

# WebWhispers

Sharing Support Worldwide  
Throat Cancer and Laryngectomy Rehabilitation



## February 2015

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## Report from old friends, Dave and Judy

I am writing this, not as a lary, but as the wife of a lary.

My husband, Dave Greiwe, joined this select club on May 15, 1998. Dave was 48 at the time. As everyone knows, it is a hard initiation, but gets easier as the years go by. Luckily, there were others who had already formed WebWhispers, which made our journey easier.

The following year, Dave joined another elite club, the one lung lary club. Dave was diagnosed with lung cancer in his right lung in April, 1999, which was determined to be inoperable. But, luckily, that was not the case, he was fortunate enough to have his right lung removed in May, 1999. Life was good for many years. Dave became a half marathoner, and completed eight, 13.1 mile marathons. Thanks to our wonderful daughter who believed in him and signed him up for his first race and all succeeding races.

Towards the end of 2014, Dave started having trouble coughing up his daily morning mucus. After being on various antibiotics, and three months going by, Dave was finally sent to a lung specialist. A bronchoscopy revealed a new tumor in Dave's only lung. We were devastated.

The only ones who seemed to feel the urgency to get answers and treatment options were Dave and me but, luckily, we were given a treatment option. Having only one lung, Dave was not a candidate for additional surgery but, we were again lucky enough to have access to Steriodactic radiation, only fifty miles away.

Scheduling seemed to take forever, but, only eight treatments were required. Dave's tumor was right at the end of the bronchial tube where it goes into the lung. Not the best spot. However, Dr. Leagure at St. Vincent's Hospital, Indianapolis, IN. reassured us that he could do the radiation. Dave and I were relieved, we finally had a plan of action. Only eight treatments, but they were strong. Dave blew right through the first seven, but after the eighth one, he was really knocked for a loop. It was necessary for him to go on sick leave. Dave has worked for Cummins, Inc. for forty- three years. They have been a Godsend throughout the years. Dave is still such a fighter. We go back to St. Vincent's this coming Thursday, Jan. 29, 2015, so Dave can have a Pet Scan to see if the radiation has done the job and given Dave a chance to do more half marathons and spend more time with his family. He is an inspiration and I cannot be more in awe of his tenacity and strength.

Dave is still on sick leave and will retire March 1st. We feel we were blessed with sixteen extra years from his first diagnosis of lung cancer. He walked both our daughters down the aisle to their future husbands. He has held our five and soon to be six grandkids. The years since his first diagnosis have truly been the best years of our forty-three year marriage and I hope to have many more with this amazing fighter.

Judy Greiwe

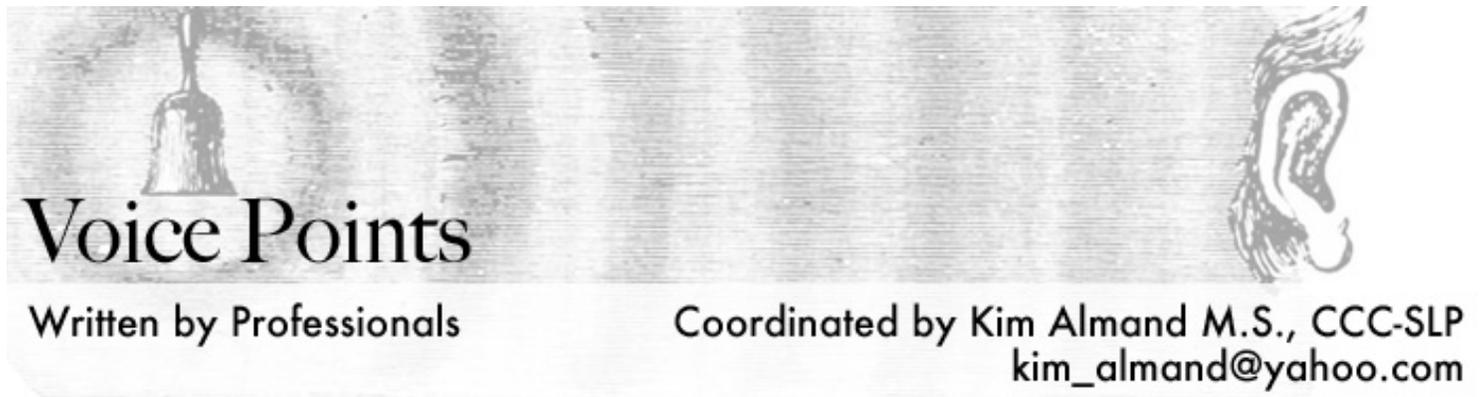
Judy Crowe

I am always happy to hear from old friends with reports on what is happening with them and their families. I met Judy and Dave in 1999/2000 and felt close to them immediately. Nice people and I wish for them lots of love and more time.

*Enjoy,*

*Pat W Sanders*

*WebWhispers President*



## **Kapitex HME Devices and Accessories**

Kapitex Healthcare a UK based company has distributed its specialist tracheostomy and laryngectomy products throughout the world for over 20 years. In the U.S. we work closely with our partners Lauder Enterprises and Luminaud Inc. Today we focus on humidification and filtration systems which do not require adhesive base plates but provide clinically proven benefits.

Helping to restore the humidification and filtration benefits of the nose and upper airway is a clear aim of any system for laryngectomy patients; however an aspect commonly overlooked are the internal pressure systems of the lungs. The larynx and upper airway are an integral part of maintaining the pressurised system inside the lungs; this helps to keep the air sacs and airways of the lungs open, to allow oxygen to pass into the blood stream more easily. Following laryngectomy this pressurised environment is altered, which can result in less efficient gas exchange and secretion production.

Kapitex recognised the importance of maintaining the pressured system within the lungs as well as humidification and filtration of inhaled air. As a result we developed the Trachi-Nase Plus system which not only filters and humidifies air, it has a graded system of resistance which helps to restore airway pressures. The Trachi-Nase Plus system is clinically proven to improve gas exchange within the lungs and over time can reduce secretion production. The Trachi-Nase Plus filter system can be used with our stoma studs or laryngectomy tubes, which do not require adhesives, perfect for those with sensitive or delicate skin.

We understand that each stoma is unique, so to help get the optimal fit for laryngectomy tubes and stoma studs we developed a clear silicone spacer device called Kapi-Gel. Kapi-Gel is available in different sizes

and thicknesses; it protects the skin and improves the fit of tubes and studs. It's tacky skin contact side keeps Kapi-Gel it in position but does not 'stick' to the skin, it gently peels away after use without pulling.

In addition to our Trachi-Nase Plus system, we offer the full range of accessories like Trachi-Swab, Trachi-Dress and brushes for cleaning and maintenance.

Of all of our products probably the most famous are the Buchanan Protectors and Laryngofoam. Designed specifically with humidification and filtration in mind these multi-layer products have been designed and tested in a UK university laboratory to exacting standards. These stoma protectors have been sold globally to hundreds of thousands of patients who trust this leading brand for its quality and proven clinical benefits.

We look forward to providing you with much needed airway protection in improving your breathing experience!

**Michael R. Eaton**

<http://webwhispers.org/suppliers/suppliers.asp> has the USA listings for Lauder and Luminaud here on our website.

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This is concluding the special articles on the HMEs especially written by our vendors. Thank you all for educating us and, in closing, I am going to remind our members of the days before we had the HME:

## **Before the HME**

I wrote most of this in the olden days before the HME..

I used to visit a large number of new larys in the hospital and I had a kit that was designed with the idea of demonstrating physical differences with us as larys than what had been before the surgery.... and doing so in a visual manner rather than just tell them.

I took a clear plastic bottle (like the water bottles everyone carries around), cut the bottom out with a nice smooth edge, removed the cap and I had a demo model for how much moisture we exhale. I would talk about the importance of wearing a stoma cover and would make a gift of 2 or 3 crocheted covers, then after removing mine, ask them to watch. I would inhale, put the cut-out bottom of the clear bottle over my stoma and exhale. The clear bottle was not clear anymore. It fogged up and there would be moisture drops showing on the inside.

I would then explain how the stoma cover caught a good bit of that moisture and when you inhaled back through it, you got the advantage of the moisturized stoma cover... Every time you exhaled, some moisture escaped, and some stayed in the cover. Coming in contact with the drier air, the cover would lose some through evaporation.

That led to explaining that on a dry day, you could wet down the stoma cover by putting it under a faucet and wring it out, put it back on and have a head start. Or carry a water bottle with a spray top and give the stoma cover a misting every now and then. Always had one in the car with clean water.

FYI, the HME has other chemicals added to help hold moisture and cut bacteria. It came along as an improvement over the way we did it. The cost of the the new HME was prohibitive for me and I could not use glue on my skin for the holder (You can now fit them into lary tubes or buttons).

Wild Bill hasn't said anything that hasn't been said on here before... he just has an innovative way of explaining that he doesn't use an HME. Neither do I but those who do benefit from it... as I benefit from wearing a rather heavy crocheted cover 24/7.

I don't think there is very much difference between the types of HME in the quality and quantity of moisture. They are like automobiles all have 4 wheels and a steering wheel but they look, feel and cost differently. Helps if you can try them.

If your house is very dry (TEST IT), yes, you need a humidifier for some areas, because your skin and hair dry out..and your furniture! But YOU control how much moisture goes in your stoma. The moisture in the air in your house does not need to be as high as what you need in your breathing. Your house in the Winter can take advantage of opening the door for your steamy shower air to circulate, open the dishwasher before the drying cycle and get clouds of steam in the kitchen. Hang damp towels to air dry.

Breathe damp air!

**Pat Sanders**



## Spirits in the Sky

My dad died peacefully on January 10th with his family around him. He nearly made it to his 90th birthday and had fought courageously against metastasized prostate cancer for the last two years. He was a terrific human being who lived his life with integrity. He was a great educator, an early supporter of civil rights for all and a devoted family man. I am fortunate to have been his daughter and able to care for him so intimately during the last weeks of his life. It has been a profoundly life altering experience.

Dad had very high expectations for both himself and those he loved. Sometimes it was difficult to live up to them and I, particularly, faltered but someone sent this to me recently and I know Dad would have loved it; maybe not so much when he was younger but certainly in his later years. One thing that was so great about Dad was that he never stopped learning- never stopped trying to be a better human being, a better man, a better father and husband.

BETTER FATHER AND HUSBAND.

He got cancer a few years after I did and he always saw it as a kind of solidarity between us. When he first told me of his diagnosis he said he didn't want me to be the only one to fight this. For all his accomplishments, and they were many, Dad was a simple man who believed in the humble pleasures of his family.

*“Do not ask your children  
to strive for extraordinary lives.  
Such striving may seem admirable,  
but it is the way of foolishness.  
Help them instead to find the wonder  
and the marvel of an ordinary life.  
Show them the joy of tasting  
tomatoes, apples and pears.  
Show them how to cry  
when pets and people die.  
Show them the infinite pleasure  
in the touch of a hand.  
And make the ordinary come alive for them.  
The extraordinary will take care of itself.”*  
— William Martin

He took great delight in his great-grand-daughters and one of the last days where he was able to be awake and enjoy them he kept holding my hand and saying how precious this time was, as they bounced in and out of his bedroom with its high hospital bed, playing hide and seek and the little one jumping up and yelling, BOO! Before she laughed and scurried away.

I want to pass on his love of family and integrity. I am not the leader in education he was but I hope to make a difference somehow, some way. I believe that truth, if not God, is in the small details- the grace notes of life and so I leave you with three little tales:

#1: The first the day I came back home after Dad died I went downstairs to see my son and his family. I was still a bit wobbly but okay. Kayleigh, the 5 year old, announces, all matter of fact, Great Grampa died. Now I know they told her but I was not expecting this. “Mama told me his body died but his spirit is everywhere now.” And she seems to think that is totally cool. I tell her I found a special book about dying called Sammy in the Sky and maybe we can read it but call it Grampie in the sky and she is thrilled. Grampa has become some magical creature to her and she says, “Why he might be here right now. I should say, hey Great Grampa, I love you!!”

#2 A week later when we were visiting my Mom, Kiera (the 2 ½ year old) calls Mom, Great Grampie, which she has been doing all along just like Kay did at that age. They both called them Grampa & Great Grampa. Kay archly corrects her, “That’s Great Grammie. Great Grampa died.” Then she looks a little shocked and turns to me for assurance- was that right? I nod, yes. Kay says, well where is he, anyway? I said, “Remember, Mama told you he is a spirit. He’s everywhere.” Now she’s starting to process a bit. “But what exactly is spirit?”

I say, “Well it’s something we can’t see but we believe in - like in our imagination - like fairies. “Oh, no, Nanny fairies are real” “Well yes they seem real but we can’t see them except in our imagination” “NO

...family, names are real. When you, they seem real but we can't see them except in our imagination. No, that's not right. Fairies are just very tiny- like little bright yellow sparkles in the sky. BUT they ARE real." Okay, honey, then Great Grampa is kind of like that- everywhere we look he's there and we can always remember him and feel his love. "Yeah, then, well what happened to his bed and where's he going to sleep?" She was very triumphant- as though she had tripped me up on that one. I told her he had his own special bed and quilt going back to his room soon- not to worry. She seemed relieved. Apparently even spirits need their own bed and blankie. OMG- how Dad would love that story!!

#3 So the other day Kiera and I went for a walk in the ordinary woods behind our house. We noticed that the snow went crunch, crunch, crunch and that crunchy snow doesn't make good snow angels. We picked up sticks and compared pine needles. Then we had a snack of apples and peanut butter and had a nap. It was a perfect day.

I think... no, I know... Dad would love reading these. Dad was pretty sappy sometimes.

The weird thing to me is that I am not sure I would have been able to be present for any of this if not for my cancer. If I was off pursuing my excellent career, would I have been able to care for Dad so much or walk in the woods or even notice their importance? I don't know. But I do know this, I am profoundly grateful for this life I now have.



**February 2015**

**"Does it bother you to talk about your cancer?"  
"Are you uncomfortable or embarrassed by it?"**

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**John Haedtler, New Mexico, USA - 2001**

Hell, No! The more people I can make aware of the problem, the better. I feel we can find a cure for this! That is the bottom line!

I love the questions that kids ask. They are not afraid to ask! Kids in the Winter is the best, They see the

breath coming from my neck and ask what happened, I normally say, Don't worry, I'm from Roswell, NM, All aliens breathe through their necks. I guess that you must know about Roswell to get that. But then I tell them the truth about smoking and getting cancer and this was the only way to save my life.

I also volunteer to speak to new cancer patients about what they are about to go through. They all ask why I do this, My answer is, I had no one to speak to prior to my surgery. And I was scared to death when I went in for my surgery!

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### **Madlyn Walton - 1998**

I got most questions from kids and since I did not want to get into the cancer info I would tell them I hurt my throat falling off my bike. Then I realized I was creating a fear in them about bike riding. As one little girl said to me, "If your throat ever hurts again, just call me and I will bring you a glass of water." That's when life got a lot easier for me.

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### **Lloyd Enochs, Evansville, IN (home), Mechancisburg, PA (work) - December 2009**

I am comfortable discussing my cancer, recovery from surgery and day-to-day life as a lary. It happens to me a lot because I am a consultant and I travel all over the country working at different clients' sites. At every new office I visit, someone invariably takes me aside and asks "what happened", and we usually wind up discussing not only my situation, but that of a relative or friend of theirs who has cancer and their situation. Also, the large companies I work with usually have a team comprised of employees that are designated for emergency and first-aid response. I always find these people and ask to speak with them; I show them my safety cards and give them a quick "neck-breather" briefing for their teams. At one location, I was the guest speaker at the monthly training/safety meeting of these first responders.

I recall running into some coworkers during a layover one Sunday afternoon at a Delta Sky Club in the Atlanta airport (we were all waiting for the same delayed flight to the west coast and our client). One of my coworkers wanted to know the technical details of how my "push-to-talk" button on my neck worked; she had seen me around the office in daily activities but wasn't sure how to approach the topic at work. So we got into a "show-and-tell" at the bar with a filter, baseplate, one of my spare prostheses and a safety card I always carry (from ATOS, but all the vendors at the IAL distribute them). By the end of our short demo and discussion, 5 or 6 people had gathered around. One of the Club employees remarked that her uncle had one but she hadn't ever known how it worked.

Because I work on the road, I am in daily contact with hotel desk clerks, airport gate agents, flight attendants, corporate white collar types, manufacturing floor workers, waiters, waitresses, and bartenders. They all are curious, but rarely come forward to ask questions. In my experience, there are lots of people out there who are genuinely interested in our successes and, more often than not, have someone in their immediate circle of family and friends who has experienced cancer. These people are honestly looking for "expert knowledge" that they aren't getting from the medical community - a layman's perspective, if you will - that can answer their questions with less technical answers. I've found that they are just nervous to ask us because they think we might be offended or too angry/upset/mad/sad/sensitive to talk about our cancer. But mostly, they are worried about a friend or relative and need to hear about some positive, real-world experiences. By being forthcoming with our experience and going about our "normal" lives in our normal, no-nonsense way, we can encourage them to ask questions, ease their concerns and, ultimately, help them understand their family members better.

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**Pete Meuleveld**

Not anymore.

That concern went away really fast. Now, I rather enjoy it when people ask questions about what happened, how I am able to speak, etc. And, my wife often has to restrain me from popping out my HME cassette to reveal my stoma. So, I have learned to not volunteer "Too Much Information".

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**Tom Olsavicky, Newport News, VA - 2008  
President, Peninsula Lost Chord Club**

Am I bothered by talking about my cancer? In fact, I'm just the opposite. I am proud of the fact that I was able to survive the operation and get on with the rest of my life. I would talk more about it if people were willing to listen. Like many of us, I had an adjustment period when I was looked at when I started to speak with my new voice or when waitresses could not understand what I was ordering but that quickly went away when I realized that they were curious more than anything. I was never a smoker or heavy drinker so maybe that makes a difference to some who blame themselves. My feeling is that it can happen to any of us and I don't mind telling others how it has effected my life.

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**Scott Sysum, Concord, CA - Aug 2008**

Initially I was reticent about speaking about my cancer. But now it is not about speaking about my cancer, as it is speaking about my voice, I use an electrolarnx, so the mechanical sound is hard to understand sometimes. Really, nobody asks about my cancer. I think people don't like to probe about cancer in a fellow or acquaintance. Only my mother has commented on my cancer, and she said it was all my fault, you know, life style choices, smoking and drinking. Which is true, but why hammer me with that.

So now I am open to conversation about my cancer and surgery, It is what is!. We have to live the life we are given, and for now, I am glad I am alive.

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**Dick Strauss, Elk Grove Village, IL - 02/07/2002**

I am not in the least bit hesitant to speak about my cancer or being a lary In fact I welcome the opportunity to make people aware of how we verbally communicate and what we may require in an emergency. I welcome the times I'm asked to host a program where I'm the moderator or a presenter. What I dislike is when my lady and I go out for dinner and the restaurant is loud with overwhelming music, making conversation extremely difficult. I use an electrolarynx.

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**Margo Ziegler, Minneapolis, MN - 1996 - Permanent Trach**

I always have been very comfortable about talking about my cancers. Not only my Thyroid cancer, but also my breast cancer. When ever someone has asked me a question, I have always given them as many answers that I could. And how it effected my life and how I deal with it. I have not met anyone yet that asked

answers that I could. And how it affected my life and how I deal with it. I have not met anyone yet, that asked me a question, that wasn't very interested in hearing what I had to say. I am mainly a "positive" type person and I do think the more we can share with people, is a good thing. Especially to see we are SURVIVORS!

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### **Marilou Percival - 8/2013**

I do not mind talking about my cancer, I think when a person asked me questions, I enjoy answering them and giving them information that may provide them with something they may be able to use someday. I got lots of questions right after surgery, and now only get one once in a while. It is much easier telling people now that I can 'speak' rather than having to 'write' my answer.

I have done a 180 with regards to speaking about cancer. When I had breast cancer in 2001, I would not talk about it much, only to people who knew me. It was simple not to have to say anything since when looking at me you did not know whether I had ever had cancer.

Now with being a total laryngectomee, it is very obvious that something had happened around the area of my Stoma. I really enjoy when children ask me questions and I can tell them about it, show them my TEP.

Therefore, the speaking about my cancer has been a learning experience and has widened my knowledge. Thanks.

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### **Elizabeth Finchem, Tucson, AZ -10/78**

"Does it bother you to talk about your cancer?" "Are you uncomfortable or embarrassed by it?"

Assume these questions are meant essentially for our newest laryngectomees, still I can relate as I can recall vividly what it was like those first few months for me and my family; especially for my six year old daughter that was teased daily by her classmates...even after school hang up phone calls to continue the harassment about her mother using an electro larynx. When I discovered what was going on I dealt with it by arranging to speak to her 1st grade as part of the Health curriculum. (Just two months post op and I took on this public speaking assignment.) The kids all knew me as a regular volunteer and neighborhood friend. Facing them in school was the first step. Once they heard what had happened to me, and they each had a chance to use the electro larynx the tide was turned from oddity to understanding and fun for the kids. The after school phone calls with laughter making hurtful fun, and the hanging up suddenly stopped.

Ever since then the necessity to educate (explain) about my new voice and the stoma are a result of me having had cancer, what kind of cancer, and how long ago it happened. It's been a little over 36 years ago now and I still have to explain this to the curious who may be cashiers, doctors of all sorts...everywhere, friends, and even an occasional nurse or therapist that may see me in the airport or grocery store. The latter always assume I am a "trach patient" not comprehending that it is a permanent stoma and my larynx is gone because I speak very well. "How IS that possible?" So we teach as we go. Am I embarrassed about this? No. It is an opportunity to help others know that rehabilitation and survival post op is possible so many of us live to thrive and enjoy life again.

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### **Marlene E. Grayson**

In answer to this months question, I must say, NO! it does not bother me in the least to talk about my cancers or experiences with them, I am not embarrassed in the least, I often forget that I can not talk and only when confronted do I remember to use my writing board to explain that I do not have a voice. Most people can read my lips.

I really like to talk about it or have my story out for all to read, If my actions from the past can educate anyone, child or adult the happier I will be, also I like to show others they can bull up, be strong and get through just about anything. I like to be support to anyone I can help.

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### **Mohan Raj, Bangalore, India - Lary Mar 2010**

The truth of the matter is, more often than not, it is the listener who feels uncomfortable and embarrassed to hear of my Cancer. I can see the listener, ever so sadly, mentally writing me off to pass away, in the next few weeks or months. When by chance I bump into the same listener after a few months, the astonishment and the disbelief of that person is easy to see. He stares at me, dumbfounded, as though he is seeing my ghost, being just unable to believe that I can still be alive. He cannot express it, for the sake of decency. But the silence and the look of wonderment tells it all. And that is an embarrassing and uncomfortable moment for me!! It happens ever so often, as more time passes.

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### **Christo Slatton, Bullhead City, Arizona - Sept. 2014**

No it doesn't bother me at all. People are curious

So far I have never been embarrassed or felt uncomfortable about it. It is what it is. Now if a big wad of goo was to come flying up and develop something that will make our lives easier in some way. Wouldn't that be nice.

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### **Gayle Garriott**

I have no problem speaking about my cancer and find many people would like to know more but are afraid to ask. I do not like friends who have used me as a poster child for their relatives to get them to stop smoking. It is very awkward and doesn't work. I think the more we talk about cancer the easier it is to find correct information and we aren't so uncomfortable. We can support each other.

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### **Len A. Hynds Ashford, Kent, England**

I have noticed how the general attitude towards mentioning cancer has changed over the years.

When I was young, cancer was of course still a serious problem, and was spoken of in hushed tones, as if just saying the word would cause you to develop it. And as a young man I saw so many young women die of cancer, and it appeared that any cancer would be fatal. Of course, so much has been learnt over the last seventy years, not only in identifying the many, many, different types of cancer, but slowly, but surely, so many different types have been beaten, but still the more serious types have still to be overcome.

The story of cancer of the larynx, has been with us for many years, and originally nothing could be done, and generations just died as it slowly spread to other organs, or the patient died of strangulation. Then through

trial and error the cancer was removed, leaving the patient without the ability to make sound, as the vocal cords had to go. Then through the years, those doctors worked on various methods to renew speech. and most of us now do have the ability to speak again. So your white bib should be worn as a badge of courage, you are a survivor.

Cancer is spoken about these days quite easily, and it is far better than the old days .

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### **Debbie Deaton, Cincinnati, OH - Surgery 2/28/12**

No, it does not bother me to talk about my cancer. In fact, I've walked up to a stranger, I've seen smoking and let them know that this is from smoking. I do this to try to help others see what that bad habit can cause. I would much rather talk about it to someone who is curious than to have them just stare at me. When I'm in a room and talk, everyone stops what they're doing and looks at me. Nobody has ever asked me about it but I would not mind if they did. Thank you for listening.

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### **Logan Grayson**

I have been a laryngectomy since 1997 and it has never really bothered me to talk about cancer to anyone at any time. If the subject was brought up about cancer and a question asked I would answer it to the best of my ability I have at times gathered up a bunch of kids and bet them that I could hold my breath longer than they could and would then give them a lecture on smoking and show them what happens sometimes if they do smoke I guess what bothers me most about having cancer is I tell members of my family what I think caused my cancer and they continue to smoke like they don't believe me. Maybe I'm wrong but I think that smoking is one of the worst things a person can do and don't hesitate to tell anyone who asks what I think caused my cancer. Being a forum manager on the WW forum site I have tried to answer a lot of questions to the best of my ability and hope I have helped some.

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### **Joe McGoff, Houston, Texas - August, 2013**

We all have our own way of dealing with a cancer diagnosis, cancer treatment or surviving cancer. There is no right or wrong way of dealing with cancer, only the way that works for you. Throat & Larynx Cancer, resulting in a partial or complete laryngectomy, does differ in one major way from many other types of cancer. Now every cancer is devastating to the patient, their families and loved ones. However, for me personally, it is difficult to ignore the fact I breathe through a hole in my throat (stoma) and speak with an artificial voice prosthesis (TEP). If I were a survivor of leukemia or lung cancer or breast cancer or any number of other cancers people would never know unless I told them. Again, for me personally, being a cancer survivor is a fact of life and I put it right out front whether in a social situation or a job interview, as they say "it is what it is." I am a volunteer for an organization called CanCare. We provide help, support and identify resources for cancer patients and their caregivers. Volunteers are composed solely of cancer survivors and/or current or former caregivers of cancer patients. The CanCare staff tries and match up cancer patients with a volunteer who has survived the same or similar type cancer. A lot of what we do is listen but we also answer many questions from the cancer patients and/or their caregivers concerning what to expect. Personally my biggest fear after being diagnosed with Stage 4 Throat & Larynx Cancer was fear of the unknown .... during and after chemo and radiation treatments and post surgery. It is during these situations where I mostly speak about my cancer and it does not bother me in the least nor am I uncomfortable or embarrassed by it. In fact it is not only helpful to the cancer patient and their caregivers it is extremely helpful to me as a cancer survivor.

Well, once again I am amazed for a fellow with no voice I still don't know when to shut up! Cheers and Good Luck to All

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### **Ann Buckley, Irmo, South Carolina - September 2012**

I was really sick before surgery so I really didn't care what they did to be. Honestly, I just wanted to be better. At first it was really frustrating but I had one person who could read my lips and hear me, my daughter. It seems to me even now that men can't understand me, with the exception of my hubby but thats ok. Now I'm really fine by using my el. I didn't want the other done, I hear too much about problems, so I decided on the el. I'm doing fine now and had a great speech therapist. She was awesome and made me feel human and a woman again. I just thank God everyday for life. We all never know when this rotten cancer might creep back so I enjoy each day to the fullest. Us larys will make it, just believe in yourself, have faith, a good support system and love conquers all. But most of all my strength came from God and I thank Him everyday. Have a blessed day.

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### **Carl Strand, Mystic, CT - Radiation summer of 1991, Surgery February 10, 1993**

I made a conscious decision when I was first diagnosed with cancer to involve all the groups I was part of. I found that, for the most part, people were supportive and were very much a part of my successful recovery. Those persons who were uncomfortable dealing with and discussing the issue of cancer were just left alone. I did not push nor get defensive with them.

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### **Maria Taylor, Abington, MA USA - June 2013**

It does not bother me at all to talk about it; matter of fact I tell anyone who wants to listen what my doctors have told me why I have it in the first place; due to my cigarettes smoking for 43 years. When I was 19 years old female smoking was not socially accepted in Genoa (Italy) where I lived; I thought not only was it a rebellious move on my part in fighting the establishment but also it made me look sophisticated. We had no idea in 1961 how dangerous was the chosen path we took. Later when we started hearing scary statistics of lung cancer, it did not bother me because ..... I was not inhaling, so I could not be effected by their alarms.

Uncomfortable or embarrassed? ---- No. I am either blessed or cursed by my medical condition, which ever one prefers to believe. On my part I think I am neither .... God must have a reason for me and I just need to find what mission He has for me. It wasn't really something I could control once it came so I am not embarrassed and certainly not uncomfortable because my diversity/difference is a badge of honor for now since I AM A SURVIVOR!!! Breast cancer in 2008 and so far 4 Neck & Head ones since 2011. Planning to ride this train as long as I can.

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### **Terry Duga, Indianapolis, IN - 1997**

I have never been particularly shy about discussing my cancer. When people ask about how I speak, I am more than happy to show them my valve and stoma and talk about the prosthesis. (SLP's refer to this as being a "Flasher"). I have found that people are interested in my mode of speech and this can be an ice breaker at times

SEARCH RESULTS

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### **Bill Cross, California - Oct 2013**

No it doesn't bother me to talk about my cancer or say the word cancer. I know some it does very much, they don't want to use the word. The fact is, yes I had cancer. Not too many thought I would survive it. I think only five thought I would and that counts my wife, Doctor, myself and two friends. My father in law drove 300 miles to be there for me and would not leave until I was out of surgery, then he drove back with his Granddaughter, he was 86. I was told my lungs are too bad to do surgery and can't survive radiation. They will do the surgery if I have a laryngectomy so I can breath through the trach. Wasn't too hard of a decision, lose my voice box or die.

There are times it is hard to talk because I need to clean my TEP. Yes if you go to Walmart some people will stare. That is because they just never saw a person who breathes through his neck or pushes the button to talk. I would have to say over 98% of everyone I meet treat me great and no different.

I will say the only time I am uncomfortable is when I have to go to a hospital. Most Doctors and nurses have never seen one and do not know how to treat you. They have no idea how to get me on oxygen, and the very nice pulmonary specialist had no idea how to give me the test and he has been doing it for 35 years. When we talked on the phone the day before I said, you know i'm a neck breather? Answer was yes that is no problem. Well we figured it out when I showed him what adapter I needed.

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### **Tim Perkins - Feb 1, 2013**

I'm hitting my two year anniversary this week. I'm a 65-year old American living and working in France, and had my surgery in Toulouse.

Some thoughts about the topic.

Above all, I remain in healthy denial about cancer! I'm one of the lottery losers (the Fickle Finger of Fate) who was in perfect health until polyps on my vocal chords turned bad. And as researchers are now realizing, there is a definite randomness to cancer. Someone like me who never smoked, exercised frequently, ate well, didn't drink too much, and literally, in sixty years, had only been in a hospital for the births of my daughters -- kaboom, kabam -- to get cancer seemed surreal.

So my approach to life has been to treat my laryngectomy like an inconvenience, and to continue working, loving, eating and drinking as if none of this ever happened. No time to feel sorry for myself. No time to spend obsessing about every little or big inconvenience. No time to be embarrassed about having to press my button to talk. As I tell anyone who is interested, "Hey, what am I going to do? It's the hand I was dealt." And this, I think, is the most important point: If I'm not embarrassed about this, others aren't either.

Every laryngectomee underwent a brutal operation. The doctors did their jobs. We survived. Now it's up to us to move on. Yes, I wish I could still sing, could dive under water, could bend over without feeling as if my stomach was going to empty. But I have also come to realize that some doors closed meaning I need to open some new doors. Instead of running, I hike. Instead of singing, I've taken up the bass guitar. Nothing embarrassing about that.

Yes I had cancer. So what? Anyone reading this is a survivor. There are millions of us, and, thanks to modern medical advances, the percentage of us who do survive continues to increase. I haven't talked with anyone yet who doesn't know someone who has had cancer.

Bill Cross, California - Oct 2013

DO I TALK ABOUT CANCER MUCH? NOPE. I'm too busy to waste time on that.

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### **Betty Belue - 2005**

Hello Everyone, I am not embarrassed when people ask me about my cancer. I would much rather they ask then just stare at me. When they stare at me, this does make me feel uncomfortable. I work in retail so I am stared at quite a bit.

What really bothered me was one day 3 girls (17-20 yrs. old) asked me where something was and when I answered her she started laughing right in my face and choked on her gum. This hurt my feelings real bad, I wanted to slap her, I wanted to cry. I just said to her would you laugh if your mother had cancer? She never apologized or anything. Just kept on laughing, the other 2 just stood there with sorry looks on their faces. This happened last year and I'm still jittery when the younger generation asks a question. Every now and then I get to thinking about it and wonder what I should have done!

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### **Joe Hilsabeck, Edelstein, IL**

I don't have any problem talking about my cancer, it is what it is. If someone asks me what happened I will explain what was done and answer any questions. I wear a tube with an hme, do not use a bib or cover as it seems people are more curious as why I have a scarf around my throat, this way they know it is a medical reason. Its never bothered my friends and I don't worry about strangers, if it bothers them its their problem not mine. Maybe I would be more self conscious if had an open stoma they were looking at.

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### **Roger F. Broderick, Indianapolis, IN - August, 2012**

After becoming a Lary in August of 2012, in October of 2012 I had a recurrence of cancer at the base of my tongue which needed to be cut out & rebuilt with other body parts. I was fine until the cancer, and ever since.

Yes I was a little embarrassed at first but I had a great speech therapist & eventually began to talk. With therapy & working hard I got better & better. I will be 69 at the end of January and If I am in a loud place I have learned to be a better listener, which my wife appreciates!

My father lived to 97 & lived in his own house with the exception of the last year of his life. My Aunt's & Uncles have had long lives as well. Until throat cancer I just assumed I would live a good long life & thought I would live forever. So In a strange way cancer has helped me realize I will not be around forever & I should live everyday as if it is going to be my last so I try not to postpone many things.

I emailed a good friend not long ago & told him I was doing pretty well but just talk a little differently now. He emailed back & said Roger you always talked a little differently! I guess that pretty much sums it up for me. I am happy to be alive & try my best to make every day a good day whether I talk funny or not.

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### **Lorna, St. Louis - 2014 (& tonsil cancer in 2007)**

Since I'm new to this, I'm kind of torn between talking about the cancer or not. This cancer is usually associated with smoking. I would love to tell people who smoke that this is what can happen to you - so stop smoking. But, that's not what happened to me. And, this is my second cancer that is typically associated with smoking So, instead, I just tell people I'm tired of taking it on the chin for all the smokers out there. Brutal? Maybe, but it is how I feel.

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Thank you for your submissions. Edits are used for length, clarity and to keep comments on subject of the month.

Staff of Speaking Out



### Lary's Birthday Present

It was my 60th birthday at the end of December. Caught between Christmas and New Year and with dark evenings, icy roads and winter colds and flu thrown in for good measure, this is not a great time of year for a birthday! Some of my friends were away on a New Year's holiday and others were unwell so I decided to keep it to a family celebration. My mum, one of my aunts and several cousins would be in Dublin at the time so I invited them to a meal in my apartment (well two meals actually as I only have a small apartment so I had six for lunch and another six for an evening meal).

Before we got together, Lary, I wouldn't have had much problem organising a party like this. But how does an electrolarynx user meet and greet while taking people's coats and trying to serve drinks or nibbles? It could all get so confusing for everyone not to speak of the frustration I might feel. And during the meal, the hostess often has her hands full (literally) with practical matters. How was I going to manage it?

Even when I have my hands free to use the EL, I feel quite limited socially nowadays. Although I can generally make myself understood when I need to, there's a lot of challenges to overcome for each little contribution. During a meal I might have to wait half a minute before I can swallow. Or else, by the time I've lifted my EL and found the sweet spot, the conversation has moved on. If I really have something I want to say, I'll work through these obstacles. But paradoxically, light chatter is more challenging than serious talk! People have to make an effort to wait for me to be ready and then to listen and understand me. I know this brings out their kindness and patience so it's ultimately good for all of us. I'm growing to appreciate this consequence of having you in my life. Lary. But you're not much help with lighter level interactions that lift people's mood. Basically you're not much good for birthday parties!

Another thing you're not much good at. Lary, is housework. You did quite a bit of damage to my right shoulder and so chopping vegetables and squeezing oranges and other work like that can be exhausting.

Because of it being so near Christmas I didn't feel like roping in friends to help with a dinner they weren't even being invited to! Then I remembered Josie, who works as a 'home help'. Why not ask her to do a few hours chopping and peeling on the eve of my birthday? To my great relief, Josie was free. She's not only strong and capable and good-humoured, she's one of the 'Lary Stars' of this world who doesn't need me to spell out everything in words as she can guess what any little gesture or facial expression means. Instead of being a stress, the preparation was actually a delight!

This was another milestone in our relationship, Lary. I was delighted that I could ask for and enjoy being helped with something that I used to do quite easily. Shows I'm letting go of the old, capable, independent Noirin, and adapting to the new Lary-Noirin reality.

That still left the problem of meeting, greeting, serving etc. I decided to send a group email to friends asking would any of them be willing to be 'Cinderella' at my party. Cinderella duties would include all the last minute kitchen stuff and serving the food as well as looking after people's coats and other practical matters. That left me completely free to relax and chat as best I can. Then, once we were all sitting and served, Cinderella would 'come to the ball' so to speak, and be the guest of honour at our party. That would take the spotlight off me and the family would have the stimulation of meeting someone new (especially since we'd all met only 5 days earlier over Christmas dinner!) and all the light-hearted chatter that can go with that.

To my delight, my friend Suzanne immediately volunteered. She has been a real "Lary Star" since surgery – always ready to help with whatever I need, and so capable and practical as well as being a great talker so she can easily make up for my difficulties in that department. She was a brilliant Cinderella and I felt happy to relax and leave it all to her.

I even noticed a guilty pleasure at taking it easy and letting others do all the hard work – including the work of conversation! In the past I would have been quite fired up following all the threads of conversations and finding the right word to say or the right question to ask. In some ways socialising is easier now that I'm only expected to smile and nod and put in an occasional word or two. The pre-Lary me got a buzz from socializing but didn't have much space for relaxation. At my sixtieth there were lots of moments where I could withdraw attention from the social scene to savour the pleasure of the occasion and sense the goodwill in my heart.

This was your surprise birthday gift, Lary, and I was happy to accept.

**Noirin Sheahan**



# Travel WITH Larys



## Enjoy Your New Normal (As Best You Can)

by Jack Henslee

Travel is something that many if not most of us have always dreamed of doing, either during normal life or after retirement. You have done it, dreamed it, planned it and certainly earned it but then things happen in life that put a kink in all that and you are now hesitant and/or afraid to travel because you think it's no longer possible due to an illness or condition that may limit your abilities. Some common things that come to mind are COPD, peripheral artery disease, stroke, and even laryngectomy to some extent. For most of us just being a laryngectomee is not usually a factor that would prohibit travel in itself, but many of us are also at an age where we may suffer from some sort of respiratory or mobility problem that could affect some travel, or maybe our companion suffers from some type of disability.

The following are some suggestions and tips for you to consider before you cancel that dream vacation that you may think is now impossible.

### **Respiratory Issues:**

Flying or even cruising with oxygen has always been a major hassle. Airlines will not allow you to use your own oxygen compressors (gas in tanks or liquid oxygen) on planes, but you can take them to as far as the gate and then use their oxygen while onboard the plane. The big down side to this is you have to make special arrangements well in advance to not only use their oxygen but you also have to arrange for someone to take your tank from you at the gate, and also have someone meet you at your destination with a new tank. Not only does that mean that they will need a special gate pass (unless they meet you at baggage) but it gets a lot more complicated if you have to switch planes and or have a long layover.

Cruising is a little better but it still has its challenges as well, starting with, "how do you get to the ship?" But assuming that you can get to the ship ok you will still need to supply your own oxygen which means you first have to get permission at least 4-6 weeks before departure and then have it delivered to the ship by a medical supplier. Cruise lines may also require a letter from your doctor, which should include a brief medical history and a current oxygen prescription.

Fortunately there is now a better way to do all this. You may be familiar with oxygen concentrators that many COPD patients use around the house, the bulky units that pull the oxygen from the air and deliver it to the patient via a hose, and run off A/C power in the home. Well now there are FAA-approved battery-operated portable oxygen concentrators (POCs) that are allowed for use on planes. These concentrators are about the size of a laptop and weigh about 10-20 pounds. (The Federal Aviation Administration requires COPD

patients to carry battery power for 150% of your scheduled flight time.) If you are a laryngectomee be aware that many if not most of the portable concentrators are what's called a "pulse" concentrator which means that the air has to be delivered through your nose. When you inhale it triggers a pulse of air rather than having a continuous flow. But until someone comes up with an attachment that can deliver air to a sealed stoma we can't use a pulse only unit (Hint for ATOS or InHealth). So you have to find one that offers "continuous flow"

that can be adapted to feed a stoma. This link will show you a good video of how one product works and gives you a link to the manufacturer but there are many others out there.

[https://www.youtube.com/watch?feature=player\\_embedded&v=I9W9mO9JSvo](https://www.youtube.com/watch?feature=player_embedded&v=I9W9mO9JSvo)



To use a concentrator, you must show medical necessity and get permission from the carrier, typically at least 48 hours before your flight. Rules vary by carrier and are subject to change, so call the airline's help desk a few weeks before your trip. Ask the airline representative what you need to do to get oxygen aboard.

The cost for a POC varies from \$1,500 - \$4,000+ depending on what you require. Pulse machines for non-Larys are normally smaller and lighter than the continuous flow machines we require but all are portable to some degree and most good insurance policies will cover them. They are also available for short term rent at numerous sources. These are especially ideal for cruise ships because you can use the ship's electricity while in the room and also recharge the unit for when you are out of the room.



### **Mobility Issues:**

Some of us have some degree of mobility problems. In my case it's PAD (peripheral artery disease) and the severity varies from time to time, but mostly I'm just limited in how far and how fast I can walk. But I can walk! Sometimes with a cane or hiking poles, but most of the time I'm ok as long as I take my time and plan

accordingly. Little things like getting to the airport a little earlier than most do so you don't have to hurry, and making sure that your connections leave you enough time to easily get to the next gate are important (be aware of possible late flights). Other options are to ask for wheel chair assistance to and from the gates (it's free but don't forget the tip) or if you're lucky maybe you can catch one of the personnel carts that drive around. Unfortunately a lot of the people on the carts have no handicap and there are not a lot of them to go

around so don't plan on them unless you have a lot of time (Cussing at the 20 something's on a joyride doesn't do much good). I also find that taking my collapsible cane with me can normally get me priority boarding without paying extra. It's not only easier but it almost guarantees overhead bin access!

If you require a wheel chair, scooter, or powered chair the below info should be helpful.

When making airline reservations:

1. Make your reservation as far in advance as possible.
  2. Tell the reservations person that you will be traveling with a wheelchair or scooter.
  3. Inform them if you need assistance in boarding (an aisle chair to get to your seat)
  4. If it is a long flight and you are able to use a standard plane restroom but are unable to walk to the restroom ask that they make an aisle chair available to you during the flight. Some airplanes have a privacy curtain that includes the aisle that would allow a companion to assist you. But keep in mind that airplane restrooms are quite small.
  5. On newer and refurbished wide body jets (the ones with two aisles) there is one accessible restroom. It is large enough to fit the aisle chair inside so making it possible to transfer to the toilet. These planes generally carry an aisle chair, but it is a good idea to confirm that one will be on board.
  6. Always confirm that they have a record of your requests 48 hours prior to departure.
  7. Some of the newer planes have lift up arms on some of the aisles. You can request to be seated there if they are available. It makes transferring easier. Some passengers prefer to request bulkhead seats that have more legroom, but the arm rests on these seats do not lift up.
- NOTE: An aisle chair is a narrow straight back chair with wheels underneath. It is designed to fit down the aisle of an airplane and is used to assist passengers that cannot walk.

When you get to the airport:

1. Arrive early
2. Always check your chair or scooter at the boarding gate and request it be brought back to you at the gate when you arrive.
3. It is suggested that you use gel or foam filled batteries in your scooter or power chair. They are also known as dry cells. (NOTE: Standard acid filled batteries or wet cells will be removed by ground crew and packed in special containers for transport.)
4. If you use a fold up manual wheelchair you can request that it be stowed in the on board coat closet. (NOTE: There is only room for one wheelchair and the service is available on a first come first serve basis, so you should arrive early to make your request. Plus not all planes have a coat closet).
5. Make sure your name and address is on your equipment and that it has a gate delivery tag if it is being stowed below.
6. If you have to change planes request that your own equipment be returned for the layover. This not only assures your independence while in the terminal, it reduces the risk of it getting lost or damaged. Since wheelchair users are last off the plane make sure you allow enough time
7. If you need assistance transferring to the plane seat, take responsibility for yourself and tell the staff how to help you or pick you up, etc. Yes, they should be trained, but you are always safer not assuming anything.

to help you or pick you up, etc. Yes, they should be trained, but you are always safer not assuming anything.

8. Before landing remind the flight attendant that you will need your equipment brought to the gate so they can radio ahead to make the arrangements. This can help speed things up.

If you only need a scooter or wheelchair for distance you may prefer to rent one at your destination for a day or the entire trip. Also many theme parks and other attractions that require a lot of walking have scooters or wheelchairs available for rent or loan.

### **There are a lot of options for cruise ships.**

Most cruise lines will allow you to bring your wheel chair or scooter on board but you need to be aware of some limitations.

1. Request an accessibility room. These rooms will more easily accommodate scooters and wheel chairs with wider doors, turn around space, grab bars, roll in showers, and other accessible features like plug-ins.
2. Some destinations do not dock and require a "tender" to transport you from ship to shore. Most tenders will not accommodate wheel chairs and scooters.
3. Depending on the port, and more importantly the tides, you may have to be carried on or off the ship because of the gangway angle. Not a show stopper but be aware just in case.
4. Not all shore excursions can accommodate wheel chairs or scooters.

A quick Google search on the <http://www.specialneedsatsea.com/> website shows that the WW Cruise this year on the Serenade of the Seas cruise to Canada has 19 fully accessible rooms and the Special Needs website has mobility and oxygen equipment available for rental. There may be better options out there but this may be a good star. Plus if your still a little nervous you can take a comfort in the fact that on this cruise you are probably within hours of any medical or transportation needs that may come up that the ship can't handle. This website lists the capabilities of most major cruise ships.

### **Other considerations:**

Extra supplies of your medications in case you get delayed or stranded.

Copies of all prescriptions in case you need a refill or luggage is lost. Put it in your carry-on luggage. A written list will also work but make sure it's precise and accurate.

A written note from your doctor detailing your medication and oxygen needs with a brief description of your condition. You may need this at the airport if you're taking an oxygen concentrator.

All medications, including inhalers, nebulizers or bronchodilators, in your carry-on in case of delays or lost luggage.

Depending on your needs and your destination you may want to bring a portable humidifier or suction machine. A great low cost humidifier can be found at Bruce Medical <http://www.brucemedical.com/bowapehu.html> , or similar models are at CVS or Walgreens. These light weight and easy to transport units work off bottled water and are a personal travel favorite of mine.

Spare prosthesis.

Saline bullets or at least a sprayer for your stoma.

Only you know what your limitations are and before you take on any challenge that you question you should

consult with your doctor and then do an honest assessment of your abilities vs. your desires. I simply want to make you aware that maybe some options exist that you never considered and your new Normal may have greater potential than you imagined. Bon Voyage!



***[Recently Len Hynds posted this poem on Webwhispers' site on Facebook. It was dedicated to a fellow WW member whose husband is losing his sight and so she faithfully reads all the posts to him. He thought of that as the quintessentially loving gesture from a devoted wife and wanted her to have this poem as a token of his esteem. We think it is lovely and actually it seems to us a metaphor for many of the things that we can lose along the way and to remember to be thankful and compassionate. It bears re-printing. Thank you, Len. ~ The Editors~]***

### **The Colours We See**

We take all colours for granted,  
as we see them every day,  
our world so lovingly painted,  
every hue in sweet array.

But what of those made cruelly blind,  
or have a mistiness there to stay.  
How nature could be so unkind,  
when to those their world is grey.

A world without colour,  
would be dim without their light,  
sad flowers would gasp for colour,  
if the sun stopped shining bright.

The meadow grass, so green and calm,  
would be grey with sadness too

would be grey with sadness too,  
and golden corn, their stately charm,  
would vanish in a greyish dew.

And trees so bare, without green leaves,  
would look odd to say the least,  
like some old coat, without its sleeves,  
not a beauty but a beast.

No bright yellow sun to make us warm,  
no blue sky that we see above.  
No rainbow there to follow the storm,  
showing colours that we love.

There are thousands of colours,  
that we see every day,  
because god gave those colours,  
to help lighten our way.

So spare a thought, for those of us,  
whose world is only grey.  
So live your life with little fuss,  
and be thankful every day.

## Bits, Bytes and No Butts!



Frank Klett

### Is This The Year of the Chromebook?

Chromebook is a term adapted to define a laptop computer as one that has a Google developed Linux operating system. While it may resemble your Windows PC it is a different and very inexpensive alternative. The typical Windows PC carries with it a licensing fee charged by Microsoft for the use of its software...this can add from \$100 up to the cost of your new PC. Chromebooks do not have that cost and therefore are less expensive from the outset.

One of the single greatest differences with the Chrome OS is that your interaction with your PC is through the Chrome browser and no other. This may seem somewhat restrictive, however most users quickly adapt to

Chrome browser and no other. This may seem somewhat restrictive, however most users quickly adapt to the user-friendly Chrome interface.

One of the cost reductions which has become very popular with all the manufacturers is the use of the cloud for storage as opposed to large hard drives. Consumers have as a whole accepted this approach to reducing costs since they have many options open to them if they want more local storage.

For the typical casual user with the need to check and send email, catch up on the news, update Facebook and shop online they soon find that a Chromebook meets all their needs for a much lower cost than a Windows PC.

Amazon's number one selling laptop for the past two years has been the Chromebook line...with an average cost of \$249. Chromebooks are currently made by Toshiba, Asus, Acer and HP. As you can imagine this low pricing has led to many folks purchasing the Chromebook for the kids, for a second PC, in place of a tablet, for the family student, and just plain because.

So I turned to our resident expert express his thoughts and he has done that in a very readable way;  
[http://askbobrankin.com/is\\_2015\\_the\\_year\\_you\\_buy\\_a\\_chromebook.html](http://askbobrankin.com/is_2015_the_year_you_buy_a_chromebook.html)

Another review comes to us from MakeUseof;  
<http://www.makeuseof.com/tag/acer-c720-chromebook-review-giveaway/>

After all the news on the Chromebook it is time to bring you the even better news. Microsoft has felt the heat from the Chromebooks and from the cheaper tablet market...losing market share mainly because the added cost of its software licensing. To help offset this cost differential; Microsoft reached a deal with its hardware partners to reduce their cost of licensing in return for a dedicated product design on their part to reduce the overall cost to be equal or better than the Chromebook's. Hence we now have sub \$300 Windows laptops hitting the market and going head to head with them in pricing and in most cases offering a full featured Windows 8.1 product. The consumer can only win in this arrangement, whether they decide to buy the Chromebook or an inexpensive Windows laptop.

HP and Microsoft got together to come up with the Stream...In fact, recouping some of the low-end laptop market is so important to Microsoft, the company worked with H-P to price the Stream to undercut the most popular Chromebooks, which are typically \$250 to \$350. The HP Stream 11 runs a full version of Windows 8.1 yet costs only \$200. But wait, there's more: It also comes with a free year of Office 365 and 1 terabyte of Microsoft OneDrive cloud storage—a \$70 value. Buyers even get a \$25 gift certificate for the Microsoft Windows store. Do the math and this laptop costs \$105.

And finally, for the video of the month, this item gives us a grand tour of a Google data center. I must say that I will never search for an item again without recalling everything it takes to give me my answer...  
<http://biggeekdad.com/2015/01/inside-google-data-center/>

If you have purchased or have considered buying one why not stop in the WW Forum and open a discussion on it...sharing your thoughts with your fellow larys can go a long way in helping with your personal experiences.

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