



OUR MISSION: TO BUILD AND SUSTAIN A NATIONAL ASSOCIATION THAT ADVOCATES FOR LACTATION PROFESSIONALS.
OUR VISION: IBCLCS ARE VALUED RECOGNIZED MEMBERS OF THE HEALTH CARE TEAM.

USLCA eNEWS

United States Lactation Consultant Association

October 2010

The USLCA Board of Directors will be meeting November 5-7 in Houston, Texas. If you have something you'd like the Board to discuss, email Scott Sherwood, ScottSherwood@uslcaonline.org

From the President Laurie Beck, RN, MSN, IBCLC, RLC

Positive change is coming to the world of lactation!

- **The Health Care Reform Bill of 2010** has breastfeeding language to support working breastfeeding mothers.
- **Joint Commission** has included exclusive breastmilk feeding rates in Perinatal Core Measures.
- **CDC has released the latest Breastfeeding Report Card** for each state which shows improvements, but there is still a lot of work to be done. How does your state measure up?
- **AWHONN released their recommended lactation consultant staffing guidelines for hospitals** on 9-28-10 . USLCA is cited in the document. The lactation guidelines are for in-patient care only.
- **USLCA *Clinical Lactation* journal will be officially launched in November!!**



You are receiving this eNews as a member benefit of joining USLCA and ILCA. It is time to **think about** renewing your membership so as to continue to receive the latest news and events that are occurring in the field of lactation. Share your eNews with nonmembers and do your part today to recruit new members for your professional organization! It takes all of us working together to make change! Together we unite with one voice!

Laurie Beck, RN, MSN, IBCLC, RLC

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Welcome (Again) to the Newest Member of the USLCA Team: Titania Jordan—Social Media Editor!

Last month we announced Titania's appointment as the USLCA Social Media Editor and promised more information about her this month . Titania is a 29-year-old breastfeeding mom of a 21-month-old son. Her background is in marketing, advertising, and social media. She left the corporate world after her son was born to focus on raising him and started consulting on the side. She's been an Atlanta resident for the past 25 years (the majority of her life). She enjoys every single second of being a mom since it goes by so fast, and, of course, making social connections. Titania knows way more than anyone would ever care to know about Facebook, Twitter, and the like, and enjoys staying up-to-date on the latest trends in media, the Internet, and technology. Feel free to reach out to Titania at uslca.titania@gmail.com.

CHAPTER NEWS

More on Josephine from Uganda!—by Barbara Wilson Clay, BS, IBCLC, FILCA

Editor's note: Last month Wisconsin Association of Lactation Consultant's Lisa Brock introduced us to Josephine Nalugo, the Ugandan that WALC helped bring to the 2010 ILCA conference. Josephine's trip did not end with the conference—read on!

Early last Spring I got an email from Becky Krumwiede, a member of the Wisconsin USLCA Chapter that participates in the ILCA Partners program. WALC was sponsoring a Ugandan nutrition expert, Josephine Nalugo, to attend the 2010 San Antonio ILCA Conference, and wondered if Josephine could spend a few days at my home in Austin. I was honored, and my local affiliate helped me give Josephine a truly



Texas-size welcome. Like many of our colleagues who work as the lone LC in their countries, Josephine proved to be a creative and dynamic breastfeeding advocate.

With her own money and funds from a few small grants, Josephine founded a non-profit called Children in Africa. Let me share one of her great ideas: Traveling around villages in Central Uganda, often to places ravaged from the affects of HIV/AIDs, Josephine spreads a blanket under a tree and builds a small cooking fire. When the women come out to meet her, she invites them to bring a few yams, a half-liter of goat milk, or an egg to share. While she teaches them to prepare nutritious foods for their older babies and toddlers, she talks about the importance of exclusive breastfeeding. When the food is done, the babies get to taste and the moms share the rest.

I love the idea of throwing a complementary food party! The idea translates so well to any culture, because all new moms want to know when to start solids and what foods to prepare. A party is a great way to create a sense of community and increase the acceptance of new ideas. In her outdoor classes, Josephine is planting the seeds for women to become empowered to improve the health of their whole families.

My experience with Josephine, and my on-line friendships with LCs in places like Ethiopia, Guinea, and Romania, have inspired me to become more active in mentoring LCs working in underserved areas of the world. Kay Hoover and I plan to award a 2nd conference scholarship for the 2011 ILCA conference to Georgeta Musat, an IBCLC from Romania. Kay and I challenge our USLCA chapters in Austin and Philadelphia to help us raise the funds for Georgeta's airfare to San Diego. Sponsoring conference scholarships is only one way USLCA members can become involved. Chapters and individuals can send a box of books, needed equipment, or sponsor someone for ILCA membership.

According to our standards of practice, an IBCLC is charged to be an agent of change. I can't think of a better way to live up to that than to become involved with LCs in the global community.

If you'd like to contribute to help bring Georgeta to San Diego, send your donations to:

Barbara Wilson-Clay, BS, IBCLC, FILCA
Lactnews Press (BWCKH Joint Venture)
12710 Burson Drive
Manchaca, Tx 78652

CHAPTER CONFERENCE NEWS

NEW YORK LACTATION CONSULTANT ASSOCIATION (NYLCA)

Breast Rx: Many Ways to Treat a Breast

Featuring: Dermatologist Penina Burnstein, MD; Radiologist Noel Nusbacher, MD; Breast Surgeon James Rucinski, MD, FACS; and Physical Therapist Pamela Morrison, PT, MS, DPT, BCB-PMD, IMTC
October 24, 2010, Brooklyn, NY; 4 CERPs

Registration form online at: www.nylca.org/download/NYLCAEF10CURP.pdf

USLCA CELEBRATES WORLD BREASTFEEDING WEEK!

On August 25, USLCA offered “Becoming Baby-Friendly” for our monthly webinar education series. To celebrate World Breastfeeding Week and this year’s theme, the Baby-Friendly Initiative, Ginna Wall from the University of Washington Medical Center and Anne Merewood from the Boston Medical Center presented their experiences with helping their hospitals to receive the Baby-Friendly Award, and then answered questions from participants.

In 1990, UNICEF released the [Innocenti Declaration](#) on the Protection, Promotion, and Support of Breastfeeding. It states,

“As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breastmilk from birth to 4-6 months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child-feeding ideal is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.”

The next year, UNICEF and the World Health Organization began the Baby-Friendly Hospital initiative in order to enforce the Innocenti Declaration. The Ten Steps to Becoming Baby-Friendly can be found at www.babyfriendlyusa.org/eng/docs/BFUSAreport.pdf and more information can be found on the official United States website, www.babyfriendlyusa.org/. The webinar was very well attended, with 430 attendees! Of those who attended and commented on our evaluation form, only one felt that they were not satisfied with the level of information, and less than five felt the session had not met their personal objectives. This is truly amazing! Most were very pleased with the information and support. It was clear from the follow up questions and evaluation comments that our members need help to facilitate their institutions in becoming Baby-Friendly. They are struggling with getting things going or keeping the process moving.

Being in private practice, I knew that no Michigan hospital had the designation of Baby-Friendly. But it was clear from the webinar while achieving Baby-Friendly status may be the ultimate goal, to get there you sometimes have to take baby steps (ha, ha!) toward becoming Baby-Friendly. Making these small changes can be just as important. Years ago, when Ginna Wall was frustrated with how to get her hospital to achieve this milestone, she looked to her mentor, Molly Pessl, who had worked hard to have her hospital be the first in the United States to become Baby-Friendly back in the early 90s. Molly told Ginna to not worry about the seemingly impossible final step, receiving the Baby-Friendly Award, but instead to work on achieving one step at a time. Ginna, by working through each step, was able to realize her dream for her hospital. In 2010, the Washington State Medical Center reached that goal. The presentation was inspirational and made the dream of becoming Baby-Friendly seem much more achievable.



USLCA's Mission:

To build and sustain a national association that advocates for
lactation professionals

USLCA's Vision:

IBCLCs are valued recognized members of the health care team

Lunch and Learn Webinars -Earn IBLCE CERPs



"Lactation Staffing Standardization"

Shannon Francis-Clegg, BSN, MBA, IBCLC, RLC
and Deanne Tanner Francis, RNC, IBCLC, RLC LCCE

Thursday October 21, 2010

1pm Eastern, 12pm Central, 11am Mountain, 10am Pacific

1 Hour program,

1 L CERP

Certificates are
emailed to
attendees

Prices:

USLCA Members
\$20

Non-members \$30,
Groups 2-10 \$45,
10 or more \$65

Objectives

1. The learner will be able to access information regarding current levels of breastfeeding initiation and continuation rates in their region so that they can use this information to set improvement goals and inform management of needed lactation supports.
2. The learner will be able to identify and compare current levels of lactation support (staffing) as opposed to national and research-based recommendations.
3. The learner will be able to calculate appropriate recommended levels of lactation staffing support for their individual facility/hospital.

United States Lactation Consultant Association

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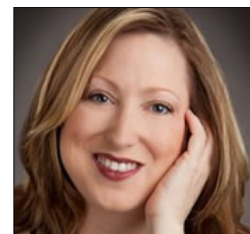
Lunch and Learn Webinars -Earn IBLCE CERPs

"Making More Milk"

Diana West, BA, IBCLC, RLC

Thursday October 28, 2010

1pm Eastern, 12pm Central, 11am Mountain, 10am Pacific



1 Hour program,

1 L CERP

Certificates are
emailed to
attendees

Prices:

USLCA Members

\$20

Non-members \$30,

Groups 2-10 \$45,

10 or more \$65

Objectives

1. Describe two methods to maximize milk production capability.
2. Explain why targeting the treatment to the cause of low milk production results in better outcomes.
3. Identify three methods to increase milk production and explain when they would be appropriately used.

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WHAT IS A “CONFLICT OF INTEREST” AND WHY IS THAT A BAD THING?

by Liz Brooks, JD, IBCLC, RLC, FILCA

The IBCLCE Code of Ethics Principle 5 states, “Remain free of conflict of interest while fulfilling the objectives and maintaining the integrity of the lactation consultant profession.” Principle 17 states, “Disclose any financial or other conflicts of interest in relevant organizations providing goods or services. Ensure that professional judgment is not influenced by any commercial considerations.”¹ All fine and good -- but what the heck does that *mean*? Here is a quick lesson on conflicts-of-interest (COI)... real, and imagined.

An impressive report from an esteemed organization defines it this way: “A conflict of interest is a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest.”² All fine and good -- but what does that *mean*?

(1) Simply put: a COI occurs if you have a *personal stake* in the outcome of some sort of official decision you must make.

Let's imagine I have a job opening to fill. I can hire a stranger, or hire my child. It is a COI for me to hire my kid, because -- regardless of her qualifications -- the impression I leave is that she got the job just because she's my kid.

Identifying a COI is only step one, though. It can be “cured” so that it does not matter anymore. One way is to *recuse* yourself from the decision-making process. When my kid says, “Gee, Mom, I'm thinking of sending my resume in for that job you posted,” I would immediately remove myself from any part of the job-applications and hiring process.

Another way is *full and prior disclosure* to , and *consent* from all parties involved.. Lawyers do this all the time. Let's say I represented the grocery store ten years ago on a contract dispute. Now, a potential new client wants me to sue the grocery store in a slip-and-fall tort action. Before I can take the injured victim as a client, I first have to get an OK of everyone -- the grocery store, their new lawyer, and my client. The notion is that if I represented the grocery store ten years ago, I may have knowledge about the way they do business that gives me an unfair, insider's advantage now that I want to sue them.

(2) So what about the broader and murkier area of an *appearance* of a COI, a.k.a. *perceived* COI?

Let's say my kid got hired at my company, after I had recused myself from the application process, and she was hired on her own stellar merits. She will be supervised by someone else, work in a division in another city, and I will only hear about her job when she is home for the holidays. Everyone knew about the situation up front, I was totally out of the hiring process; human resources is cool with this -- all of the COI genies are back in the bottle. Hip hip hooray, we are good to go.

Now my kid's blind date finds out she has a new job at the same company where her mom works. His first thought to himself is, “Nepotism. She got the job just because she's her mom's kid.”

He is drawing his conclusion based on the *appearance* of a COI. And he is free to make this assumption, because he was not a part of the process by which everything was accomplished in a squeaky clean fashion.

(3) Some professions (think: judges) will not tolerate even the appearance of a COI. So judges will go to extraordinary lengths to avoid scenarios where others can draw the wrong conclusions about whether the judge has a cozy relationship with a person or company or group. [continued next page]

(4) OK, so what about IBCLCs and their COIs? Avoiding a real-or-imagined COI goes to the “which hat are you wearing?” conundrum that many of us face in our work.

Let's say I am an IBCLC who sees a mom, and I am about to recommend to her -- for very valid clinical reasons -- that she use a nipple shield. I also sell nipple shields. It can give rise to an *appearance* of a COI if one assumes I am motivated to tell the mother to use the shield simply so I can make a quick sale.

But this sort of COI can be easily cured, using several options. I can choose not to sell stuff at all when I am in a clinical setting, and just avoid the tension altogether. Or, I can give the mother a list of places where she can get a nipple shield, even if I include my own retail establishment in the list. Or, I can explain up front before the consult begins that while I do sell various items, if I find I need to recommend something to Mom, it will be based on clinical reasons unique to her situation. You get the idea: *full and prior disclosure* puts the mom on notice that she is now a customer, and not a patient/client.

(5) Let's expand this notion a little bit. Why do everyone's knickers get in a twist when an IBCLC accepts a nice little token gift from a manufacturer of a breastfeeding product? How harmful is it to carry around a pen with a nice nursing bra company logo on it?

Receiving gifts and freebies creates a sense of reciprocity. The reasoning is that you got something nice from someone, and now you have a bias in their favor. There is a very real possibility that you'll be inclined to recommend that product simply because you were the beneficiary of the company's largesse. There is a reason why Big Pharma spends billions (that's with a “b”) in giving free samples and gifts to medical professionals. They are trying to create that subtle bias in their favor.

The simplest and easiest way to cure this problem: Don't Take the Freebies. Any of them. From any company. Instead, pay fair market value for anything you absolutely, positively think you have to have. Have all your interactions with commercial interests be “at arm's length.” Keep it official. Set up an appointment in your office to discuss the new features on the equipment you have on the unit don't let the sales rep buy you lunch at the nice restaurant to discuss them. Buy diapers that are needed for the babies in your unit ... don't accept donations of them from the manufacturer.

(6) But this sort of Don't-Take-the-Freebies tension doesn't really fit our definition of a COI above, does it? My taking a pen with a logo on it isn't anything like my hiring my kid, is it? That is absolutely correct: the sort of tension where receivers of freebies start to feel beholden to the gift-giver is not a true COI as defined above.

But people often loosely describe this very real ethics issue as a “conflict of interest.” And the reasoning is sound. Health care professions are (rightly) itchy-scratchy about all of this gift-gifting because we are supposed to be thinking -- first, foremost and always -- about the care of the patient/client. If a health care provider is starting to make decisions that favor the product over the client/patient, it is akin to a conflict of *professional* interest. Health care providers may slide into these behaviors without even realizing it, something Big Pharma and its sales wizards know all about. Think of how these two messages differ: (a) “Mom needs a good supportive bra. I'll suggest she get Big Bra Brand,” and (b) “Mom needs a good supportive bra. I'll tell her to avoid underwire, and to visit the list of stores I have on my community resources hand-out.”

(7) Let's state the obvious. Any manufacturer of anything has one overriding goal: to sell their stuff. The “gift” may be cloaked in some other description: a Lunch-and-Learn sponsored by Pump Company; perhaps lovely three-color hand-outs issued by Baby Food Company; [continued next page]

Conflict of Interest, Continued

maybe refreshments for your community health fair provided by Toddler Foods Maker . Call them whatever you want -- when you go to the lunch or fair or hand-outs stand, you will see lots of logos and brands of the companies that paid for all of this to happen. Because -- doh -- the companies paid for all of this to happen.

(8) Some IBCLCs feel more passionately about avoiding an appearance of a COI than others. Some of us will say “I will pay fair market value to attend a pump company lunch-and-learn, and go, knowing that it is ethical to do so. I do not have a COI, and I am not going to worry about misinformed people who form the wrong impression about my attendance.” Others of us will say “I won't even go near that lunch-and-learn. What if the nurses see me there, after I just spent World Breastfeeding Week teaching about the Ten Steps and avoiding collusion with formula and bottle manufacturers? They won't know I paid fair market value, and I will have egg on my face that I don't even deserve.” Both of these approaches are sound and ethical. We are entitled to be individuals, and there is allowance for individual interpretation of ethical precepts.

(9) What about the extra layer of ethical concern for the IBCLC: the [WHO] *International Code of Marketing of Breast-milk Substitutes*? Principle 24 of the IBCLCE Code of Ethics says IBCLCs “must adhere to those provisions of the [WHO Code] which pertain to health workers.” And what does the WHO Code say about health workers? They are asked not to accept inducements (freebies) from the marketers of the four product-types covered by the WHO Code. For all of the reasons alluded to above.³

(10) Bottom line: an IBCLC should avoid real and perceived conflicts of interest. When a COI has been identified, the IBCLC should figure out if she can cure it. An IBCLC can find ways to ethically interact with producers of any piece of equipment, and any product falling under the WHO Code. The easiest way to protect yourself: avoid taking any freebies, and have any interactions with a commercial interest be “at arm's length.” IBCLCs do this every day.

References:

1. See www.ibclce.org/upload/downloads/CodeOfEthics.pdf
2. Lo, B., & Field, M. (eds.). (2009). *Conflict of interest in medical research, education, and practice*, chap. 2. Retrieved from www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=nap12598
3. See, in particular, Article 7, at www.ibfan.org/issue-international_code.html.

Can't get enough of a good ethics discussion? Check out the Ethics and Code Committee section of the ILCA website:

www.ilca.org/i4a/pages/index.cfm?pageid=3756

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TIPS: TECHNOLOGY IN PRACTICE

- **AWHONN releases new *Guidelines for Professional Registered Nurse Staffing for Perinatal Units*.** Just as USLCA recognized the critical need for national LC staffing guidelines, AWHONN has done the same for RNs. Staffing recommendations are given for newly reclassified antepartum, intrapartum, and postpartum patients. In addition, staffing guidelines from other professional organizations—including USLCA—are used to support the AWHONN guidelines. AWHONN members may download the *Guidelines* free. (Non-members: \$49.95). For more information, go to: www.awhonn.org/awhonn/store/productDetail.do?productCode=SG-910
- **Break Time for Nursing Mothers—a Fact Sheet from the US Department of Labor:** Thanks to the Patient Protection and Affordable Care Act (PPACA), as of March 2010, employers are now required “to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth each time the employee has need to express the milk.” Employees must also provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.” The fact sheet is available at: www.dol.gov/whd/regs/compliance/whdfs73.htm.
- **“This is a News Website Article about a Scientific Finding”** Here’s one of those “it would be even funnier if it wasn’t so true!” blogs, written by Martin Robbins, aka the Lay Scientist, who pokes fun at the way news websites cover the latest research studies. You can read it here: www.guardian.co.uk/science/the-lay-scientist/2010/sep/24/1



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919-861-4543

Morrisville , NC 27560
Info@uslcaonline.org

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