



Whispers on the Web

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Murray's Mumbles ... Musings from the President

Profile of a WW Executive Committee Member - Terry G. Duga, LL.B

"Here comes the Judge!". For those that can remember back to the 60's perhaps that line from Rowan and Martin's ' Laugh In' with Goldie Hawn will ring a bell. If you're not that old - lucky you!

Our Judge is none other than Terry G. Duga who is our VP - Finance and Administration and one of WW's founding members who joined the laryngectomee ranks in 1995. Terry was admitted to the bar in October 1976 and has served with distinction in government service for the great State of Indiana since then.

Terry held office as Deputy Attorney General for a number of years and was



recently appointed as an Administrative Law Judge. His main function is to hear appeals of assessments (both real and personal) for tax purposes. The State of Indiana recently changed their system as to how property was to be assessed which has aroused the ire of some taxpayers. Currently there are over 6000 appeals from one county alone so Terry is not concerned about job security.

Prior to studying law Terry's undergraduate degree was a double major in philosophy and psychology which, as he says candidly, "I wasn't ready for much of anything when I got out, but I could think about it a lot!"

Terry's main interest away from WebWhispers is the theater, primarily as a stage manager and as an actor and of course those acting skills make him a great attorney.

Terry is an extremely proficient user of the the Blom-Singer indwelling prostheses in the hands- free mode. He writes frequently to our List to explain to new hands- free users how to effectively maintain that elusive "seal". Terry frequently assists the co-inventor of the Blom-Singer system, Dr. Eric Blom, in training speech language pathologists in the use of this equipment.

Terry is a great example to us all in showing how a laryngectomee can be an effective attorney and active in the theater. Terry also knows all the lawyer jokes!

He is an active Executive Board member and keeps our books and administrative matters in fine order. We all appreciate Terry's great sense of humor and commendable efforts.

Best regards to all.

Take care and stay well.

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VoicePoints

[? 2005 Dr. Jeff Searl]

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PART III. Articulation Therapy in TE Rehabilitation: by Dr. Jeff Searl

Making Time after Dealing with the Plumbing

There is no question that successful tracheoesophageal (TE) speech is dependent on having a well fit, functioning speaking valve and tissue at the upper esophagus/lower pharynx that is capable of vibrating to make voice. For that reason, the speech-language pathologist (SLP) and the ENT doctor rightly need to spend time in the initial post TE puncture period figuring out how all of the ? plumbing? is working for a given patient. Ongoing attention to the prosthesis is a must with visits to replace worn out or malfunctioning devices every so often. The SLP and laryngectomy patient might also spend some time experimenting with use of hands-free valves and humidification and filter devices. Finally, most SLPs (but sadly not all) will do some therapy related to occlusion of the stoma for voice production and adjusting the amount of expiratory effort used during speech attempts.

What happens next is up for grabs and may be dependent on, not just the needs of the laryngectomy but also, factors such as the SLPs training and orientation toward TE speech in addition to practicalities of scheduling and reimbursement. In the first two articles of this series on articulation therapy in TE speech rehabilitation, I have argued that the need for TE speaker articulation therapy exists (based on research on the intelligibility of TE speech and my clinical experience with TE users) but that SLPs are not particularly inclined to engage in such therapy with their patients, at least not to the same extent as they would for someone learning esophageal or artificial larynx speech.

In this final article, I'd like to touch on a few issues of service delivery. I must admit that on some of these issues, I am merely passing along suggestions from readers who have been kind enough to share what they do.

What follows is a brief description of some ways in which time is found for doing the TE articulation therapy. Following the first article in this series, one SLP complained that there was no time for working on articulation when the ?more critical? need was to insure a working TE valve. We could argue about terms such as ?more critical? (does it matter if the valve works if the speech that is produced is not that great?). However, I'd rather argue here that what the SLP therapy goal should be is not merely the ability to produce fluent TE voice with acceptable loudness, duration and quality. The goal is: ability to communicate

with maximum intelligibility (I usually put a percentage estimate on this) in the range of typical situations in which that person finds themselves. Toward that goal, TE voicing is critical, but no more so than the ability to shape the TE voice into speech that is near 100% intelligible. If that is held out as the goal, I think the SLP is obligated to evaluate and then treat, if necessary, the articulation skills of the TE speaker. So my rather curt response to the complaint about time pressures relegating articulation work to the background is, buck-up and complete the job. Having been the only SLP in a busy ENT clinic for a number of years, however, I am sympathetic to the time constraint. Here are a few things I and others might suggest to help get the articulation work as a routine part of TE speech rehabilitation.

1. Don't do articulation therapy on days that TE prosthesis issues are being addressed.

I am fond of this approach. In my experience, the first visit at which the valve is fit is best reserved for just that, with some brief instruction about how to occlude the stoma and get voice. If voice comes easily, great ? they can practice with the voice for a few days or a week (assuming you have no concern that they'll pick up a bad voicing habits if left to their own devices for that time). Then they can return for a 1 week follow-up.

At that next visit, I would refine the voice production as needed and check the valve. After that, I start something that looks truly more therapeutic rather than just placement of a valve and demonstration of voicing. Establishing goals related to voice production and articulation is a first priority and is based on a review of their speaking behaviors and communication needs (see the second in this series for a few more details). I set them up for a series of follow-up visits to work on these goals now that ?plumbing? issues are abated for the moment. This is no different than what we would do for a person with a voice disorder ? we evaluate, decide if therapy is needed, focus that therapy on behavioral goals, and get to work. Personally, I have not had an issue with getting re-imburement for such work in the past although I have had to do some letter writing and phone calling to insurance companies and Medicare folks (and in rare instances I've had to cite some of the literature regarding TE speech intelligibility and articulation to bolster my argument).

The bigger issue in my setting is that some folks travel 6 or more hours to see the ENT or the SLP, making weekly visits difficult. In many cases though, I make a strong case to such patients that I need them to do this for 2-3 initial therapy visits spaced a week or so apart (again, beyond the first visit to get the ?

plumbing? working). Sometimes they have family in town so we schedule the therapy late on a Friday so they can spend the night with relatives. Sometimes, I convince them of a Friday therapy visit (or an early Monday morning one) that they can then use as a chance to explore some of the great things to do in the ? big city? over the weekend. Sometimes there is no sugar-coating it ? the client makes plans for a long travel day and the burden is on me as the SLP to give them great therapy in exchange for their sacrifice (and see #4 below as a consideration for folks who live far away).

2. Establish a group therapy setting.

If you are in a busy ENT clinic you may have enough folks at any given time to arrange for group therapy (a mix of TE, artificial larynx, and esophageal speakers works fine). It is possible to accomplish much of the needed articulation work in a pretty efficient manner by doing group instruction, demonstration, and interaction. In fact, there are many positives to group work not available in individual therapy such as a host of communication partners with whom to interact, a level of background noise in the room that might occur in the real world, etc.

This is not a support group per se (although it can operate as that for any clients at some point), but rather a working relationship with specific and individualized voice and speech therapeutic targets for each participant. SLPs have used group therapy forever and for a variety of communication disorders. It can work here as well. It was often done when teaching esophageal speech in its heyday. Scheduling is sometimes an issue as is space if the group gets large. Later in the day or over a lunch hour are good considerations. From the SLPs perspective, this can take some initial work to set-up, but it can become efficient (and fun!) once the process is up and running.

3. ?Squeeze-in? the articulation work at each visit to the SLP.

This applies to the ENT visit if you happen to be working out of an ENT office. I know I argued that we should make it a prime focus, not a ?squeeze-in? in the last article. However, sometimes that is all that can be done.

I live in a rural state and the ENT clinic in our hospital (the primary hospital for laryngectomy procedures in the state) serves a large region with only a few specialized ENT or SLP services. Some patients travel 6 or more hours just to get to the ENT or SLP office, making weekly visits tough. After the first TE valve fitting, do an extended therapy session that covers both voicing and articulation.

Find out when they are back to see the ENT; find out if they are coming back to see any other doctors; find out if they are passing through this way for any other reasons. Encourage them to give you 10 minutes, ? hour, or whatever they can do. If the SLP keeps asking, my experience is that the TE user will actually start making more ?excuses? to be back in the area. It is not ideal in my book to have the schedule be this erratic (and possibly spaced out too far initially), but you sometimes take what you can. It still requires setting behavioral goals and establishing a therapeutic program of care.

4. Make plans for intense, but short-term therapy sessions.

That means: do a marathon articulation therapy session that might last a good portion of a day. This might be very good for folks that travel a long way to see the SLP or ENT. Arrange for the patient to see you first thing in the morning. You do your work for 30-45 minutes with them related to their articulation. Then, find them a space (a tough thing sometimes) where they can practice on their own (we?ve used a quiet corner of the hospital cafeteria, hospital commons areas, an empty auditorium on campus, and a nearby Taco Bell at various times!). They check back with you later in the morning for a booster session with you to review their progress, re-instruct, model new behaviors, and give them additional work to do independently. They go out on their own again to whatever space they can find and practice on their own. They check back with you again. And so on. The TE speaker might then go home for a few weeks and then return for one more round of the intense work. It cuts down on travel for them and allows for very concentrated work. This is nothing new to our field either (it is a fairly common approach in some settings dealing with people who stutter and it certainly is used in a related form for laryngectomized speakers going through training at the IAL Voice Institutes in the past). In my experience, this can be a tremendous way to make large gains in any form alaryngeal speech training. If the SLP is really creative, they might think about scheduling a new TE patient in this format on the same day that a TE Group Therapy is meeting so that the new patient can be part of both types of therapy (group and individual) on the same day.

5. A strong regimen of homework with intermittent follow-up.

This may be a good option for some TE speakers working on their articulation or this might be most appropriate for those who have to do a lot of traveling to reach the SLP. However, the TE speaker must know what the target behavior is and be able to monitor their success at attaining the target. You don?t want someone to practice the wrong thing for several weeks. It is not just wasted time;

the bad habits can be hard to break. So, I reserve this for folks whom I have worked with directly for some period of time and who seem to be progressing fairly well. I spot check them to make sure they know what the target behavior is and that they are good judges of when the behavior occurs. I might do this using ?negative practice? wherein they have to demonstrate both the target behavior and the most likely off-target behaviors to expect; or, they have to judge my productions and tell me when I am doing it correctly or not. For a successful home program, I find it most successful if I do the following:

- a. Don?t just ?tell? the TE Speakers but ?write? out the target behavior(s) and give them a data sheet to keep track of behaviors. Their mental notes of how they did in a practice sessions won?t work.
- b. Give them as much of the stimulus material in written format as you can instead of relying on them to find their own material (exceptions being conversation practice and perhaps reading paragraph material or longer)
- c. Insist they check in with you on a regular basis and don?t let them go for several weeks without some contact.

I find this last item to be particularly important, but also time consuming if your laryngectomy caseload remains consistently high. One bright clinician told me that, for her clients with internet access, she sets her email to deliver electronic reminders to the clients doing home programs. These reminders can be sent out daily, weekly or on whatever schedule is deemed appropriate without the clinician having to invest much time at all. The client can respond back to the email with a note of their own about what they are working on and how they are doing (the clinician said she tells the clients not to expect her to respond back to any notes they send ? she might if she feels the need or has the time, but her intent is simply to remind them to do their work). A phone call would serve the same purpose but could be more time consuming.

6. Farm out some of the work to other SLPs.

In a rural state like my own, there might be fairly few SLPs who feel comfortable working with TE speakers. That?s fine. Folks can come back to the ENT?s office for management of the TE prosthesis or for other medical issues. However, the articulation work to be done with the TE users could be done by a number of other SLPs who don?t routinely work with laryngectomees. This might require the SLP with more laryngectomy experience to contact the local SLP to do a little background teaching regarding laryngectomy and to talk through specific goals,

behaviors, and therapeutic strategies. It might seem like a large time investment for the SLP doing the teaching of the other SLP. However, once there is a network of SLPs across your region with a good working knowledge of how to do laryngectomy articulation training, patients can get good care and both of the SLPs benefit (more time freed up for the SLP who specializes in laryngectomy care, another patient on the caseload for the one living near the patient). The task of finding local services should not be left exclusively to the TE patient. The SLP doing the TE prosthesis management should take the lead in helping to locate resources along with whichever ones the client themselves might be aware of.

I realize others out there might have other approaches that they like to use to make sure that they can provide the full speech rehabilitation to the TE user (i.e., voice prostheses management, voice production, articulation, and general communication). These are few thoughts from myself and some kind colleagues who shared their ideas with me. I'd be happy to hear from SLPs who do something different or from laryngectomized folks who have had another experience and comments on whether it was helpful or not.

Living the Lary Lifestyle

Joan G. Burnside, M.A.

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CHAPTER SEVEN TIPS 61 THROUGH 70

*I do the best I know how, the very best I can;
and I mean to keep on doing it to the end.
- Abraham Lincoln -*

TIP # 61: SQUIRT YOUR STOMA FIRST THING

Start your morning with a squirt or spray of saline solution. This may help you talk before you get around to your whole cleanup routine.

TIP # 62: PREVENT FEEDING TUBE CLOGS

It's easy to prevent clogs by putting your blended food through a mesh strainer.

JB's note: This also helps when you're starting to eat by mouth again. If you're having trouble getting your pureed cream of vegetable soups down, the strainer will get rid of the last of the fibers for you.

TIP # 63: GET HELP WITH A PERSONAL ALARM

These devices are about the size of a cell phone and can hang on your belt. They make a lot of noise, and some have flashing lights, too. Some Larys wear them while walking, others like to have them in their hotel rooms. They're easy to find on the web.

JB's note: I had one of these years before I became a Lary and I wore it for early morning walks. I was always worried it would go off accidentally, so I eventually stopped wearing it.

TIP # 64: AVOID HASTY FASHION DECISIONS:

We all want to be prepared, so we buy T-shirt or turtle neck type "dickies" just before or after becoming a Lary. However, this can be a waste of money. First, your size will change as the swelling in your face and neck subsides and because your neck may eventually be much smaller than it ever was. Secondly, you may not like the look or find the additional layer very uncomfortable. Third, you will become aware of other choices you had not considered before. When you are first healing, you may just want a foam stoma cover, with possibly a bandana around the neck.

When your neck gets down to its new size, you may consider wearing shirts that button all the way to the top. Many women's knit tops come in variations of the turtleneck. The ones with zippers are especially good. The standup neck works well, as does the funnel neck. You'll begin to see even more possibilities when you're out shopping again.

JB's note: I now have a small drawer full of dickies and scarves that I seldom wear, all because I bought them before I realized there are many ways to dress when you have a stoma.

TIP # 65: AVOID WORRY ABOUT ODORS IN THE HOUSE

You don't want to use those cover-up powders and sprays because you shouldn't be breathing them. To prevent odors, run the kitchen fan while cooking, take out the kitchen trash after every meal, run the bathroom fan during and after every use, use new vacuum bags after every couple of uses, and do the laundry more often, so damp towels and soiled clothing don't mold.

TIP # 66: ARM YOUR COMPUTER CHAIR:

You'll be able to stay at the computer desk longer when you can prop up your right arm.

JB's note: Even better, get one with padded arms. When I'm at the computer, my neck dissection results loom larger than my laryngectomy.

TIP # 67: TRAVEL IN FOREIGN COUNTRIES

Many Larys do, even in the third world. Traveling, whether in the U.S. or elsewhere, is another good reason to learn how to change your own prosthesis .

JB's note: I was worried about returning to Mexico, but my inquiry to WebWhispers brought me several emails about wonderful traveling times, some within a month of laryngectomy! Nine months after my laryngectomy, two months after learning to change my prosthesis, and one month after getting my replacement teeth, I was back on the road to San Miguel de Allende.

TIP # 68: DON'T FORGET YOUR VITAMINS

Many more vitamins are coming in liquid or chewable form for those who do not want to swallow those big pills.

JB's note: I stopped taking vitamins while on adult formula and then when I started eating again, I had totally forgotten about them. Recently, on WebWhispers, I saw a stream of e-mails about name brand liquid and powdered vitamins. When I really searched for them in the store, I found that the liquids had been shelved separately from the pills. No wonder I hadn't noticed them.

TIP # 69: AVOID SHOWER FATIGUE

Use a terrycloth robe instead of a towel. Just put it on and let it do the drying for

you. Your right arm will thank you for it, and you'll save your energy for the nap you will need.

JB's note: When I was especially weak from radiation and chemotherapy before my surgery, it really helped. After the surgery, I couldn't get my right arm in the sleeve for awhile, so I just wrapped the robe around that arm. Now I use both sleeves. You can find a terry robe for as little as \$20 on sale.

TIP # 70: OIL OR BUTTER UP YOUR BITES

You'll be surprised at what foods you can get down if you really slather butter or oil on the top, sides, and bottom of food bites.

JB's note: At my first meal out, one of my friends made numerous special requests. Another's slab of salmon toppled into her lap. I swirled my chicken in the oil meant for dipping bread. Now which one of us was the most eccentric eater?

LET'S TALK

Have you been out to eat yet? What favorite restaurant food are you looking forward to? Did you have any travel plans interrupted by cancer? If so, are you making new plans? What do you have to do to start traveling again? How have you changed your personal style to accommodate your stoma? This is the spot for writing, drawing, gluing or stapling in your notebook. When you look at this again, even within weeks, you'll be amazed at how much you have accomplished, realized and recovered.

REPORTS FROM ROBOCOP'S REPOSITORY

Or

News You Can Use ... by Officer Scott Bachman

The following information was obtained from the office of Head Legal Assistance, Judge Advocate Division, Headquarters, USMC (07/22/05). The memo was directed to military personnel however it is information which needs to be addressed. Once again e-mail is the method in which individuals are contacted but it not necessarily the only way. A simple caveat to remember is ?if it seems

too good to be true then it may be too good to be true?.

US POSTAL MONEY ORDER SCAMS

1. Criminals looking to steal your cash have started using a new scam. In the last few months the FBI has noticed an increase in the use of counterfeit U.S. postal money orders. Authorities indicate that a substantial percentage of these attempted rip-offs come from overseas, mostly from Nigeria, Ghana, and Eastern European countries. Often, the victims are contacted by email and are tricked into accepting the fake U.S. postal money orders (usually worth several thousand dollars) as payment for items the victims are selling (sometimes on EBay) or conned into cashing the U.S. postal money orders in return for a fee.

2. In several cases, USMC personnel from Camp Lejeune were contacted via the Internet and asked to cash several U.S. postal money orders, keep a percentage for their services and wire the balance via Western Union back to the sender. Had the fake money orders been discovered as frauds after they were cashed the Marines would have been on the hook for the whole amount of the money orders. The U.S. Secret Service and the U.S. Postal Service Inspector General are being notified about this case.

3. The print quality of such fake U.S. postal money orders can be quite good and difficult to distinguish from the real thing. Genuine U.S. postal money orders have a watermark which when held up to the light reveals an image of Benjamin Franklin. Genuine U.S. postal money orders also have a security strip running alongside the watermark, just to the right. If held to the light a microfiber strip will show the letters "USPS" along its length.

4. Common sense is a strong ally against fraud. Strangers from foreign countries do not mail out valuable money orders and just "hope" that the money would be wired back unless there is a scam involved. Individuals should be extremely cautious in such cases, as with all of their financial transactions. Carelessness can lead to substantial financial loss and other serious legal problems.

BETWEEN FRIENDS

Donna McGary

"That which does not kill us makes us stronger"

Nuke It?Nuke It Good

Journal - Sometime during the winter of my discontent-2000-2001

I thought I would stay so focused?I would keep writing about this cancer and my treatments?little did I know how complacent I would become about a nasty burned neck, lost voice, coughs and sore throats because I was too tired to care as I sat in those chairs at the clinic with the rest of the 8:30 AM radiation crowd. They drove for hours or flew in from other countries. I lived ten minutes away and I was the youngest and I lived with 100 old folks who reached out to me every day with the same look of pain that I see in my own parents. It says ?Why you, why now, why not me?? In the beginning, I was so aware of everything?the preciousness of life?then I got tired of being about cancer and side effects and I really just wanted to say I was a survivor and do one of those marches. Unfortunately, I don?t get to do that because even the experts don?t know what to expect. I may be, as they say, seriously screwed. Oh well!

Funny how denial works, it?s been months since I wrote that last entry, now I am in more pain than ever from those friendly antibodies that can?t differentiate between the good guys and the bad guys. Kind of like politics?and ?smart bombs?

The weird thing is that I keep hearing about people having cancer and each time, I experience this shock when I realize that I am one of them.

Mandy Barnett sings ?I?ve got a Right to Cry?, just like Patsy Cline, because some man has been a jerk and somehow it just doesn?t resonate with me anymore, even though she is very good. How do you interject into the conversation with a new boyfriend?oh, by the way, ?I have cancer?...but its not one of those romantic 6 week Central Park Romances?its more apt to be one of those long drawn out 6 year wasting away diminishments

?Yeah, I?m feeling sexy?

It?s been a long time since I made those last entries and they still ring true, especially that part about hearing or reading about cancer, I still don?t say the word often- I usually say,

?when I got sick?

If necessity is the mother of invention, then pain is the mother of creativity. (I just thought of that, but someone must have come up with it before and I never noticed- it?s way too obvious). I used to have the kind of singing voice that gets noticed in office Christmas Carol sing-a-longs, drunken parties, certain showers and always the car. I would never have been a diva, but I carried the chorus more than once. When I was confronted with the possibility that I would lose my voice altogether, I opted for the lesser evil for now. I will never sing, even off key, again. So I must find a new voice- thank the Goddess- there are words and I know how to spell. So when the artist asked me, ?What do you do for your art? ? I could answer confidently, ?I write?.

Present:

That was one of the last entries in my cancer journal. As I noted, writing became my consolation and even my compensation, especially after my tracheotomy in June of 2001. At the time we held out hope that it might be temporary but as I experienced ongoing problems with my voice and spent months, with little or no voice, in between procedures, it became evident that we were losing the battle of the ?scar tissue? and radiation damage. When I was finally introduced to my ?new best friend?- a snazzy digital Servox, it was and continues to be a godsend.

During that year and a half when whether or not I would be able to talk was a daily struggle, I became very proficient at e-mail. Using the phone was out of the question as were long conversations for much of that time. Other times I could voice very well and we would all think that this time did the trick, only to have the same inexorable process of narrowing and restriction start up again. I did not write in my personal journal at that time- all my writing energy went into day to day communication. My family and friends have all commented that it was during this period that my e-mails became ?letters?. They were not just cursory updates, they were missives on my misery, comedic commentaries on my condition and musings on its mysteries. My mother says they were the most interesting e-mails she and my father received?of course, we do need to consider the source here!!

I did find that not being able to just tell a story in my normal voice using inflection and expression and all the other subtleties that go into an individual?s tone of voice, made me work harder at my writing to capture the flavor that was lost when my thoughts were distilled down to black marks on a piece of paper (or a screen). Why do you think those little icons and now sound effects are so popular for instant messaging? It lends immediacy and intimacy to what is essentially an impersonal activity.

Yet, I did not write in my journal. Why not? Those early entries were really letters to myself - I did not intend to send them to anyone- and until now no one else had ever read them. They were my first desperate attempts to explain to myself what was happening to my body and my life. There were all about me and my cancer. Thank God, you cannot stay in that paradoxical state of heightened awareness and stupefying numbness forever.

At some point, you simply decide to move on. That was when I stopped writing to myself and started writing to my family and friends and interestingly, eventually started talking again.

On the WW List we often counsel newbies that recovery must be measured in months and years, not days and weeks. That is true and not just for managing stoma care, mucus production, swelling and pain. Learning to live again is an ongoing process and not infrequently, the nature of this disease and it?s treatments have side effects that can come back to haunt us years after the fact. Yet we somehow manage to muddle through this mess with surprising good humor and resiliency.

The very first line in my very first Cancer Journal entry was:

?The first thing you learn when you find out you are sick, really sick, life altering kind of sick, that is not going to go away with out a fight, indeed may never go away, and for sure will change your plans is that life goes on. Not your life, but everyone else?s.?

I was wrong, my life went on after all and I lived to tell about!

I will be attending my first IAL conference this year and attending the Voice Institute as a VIP (Voice Institute Pupil). Next month I will try to capture some of the flavor of that experience and put it down in black and white for this column. Until then remember:

An inch is a cinch, a yard is hard.



Dutch's Bits, Buts, & Bytes

(1) Question: I have run across a problem with Windows XP SP2 recently. I have seen it occur on several PCs where once SP2 is loaded you get a message saying "Limited or No Connectivity." Have you seen this?

Answer: This is a known problem with some computers after being upgraded to XP SP2. Microsoft offers a patch at its Web site. Just go to "support.microsoft.com" and use "KB884020" as your search query. If you are getting this message but there does not appear to be a problem with your connection, you can opt to disable the warning message. To do this, open the Control Panel, then open Network Connections and right click on the Local Area Connection and click on Properties. Uncheck the "Notify me when this connection has limited or no connectivity" entry and then click OK and close the Network Connections window.

(2) Question: I am running--and paying for--Norton AntiVirus on my PC at home; the computer is about a year old. I've heard some good things about free antivirus software that is equal to if not better than Norton. I'd like to try some out while I still have Norton. Is it OK to run more than one antivirus application at the same time?

Answer: It is generally not recommended to run more than one antivirus software on a PC. To understand why, you must understand

how they work. Antivirus software runs in the background from the moment you start your computer or from the moment Windows loads, depending on the software. Every time you run a program or open a file, it is scanned by the antivirus app before it is loaded into the memory. You may have noticed that after you installed Norton on your computer, it started to run slower. This is because the antivirus software uses large amounts of memory and resources.

Now if you run more than one antivirus, the following may result:

a) The two (or more) antiviruses will consume tremendous resources slowing your computer down to snail's pace and maybe causing it to hang/freeze frequently, sometimes even at startup itself.

b) The two antivirus softwares may detect each other's activity, and consider their behavior virus-like. This may result in one or both of the softwares trying to neutralize one another (maybe by quarantining or deleting each others core files). This may corrupt the softwares, or render them useless, and probably even cause a computer crash to boot (pun intended).

c) If two antivirus softwares try to scan a file at the same time, there may be a conflict that will corrupt the file or prevent it from opening/running normally.

That should be reason enough for you to think twice before installing more than one antivirus software.

(3) Two Great Online Reference Sources:

REFDESK - In a library, if you don't know where to look for a reference book, you go to the Reference Librarian. On the Internet, if you don't know where to look for answers, you go to Refdesk.com. At first glance, the sheer amount of useful links on the Refdesk home page can be overwhelming. But it's really quite well organized and useful.

RefDesk - <http://www.refdesk.com>

LIBRARY SPOT - Convenient links to popular online Almanacs, Calculators, Dictionaries, Directories, Encyclopedias, Historic Documents, Quotations, Statistics, and Thesauri.

LibrarySpot - <http://www.libraryspot.com>

(4) From a WW Member: I just discovered a gold mine yesterday which might be worth including in your next bits and bytes thing to the gang. On Outlook Express, go to Tools and Options, then spelling,

and there is a box to have SpellCheck automatically run before your Email gets sent.



ListServ "Flame Warriors"

Terms of Importance

flame

1. n. A hostile, often unprovoked, message directed at a participant of an internet discussion forum. The content of the message typically disparages the intelligence, sanity, behavior, knowledge, character, or ancestry of the recipient.
2. v. The act of sending a hostile message on the internet.

flame warrior

1. n. One who actively flames, or willingly participates in a flame war ... (Another Example Below) ...

CYBER SISTERS



Cyber Sisters are an extremely fierce confederation of fighting females who act something like a shrill Greek chorus, echoing and amplifying one another's voice until their foes retreat in disarray. They are generally leaderless, but anyone who challenges one Cyber Sister can expect to be savagely attacked by the others. Only the most powerful and battle-hardened of Warriors is strong enough to weather a Cyber Sisters attack.

Above courtesy of Mike Reed

See more of his work at: <http://redwing.hutman.net/%7Emreed/>



Welcome To Our New Members:

I would like to welcome all new laryngectomees, caregivers and professionals to WebWhispers! There is much information to be gained from the site and from suggestions submitted by our

members on the Email lists. If you have any questions or constructive criticism please contact Pat or Dutch at Editor@WebWhispers.org.

**Take care and stay well!
Murray Allan, WW President**

We welcome the 29 new members who joined us during August 2005:

- | | | |
|---------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------|
| John Ashabran
Bella Vista, AR | Robert Blair
Pe Ell, WA | Zilpha Bosone - SLP
Vienna, VA |
| Clarence Deckwa
Diamondhead, MS | Kevin Lee Dodson
Penhook, VA | Penny S. Harman - Caregiver
Vallejo, CA |
| Theresa Johnson
Baudette, MN | Lisa Suellentrop Kelley - SLP
Kansas City, MO | Monna Kuehner
Tampa, FL |
| Donald Lanes
Grand Forks, ND | Anthony Longoria - RN/Case Manager
Los Angeles, CA | Pamela Marrache - Caregiver
Menasha, WI |
| Nancy Morey - Caregiver
Deland, FL | Ted & Linda Morkal
La Pine, OR | Walter "Gator" F. Mumford
Bristol, VT |
| Ron Newhouse
Streetsboro, OH | Steve Parizo
Essex Junction, VT | Robert Pitts Jr
Lawrenceville, GA |
| Isabel S. Ruiz - Caregiver
Miami, FL | Eric Scheffler
Browns Mills, NJ | Rick Schoeny
Little Rock, AR |
| Marilyn T. Sensabaugh
Walnut Grove, NC | Josie Sevier - Vendor/SLP (ATOS)
Seattle, WA | Patricia Sewel
Western, FL |
| Carrie Slag - SLP
Minneapolis, MN | Jerry Stackpole
Worthington, WV | Karen Stinneford - Caregiver
Cary, NC |
| | Donald R. Wilson
Cebu City, Philippines | |

WebWhispers is an Internet-based laryngectomee support group. It is a member of the International Association of Laryngectomees. The current officers are:

Murray Allan.....President
Pat Sanders.....V.P.-Web Information
Terry Duga.....V.P.-Finance and Admin.
Libby Fitzgerald.....V.P.-Member Services
Dutch Helms.....Webmaster



WebWhispers welcomes all those diagnosed with cancer of the larynx or who have lost their voices for other reasons, their caregivers, friends and medical personnel. For complete information on membership or for questions about this publication, contact Dutch Helms at: webmaster@webwhispers.org

Disclaimer:

The information offered via the WebWhispers Nu-Voice Club and in <http://www.webwhispers.org> is not intended as a substitute for professional medical help or advice but is to be used only as an aid in understanding current medical knowledge. A physician should always be consulted for any health problem or medical condition.

As a charitable organization, as described in IRS § 501(c)(3), the WebWhispers Nu-Voice Club is eligible to receive tax-deductible contributions in accordance with IRS § 170.



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