

WebWhispers

Sharing Support Worldwide
Throat Cancer and Laryngectomee Rehabilitation

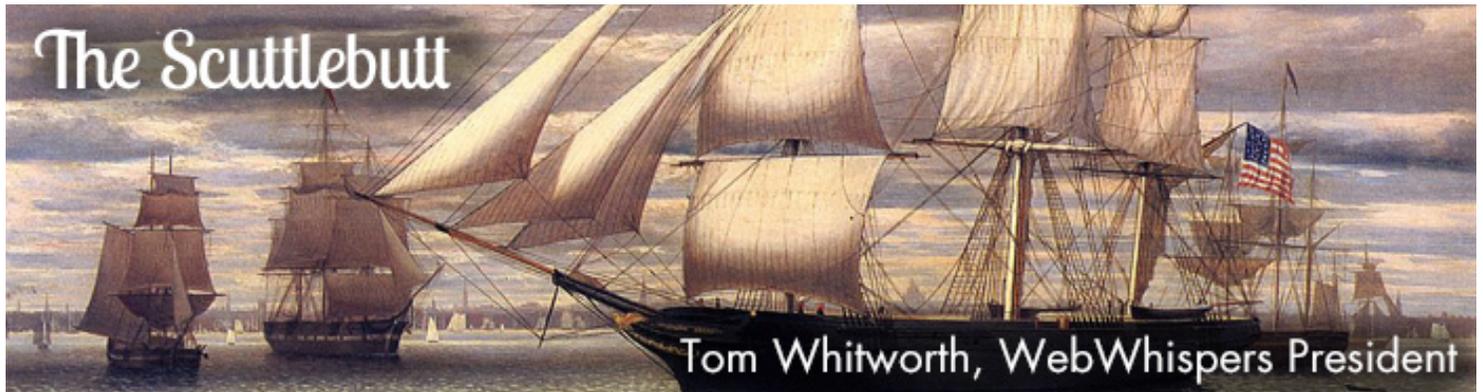


February 2017

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FEEDBACK



Fitting In

WebWhispers is old enough to drive, join the Navy, vote, or buy a beer. What is now WebWhispers just completed its 21 st year sharing support worldwide. Even so, some our members fought and survived cancer long before there was a WebWhispers and even before there was an internet, some of them multiple times. In a community that is supposedly waning, we continue to add members, 291 in the past two years alone. We are comprised of novices still learning the basics, and those with a wealth of knowledge to share on everything Lary. By that standard, I am still a newbie.

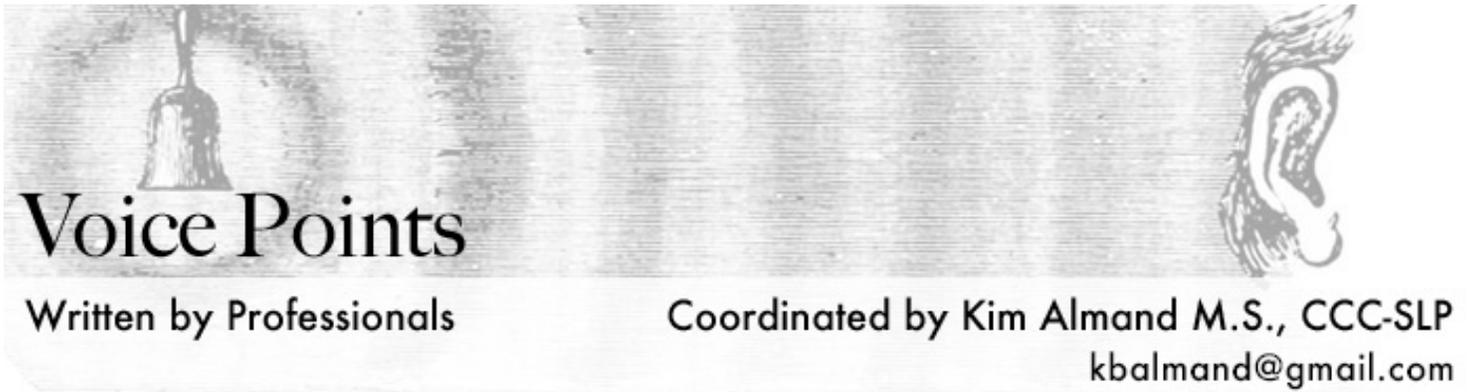
Upon arriving for the IAL 2014 Voice Institute In Buffalo, NY, the first thing I noticed was the familiar sound of electrolarynx' in the lobby and dining room. Arriving the day before the event I spoke to Jim Lauder and Rich Crum in the lobby then headed up to my room to freshen up and get settled in. It was here I would meet my first group of Larys in person. I'll never forget how impressed I was with the diversity in modes of speech and how effectively all were able to communicate.

In particular, I remember my initial visit to the WebWhispers table. Pat came around the table for a handshake, finger discreetly behind a decorative stoma cover. Others at the table greeted me with foam covers, fabric ones, HME, electrolarynx, and boogie board. It was then that I realized "to each his own" applies here. Expecting to feel intimidated, I instead was welcomed and made to feel accepted and comfortable in this group. I no longer felt violated but validated and put at ease by the members of this hole in the neck club. The Voice Institute and WebWhispers had each been a step forward for me. I think MLK, Jr. put it nicely:

"If you can't fly then run, if you can't run then walk, if you can't walk then crawl,
but whatever you do you have to keep moving forward."

— Martin Luther King Jr.

***Enjoy, laugh, and learn,
Tom Whitworth
WebWhispers President***



Thank you to all our readers who have completed last month's survey. For those who have not yet done so, it is not too late. We would like input from as many as possible. This link will take you to our brief, anonymous online survey where you can share your ideas and ask questions about anything related to VoicePoints::

<https://www.surveymonkey.com/r/Z9ZJ36Y>

Stay tuned for some updates and feedback from the survey in next month's column. We look forward to hearing from you!

Continuum of Laryngectomy Care

When considering the continuum of laryngectomy care, one must understand the importance of the word "continuum". Recognize this not just as a reference to time but also as a reference to the range of expertise and disciplines required to provide the best outcomes possible for this population. King et al. writes:

"We know from adult learning principles that the amount of information retained from various sources differs across patients [14, 15]. Therefore, patient education needs to be provided using a variety of formats [16–17]. As well, due to other factors that affect patients' learning, including the stress of having cancer, **information needs to be reinforced at different points along the clinical journey (preoperative, postoperative stay), multiple times, and by different HCPs [10, 13].** (King, Judy et al. "Patient Educational Needs of Patients Undergoing Surgery for Lung Cancer." *Journal of Cancer Education* 29.4 (2014): 802–807. PMC. Web. 21 Oct. 2016.)

The following proposed outline provides the steps and stages for reinforcing the information required to successfully complete the clinical journey of the total laryngectomy patient from initiation of pre-operative counseling through acute care, home health and outpatient services.

1. Pre-laryngectomy evaluation and education session:

Coordination of supportive care for new laryngectomy patients is critical, thereby facilitating appropriate referrals and removing treatment barriers. Providing education, increasing awareness on possible changes in speech and swallowing, and allowing the building of rapport and a working relationship with patients and their families are crucial during the pre-operative phase. During the pre-operative visit, patients and caregivers are instructed on the anatomy and physiology of the pharynx and larynx and ways that surgery will change their communication and swallowing abilities. In addition, they receive information on various communication options following surgery, important safety considerations, what to expect during their upcoming hospitalization, and available community resources. The speech-language pathologist (SLP) evaluates

patients for any preexisting swallowing and/or speech and language disorders and helps to identify barriers to successful outcomes. Throughout this process, the SLP is in constant communication with the medical social worker, registered dietician, physician and oncology nurse navigator. Dysphagia management helps to prevent complications, such as pneumonia, dehydration, malnutrition, depression, and poor wound healing. Early intervention and multidisciplinary coordination of care optimizes outcomes. Specific topics covered during this pre-operative session include, but are not limited to:

- a. Evaluation of baseline voice/resonance/speech
- b. Literacy status and access to technology
 - i. Ability to read and write
 - ii. Immediate communication post-op: Email, text, tablets, text-to-speech apps, etc.
- c. Swallowing status
 - i. Signs and symptoms, risks and complications of aspiration
 - ii. Dysphagia following total laryngectomy
 1. Temporary need for alternative nutrition
 2. Nasopharyngeal regurgitation
- d. Pre/post op anatomy and physiology
 - i. Total neck breather vs. face breather
 - ii. Absent aspiration risk
- e. Alaryngeal speech options
 - i. Electrolarynx, esophageal, and TEP
- f. Permanency of tracheostoma
 - i. Loss of natural humidification and filtration and the need for pulmonary rehabilitation
 - ii. Options for humidification
- g. Anticipated hospitalization course and laryngectomy supplies
 - i. Laryngectomy supply companies
 - ii. Laryngectomy pulmonary kit used immediately post-operatively
- h. Functional implications/impact on activities of daily living (ADLs)
 - i. Implications for sneezing, coughing, bending over, lifting, bearing down (Valsalva Maneuver), etc.
- i. Safety considerations
 - i. Precautions around water
 - ii. CPR implications
 - iii. Diminished smell and taste
- j. Stimulability for therapy
 - i. Trial with the electrolarynx
 - ii. Learning style and willingness to learn, family support, etc.
- k. Community resources
 - i. Meeting with support group member before surgery
 - ii. WebWhispers, International Association of Laryngectomees, local cancer society membership, etc.

2. Post-op acute setting

Immediate post-operative care for the new total laryngectomy patient is a crucial step in the continuum of care as this is when all prior teaching and instruction becomes reality. We are no longer just telling the patient how things will be post-operatively; the patient is actually experiencing it. The immediate post-operative stage is also an opportunity to create new habits consistent with best practices that are more likely to generalize to home life after discharge the earlier they are initiated. Finally, as this procedure is not as common as some, for example: consider approximately 5000 total laryngectomy operations performed in the US per year compared to approximately 160,000 coronary artery bypass surgeries each year, the majority of hospital staff will not be readily knowledgeable regarding the nuances associated with laryngectomy care. The otolaryngologists, physician's assistants, speech pathologists, nurses, and respiratory therapists involved in the post-operative management of this patient population are responsible for providing skilled expertise and support during a time that can be both painful and traumatic physically, mentally and emotionally. Focused attention from all team members is required to ensure safe and successful passage

through the acute level of care with a focus on completing the following tasks:

- a. Immediate initiation of alaryngeal speech: Give the patient's voice back! Electrolarynx training:
 - i. Use oral adapter until drains out and pain tolerable
 - ii. Establish correct hand and mouth positioning
 - iii. Establish correct timing sequence for on/off
 - iv. Start with basic tasks for success and build in difficulty
 - v. Even if the patient will be using a TEP as primary communication, electrolarynx training is important as a future backup method
- b. Stoma sizing
 - i. Be sure the patient is fitted with the proper intraluminal stoma device post-operative day (POD) 1
 - ii. May need to be reassessed POD 7-10 as edema resolves
 - iii. The proper size device will not need to be forced into the stoma
 - iv. The proper size will not be easily coughed from the stoma or dislodged with simple movement
- c. Immediate initiation of heat and moisture exchange (HME) system: Give the patient's nose back!
 - i. Provide basic review of research behind benefits of HME use
 - ii. Provide guidelines and contraindications
 - iii. Show patient how to attach/remove independently
 - iv. Ensure patient has appropriate supplies at bedside
- d. Immediate hands-on training for independent care of stoma
 - i. If dexterity and mental status allows
 - ii. Caregiver should also be trained
- e. Reinforcement of safety considerations
 - i. CPR and water safety should be reviewed
 - ii. Clear signage at patient's bedside and in medical chart should indicate status as a neck breather
 - iii. Do not orally or nasally intubate!

3. Post-op home health

Perhaps one of the most important stages of the laryngectomy care continuum and yet unfortunately under-discussed is that of home health services. The patient has just been discharged from the hospital with a suitcase of written information, some sparse memories of verbal instruction provided about protecting their stoma while showering, and vague recall of the 10 steps shown to them to suction and clean the stoma. Practical application of the novel information acquired pre-operatively and in acute care in the home environment is a vital step in ensuring lifelong safety and hygienic habits. The home is where new laryngectomees can really begin to own their new lifestyle in a comfortable and less distracting environment by perfecting their individualized daily cleaning and maintenance routines; beginning to return to normal eating habits; and practicing their new communication tools in a functional way.

- a. Functional carryover of all previously provided education
 - i. Set up cleaning station in their bathroom; a place with good lighting and a mirror
 - ii. Review cleaning of stoma, use of intraluminal device, HME guidelines, TEP management
 1. TEP: Brush, flush, leak test
 2. TEP: Clean after waking, after eating and before going to bed
 - iii. Have patient return demonstration of all tasks at their cleaning stations
 - iv. Continue alaryngeal voice training
- b. Supply management
 - i. Does the patient have the correct supplies currently supplied by home health?
 - ii. Does the patient know how to obtain new supplies after discharged from home health?
- c. Diet advancement/ potential dysphagia management
 - i. Typically a patient is discharged from the hospital after 7-10 postoperative days barring no complications on a clear liquid diet
 - ii. Otolaryngologist initiates diet after checking for fistulae via barium swallow study
 - iii. Patient may be advanced to soft solids as tolerated

- iv. SLP will need to monitor for complaints of dysphagia; strictures are common
- v. Educate patient regarding signs/symptoms and management of stricture; and importance of reflux management
- d. Safety in the home environment
 - i. Ensure signs/decals posted appropriately in car, home and wallet to identify patient as a neck breather
 - ii. Ensure patient is able to don/doff shower guard appropriately
 - iii. Ensure patient/caregiver has contacted local EMS to update regarding neck breather status
 - iv. Review written steps for neck breather CPR and post in home

4. Post-operative outpatient setting

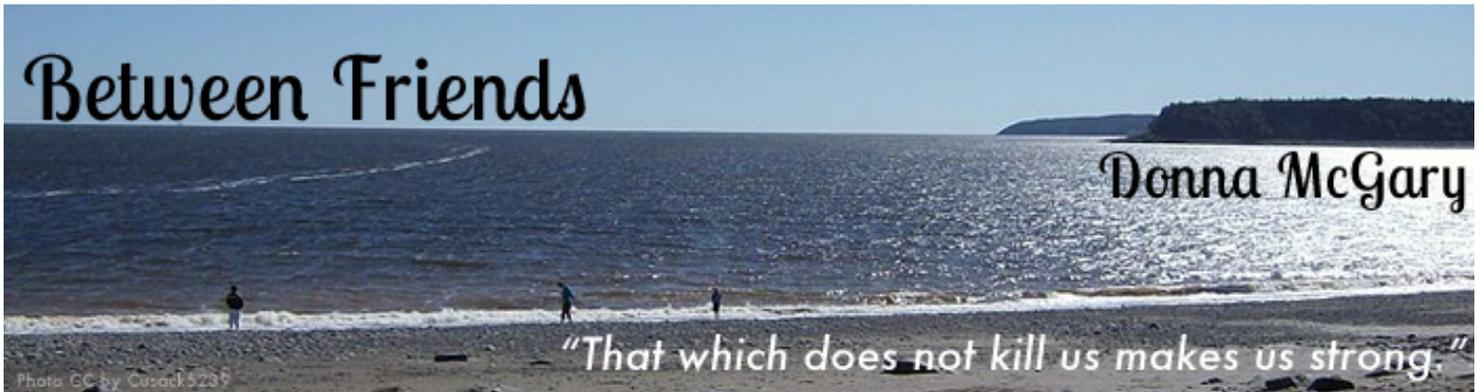
Following surgery and discharge from home health therapy, head and neck cancer patients may face some of their greatest obstacles as they try to return to a more normal lifestyle. It is not unusual for an individual to expect full recovery after a climactic path to and conclusion of surgery and potential post-op irradiation and/or chemotherapy. It is our job at this stage to help them adjust to a "new normal" and maximize functional communication and swallowing abilities. The SLP's primary goal at this stage is mastery of alaryngeal speech (electrolarynx, esophageal, and/or TEP). Total laryngectomy patients who have a tracheoesophageal prosthesis will require follow-up for periodic resizing, refitting, and maintenance of their prostheses for the rest of their lives. Evaluation and fitting for various tracheostoma housings, including laryngectomy tubes, laryngectomy buttons, adhesive housings, hands-free speech options, etc. is appropriate in this setting. The SLP also helps the patient obtain the proper laryngectomy supplies from the proper vendor or durable medical equipment provider. Swallowing is constantly monitored and assessments and interventions are recommended as necessary. Continued education and communication with the multidisciplinary team is a must. This therapeutic relationship between the patient and the speech-language pathologist may lead to further recommendations that possibly involve other members from the multidisciplinary team.

- a. Lifelong monitoring
- b. Mastery of alaryngeal speech
- c. TEP work-up if candidate
- d. Long-term supply needs
- e. HME housing evaluation

Rachel E. Broyles, M.Ed., CCC-SLP, is a speech-language pathologist specializing in the evaluation and treatment of communication and swallowing disorders associated with head and neck cancer management. She works for the Greenville Health System in Greenville, SC and can be reached at rbroyles@ghs.org.

Christa P. Likes, MSR, CCC-SLP, is a speech-language pathologist specializing in the evaluation and treatment of communication and swallowing disorders following head and neck cancer. She works at Greenville Ear, Nose, and Throat Associates-Head and Neck Surgery in Greenville, SC. She can be reached at clikes2@ghs.org.

References available upon request



Coming to Terms/Girl Talk

The mirror has not been my friend lately. When did my mother move in? Now, my mother is a lovely lady and the most stylish of her peers but she is nearly 90 years old and I am having a hard time reconciling my internal age with the body and face that the mirror reflects.

Most of us have an age we think of ourselves at regardless of what the calendar says. Mine is only about 20 years off! My son has the same problem and we were joking the other day that he really can't be much more than 30 since I am only about 45. For the record he will be 41 and I will be 64 this year.

It occurred to me that I was very happy in my mid-40s after more than a few rough years. I was finally going to college full-time and thought I had figured out what I wanted to be when I grew up. Then, wham! I learned I had larynx cancer on my 47th birthday and everything changed. So, perhaps it makes sense that I think or like to think of myself as that woman BC (before cancer).

Recently there have been several posts to the list about how our very visible cancer and it's, shall we say, audible side effects can affect our self-esteem. Ours is not a cancer we can choose to keep private unless we hibernate. And that's neither healthy nor practical. But the urge to retreat can be powerful.

So while I am truly grateful for the life I have and the opportunities afforded me that are denied to others – there but for the grace of God go I – there are daily challenges and indignities. I have to go outside my comfort zone just to make a phone call and I hate having a “snotty neck”; it messes up the neckline of all my clothing choices. I always have to wear a scarf since I cannot be fitted for an HME and the foam filters don't stay on because of my trach tube which I have to still wear 24/7 due to stenosis. The only “necklace” I have worn in 15 years is my Servox. Although “chokers” have been back in vogue for a year or two now and I guess my trach tube with strap could qualify in a very utilitarian way. After all I do try to change out the cloth strap to coordinate with my outfits. LOL!

I do put some thought into the clothes I wear beyond just the basic need to stay warm/cool, dry and decent. I enjoy “making an effort” and find that the way I dress reflects my mood and self-confidence. One of my favorite lines is from the movie “Wild at Heart” starring Nicholas Cage and Laura Dern in which he repeatedly describes his treasured snakeskin jacket as “a symbol of my individuality and belief in personal freedom”. There are a few things in my closet that make me feel the exact same way.

But sometimes that old mirror just doesn't reflect back what I expect. There are days when the mirror reflects back every minute of the last 17 years without mercy or forgiveness and it looks like every bit the rough road. It's easy to just want to be invisible those days.

Invisible may feel safe but it is not healthy, at least not for human beings. We are social animals and we need to feel like we belong, that we are a valuable member of our tribe, whatever that may be.

So anyway I find this one site and it's pretty predictable: lighting is always our friend apparently ... yeah, yeah Cultivate Your Feminine Voice....WELL I am SOOL here and I don't mean so cool. And herein is my dilemma and that of my sisters in WW. It is different for us. There are a few women who have been able to cultivate a new voice that "sounds feminine", primarily highly skilled esophageal speakers like Joann Fenn, Elizabeth Finchem and Jewell Hoffman. There are others but these are women I know and admire and whose speech is outstanding. They are, however, in the minority. BUT they are out there.

For most of us, the voice we have now is the best we can expect. And I realize that for some of us that is no voice at all. BUT we all have a voice here at WW; no one can be drowned out and no one needs to feel invisible at WebWhispers. One way or another we can all be seen and heard. And on days when it's all just too much, we know there is place we can go where it doesn't matter that we look a mess or sound funny, here we are safe and welcomed and folks think we are terrific just the way we are.



If your insurance stops reimbursing for your supplies such as HME's and associated accessories, or maybe even your prosthesis, would you continue to use them, or maybe switch to a patient changeable prosthesis or foam stoma cover, if you had to pay out of pocket?

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

What a fantastic question! I have been complaining about the lack of coverage from Medicare ever since I became a Laryngectomy 15 years ago. There has not been an update on product cost since before my Laryngectomy! So their 80% is actually 36%.

So to answer the question, yes I would still use my prosthesis even if there was no coverage. But I do need to explain. I have used a patient changeable Low Pressure prosthesis for about 13 years. It seems to work the best for me. I use the Blom-Singer because their prices have not gone up with the inflation like Provox has. But to be honest, Provox has always been too high, And Blom-Singer prices have increased but nothing like Provox! Sad most companies today only think of the profit margin. If there is any left after the increased tax's here in the States!

Carol McCaskill - Bend, Oregon
Lary Class 2000

I think that the oblivious answer is when your cut off at the pass you find another way. And be it change our own prosthesis etc. then survival of the fittest. That's my thoughts.

Karol Beaufore – Apena, MI

Right now I had to switch to patient inserted prostheses because Medicare quit paying for SLP inserted prostheses. It isn't the prostheses that is in question, it is the combination of the price of the prostheses and to pay the SLP to insert it.

I have to travel 100 miles to have the clinician inserted prostheses inserted. I have to order the prostheses, and then call the SLP and have her meet me at a hospital 100 miles away. So the complete changing of the prostheses cost me about \$800.00 out of pocket.

So I did switch to the patient inserted prostheses. Which cost me \$85.00 a piece so when I get 2 it cost me \$170.00. Medicare reimburses me \$68.00 for 2 and my insurance pays me \$17.00 so I get a total of \$85.00. So actual I am paying for 1 prosthesis. I am thinking of going back to the clinician inserted prostheses. I would not quit using prostheses completely.

Norman Bildhauer - Monroeville, PA
12/2013

If my insurance would not pay for the HME's anymore I would change to the foam stoma cover. If my insurance would not pay for the prosthesis any more then I would go to the Electrolarynx and not have the co-pays anymore.

Tim Longdon – Sacramento, CA

If I had to pay for them out of my own pocket, I would go Commando

Tom Whitworth - Marietta, GA
March 2014

Like many, I've been in the position of having no help with prosthetics and supplies and that could become the case in the future. Without the help, I would definitely use foam filters and would rely in my Electrolarynx and/ or Esophageal Speech for communication. Both are excellent, viable options. I would probably lean toward ES, as it seems to offer the greatest level of independence.

Bob Bauer - Hayward, CA
Class'08

I'm one of the fortunate Larys that have little to worry about regarding this issue because I'm a Vet and get all my supplies from the VA.

Dave Ross – Edgewater, Florida
Class of '05

This problem is very complex and involves Medicare, insurance companies, manufacturers, distributors and the medical providers writing the prescriptions.

To answer affirmatively the question "would you pay out of pocket" is exactly what they all want to hear. Accordingly, I will not answer the question.

The problem, in many cases, can be solved on the short term by the insured if she/he is willing and able to fight the battle alone. For the long term it will only be solved by an effort of an organization willing to fight the battle on behalf of the welfare of the Laryngectomee community.

In that I do not see such an organization in the foreseeable future I will continue, as I have for the past 11+ years, on my own.

Terry Duga – Indianapolis, IN
Class of 1995, 1997

When I had Blue Cross Blue Shield insurance it would not pay for most laryngectomy supplies. This included the prosthesis, baseplate, humidifiers, tape discs, and most attachment supplies. The form rejection usually said something to the effect that the charge was not the lowest and best price, or something in that vein. When I explained that only one supplier that I knew of sold what I used, and asked where I could get the items at a price they were willing to pay, I was answered by silence. Fortunately, I was able to pay the costs

myself.

Now, Medicare pays a percentage of the cost of a prosthesis. I would still get my supplies. My insurance has not always covered HMEs or other lary supplies, but I still buy them. To me, the HME is more important than my hand free valve.

Mike Cohn – Wheeling, IL
10/10

When I was working, I wore baseplates and HME's during the work day and for social occasions, and generally just used foam covers at night and on weekends when sitting at home. This gave my sensitive skin a chance to breath. I also used a dickie or bandana to further keep out dust, dirt and cold. My insurance company, while great in covering my surgical, TEP and other medical expenses, was poor in covering my stoma supplies so I paid them and added it to my medical deductions at tax time. After I retired, I decided to just use foam pads unless I was going to be in a social situation. This has worked out fine for me. Last year I barely used a box (30) of HME's and averaged 1.5 foam pads a day.

Steve Staton – Sun Valley, CA

Since all of these conversations took place, my situation has only gotten better. I'm able to order my TEP s from Edgepark and they do the insurance work, so my cost is \$7.08 each. I was paying \$60.00 each from InHealth.

Atos is now making it easier to purchase their products by handling insurance paperwork. This makes it much easier, and less expensive for me now. Instead of quitting if your insurance decides not to pay for your TEPs, find a better insurance company, it's open enrollment right now.

In answer to your original question, I would find it nearly impossible to switch from my TEP to any other voicing method. It would be akin to losing my original speaking voice all over again. It was tough enough the first time.

Joe Hilsabeck - Edelstein, IL
2009

I already use a non indwelling prosthesis , so my supplies would be the HME, which I would continue to use, because I like being able to filter out the dust, bugs and such. Course it would depend on if the cost was raised 500 percent like some medicine has.

I would clean out the HME with peroxide, and buy fewer of them. I might have to use a strap to hold my tube in, Medicare seems to have a hard time understanding, they pay on the tube but fight over paying for something to hold tube in, go figure. I'm afraid we may be in for a fight for reasonable cost supplies

Carl Strand – Mystic, CT

Radiation 1991 - Laryngectomy February 1993

When I had my laryngectomy in 1993 I was still working and had my employer health insurance. It took me many months before I finally got a health care case manager who would approve the reimbursement for my supplies, which included my voice prosthesis, hands free valve, housings and filters for the hands free valve. When I retired four years later, this situation continued and lasted until I went on Medicare in 2002 with my employer providing a retiree insurance supplement with a modest monthly premium.

Fast forward to 2010 and the employer policy became less and less attractive with out of pocket costs in the thousands, so I signed up for a Medicare Advantage Plan. This proved to be just as financially disastrous as my retiree plan, so in 2011 I switched back to standard Part B Medicare and added AARP plan N supplement. This has worked well for me, even though I pay the up front costs and the reimbursement is around 50 percent. I make a point of using the most economical products I can find, which includes reusable housings with tape disks rather than single use baseplates and the hands free valve from Blom-Singer which uses replaceable filters.

The one fly in the ointment is my voice prosthesis. I had issues with leakage around my user replaceable prosthesis due to compromised tissue. I could have gone with a custom prosthesis, but elected to try an indwelling prosthesis which proved successful. A minor change to the Blom-Singer Classic prosthesis a few years later gave me significant problems with flipping the valve down into the lumen. The answer to this was to switch to a Blom-Singer Advantage prosthesis. In 2010 the Center for Medicare Services decided that Medicare would not pay for an indwelling prosthesis that was ordered by the patient and my hospital would not stock my Advantage, taking a 50 percent hit on the cost. So, I had to decide whether to pay the \$300.00 plus myself or go back to a potential leaking problem with a user changeable prosthesis. I elected to pay out of pocket and have been fortunate to be able to go a year between changes.

To get to the heart of the question, my other supply costs are about \$60.00 per month with at least partial reimbursement by Medicare and my supplement. Should these reimbursements go away, I am financially able, as many are not, to continue to provide these supplies for my needs. Needless to say, this 24 year journey has required a great deal of proactive effort on my part to keep my voice and my health without falling into a financial pit. I shudder every time I enter a doctor's office and see people who are obviously not able to manage their health care problems on their own. I can only hope I can avoid their plight.

Next Month's Question:

**In view of all the possible changes to Medicare, Obama Care, and the possible effects on other insurance,
are you concerned about your healthcare and supplies? Tell us about it.
We would like to hear all sides but please be respectful.**

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

Staff of Speaking Out



February - The Month of Purification

When the Romans added February to their calendar, they decreed it as a time of purification (februum). How great we feel after a good scrub in the shower! Or when we clear out all the junk stuffed into our cupboards and under the bed. And then there's inner purity - being cleansed of all the pettiness and irritation we pick up in life; coming back to innocence. Inner purity is, in my mind, linked to friendliness. Friendliness is like a bright light inside – it makes me feel clean and whole. But if I trample on friendship by snapping at someone in a moment of anger, I feel as though I've not only hurt them, but also let myself down, sullied myself. It's hard to turn on the bright light again, for fear of what dirt it will show.

How to clean up my inner world? The cold February weather purifies the earth, killing off the bugs. It's often tempting to think that by enduring a period of cold or hunger, I could somehow make up for my snappiness. Maybe that comes from being brought up as a Catholic, doing penance for my sins. Perhaps I could consider laryngectomy as penance for all my many sins? There's no doubt that we larys have endured a lot of hardship. The surgery itself was tough for many of us. And losing our natural voices – that counts as a lot of suffering in my book. Especially for those of us who don't master our second voice so well or can only voice an unpleasant rasping monotone. And we female larys are doing double penance, having lost our soft feminine tone. If hardship could purify, shouldn't all larys be saintly?

Sadly, it doesn't work out like that. I still get impatient and frustrated and feel just as bad now when I snap at someone as I did previously.

So it's back to the question – how do I clean up my inner mess? Perhaps we all have our own solution. My spiritual scrubbing brush is mindfulness meditation. Think of how we purify water by channelling it through a filtration system. Gravity pulls it down through layers of stones then pebbles then sand forcing the fluid through ever smaller channels, filtering the waste into finer and finer constituents until microorganisms in the soil convert what was pollution to a rich nutrient that can fertilise our fields.

Just as the water running from our tap is pure, I start out my day and most activities with good intentions. But gradually I get stressed by life's many upsets. Just as water gets dirty as it washes the dishes, my goodwill is undermined by each bout of irritation, each flight of fancy with its hangover of disappointment. There are

times when I'm ready to snap at whoever crosses my path.

Like waste water, I purify myself by channelling my energies so that they can settle. This is what happens when I take a break from busyness to meditate. It starts out very simply: you know the old saying "take a few deep breaths" to get you through a crisis? That's also how I start a meditation session - feeling my chest and stomach swelling and deflating every time I breathe in and out. Once I feel a bit more settled, I open my attention to notice how the rest of my body is feeling, what emotions are registering and what is the flavour of the thoughts crossing my mind. This is when impurities start to filter out.

Here's an example: not too long ago I found myself cross and close to tears because both my neighbours had lost the spare sets of keys I had asked them to hold in case I locked myself out. After I'd got the new sets cut, I decided to take time to meditate before calling to my neighbours with these. After my first few breaths, I felt the anger and frustration boiling inside me with thoughts like "useless people ...you can't trust any of them". But negativity can't fester while we're feeling the breath ebb and flow. The physical sensations kept breaking into the thoughts, breaking them into less coherent snippets. With my thoughts all over the place, my attention got drawn to the emotional energy driving these – the turmoil boiling in my chest, clenching my jaws, the bitter sensations in my mouth, the sense of anger, helplessness and frustration.

Just as waste water gets drawn through finer channels as it seeps through the filtration bed, my attention also got finer as time went on, breaking experience into ever smaller pieces. One moment I was indignant and my jaw tensed up, next my jaw relaxed but my throat felt raw and sore and I felt sorry for myself, next I noticed my breath pumping in my chest and self-pity changed to determination. What a confusing mixture I always find, once I peep inside my purification tank!

Experiencing the sorry mixture within always brings back my common sense. It reminds me that, while I can't fix my neighbours, I can minimise the turmoil within myself. Just as soil microorganisms digest the dirt in waste water, I found myself digesting the unwelcome truth that self-righteous anger was doing no good, and in fact was causing me pain. Although I'd learned that lesson many times before, just remembering the words "don't bother getting angry; it doesn't help" isn't enough to calm me for long. I have to take the time and trouble to learn the lesson again, from within. Feeling the pain caused by anger persuaded me to drop my self-righteous stance. My body's need for ease overrode my ego's need to be indignant.

And so my bout of rage transformed to a wry smile at this foolish waste of energy. With that I remembered all the sets of keys I myself had lost over the years. It wasn't such a crime after all! The inner light of friendliness switched itself on again. I could see my dirty patches of frustration and irritation, but they were being viewed with an understanding smile and didn't cause me any concern. It was as though water was running clean in my taps again, ready to pour out and do its share of work in the world. When I called into my neighbours with the new sets of keys I felt a genuine gratitude for their promise to look after these carefully in future.

I and my neighbourhood were cleaner and lighter for that bit of purification. My hope is that I'll use this last month of winter well. As the cold weather purifies the soil, I hope I'll join in the seasonal effort, purifying my negative emotions till the light of friendliness shines again.



Travel WITH Larys

Retirement in Ecuador Jack Henslee

Ecuador – South America:

Population – 16,000,000

Capitol – Quito, 2.3 Million

Democracy – (New constitution in 2008)

Per Capita Income - \$11,000

Property Tax – About \$200 a yr. for large homes and half that if over 65.

Currency – US Dollar

One place that you have probably NEVER considered as a retirement haven is ranked # 3 in the world as the best place to retire, which puts it one spot ahead of Costa Rica which we highlighted last month. That number 3 ranking goes to Ecuador, which as its name suggests is located in the equator zone of South America. (Rankings by International Living)

On average the weather is almost perfect at 75-80 degrees during the day and the days are all 12 hrs. long because it's on the earth's center. But, that average is can be a little skewed because Ecuador's geography ranges from snowcapped Andes Mountains, dense Amazon Jungle, a long, hot, and beautiful sea coast, and the Galápagos Islands. So in essence it has a little bit of everything for everyone from mountain vistas, alpine valleys, fertile farmlands, ecological treasures, and fantastic beach life. You can vacation, invest or retire in the bustling capital of Quito, the expat favorite city of Cuenca, or on the shores of the Pacific in one of the country's many beach towns. Ecuador is a very friendly country where you can live in comfort at very little cost.



Cuenca, Ecuador, has been one of the world's top retirement destinations for a decade. This former Inca capital of about 500,000 is one of the best-preserved Spanish colonial cities and is also most European in the Americas. It enjoys spring-like weather year-round, the available health care is excellent and inexpensive, and the cost of living overall is super low. This is also a walkable city (meaning you don't need a car) but at 8,000 ft. it may not be great for people with respiratory issues. It also has one of the largest expat communities in the world so it has a lot of diversity.

As mentioned with Costa Rica last month, housing is very affordable but the rise in expats retiring there is driving prices up somewhat. But a nice two-bedroom, two-bath condo convenient to El Centro can still be had for about \$75,000 or you could rent for about \$750 per month fully furnished or about \$500 per month long term unfurnished.

Quito, the capitol, is much larger than Cuenca at more than 2 million so of course property there might be a little cheaper than Cuenca simply because there is more of it. But its altitude is also higher at over 9,000 ft. so it would definitely not be a choice for me. But, since medical would be a big concern to most of us, the 3 largest cities (Quito, Cuenca, and Guayaquil) all offer the best hospitals.

Guayaquil is located on the coast and is the largest port in Ecuador. It is also the largest city at 3.5 million and most of the industry is located there. But for some reason it's not notable as an expat destination so there's not a lot to recommend based on my research. However, it could be assumed that since it doesn't have a big expat community then the property prices may be a lot lower than other areas.

There are many smaller towns along the coast with great beaches and a warmer climate to enjoy them with. Surprisingly property there is quite cheap and it's not unusual to find small but nice condos on the beach for \$60,000 - \$75,000. Beach front houses can be had from \$100,000 \$300,000 with the norm being closer to \$100,000. My guess is that the low cost is reflected by the fact that there is little industry in the area, it hasn't become a big tourist destination yet, and the average citizen can't really pay that much to start with. There

are of course a lot of expats scattered throughout the areas but there isn't really a big concentration yet so costs are still low. The downside of course being a lack of major medical facilities in the smaller coastal towns.

Moving to Ecuador is fairly simple and there are no restrictions on owning property. There are at least six types of permanent residency visas in Ecuador. The two most relevant for retirees are:

9-I Pensioner Visa: A minimum income of \$800 (plus \$100 for each dependent) from a stable source, like a state pension or trust fund is required. Your Social Security check will qualify you as well.

Cost: \$320 plus \$30 application fee

9-II Investor of Real Estate or Securities Visa: Buying a house or land with a municipal value of at least \$25,000 (plus \$500 for each dependent) will make you eligible for this type of residency.

Cost: \$320 plus \$30 application fee

Ecuador government has made a decision that is very good news for would-be retirees from overseas and one more reason this country is one of the best places in the world to think about settling in for retirement. Ecuador's national health care plan, managed by the country's Social Security administration, is now removing age and pre-existing medical condition restrictions for those who want to join the system voluntarily. "Voluntary" membership is open to all citizens and legal residents at a cost of just \$70 a month.

The new health system provides full medical coverage, including doctors' visits with no co-pays or deductibles, dental care, and free or discounted prescription medicine. In case of emergency, members can go to any hospital in the country and the government will pick up all expenses. Although most routine medical services are provided at Social Security hospitals and clinics, it is also possible to receive treatment at hundreds of private health care facilities under contract with the government. Many private pharmacies also have agreements with the government for this program.

So what do you think? Are you ready for a new adventure, a different culture, warmer climate, or more affordable life style? Maybe even a much better life style? Then do a little research, pick a location, take a vacation and do some exploring of your own. If you like what you see then rent a place for a longer stay and explore the possibilities.

{Note: This is the second installment on retiring abroad. If you enjoy these pieces or would like to contribute something yourself please let us know at editor@webwhispers.org. We would love to print your comments and experiences.}



[Editor's Note: We first published "Destined to Be" here in February of 2012 and thought it deserved a re-print because, after all, who doesn't love a love story?]

It Was Destined To Be

During WWII, my own family lost three homes through bombing. The first had been demolished and we were living in an air-raid shelter in the garden, waiting to be re-housed. After a severe raid one night, I went into the next road, where a string of bombs had fallen, and they were digging out the dead and the injured. My newsagents shop was no more and he was buried up to the waist in a huge mound of rubble spread across the road.. A rescuer in overalls and wearing a steel helmet was kneeling in front of him, holding his face with both hands, when another rescuer emerged from beneath the debris, indicating that they could not release the newsagent, as his legs had been almost severed.

The newsagent died, and when the man holding his face stood up, I could see he was wearing a vicars white collar. I could see tears streaming down through the grime on his cheeks, as he was called to yet another victim.

Among the very small group watching was a teenage girl, whom I had never seen before, standing with her elderly father. I had never had time to think of the opposite sex, as survival was the order of the day for you and your family, but I was struck by her beauty. As I surreptitiously glanced at her side face, I saw a solitary tear slowly falling down her cheek. They slowly walked away, her head resting on her father's shoulder, and I thought, "What a cruel world this is." The vision of that solitary tear remained with me for the next three years, and I often wondered if that young lady had survived the day and night bombardment.

It was three years later, when on passing through another district of London, another daylight raid started, and I got into one of the deep shelters. When it was over, I had to continue my journey on foot, and on passing a row of shops I saw a young lady sweeping broken glass from the shattered shop front, trying once again to make the shop serviceable. I stopped and offered to help, which she gladly accepted. She was covered in soot and dust, and laughed when I asked if she was alright, saying, " When the raids get too fierce, I dive under the table in the back room of the shop, but it's over the old fireplace, and when the building shakes all the soot comes down."

She later made us tea and we sat among the rubble sipping our tea. Then she went and somehow washed all the soot and grime from her face and hands, and found a clean white coat to wear, and I was amazed how beautiful this grimy sooty creature was. As we spoke of friends and her customers she had lost by the bombing, she stared ahead, and at her side face I saw a solitary tear. With shock I realised that I had been re-united with the young girl of three years previously. She later confirmed that she had been there, and had realised that a young man was gazing at her.

IT WAS DESTINED TO BE

By Len A.Hynds

The German Bombers, they passed overhead, they had dropped all the bombs that they had.
More death and destruction, as London bled, and things looked decidedly bad.

I was passing through Clapham before this attack, and hurriedly got underground.
We had all learnt survival and acquired this knack, as for years we had suffered such pound.

I then passed a shop, all the windows blown-in, the poor shop girl was sweeping glass clear.
I stopped to help, mid'st the fire engines din, as through wreckage they tried to steer.

Her face, hands and white coat were black, smother-ed in what looked like soot.
I looked around for a first-aid pack, in case a bandage I needed to put.

But she had not suffered any injury dire, and laughed out loud at my thought.
She'd been under the table near the fire, and falling soot was all she caught.

She washed herself and made us tea, and I was amazed at her beautiful face.
Young ladies had never bothered me, busy fighting the enemy race.

As we sat in the debris sipping our tea, she spoke of her friends who'd been killed.
On her cheek, a tear I could see, as sadly her eyes slowly filled.

I realised then that I had seen her before, some three years, before that day.
With a tear on her cheek, in this dreadful war, when both seeing some dead, as they lay.

I had thought of her so many times, in those intervening years,
of her sad eyes, at the enemies crimes. And now fate had made use of those tears.

In that moment of time I knew I was lost, tongue tied with knees all a-tremble.
Poor heart racing, all twisted and tossed, my thoughts I couldn't assemble.

We fell in love, became man and wife, but in seven days I was sent abroad,
for three long years sent to the strife, of those deserts of fire and sword.

But our sixty three years were really blessed, each one a wonderful year.
I look back on those days, with thankful-ness, especially that solitary tear.

[Then last year he sent us this lovely Valentine's Day card with more memories and photographs from that earlier time]

Knowing how important it was for ladies to get a valentines card from their intended, on that special day, I always managed to do that when courting, but a week after being married, myself and 63 other young lads as trained Military Policemen were sent in a troopship, The Empire Windrush, to army police stations around the world, as

far away as Hong Kong in China. I only did the 4,000 mile trip to Egypt and later the Sudan. It should have been for two years, but because of the trouble in Germany with the Russian Blockade of Berlin, we got no replacements, so it was nearly three years when we sailed homeward.

The trouble was St Valentine was unheard of anywhere in those Arab countries, and I doubt if any of those shrouded ladies would have been sent a card anyway. So I had to make a card each year to send to Tilly, with a suitable poem inside.

God knows what the officer checking our letters thought. It took three weeks by troopship for mail to get home so my timing had to be spot on. We were married 63 years, I miss her terribly still.



Bits, Bytes and No Butts!



Frank Klett

What is it I am doing? Who's the Chickie Poo in your life... Siri or Cortana?

What's it all about?

For those of you who may be wondering what this is all about here are some basics for you. Windows 10 refers to the operating system they have designed and built which can tell your hardware how to perform its functions. If you are an Apple or Chromebook user then you have a totally different operating system and none of this applies to you, unless you are considering a change in the near future.

Your access to the INTERNET is through your browser. Your browser may be Internet Explorer, Safari, Firefox, Chrome, or any one of many various browsers that are available. Your browser along with your operating system allows you to interact with the INTERNET and "browse" the web. The only important thing in choosing an operating system or browser is how well it meets you needs...and your comfort level.

You can have multiple browsers installed, but you can only have one operating system (for simplicity here I am not going into dual boot systems). This post will attempt to help make the use of browsers, and very importantly, the other web based programs like Java, Adobe Flash etc. easy to understand so you can have the best and safest experience while using the internet, World Wide Web also known as WWW or the Web.

Search Engines are often confused with Browsers, search engines such as, Google, Bing, Yahoo, AOL, etc. are really nothing more than another website. The graphic below shows the most common Windows browsers and search engines. Remember, browsers are programs in your computer while Search Engines reside on the Web. Continue reading at Dave's Computer Tips:

http://www.davescomputertips.com/learning-computers-browsers/?utm_source=wysija&utm_medium=email&utm_campaign=Weekly+Recap+Newsletter

Recently there was a discussion on the use of virtual assistants or voice control for our phones and PC's. If you have tried either Siri, Cortana or Google Now you may have found it somewhat challenging to get the results you wanted. I am an EL user and found that by using a microphone (built in to my headset) I was able to get excellent results. The more you use this feature the more info the device can gather to help anticipate your future needs. The objective is to make your life easier and of course win over your digital business bucks. Jessica Dolcourt from CNET provides a review of Siri and Google Now and the upcoming features we will soon see:

<http://www.cnet.com/news/proactive-siri-versus-google-now-on-tap-compared/?ftag=CAD9f89b0c&bhid=22689509801318612450239913742762>

An item I and many others are dealing with lately due to a change in my wife's health insurance coverage is the cost of prescription drugs. I have found a useful tool that seems to be free. I say seems to be since there is always the cost of your personal info. I have been using an on-line tool called GoodRx and can be found by Googling it. I use it mainly for comparing pharmacy prices for prescriptions (they also have an OTC search you can use for more routine needs. If you decide to sign up with them they offer a discount card at no cost that is supposed to get you additional discounts. It was very eye opening to find the variances in pricing among the pharmacy outlets. Besides checking pharmacy prices on-line I fell back on an article from Bob Rankin and found it to be dead on. You can learn more at:
http://askbobrankin.com/compare_prescription_prices_online.html

It has been greatly anticipated and has finally arrived...ordering your groceries online and delivered to your door, saving you time and gas and probably a bit on aggravation with your shopping buddies. While Amazon and Walmart have been in the food products line for a few years the idea of fresh produce, meats and refrigerated products has been a challenge. As we age we may not like it but we do become more limited in what we can accomplish. What we once did as a matter of routine now may take an all - day effort, not to mention the costs of transportation. More and more goods and services are now online and easily obtained in a matter of 2-3 days (shipping time). Bob Rankin does an excellent job of telling us about online grocery shopping - fresh produce and meats even delivered to your door... and yes you will pay a premium but for those with no other way of getting to a grocery store this service has a lot going to it and many happy users are making them a success. This idea was tried before but failed to take off due to unforeseen costs and localized problems. Now with a wiser group of merchants those costs and problems have been mostly overcome. Learn more:
http://askbobrankin.com/online_grocery_delivery_services.html?awt_l=9NLwJ&awt_m=Jh6ta19xWuP6SL

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 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 do 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 to 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?

[awt_l=9NLwJ&awt_m=lfK3ZjfFXuP6SL](#)

Another review comes to us from MakeUseof:

<http://www.makeuseof.com/tag/acer-c720-chromebook-review-giveaway/>

Now all the news on the Chromebook is 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 HP 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/>

Webwhispers Forum

Yes...we at Webwhispers also know some of your personal habits and needs. We don't sell your information or expose it in any way to outside sources. Your searches and pages you visit are simply used to ensure that we are offering you the types of information you seek.

For those of you who have not joined the Forum you may want to consider it for a new source of information exchange. This is separate from our Facebook group. Just stop in at WebWhispers FORUM:

<http://forums.delphiforums.com/webwhispers/start>

Complete a short application and Delphi will let us know of your interest. In turn we will then validate your WW membership and once confirmed we will send you the access code.

Another forum you may also be interested in is Jim Lauder's Club 200:

[Club 200](#)

Stop in and say Hey to Jim and the other members. Once you become a member of the Delphi Forums you can cruise around and find other groups that interest you as well.

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Editor - Donna McGary

Editor - Jack Henslee

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