

Intermezzo



2fm
chicago federation of musicians
local 10-208 afm

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Health and Wellness Issue

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Health, Wellness and UPDATES

Hello again, dear members. This month's electronic *Intermezzo* is a specific health and wellness issue, and we hope you will take the time to engage with the articles that editor Sharon Jones has written. Many of us tend to be too stoic when it comes to personal health issues and this can lead to problems down the road. I want to encourage all our members to take care and get check-ups regularly, especially where your hearing and repetitive stress are concerned. Preventative care is the best care. I completely understand the feeling of having to work injured: sometimes there just does not seem to be an alternative. If you have lingering issues that aren't improving, however, you could endanger your career by delaying care.

On the health insurance front, the CFM is in talks to find a new provider for our in-house plans. It is our hope to find a carrier and a product that will allow us to offer plans at a lower price-point than our current options. The smaller comparative size of our group has been a limiting factor in the past, but we are looking to larger coalitions of unions to explore how those economies of scale can help us.

Speaking of coalitions, we are in the final process of joining the Midwest Coalition of Labor. Everyone will receive a brochure soon regarding this new suite of benefits. We are very excited to announce that all regular members will be receiving \$5,000 in Life Insurance benefits, \$2,500 in Accidental Death and Dismemberment coverage, a mixed offering of free, reduced cost, and fixed-fee legal representation, free roadside assistance and access to a significant set of discounts at local and national retailers. This will all be included in the cost of your yearly dues. This is the first major increase in membership benefits in decades.

We hope that this will be a benefit to families and provide financial security in times of crisis. We also see it as a method to both increase and retain membership. Life Members should have received a detailed letter from us about the program, and will receive the legal, roadside assistance and discount portions of the program while retaining the previous CFM Death Benefit.

I have been updating you on our search for a new CFM Headquarters. We continue our search, and have engaged the professionals at Savills to assist. Though we are still in the market for a possible purchase, we are switching gears into considering our lease options as well. There are just not many properties on the market that fit our needs and budget. It could be that this is not the right time to purchase, and it could also be that the long-term financial health of the CFM is better served by leasing, at least for a time. All options remain on the table, and the team here is working together to navigate this very complex decision. Savills is proving to be invaluable in the process, which is now entering a critical phase as the lease of our current space will be expiring on October 1, 2023.

I want to congratulate the committees of the Grant Park Orchestra and Lyric Opera Orchestra, both of whom completed their recent contract negotiations with significant gains. We will be entering into Chicago Symphony Orchestra negotiations next week with that talented committee and hope for a similar outcome. The process of bargaining can be very difficult, and it is one of the primary reasons why the union exists. Union musicians have a voice in their work conditions, wages and benefits. It is my aim to protect and expand the work that falls under our union umbrella. Have a great summer, everyone. Thank you for your membership.

Minutes from every board meeting are available to members on the CFM website. Please [log in](#) and click the "CFM Board of Directors Meeting Minutes" link at the right of the web page.



Health and Safety in the Musician's Workplace

The subject of health and safety for musicians can cover a broad set of circumstances. These range from hearing health, performance injury, physical safety and infectious disease. While there is a great deal of responsibility for the employer to provide a safe workplace, health and safety depend largely on personal decisions. For the most part, each individual is personally responsible for avoiding risk and preventing injuries to themselves in the course of practice, rehearsal and performance.

Hearing Health

Good hearing is essential to the life of a musician. Avoid overexposure to loud sounds, especially for long periods of time. The closer you are to the source of a loud sound, the greater the risk of damage to your hearing. If your exposure cannot easily be avoided, consider the use of earplugs to protect your hearing health. I know how much more difficult it is to perform with earplugs, but at least you will be able to hear the next day.

Recommendations from the National Institute for Occupational Safety and Health (NIOSH) maximum daily exposure times to sounds at or above 85 dB are as follows:

- 85 dB (vacuum cleaner, MP3 player through earbuds at 1/3 volume) – eight hours
- 90 dB (blender, hair dryer) – two hours
- 94 dB (earbuds at 1/2 volume) – one hour
- 100 dB (earbuds at full volume, lawnmower) – 15 minutes
- 110 dB (rock concert, power tools) – two minutes
- 120 dB (jet planes at take-off) – without ear protection, hearing damage is almost immediate.

If you are concerned about your personal hearing health, talk with a medical professional.

Neuromusculoskeletal Health and Performance Injuries

Sufficient warm-up time and correct physical technique are essential to meet the physical demands of performing our best. Regular breaks during practice and rehearsal are vital to prevent over-use injuries. While you may set your own limits on practicing, minimum break time in rehearsal is required for your health. I would discourage the practice of lumping all the break time at the end of rehearsal.

COVID and other Infectious Diseases

I think that all performing artists have learned a great deal over the past few years, and understand the consequences of unmitigated infections such as COVID-19. You should not come to work when you are sick and can cause others to be sick. The livelihood of your colleagues is at stake. If precautions are requested or required, they should be respected and followed. Not every workplace is the same. Whenever possible, the CFM encourages employers to have a sick pay policy.

Personal Safety

As I've mentioned before, there is a shared responsibility between the individual and an employer to be aware of unsafe working conditions. One thing that comes to mind in the summer months is the exposure to the elements. Excessive heat can take a toll and be deadly. Insist on a reasonably safe environment to work.

Even when precautions are taken, if you are a contractor, a purchaser may require liability insurance. The CFM can usually provide this for you at no additional cost.

When should you report workplace safety concerns? Any time you feel unsafe at work or you know a safety rule is being violated, you should report that to your union steward, committee member, personnel manager, contractor or designated safety officer. In addition, you can use the [#Notme](#) app to alert the Union to concerns you have about any safety related issue, such as failure to follow COVID safety protocols or other safety hazards you observe at the workplace.

The CFM Wage Scale Committee will be holding meetings during the month of July to discuss comparative Locals' wage scales and work rules. To speak with or bring concerns/thoughts to the committee, please contact John Floeter at jfloeter@cfm10208.org.



Finding Balance

Welcome to our summer Health and Wellness issue!

Over the past few months, I have had the extraordinary pleasure of speaking at length with so many of our members. I cherish these conversations, and I am always touched by how important the CFM has been and continues to be to so many of you. Know that we are hard at work here preparing for the upcoming move, planning future informative webinars and growing our membership. As a reminder to those of you who have not paid your second installment of 2023 dues – please pay ASAP to avoid suspension.

When my husband Greg asked me what I was going to write about this month, I said, “I’m thinking about writing about finding balance in life.” He appropriately replied, “Who’s got time for that?!?” My point exactly.

Believe me, I am no expert at living a balanced life, but, like many of you, I am making much more of an effort these days to do so. It seems the more I strive for balance, the more grace I give myself, and the more perspective I gain.

So, this summer, let’s all try to do better in taking care of ourselves mentally and physically. Make the time to travel, visit family, have dinner with friends, read a book, get outdoors and recharge. To all of you busy with taking care of others, whether they be children, loved ones battling illness or aging parents, this includes you. If your bucket is empty, you can’t help fill theirs. Be kind to yourself and give yourself a break. Ask for help. We all need support.

We hope this issue inspires you to prioritize your health and fill your bucket.

As I embrace my new role as audience member, I realize the only thing better than listening to live music is listening to live music under the stars on a picnic blanket. See you on the lawn.

Here’s to a wonderful summer concert season!

Health tip: It is scientifically proven that looking at pictures of cute animals lowers your blood pressure.



The Pension Fund Videos Are Here!

A series of videos and documents about our pension fund are on the fund’s website. They will help you understand your pension benefit, find out how much money you will receive and remind you of details that must not be overlooked. Go to AFM-EPE.org, click on the Participants Tab, then Participant Information. If you have any questions after viewing the videos and want more information, please contact any of us at the CFM.

On Tuesday, June 6th, Caitlin Edwards was sworn in as a new member of the CFM Board of Directors. There was a vacancy on the Board and per our bylaws, the position must be filled by the candidate who received the next highest vote total in our previous triennial election. Because there was a tie in that election between Caitlin and member John Blane, the board made an appointment from those two highly qualified candidates. Welcome to the board, Caitlin!



EQUALITY IN THE WORKPLACE

The #NotMe app is a tool provided by the CFM to help encourage a healthy, safe and equitable working environment for our Union members. Additionally, the Fair Employment Practices Committee (FEPC) is here to help. You may learn more about the FEPC and the #NotMe app on the CFM website under "Musician Resources". Any member of the FEPC is available and willing to answer your questions and their contact information is available in the "Find a Member" section of the CFM website.

To download the #NotMe app and sign on to the CFM's page, scan the QR code at right or download the free #NotMe app on your device. After registering, please link your account with the CFM by adding the Chicago Federation of Musicians as your "company" and entering the code 2224 (BACH).

If you do not want to download the app on your device, You may also use #Notme's online portal to send in your reports. To do so, create an account, link that account to the CFM and fill out a report by going to app.notme.solutions/login, using the browser of your choice. You will have all the same functionality when it comes to communicating with the CFM through the chat as you have through the app on your phone.

Interested in joining the FEPC? If you want to be considered, please email Legal Consultant Naomi Frisch at naomi@ulaw.com with the subject "FEPC" and include your name and a short bio.





FOCUS ON: PLAYER INJURIES

DR. AVIVA WOLFF

Aviva Wolff, EdD, OT, CHT is an occupational therapist clinician and researcher, with a particular focus on hand and upper extremity injuries. She currently runs the upper extremity clinical movement analysis programs and hand and wrist biomechanics research at the Leon Root, MD Motion Analysis Laboratory at Hospital for Special Surgery, and consults for The Juilliard School on musician-related injuries. To read some of her published work or to learn more, go to her website at www.musichandstherapy.com.

How did you begin working with musicians?

The Juilliard School was looking for a hand therapist to consult with their students. When I started, I thought what I was seeing was so avoidable. Students would say my elbow or wrist hurts, and I would ask, what did you do? And they would say, "I just practiced for 10 hours", so of course I was giving practical advice. But about three to four months in, I started noticing patterns – which instrumentalists were getting which kind of injuries – and I wanted to look at how to prevent them. I've been immersed in this study for 10 years.

Working with musicians has become a passion of mine. I used to work with athletes, but they already get so much attention from trainers and coaches and musicians get no education on how their bodies work and what they can do to prevent injury. I have a three-pronged goal: to educate clinicians on how to better treat musicians; to educate musicians on their injuries; and to educate music educators and administrators.

What is the most common injury you see with musicians?

I call them occupational musculoskeletal injuries because they're caused by poor habits or poor mechanics that cause a musculoskeletal imbalance. That leads to pain in the wrist or forearm, elbow, upper back, neck. The instrumentalists who are more commonly affected are the ones who play for long periods of time, like string players, piano players or guitarists.

Do you work specifically with hands, or do you also work on injuries to back or neck?

I'm an occupational therapist, so my background is in analyzing activities and tasks, not just hands and upper extremities. When I work with musicians, I look at total posture and performance habits, and I do a very extensive musculoskeletal exam as well as a performance analysis. I'll have them sit or stand with the instrument in their normal playing posture and I'll ask them to play something soft and easy, like scales. Then I have them play something more challenging, and I'll look at how their joints are aligned, where the tension is, which muscles are they overusing or underusing, which muscles are tight or weak. I also look at where the music stand is placed. Is it at an optimal angle so they aren't straining any part of their body?

What are some treatments that you recommend for player injuries?

I make recommendations for certain stretches or strengthening exercises that are customized to the player and the instrument. I'll also suggest modifications to their playing posture or the instruments. For example, I might recommend to a violinist to shorten the neck of the instrument and adjust the shoulder and chin rests.

Or if it's someone playing tuba, I offer ideas to offset the weight of the instrument.

What about wind players and embouchures?

I do look at the seal of the mouthpiece or reed around the mouth. If the seal on the instrument isn't quite tight enough, leaking air, that can cause tensions. Another thing I have a lot of experience with is dystonia, more so in the hands than the embouchure.

Is it possible to overcome dystonia?

It's very challenging, but I think our understanding of it is improving. There are some techniques that have had moderate to good success, but a lot of it has to do with the clinician and the musician. I do know of cases where patients improved and have been cured. I have a colleague in Sydney, Australia named [Bronwen Ackerman](#) who has had a good amount of success treating it.

"I have a three-pronged goal: to educate clinicians on how to better treat musicians; to educate musicians on their injuries; and to educate music educators and administrators."

Does age play a part in player injuries?

Yes, for both young and old. I find that younger students have more injuries than professionals because they're just starting out and they haven't learned how to optimize their body mechanics yet. Also, many are in intense programs at schools or conservatories where they're really pushing themselves. Usually when people are at the height of their career they've figured out what works, but then there's a surge in injuries as musicians become older and they start having trouble with joints or arthritis.

When is surgery necessary?

It's very rare that surgery would be required for an overuse injury. It's more likely for late-stage arthritis or as a result of a traumatic injury. In those cases, like if there is a bone that needs to be set or a tendon that has been cut, I'll work with them post-surgery to get them back to playing.

What are some treatments/better habits that you recommend in order to prevent injury?

Good habits include good cardiovascular health, like exercising regularly; getting enough sleep; better nutrition. I also suggest a physical warm-up before playing to increase your heart rate so that the muscles are receiving better circulation. Jog or march in place for two to three minutes or do jumping jacks, and then do some big arm movements like circles and take deep, long breaths. All of that puts your musculoskeletal system in a more efficient place.



FOCUS ON: HEARING LOSS

DR. SHANNON SWITZER

Dr. Shannon Switzer is a music audiologist based in Chicago. She is the Director of the Musicians Hearing Clinic at Sensaphonics, which is the only in-ear monitor company in the world dedicated to hearing wellness in the music industry. Shannon completed her Bachelor of Science at the University of Vermont and earned her Doctorate in Audiology from Northwestern University. She is a Fellow of the American Academy of Audiology and a member of the National Hearing Conservation Association. To learn more or to reach Shannon, please call (312) 432-1714 or go to www.sensaphonics.com.

What specifically is a music audiologist?

A music audiologist specializes in the prevention and treatment of sound-induced hearing disorders for people in the music industry. I look very carefully for the earliest signs of sound injury as there are some impairments that are very unique to musicians. Tinnitus (ringing in the ears), for example. Musicians also suffer from hyperacusis, which is pain or sensitivity in the ears; dysacusis, sound distortion due to the hearing cells being injured; and diplacusis, where musicians hear two pitches instead of one.

Is all hearing loss permanent? What can and cannot be treated?

There are three types of injury. Conductive hearing loss means something's preventing sound from reaching the cochlea, the hearing organ that has about 16,000 cells that process sound and send it to your brain for listening. There might be too much earwax, an infection or a hole in the eardrum. Those can be treated by medication or surgery. Sensorineural hearing loss means permanent injury to the cochlea and the auditory nerve. Once that happens, there is no treatment that can restore that sensory information. That's why we focus so much on early intervention. The third type is a mix of conductive and sensorineural hearing loss.

How much abuse can ears sustain before there is permanent damage?

It depends. There are five categories of things that can cause permanent change to the delicate cells of the cochlea: sound exposure, genetics, viruses, medications and blood flow issues. Of those five, sound exposure is by far the easiest to control and prevent. We often think loud rock concerts are the most dangerous for your ears, but hearing injury is something that typically happens slowly over time. Even moderate levels of sound can be bad if you're around it long enough.

There are safety standards for the relationship between loudness and time, as in how long you can be exposed to sound based on decibel level. These were established by both [OSHA](http://www.osha-slc.gov) (Occupational Safety and Health Administration) and [NIOSH](http://www.niosh.gov) (National Institute for

Occupational Safety and Health). The OSHA standards protect roughly 80% of the population, whereas the NIOSH standards are stricter and protect about 96% of the population. Keep in mind these cover sounds you're likely to hear during your day like traffic or background noise, so if you're going to a rock concert for two hours, you need to keep the rest of your day relatively quiet to protect your ears.

What should you do to ensure prevention from injury?

Getting an annual hearing test is arguably the most important thing you can do. Your hearing is directly tied to your quality of life, and injuries from sound are completely preventable. We would start by measuring your hearing baseline so we have a record of your best hearing, and then track it over time. It's also a good idea to take a break from sound every hour or two to prevent listening fatigue.

You also want to consider technologies to protect your hearing. If you're in an amplified setting, you can wear an in-ear monitor, which plugs either into a belt pack that is receiving a wireless signal from a sound engineer or directly into the sound system itself. For acoustic or orchestral settings you'll want a high-fidelity hearing protective device. For example, Sensaphonics has a high-fidelity protection earpiece that has a filter to reduce sound levels but preserves the clarity of the sound.

Some orchestral musicians wear an in-ear monitor where, instead of receiving a mix from a sound engineer, the monitors have microphones on them that pick up the surrounding sound and then the musician can control the volume. So even if the sound around them is swelling to a very loud level, the microphones will stop the sound at a certain decibel level to keep the musician safe. They can wear this discreetly and control it themselves.

"Your hearing is directly tied to your quality of life, and injuries from sound are completely preventable."

If you suffer a hearing injury, how do you manage day-to-day life?

The best thing to do is to stabilize the injury, otherwise the symptoms will get worse over time. You would get hearing aids for sensorineural hearing loss. You might also get a sound generator in your ear, or try cognitive behavioral therapy to manage your reactions to how the symptoms are affecting your life. Musicians should always engage in safe listening strategies so they can protect their hearing and have long and healthy careers.



FOCUS ON: MENTAL HEALTH

BILL HARRISON

Bill Harrison became a licensed mental health counselor after a long career as a professional musician, teacher and actor. He has [written extensively](#) about music and mental health, and has just published a new book, [Making the Low Notes](#). For further information or to contact Bill, please visit his website at billharrisontherapy.com.

Why did you decide to become a therapist?

Psychology and human behavior has been an interest of mine since I was a kid. When I was contemplating transitioning out of the music business, it seemed like a natural fit. I see a lot of crossover between music and therapy: listening carefully, keeping an open mind and having empathy, as in being able to feel what your fellow musicians want or need. I think music, like therapy, is a mixture of art and science, bringing both technique and intuition to bear.

Do you work specifically with artists, or with the general public? What kind of issues do you address?

I'd say 75% of my practice consists of performers: musicians, actors, writers, stand-up comedians, singers, dancers. They come to me for primarily depression and anxiety or relationship issues, but musicians and other performers often come to me for performance anxiety. I have my own way of addressing that. It stems primarily from an understanding of what anxiety is to begin with, and how performance anxiety is a subset of that. I spent a lot of time in the music business, so I understand where and how performance anxiety might show up and how it might influence someone's identity in a way that it wouldn't for a non-musician.

What are some things to help people through anxiety and depression?

There's no one-size-fits-all, but I think the biggest thing for both of those mood disorders is to not blame yourself. If you're feeling depressed or anxious, it's not because you're doing something wrong. It's a common mistake people make. If you're really depressed and

somebody says, well you should just get over it or you should go exercise or something, you're not giving them any information. It's insulting because anyone knows that if you could feel better, you would. If you're really depressed it can be difficult to just get out of bed.

What's changed since COVID? Do you have patients with issues that are any different since the pandemic?

During the pandemic, there was tremendous pressure on everyone whose performance work fell away. My colleagues and I experienced a huge increase in people wanting our services. We were seeing a lot of depression, anger, fear... A lot of people wondered if they should still continue doing what they're doing, and it drove people to look at different things. Even post-pandemic, my caseload is still pretty heavy. Because of COVID, I gave up my office space, and I still do my work on Zoom.

When should someone see a therapist?

I would say if you're dealing with chronic issues that have been around for a long time, or if you're not able to handle what's going on, that's when you should seek out therapy. I think sometimes there's some urgency that might come up when people's ability to function normally starts to fall away. You can tolerate whatever is going on up to a certain point, and then you realize you don't know what to do anymore. I'm a big believer that everybody should be in therapy at different times. I think we all have things we don't really want to pay attention to or are not aware of.

You've just written a new book, [Making the Low Notes](#). What did you write about? Do you delve into some psychology in your writing?

This book is really about anybody who's tried to play an instrument professionally or performers in general: all the setbacks, the joys, the difficulties making a living. I talk about being a theater musician, a jazz musician, a jobbing person, teacher. And then I talk about endings and transitioning into a second career. I think that's relevant for a lot of people, too. People get to a certain point as performers and realize they can't or don't want to do it anymore, and what happens when you get to that point. What do you do? How do you think about it? What does it feel like?

I touch on depression, anxiety, difficulty making a living, what it's like trying to maintain your sanity when your income is not guaranteed. Some stories are funny, and some are like whoa, how did we do that?

"I think music, like therapy, is a mixture of art and science, bringing both technique and intuition to bear."



FOCUS ON: PHYSICAL HEALTH

JOSH WIRT

Josh Wirt is Principal Tuba with the Elmhurst Symphony and the Wintergreen Music Festival and Acting Principal Tuba of the Rockford Symphony Orchestra. Josh also performs regularly as an extra/sub with the Chicago Symphony, Lyric Opera of Chicago, Milwaukee Symphony, Chicago Philharmonic and Fort Wayne Philharmonic orchestras. In addition, he maintains a busy chamber performance schedule with the Ottawa Quartet and New Chicago Brass as well as a freelance performer and recording session artist. As an educator, Josh teaches at Elmhurst University and maintains a select private studio of highly successful students from around the Chicagoland area.

You had a stroke at the age of 43! What happened?

It was a Tuesday, February 2019, and I had just come home from a rehearsal. I woke up Wednesday feeling confused and my face was numb, and I thought, I might be having a stroke! I got to the hospital and the next thing I know I'm on a gurney with an IV and clot busters.

The stroke symptoms really started to set in that afternoon; 12 hours after I arrived, I lost all use of the left side of my body. My hand clenched up, my face was melting down, my speech was seriously slurred, I couldn't walk, I had no balance. I was thinking, only 24 hours ago, I was in rehearsal! Am I ever going to play the tuba again? I'm left-handed. What am I going to do?

"The stroke was a complete reset for me. I feel like I'm a better teacher and a better musician. I'm really, really lucky."

How would you describe your health at the time you had your stroke?

I was very overweight, with high blood pressure and high cholesterol. I was eating poorly, doing the typical musician diet of fast food, eating on the run from one gig to the next. I was so focused on work I didn't take care of myself. In the hospital I found out that I had uncontrolled Type 2 diabetes and that I'd had a diabetic stroke.

The doctors asked what you did for living. What did they tell you when you said you were a musician?

They said that musicians have the most complete recovery from strokes. First, we musicians know what it feels like to fail over and over and over again, so we've learned to be resilient! Also, we know how to practice. We know what it's like to work on something 25 times to get it right. As a result, we have highly developed neural pathways and we're really in tune with our bodies and our facilities, so rewiring those neural pathways is easier for us than most people.

The morning after the stroke, the occupational therapists gave me some exercises and stretches, and I did them

all day long. That was Thursday. By Friday, I was able to lift my left arm.

How did your recovery begin?

When I got out of the hospital, I was given guidelines for how to manage my diabetes and started insulin injections, which I hated because I do not like needles at all! Plus, the timing of doing my insulin and testing became an issue because I had to eat before a 7:30 downbeat, do my insulin during the break and then run back on stage and hope I don't go hypoglycemic on stage and pass out.

I read a book about managing diabetes that said it could be reversed through diet and exercise, so I went through severe caloric restrictions and intermittent fasting. I lost 80 pounds in six months, my cholesterol and blood pressure dropped, I weaned myself off the insulin and reversed the diabetes.

For my speech, the therapist said the best thing I could do was get back to teaching, because I would have to listen to what my students played, form my thoughts and then formulate what to say. At the time I was teaching low brass methods class. I told my students what had happened, and they were incredibly patient and gracious with me and worked with me on my struggles, and it really did help a lot.

How did you get back to playing the tuba?

Playing-wise, I had to completely rebuild my embouchure because I had a big leak on the side of my face. I went back to the basics, doing long tones, then articulations. I could play and had functional range, but it took me a long time to get the air back. I went from a solid six liters of air down to three.

At that time, the Northwest Indiana Symphony called to see if I was available to play Saint-Saens #3 in a month. I spent hours every day on basics and fundamentals, more than I had since undergrad, and I was able to play the gig, six weeks after the stroke. The trombone section all looked at me and said if they didn't know me, they never would have known what all I'd been through. Two weeks after that I did Mahler #5 with the Elmhurst Symphony.

What kind of healthy habits do you maintain?

I keep a running count of my carbs every day, I still do intermittent fasting and I've gotten into cycling. Two weeks after the stroke I decided to go full vegan, and I've been doing it ever since. It's really not that hard, and it is so cheap to be a vegan. Vegetables and beans are not expensive! I cut out alcohol three years ago, too, minus the occasional pint.

And now you're at 100%?

Oh, yeah! I feel like my playing is stronger than before the stroke. All my health stuff is better, I sleep better, I have all my air back. The stroke was a complete reset for me. I feel like I'm a better teacher and a better musician. Whatever fog was in my head from poor health has gone. I see and hear things more clearly and I'm a more effective communicator with my students. I'm still here, still alive and able to have a life and experience the world. I'm really, really lucky.



FOCUS ON: ADDICTION

TONY RAGONA

Tony Ragona is a Certified Trauma Professional and an LPC (Licensed Professional Counselor) and CADC (Certified Alcohol and Drug Counselor) who addresses substance abuse, mental health and re-entry counseling with persons who have been incarcerated. Currently he works at Ascension Presence Behavioral Health. He obtained his Bachelor of Psychology degree from Loyola University and his master's degree from Northeastern Illinois University, and completed a Certificate in Addiction Studies at Wilbur Wright College. Tony is also a Chicago area musician who performs with the local band The Rockfathers.

What made you decide to become an addiction counselor in addition to your professional counseling?

I was interested in the field because there's a lot of concurring disorders, where patients would have mental health problems and sometimes self-medicate with drugs or alcohol. I've been counseling patients with addiction for seven years.

What issues do you address when counseling your patients?

In general terms, I see them for either substance abuse addictions, such as alcohol or painkillers, or process addictions like gambling. Most of the people that I see have substance abuse addictions.

Are certain people more susceptible to substance abuse?

I counsel quite a few people with long incarceration histories, and a lot of the clients I see come from poverty or high crime areas. The biggest thing that has come up for me, which is why I am now a certified trauma professional as well, is that people who've had what's called complex trauma – that is, a variety of traumatic events over their lifetime – end up having poor emotional regulation skills. That trauma is a form of PTSD (post-traumatic stress disorder). As a result, they turn to drugs or alcohol.

"Admitting you have a problem is a courageous thing. We should applaud people for seeking treatment."

How do you treat someone with a substance abuse problem?

The first thing I do is a very thorough assessment. My part of the program covers a lot of different dimensions; it covers substance use history, trauma history, mental health history, incarceration history. The assessment lasts 90 minutes, and I identify what the clients are struggling with. We also get information from positive drug screens. Clients are expected stop using drugs during treatment.

Do you consider marijuana use an addiction?

It depends. If you are smoking marijuana several times a day just to function, that's a problem. You can get addicted to legal substances like caffeine, too, if you find you can't function without it. If you find you are building your life around the substance or the process – when do I get this substance, how do I recover from substance and when can I get it again – it's interfering in your life.

What are some ways to avoid becoming addicted to substances?

Self-awareness is a big part of it. You have to be brutally honest with yourself and be willing to say, you know, I've given up a hobby or positive relationships because I'm drinking or using drugs a lot. I've been written up at work or fired for a positive drug screen. When it starts affecting the quality of your life, you realize you need some help. Sometimes a family member will do an intervention because they see the problem and you don't.

When should someone seek treatment?

People should get treatment when they are spending a lot of time seeking out drugs, recovering from drug use or if their addiction gets to the point where it's interfering with relationships or work.

Where can people go for help?

For someone who wants to get into treatment, the best thing they can do is contact SAMHSA (Substance Abuse and Mental Health Services Administration) at www.samhsa.gov, or call 1-800-662-HELP. The website has a treatment locator where you can enter your information and it will come up with facilities you can go to. You can also go to Smart Recovery (www.smartrecovery.org), which is a cognitive-based support group.

There's common misconception with some of these 12-step groups that they're religion-based because they refer to a "higher power", but that doesn't have to be God. That higher power can be a better version of yourself, for example. It doesn't have to be a spiritual entity.

What can we say to people to encourage them to get help?

I would say, don't be ashamed. Admitting you have a problem is a courageous thing. We should applaud people for seeking treatment. There are so many people who struggle with addiction or mental health challenges. It's really quite common, more common than people think. There's a lot of shame of seeking treatment for substance abuse, and that's a problem with society because we tend to stigmatize people with these issues. People should know that their treatment is confidential; we won't release any information without their consent.



FOCUS ON: ALEXANDER TECHNIQUE

JOHN HENES

John Henes is a retired member of the Lyric Opera of Chicago Orchestra trumpet section. Certified to teach the Alexander Technique in 1979, John has been teaching at Northwestern University Bienen School of Music since 1980 and taught at DePaul University for 25 years. He has given masterclasses in the US and Europe, teaches at Ravinia's Steans Music Institute and has worked with musicians in major orchestras worldwide to help them play more freely, confidently and consistently. He is a certified member of the Society of Teachers of the Alexander Technique, London, England and the American Society of the Alexander Technique. To learn more about John, please go to www.johnhenes.com.

What exactly is Alexander Technique? Where did it come from?

Alexander Technique is a method of learning to let go of unwanted habits, release tension and create energy to be at your full stature and move more efficiently. Frederick Matthias Alexander (1869-1955) was an actor, and he noticed that every time he was getting ready to speak during performances, he had a habit of putting tension in his neck. He found that when he was able to release that tension, it changed the relationship between his head, neck and back and it helped him direct himself to his full stature.

The Alexander Technique can help one be aware of where they're holding on to tension or where they're collapsing and help them to find a way to stop those habits and encourage a better direction. Your posture improves and changes because you change your process of use. If you can use yourself more efficiently, you end up in a better posture. You can take what you've learned and apply it to playing a musical instrument or running or playing tennis, any activity you choose to do.

How do you start an Alexander lesson? What's the first thing you do?

A new student and I sit down and talk about what they're doing and why they're taking a lesson. I have my hands on their neck or shoulder or back to let them know I'm there and I'm safe. Then I might have them sit down in or stand up from a chair to help them be aware of any tension they have in activity. If you observe people in the act of setting or standing you will see most people pull their necks forward of their back and have tension that pulls their head back and down. It is the same tension that Alexander noticed while speaking that caused him to have his voice problems.

I have students play their instrument almost right away in their first lesson. I make small suggestions to them about how they're breathing or moving their bow arm or just getting ready to play, and then they play again. It's the same thing with classes. For my first class of the term I do introductory remarks about Alexander Technique and then I have somebody come up and play. I do this so they can see that the Alexander Technique will only change their playing in a positive way.

I'm very careful to tell students that if they come with specific pain that the Alexander Technique is not an alternative medicine or physical therapy.

What are some examples of how Alexander lessons helped your students?

I had a student, now a trombone player in the Berlin Philharmonic, who came to NU for a couple of years and took Alexander lessons every week the whole time he was here. One of the things he learned was to leave himself alone instead of what we would call "setting" to play, and he said it helped him win the Berlin audition. In another class, there was a clarinetist who had a habit of emoting physically all over the place when she played. You could look at her without hearing the sound and assume that she was being expressive. Those habits of putting this tension in her shoulders were really getting in the way. I would help her to just let go a little bit and be quieter in those movements. As she got quieter and still in her body, her sound and presence improved and her playing was noticeably more expressive.

"The Alexander Technique can help one be aware of where they're holding on to tension and encourage a better direction."

What about if your mind isn't quiet? Can the Alexander Technique address performance anxiety?

Yes, by reversing the cycle of the "startle reflex". If somebody dropped a firecracker behind you, bang! You would be startled, right? The "startle reflex" sequence begins with the eyes blinking, neck and shoulder tightening, shallow breathing. When I ask my students to describe what happens when they're nervous for an audition or recital, it's the same thing. The heart beats faster, breathing gets tighter, tension, shaking. If you compare the Alexander Technique with the startle reflex, it's the exact opposite. The startle reflex starts out with you holding on; with Alexander you start off with letting go.

Let's say you're nervous and you feel this tension, so when you look at your body, your mind says, oh, wow, you're nervous. And then that makes you more nervous. If you can learn to let go of your shoulders, your mind looks at your body and says, okay, things aren't too bad. That changes the cycle. You learn to leave yourself alone, to be a little bit freer in things.

While I was in the North Carolina Symphony, I had taken a whole summer of Alexander lessons. That fall, I had to play several performances of a concerto with the orchestra. As I was playing the first performance, I felt my breathing get tighter. During a couple bars rest I let go as well as I could, and my next breath was better than the last one. It was the first time I'd ever reversed that cycle.



FOCUS ON: YOGA

JESSICA VALERI

Jessica Valeri has been a member of the San Francisco Symphony since 2008. Jessica frequently plays with such festivals as the Grand Teton Music Festival, Arizona Music Festival, Mainly Mozart and the Lakes Area Music Festival. She recently participated in a recording and concert project with the National Brass Ensemble. Passionate about education, she is on the faculty of the San Francisco Conservatory of Music as a horn teacher as well as a yoga teacher.

How long have you been practicing yoga? When did you become an instructor?

I've been practicing for at least 20 years. During the COVID shutdown I was able to complete the required 200 hours of training to be certified, and I've been teaching now for three years. I've been teaching a class called Wellness for Musicians at SFCM for a year. It's a seven-week module, once a week for two hours. When I started, it filled to capacity almost immediately and there was huge wait list, so they determined that the demand was definitely there. It's likely to become permanent in the course catalog.

What's a typical yoga class like?

A significant portion is discussion because I want to make sure these kids know the history of yoga. However, we always start on the floor with *asana*, which means movement, which most people recognize as traditional yoga. Then we'll take a five-minute break and discuss the topic of the day. We talk about the dogmas of yoga called *sutras*, which literally means 'threads'. We delve into breathing techniques (*pranayama*) for example. We also identify some possible physical patterning and how we can use yoga to combat this, discussing mental awareness and clarity, performance anxiety and some therapeutic movement.

How does yoga help you?

Physically it really helps my playing. I'm not particularly large and holding up a large, heavy brass instrument requires a lot of physicality, which has led me to some overuse injuries and pain. If I'm doing a lot of yoga and I have strength, holding the horn is much less of an issue for me. Yoga has kept me healthy, mobile and flexible throughout my career. I wish I had done more of it when I was younger.

Mentally, yoga gives me a place to return to. It's a space that you create yourself, and you can go back to that space wherever you are – if you're in a discussion with a colleague or parenting or performing. I find that place can be transferred to any of your life experiences. One of the *sutras*, *sthira-sukham āsanam*, means to be in a stable, comfortable posture, so it's a feeling of being grounded but having flexibility. The more you are aware of your body, the more you can zero in on that feeling. Like, "I'm feeling nervous, but I can calm that down."

It's so helpful in intense situations like auditions and performances. If you can return to that space where you have awareness and be grounded, you'll have a lot more flexibility to be a confident and truthful musician.

Another *sutra* talks about dedication without attachment, which has been really transformative for me as a musician. In Western society, we're so action-oriented and goal-oriented and consumed with the need to be productive. Obviously you need to have some attachment as a musician – you have to get a job and pay the bills! But it's easy to have so much of your identity wrapped up in the job that you lose the joy. We think, oh my God, I missed a note in that concert, and you fixate on these things that don't matter that much. You end up hurting yourself and not experiencing music. Having that little bit of detachment is so healthy.

How does yoga help the students in your class?

It was really interesting. They were much more able to grasp the mental aspects of it, like dealing with performance anxiety and having awareness and positive self-talk. From a physical standpoint, I had to dial the class back. We would start class with a quick meditation, just 60 seconds, and they hated it! They couldn't even put their feet flat on the ground. They were twitching and crossing their legs and fidgeting. But by the end of the course, their favorite part became that first minute of meditation. They had learned to settle in: hear the sounds around them, smell the air, feel the ground under their feet and accept permission to let go and be present. It showed just how much of a need we have for those 60 seconds of taking a breath and feeling yourself in your space. Then they were able to transition on to their next class, practice session, rehearsal...

"Yoga gives me a place to return to, and is so helpful in intense situations like auditions and performances."

Have any students had a change in their playing as a result?

One horn student was struggling with unnecessary muscle tension and not playing with a lot of ease. One of our classes focused on a *pranayama* technique called *sama vritti*, commonly known as box breathing. You breathe in for four counts, hold for four, breathe out for four, hold again for four. It has proven health effects to lower your blood pressure and it's now used in a lot of medical facilities. After this class on *pranayama* and another class on posture, he told me he felt like he was able to play with a lot more ease, which I feel like we all want.

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Lyric

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September 26, 27, 28, 2023

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