

Bulletin

A FAITH IN THE FUTURE

®

A BELIEF IN ACTION

June, 2023

129 YEARS OF POWERFUL JEWISH WOMEN

NCJW confronts today's most urgent social and economic challenges facing women, children and families. Powered by the Jewish imperative to ensure dignity for all, we impact policy, advocate for justice, and support the community. Your voice has never been more essential and our voices together make a meaningful difference in the world.

Become A Member

Call us at
215-302-3586

Visit us at
ncjwphiladelphia.org

Last Chance to Register for the Closing Luncheon
Join us. See the flyer inside

Understand the Abortion Issue!
Read an important essay from our member,
Sherry Blumenthal, retired OB/GYN
active in the support of women's reproductive rights.

Advocacy Committee: Upcoming Meeting

Monday June 12, 2-4 p.m. at KI

It's been quite a while since we last got together, so this is an invitation for long-time committee members, as well as any interested newbies to join us as we set advocacy priorities and plans for '23-'24.

We'll be in a classroom at KI, so look for a sign indicating where to go.

As you know, there are many issues for NCJW to tackle and, now, a more receptive PA legislature to work with.

Please join us!

Lynne Jacobs, Barbara Hoffman, Rhonda Mandel

In particular, we will re-activate work with local coalitions on:

**Repro Justice:
Health care/Abortion
Access**

**New Anti-
Trafficking
Measures**

**Gun-Violence
Prevention**

**Paid
Family Leave
(Family Care Act)**

NCJW[®]

A FAITH IN THE FUTURE
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National Council of Jewish Women
Greater Philadelphia Section

**Closing Luncheon and Installation of Officers
Featuring- Looking Fabulous Fashion Show!**

Join your NCJW friends for a delicious lunch and fabulous fashion show. Clothing modeled by our NCJW Members! You'll come away with ideas for always looking fabulous!

**Spring Mill County Club,
80 Jacksonville Road, Ivyland, PA 18974
June 6, 2023 -11:00 -3:00**

Fashions by Scarlet Begonias, Flourtown,
a boutique with emphasis on American Made and Canadian Clothing



**A mini boutique will be set up at the event,
15% of sales made that day will be donated to NCJW.
Luncheon Fee: \$60 for Members \$65.00 For Guests**

Your 2022-23 Membership Dues must be paid to attend this event.

You can register online or by mail. Your event registration and payment must be received by May 26th

Click Here to Register Online

Choose your lunch and indicate your seating preferences

**If registering by mail, please send this form and payment to:
Margie Zukerman, 5106 Meridian Blvd, Warrington, PA 18976
by May 26th.**

Member Name _____

Lunch Choice: Chicken Marsala Penne Pasta Primavera Salmon with Lemon Dill

If possible, I would like to be seated with:

Guest Name _____

Lunch Choice: Chicken Marsala Penne Pasta Primavera Salmon with Lemon Dill

If possible, I would like to be seated with -

Questions -- Call Program-Education VPs -- Anita Shomer (215) 880-9992 or Rosalie Marcus (215) 512-5110

Donation Tables will be available for donations to Mitzvah Circle, Dawns Place, Ben Franklin School and No More Secrets

PLEASE BRING SUPPLY DONATIONS TO THE CLOSING LUNCHEON

Requested items:

No More Secrets -- period supplies and hotel-size toiletries

Dawn's Place -- paper goods (especially 1-ply toilet paper), cleaning products

Mitzvah Circle -- clothes, toys, NEW socks/underwear

Thanks so much for supporting this effort!



Rhonda Mandel and Lynne Jacobs recently met with their new State Representative, Tarik Khan, to let him know about the issues NCJW is following in PA.



Cindi and Vincent Pasceri are thrilled to announce the engagement of their grandson, Julian deOliveira to Jenna Hendrickson!



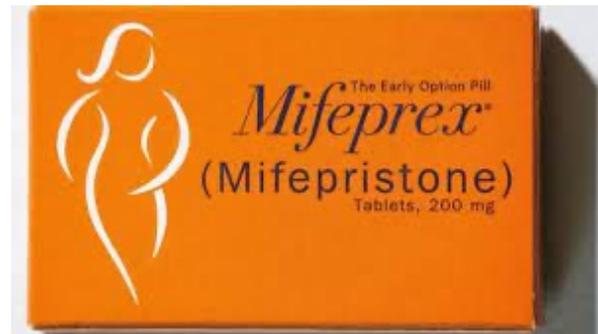
Members of our NCJW Section's Holocaust Essay Program Committee with our stack of student essays are left to right (standing) Paula Burstyn Goldberg, Joan Sax, Rabbi Fredi Cooper, our Chairperson, and Harriet Gran. Seated l. to r.) are Carol Aranow and Lee Tonik. Also attending were Sandra Lewis and Barbara Auerbach.

Winning middle school student essays from Upper Dublin and Philadelphia Charter School will be published in our September Bulletin and on our Section's Website.

MIFEPRISTONE: Why the Fuss? A Legal and Medical Explanation

Sherry L. Blumenthal, MD, MEd, FACOG

The news is filled with articles and reports about the "Abortion Pill", AKA, Mifepristone. The issues combine FDA approval, legal challenges to that approval and mailing of the medication, safety of its use, and the entire landscape of abortion bans in the United States.



Briefly, Mifepristone is used in combination with another medication, Misoprostol, to induce abortion in the first trimester of pregnancy (Medical Abortion). It can also be used when a woman is having a "miscarriage" or spontaneous abortion. Misoprostol is also used to help dilate the cervix before induction of labor, to cause uterine contractions, and can be used alone to cause an abortion. Misoprostol is also used to treat gastric ulcers. Abortion caused by Misoprostol alone causes much more pain and takes longer than the combination of the two drugs.

Approximately half of all abortions in the US are done medically, and 90% of abortions are in the first trimester, up to 14 weeks of pregnancy (counted from the last menstrual period, not from actual conception, which is usually 2 weeks later). Based on two decades of use and medical evidence, the American College of Obstetricians and Gynecologists (ACOG) states that medical abortion is very safe. It also has the advantage of being private, cheaper, and probably safer than surgical abortion (Dilatation and Evacuation).

The Federal Drug Administration (FDA) approved Mifepristone for use in medical abortion in 2000, with limitations that there must be three physician appointments and that the drug can only be prescribed up to 7 weeks of pregnancy. It also had to be administered in the Doctor's office. Then there was a return visit 24-48 hours later to take the Misoprostol, then a follow-up visit several weeks later.

In 2016, the FDA regulations changed, due to more evidence of safety and efficacy, to 10 weeks gestation and one visit.. During to the Pandemic, however, and the increasing use of Telehealth, in April, 2021, the requirement was again changed to allow prescription for home use, by nurse practitioners as well as physicians, and dispensing by pharmacies This includes mail-order. Women also received the medications from off-shore non-profit agencies.

Of course, the issue of Abortion, a medical procedure, private between a woman and her doctor, has become a political hotbed. Decisions are being made as to its safety and legality by legislators and judges, not medical experts, who know and understand the facts. Opponents of "choice" distort the facts or lie about them.

The Pennsylvania Medical Society (PAMED) issued a statement that we oppose any interference with medical decisions between a patient and physician, which include all reproductive issues including abortion. The American Medical Association, ACOG, and the American Psychiatric Association, among others, oppose making abortion illegal. We are all concerned with criminalization of Physicians and patients for performing or undergoing a safe medical procedure, when done by a trained medical practitioner.

Abortion remains legal up to “viability”, now potentially about 22 weeks gestation, in 17 states including Pennsylvania, New Jersey, New York, and Delaware. In various other states, there are limits as to gestational age, sometimes as low as 6 weeks gestation. The reason for different state laws is due to the Supreme Court “over-ruling” the previous ruling, *Roe v. Wade* (1973). *Roe* essentially gave women the legal right to abortion up to viability. The decision in 2022 reversed that decision, and left legality up to the individual states. This is an excellent example of the politicization of the Judiciary, interpreting law in terms that agree with their personal beliefs. Of course, *Roe* did this as well!

The next part of this series will discuss the recent legal turmoil begun by a lawsuit in Texas, looking at both sides of the legal debate and where the case lies currently. The third part will deal with evidence-based medical information, examining incorrect and false allegations about abortion.

A BIT OF NCJW HISTORY

The American Jewess

Published between 1895 and 1899, *The American Jewess* was the first independent English-language magazine published by and for Jewish women in the United States. Founded by Rosa Sonneschein, the magazine emerged from the network of activism created by late nineteenth-century middle-class Jewish clubwomen, particularly those from the National Council Of Jewish Women (NCJW). At its height, *The American Jewess* reached twenty-nine thousand subscribers. It discussed issues of fundamental importance to middle-class Jewish women, featuring columns, short fiction, biographical sketches, and news of and commentary on the NCJW and other Jewish female philanthropic efforts. Reflecting the ambivalence of the American Jewish community, *The American Jewess* featured articles both opposed to and in favor of greater political rights for women.

<https://jwa.org/encyclopedia/article/american-jewessthe>



An ardent Zionist and advocate for an expanded role for women in the synagogue and religious community, Rosa Sonneschein founded and edited *The American Jewess*, which gave her a forum for those views. Institution: The Jacob Rader Marcus Center of the American Jewish Archives, Cincinnati, OH, www.americanjewisharchives.org and the State Historical Society, MO

MIFEPRISTONE: WHY THE FUSS

Part II-The legal Mess

An April 13 Podcast from the National Constitution Center, "The Legality of Abortion Pills," summarized the legal issues surrounding the challenges to prescribing Mifepristone, "the abortion pill."

In brief, a group of "Pro-life" doctors and activists brought suit in Texas in April, 2023, to challenge the FDA approval of Mifepristone in 2002. The federal judge, Justice Kacsmaryk, who heard the case, ruled that the procedure for FDA approval was incorrect. He also ruled that mailing of Mifepristone violated the Comstock Act of 1873. At the same time, a federal judge in Washington State, ruled against the plaintiffs, disagreeing with Mr. Kacsmaryk.

A Texas Federal Appeals court put a "hold" on the decision, but reimposed limits of prescribing to those of 2002, limiting prescription to 7 weeks' gestation or less, and requiring 3 physician visits for administration of the medication and follow-up. To clarify, due to subsequent robust safety data, in 2016, the FDA changed the requirements to use up to 10 weeks, no 3-visit requirement, and during the Pandemic in 2021, allowed telemedicine counseling and prescribing plus pharmacy dispensing with a prescription.

The Supreme Court of the United States (SCOTUS), declined to rule on the suit at this time, judging that it should proceed through usual appeals channels first. It is now being considered by the Fifth Circuit Appeals Court in Texas, which as of May 18, 2023, seems sympathetic to the plaintiffs. This seems, in spite of testimony by the American College of Obstetricians and Gynecologists (ACOG), that hundreds of medical studies have shown that "serious side effects occur in less than 1% of patients, and major adverse effects -- significant infection, blood loss, or hospitalization -- occur in less than 0.3%". Mr. Kacsmaryk's ruling is on hold for now. If this is confusing, you feel the same as most physicians who provide abortions, and this massive issue will be addressed in Part III.

The participants in the podcast laid out the issue in opposing views. Thomas Jipping, Esq., represented the view of the Heritage Society, a Conservative "think tank." He concluded that the procedure followed by the FDA in approval of Mifepristone was incorrect. He claimed that in 2002 the FDA did not have substantial evidence of safety provided by the pharmaceutical company, DANCO. He stated several misleading claims. He argued that use of Mifepristone caused Emergency rooms to be "swamped" with women having complications (no data to support), and that the FDA required only reporting of fatalities, not other complications (untrue before 2016). The FDA did also approve prescription by other medical practitioners in 2016; however, his statement that non-physicians can prescribe the medication is also a bit misleading, implying that non-medical practitioners can prescribe Mifepristone. He stated that "the issue is not whether Mifepristone is safe, but what procedure the FDA followed according to law." He also referenced the Comstock Act of 1873, which prohibits mailing of "lewd" materials, "things that can be put to immoral use," including contraceptives, and abortifacients. The purpose of the law was to prohibit "vices," according to Mr. Comstock, who penned the law. An amendment did eliminate the restriction on contraception after the SCOTUS decision in *Griswold v Connecticut* in 1965 (ruling that a law passed in CT in 1879 banning any device or drug used for contraception violated the right of privacy and was unconstitutional). Mr. Jipping asserted that[,] while the Comstock Act may not have been enforced after *Roe v Wade*, it was an unambiguous law" and should be enforced by the court.

Rachael Rebouche, Dean of the Drexel University Law School, who teaches Health Care Law, opposed Mr. Jipping's opinions. She reiterated the change in FDA position in 2016. She stated that we should rely on "Congressional intent" of the Comstock Act, and that we live in different times from 1873. She reviewed a decision by Judge Hand for the Justice Department Legal Council that interpreted the act to prevent "illegal abortion," and was an "anti-vice" act, not enforced by the federal government after the 1930's. She referenced the Stanford Law Review that abortion is legal to some extent in 2/3 of states at this time, and that adherence to the Comstock Act will limit access to care. There are difficulties with enforcement, which extend to the local level, including policing. Ms. Rebouche that the Law was not intended to prohibit mailing of lawful medication to states where it is legal. She feels that Congress should act to change or eliminate the Comstock Act and that judges do not have the power to change it. Judges, of course, regularly interpret the law according to their own biases and opinions.

It is obvious that the legal experts participating in the Podcast have opposing views. It is quite likely that the ultimate decision will go to SCOTUS in the 2023-2024 session. Meanwhile, 50 US Senators and 203 House of Representative members have filed a brief opposing Judge Kacsmaryk's decision and urging the Appeals court to reverse it. They claim that the opinion was not based in law, poses a health risk, and could threaten access to other medications that have been FDA-approved.

The Pharmaceutical industry is also lobbying against the Kacsmaryk decision, concerned about the impact on their businesses of judicial questioning of FDA approval of medications. The medical community agrees with keeping judicial opinion out of FDA medical decisions, while Judge James Ho, of the Fifth Circuit, claimed that "I don't understand this idea that FDA can do no wrong...We are allowed to look at FDA just like any other agency."

My interpretation of all of this is that the issue for the court is solely the individual judge's interpretation of existing law and belief that they have jurisdiction over FDA decisions. It basically comes down to so called "Pro-life" and "Pro-choice" bias, not science. So do claims by the plaintiffs and those opposing the plaintiffs.

I believe in science and opinion based upon it, admitting that the FDA is imperfect, that medicine continually evolves based on new findings, and that the Pharmaceutical industry cares mostly about profits, while contributing to our medical well-being in most cases.

My educated opinion is that SCOTUS, being majority "anti-choice" and "originalists," will support the Kacsmaryk opinion. I hope I am incorrect, and am very disturbed at Lawyers, Judges, and Legislators making medical decisions when they should be made by those who practice medicine, have years of medical education, and educate their patients to make informed decisions about management of their health. In Part III, I will review the science showing the impact of these decisions on the health and lives of women.

Note: the opinions stated by me are mine alone, not those of any organization, and I have no conflict of interest.

MIFEPRISTONE: PART III

Medical Facts

This installment will address the true medical issues at stake with limitations on abortion legality and access. As stated before, there are a small number of “Pro-life” doctors behind the lawsuit in Texas. Their association, Pro-life OB/GYNs, (PLOOG) has 3 registered members. There are 13 members in PA. Much anti-abortion testimony in PA has been given by non-obstetricians. They misrepresent facts that the majority of physicians and medical associations agree upon.

As mentioned, use of Misoprostol/Mifepristone to terminate a pregnancy up to 11 weeks’ gestation (9 weeks fetal age) is extremely safe. It has the added benefits of privacy and much lower cost. 50% of abortions in the United States are medical abortions. With a complication rate of 1%, there is no evidence of “flooding” emergency rooms with women having problems from medical abortion. Abortion can be performed with Misoprostol alone, but it causes longer cramping and time to expulsion of the fetus, which is about the size of a peanut, developing arms and legs by about 8 weeks. Over 90% of abortions are performed in the first trimester, up to 14 weeks’ gestation.

Reports from the University of California at San Francisco (UCSF) have shown that there is deviation in care in the past year that would have been provided before the overturn of Roe v Wade, a pattern of serious health complications triggered by abortion bans. According to the Washington Post, on May 16, 2023, “...doctors in all states would typically offer to induce labor or perform a surgical procedurewhen faced with a pre-viable Premature Rupture of membranes (PPROM), which is standard of care according to the American College of Obstetricians and Gynecologists (ACOG), our professional organization, with hundreds of thousands of members. ACOG endorses keeping abortion safe and legal, and respects the decision of the patient and physician. The Hill (May 15, 2023), based on a report from 50 submissions from “medical providers” describing their inability to perform usual medical care to the detriment of the patients’ health. In many cases of PPRM, patients were sent home to delay treatment until their condition worsened, often resulting in severe infection or occasional death. The death of a woman with PPRM at 17 weeks because of restrictive laws, was instrumental in making abortion legal in Ireland. There is no chance that a PPRM will result in a live birth of a viable neonate. The alveoli (sacs in the lungs where oxygen is transferred to the bloodstream) do not develop until about 24 weeks, and without sufficient amniotic fluid, the lungs will not even develop. The fetus is unfortunately doomed, but may have a heartbeat, so physicians may have to lose 2 patients, mother and fetus. Imagine how difficult it has become for us to deliver appropriate safe care in pregnancy, as legislators and judges make the rules without medical knowledge of the severe consequences.

A report in the Washington Post May 20, 2023, presented the case of a woman whose fetus was diagnosed with Potter’s Syndrome, the complete absence of kidneys at 22 wks. These fetuses do not survive after birth. She was forced to carry the pregnancy, labor, and then watch her newborn gasp for breath for 90 minutes before dying. Many lethal abnormalities are not diagnosed until the second trimester, when abortion is illegal in many states.

A woman bleeding heavily due to an “Inevitable spontaneous abortion” must be observed in many states, even though the pregnancy is doomed, if the fetus still has a heartbeat.

There are some very incorrect or misleading terms used by those who want abortion to be illegal. The public does not know what they mean, but it increases reaction and opposition to legalization. “Late-term abortion” is purported to mean termination of a pregnancy later than viability. This is not abortion, but induction of labor for medical reasons. The newborn immediately goes to the Neonatal Intensive Care Unit if needed. Induction of labor preterm may be performed for Premature Rupture of Membranes with infection, or medical problems such as severe Pre-eclampsia or risk to the fetus or maternal health.

There is no such thing as a “partial-birth abortion,” a term invented by those who feel they are “Pro-life.” It again would involve killing a viable fetus, which is not done, period, and would be illegal if performed.

In our practice, we took care of women who, even though they had a severe fetal diagnosis such as Downs Syndrome, elected to continue the pregnancy, and were given standard care in all respects. Their choice, after counseling, was respected. Of course, there is little government support for care of these children, and many believe that “Pro-life” individuals are only concerned about the fetus, but not the child or the family struggling to raise them.

The risks of maternal complication and mortality is much higher with a pregnancy carried to term (38-40 weeks) than for responsibly performed abortion. But illegal abortion is much more dangerous, and often self-induced with poisons such as Lysol, and, yes, hangers.

The lack of options for payment for abortion creates discrimination and harm to women and their children. I once performed a Cesarean Section on a 10-year-old, because her pelvis was not mature enough to deliver vaginally. Her family could not afford to pay for an abortion, and also was afraid to implicate the family member responsible for her pregnancy. An OB/GYN in Indiana who performed a legal abortion on a 10-year-old who had been raped (and the rapist caught and indicted) in Ohio, but came across the border to here where abortion is legal, has been threatened with loss of her license and harassed by the District Attorney in her state.

In summary, while many have religious or moral objections to abortion, they should not have the right to make them illegal for those who have different views. The medical facts support the safety of legal abortions, and many religious groups do not share the anti-abortion groups beliefs. The vast majority of physicians, including the American Medical Association, the American College of Physicians, and even the American Academy of Psychiatry, support leaving the decision up to the patient and physician. No one who opposes abortion should have to undergo one, but those who need one for medical or personal reason, should be able to access a safe procedure, including use of Mifepristone in an early pregnancy.

BOOK CLUBS

Afternoon Book Club

Thank you to Susan Brooks for moderating our April discussion of *Where the Children Take Us* by Zain Asher.

Our upcoming selection of books is listed below:

Thursday, May 25, 1:30 p.m.

Black Cake

By: Charmaine Wilkerson

Moderator: Sandy Fryer

Thursday, June 22, 1:30 p.m.

How to Find Your Way in the Dark

By: Derek Miller

Moderator: Patti First

For more information, contact Susan Brooks at 215-542-0712 or seamcrazy@outlook.com.

Center City Book Group

Wednesday, May 10, 7 p.m.

Sam by Allegra Goodman

Leader: Audrey Block

Thank you to Phyllis Barsky for an interesting and provocative discussion of *This is How It Always Is* by Laurie Frankel at our April meeting

Interested in joining - call Audrey Block. 215-688-0094
ablock1919@comcast.net

With a couple of clicks, you can have books delivered from Amazon to your Kindle.



[Click Here for our Website Book Page](#)

Suburban Book Club

Wednesday, June 14 at 1:00 p.m.

The Personal Librarian

by Marie Benedict

Thank you to Joan Sax for the lovely hosting of our May 17 book club and to Barbara Auerbach who led a wonderful discussion of *Horse* by Geraldine Brooks.

RSVP to Joan Sax at 215-740-7263 or joansax@comcast.net.

For more information about the Suburban Book Club, contact Joan Sax

WE WELCOME NEW MEMBERS

Shirley Kahn Robin London

As Membership co-Vice-Presidents, we welcome all to call with any questions. Please contact Patti First (patal16@verizon.net) or Linda Abrams (lr.abrams@gmail.com). We are delighted to send out membership packets to those wishing to become members or dues envelopes for current members.

Dues envelopes should be returned to Harriet Winokur, 732 Johns Lane, Ambler, PA 19002
Membership Dues: Annual \$45 (Be an Angel \$55 😇)*

Please LIKE us on our Facebook page.

Search our full name "National Council of Jewish Women Greater Philadelphia Section."

*For an additional \$10, you can achieve "angel" 😇 status which increases the number of people we can assist.

A Spotlight On Our NCJW Section

While the pandemic has limited our face-to-face events, we are still continuing our commitment to our membership by:

- Zoom programs for entire membership
- Ongoing Advocacy
- Board Meetings
- Book Club discussions by Zoom
- Monthly Bulletins to keep everyone informed
- Grants to organizations which help those suffering financial insecurity and the lack of other basic needs
- Donations to Dawn's Place helping sex trafficked survivors and abused women
- Donations to Mitzvah Circle to help needy families fill the gaps not covered by government assistance
- Donations of warm winter clothing to our adopted Ben Franklin Elementary School
- Donations to help the Ronald McDonald House
- Goodies for the Good Guys delivered to frontline workers
- Donations to NO MORE SECRETS to assist young girls and women who suffer from menstrual product insecurity.

Please check out our website ncjwphiladelphia.org for our Bulletins, past and present, for program information and registration.

CLICK HERE TO JOIN OR RENEW ONLINE

DO YOU WANT TO BE IN PICTURES?

When you are at an event, send a picture to Harriet (harrietandmal@gmail.com), who will publish it in the Bulletin.



REMEMBER.... THERE ARE MANY WAYS TO CONTRIBUTE.

INCLUDE NCJW Greater Philadelphia Section in your estate planning.

You can help its important work continue for years to come.

Celebrating a *simcha* or have one you would like NCJW to recognize?

We will make a note of it. An acknowledgement to you and the recipient is our pleasure.

What a great way to share by making a donation to our Greater Philadelphia Section.

For information, call 215-302-3586 and leave a message for Pearl Tragash, Treasurer.



Sponsoring an event for a minimum of \$100.00 in honor of a special event or person in your life, or in memory of an important person is a great way to do a double mitzvah! You are honoring the person or event and helping NCJW. You can share this sponsorship between friends. Your name (or names) will be on the invitation flyer. This is a lovely and meaningful way to support our NCJW section! Please consider sponsoring an upcoming event. Click on the link below or call Aileen Salus 215-441-9339 or Linda Brosgol 215-672-2404 and tell us what event you'd like to sponsor.

[CLICK THIS LINK TO SPONSOR AN EVENT](#)



ELEMENTARY SCHOOL VOLUNTEER OPPORTUNITY

Join our wonderful NCJW group of volunteer tutors at our adopted Benjamin Franklin Elementary School, now in our sixth year. Volunteers can now elect to tutor at the school or opt for planned online tutoring depending on their individual concerns with health concerns related to Covid.

Please call Harriet Gran at 215-206-1026 or email hgranncjw@gmail.com.

We look forward to the time when we resume all of our volunteer activities.

Hello HAMEC Volunteers!

The Holocaust Awareness Museum and Educational Center is looking for volunteers to help in the office and as docents.

Contact Cindi Pasceri

vpasce@gmail.com or (215) 205-0133



This beautiful Tribute card is available in packages of 6 cards for \$25. Use for many occasions such as graduation, Get Well, In Memory, Bar or Bat Mitzvah, or Just Thinking of You. Your donation will help support NCJW in many ways. I would be happy to meet you and deliver your cards. You can also call me to send a card for you at a cost of \$5.00.

Ann Pollock
215-806-4068



If you have changed your address, phone number and/or email, or if you hear of a member's passing, please contact Harriet Winokur.

harrietwinokur@gmail.com

NCJW Greater Philadelphia Section 2022-2023

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Thank you to those members whose help with the publication of the Bulletin is so appreciated:
Harriet and Mal Gran, Carol Stein, Judy Fried,
Char Kurland, Ellen Toplin and Liz Downing.

National Council of Jewish Women is a grassroots organization of volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children and families and by safeguarding individual rights. We are a 501 (c)3 nonprofit organization. Our National web site is www.NCJW.org

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jane@barrhorstman.com
www.janebarrhorstman.com

JUNE

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
4	5	6 CLOSING LUNCHEON	7	8	9	10
11	12	13 BOARD MEETING 1 p.m.	14 SUBURBAN BOOK CLUB CENTER CITY BOOK CLUB	15	16	17
18	19	20	21	22 AFTERNOON BOOK CLUB 1:30 p.m.	23	24
25	26	27	28	29	30	31