

# The Year of Living Non-Verbally

by Graham Teskey  
25 January 2026

In June 2000 I was diagnosed with “advanced and aggressive” throat cancer when working for DFID, based in Kampala, Uganda. Over the next 18 months I had radiotherapy (failed), chemotherapy (failed), and then an operation (successful). The operation removed my vocal cords and I was given a “false” voice through some medical wizardry. I went back to work in London in February 2002. Although I sounded rather like a robot, my new voice served me well enough, until it didn’t.

In the last couple of months of 2024, I noticed that I was having trouble speaking, and swallowing had become more difficult. I travelled to Solomon Islands in February, and by the time I landed, my voice had gone completely.

The medics in Canberra were not sure what the issue was. The consensus seemed to be that my neo-pharynx (that is, the one constructed in the 2001 operation) had stiffened and narrowed due to the long-term effects of radiation and thus could not vibrate any more to make a noise.

While all this was happening, I was perfectly healthy and continued to work full-time. I communicated with a pen and pencil in meetings, and using the chat function on calls. Everyone in my office and in DFAT was understanding. To my surprise, colleagues in the Australian Embassy in Hanoi confirmed a long-planned mid-term review of a program there in May. I was provided with a wonderful colleague from a local consultancy firm to escort me to all the meetings and do all my talking for me. It was humbling to see DFAT’s commitment to disability inclusiveness being put into practice. It appeared that despite being non-verbal, I still had a Voice.

This got me thinking. The idea of “Voice” is critical in governance. It refers to the capacity of individuals and groups to participate, express their views and influence decisions that affect their lives. It encompasses the mechanisms through which people can make themselves heard — whether through formal democratic processes, community engagement or advocacy.

It was clear to me that, despite having no voice, I still had a Voice. How come? To what extent do other people with disabilities have such privileged access to Voice? More often than not, they don’t. But I managed to maintain my own Voice. The explanation seemed to be obvious: I am a white, privileged male, working in a company (Abt) that does all it can to be inclusive, and for a client (DFAT) that has elevated disability and social inclusion to a top corporate priority.

I seem to have ended up, after a long career, occupying a position where I have

benefited from “unearned” advantages associated with being white, male and from a rich (although now visibly failing) country (the UK, if you don’t know). I was privileged to enjoy access to a full, state-provided education, a series of “good” jobs, social acceptance (well, sometimes anyway), and opportunities, without facing any of the barriers or discrimination encountered by people from minority groups or those with less social and occupational privilege.

I recognise that in the workplace, despite having no voice, being a white, privileged male meant that my Voice would be heard regardless. I was given access to networks and resources that might not be available to others.

After my return from Hanoi, the medics told me the only chance of recovering my voice was via an operation, which I had in mid-June. The operation was supposed to take between six to eight hours. It took 18, with two emergency returns to the operating table. I returned to work full-time in August, still non-verbal, waiting for my body to recover.

Finally in November, the little bit of plastic that enables me to speak was inserted. My voice was back. Much quieter than before – indeed it’s more of whisper than a voice. But it’s better than no voice at all. The same goes in governance too. Sometimes we must devote an extra 18 hours to give the most marginalised a Voice, and if we cannot manage a Voice, then at least a whisper.

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