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Alumni News

The Alumni Newsletter
Of Lambda Kappa Sigma
Pharmacy Fraternity
Fall 2008

Somethin' to Talk About: A Look Back at the 40th Biennial Convention

By Tiffany Self, PharmD

Grits...callin' the Georgia Bulldogs...southern hospitality: those are just a few things that made this biennium's Convention in Savannah, GA "somethin' to talk about" for years to come. Approximately 175 sisters from across the country attended the 2008 Biennial Convention from August 6-10, 2008.

The convention kicked off on Wednesday evening at the opening reception, complete with hors d'oeuvres and LKS's own version of Scarlett O'Hara, thanks to members of the Alpha Kappa Collegiate chapter who dressed in authentic antebellum Southern dresses. After mingling with fellow Collegiate and Alumni members, we boarded trolleys and headed out for a haunted history tour of Savannah, a city considered to be the most haunted in the country. The evening then ended with separate Collegiate and Alumni conferences. During the Alumni conference, we were able to enjoy a time of sisterhood as we got to know our newest Alumni members and reconnected with old friends.

Thursday morning kicked off with breakfast and our keynote speaker, David Stollman from CAMPUSPEAK, who emphasized the core values of Greek life. This was followed by a presentation from key Grand Council members on the Core Values of LKS and the first business session. After lunch, we reconvened for a two-hour continuing education session on cervical cancer from Sarah Scarpace, Pharm.D., BCOP, who talked about her own personal experience with this disease.

Thursday afternoon's thunderstorm didn't dampen the Alumni's spirit as we all boarded the trolleys once again for a

ride over to The Lady and Sons. While the Collegiate members were enjoying their time together at The Crab Shack on Tybee Island, we all had the chance to experience Paula Deen's fabulous southern cooking with a full buffet including fried chicken, ribs, macaroni and cheese and too many other dishes to name. It was the perfect evening for sharing wonderful food and the company of wonderful friends.

Friday was packed with continuing education sessions, including a one-hour program on immunizations by Sharon Brown, MS, RPh, and a 1.5 hour session on asthma management by Amy Miller, Pharm.D., BCPS.

The Fraternity also honored four of our outstanding members during the Awards Luncheon on Friday. The awardees included: Distinguished Young Pharmacist, Jennifer Brandt; Award of Merit, Lisa Anzisi; Merck/Vanguard Leadership Award, Stefanie Vitale; and the Distinguished Service Citation, Ruth Brown.

Friday evening was a time to celebrate for both Collegiate and Alumni members at the Blue and Gold Dinner aboard the Savannah River Queen, a replica 19th century riverboat. Not only were we treated to a buffet dinner but also to entertainment by some frolicking porpoises playing in the Savannah River. The entertainment for the evening wasn't limited to the porpoises however. Thanks to all the Collegiate and Alumni members who showed off their skills with highly amusing songs and skits.

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LKS and Our Core Values

By Jennifer Rhodes, Past Grand President

During the 2006-2008 Biennium, the fraternity lost three collegiate chapters: Beta, Gamma and Eta. Each of these chapters had long histories with LKS; they were, in fact, some of the fraternity's first chapters. As the Grand Council learned of each chapter's situation, various deficiencies in either an identity with or an understanding of what it means to be affiliated with LKS were brought to light.

At our March 2008 meeting, Grand Council officers participated in a SWOT analysis for the fraternity. SWOT stands for strengths, weaknesses, opportunities, and threats. Through this technique, the Grand Council identified a common theme of deficiency in our current organizational process. Indeed, there are common understandings of what it means to be LKS that must be shared with and understood by each member, officer, advisor and chapter.

As part of Grand Council's plan to reinvent our organizational and information processes, attendees at the 2008 Biennial Convention were introduced to a document approved by the 2006-2008 Grand Council, called the LKS Code of Conduct. Dixie Leikach, Sharon Brown, and Jennifer Rhodes introduced it during their Core Values presentation.

The purpose of the LKS Core Values presentation was three-fold: 1) to present the values that all LKS members should consider as the core to our very existence as a fraternal organization; 2) to engender in each member an affinity to live and lead by these core values; and 3) to promote LKS to other interested parties by exhibiting in our outward actions and writings these core values. The LKS Creed, LKS Mission Statement, and community learning examples were explored, culminating with the presentation of the LKS Code of Conduct.

The Creed of Lambda Kappa Sigma speaks to the core values of our fraternity. As one reads the Creed, one learns the following:

- At the very heart, there is loyalty in the organization, in our fellow members
- We should feel safe with our sisters
- We are all to be valued for our ideas
- Open-mindedness is to be treasured
- We are not perfect
- Humor is essential to our very being
- All members are entitled to happiness and success
- We are to embrace diversity

These core values are echoed throughout the LKS mission statement:

- We are to nurture for success
- We are to support each other within the profession or pharmacy
- We are to embrace our chosen profession of pharmacy with a passion for high standards of professionalism and knowledge

General community learnings share similar thoughts. First, if you have ever played the "Kevin Bacon game", or heard the term "6 degrees of separation", these are examples of how we are connected to other people, however distant that connection may be. In addition, there is a generation effect or "ripple effect", where those who came before you have affected your actions and decisions, and those who come after you will feel your influence. The question for you, then, becomes how will you act, 1) given past influences, and 2) in a way that will positively affect the future of those who come after you?

Second, the sayings "actions speak louder than words" and "we are only as strong as our weakest link" ring true within all organizations. How one acts, both inside and outside our fraternity, provides insight into our fraternity values. It is important to build up an organization at the individual member level. We must help individual members and chapters, as we are able. We

must encourage new ideas, as encouragement is a form of nurturing, which makes the individual member and the chapter stronger, happier and more productive.

You may ask, how does this affect me as an Alumni member? First, all members must proscribe to the LKS Code of Conduct. Second, you are our Collegiate chapter advisors, our Alumni chapter officers, and our past, present and future Grand Council officers. Many of you mentor and teach as part of your daily professional duties. This fall, collegiate chapters will keep on file signatures of all returning collegiate members stating that they have received and read the LKS Code of Conduct. During the member orientation period, all prospective members will receive a copy, and will be required to sign as part of their commitment to LKS and its core values. We request that each of you as Alumni members become acquainted with the LKS Code of Conduct. You can review and download your copy from the LKS website, at www.lks.org.

It is the Grand Council's hope that all LKS members will embrace the spirit of the LKS Code of Conduct and will aspire to the tenets put forth. This document is a continuation of our very own legacy given to us by our founders and the officers who came before us. It is a legacy rich in traditions and history that we can in turn build upon and then give back to our fraternity, one that will soon celebrate 100 years of service to the profession of pharmacy. Now is the time to renew our passion and commitment to Lambda Kappa Sigma, the professional pharmacy fraternity of choice.

Somethin' to Talk About

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Saturday began with a business session before the Educational Trust Luncheon. During the luncheon, the trip to Barbados, iPod, and gift cards were raffled off, with the proceeds of the tickets benefiting the Educational Trust. Thanks to everyone who bought and sold tickets because the total of the ticket sales amounted to about \$5,000. The very competitive and highly exciting auction was also held during the Educational Trust Luncheon and resulted in another \$4,000 to benefit the Educational Trust.

After the excitement of the Educational Trust Luncheon, the Collegiate and Alumni members came together for an exciting and informative joint session where we participated in a "bus ride." The buses represented the 7 areas of the Fraternity's strategic organizational plan and we all shared ideas that could be taken home and implemented to make our chapters and Fraternity the best it can be.

Saturday evening's Final Banquet meant the 40th Biennial Convention was rapidly drawing to a close.

Following the official convention photo and dinner, some special awards were presented, including the Chapter Achievement Awards (congratulations to all the winners for their hard work!) and the Efficiency Cup (congratulations to the Xi chapter). The Efficiency Gavel, which honors the most efficient Alumni chapter, was presented to the Alpha Alumni. Congratulations Alpha Alumni! Runners-up for the Efficiency Gavel included Alpha Nu Alumni and Epsilon Alumni. Members were also treated to a slide show at the end of the banquet, followed by the installation of your 2008-2010 Grand Council.

Thanks to all the members of the fraternity who helped make the 40th Biennial Convention "somethin' to talk about." A special thank you goes out to the host chapter of Alpha Kappa collegiate and members of Alpha Kappa alumni for their southern hospitality and to the International Office (Joan and Kathy) for all their hard work to ensure a successful Convention!

The mission of Lambda Kappa Sigma is to promote the profession of pharmacy among women and advance women within the profession by developing its members as individuals and leaders through the support of fellow members while encouraging a high standard of professional ethics and scholarship.

Cervical Cancer: Something to Talk About

By: Sarah Scarpace, PharmD, BCOP

Although invasive cervical cancer is a rare disease in the United States, this disease has recently been getting a lot of attention, thanks to the FDA approval of the first quadrivalent human papillomavirus (HPV) vaccine (Gardasil®, Merck) in 2006. The approval has not come without its share of controversy, and an understanding of the epidemiology and natural history of cervical cancer is important for appreciating the role of the vaccine and its limitations in prevention of the disease.

An estimated 11,150 women will develop invasive cervical cancer in the United States this year and 3670 will die from it¹. As a matter of perspective, breast cancer, which is the most commonly diagnosed cancer in American women, will be diagnosed in over 180,000 patients; even leukemia is more common than invasive cervical cancer: almost 20,000 new cases will be diagnosed this year¹. So why is there so much attention on such a rare disease? Perhaps it is because cervical cancer is the 2nd leading cause of death in women worldwide, often #1 in developing countries.² Perhaps it is because there are racial and socioeconomic disparities in both the incidence and mortality from invasive cervical cancer in the United States, in large part due to poor access to healthcare and that as the numbers of uninsured women continue to increase, we may start to see more cases of true cancer (80% of all incident cervical cancers and deaths occurs in underserved/resource-poor areas)². Perhaps it is the fact that pre-cancerous lesions, which are 4 times more common than invasive

cancer in the United States, are also associated with significant morbidity and cost¹.

HPV infection is associated with 70% of cases of invasive cervical cancer that are of the squamous cell type (although some adenocarcinoma cervical cancers have also been linked to HPV infection)³. Other risk factors for the development of actual invasive cervical cancer (meaning that the abnormal cancer cells have actually invaded the cervical tissue; precancerous cervical lesions are basically abnormal cells resting on top of the surface of the cervix and have not penetrated into the tissue) include: lack of regular Pap smears (60-80% of women with newly diagnosed invasive cervical cancer have not had a Pap smear within 5 years); co-morbid HIV or other immune compromise; age over 40; having more than 1 lifetime sexual partner; oral contraceptive use for more than 5 years (the risk increases 4-fold with use greater than 10 years); multiple pregnancies, smoking, exposure to diethylstilbestrol in utero (DES – which was given to pregnant women from 1940-1971 to prevent miscarriages but was subsequently linked to a rare type of cervical cancer in the daughters of women who took the drug during pregnancy; it is still available and very rarely used for the treatment of prostate cancer); and family history³. Cervical cancer often has no symptoms (which is why adherence to scheduled Pap smears and pelvic exams is so important – there has been a 74% drop in the death rate from cervical cancer from 1955, when Pap smears were first introduced into routine practice, and

1992!¹). If symptoms are present, they may include abnormal vaginal bleeding, unusual vaginal discharge, pelvic pain, and pain during sexual intercourse³. Screening with Pap smears should begin within 3 years of first sexual intercourse but no later than age 21, and should be done yearly if conventional smears are done or every 2 years if the newer, liquid-based type of Pap smear is done⁴. At age 30, if a woman has had 3 consecutive negative Pap smears or has a negative HPV DNA test, she may prolong screening up to 3 years⁴. Importantly, vaccination does not change the timing of when to start screening or how often screening should be done⁴.

HPV is a ubiquitous group of over 100 viruses which generally cause no symptoms and usually self-resolve within 2 years^{5,6}. Up to 75% of adults in the United States will be infected with HPV at some point, but most of these infections **do not** end up causing invasive cancer because the infection either resolves without treatment or can be treated while the changes are still pre-cancerous^{6,7}. The infection does occur mainly in young women (and is rare after age 30), which is why the HPV DNA test is not recommended until after age 30 (because most women would test positive even though they may have no clinical disease as a result of the infection) and can be present for years without causing any symptoms; in fact, it is believed that it takes 2-10 years for the infection to cause invasive cervical cancer and for that reason, it is very unlikely that a woman would ever know who “gave” her the infection⁷⁻⁹. The virus can live anywhere on the skin, and though cross-sectional studies did

not show that condoms were useful in reducing transmission of the infection, a small, prospective, longitudinal study of newly sexually active college-age women did show that 100% use of condoms did protect against the virus; that same study also showed that having more than 1 lifetime sexual partner significantly increased the risk of both infection with HPV and precancerous cervical lesions¹⁰. The quadrivalent HPV vaccine (virus-like particles) protects against HPV types 6, 11, 16, and 18. HPV types 6 and 11 are responsible for causing 90% of cases of genital warts (which do not cause cancer) and types 16, and 18 are associated with 70% of cervical cancers. The vaccine is approved for use in girls/women age 9 – 26 and is given as a series of 3 shots at baseline, month 3, and month 6. It is only approved for those women are not already infected and will not treat patients who already have cervical cancer. The FUTUREII trial which led to the vaccine's approval in the United States showed that the vaccine was almost 100% effective at reducing HPV-related lesions and precancerous cervical lesions¹¹. Most patients experienced injection site reactions, pain, and systemic side effects, but the incidence was only about 5% more common with the active vaccine compared to placebo¹¹. This past June, the FDA required that arthralgias, myalgias, asthenia, fatigue, and malaise be included in the package insert as a result of post-marketing reports¹². Several states have considered making the HPV vaccine mandatory, citing the vaccine's good safety profile and high efficacy against the

development of precancerous lesions; those who oppose the mandating the vaccine are often concerned about creating a false sense of security in girls who may become more promiscuous if they are vaccinated as well as other scientific concerns regarding the unknown long-term effects of the vaccine, including how long the immunity will last, whether other strains of HPV will become more prevalent as a source of carcinogenic HPV, and whether the vaccine will in fact reduce the rate of true invasive cervical cancer¹³.

While there are many unanswered questions about the role of the vaccine in preventing cervical cancer, we do know that this is certainly a women's health issue worth talking about! You can help your friends, family, patients, and young women in the community understand the risk factors, signs and symptoms of the disease, and what we know (and don't know) about HPV and the quadrivalent HPV vaccine. Encourage them to be compliant with screening recommendations. Be an advocate for bringing screening programs to underserved areas. And just keep talking about it...maybe one day you'll talk about it with a sentence that starts with, "There used to be this disease called cervical cancer...."

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Cervical cancer has been selected as our Women's Health Issue for the 2008-2010 Biennium. For more information on cervical cancer, visit these websites:

National Cancer Institute: www.cancer.gov/cancertopics/types/cervical

American Cancer Society: www.cancer.org

National Cervical Cancer Coalition: www.nccc-online.org

Here's Another Day to Mark on Your Calendar: National Philanthropy Day, November 15th, 2008

By: Avis Ericson, TLC Chair

What is National Philanthropy Day (NPD)?

This day was set aside through the efforts of the Association of Fundraising Professionals (AFP) to pay tribute to the many significant contributions that philanthropy – and those people active in the philanthropic community – have made to our lives, our communities, and our world.

When was it established?

NPD was first celebrated in 1986.

What role does philanthropy play in the U.S. and Canada?

In the U.S. and Canada there are well over 1 million charitable organizations; citizens gave over \$300 billion to charitable causes. Many corners of the world that are unable to provide enough funding for social services are greatly aided by these charitable sectors. This is a very real way to connect people to causes, and to each other, to foster civic participation, and to improve the quality of life for all people.

What is the Association of Fundraising Professionals (AFP)?

The AFP is the professional organization whose members actively raise funds for both the public and private sectors. They are the “ask” people who are not afraid to let you know where there is a need and just how your dollars can help. They work for colleges and universities, arts and cultural groups, civic organizations, child welfare and advocacy groups, and all other levels and layers that seek to be philanthropic.

LKS Collegiate members probably don't encounter too many in this field – but once you become an alumni, your School or College of Pharmacy, your professional associations at the national, state, and even local level will begin to seek your contributions. As if by magic, you will also find your name on the mailing lists of charities as diverse as The Heifer Project and your local public radio and TV stations.

How do I know who to give my dollars to?

Unless you have unlimited resources and can give to everyone who begs -- the best advice is to ask yourself what, if anything, do you have in common with this group? Do you know and believe in their mission and values? Do you support its growth and viability? Can your gift “make a difference” – or is it just a minor “drop in the bucket”?

Be aware that there are many unscrupulous vendors also out there looking for your dollars. It is best to check out and learn about the charities that you wish to support; it is also best to insist on some “time to consider” your gift and never be pressured into an immediate gift, no matter how worthy the cause may seem or how well it is presented.

Should I develop a giving plan?

As with all things in life, planning now is better than regretting it later. Unfortunately, voluntary giving, especially to a “trendy” cause, is often quick and on a whim. Financial planning that gives you control and purpose for the gifts is much more important and will help to keep you, the donor, focused. Determining how much you can give and when you can make donations – and what group(s) will benefit from your generosity – are questions that only you can answer. Many focus on end-of-the-year giving in order to maximize tax benefits; however, charities have needs all year-around so consider other gifts during the year as well.

There is a Donor Bill of Rights – what does that mean?

This is intended to promote ethical and effective fund-raising. It may take some investigation to know if your charity adheres to these principles, but it is worth the time to investigate. Basic principles include:

- Take your time – don't let high pressure tactics weaken your resolve to give beyond what and when you want. Always take the time to investigate your charity before you give.

- Ask for information – be sure you know the program and its mission, the charity’s cost of fundraising, its overall budget, and whether it is running a deficit. Internal management can be an effective asset or a major drain on the organization.
- Volunteer for the organization – there is no better way to see the “real” insider information than to “get under their skin” and ask lots of questions.
- Make a personal decision – ultimately, the decision to give is tied to many personal decisions and values. Go with what appeals to your intellect and to your heart; those parts of our decision making process very rarely steer us improperly.

What can I do to help support the National Philanthropy Day in relation to LKS?

Alumni members and Chapters:

- Reflect on past giving patterns to LKS and non-LKS charities.
- Formulate a plan for the future and begin to implement that plan.
- Make a will, trust, bequest, or other appropriate document to detail your wishes.
- If such documents already exist, review them to be sure they reflect current wishes; review on a regular basis to ensure they are always up to date.
- Make generous use of the LKS Educational Trust Celebration / Memorial Gift Form to celebrate personal and professional milestones and to honor others.
- If appropriate, communicate your plans and wishes to the LKS Trust Liaison Committee.
- Search for items to donate to the LKS Educational Trust auction.
- Brainstorm other possible fund-raising ideas and share such thoughts with others.
- Tell other alumni members about your choices; seek to inspire them to higher levels of generosity.

Being a philanthropist does not require donations that chisel your name in granite. We'll leave that to those named Rockefeller, Carnegie, Getty, and Gates. The generosity of LKS members has built an Educational Trust that serves our members well. Increasing the number and size of available grants is my main priority for the future. This is an achievable goal, but only with your help. The power of all of us doing whatever we can, will work wonders.

2008-2010 Grand Council

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LKS Wants to Go Green!

If you are interested in helping us “go green”, visit the website and make sure your email is up to date. In the coming months, we would like to start sending official communications, the Alumni News, and even the Triangle electronically to those that would prefer to receive them that way.

Preparing for an Emergency: Things You May Not Have Thought of

By Nicole Allie, PharmD, CGP

Emergency preparedness. We all like to think we are prepared in case of an emergency. You have your flashlight and radio with batteries, three days of food and water, a couple sets of extra clothes and a first aid kit for that hurricane, flood or blizzard that might hit. But what else might you need? What happens if it's actually a fire that threatens or a serious illness or car accident that renders you unconscious?

Weather catastrophe planning resources are available from a lot of places but often these websites and organizations fail to address many issues, not to mention a number of other emergency situations that get ignored. So now it's time to think about the future, get ready and possibly make some tough decisions.

Pets are one of the top concerns people have when a catastrophe hits but rarely are people prepared. In any emergency, make sure you have stored food and water for them and you should also contact your local fire or police station and ask about window decals that identify your home as having domesticated animals. You also have to consider evacuation and what you will do with your pets. Emergency shelters for humans do not usually allow pets. You will have to make other arrangements for them either with a friend, relative, kennel, veterinarian, or even an animal shelter. It is also important to know where you and your family stand on when to consider letting go of your pet in an emergency as to not endanger the lives of you or your family.

During any emergency, communication is key. This includes not just using a phone, but true communication of plans and preparations. Your family and certain key people need to know your plans and what you have prepared. It is always good to identify a point person outside of your immediate family to handle calls and contacts in case you don't have access to a phone. As we learned on 9/11, it was difficult to make local calls, but much easier to make long-distance calls. Also, don't forget about your cell phone! If you are incapacitated and a rescue team finds you, they will look for identification, including in your cell phone. Your cell phone can identify both you and your emergency contact. There are several suggested ways to identify your emergency contact. If it is your husband or other relative, make sure the entry uses both the first and last name and their relationship to you. If they are simply your emergency contact mark them as "emergency contact". Some also recommend putting a specific "ICE" or "In Case of Emergency" entry in your phone.

Medical information and medications are one of the commonly overlooked things when preparing for any emergency situation. You should have a list of your medical conditions and history, including medication allergies, and the medications you are taking on a regular basis (Vial of Life). You should keep a copy in your home (in a zip lock bag to prevent water damage and in a fireproof box or the refrigerator) and on your person (in your wallet or in your bag).

In the case of a home catastrophe (think fire, flood, etc.), your family should have an evacuation plan. This plan should include not just how to leave the house and meet at a designated location, but an evacuation plan of different ways to get out of town and meet in another city, possibly in another state. Backup routes are a must in case streets become impassable due to flooding or downed tree limbs or electrical lines. Identifying local and long-distance family and friends who are willing to house you and your family for a couple of weeks is a great way to start to build evacuation plans since it gives you a solid destination.

Financial planning is another necessity. Make a list of all your accounts, their type, numbers and other important information including the location of the bank or holding facility, phone number and a contact person if you have one. Don't forget insurance policies! The full policies should be kept away from the property (like a safety deposit box). These policy numbers, the companies that issued them and contact information should also be included on your list of accounts. Copies of premarital agreements, mortgage agreements, home sales, car titles, licenses and even CME certificates should also be included with this list. If your accounts require passwords or safety deposit boxes require keys, you should consider keeping copies of these with a trusted family member or friend in zip-lock bags in a fire proof box or safe should yours get lost or become inaccessible.

Many of us may have already thought about these preparations, but what else are we forgetting? General household information is something a lot of people don't prepare. Your home is like a well-oiled machine. Things are scheduled and many

things "just happen" like the delivery of the paper. Unfortunately these things are often missed and can cause a lot of hassle and confusion if not addressed. You should make a list of important household activity contacts with names, numbers and descriptions. In case of an emergency, you may want to cancel a newspaper or magazine subscriptions, cancel the housekeeper, cancel the insect exterminator and lawn guy before they randomly show up to do their regularly scheduled service. Don't forget about daycare, schools, and after school program contact for sports, dance classes, cheerleading or other activities. You should also put on that list people who might be helpful after the emergency. These individuals may include the painters that you have used in the past, your plumber, or the lawyer that draws up documents for you. As you think of other people you have hired and would hire again for another service, these would be good contacts to include, especially if someone else is trying to maintain or fix-up your house for you if you are incapacitated by illness, accident, or travel restrictions. Besides the list of contacts, you should make a very specific inventory of everything you can in your house. This should include pictures and video of belongings. In case of fire, flood, or even theft you can use this list to identify what is lost or stolen. It is essential for the insurance company since they cannot replace what they don't know you have and the police will find it very helpful when trying to track down your possessions. This list should be safely stored with your other important materials.

Then we have the computer, the brain of your home. If our computer was stolen or destroyed, many of us would be up the proverbial creek. When was the last time you backed up your entire computer? You should back up your computer at least every 3 months. You should back it up on a separate hard drive and store it at a different location just in case. Knowing how to pull the hard drive out of your personal computer is also handy knowledge to have in case you need to evacuate your home quickly and you don't have room for your entire desktop in the car. A local tech support team like Geek Squad can show you how to do remove your hard drive or help you back it up.

No one wants to talk about the "final" documents and preparations. What if something happens to YOU? Will your wishes be followed? First you need to identify what they are. People under the age of 50 rarely have these documents prepared but it really is essential for anyone living independently or with a significant other. These include a healthcare proxy, power of attorney, and will.

Should you become injured or incapacitated due to illness, who will be your healthcare advocate? Who will decide if that risky surgery is worth it or have the responsibility to decide when to remove life support? The healthcare proxy clearly defines your wishes including how far physicians should go with life support efforts, and your preference for nursing home or home care. Should your illness or injury take your life, you can use your healthcare proxy to identify yourself as an organ donor if desired. Although some states do not recognize healthcare proxy documents, this document is still useful to guide the medical staff treating you to determine how far to go with aggressive care. Identifying an individual to be your healthcare proxy can be difficult as some individuals may not have your level of medical knowledge or they might shy away from that level of responsibility. Often if a healthcare proxy is activated it usually means difficult decisions will need to be made.

If you are only incapacitated for a period of time, a power of attorney is also a necessity. These can come with a spring clause so that they only go into effect if you are too ill or incapacitated to make financial decisions. Again, you will need to identify an individual to have this responsibility. They will be responsible for paying your bills, and generally managing your finances in your name until you can do it yourself. It goes without saying that you should be able to trust your life to this person.

The final document, literally and figuratively, is a will that clearly describes what will happen to your body and your possessions. In the will, you need to be specific if you want certain people to receive certain items. If you say something like, "to Aunt Harriet, I return the diamond ring she gave me", it is really not clear which ring it is, and who is Aunt Harriet? You need to say something along the lines of, "to Harriet Richardson, I leave the 2 carat round diamond 10k yellow gold ring". Including a picture of the ring for documentation is also very useful. Remember that you will not be on hand to answer questions for clarification. The discussion of property oddly enough can include pets and children. If you and your partner are both incapacitated or deceased, what will happen to the children and pets? A common misconception is that the godparents will be the legal guardians of children but in most states the designation of godparents really does not mean anything legally as it is a religious designation. Therefore like the diamond ring, you need to be specific on who you would like to retain guardianship of your children and pets should something happen to you. The will also includes any formation of a trust for minors and pets or donations to charities or organizations like LKS. Identifying an executor of your estate to be responsible for your will can be a very difficult decision. Do you want it to be your spouse, a friend, sibling, or parent? What about a neighbor or even your boss? Without these items, your

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Preparing for an Emergency

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estate could be locked in the courts for months, your bills would go unpaid, and your children and pets could end up with a random relative or even a foster family.

There are also some other questions that need to be asked and discussions about final arrangements that everyone should have with their partners. Some of these can be especially difficult. What if your parents or your spouse's parents become ill? Have you discussed if they would be welcome into your home to be cared for? What about the prospect of moving in with them to offer care? This may include a discussion about quitting a job and moving to another town or state. In the case of your death, where do you want to be buried? This can be an issue if you are living in a different town or state than the one you grew up in or your family lives in. Keep in mind your spouse may leave the area sometime after your death.

Although these are not easy activities or discussions to accomplish, if you want to be truly prepared for any form of emergency, you need to consider gathering this information together and answering these difficult questions now. Don't be caught looking back after a catastrophe and wishing you had written some of this down or wishing it was all in one location for easier access. Trying to pick up the pieces after any such life altering event is difficult enough in itself but being prepared can make it just that much bearable to live through.

For more information on emergency preparedness and planning, visit these websites:

www.ready.gov
www.fema.gov/plan/prepare/plan
www.onestorm.org
www.aarp.org
www.nolo.com/resource

Upcoming Dates

Nov 1	Deadline for Educational Grant Applications (Graduate students are eligible for the B. Olive Cole Grant!)
November	Educational Trust Month (Don't forget to make your donation!)
Dec 8	ASHP Midyear Desert Reception (Time and Location TBA)
Feb 15	Deadline for Alumni News Material Deadline for chapter reports for the Blue and Gold Triangle
March	Project HOPE month (Help us meet our goal of \$12,500!)
March 15	Hygeia Day
April 1	Alumni Dues Due
Aug 6-9	Regional Meeting in Hartford, CT (Check out Alpha Beta's commercial on YouTube!)

Thank you to all of the Alumni and Alumni Chapters that donated to Project HOPE during the 2006-2010 Biennium! We raised a total of \$12,063!

Alpha Alumni
 Epsilon Alumni
 Tau Alumni
 Chi Alumni
 Katie Buckwalter
 Ashley Carroll
 Marilyn Haberle
 Carolyn Menard
 Melissa Pammer
 Roseann Visconti

If you are interested in helping to track down Lost Lambs, please contact Becca Lemus at RebeccalemusMCP@yahoo.com

News from our Readers

Dorthea Andrews

Alpha Nu

Dorthea very excitedly welcomed her nephew, Jackson William Lee Hatfield, to the family on August 25, 2008.

Ruth Bahosh

Alpha '37

Ruth celebrated her 90th birthday last October. Some Alpha Alumni members attended the big day. Ruth is unable to attend functions any longer and misses seeing everyone.

Gail (Phillips) Bucher

Alpha

Gail lives in Concord, MA and is a member of the MCP Board of Trustees.

Paula Eldred

Alpha

Paula lives in Oviedo, FL and is a clinical pharmacist in South Seminole Hospital in Longwood.

Cathy (McGarvey) Filosi

Alpha

Cathy lives in Appleton, WI and is a staff pharmacist at Aurora Bay Care Medical Center in Green Bay.

Ginny France

Alpha Nu

Ginny and her husband Andy welcomed a new little lamb Linda Marie France on October 30, 2007. She has since gone part-time as a pharmacist and coordinator of community-based diabetes outreach program for Artemetrx in Lexington, KY.

Keely Ireland

Epsilon

Keely participated in (and finished!) the Aflac Irongirl Triathlon this past August. She has already signed up for another triathlon next month. Next year she is going to do the Tri for a Cure up in Maine with her mother.

Cathlin (Brown) Kennedy

Alpha

Cathlin lives in Mendon, MA and is a pharmacy manager for Wal-Mart in Bellingham and works part time as a pharmacist at Whittier Rehab Hospital in Westboro.

Lu Shawna (Dulin) Lawson

Alpha Nu

Lu Shawna completed her first half-marathon in May. Most recently, she was nominated by Community Health Network and was selected as one of 100 finalists for Indy's Best & Brightest. This recognition is to honor 100 of Central Indiana's outstanding young professionals under the age of 40. Ten finalists will be honored in each of 10 categories, including Health & Life Sciences. Finalists are judged on professional accomplishments and leadership qualities. Lu Shawna has also been selected to be featured with a biographical sketch in the Fifth Edition of Who's Who in Black Indianapolis. This publication highlights the achievements of African-Americans and provides a valuable resource and

networking guide for the entire community.

Dixie and Neil Leikach

Epsilon Alumni and Patron

Dixie and Neil moved into a beautiful new house in Reisterstown, MD just in time for their annual Labor Day party.

Christine (Wasmanski) Onderko

Alpha

Christine lives in Stephens City, VA and is a pharmacist at Winchester Medical Center.

Kelly Park

Epsilon

Kelly, Patrick, and Freddy welcomed a new addition to their family, Nicholas Jinhyung, who was born March 31, 2008. He weighed 8 lb 15 oz and 20 ¾ inches long. He is 5 months old and already 20 lbs!

Suzanne (Teixeira) Stevens

Alpha

Suzanne lives in York, ME and is employed as an oncology pharmacist at Portsmouth Regional Hospital in New Hampshire.

Min-li Wu

Epsilon

After graduation in May from the UMB School of Pharmacy, Min-li started her new job as a staff pharmacist for NeighborCare Professional Pharmacy Services. She then got engaged to Rai Cary, her boyfriend of 5 ½ years. They settled on their first home, in Westminster, in September.

Message from the Grand President

On behalf of the Grand Council, I would like to send greetings to all of our Alumni members as we begin a new Biennium. For those of you who attended the Convention in Savannah, thank you for your continued support of the Fraternity by investing your time and money to participate in the meeting. A great deal of effort went into planning and conducting the Convention, and we will be reviewing your evaluations and making adjustments to make the upcoming meetings even more successful. And for those of you who were unable to join us, I sincerely hope you will be able to be with us in Hartford next August!

The Collegiate chapters have been issued two challenges for this Biennium, and I would very much like to invite you as Alumni to join in these efforts. The challenges were to raise money for the LKS Educational Trust and make a minimum contribution to Project HOPE. These two programs are so very important when considering who we are and what we do. Significant time and talent will be dedicated to exceeding our past performance in obtaining contributions to fuel growth of our educational grants and support increased giving to our national philanthropy, Project HOPE this Biennium.

Additionally, as the Website Committee moves forward at the direction of the Grand Council, I am looking forward to improving the frequency and timeliness of communications with our members. Please consider this the first of many communications that will come your way as we move forward this Biennium. And please feel free to contact your Alumni Supervisor, the International Office, or me directly for any issues, concerns, or suggestions. As stated in my address to the Convention body, I will aspire to lead at a higher level during my tenure as Grand President, and ask that you expect nothing less than excellence from all of your Fraternity leadership team.

I wish you great success in all your endeavors, personal and professional, and thank you for your continued dedication to the success of Lambda Kappa Sigma.

Lamb for Life,
Sharon C. Brown, MS, RPh
LKS Grand President

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