

Boyfriend has strong opinions about cohabitation

Dear Annie: I liked the advice you gave about not moving in with a partner too soon in a relationship, but my situation is quite the opposite. I have been with my boyfriend for 2 1/2 years (we are both in our late 20s), and it has recently come up that he would not consider marrying someone unless he has lived with the person for a minimum of a year. I would like to wait until marriage; I like the idea of building a home and starting a new chapter of life together as a married couple. I want my future husband to carry me across the threshold of our new home together and not into



ANNIE LANE

a home and life we've already been sharing. I also like the idea of having my own space until I'm ready to turn it into "our space," which I think should come along with the "what's yours is mine and what's mine is yours" commitment of marriage. I understand his thoughts on the subject (see whether it works before you commit), but we spend six nights a week together already, so there isn't anything new we would learn about each other by living together. We've already figured out who makes the coffee versus who makes the bed and those kinds of daily lifestyle arrangements. We basically do live together. We just keep our belongings in separate places. We are very compatible, but is this a deal breaker? I love

my boyfriend, but I don't want to stay in a relationship that has no potential for a future. Should I wait it out? Walk away? Is there a compromise? — **Don't Want to Be Roommates**
Dear Don't Want to Be Roommates: If you're both set on the same destination, there's no sense in breaking up over the route. But make certain you do in fact agree on that destination. Ask him how he feels about marriage, with open-ended questions, not leading ones. You want him to feel comfortable being honest now so you can save yourself trouble later. If he's serious about cohabitation as a steppingstone, then propose a compromise. You'll move in together after you're engaged. If you can afford to move in to a new place (rather than either

of your current apartments), it might help establish that new-chapter feel.
Dear Annie: I'd like to suggest another option for "Anxious Adopter," whose adopted son has visits with his birth mother but whose adopted daughter has no contact with her birth family. My suggestion would be for "Anxious Adopter" to talk to her son's birth mother to see whether she could find it in her heart to include your daughter in the visits. Our 15-year-old daughter relinquished her newborn son for adoption many years ago. Years later, when our grandson became a part of our life, he had an adopted sister who had no knowledge of her birth family and no contact. Because she was special to our grandson, she was special to us

and was included in our time with our grandson. My husband and I were honorary grandparents at her wedding. — **Twice Blessed**
Dear Twice Blessed: First, I'd like to say that I respect the rights of birth mothers in open-adoption arrangements, and it would be regrettable if my earlier response suggested otherwise. I love your solution, which shows real heart and practicality. I've passed it along to "Anxious Adopter." Thank you.

Send your questions for Annie Lane to dearannie@creators.com. To find out more about Annie Lane and read features by other Creators Syndicate columnists and cartoonists, visit the Creators Syndicate website at www.creators.com.

Massage techniques can help alleviate swelling from lymphedema

Dear Doctor: I have Stage 1 lymphedema in my left leg, which causes pain and swelling. I do self-massages every morning, but it's not enough. Can anything reverse this? I've heard that lymph node replacement hasn't been very successful.



ROBERT ASHLEY

Lymph nodes filter the lymph of infection and possible cancer cells. The lymph eventually drains upward toward the heart, where it returns into the bloodstream. When the lymphatic system is disrupted, it leads to lymphedema, the swelling of an arm or leg caused by stagnant fluid within the limb. Such disruptions can occur due to infection or cancer in the lymph nodes; radiation therapy or node removal as part of cancer treatment; or sometimes, due to none of these causes. The latter is termed primary lymphedema. The condition is often inherited; is more likely to occur in the legs; and is more common in women. Stage 1 lymphedema, with which you have been diagnosed, is characterized by swelling that can subside if the limb is kept elevated for up to 24 hours. If not treated properly, Stage 1 lymph-

edema can develop into Stage 2 or Stage 3, causing inflammation, infections and scarring of the dermis, the thick layer of skin below its surface. In Stages 2 and 3, lymph can't return to the heart, even with elevation of the legs. My first suggestion is to keep your legs elevated as much as possible and to avoid positions that put more pressure on the lymphatic system, such as prolonged standing, sitting or resting cross-legged. Second, keep your weight down, because obesity can worsen lymphedema. Third, watch for signs of infection and help prevent infection by keeping skin moist to prevent small breaks in it. The type of massage that you do, called lymphatic drainage, helps move lymphatic fluid upward. Physical therapists trained in manual lymphatic drainage can accentuate this upward

movement, as can the daytime use of compression stockings. The node-replacement procedure you reference is called vascularized lymph node transfer (VLNT), in which a lymph node is transferred from one part of the body to another to help lymphatic drainage. It's sometimes used for breast cancer patients who develop lymphedema in the arm after having lymph nodes removed from the armpit. In those cases, a lymph node is transferred from the groin and connected to the lymphatic system in the armpit. A 2016 study of 305 VLNT patients found a noted reduction in limb swelling and a decreased rate of infection of the affected limb. However, this procedure was predominantly done on patients without primary lymphedema, so it may not be applicable to you. The T-cell inhibitor tacrolim-

mus has shown an ability to prevent inflammation and scarring of the dermis in animal studies of lymphedema, but human research is needed. In summary, use compression stockings, keep doing the massage techniques and seek out a physical therapist for lymphatic drainage. But most important, don't give up. You don't want the lymphedema to progress further.

Robert Ashley, M.D., is an internist and assistant professor of medicine at the University of California, Los Angeles.

Send your questions to askthedoctors@mednet.ucla.edu, or write: Ask the Doctors, c/o Media Relations, UCLA Health, 924 Westwood Blvd., Suite 350, Los Angeles, CA, 90095. Owing to the volume of mail, personal replies cannot be provided.

Congress approves expanded protections for federal whistleblowers

HOPE YEN
Associated Press

The measure would extend whistleblower protections to federal employees who are in probationary periods and provide training to ensure workers know their rights. It also establishes minimum disciplinary standards for supervisors who retaliate against employees for seeking to disclose wrongdoing. The legislation, introduced by Sen. Ron Johnson, R-Wis., is named after Dr. Chris Kirkpatrick, a psychologist at the VA

Medical Center in Tomah, Wisconsin. Kirkpatrick committed suicide in 2009 on the day he was fired by VA for questioning the over-medication of veterans. A VA investigation later found Kirkpatrick's concerns had been warranted. House Speaker Paul Ryan, R-Wis., said the legislation provides much-needed protections to whistleblowers. "No one who stands up for our veterans should be marginalized, let alone targeted

and fired," he said. The bill also would require the VA to put together a plan within six months to prevent supervisors from improperly accessing an employee's medical files in retaliation. VA Secretary David Shulkin has pledged to bring greater accountability to the government's second largest agency, which provides medical care to millions of veterans. In July, Shulkin began posting employee disciplinary actions and

announced that he would require approval by a senior official of any settlement with a VA employee over the amount of \$5,000, citing unnecessary payments to bad employees. A month later, he ordered a review to expand VA reporting requirements for bad workers. During the 2016 campaign, Trump described the VA as the "most corrupt," promising to "protect and promote honest employees" at VA who expose wrongdoing.

Pentagon has no plans to increase the size of US nuclear arsenal

ROBERT BURNS
Associated Press

place, not add to, currently deployed forces such as the 400 Minuteman 3 intercontinental ballistic missiles that stand ready for short-notice launch in underground silos in North Dakota, Montana, Colorado, Wyoming and Nebraska. Trump was asked during an Oval Office photo shoot whether he sought a big increase in the size of the nuclear force, as NBC News reported. "No, I never discussed increasing it," he said. "I want it in perfect shape." He suggested he thinks the U.S. already has enough weapons. "We don't need an increase, but I want modernization and I want total rehabilitation," he said, apparently referring to replacing weap-

ons and support systems that have grown old. "I want to have absolutely perfectly maintained — which we are in the process of doing — nuclear force," he said. "But when they said I want 10 times what we have right now, it's totally unnecessary." An in-depth review of the U.S. nuclear force and the strategies and policies that underpin it has been under way since April. The study, ordered by Trump and known as a nuclear "posture" review, is unlikely to be completed and made public before the end of the year, but it already is steering away from any major buildup in the size of the arsenal, officials familiar with the discussions say. Instead, the focus is on main-

taining the basic shape of a modernization plan Trump inherited from President Barack Obama, with possible adjustments, and on ways to reverse a long decline in the Energy Department's ability to build and sustain nuclear warheads, according to several officials who spoke on condition of anonymity to discuss internal deliberations. The Pentagon review also is looking at the possibility of developing lower-yield nuclear weapons that proponents say would give the president additional options for responding to nuclear threats. Others say such weapons would make nuclear escalation more likely. The U.S. has an estimated 4,000

nuclear weapons, of which about 1,800 are deployed on missiles and at bomber and fighter bases, according to Hans Kristensen, a nuclear weapons expert at the Federation of American Scientists. The others are held in reserve. The exact number of active and reserve weapons is an official secret. The U.S. is constrained by a 2010 arms deal with Russia known as New START, which limits each country to a maximum of 1,550 deployed strategic nuclear warheads. As of Sept. 1, the U.S. reported that it had 1,393 and Russia had 1,561; both are required to be at or below the 1,550 mark by February 2018. That limitation will expire in 2021, however, unless an extension is negotiated.

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