

Whispers on the Web

A Monthly Online Newsletter for WebWhispers

Photo: CC by HM Bascom

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From The Editor's Desk

Hello everyone,

I suspect I am not the only one who has wandered down a few "rabbit holes" over the last 12 months. I did finally stop "doom scrolling"...what an accurate term for that madness! But some forays have been fun, delightfully distracting and lead to some great new sources of inspiration and information. My new favorite is something I learned about from our talented and long-suffering publisher, Stacy. It's called "The WayBack Machine" after, of course Mr. Peabody's famous one from the Bullwinkle cartoons (link here in case you don't know who I'm talking about or just want to have some fun) <https://www.youtube.com/watch?v=owB6zFSZbng>

The Wayback Machine on the Internet Archive has a bunch of "snapshots" from the old website, going back to 2000.

https://web.archive.org/web/*/WebWhispers.org

There's the years listed at the top, and the months below that. Anytime a specific date is highlighted, there should be an accessible archived version of the site. Hover your mouse over the highlighted date and a list of snapshots will pop up. Click on the time and it will take you to an archived functional version of the website, and you can go into the to the newsletter indexes (lower right hand corner).

I've been reading and writing for WotW for over 16 years now. We have had some amazing contributors since then and these archives go back even before my time. What a treat to revisit some of these folks; many are no longer with us but their writings are their legacy and WW is honored to be a part of that. Now that I know about this resource I will share some treasure from our WebWhispers WayBack Machine every month.

Starting this month with Naomi and Neil Arnold's trip to Israel in 2012 which I thought dove-tailed nicely with WC Baker's account this month of his trip to the same region in 1995. For now we have to rely on these memoirs but when we are able to travel again they can serve as inspiration and, indeed, encouragement that

we need not be limited by our changed physiology.

Also be sure to read VoicePoints this month. It is written by an SLP who lost her father to throat cancer. It is a moving and honest account of their journey and certainly provides a unique perspective.

Plus Don Renfro tells it like it is, once again...I love his perspective...I don't know what you call a clear-eyed optimistic but that describes him and his attitude.

The Prez, AKA Tom Whitworth writes movingly about what he has gained more than what he lost. We have a new member with something to say...check him out in the mailbox and watch for more from him. We love our new writers!

That should do it... this issue gives you plenty of new reading material and plenty of new rabbit holes to explore. Let us know what you think!

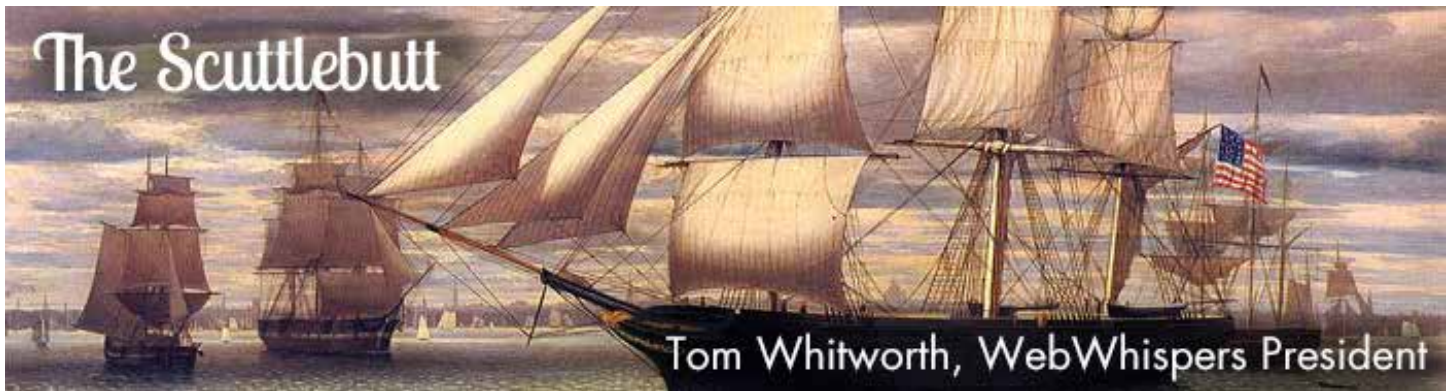
Stay Safe and Sane and Warm!!

Donna McGary

Donna and the WW Team



The Wayback Machine



Less Is More

Some would think that, not so many years ago, I had a lot more going for me than I do now. There were no brutal side effects of failed chemotherapy and radiation and there was no hole in my neck. I did not have or need hearing aids, and surely did not need a Blom-Singer Dual Valve Voice Prosthesis (my current sweetheart) from InHealth Technologies or an Atos Activalve, or any of the supplies and equipment I have from Atos, InHeath, Bruce Medical, Lauder Enterprises, Luminaud , and others.

I had never heard of a voice prosthesis, a Laryngectomee or even a Laryngectomy. I had not survived cancer because I had not been afflicted by it, at least as far I knew. I had no "pencil neck" from the removal of everything that had to go to make me cancer free, but a rather large neck for a man my size. Now I know why.

There was nothing particularly miraculous about me; I was just a regular guy except for my insecurities. I second-guessed myself on most everything. I don't think I was ever truly paranoid, but I never enjoyed the realization that someone was looking at me. Sometimes I would actually wonder what they were looking at. Was my belt buckle crooked or terribly worn? Was my tie too short or too long, or did I leave that damned fly open again? Maybe I needed to wipe my nose or there was spinach stuck in my front teeth.

I started growing into solo singing or speaking quite late in life, but even then was rarely one to volunteer to do either. I finally became comfortable with solo singing and public speaking in the presence of people who knew me. Maybe that helped me evolve a little. My current and somewhat enhanced level of confidence came post-laryngectomy. Yes, I

also find that quite odd. Trust me when I say the improvement is too great to be related only to getting older.

Often I read comments from people who are concerned with "people looking at me". My advice to them when stared at is to look the person square in the eyes and flash them a big smile. Yes, you can do this with a mask over the mouth and nose. We smile with our eyes and body language, too. A friendly nod of the head is a sure winner. When their eyes meet yours, they either deeply admire you or they feel like a squished gnat. Either way, you are a success!

Six of the past seven Sundays since the first of 2021, at the First Presbyterian Church of Bremen, there has been this guy in the pulpit who speaks with a voice prosthesis and an HME. While delivering my sermon yesterday, it occurred to me, as if my brain really could do two things at the same time, that there I stood. There I stood in the pulpit of a little church that otherwise might not have a pastor at all if it weren't for the "Cordless Preacher". No, this does not make my head swell but it does make me grateful to God and to this community of companies, caregivers, caring professionals, laryngectomees and other cancer survivors.

"Whether you think you can, or think you can't, you're right". Henry Ford

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



Voice Points

Written by Professionals

Coordinated by Kim Almand M.S., CCC-SLP

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From Caregiver to Clinician

Originally from Cuba, my father was definitely a smoker. Tobacco was culture as much as it was addiction. My dad, despite being only about 5'7" (if you knew him, he probably told you 5'10"), was very much a larger-than-life character. I see a lot of his most beloved traits reflected in my patients with head and neck cancer: stubborn, opinionated, good sense of humor, opinionated, charismatic, opinionated. Did I mention opinionated? When I asked my dad if smoking was affecting his health, he always said "No! The doctors are amazed at how healthy my lungs are. I think Cubans have developed immunity to issues from smoking." Nice thought. Somehow, I wanted to believe it--that somehow my dad's genetics predisposed him to being immune from cancer and other health issues that could result from smoking.

So, at 64, when my dad started to develop a hoarse voice that lasted longer than a couple weeks, I somehow willfully ignored the connection between his voice issues and his history of tobacco abuse--even though I was in school to become a speech pathologist and was learning about voice and swallowing disorders.

The next two years flashed by, starting with ENT visits and ultimately his diagnosis of laryngeal cancer and recommendation for a total laryngectomy. "This is not a cancer that is typically terminal," his doctor counseled us. "The larynx is not a vital organ." Well, it was to my dad! A total laryngectomy was out of the picture for him. Oh, we fought. I wanted him to take the doctors' advice and proceed with the laryngectomy. But, again, my dad: stubborn, opinionated. I thought that if I just educated him enough on what a laryngectomy meant (somehow, I thought that in my first

year of grad school, I was all-knowing about laryngectomies), he would accept the procedure. In a final, emotional argument, I realized that he would never make what I was convinced was the right choice. "You do understand that the doctors said that you have the best chance of beating this if you have the surgery, right?" I pleaded. "Yes, and I'd rather die," was my dad's fiery response.

So, he saw an oncologist to begin chemoradiation. At that point, my father essentially had no voice. He was mostly writing to communicate. Daughter turned into Mother Bear. I needed to be his voice for him. Among other appointments, I recall meeting with his oncologist before and during his chemoradiation. At his initial appointment prior to initiating treatment, I came prepared: a good grad student, with my own little clipboard full of questions: Will the radiation cause my dad to have difficulty swallowing? When will he begin to have difficulty swallowing? What can we do to prevent him from having difficulty swallowing? Will he see a speech-language pathologist? ...you get the idea. I waited patiently during the consult until the end, where the inevitable "do you have any questions?" finally arrived. My dad gestured towards me, already succumbing to his new, voiceless identity. I never got through my list because the doctor answered my first question ("Will the radiation cause my dad to have difficulty swallowing?") with a resounding, "No! My patients never have any difficulty swallowing." Imagine my shock and anger when about halfway through my dad's chemoradiation treatment, the doctor met with us and said "I can't believe you're still able to eat and drink everything by mouth!"

This was just the beginning of my dad's cancer journey. He later suffered a recurrence and required an emergency tracheotomy. My dad

of course, being over-the-top with just about everything, required a helicopter lift from the top of the mountain where he lived in Blue Ridge, Georgia. Ultimately, he underwent a salvage total laryngectomy and later suffered metastasis. He maddened me the entire way through. Why wouldn't he just have the laryngectomy to begin with? And later on, why wouldn't he accept hospice services when the physicians all say he is terminal? I kept on speaking for him when I could, and tried to loudly push my opinions on top of him when he tried to be heard.

It's a little bit strange for me to share this. I am often asked by my mentors, students, colleagues, "Did you tell Mr. So-and-so about your experience with your dad?" I never do. It's not because I don't want to talk about it, or it's too emotional. I've always felt that when I'm working with a patient, even if the situation is similar to my dad's case--it's not about me or my dad. It's about the patient and their experience. I can try to listen, understand, and sympathize; but I won't pretend that I can fully empathize, even with what I've gone through. But don't worry, Dad, even though I don't brag about you to my patients, you do shape my actions as a clinician.

First off, we have to be honest. I try to practice this every day with my patients, and especially during those hard conversations with news that is not pleasant to deliver. Speech pathologists are fortunately not burdened with sharing information regarding overall prognosis, etc; however, we are often burdened with sharing some pretty dreadful news. It's no fun telling someone that they are grossly aspirating every consistency and that their disease progression (whatever it may be) makes it unlikely for them to recover the ability to safely and/or effectively swallow. We are not adequately trained to deliver bad news. We are, among other things, therapists. Our goal is to improve function and quality of life. It feels like we have failed when our patients fail. It's easier to try to paint things in a positive light, but it isn't always honest or in the patient's best interest. This is so innate, that every one of my graduate students initially try to soften their counseling and/or phrase results in overly positive light. I push my students so that during their clinical experience with me, they learn that they can't paint the picture with a rose-colored

lens or state that things are better than they are just because it's easier.

Second, we have to vow to not talk for our patients. I made that mistake over and over, and in many different ways with my dad. When I felt like it was in his best interest, I talked for him. When I felt that his opinion was the wrong one, I talked for him. Someone with a communication disorder--be it voice issues from head and neck cancer or language issues from a stroke--will take longer to communicate. That is not a good reason to talk for them. Again, like delivering bad news, this is uncomfortable. It's uncomfortable to wait for someone to work out their message. We owe it to our families and patients to be willing to experience the awkward moments of speech/language disorders and let them have their own voice. We also owe it to them to let them have their opinions. There's no reason my ideal treatment plan is the one and only, best treatment plan. It's easy to be judgemental and say "I would do XYZ if I were in their shoes." But would you, really? With head and neck cancer and with a variety of other medical conditions, I don't think any of us know what decision we would actually make until the real decision is right in front of us.

As medical professionals, so much of our day is filled with thoughts of protocols, evidence based practice, and productivity standards. We can't avoid these things, and we shouldn't. But this leaves little room for the most important thing: the patient! We have to leave all of that other stuff in the hallways before we enter the patient's room. From that point forward, we have to focus on the patient, as a person. We need to strive to be tactful, yet honest, while understanding the limits of our empathy. We have to keep the patient's values at the forefront instead of our own. And we always need to let them have their own voice.

Lara Quesada, MS, CCC-SLP is a Speech-Language Pathologist in Tampa, Florida. Lara works at Kindred Hospital, Moffitt Cancer Center, and St. Joseph's Hospital. Lara specializes in the evaluation and treatment of speech and swallowing disorders in patients with complex respiratory conditions, including tracheostomy and ventilator-dependent patients.



Success Can Come If I Let It

By Don Renfro

"Success is not final, failure is not fatal: it is the courage to continue that counts." — Winston S. Churchill

Almost a year and half ago I was struggling with a fistula. I struggled for most of the year in 2019 with the fistula. During that time which I could not voice. I did most of my communicating on a Boogie-Board. I came to accept I could not voice to the extent I even became comfortable with the fact I could not voice.

In the fall of 2019, I had surgery to correct the fistula. Although the surgery was a success, I would still be unable to voice. My neck and stoma were so distorted from the skin graft that I was unable to wear baseplates. I eventually was able to voice by plugging my stoma with my finger. I could at least voice to some degree even though it was not as good as pre-fistula.

Just before the end of 2020 I was able to begin wearing baseplates again and I figured voicing would be better. Unfortunately, the distortion of my neck and stoma made getting a good seal almost impossible.

I came to believe I could not voice. When I went to the dentist my dentist would lean over and put his ear close to my mouth so he could hear/understand me. I went to Costco to deal with an issue and it was very frustrating as the person I was dealing with was not able to easily understand me.

I limited all most all my business dealings to on-line chats and when that was not available, I would use email to communicate with businesses to address my needs. I live by myself and need to rely on me to conduct my business.

Recently I found myself in a situation where neither on-chat nor email were at my disposal and I was forced to resort to a direct phone call. I have TTY but I really do not like to use it. I have a digital phone line and the TTY equipment is not made for digital lines it is made for analog lines. Many times, the operator has a difficult time getting my entire message clearly, without garble, to be understandable. Especially when trying to communicate numbers such as addresses, or email addresses, or phone numbers. I changed to an analog line for a short time but changed back to digital after discovering communication with the TTY

operator was not any better on the analog line than it had been on the digital line.

Now I was faced with the fact that I would have to make a phone call to conduct my business. Immediately, the feeling of concern sets in. Will I be able to communicate well enough to conduct this business? Will the business not hear me on the line and hang up on me (this has happened)? Will I have to terminate the call and call back on TTY? Will I have to navigate an automated system which requires voice prompts to use?

Much to my surprise I recently had two phone calls to businesses I had to make, and made, both of which were handled as efficiently as when I was pre-laryngectomy. I was floored. I had told myself for so long that I could not use the phone that I began to believe it. I stopped trying to use the phone. I was even able to navigate an automated system which required voice prompts. I almost passed out from shock!

It is amazing what I can accomplish when I stop telling myself "I can't". Now I am almost to a point where I look forward to using the phone. I am sharing this experience because looking back I can see where I saw I had limitations and not only accepted the limitations, but I became my limitations.

My problems voicing did not come abruptly but instead were a gradual process of my voice becoming less understandable to others over time. After accepting that limitation I was unable to see the slow progression back to voicing. Finally, it was no longer my voicing at the center of my limitation it was me, I was the limitation, or my thinking was my limitation.

I must remain a person willing to try what I think I cannot do. Because I change over time, what I could not do yesterday does not mean I cannot do it today. I cannot get so comfortable with what I cannot do that what I cannot do becomes outside of my comfort zone to even attempt.

I know this does not mean I have no limitations. Learning a foreign language is one limitation I will probably not overcome. When I was in eighth grade, I took French. Back then it was understood that knowing a foreign language was required to go to college. The first time I took it I got a "D" and the second time I took it I got an "F". The ironic part is that I really tried in those classes and my best efforts failed. So, I do understand I have some limitations. The point is do not stop trying. Without the willingness to continue to try what was exceedingly difficult for me, I would never have been able to enjoy my recent victories for which I am incredibly grateful.



This Lary Life

Jordan

W. C. Baker

Boarding a bus in Tel Aviv was not something done lightly in 1995. A history of suicide bombers made even the most seasoned bus passenger wary. Our unseasoned awareness was heightened as the bus passed a monument to the victims of a recent bombing. I was not the only one assessing the bombing potential of my fellow passengers, but the bus made it this time, all the way to the border.

It is 75 miles from Tel Aviv to the Jordan border crossing and another 55 miles to Amman, the capital of Jordan, but how long it takes to make the trip is in the hands of the border gods. We spent only two hours there, but it seemed like five. Yet, we arrived early enough in Amman to be able to visit the Roman amphitheater and ruins. These are unusual in that they are in the middle of an occupied urban area. Most likely the agora and amphitheater which are now in ruins were more on the fringes of Philadelphia, which Amman was called in Greek and Roman times.

30 miles north of Amman are other ruins, those of Jarash. One of the best preserved Roman ruins that I've seen outside of Italy. The ruins are relatively young at about 2000 years of age. There is evidence of earlier occupation 7500 years earlier in the Neolithic. But it is the colonnaded main street, well preserved amphitheater and a plethora of Corinthian columns that prevail in my memory.

The most impressive ruins in Jordan, possibly in the Middle East, are not Greek nor Roman, but Nabatean, an Arab nomadic tribe with a talent for occasional harvesting rainwater, desert agriculture and large-scale stone carving. They may have settled in the area as early as 400 BCE but their earliest artifacts date only to 200 BCE. Petra is a city carved from and into the red sandstone of southern Jordan. It served as an important trading hub on caravan routes until beginning a long decline with the opening of sea routes and faded into obscurity after an earthquake in 363 CE. It lay unknown for centuries until it was rediscovered in 1812. Entry during Petra's heyday was from north-south trade routes. Now entry is from the east through the Siq, a 0.75 mile long, dark, trail steep sided gorge, in places

less than 10 feet wide. The first sight of the city is quite dramatic. A sliver of the "Treasury" comes into view from just inside the western end of the Siq, and then is exposed in all its glory as the valley is entered and the gorge is left behind.

I must confess to having become a bit jaded after Petra. About 10 miles to the west of Amman is the Qsar Al-Abd, the Castle of the Slave, built about 2600 years ago. I was unimpressed with this quaint little ruin that under other circumstances I would have found fascinating. We made a quick stop there before continuing on to Amman.

There's more to travelling in the Middle East than ruins. When travelling in Europe, cathedrals are high on the list of most visited sites. So too it is in the Middle East, but instead of cathedrals, the traveler visits mosques. After removing your shoes and entering a mosque, the most apparent difference between it and a cathedral is the absence of pews. It is just a large open space with a carpeted floor. None of the images or icons found in the cathedral are present in the Mosque. Mosaics and tile work make up the art of the Mosque and there is usually no stained glass. The Kiblah Wall with the Mihrab indicating the direction of prayer is usually the most decorative part of the Mosque. The 99 names of God surround the atrial walls. The modernistic mosque of Abdullah I in Amman is quite beautiful. It might be thought to be something of an oxymoron to think of a mosque as "Modern", but we would do well to remember that Islam was established centuries after Christianity. Through the Middle Ages in Europe, Christians were fighting feudal wars and plagues while Moslems were making great strides in math and sciences and defeating armies of Christians in the Crusades. In the case of the King Abdullah, Mosque of Amman, one is immediately struck with the vastness of the large domed space, capable of accommodating 3000 at prayer.

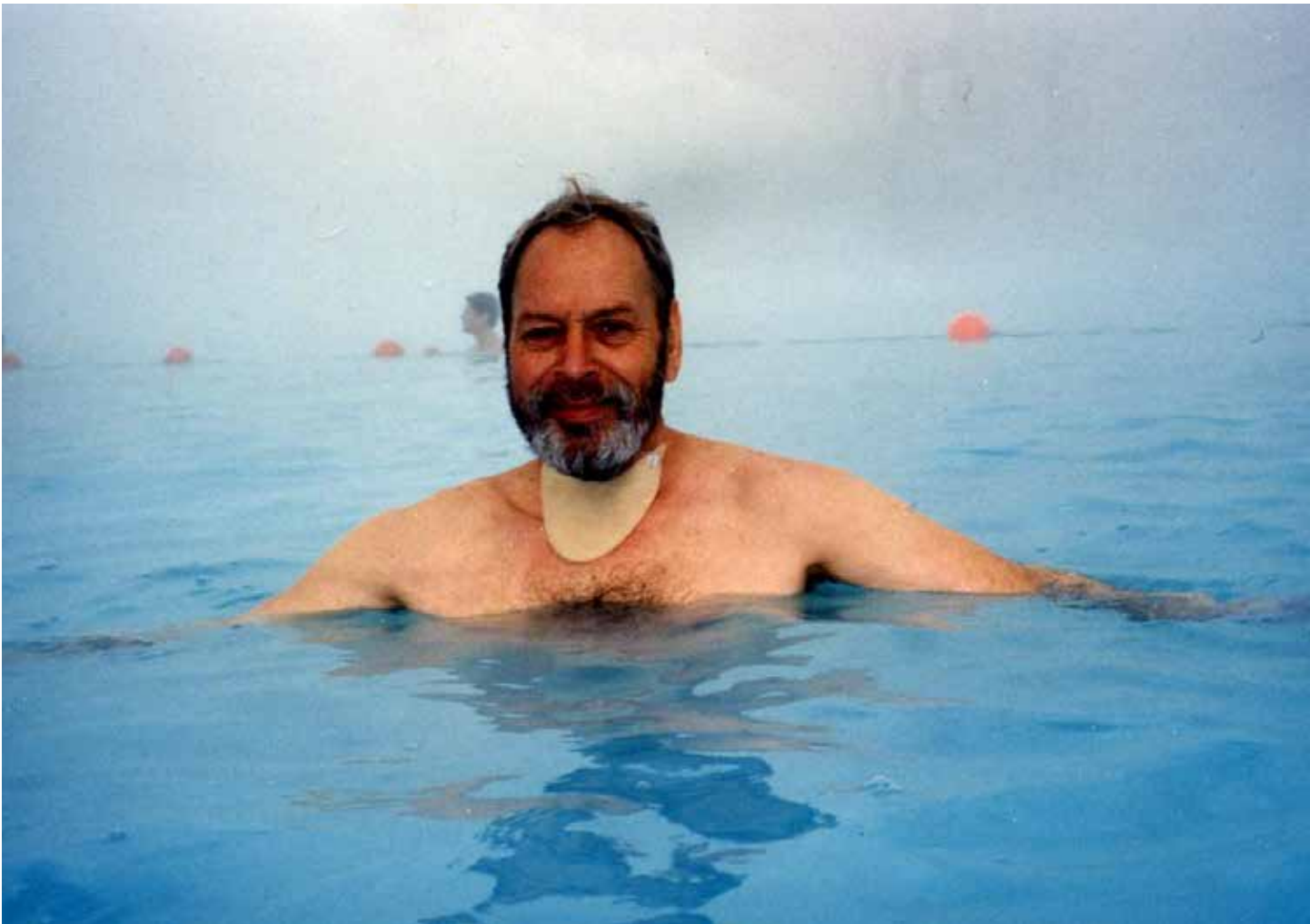
Back to Tel Aviv for some quick good-byes then off for the USA. Ben Gurion Airport is the most secure of any that I have been through. Baggage checks at that time were not random, all bags were thoroughly checked. We felt reassured and comfortable until, somewhere over the Atlantic, the Pilot made a most alarming announcement, "There is nothing to be

alarmed about, but..." We were immediately alarmed and listened intently for whatever was coming after the "but" that usually makes one doubt whatever was said before it. "..., but we have lost power in one of our engines and we will divert to Iceland for repairs". I had flown over Greenland and Iceland before and wondered about them from five or six miles up, but never thought about actually visiting either of them. Always happy when a safe landing is made, we were especially relieved upon landing at the Keflavik airport outside Reykjavik, a world away from Jordan. Iceland, at least the little bit of it that we saw, is no less

stark at ground level than when seen from 35,000 feet. While they repaired our plane or prepared another one for the remainder of the trans-Atlantic crossing, we were taken to the Blue Lagoon, a geo thermal pool of 102 degree mineral water from a nearby geothermal power plant; the first in the world to provide electric power and hot water to residential customers. The Blue Lagoon Retreat Hotel is one of the top-rated spas in the world. We were bathed, fed and bedded before contentedly boarding the continuation of the flight. It was a treat that I never would have experienced any other way and it cost nothing but time.









Editor's Mailbox

I'm Aaron Wayne, new member and lary since 10-21-2019. I have written a book about what led up to the operation and the first year following it. I am interested in contributing to your newsletter. I am attaching a photo of the cover of my book which is available on Amazon in paperback or for a Kindle reader [free to WW members]. I am also attaching a poem and an article about HME decorating.

I love the newsletter and hope I may contribute to it.

They're all working hard in the hospital's bowels,
with kindness and caring and sterile white towels.

They fight off our maladies, fevers, and curses.
They're our guardian angels –
...also called Nurses.

A.Wayne

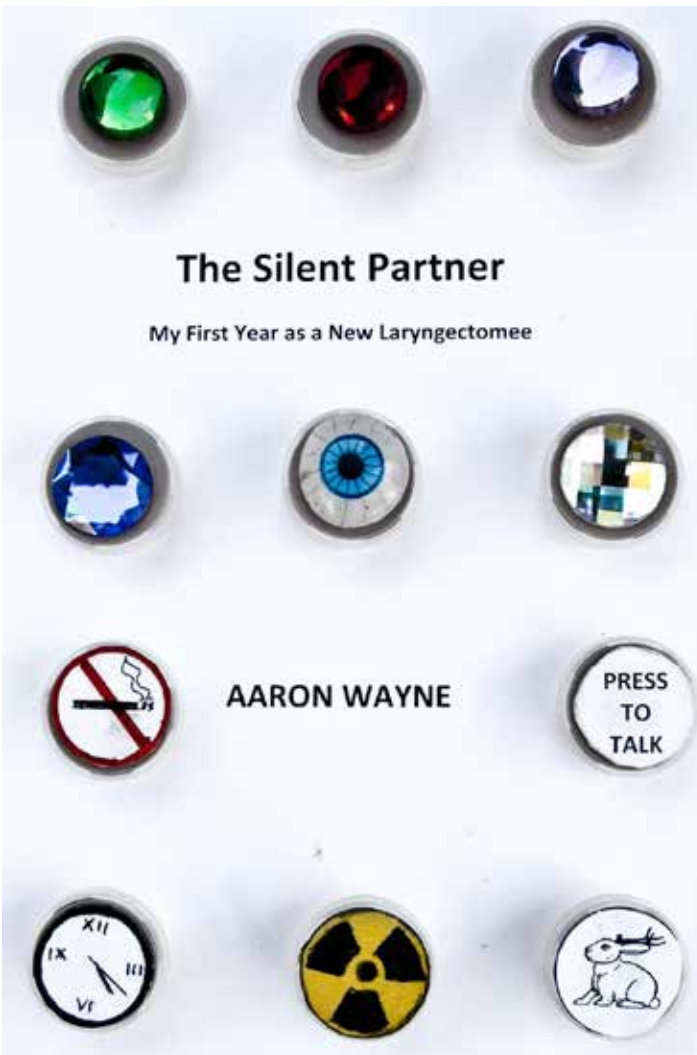
Making HME Decorations

The useable area on an Atos brand HME is a 22mm diameter circle. For a template, I use the hole in the coated paper that peels off the back of an adhesive plate, which is about the right size. When shopping for decals or objects to decorate with, I use a US quarter: If anything sticks out from under the quarter it is too big.

Using the template, I draw most of my own pictures. For any written messages (i.e. AIR ONLY, PRESS TO TALK, START) I use my word processor and can even print on colored paper. I also use images in the public domain, either from a book I purchased at Hennessey & Ingalls bookstore in Los Angeles or downloaded from one of the internet sites (1 Type "images in the public domain" into your search engine for various sites).

Once I have an image that I want to use, I prepare it by using a piece of clear packing tape to cover each side, then cutting it into a circle. Using a clean new HME, I use 1/2" (13mm) Glue Dots to carefully attach the decoration to the center of the HME.

CAUTION: Do not attach HME to your plate or to your lary tube until you are certain that the decoration is firmly attached and that it does not interfere with the operation of the HME valve!



This article first ran here back in January 2013. Travel with Larys was instituted by intrepid world traveler Jack Henslee to encourage us that our "new normal" could safely include travel should we be so inclined. As I was reading WC's account of his trip to the Middle East I remembered this article by Naomi Arnold about a trip she and her husband, Neil, took to the same area only a year after his laryngectomy. Neil had some special needs, specifically relating to eating but these were all well accommodated. I though folks who might think WC's adventures "all well and good but my situation is more complicated" might be encouraged by the Arnolds' experience. I've also included a link to an article Jack wrote in 2015 about travel. Travel with Larys - Enjoy Your New Normal

<https://web.archive.org/web/20150919014815/http://www.webwhispers.org/news/Feb2015.asp>

Some info on products may be outdated but the gist of it is still valid and a good reminder to us all that when the times comes that we are able to travel we can!

Trip to Israel With the Arnolds

On October 24th, 2012, my husband Neil and I boarded a plane for a two week trip to Israel and Petra, Jordan. We had been to Israel together in 1987 and I had been prior to that in 1961 and we were looking forward to visiting new sites and revisiting others. My big concern before leaving was to make sure Neil could travel with his *Magic Bullet to Go as he needs to blend all his foods.

After many calls to TSA and even Homeland Security as well as obtaining a letter from his primary doctor at the Mayo Clinic that explained his need for the Bullet and high protein liquids, I felt mostly confident we would be able to travel with minimal issues.

A Minneapolis TSA agent met us at departure and walked us through which was very helpful and nice. We went through security many more times, at airports, hotels and the Israeli and Jordan borders. One time they wanted to take his Boost but we whipped out our Mayo Clinic letter and the problem was solved. Another time they spent a few minutes inspecting the battery for the Bullet, probably looking for drugs, but let us through. Interestingly, it was the battery and the Boost, but

not the blades, that caused security concerns.

We arrived in Tel Aviv on October 25th and were immediately shuttled to Jerusalem where we met our six friends. We spent five nights in Jerusalem, visiting both Christian and Jewish sites including Bethlehem, the Old City of Jerusalem and the Church of the Holy Sepulchre. We prayed at the western wall, walked the Via Delrosa and spent a morning at Yad Vashem (Holocaust Memorial). We made a day trip to Masada and the Dead Sea, visited the Israel Museum, shopped in street markets as well as Ben Yehuda Street and the Cardo. We then traveled to Tiberius, Haifa and the Golan Heights for two nights and finally spent three nights in Tel Aviv, a bustling modern city.

We saw archeological wonders at Beit Shean, Caesarea and Old Jaffa. Finally, Neil and I split from our group and flew to Eliat where we were taken to the Israeli border and crossed to Jordan. We were met by our Jordanian guide and driver who took us to Petra, probably the most beautiful sight I have ever seen. It has been named one of the new Seven Wonders of the World and deserves the title. It is truly spectacular.

The next day we did a jeep ride in the Wadi Rum, a beautiful valley in Jordan, had a driving tour of Aqaba and then Eliat, before flying back to Tel Aviv and then home. It was a fabulous trip and went almost without any issues.

Neil had no problems traveling related to his laryngectomy. The weather was beautiful but never too hot so breathing was not an issue. He tired at the end of the day, but we all did. The Bullet to Go was a lifesaver. We could not have managed without it. He was able to charge it at night in our room but did not have to depend on power during the day. He made his lunch at breakfast most days so all he had to do was give it a quick mix and he was ready to eat. We carried enough Boost with us so he could supplement his meals if needed.

Since we did a lot of walking it sometimes was a pain to have to carry the Bullet bag with us, but in

the scheme of things, that was pretty minor. I think we feel we can still travel most places, just with good pre-planning to anticipate any problem areas.

Naomi Arnold, caregiver/wife of Neil Arnold, August 2011

*We have found out that the Bullet to Go has been discontinued. We are guarding ours carefully

as being able to be on the go without being dependent on electricity made things so much easier, especially where the electric current is different. We still use a Bullet with power at home or at friends homes. If anyone knows of any other battery operated blender that is good we would love a recommendation.

Photo 1. Neil eating dinner on the plane to Israel, using his Bullet to Go Photo 2. Neil and Naomi. View from Mount of Olives overlooking the city of Jerusalem Photo 3. Neil in Petra, Jordan Photo 4. Neil at the Jordan River



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