Murray's Mumbles ... Musings from the President

The concept of ribbons to represent a given malady has become very popular of late. It apparently gained initial popularity when our American friends tied yellow ribbons around trees to show their concern for their fighting men and women.

Then later a flood of ribbons emerged as lapel pins representing all manner of things. Some of the better known ones are the pink ribbon for breast cancer and the red one for aids.

There is now no such ribbon for laryngectomees? although there is a ribbon for ?Head and Neck Cancer?. The Pensacola Association of Laryngectomees and Spouses (PALS) of Pensacola FL, a local IAL-affiliated laryngectomee support group, has suggested a design for a very unique and unusual one for laryngectomees. To quote their proposal:

?For perspective, think of a NASCAR driver. When he wins the race he gets the checkered flag.

We suggest just that. We suggest a ribbon made of a checkered flag to represent the laryngectomee.

The NASCAR racer is in a race with time. If he beats it he
is declared the winner and is given the checkered flag. The laryngectomee was in a race with cancer. We beat it. We can declare that we are the winners?thus we have earned the ribbon made from the checkered flag.

We have proposed this to several organizations with mixed response. Some saw it as a complicated undertaking with costs and distribution problems. There are no problems. We in Florida have begun a project of each club making up their own ribbons, and passing them out to members and friends. The cost is very minimal. The most expensive ribbon I have seen is $6 dollars per ten yard roll. Approximately 60 ribbons can be made from a ten-yard roll. This is a unit cost of, at most, ten cents per ribbon.

Checkered ribbon is available at Walmart, JoAnne Fabrics, Hobby Lobby and most all craft stores, in various widths and price ranges.

PALS is also looking at having pins made up to be used as lapel pins or tie tacks.

We ask all of you, either individually or as support groups to support this idea by making up ribbons and passing them around.

If you have any questions contact me at: sansingji@juno.com

Jim Sansing, PALS Pensacola Florida?

This is certainly an interesting proposal worth exploring further. While no one should stand in the way of any local club doing whatever they feel is appropriate in the area of laryngectomee rehabilitation and support, certain broad-based questions may need to be considered:

(1) Is there need or desire for a laryngectomee-specific ribbon?
(2) If so, what organization or group has the influence, gravitas, or mandate to establish what standard design or pattern that ribbon should take?
(3) Should laryngectomees consider something like what is currently being made available by firms such as: http://www.personalizedcause.com/?

While the PALS proposal certainly has merit, the establishment of a ?Standard Laryngectomee Ribbon? is not just of local interest, but of national and international interest as well and will likely require a broad consensus. WebWhispers welcomes further discussion of this project.
Beyond the Textbook: Tricks of the Laryngectomee Trade

Lisa Proper, M.S.CCC-SLP; BC-NCD
Mayo Clinic-Jacksonville

The rehabilitation of laryngectomees has been based on excellent research, expert clinical skills as well as the ingenuity and resourcefulness by both the clinician and patient alike. This article will share some of those resourceful and creative ideas that you may not find in textbooks or journal articles.

Most of us are familiar with the nose blowing and smelling device as described by Zilpha Bosone, Ph.D. in Lauder’s Self-Help for Laryngectomee. This simple but effective device utilizes a purchased baby bottle nipple that is placed on the stoma during exhalation. This same device and stoma use has other possibilities. One is to attach the nipple to a whistle to allow the laryngectomee to use as a signaling/attention getting device or even to communicate with a seeing-eye dog. (Figure 1)

Another is to attach the nipple to a fun party favor to assist in the detection of stoma blast during esophageal speech training. To attach the nipple to the various devices, simply cut a small portion of the tip off the nipple. When purchasing the nipples, you may want to experiment with a variety of types of nipples in order to find the one that best conforms to the stoma to achieve the best seal. It may also be necessary to remove any ridges that may effect the seal.
Some individuals may have experienced difficulty in stoma occlusion, which may be due to an irregular shaped stoma, macrostomia, micro finger or reduced manual dexterity. To account for this, one may obviously use a hands free speaking valve or the many available heat moisture exchange systems or stoma vents or buttons to assist in occlusion. However, one of the easiest ways to overcome this difficulty is to utilize a foam stoma cover and occlude over the stoma. Unfortunately, these solutions are not always effective or the individual may not be able to use or may not want to use one of these solutions due to a variety of reasons. In these cases many individuals have developed their own stoma occlusion devices such as the avid golfer who had a golf ball mounted on a silver chain and was able to use this to achieve an adequate seal as well as to sport his love of golf! However, not all stomas conform to commercially available products such as the golf ball. In such a case, one may construct a simple molded covering device (Figure 2), which is made by utilizing an oral disposable swab (such as the Toothette by Sage Products, Inc.) covered by molded splinting material such as Orifit or Polyform.

Your Occupational Therapist will surely be happy to share her scraps of splinting material with you, as the amount you need to construct the device is minimal. The splinting material is heated and molded around the sponge portion of the sponge swab in the desired shape. One must evaluate the easiest angle of placement while the patient is lifting the device to the stoma when determining the shape. This device can further be modified for people with rather limited motor control. One can easily thicken the grip of the stick with thick spongy tape, by utilizing a built up handgrip or any other material that would effectively make the grip larger and therefore easier to hold. However, when this is not adequate, the grip can be placed in a universal utensil cuff. This is essentially a band that fits around the hand and allows a piece of silver ware or in this case the sponge swab to be placed within the pocket of the band. This band can be found in your Occupational Therapy department or catalog, additionally, it can...
be easily constructed with the use of hook and loop tape.

Before the days of commercially available prosthesis irrigators, resourceful individuals created irrigators from 3cc syringes attached to appropriately cut off red rubber catheters while others found commercially available devices that worked as well. One of my patients discovered that a fabric paint bottle worked extremely well. (Figure 3) To utilize this, one must cut off the long narrow tip to a size just slightly smaller than the diameter of the prosthesis opening. This device has the advantage of having a cap that allows the individual to have an irrigator filled and ready to use. You can purchase these bottles at your craft store or through a craft catalog. Another device suitable for prosthesis irrigation is one I found in a store that sells oil candles with small oil wells. The device I found here, looked almost exactly like the original InHealth irrigator (Figure 3) except that it did not have the white sleeve, which so nicely stopped one from placing the irrigator too far within the prosthesis. The good thing is that the oil candle filler can be wrapped in tape to mimic this same property. Both of these devices are very inexpensive. In fact, when I told the ?candle store? owner what I wanted them for, she just gave me a handful.

To further assist in cleaning the prosthesis while in place, a colleague has found that a PAP smear brush works quite well and is also extremely economical. He states that he has used two different types of PAP smear brushes (Figure 4).
One type has a protective coating at the end of the wire and the other type, does not. If you have the brush that does not have the protective coating on the end, it is suggested that you coat the ends of the wire brushes that come without the protective coating with epoxy. His instructions for doing this are to allow the epoxy to thicken and begin to set-up, which allows you to get a small round ball of epoxy just on the end of the wire. In a clinical setting, these brushes may be simply thrown out or given to the patient after use. However, the individual patient may clean them by washing them off and place in hydrogen peroxide for 15 to 30 minutes.

Continuing on the topic of brushes, it is possible to slightly bend the Atos and InHealth Advantage cleaning brushes to assist in insertion into the prosthesis in which the fistula site may not be at the ?ideal? position.

Clinicians and patients alike are always on the outlook for ways to make prosthesis insertion easier especially when that fistula may not be in that perfect position or with the ideal ?slant?. One such way to ease insertion may be to put a slight and gentle bend on the inserter stick of the traditional and Indwelling InHealth Voice Prosthesis Inserter sticks (Figure 5).

It is recommended that you first try this with an old or extra inserter stick, as they will break if you bend them too far or too hard. It is also possible to bend the brushes and the inserter sticks by placing them in one of the warmers used by Otolaryngologists to heat their laryngeal mirrors.

No doubt, anyone who places 20 Fr. InHealth Voice Prosthesis knows the technique of hand loading a 16 Fr. gel cap on to the 20 Fr. prosthesis, as advocated by Eric Blom, Ph.D., is a fabulous tidbit of information to ease insertion. Not only does loading the 20 Fr. diameter prosthesis into the smaller diameter gel cap aid in regular insertion, but it also decreases the dilation time when converting a patient from a 16 Fr. diameter...
prosthesis to a 20 Fr. diameter prosthesis.

This ability to utilize the smaller gel cap is not possible with the new InHealth Advantage 20 Fr. Indwelling Prosthesis. InHealth has solved this with the new tapered gel cap. However, a colleague pointed out a potential problem in that only two gel caps come to a pack and at the present time, the company does not sell 'extra' caps. So, what happens if you drop or use all your tapered gel caps? The easiest solution, of course, is to protect the unused gel caps for future use by not putting them in a contaminated place, but another solution is that the Advantage Prosthesis can be easily hand loaded into a regular 20 Fr. gel cap.

Many times patients and clinicians alike are anxious when inserting a voice prosthesis, especially those individuals who are just beginning. To reduce the anxiety of possible loss of the prosthesis into the airway, it is possible to attach the inserter strap of a non-indwelling, or some of the indwelling, voice prosthesis? to a large button The button size should be larger than any stoma would be. The button may be attached with suture material; monofilament or even strong upholstery thread to prevent lodging the prosthesis within the airway. Poker chips drilled with a tiny hole also work well and are less expensive than buying large buttons (Figure 6). The button is then usually pinned to the inside of the wearer’s shirt or blouse.

![Figure 6 - Drilled Poker Chips](image)

Prosthesis care and candida control is yet another topic that is highly discussed beyond all textbooks and journals. Nystatin has long been the prescriptive medicine of choice, while others advocate such products as Mycelex Troches and even Diflucan. The differences in cost, however, are significant. Others have suggested increasing the oral consumption of natural antifungal agents such as cranberry juice, buttermilk and high active yeast yogurt, not to mention the use of the product acidophilus. Atos advocates keeping a separate container of Nystatin to dip their brush in, just prior to use. A colleague reminds us, that anyone using Nystatin or any antifungal agent needs to also treat his or her toothbrush or denture brush. The brush should be soaked
minimally from 15-30 minutes, however, soaking the device all day works as well. You may soak the brush in Nystatin or Hydrogen Peroxide, with the later being much more cost effective. Denture wearers need to swish with Nystatin without the dentures in place and treat dentures separately by soaking in hydrogen peroxide or any commercial cleaning product.

Did you know that commercially available 320-grit sandpaper might be used to smooth the edges of cut silicone such as the outside surface of a stoma vent or tube as well as that of a slightly trimmed tracheal flange of a Provox II voice prosthesis? Of course, even better is to have your Audiologist smooth your product with their grinder, but even after grinding, you still may have to finish with the sand paper.

The training and use of the artificial larynx has employed many ?beyond the textbook? techniques as well. One such technique can be utilized when an individual requires training in the use of the oral adaptor for electro laryngeal communication. The oral straws which generally come with the devices today are wider in diameter and have the ?saliva catchers? attached making the straw larger within the oral cavity which in turn makes it more difficult for the new patient to learn. It has been found that if you use the thin straws without the saliva catchers or even a regular shortened drinking flexi-straw, that the patient will have an easier time mastering articulation. If the patient is going to use the non-drinking straw, it is best to cut to small holes near the top of the straw to allow for easier saliva removal. If the patient still has difficulty with the concept of speaking with the straw in the mouth, a useful technique is to have the patient speak with his/her finger in the mouth and then mimic this ability with the oral straw.

If a patient is utilizing a Cooper-Rand device and has reduced manual dexterity, the use of the previously mentioned ?built-up foam hand grip? can be easily used for this device as well. This same technique can be used with patients who are unable to lift or hold the other devices in place for any length of time due to reduced muscular strength in the shoulder or arm. Also remember the Cooper-Rand can be used with various switches, such as the eyebrow switch, mounted on a stand for patients with no manual mobility.

Carrying the artificial larynx is sometimes a problem for those individuals who prefer not to use the neck cord. For these individuals, one may want to utilize a soft eyeglass, cell phone, calculator or personal organizer case that has a clip. This clip can then be attached to a belt or purse. The eyeglass case and cell phone holders are generally the same size as the artificial larynx while the others are larger and may even have a closure. The larger holders would allow space for extra batteries, straws, or other supplies.

For immediate post-operative communication, it is recommended that the patient use a
Whispers on the Web - April 2004

?Magna Doodle? or a magic slate. These are preferable over a dry erase board as the ?eraser? is built in. Additionally, during the pre-operative consultation, we give our patients InHealth?s ?Laryngectomy Needs Chart? as well as encourage them to bring a notebook to write down information they desire to repeat to others later.

The ideas presented within this article are by no means a complete list of all the resourceful solutions used by clinicians and patients throughout the years of laryngectomee rehabilitation. Additionally one is cautioned to remember that with all ideas, no one solution fits all patients and the ideas within should be considered for use on an individual basis only. However, it is hoped that this article will inspire individuals to not only share their own resourceful solutions with others but also to stir the creative juices within us all in order to provide the best possible care to the laryngectomized individual. Think outside the box the next time you go shopping for a candle!

WebWhispers Columnists
Contributions from Members

Your Club Can Bring the IAL to Your Home Town
by Jack Henslee, Executive Director of the IAL and WW Member

The January 2004 edition of the IAL News had an article ?Hosting an IAL Annual Meeting? but this piece is to provide a little more detail about how your local club can host an IAL Annual Meeting and Voice Institute. It?s not as daunting a task as some imagine, and it can be a very rewarding experience.

Your organization must be a member of the IAL and be willing to take on the required tasks and form the necessary committees. Now that already sounds a little scary but it?s really not.

The first step is to obtain quotes from the local hotels based on the guidelines that the IAL will provide you. If you have a local convention bureau then all you have to do is give them the requirements and they will contact the hotels for you at no charge. Or you can personally deliver the requirements to your local hotels and do a little walk through while you?re at it. The convention bureau will tell you which hotels have the proper facilities so you won?t waste a lot of time. Once the requests for proposals are sent out then the IAL Executive Director will answer most of the questions and if any of the proposals are acceptable he will arrange for a site visit and handle all the
Negotiations.

Next step is to create the committees needed to manage the meeting. Again this is not as daunting as you may think. A committee can be several people or just one person.

1. The Registration Committee is the most important and difficult because the person(s) on that committee has to receive the registrations and checks that are mailed in for the Annual Meeting and make the bank deposits. The Voice Institute handles its own registrations. The IAL will handle the processing of all credit card registrations. The Registration Committee must also create a data base or spreadsheet to record the name, address, and other details of everyone that registers so that you can make up badges and an attendance list. The other members of that committee are needed to man the registration tables and stuff the registration bags with the IAL Program and other goodies. There will be IAL board members around to help you get started and answer your questions.

2. The Food and Beverage committee selects the menus for the Meet & Greet Reception and the Banquet.

3. The Entertainment Committee finds a band or disk jockey for the banquet, someone to sing the National Anthem, and a Color Guard to present the flag.

4. The Raffle Committee works with the IAL Auxiliary and helps obtain donated raffle items. Your club and the Voice Institute share the proceeds from the raffle and sales table.

Your club will also be asked to help obtain or recommend local speakers for the Annual Meeting and possibly some for the Voice Institute. This is normally a local ENT, Dentist, Radiologist, SLP, or perhaps a Social Worker that makes presentations appropriate to our group. We also hope that you can provide a good keynote speaker to open our meeting. Most local speakers cost us little or no money and we really don’t like to spend $500-$700 to fly someone in for one day and a one hour speech.

The President or other designated person from your club will also become a member of the IAL’s Annual Meeting Committee and will help in the decision making regarding the program content and the speakers.

Your club does not assume any financial risk or sign any contracts.

What does the IAL do to help you? We will determine if your city can be expected to draw enough attendees to make the meeting financially viable, and if your airport can accommodate the expected traffic on our peak arrival and departure dates. If so,
and if the hotel proposals seem reasonable enough (cost and acceptability) to justify a site visit then we will meet with your club and visit the hotels. We will then enter into negotiations with those hotels that are acceptable, sign the contract, and assume all financial responsibilities. We will also develop the Annual Meeting Program and the Voice Institute Program, promote the meeting, and handle all the vendor exhibits.

If we choose your club to host a meeting (there isn’t a lot of competition out there) you will receive a share of the raffle and sales table profits, plus you will receive 25% of any profit the meeting generates from registrations and vendor fees. Most of all, you can take pride in knowing that you stepped forward and made a major contribution toward laryngectomee rehabilitation, especially for those that live in your area and can’t afford to travel to an IAL meeting elsewhere.

IAL News article may be found at:

Register for IAL 2004 in Anaheim HERE

News, Views, & Plain Talk
by Pat Wertz Sanders, WebWhispers VP - Web

COPYING or REPRINTING OTHER PEOPLE’S WORK
We want to share. We, who write or edit, love for people to want to use our thoughts and ideas but, unfortunately, too many people have been reprinting or copying without giving any thought to the people who put their blood, sweat, and tears into researching, writing, re-writing, editing, and finally getting something ready for publication.

When I first started a newsletter in January, 1996, it was a meeting notice with a few ideas in it but it grew rapidly into HeadLines which has become over these years a virtual book of original information written by laryngectomees, caregivers, doctors, SLPs, and others. As editor, my reaction to someone wanting to use the articles was always, ?Absolutely, but give proper credit.? I was so happy to get the word out that I was not demanding about how it got there. So, when I would see the articles later, they would sometimes have less than desirable credit given, often never mentioning where it came from. My fault for being so lax, but I had no idea we would grow into the large and communicative group we are today so it was sort of like sharing with family. In most cases, HeadLines is still available without contacting me or the author (many of whom we have no way of contacting) but there is a new notice on the HeadLines Index page regarding the requirements.

### Reprinting/Copying Guidelines

Readers interested in reprinting an article/story from "HeadLines" for use in another newsletter, handout or for any other noncommercial purpose are welcome to do so but you must include the author's name and the publication at a minimum. We would also like to have the date of the issue if you have it: Author, HeadLines, Month, Year. If there are any questions or if no author is indicated, permission to reprint should be requested from the HeadLines Editor, Pat Sanders (pat@choralmusic.com).

Recently, an article from the VoicePoints column in Whispers on the Web, written by one of our professionals, was reprinted without proper credit and it caused us to take a hard and changed look at everything for which we have responsibility. We now have posted rules in different areas of WebWhispers that explain what you must do to be able to honor the existing copyright(s). Many of them require that you write to the author for permission. Read carefully before you copy from any section of WebWhispers, as the rules are different.

You will notice at the end of Whispers on the Web, at the bottom of this web page a small box with a copyright and in the box it tells you how to get to the instructions for reprinting/copying from this newsletter.
What that means is that, as an example, if you want to put this article in your own newsletter, you need to give full credit to the person who wrote it and to the place you found it. There are different ways to do this but this is easy and takes just one line: "By Pat Wertz Sanders, Whispers on the Web 04/2004, WebWhispers"

Aside from the newsletter on WebWhispers, we have instructions for the lists, where we have a different problem. WebWhispers and WWHealthHelp are private and member lists are under password. The lists are moderated. Someone may write in with a very personal question, knowing that this is a membership only list. Another member may answer with a solution or to continue the discussion. Some local printed newsletters have found these exchanges so interesting, that they are using them for their readers. This is permissible ONLY if you obtain permission from the author(s). Copying private correspondence is far more important, and possibly damaging to the individual, than if that same person wrote an article for a publication and found it copied. Copying emails is an intrusion into the private life of the writer and it MUST be done with permission from each correspondent involved. Our new notices for these lists are found on the ?Netiquette, Instructions? pages for each list.

WebWhispers:

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All of our Emails are exchanged between members on a limited distribution system, are stored on a password-protected archive, and may often contain intimate, personal details. Therefore, readers interested in reprinting published Emails from our Listservs for use in another newsletter, handout, or any other noncommercial purpose are welcome to do so after requesting and receiving permission from the Email's author.

If no author is indicated, a request for permission to reprint and to get/use the author's name should be sent to the Email address of the sender of that message. The reprinted Email should be credited to the author (if permission is given to use the name) and to the WebWhispers Email List. This will insure that no confidentialities will be inadvertently breached.

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WWHealthHelp:

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To loosen up the traces a bit, please note that our Information Library has a very loose policy since these were ideas meant to share with all laryngectomees. Some have authors listed but most do not since often they are a combination of ideas. Many entries are suggesting other places on the Internet to go for help on particular problems.

Reprinting/Copying Guidelines

Readers interested in reprinting something from this Information Library Section for use in another newsletter, handout, or for any other noncommercial purpose are welcome to do so. But, please note in your reprint that the information came from WebWhispers. If an author is listed, please do them the courtesy of giving them credit.

We don’t want to make life hard for you and we do want to get information out that will help laryngectomees; however, when you copy anything that someone else has created without giving them credit, it is stealing from that person.

Anyone wishing to read further on the topic might like to read this article which explains it far better than I:

?Are Legal and Ethical Questions Being Ignored in Content Copying??
By Ken Fermoyle, From the web pages of the Association of PC User Groups
http://www.apcug.org/apcug/howto/contentcopying.htm

Dutch's Bits, Buts, & Bytes

(1) New "Google" Local Search Capability!!

The well-known Internet search engine located at http://www.google.com/ has just introduced a new "local" search capability, which should be helpful to many. This service, which began on March 16th, 2004, is found at http://local.google.com/ and makes it easier for people to find things closer to their homes.

Using new algorithmic formulas, the new "search" will display more local information in response to search requests that include a ZIP
code or a city's name. Google says these geographic queries are now
more likely to generate phone numbers and specific addresses on its
results page. In many cases, Google will also display an icon of a
compass that can be clicked to open another page containing a
detailed map and directions.

I've tried this local search and it works GREAT ... I just entered what I
wanted to search for and my ZIP code and the results were fantastic.
(Note: at present, it only returns results from within the United States.)

(2) Some Thoughts on Internet Viruses and Worms

"A Clueless Few Diminish the Internet Community"

"If you've been feeling under siege lately from computer viruses
and worms, you're not paranoid. Yes, the authors of these malicious
codes really are out to get you, and with increasing frequency. And the
war appears to be well under way. Antivirus companies report that the
pace of release of new versions of these worms is quickening, forcing
them to scramble to issue updates for their scanning products.

All of these viruses and worms are propagated via e-mail, arriving
as an attachment to messages that entice users to open them. Of
course, viruses and worms dispatched via e-mail would not be a
problem if clueless users didn't click on the attachments in the first
place. Yes, virus writers are scum who deserve whatever maximum
punishment the law allows. But those who, after countless warnings,
still click on attachments they're not expecting ? or who don't run up-
to-date antivirus software that would catch this junk or who do not
keep their operating system "patched" and up to date ? bear much of
the blame. This has been a complaint among the techno-savvy for
years.

There have even been calls for an "Internet driver's license," in
which users would have to prove they know what they're doing before
being granted access to the online world. The argument for that idea
goes something like this:

A computer network is a combination of various users' resources,
shared for the benefit of all. It is, in other words, a community. Each
member of the network community has a responsibility to behave in a
manner that won't disrupt or harm others.

When a user clicks on a virus, that's not simply damaging one
computer ? and with some stealthy viruses, the infection may not be
readily apparent. Rather, because most modern viruses try to spread
via e-mail, that action puts at risk everyone whose address is found on
the infected PC.
There are more complications. Viruses e-mailed to corporate addresses can trigger an alert to the sender from firewall-based antivirus software. Because most viruses that spread by e-mail falsify the sender's address, those alerts are more than useless. They can clog up e-mail servers and render inboxes unusable.

Finally, many of the current crop of viruses do more than just try to infect other machines. They also open up a port on the computer and allow a hacker to take control. These so-called "zombie" machines can and have been used to attack other computers on the Internet. Some antivirus experts speculate zombie PCs could be used to blast huge amounts of spam all over the net.

Requiring that folks know the basics about computer security before giving them access to the network is akin to making sure a driver knows how to safely operate a car before he or she is allowed to take to the public roadways. On the surface, it makes a lot of sense.

Of course, there are plenty of arguments against this notion, too, ranging from further government intrusion in our lives to the sticky question of enforcement. And then there's the fact that the connected PC has become a powerful means of personal expression, which raises First Amendment concerns.

But something needs to be done to ratchet down the mayhem, both by catching and punishing virus writers, and by convincing people not to click with abandon on everything that comes into their inbox? before the criminal and the clueless few ruin the Internet for the responsible many."

(Note: Your Webmaster's anti-virus software is now protecting him from over 66,160 known viruses and worms ... Yes, SIXTY-SIX THOUSAND+ ... something to think about!)

(3) Sham Sites Are a Scam: There Is No ?National Do Not E-mail Registry?

Have you submitted your Email address to a ?National Do Not E-mail Registry? that promises to reduce the amount of spam (unsolicited Email) you receive? If so, you are the victim of a scam, according to the Federal Trade Commission, the nation?s consumer protection agency.

The web site at ?unsub.us? mimicked the language, look, and navigation of the web site for the National Do Not Call Registry, a legitimate free service of the federal government. The "unsub.us" site was not run or authorized by the FTC. Several other web sites, such as "remove.org" and "globalremove.com" raise similar concerns. Be careful!

Lary Laffers - Things a Stoma Might Say

"Uh, Oh.? I forgot my stoma cover."
"Finally bedtime!! I'm all talked out."

Courtesy of Judy Greiwe, judygreiwe@comcast.net

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) ...
Typhoid Mary blunders across the internet spreading infection far and wide. Ignoring repeated warnings not to open attachments from unknown senders and unmoved by entreaties to run security patches and update virus definitions she is the unwitting vector for countless malicious hacks, Trojan horses and embedded viruses. Typhoid Mary believes that someone out there really DOES want her to have "Good Times", or "Win a Holiday?", or that a nice person is actually sending her "Penpal Greetings?".

Above courtesy of Mike Reed
See more of his work at: http://www.winternet.com/~mikelr/flame1.html
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 43 new members who joined us during March 2004:

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<td>Larry Garbarino</td>
<td>Nell Geiger - Caregiver</td>
<td>Darlene Gibson</td>
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<td>Naugatuck, CT</td>
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<td>John Hagenmaier - Caregiver</td>
<td>Marcie Hanaburgh - Caregiver</td>
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<td>Indianapolis, IN</td>
<td>Bellevue, FL</td>
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<td>Richard Hinson</td>
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<td>Matthews, NC</td>
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<td>Debra King - Caregiver/LPN</td>
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<td>White Hall, IL</td>
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<td>Frank &amp; Eva Faye Meek</td>
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<td>Montgomery, AL</td>
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<td>Patrick Onofrio</td>
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<td>Mark Rozek</td>
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<td>Bay City, MI</td>
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<td>Graham Taylor</td>
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<td>Erith, Kent, UK</td>
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<td>Florence, SC</td>
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<tr>
<td>Chris Wilson - Caregiver</td>
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<td>Clinton Township, MI</td>
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<td>Melanie Wood - Caregiver</td>
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<td>Grand Prairie, TX</td>
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</table>
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.

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