Ill

by *Stephen Schoeff, MD*

The performer presenting with upper respiratory illness with or without dysphonia requires a very thoughtful and also direct approach to best help them. Fundamentally, it is always a competition between the time that would be ideal for recovery and their commitments and goals. Performers often fit into one of three categories. The first is that of the community singer – often performing gigs that do not have major impact on their financial

standing. The second constitutes a wide range of those who are trying to build a career in music, for whom a second, non-performance job is typically required in addition to a constant sense of major risk and reward associated with each performance. The third group, those who are established performers whose single or primary income is from performance, often have more support and backup mechanisms in place in addition to typically having more experience with vocal teaching and coaching. Ultimately, the keys to helping sick performers are to



## ***“While voice rest is often ideal when the vocal folds are severely edematous, few will feel like they can cancel an upcoming performance when the next is not guaranteed.”***

understand both the risks of cancelling or delaying performances and what support mechanisms exist if they take time away.

One of the keys to helping a performer do their best despite upper respiratory illness is to encourage vocal hygiene, particularly if the voice itself has not been directly affected by the illness. Staying hydrated and limiting alcohol and caffeine are always valuable, as well as using supportive therapies like personal humidifiers or nasal saline irrigation to decrease nasal congestion. Occasionally a three day course of Afrin can be highly valuable if nasal congestion is prominent and impacts resonance. When the voice is affected, the evaluation of a performer presenting with laryngitis and an upcoming performance is focused on determining the severity of the underlying changes in combination with their personal priorities. Stroboscopy is an essential part of the evaluation to discern if any phonotraumatic lesions are present or if significant edema or hemorrhage are the cause of dysphonia. When significant changes are present that show increased risk for more permanent damage such

as progression of a phonotraumatic lesion, hemorrhage, or scar, it is worth considering cancellation of practices and performances to limit the potential for harm. Depending on contractual arrangements, cancellations may or may not be an option. Many more experienced performers may feel comfortable having their “stand in” perform in their place when future performances are more assured. That said, many of these performers will both have training to help decrease risk, as well as increased awareness to manage increased demands and effort. They can likely better discern their own limitations than a novice. Counseling a performer who is building their career is often more difficult. While voice rest is often ideal when the vocal folds are severely edematous, few will feel like they can cancel an upcoming performance when the next is not guaranteed. While the degree to which oral or intramuscular steroids alter the vocal folds acutely is uncertain, the general sense of increased energy that is induced may allow a novice to complete a performance. This comes with a risk of increasing stress to the vocal folds. That

said, in selected situations a short course of oral steroids are provided to performers. That needs to be accompanied by a thorough review of comorbid conditions, particularly diabetes, and education on risks and expectations from steroids. The most often discussed risk of performing with vocal fold edema is hemorrhage, though more recent data in particular from Dr. Sulica’s team suggest this is a less dramatic and dangerous risk than often thought (Kerwin LJ, et al. Long-term consequences of vocal fold hemorrhage. *Laryngoscope*. 2017 Apr; 127(4):900-906). An additional area for emphasis includes minimizing or optimizing non-performance voice use, something which many early career performers and community performers struggle to manage. Whether they have other employment that requires talking loudly or simply are heavy social voice users, this often provides a great opportunity to emphasize to them the importance of their daily voice load as they develop into a more mature performer. It is not uncommon to encounter an early career performer who is also working in a

high vocal demand job such as bartending that leads to substantial added wear and tear. It can be beneficial remind them of the divas of the classical era who were instructed to limit their words to only to those for which they are paid. Additionally, working with a skilled speech therapist may provide insight into ways in which they can alter their voice production to better weather the impacts of the illness. This is particularly impactful with the community singers who benefit from core voice use modifications as well as the early career performers. Ultimately the decision of whether to perform will be made by the

performer. As voice specialists, we are in a critical position to give guidance and work to optimize their vocal health – part of the equation is simply ensuring that people are aware of the comprehensive services provided by voice teams. Often our greatest enemy is the limited time frame in which these individuals must make decisions, while a secondary enemy is the risk of catastrophization. Providing a direct, succinct, and concrete plan of care to performers in all phases is critical to helping them through the challenges an acute illness presents.



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# The Benefits and Risks

## Determining Treatment, Making Decisions

by *Kimberly M. Vinson, M.D.*

Caring for the vocal performer on tour can be challenging. When a performer gets sick, providing that care can become even more difficult. Being sick can cause significant anxiety for these patients. They fear that they will not be able to perform at their best, or even worse that they will not be able to perform at all. For these patients, getting well and back to good voice is of the utmost importance to maintain their schedule and obligations. Being sensitive to this is important for the physician providing care.

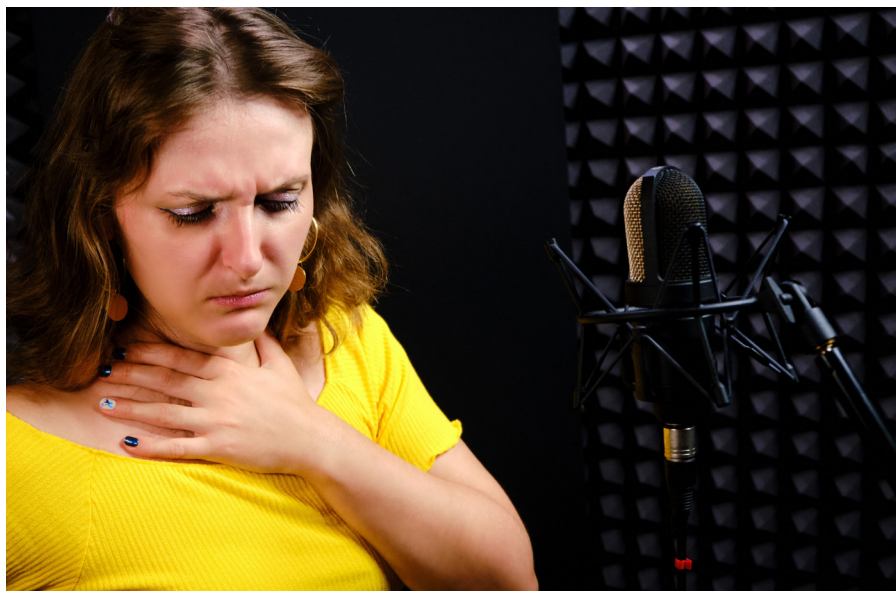
sleep and rest. These things are also important for helping our bodies to fight off infections to keep us healthy. However, the demanding schedule of touring and the physical demands of touring can make it difficult for a performer to control his or her diet and have adequate time for rest and recovery. Getting sick while on tour is likely one of the greatest fears for performers.

Allergy exacerbations, viral infections, and bacterial infections can all be difficult to manage in the vocal performer. Furthermore, the medications used to treat these illnesses can also have negative side

with the patient's symptoms, can allow for accurate diagnosis and initiation of appropriate treatment quickly.

When symptoms include watery, itchy eyes, rhinorrhea, sneezing, and itchiness, a diagnosis of allergy exacerbation should be made. Examination findings may include boggy turbinates and clear thin nasal drainage. Performers may complain of vocal roughness and decreased range. Treatment typically involves the use of anti-histamines, most of which are over-the-counter. Physicians and performers should be aware that these medications can be very drying and may exacerbate the performer's vocal symptoms. Performers must be reminded to increase overall hydration and use a humidifier or steamer to combat over-drying due to the medications.

A viral or bacterial infection should be considered when a performer has a fever, thickened nasal drainage, a productive cough, and more generalized symptoms including fatigue and malaise. Again, the voice may be rough and effortful to produce, and there may be reduced range. Viral infections are



Generally, it is important for vocal performers to maintain excellent vocal hygiene with good hydration, eat a healthy diet, and get adequate

effects on this population. A physical examination is extremely important when caring for a performer who is sick. The exam findings, considered

more common and have no specific treatment other than treating symptoms conservatively. Decongestants and anti-inflammatories are the most commonly needed medications. If symptoms persist for 7-10 days without improvement, the infection is more likely to be bacterial and antibiotics are warranted.

One of the most important factors in determining treatment in the sick vocal performer for me is laryngeal examination findings. I feel that videostroboscopy in this clinical setting is extremely important in guiding treatment and performance recommendations. Equally important is how the performer feels about his or her ability to perform at an acceptable level. I use the examination findings to counsel the performer on the benefits and risks of each potential treatment option. In my opinion, this shared decision-making allows for better holistic treatment of the patient.

In a patient with normal stroboscopy or only mild laryngeal inflammation who feels that he or she can perform despite not feeling well, I will treat the symptoms with conservative measures and allow the patient to perform. These conservative measures typically

include anti-inflammatories (ibuprofen, naproxen), short-term oral or nasal decongestants, increased hydration, and rest.

In performers with abnormal stroboscopy findings, the decision-making often becomes more difficult. When there is significant vocal fold erythema, edema, or stiffness, the risks of performing increase. These risks, worsened vocal fold inflammation, or vocal fold hemorrhage should not be taken lightly. In performers with severely impaired voices and significant vocal fold inflammation, the right treatment is to reduce vocal

**“The demanding schedule of touring and the physical demands of touring can make it difficult for a performer to control his or her diet and have adequate time for rest and recovery. Getting sick while on tour is likely one of the greatest fears for performers.”**

load and allow time for healing with or without medications as previously discussed. This often means cancelling shows, which a performer can be reluctant to do. It is often important for the physician to communicate with the performer’s assistant and manager to make this happen.

*Editor’s Note: “The use of NSAIDs such as ibuprofen is controversial. Some laryngologists avoid it because of bleeding concerns and use corticosteroids instead.”*

If a performer has an active vocal fold hemorrhage on examination, the best treatment is complete vocal rest for up to two weeks. Treatment with oral steroids can also be considered in this setting while the patient is maintaining voice rest. Serial examinations should be performed to assess for resolution of the hemorrhage and the patient should allow time to increase conversational voice use and singing after this period of voice rest. Again, cancelling of

performances may be needed to allow the performer the needed time for recovery.

Another difficult decision to be considered in sick performers with VF inflammation is whether or not to treat with systemic steroids. Steroids are incredible anti-inflam-



matories and can be extremely beneficial for improving vocal fold inflammation and allowing for return of normal voice. However, heavy vocal load while taking steroids can also increase a performer's risk of developing a vocal fold hemorrhage, the one true vocal emergency, and the need for prolonged vocal rest to recover. When considering treatment with steroids, I consider the degree of the inflammation and the upcoming vocal responsibilities of the performer. If a patient has several days to rest prior to his or her next performance, treatment with a short- and long-acting steroid combination can be very helpful in the healing process and getting the performer back on track. However, if a patient has a performance that day or within the next one to two days, I typically discuss

the pros and cons of performing while on steroid treatment. Use of steroids in this scenario is often "high risk, high reward." If the vocal engagement is extremely important and the performer feels that he or she needs every advantage to perform well, he or she often elects for steroid treatment.

**Again, I feel that it is most important to understand the performer's upcoming schedule of engagements and discuss the benefits and potential risks of each treatment option.** This shared decision-making will allow for the best treatment plan and outcome for the performer. Frequent follow-up is also important to ensure that the performer does improve and gets back on track as soon as possible. If a performer



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does not feel that he or she can perform, even with normal stroboscopy, my recommendation is to cancel performances to allow time for feeling better.

## Kimberly Vinson, M.D..

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# To Sing or Not to Sing

## Yes...No...Maybe? Perhaps

by **Jeanne L. Hatcher, M.D.**

*“Dr. Hatcher, there is a singer who needs to come into the Voice Center. They are sick and having trouble with their voice. They want to know if they can perform.”*

Can they do it? Yes. No. Maybe? Probably. The answer depends on several factors. And there are of course, several ways to approach this.

The earlier we can evaluate a professional voice user the better. My preference is to see the patient in the office. I can only treat what I can accurately diagnose. I need to see the patient and discuss what exact issues they are having. Is this an upper respiratory infection? Is it strep throat? Do they have a bad gastrointestinal bug? If they are seriously ill, we have access to proper medical care with nurses and an Emergency Department. We are rarely talking about the seriously ill

patient, though. Most of the time it is worsening voice in the setting of a viral upper respiratory illness. I still recommend evaluation in the office with myself and one of our speech language pathologists who specialize in voice therapy. Again, the voice therapist and I can only treat what we can accurately diagnose. Videostroboscopy is absolutely essential.

There are three questions I ask:

1. “How long has it been going on?”
2. “What exactly is the issue with your voice?”
3. “What do you need to do with your voice and when?”

It is not uncommon to find some pathology on the vocal folds in a professional voice user. The question is whether or not there is an acute change. There is nothing to do for an acute hemorrhage or mucosal tear other than to let it heal and reduce the amount of

continued trauma to the epithelium and superficial lamina propria. This requires voice rest and often canceling the show. The artist may need you to be their advocate. Canceling in the short term is an investment in long term vocal health and success.

A hemorrhage has an easy answer. The other issues can be a bit more challenging and are one of the many reasons I am thankful to work with a voice therapist. If there is not any acute inflammation of the vocal folds, there is no need for prescription medications whether it be steroids or antibiotics. If there is erythema or edema, steroids will help reduce inflammation if their performance is within hours to a few days. Regardless of their medical history (for example diabetes mellitus), I am sure to counsel them on the risks of steroids. Elevated blood sugar, cataract formation, weight gain, muscle atrophy, and avascular necrosis of the



femoral head are just a few of the potential side effects depending on dose, route, and chronicity of steroid use. When indicated and your patient consents, I recommend dexamethasone 5 mg injected intramuscularly. This will start to work in about an hour and last for 24 hours. I also inject methylprednisolone acetate 100 mg. This will start to work in 24 hours and continue to work for about five days. And if it isn't a bacterial infection, antibiotics

will not help and only bring side effects. Even if it is bacterial, the risks of allergic reaction or side effects may outweigh the benefits and also not increase time to resolution of symptoms.

Regardless of a role for medical treatment, I need to know if they can use their voice comfortably. There is no need to strain and push through a performance. We discuss if there are ways to maximize their vocal

quality. This often includes reminders to use a humidifier before the performance and to use an easy conversational voice only when necessary outside of the performance. A voice therapy session directed at their specific needs is often quite helpful to determine if they are able to perform without untoward strain. Depending on the type of performer and the voice therapist, they can determine if the patient can perform. They may also

***“If you can’t do what you need to  
comfortably, then don’t.”***

discuss making slight changes in the performance. For example, if the performer can change the arrangement or adjust back-up support, that may absolve some of the angst and increase the chance for a successful performance.

As a laryngologist, my role is to diagnose the problem, and take care of my patient. That may involve medications. It always involves good vocal hygiene and voice therapy. It may involve a period of voice rest. We advocate for our patients and that includes reminding them to advocate for themselves. Remind your professional voice users:

- 1. Don't wait to get checked out, and get checked out by an expert.**
- 2. Don't rely on the lore. No amount of tea will help, but water and a humidifier might.**
- 3. Steroids are not always a miracle, nor are antibiotics.**
- 4. If you can't do what you need to comfortably, then don't.**



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