

VOICEPrints

JOURNAL OF THE NEW YORK SINGING TEACHERS' ASSOCIATION

May-June 2010



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Featured Event:

COMPARATIVE Pedagogy Weekend 2010

June 12-13, 2010

During this course, six master teachers (see bios on page 7) will present teaching demonstrations after case histories of students have been discussed. Concrete links will be made between various teaching strategies and the scientific and medical information covered in other courses of the PDP program.

Marvin Keeze, moderator

FACULTY:

- | | |
|-----------------------------|----------------------------------|
| Herbert Burtis , MSM | Lori McCann , DMA |
| Judith Coen , MM | Patricia Raine , DMA |
| Jeannette LoVetri | David Sabella-Mills , DVP |



"Information is only helpful when it stirs our imagination and encourages our creativity."
Marvin Keeze, moderator

Saturday, June 12

- 10:30 AM Introduction to Comparative Pedagogy with Marvin Keeze
- 11:00 AM Re-training Voices with Diagnosed Pathology: Working with Professional Singers with Vocal Fold Impairment; Jeannette LoVetri, Clinician
- 2:15 PM Musical Theater/CCM: Mechanics and Acoustics of Super-Belt; with David Sabella-Mills, President of NYSTA, DVP
- 4:15 PM Musical Theater: Belt and Mix with Patricia Raine, DMA

Sunday, June 13

- 10:00 AM The Classical Male Voice with Herbert Burtis, MSM
- 12:00 PM The Classical Female Voice with Lori McCann, DMA
- 3:00 PM Singing and the Brain with Judith Coen, MM
- 5:00 PM Comparative Pedagogy Wrap-Up with Marvin Keeze

Included in the course is an ON DEMAND review of Scott McCoy's *Anatomy and Physiology of the Singing Voice and Acoustics of the Singing Voice*. All PDP Courses are \$220 (individual sessions \$60 each) and can be registered and paid for online at www.nysta.org. The courses take place at Columbia University, Teachers' College, 525 West 120th Street, between Broadway and Amsterdam Avenue, NYC. A more detailed schedule can be viewed on the registration page.

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MESSAGE *from the President*



Spring has finally sprung. And after the blizzards of February and the floods of March, I find myself truly hopeful in all things musical and having to do with NYSTA.

Our membership continues to rise, thanks to our continued outreach to teachers and voice professionals across the country and the globe. Our recent event, *Composing for Musical Theater* with Adam Guettel, was a standing-room-only success (many thanks to NYSTA Board Members Meg Bussert, Paula Liscio, and Josephine Mongiardo). Mr. Guettel was engaging and his audience gained much insight into his profound music and lyrics. The participants all sang (and acted) with great skill and passion. Our recent PDP course, *Voice Acoustics and Resonance* with Dr. Scott McCoy, was filled to capacity with participants from all over the country, who joined us via computer, using our state-of-the-art webinar technology. Our upcoming (and final) PDP course of the season, *Comparative Pedagogy*, offers a spectacular lineup of master teachers (a lineup in which I am thrilled to be included). The 2009–2010 season will

certainly be remembered as one of the most remarkable NYSTA seasons yet.

As we conclude this season, your Board of Directors continues to work tirelessly for your organization. We are currently developing a more efficient and interactive website which we hope to unveil by the beginning of next season. And, in an effort to reflect the true nature of our growing membership, we are discussing a possible name change to include the word “International” in our official title. You will soon be receiving a questionnaire asking you to pick your favorite option from either “The New York International Singing Teachers’ Association” or “The New York Singing Teachers’ International Association.” And, there has been much discussion about the use (or not) of the apostrophe at the end of Teachers’. Your input is greatly appreciated as always, and we look forward to receiving your email responses regarding this important issue as soon as possible.

As you prepare for the end of the semester and get ready to launch into your

various summer activities, please keep NYSTA in mind. Wherever you travel—across Europe, the United States, or to distant points elsewhere—remember that through our website, NYSTA continues to serve voice professionals all around the world in an effort to educate and inspire them to new heights in their pedagogy and practice.

Paraphrasing the mantra “Each One Teach One,” I would like you to consider raising awareness of NYSTA with your colleagues across the United States and abroad. All issues of *VOICEPrints* are available for viewing online at our website. Please feel free to pass this link along to your colleagues and other voice professionals who you think may be interested in joining NYSTA. With your help, each one of you can “reach one” for the betterment of vocal technique everywhere.

Until next season...

David Sabella-Mills

President, NYSTA
president@nyst.org

MESSAGE *from the Editor*



This May/June issue completes the 2009–2010 volume of *VOICEPrints*, and my second year as Editor. It has been an honor to serve you thus far, and I feel that *VOICEPrints* is hitting a new stride. With every month that goes by, I am inundated with ever-increasing positive feedback, and more important, a steady flow of excellent articles from wonderful pedagogues, vocal health specialists, and scholars. Thank you for all that you are doing to make *VOICEPrints* a better publication.

I also wanted to extend a special word of gratitude to my associate editor, Sarah Hoover. Dr. Hoover has just completed her first year as my official assistant, and she has been instrumental in making this publication a better one. I am deeply grateful for her keen eye and empirical wisdom. There are many,

many details in *VOICEPrints* that have come into sharper focus because of her insight and input. Thank you, Sarah.

In this issue, please enjoy vocal health articles by two NYSTA members: Drs. Michael Pitman and Kari Ragan. Their respective topics—vocal fold hemorrhaging and intubation considerations for singers—will certainly be of vital interest to performers and pedagogues everywhere. June also brings us NYSTA’s annual *Comparative Pedagogy* course, and this issue introduces the six master teachers who were invited to present at this year’s event.

The next issue of *VOICEPrints* will be brought to you on September 1, 2010. On behalf of NYSTA, I would like to extend to all of our readers our very best wishes for a safe

and productive summer. As always, please remember that *VOICEPrints* is YOUR publication, so please send all questions, comments, and ideas for future articles to me at voiceprints@nyst.org.

Sincerely,

Dr. Matthew Hoch

Editor-in-Chief, *VOICEPrints*
voiceprints@nyst.org

INTUBATION CONSIDERATIONS *for Singers*

by NYSTA Member Kari Ragan, DMA

At a recent Northwest Voice Foundation meeting in Seattle, Dr. Albert Merati, Chief of Laryngology at the University of Washington, gave a presentation on "Surgery for Singers." Although his remarks were specifically related to vocal fold polyp surgery, he spoke emphatically about problematic surgical intubation for singers, which inspired this article. As singers and teachers of singing who are on the front line of vocal health, it is imperative we make known intubation considerations for the singer. Although there are different concerns with long-term intubation, the purpose of this article is to discuss short-term (less than 24-hour) surgical intubation.

WHAT IS INTUBATION?

To begin, it is helpful to understand the particulars of tracheal intubation. It occurs under deep sedation to provide a means for mechanical ventilation. There are several types described below, each of which presents specific risks to the singer.

The most common type is *endotracheal intubation*, which is the insertion of a flexible tube through the mouth, larynx and vocal folds into the trachea. A bulb (balloon) is then inflated at the end of the tube to secure placement and prevent aspiration of blood, vomitus, or other foreign materials.

Somewhat less common is *nasotracheal intubation*. In this procedure the tube is passed through the nose and larynx into the trachea. There is some opinion that nasotracheal intubation may pose fewer risks because the tube route is more stable. However, because the tube used in endotracheal intubation is more flexible, the endotracheal procedure has been found less likely to cause vocal injury.¹

One further type of intubation that will be mentioned, but not fully discussed here, is *laryngeal mask airway (LMA)*. An alternative ventilation technique to tracheal intubation, LMA uses an inflatable silicone mask and rubber connecting tube inserted without the help of a laryngoscope into the pharynx. This forms a low-pressure seal just below the larynx. Because the tube does not pass through the vocal folds, this type of intubation is less likely to cause vocal dysfunction and would therefore be the preferred choice for short, less risky surgeries. However, because this type of intubation does not protect

the lungs from aspiration, it is unsuitable for some patients who are at risk of this type of complication. Soreness of the pharynx has been reported after LMA due to the placement of the mask at the laryngeal inlet. Dr. Kunal Gangopadhyay, anesthesiologist and board-certified ENT, states that, barring contraindications, he would choose LMA.²

Since endotracheal intubation is the type most frequently used, this article will focus on its specific effects on the singer.

CONSIDERATIONS FOR INTUBATION

In most surgeries, it is the anesthesiologist who performs intubation and with whom communication should occur. Singers need to know what steps can be taken to prevent trauma to the larynx so that post-surgical vocal function is normal. One must not underestimate the importance of making it clear in advance of surgery that you are a singer. I have even heard of singers going so far as to mark "I'm a singer" on their foreheads with a pen before going under anesthesia. This is particularly important when having surgery in which an otolaryngologist is not involved; singers should be particularly communicative with physicians and anesthesiologists who are not specialists in issues of the larynx. Furthermore, Gangopadhyay points out that in the American medical system, pre-anesthesia clinics exist only in academic medical centers; in other surgery centers, singers must ask the surgeon for a referral to obtain a pre-operative anesthesia consult.³

Since no single method of confirming the placement of the tube has been shown to be consistently reliable and protocols amongst hospitals vary, it is imperative the physician performing this procedure has mastered the technique.⁴ Important intubation considerations for the anesthesiologist treating a singer include size, shape and material of the intubation tube, length of anesthesia, care during insertion and removal of the tube, number of attempts at intubation, and immobility of the patient's head and neck, as well as considerations unique to each patient.

Additional concerns include aspiration of the stomach contents and making certain the tube is not inserted too deeply, which may result in inadequate ventilation. Although rare, death can occur if the intubation tube

is inserted erroneously into the esophagus rather than the trachea. (To prevent this, the tube is often inserted with the help of a laryngoscope allowing the doctor to see the upper portion of the trachea below the vocal folds.)

According to Merati, tracheal tube size is the most controllable aspect of surgical intubation and therefore should be strongly considered. Although physicians must ensure adequate airflow for the patient and, in the case of thoracic surgery, access to the airway for endoscopy, doctors frequently use too large a tube. Merati believes one should use a size 5.0, 5.5 or 6.0 mm I.D. but never a 7.0 mm I.D. or larger for singers. Gangopadhyay agrees: he generally chooses a 5.5–6.0 mm I.D. endotracheal tube for a woman and 6.0–6.5 mm I.D. tube for a man. In a 2002 survey of 26 physicians (primarily ENTs), there was a strong consensus (76%) who favored a small endotracheal tube for singers. The preferred size was 6.0–7.0 mm I.D. for males and 6.0 mm I.D. for females. Also of interest is the fact that 46% of these physicians preferred the oraltracheal route and 36% the nasotracheal route.⁵

In addition to the size of the tube, there are three other important considerations which can help avoid postoperative laryngeal issues. First, it is important that the patient have an experienced operator to avoid direct trauma to the airway structures or larynx during intubation and extubation. The most obvious cause of intubation trauma during insertion of the tube is abrasion, which can happen with contact pressure on the vocal folds or movement of the tube from instability of the head. Furthermore, depending on the length of intubation and other factors, more serious and lasting trauma can result from hematomas, lacerations of the vocal folds, false vocal folds and epiglottis, arytenoid dislocation, granulomas, ulcers, perforation of the esophagus, and paralysis of the vocal folds. Extubation or removal of the tube has its own considerations. During extubation it is common for patients to have a laryngeal spasm which might include coughing or tightening of the larynx which could further irritate already compromised vocal folds. Because of the concerns during intubation and extubation for the singer, a very direct conversation with the anesthesiologist is imperative.

Second, singers should ask that precautions are taken to reduce tube motion during the procedure. These can include

sedation or pharmacological paralysis and stabilization of the endotracheal tube. Of course, it depends on what type of surgery one is undergoing, but the more stable the head and neck, the less likely inadvertent motion of the tube will occur.

Third, because aspiration of stomach contents can occur, it is important that proton pump inhibitor medications are given pre- and post-operatively to minimize complications from acid reflux. Issues of aspiration are a primary concern not only because pneumonia or acute respiratory distress syndrome may result from *vomitus* in the airway, but also because aspiration can cause extreme irritation of a larynx already compromised by the intubation procedure.

WHAT THE SINGER SHOULD EXPECT POST-SURGERY?

Many post-operative symptoms such as hoarseness, vocal fatigue, throat clearing, globus pharyngeus (lump in the throat) and throat pain subside within 12–72 hours post-extubation.⁶ For a period of time hoarseness, roughness, a sore throat, and some acoustic changes can be expected. However, this does not necessarily mean voice function returns to what the professional would consider baseline normal. Under the best of circumstances, most patients experience relatively mild problems following endotracheal intubation. Trauma that occurs during intubation may be acute and require a month or more to resolve.

As the singer begins to vocalize in the weeks after surgery, it is crucial not to inadvertently compensate one's singing technique in response to perceived vocal and acoustic changes. A trusted voice teacher with close knowledge of the singer's instrument is invaluable during this period. Even better is having a multidisciplinary team in place, including a laryngologist, speech language pathologist (SLP) and a trusted voice teacher already familiar with the singer's voice.

Robert T. Sataloff, MD, DMA, FACS, urges patients experiencing post-operative hoarseness immediately following extubation to seek an otolaryngology consult. This would allow for identification of any problems and immediate intervention, if necessary.⁷

As with anything in life, going in with your eyes wide open and armed with proper information, a singer should be able to ask the right questions to prepare properly. A direct conversation with the anesthesiologist seems like the most important step in preparation for surgery. Although there is always the possibility for problems to occur, having the right team in place beforehand is the singer's best avenue for a positive outcome.



Soprano **Kari Ragan** holds degrees from Indiana University (BM, MM) and the University of Washington (DMA). Dr. Ragan was the 2009 recipient of the NATS Pedagogy Award and her article "The Connected Voice Studio" will be published in the September issue of the *Journal of Singing*. As an SVS (Singing Voice Specialist), she will present on voice disorders at the 2010 NATS National Conference. Although her primary training, performing and teaching is in the classical genre, she has additionally specialized in CCM pedagogy. She is a frequent performer, adjudicator and clinician throughout the Pacific Northwest. Dr. Ragan is a member of the Northwest Chapter of the Voice Foundation, NYSTA, Northwest Artists and currently serves on the board of the Puget Sound NATS Chapter.

As an active performer she has sung with such companies as Seattle Opera, Spokane Opera, Fort Collins Symphony, Helena Symphony, Washington East Opera, Spokane Symphony, Lyric Opera Northwest and Opera Idaho among others. In addition, she is a frequent recitalist having recently presented a series of recitals, throughout the Northwest with Maestro Dean Williamson at the piano. She has been recognized as a Regional finalist for the Metropolitan National Council and the McAllister Awards.

ENDNOTES

¹ Torrey MJ, Duff D, Wong JH, Finley-Detweiler R. The Vocal Athlete and Endotracheal Intubation: A Management Protocol. *Journal of Voice*. 1998;12: 349–359.

² Conversation with Dr. Kunal Gangopadhyay, Anesthesiologist, January 3, 2010.

³ Ibid.

⁴ Lundy DS, Casiano RR, Shatz D, Reisberg M, Xue, JW. Laryngeal Injuries After Short-Versus Long-Term Intubation. *Journal of Voice*. 1998; 12: 360–365.

⁵ Powner David J. Airway Considerations for Professional Singers-A survey of Expert Opinion. *Journal of Voice*. 2002;16: 488–494.

⁶ Hamdan Abdul-Latif, Sibai Abla, Rameh Charbel, Kanazeh Ghassan. Short-Term Effects of Endotracheal Intubation on Voice. *Journal of Voice*. 2006; 21: 762–768.

⁷ Wellsphere blog. "Intubation and the Professional Singer." Posted October 5th, 2009.



NYSTA would like to extend its gratitude to all of the vocal health specialists who opened their offices to the singing public on World Voice Day: April 16, 2010. We would like send a special "thank you" to Drs. Benjamin Asher, Scott Kessler, Peak Woo, and Michelle Yagoda. Words cannot begin to express our sincere appreciation for all that you do for NYSTA and its members.

VOCAL FOLD HEMORRHAGE: A Singer's Emergency

by NYSTA Member Michael J. Pitman, MD

A vocal fold hemorrhage is every performer's nightmare. Singers will often call seeking an emergency consult, fearful they damaged their vocal folds at a performance the evening before. Although most often a hemorrhage did not occur, this vigilance is to be commended as a vocal fold hemorrhage can be a career-threatening injury. To avoid the catastrophic consequences that can occur secondary to a vocal fold hemorrhage, acute hemorrhages must be treated expeditiously and repeat hemorrhages must be prevented by proper management.

A vocal fold hemorrhage occurs when a blood vessel in the vocal fold breaks and blood leaks into the surrounding space which is known as the superficial *lamina propria* (SLP). The SLP is the layer of the vocal fold responsible for its pliability and smooth vibration. When the character of this layer is altered, the ability of the vocal fold to vibrate smoothly is diminished and the singer becomes dysphonic. Pitch range is restricted and often lowered; the voice is raspy with strain and significant fatigue. Generally the changes occur immediately. Although vocal changes are often dramatic, this is not always the case. Figure 1 is a picture of a professional singer's larynx. This singer had just completed a year-long tour two weeks prior to her visit. On tour she had absolutely no vocal problems. For the three days prior to her visit, which had been scheduled as a post tour check up, she experienced a slight raspiness in her voice and decreased pitch. The change occurred when she was walking down the street and talking. She hadn't given it much thought because of the mild change. On laryngoscopy it is clear she experienced a severe hemorrhage, despite the mild dysphonia.



Figure 1. Acute vocal fold hemorrhage in a professional singer.

Her history is instructive because though the dysphonia was mild, the immediacy of the vocal change suggested a possible vocal fold hemorrhage.

Vocal fold hemorrhage is due to vocal trauma. The trauma may be from coughing, throat clearing or phonatory abuse while speaking or singing. The shearing forces experienced by the tissue during these activities literally tear the blood vessel open. While the shear force actually causes the hemorrhage, there are usually multiple factors setting the stage for the hemorrhagic event. Often a hemorrhage will occur while a singer is performing in the same way they have for years. What has changed are factors that predispose a vocal fold to hemorrhage. These may be underlying laryngitis from an upper respiratory infection or reflux or preexisting vascular abnormalities such as varices which increase the risk of vessel rupture. Though controversial and anecdotal, hormonal fluctuations have been linked to vocal fold hemorrhage. These fluctuations can occur with the monthly menstrual cycle. The elevated risk is generally pre- or early menstrual and thought to be due to increased swelling and vessel weakness. Hormonal changes may also be due to oral contraceptives or hormone replacement therapy.

On examination the vocal fold is filled with dark blood. As the blood resorbs the vocal fold will change in color much like a bruise. Generally the vocal fold is swollen but the vocal fold edge is relatively straight. On laryngovideostroboscopy the vocal fold is stiff with reduced vibration. Research on hemorrhage in brain tissue shows blood stimulates a vigorous inflammatory reaction. It is likely that the same reaction occurs in the vocal



Figure 2. 4 weeks after hemorrhage. The polyp and its feeding vessel (which is likely the one that caused the hemorrhage) persist.

fold. This inflammation can lead to permanent changes in the SLP, resulting in permanent vocal fold stiffness and dysphonia. Usually the residual stiffness is minimal and the voice returns to normal but this is not always the case. In addition to the typical changes that occur with a hemorrhage, the bleeding can also cause herniation of the vocal fold tissue resulting in a blood-filled polyp as seen in Figures 1 and 2.

When treating a vocal fold hemorrhage, the goal is to decrease inflammation to prevent or minimize the permanent changes in the SLP which lead to permanent vocal fold stiffness and dysphonia. Though scientific data evaluating the treatment of a vocal fold hemorrhage is not available, the following treatment guidelines are generally agreed upon with some variation between physicians:

Absolute voice rest is universally recommended to reduce vocal trauma. The duration of voice rest is much debated and may be as short as three days or as long as two weeks. At New York Eye and Ear Infirmary we recommend approximately five days of voice rest followed by modified voice use.

Steroid treatment is more controversial. Some laryngologists advocate for their use, while others rarely prescribe them for a hemorrhage. Considering the inflammatory reaction that is likely to occur, most laryngologists believe steroid treatment is essential, with the benefits significantly outweighing the risks of a short treatment course. In the case of a vocal fold hemorrhage, steroids are used to prevent scarring but not to speed the return to performance. Despite improvement in the voice from steroids, singing soon after an acute hemorrhage is not advised.

Emergent surgery to evacuate a hematoma is considered as an option when the hemorrhage has resulted in a polyp. Though some advocate surgery, in reality this is rarely performed. There are significant risks in operating on an acutely inflamed vocal fold and generally the hemorrhage is not fresh enough that it can be successfully evacuated.

Underlying factors which predisposed the singer to the hemorrhage must also be addressed. These include, among others, reflux, poor vocal hygiene, upper respiratory infection, and allergies. Occasionally, voice therapy may be necessary to address poor techniques which are resulting in chronic

vocal fold trauma and repeated hemorrhages.

Serial examinations are performed to follow the resolution of the hemorrhage and the recovery of the vocal fold vibration. The rate of healing is different for each patient. As a result, the return to singing and performance is not based strictly on time but on this rate of healing. Depending on the results of examination, a singer may be cleared to sing as early as 10 to 14 days after a hemorrhage but occasionally may need to wait as long as four weeks. The vast majority of patients will have a full recovery, although a few will develop permanent dysphonia due to vocal fold stiffness.

In some cases a polyp may persist after the hemorrhage resolves, requiring surgery for vocal restoration. Such was the case with the singer mentioned above (Figure 2). After the acute inflammation resolved, the fibrovascular polyp was removed. This singer's voice was fully restored and she returned to performing. As in this case, the vessel which presumably ruptured may also become evident after resolution of the hemorrhage. The vessel can be treated with a photoangiolytic laser such as a KTP or PDL, either in the office or in the operating room. After treatment, the vessel resolves and the risk of a repeat hemorrhage is minimized.

Vocal fold hemorrhage in a singer is a



Michael J. Pitman, MD

potentially disastrous emergency. To maximize the chance of a full recovery, early recognition of a rapid voice change leading to an early diagnosis and initiation of treatment is optimal. Singers should be reassured that, whether surgery is necessary or not, the vast majority return to performing with full restoration of vocal function and continue their careers without further episodes of vocal fold hemorrhage.

Michael Pitman is a recognized expert in voice restoration, conservation and care of the professional voice. He is the Director of the Division of Laryngology and the Voice and Swallowing Institute at The New York Eye and Ear Infirmary. Dr. Pitman has authored numerous articles for peer reviewed journals as well as book chapters, and he has pre-sented nationally in the field of laryngology.

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FROM THE PDP *Committee...*

The NYSTA PDP Committee needs your input! Now that the entire PDP Core Curriculum is available on demand via the NYSTA website, we are interested in expanding the PDP program by offering additional courses on demand. In Fall 2010, we will again be offering, for the first time in four seasons, *Applied Pedagogy* with Drs. Christopher Arneson and Jeanne Goffi-Fynn. We are also contemplating the addition of a brand new course for Spring 2011.

This is where we need your help: at this time, we have three ideas for new courses, and we would like for the membership to help us decide which one to pursue:

◆ **Great Singers on Record**

An exploration of the modern history of singing by listening to historical singers who are preserved on recordings. Practicing voice teachers will have the opportunity to learn about "Golden Era" singers while exploring and discussing the recent history of classical vocal style. Moderator and lecturers TBA.

◆ **Historical Vocal Pedagogy**

An exploration and discussion of the history of vocal pedagogy through the reading and discussions of early pedagogical treatises. The course will also include a comparison between historical ideas and contemporary (fact-based) approaches to voice teaching.

Pedagogues explored will include Garcia, Lamperti, Shakespeare, and others. Moderator and lecturers TBA.

◆ **Art Songs from Many Foreign Lands**

A series of lectures devoted to repertoire outside of the "major four" languages: Scandinavian, Spanish, Russian, Czech, and Eastern art songs will be introduced and discussed, and basic diction will be explored. Above all, this will be an introduction of resources for further study of this additional repertoire. Judith Nicosia, moderator; lecturers TBA.

If you have additional ideas for courses or instructors, please let us know that as well. We welcome any and all thoughts. Please send your ideas to voiceprints@nyst.org.

MASTER TEACHERS: *Comparative Pedagogy Weekend 2010*



Herbert Burtis has become internationally recognized as a teacher of voice. He maintains vocal studios in New York City, Rumson NJ, and Sandisfield MA. Herbert Burtis taught voice at Harvard University from 1979-1990 and currently teaches voice at Smith College in Northampton, MA and at his home in Sandisfield, MA. A number of his vocal students are presently to be heard on CD and seen on opera videos, notably sopranos Marti Bookstein, Janet Brown, Jane Bryden, Eileen Clark, Judith Gray, Jennifer Lauby, and Peggy Noecker; treble Ted Huffman; mezzo-sopranos Karen Goldfeder, Lorraine Hunt Lieberson, and Barbara Rearick; tenors Mark Kagan and James Reese; baritones Benjamin Luxon, Chad Karl, Jeremy Lees, James Maddalena, and Nathaniel Watson; and basses Nigel Brookes and Alan Gibson. Mr. Burtis is also the teacher of Nancy Ford, cabaret singer and composer of *I'm Getting My Act Together and Taking It on the Road* and other theatre pieces. Mr. Burtis and Janet Brown appear on a CD of songs by Ernst Bacon (CRI), *Fond Affection*, recorded live at the Bacon Centennial concert at the Longy School of Music in Cambridge, MA. This CD also contains Bacon songs sung by Amy Burton. He is the author of *Sing On! Sing On!*, published in 1992 by ECS Publications, Boston, Massachusetts, and *Vocalizing from the Ground Up!*, published by Alberti Productions in 2000.



Soprano **Judith Coen** is a singer, voice teacher, and former Artistic Director of the Spoleto Vocal Arts Symposium in Spoleto, Italy. She maintains a very busy voice studio in New York City, where she is in tremendous demand. A number of her students are performing in opera houses throughout the United States and Europe and have become successful teachers themselves. She has taught voice at Houghton College, Taylor University, Roberts Wesleyan College and Rutgers University. Judith has been on the roster of the Metropolitan Opera and has performed with the Opera Omaha, the Newark Cathedral Symphony, the Westfield Symphony, the Rochester Philharmonic, the Rochester Oratorio Society, Opera Theater of Rochester, and has held recitals in Rochester, New York, Chicago, New York City and Rome, Italy. Judith has collaborated with Robert Shewan in producing the book *Singing and the Brain*. Ms. Coen holds a BM and MM degree from Eastman School of Music, and has completed additional study with Marlene Malas and Robert Shewan. She was awarded a Fulbright Scholarship to study at the Rome Opera House in Rome, Italy. Additional studies have taken her to Austria and Germany. Ms. Coen is presently soprano soloist at the Verdala Temple in New York.



Jeannette LoVetri is on the faculty of Drexel University College of Medicine, Department of Otolaryngology-Head and Neck Surgery, where she is a Lecturer. She works as a Singing Voice Specialist, retraining injured singers who are referred to her by otolaryngologists and speech language pathologists. She is author of a chapter in the book "A Performer's Voice," and is a recognized expert in the field of Contemporary Commercial Music (CCM) vocal pedagogy. She has taught singing since 1971, is author of numerous articles and research papers, and has received citations for her contributions to voice science and vocal pedagogy from the Voice Foundation, NATS, the Centro de Estudos da Voz in Sao Paulo, and NYSTA, of which she is also a Past President. Ms. LoVetri is Visiting Artist-in-Residence at Shenandoah Conservatory at the CCM Vocal Pedagogy Institute, which features her method, Somatic Voicework®. She has lectured throughout the world and is co-author, with Robert Marks, of the original Music Theater Repertoire course for NYSTA's PDP program.

Ms. LoVetri's 2010 Comparative Pedagogy presentation will be entitled "Retraining Voices With Diagnosed Pathology: Working with Professional Singers With Vocal Fold Impairment." This workshop will demonstrate how to work with professional singers who have a diagnosed pathology or syndrome. Each singer will present a medical and musical vocal history and an overview of the process of re-training will be discussed.



Soprano **Lori McCann** holds a BM degree from the University of Wisconsin, Madison; an MA degree from San Diego State University; and a DMA and Artist Diploma from the University of Cincinnati College-Conservatory of Music. She has performed extensively in the U.S. and abroad appearing in opera, oratorio, and recital. She has been regularly featured with the Berliner Kammeroper and the Neue Opernbühne (Berlin) and with the Virginia Opera, Chautauqua Opera, Opera Company of Brooklyn, Whitewater Opera, Sorg Opera, Shreveport Opera, and Pacific Chamber Opera. She has appeared in principal roles in *Turn of the Screw*, Handel's *Ezio*, *Die Zauberflöte*, *Le nozze di Figaro*, *Così fan tutte*, *La bohème*, *The Cunning Little Vixen*, Rossini's *La scala di seta*, *Iphigénie en Tauride*, Ward's *The Crucible*, *Mahagonny-Songspiel*, *Orfeo ed Eurydice*, and others. Dr. McCann is an Assistant Professor of Voice at the John J. Cali School of Music, Montclair State University where she teaches applied voice, diction, vocal technique for musical theater, performance practicum, and other performance-related courses. Before coming to the Cali school, she was on faculty at several other universities including Teacher's College, Columbia University and NYU. In addition, she has maintained teaching studios in metropolitan areas including Berlin and Muenster, Germany, San Diego, Cincinnati, and New York City. Dr. McCann is the current President of NYC-NATS and serves on the NYSTA Board of Directors.



Patricia Raine is the Musical Theater Program Head at the University of the Arts in Philadelphia where she supervises performance and vocal training for BFA students in Musical Theater. Her students regularly appear on and off Broadway, in regional theaters and in national and international productions and tours. She holds a DMA degree from the University of Minnesota with additional studies at the Staatliche Hochschule für Musik in Detmold, Germany. Dr. Raine has held teaching positions at Northern Arizona University, the University of Wisconsin and the University of Minnesota. Her workshops—"Training the Voice for the Demands of Contemporary Musical Theater"—have been featured in national and international venues including appearances at the Voice Foundation's Annual Symposium—"Care of the Professional Voice"—in Philadelphia and the Musical Theater Educators Alliance (MTEA) conferences in the United States, Germany, and Denmark. Performing credits include over thirty leading roles, ranging from Mozart's Konstanze (*Die Entführung aus dem Serail*) to Coleman's Charity Hope Valentine (*Sweet Charity*), in professional theaters in the United States and Europe as well as frequent appearances in European radio and television. In addition to her work as a teacher, Dr. Raine is also active as a stage director.



David Sabella-Mills is nationally recognized as a master teacher in musical theater and CCM vocal techniques. He has served on several university faculties including NYU-Tisch School of the Arts, CAP21 Studio, the New School University's Mannes College Preparatory Division, SUNY-Purchase, and SUNY-New Paltz. He has been a guest teacher at Ann Reinking's Broadway Theater Project in Tampa, Florida, and has conducted vocal master-classes and musical theater workshops at the University of Las Vegas and California State (Fullerton). A member of AEA, SAG, and AGMA, he was cast in the starring role of Mary Sunshine in the 1996 Broadway revival of *Chicago* with Bebe Neuwirth, Ann Reinking, and Joel Grey. He returned to the Broadway company to appear with Melanie Griffith and also appears with the Broadway and National Touring Companies. He has won several prestigious voice competitions including the Luciano Pavarotti International Voice Competition, the Metropolitan Opera Eastern Regional Auditions, and the New York Oratorio Society Competition at Carnegie Hall. He starred in the title role of Giulio Cesare with Virginia Opera (available on CD on the Koch International Label), *L'incoronazione di Poppea* (Utah Opera), and *Die Fledermaus* (Lincoln Center). He has appeared numerous times at both Carnegie Hall and Lincoln Center as a principal soloist in such works as Bach's *B Minor Mass*, Handel's *Messiah*, and Peter Schickele's comical *Three Bargain-Counter Tenors*.

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NYSTA Member **Sally Morgan** has launched her new "How to Sing" website at www.SingLikeYouSpeak.com. This premiere website is dedicated to everything vocal. SingLikeYouSpeak.com is acclaimed for being a simple, natural, effortless vocal method. Please visit this website, or for more information, contact Sally Morgan at sally@morganixmethod.com.



NYSTA Member **Mira J. Spektor** has released a collection of poems (*The Road to November*) and three CDs (*The Housewives' Cantata*, *Lady of the Castle*, and *Mira Chante*). These items are available for purchase at www.bookhampton.com.



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