Episode 3: Building Futures

Lesson Title: Medicine, Margin, and Mandate: The JCRS and Public Health Innovation

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Episode Description:

Building Futures: Entrepreneurship & Identity traces the entrepreneurial spirit of Coloradans who forged economic pathways despite discrimination, limited capital, and systemic barriers. These stories reveal how enterprise, labor, and innovation built communities and created lasting cultural legacies.

Throughout the episode, children's voices—including students from immigrant families, Indigenous, Black, Latino, and neurodivergent youth—reflect on work and identity, connecting historical entrepreneurship to modern opportunities. Utilizing archival materials and visual sequences, Episode 3 emphasizes that Colorado's economic development has always been driven by diverse individuals who carved opportunity from challenge.

Episode Inquiry Questions:

1. How did early entrepreneurship in Colorado reflect the diverse backgrounds of the Indigenous Peoples and others who come to Colorado?
2. What cultural factors and systemic barriers influenced the development of the entrepreneurial spirit in Colorado communities?

Lesson Description:

This high school social studies lesson examines how early Colorado communities engineered "social and institutional innovations" to combat systemic healthcare barriers. During the late 19th and early 20th centuries, Colorado became known as the "World's Sanatorium," yet destitute Eastern European Jewish immigrants

were frequently shut out of private medical facilities by strict financial, religious, and ethnic quotas.

Rather than waiting for market solutions or relying on short-term charity, historical leaders like Frances Wisebart Jacobs and Dr. Charles Spivak built new organizational structures—including nonsectarian free hospitals, nationalized fundraising networks, and holistic care models like the Jewish Consumptives' Relief Society (JCRS).

Through a resource scarcity simulation, primary source scavenger hunts, structured academic controversy (SAC) debates, and a spectrum-sorting activity, students analyze how these leaders used institutional design and spatial planning (open-air tents, kosher kitchens, patient self-governance) to transform healthcare from an act of personal pity into a guaranteed civic right.

Grade Level/Time Needed:

High School (9th-12th Grades)/ 75-90 Minutes

Lesson Inquiry Question:

1. When institutional systems fail or exclude marginalized populations, what does it take for a community to construct its own system of care, justice, and survival?

Supporting Questions:

1. How do institutional barriers (such as discrimination, poverty, or policy) restrict access to basic human needs like healthcare?
2. In what ways did the founders of the Jewish Consumptives' Relief Society re-imagine "healthcare" as a social and architectural design rather than just a medical treatment?
3. What is the fundamental difference between offering short-term charity to vulnerable groups versus building long-term systems of justice and institutional power?

Lesson Objectives:

Students will be able to:

1. Analyze primary source texts and foundational charters from Frances Wisebart Jacobs and Dr. Charles Spivak to evaluate how community-led innovation countered medical exclusion and institutional prejudice in early Colorado.
2. Evaluate and categorize approaches to public health by sorting institutional practices along a continuum ranging from "Temporary/Alms-Based Charity" to "Permanent/Rights-Based Institutional Justice".

Background Knowledge / Contextual Paragraph for Teachers:

By the late 19th century, Colorado was widely recognized as the "World's Sanatorium" due to its high altitude and dry, sunny climate. An estimated one-third of the state's population resided in Colorado for respiratory reasons, including a massive influx of destitute Eastern European Jewish immigrants fleeing urban tenements on the East Coast. However, local private medical facilities routinely instituted strict ethnic, religious, or financial quotas, leaving thousands of sick, penniless immigrants to die without shelter or treatment.

To solve this crisis, the immigrant community did not invent a new medicine; they innovated institutional frameworks that already existed. Here are a couple of definitions that help students understand this concept of innovation:

1. Traditional Innovation: A physical tool, technology, or scientific discovery (e.g., penicillin, x-rays, or smartphones).
2. Social & Institutional Innovation: The creation of a new organizational model, funding structure, or physical space designed to solve a systemic failure where both the free market and government have failed.

Colorado historical figures pioneered three distinct social innovations to solve this public health crisis:

1. Structural Innovation - Frances Wisebart Jacobs, 1889: Co-founded the Jewish Hospital Association under a radical nonsectarian operational rule:

"None may enter who can pay—none can pay who enter." It inverted the traditional market model of healthcare by guaranteeing that care was strictly reserved for the destitute.

2. Funding & Network Innovation - B'nai B'rith, 1899: When the Silver Crash and the Panic of 1893 wiped out local wealth in Denver—leaving the hospital building sitting vacant for six years—founders scaled their fundraising nationally through the B'nai B'rith network to open as National Jewish Health.

3. Holistic System Innovation - Dr. Charles Spivak & JCRS, 1904: Working-class immigrants established the Jewish Consumptives' Relief Society (JCRS) in Lakewood. Recognizing that medical treatment was useless if patients returned to tenement poverty, they created a full-spectrum care model: an Orthodox kosher kitchen, mutual aid financial support, open-air tent architecture, a library, trade retraining programs, and an environment that integrated medical recovery with total social and cultural restoration.

In October 1889, Denver philanthropist Frances Wisebart Jacobs—celebrated as the "Mother of Charities"—partnered with Rabbi William S. Friedman to form the Jewish Hospital Association. Their goal was to build a nonsectarian facility open to all, free of charge, operating under the radical motto: "None may enter who can pay—none can pay who enter." (This is a quote of the association and can be cited in the National Jewish website.) Though the building was completed in 1893, the onset of the Panic of 1893 triggered a massive economic depression, leaving the structure vacant for six years. It wasn't until 1899, through national funding raised by B'nai B'rith lodges, that the hospital finally opened as the National Jewish Hospital for Consumptives.

General Timeline (Constructed from a paper on the Panic of 1893):

- May–June 1893: National financial panic begins, causing credit to freeze and triggering cascading bank failures across the country.
- July 18, 1893: A massive run on banks hits Denver; half of the city's financial institutions (10 banks) close their doors.

- September 1893: The Colorado Bureau of Labor Statistics reports 377 business failures, 435 closed mines, and 45,000 unemployed workers in the region.
- Fall 1893: A makeshift "tent city" emerges at Riverfront Park along the South Platte River as local resources max out.
- 1894–1895: Widespread joblessness causes Denver's population to drop from 106,000 down to 90,000 due to an outward migration exodus.

Building Background Knowledge for the Student

Hook Option 1: The Resource Scarcity Simulation

1. Begin the lesson by presenting students with a modern or historical hypothetical scenario: A highly contagious respiratory illness hits a city, but the top three municipal (city, town, or local government) hospitals pass a policy stating they will only treat residents who can prove homeownership or specific religious affiliations.
2. Ask students to quick-write for two minutes:
    a. What happens to the people who are turned away?
    b. Whose job is it to fix this—the city council, wealthy donors, or the families themselves?
3. List of Possible Options for the "whose job is it":
    a. City Council or The State
        i. Power: Can pass local ordinances and zoning laws.
        ii. Limits: Constrained by taxes, taxpayer pushback, and slow bureaucratic timelines. It cannot force private facilities to alter internal bylaws.
    b. Immigrant Families
        i. Power: Deep social trust, built-in cultural networks, and shared lived experiences.
        ii. Limits: Lack of formal political power, no voting representation, and very little means monetarily.
    c. Wealthy Donors
        i. Power: Large financial capital, can build structures quickly and get things done with said capital.

ii. Limits: Funding is voluntary and vulnerable to economic downturns like recessions or personal financial decline. Could include “strings attached” agreements to funding.

4. Hook Option 2: The Economic Ripple Effect Mapping
    a. Teacher Setup & Visual Framework: Draw or project three circles on the board so that they are within each other. The smallest/inner circle is labeled: Core Institution. Next ring out: Community Level. Outer/Largest Circle: Systemic Outcome. (It’s a simple drawing to replicate water ripples.).
    b. Step 1: Establish the Baseline (2 Minutes)
        i. Teacher Script:
        "*Imagine it is 1892 in Denver. You and a group of community leaders have successfully raised donations to construct a brand-new, free hospital for penniless tuberculosis patients. The building is built, the beds are in place, and doctors are ready. You rely 100% on voluntary donations from local business owners and silver mine operators to pay for daily food, coal, and medicine.*"
    c. Step 2: Introduce the Economic Shock (3 Minutes)
        i. Teacher Script:
        "*Now, it is May 1893. The US stock market crashes, banks collapse, and the federal government repeals the Sherman Silver Purchase Act. Mines close overnight, banks lock their doors, and Denver enters a massive economic depression known as the Panic of 1893.*"
        ii. Task Prompt (Pair-Share - 2 Minutes): Have students draw the three concentric circles in their notebooks and map the "ripple effect" of this crash outward across the three levels:
            1. Core Institution (The Hospital): What happens to your donated operating budget when local donors lose everything overnight? What happens to the physical building?

2. Community Level (The Patients & Families): During a massive depression, do fewer people get sick, or do more people get sick? What happens to the thousands of unemployed, coughing workers on Denver's streets?
3. Systemic Outcome (The Structural Failure): What does this reveal about relying solely on local private charity to fund essential human needs?

d. Step 3: Student Mapping Key & Class Debrief (5 Minutes) (Slides2-3)
   i. Map student responses directly into the three rings on the board:
      1. Ripple Level 1 (Inner Ring): What are the economic impacts/historical realities of a core institution? Name a strategic insight to the core institution.
      2. Ripple Level 2 (Middle Ring): What are the economic impacts/historical realities of the community level? Name a strategic insight to the community level.
      3. Ripple Level 3 (Outer Ring): What are the economic impacts/historical realities of a systemic outcome? Name a strategic insight to the systemic outcome. (See Teacher Answer Key Chart).

Teacher Script for Transition: *"Now that we've seen how easily a financial panic can crush traditional charity, it brings us to our core question for today: If private charity fails during a crisis, how do marginalized communities build systems of care that can actually survive? Let's turn to our primary source packets to see how Frances Wisebart Jacobs and Dr. Charles Spivak answered that question."*

Pre-Teaching Vocabulary: Tiered High School Framework

- **Social Innovation (Structural)**: Designing a new system, organization, or funding strategy to fix a social problem.
  - Real-World Analogy: Installing a neighborhood bike-share program rather than inventing a brand-new bicycle.
  - Lesson Context: Immigrants created new hospital models (JCRS) to treat people when private hospitals shut them out.

- **Sectarian vs. Nonsectarian (Civic / Social)**: Sectarian is tied to one specific religious group; Nonsectarian is open to all people regardless of religion.
    - Real-World Analogy: A private club reserved for members vs. a public park open to everyone.
    - Lesson Context: Frances Wisebart Jacobs demanded that her hospital operate as nonsectarian, treating anyone in need.
- **Quota System (Civic / Social)**: A fixed cap or limit placed on how many people of a certain race, religion, or background are allowed in.
    - Real-World Analogy: Setting a rule that only 5% of seats in an auditorium can go to students from a specific zip code.
    - Lesson Context: 1890s private hospitals used quotas to restrict Eastern European Jewish immigrants from receiving treatment.
- **Macroeconomic Panic (Academic / Economic)**: A sudden national economic collapse where banks fail, businesses close, and money dries up.
    - Real-World Analogy: A sudden power grid failure that shuts down all electricity across an entire state simultaneously.
    - Lesson Context: The Panic of 1893 wiped out local donor wealth, leaving the newly built Denver hospital vacant for 6 years.
- **Alms vs. Systemic Justice (Civic / Ethical)**: Alms is temporary charity given out of pity; Justice is permanent rights guaranteed to all people.
    - Real-World Analogy: Handing someone a single bottle of water (alms) vs. building a clean water pipeline to their neighborhood (justice).
    - Lesson Context: Dr. Spivak argued that healthcare for the poor is not an act of charity, but a fundamental debt society owes.

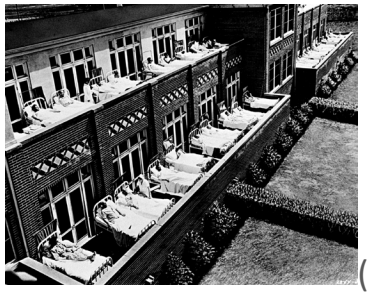
Suggested Vocabulary Activity:

Vocabulary Warm-Up: Barrier vs. Innovation Concept Sort (8 Mins)

- Objective: Students will categorize and predict the relationship between key socio-economic terms before reading historical texts.
- Task: In pairs, students sort 6 terms (Quota System, Sectarian, Alms, Nonsectarian, Social Entrepreneurship, Mutual-Aid Network) into two columns: Systemic Barriers vs. Institutional Innovations.

- Bridge: Pairs write one predictive sentence connecting a barrier term to an innovation term to set the focus for the primary source investigation.

Lesson Sources:

1. Archival Admissions Records showing the varying backgrounds, creeds, and religions of the JCRS patients. Source: History Colorado
2. Documentary Excerpt: *Becoming Colorado: Episode 3* (Frances Wisebart Jacobs & Dr. Charles Spivak segments).
3. Information on Frances Wisebart Jacobs
4. Paper on the historical timeline of the Panic of 1893 and its effect on Denver's philanthropic structures.
5. National Jewish Health website
6. My Day by Eleanor Roosevelt
7. (Photo A) Patients Undergoing Heliotherapy at the Jewish Consumptives' Relief Society, between 1920-1940. Patients lay in beds pushed out on the porches of the New York Building of the Jewish Consumptives' Relief Society for sun heliotherapy treatment for tuberculosis. Source: DU Digital Archives

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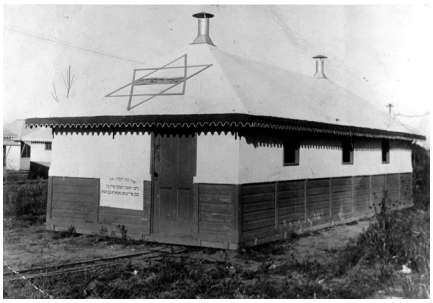
(Photo B1) [B002.04.0216.0154 DU Archives](). The dining hall of the hospital showed set, empty tables and men standing around.

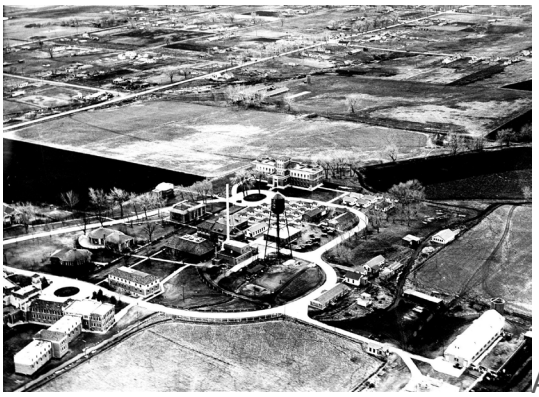
9. 

(Photo B2) [B002.04.0216.0158 DU Archives.]() The dining hall of the hospital is full of patients sitting for a meal.

10. 

(Photo C) Exterior view of a row of quarantine tents at the Jewish Consumptive Relief Society (JCRS) sanatorium, 1600 Pierce Street, Denver, Colorado. The tent houses are small, square structures with wood frames. Source: [Denver Public Library Special Collections, X-28619.]()

11. (Photo D) 1920-1940 Interior of the bookbinding and print shop room of the Jewish Consumptives' Relief Society (JCRS). A large group of men and women are working on various tasks throughout the room. This room was part of the industrial rehabilitation department at the JCRS. The JCRS was a sanatorium for tuberculosis patients that was founded in 1904 by a group of immigrant Jewish workingmen along with the support of several leading physicians and rabbis in Denver, Colorado. The sanatorium was located on West Colfax Avenue just outside of Denver. Source: DU Digital Archives
12. First Synagogue of the Jewish Consumptives' Relief Society, 1907. Exterior view of the first synagogue of the Jewish Consumptives' Relief Society (JCRS). This tent, donated by Mrs. Bath-Sheba Fleishman of Omaha, Neb., was erected in 1906. Signage on the roof and next to the door is in Hebrew. Source: DU Digital Archives

13. Aerial view of the campus of the Jewish Consumptives' Relief Society (JCRS) between 1915-1960. The JCRS was a sanatorium for tuberculosis patients that was founded in 1904 by a group of immigrant Jewish workingmen along with the support of several leading physicians and rabbis in Denver, Colorado. The sanatorium was located on West Colfax Avenue just outside of Denver. Source: DU Digital Archives

14. 

Dr. Charles Spivak, founder of the Jewish Consumptives' Relief Society (JCRS) stands with his hands in his pockets. The JCRS was a sanatorium for tuberculosis patients that was founded in 1904 by a group of immigrant Jewish workingmen along with the support of several leading physicians and rabbis in Denver, Colorado. It was located on West Colfax Avenue just outside Denver. Dr. Charles Spivak at JCRS, circa 1924. Source: DU Digital Archives

15. 

Modern photograph of the National Jewish Hospital Building as it is today. The motto is still inscribed on the front. “None may enter who can pay—none can pay who enter.” Source: Colorado Public Radio

16. 
Untitled: This photo shows patients receiving treatment in 1930 by laying outside. The fresh air of Colorado was thought to alleviate the symptoms of tuberculosis. This method continued until the development of streptomycin in 1946. Source: “National Jewish Health.” 1930. History Colorado Online Collection #89.451.5631 by way of Intermountain Histories

17. Interior of the Cooperative Store on the grounds of the Jewish Consumptives' Relief Society (JCRS). The store was located in the Business Office. Cooperative Store at the Jewish Consumptives' Relief Society, between 1910-1960 Source: DU Digital Archives

Lesson Materials Needed:

Instructor Setup & Media

1. Projector / Smartboard: Displaying the Resource Scarcity Simulation
2. Digital Timer / Chime: For managing pacing during primary source analysis and group rotations.
3. Documentary Segment: Becoming Colorado: Episode 3 (Frances Wisebart Jacobs & Dr. Charles Spivak segments).
4. Answer Key for Ripple Effect activity
5. Primary Source Packet
6. Scavenger Hunt Worksheet
7. Role Cards
8. 4 Quadrant Chart
9. Evidence Strips
10. Matrix Worksheet
11. Spectrum Example
12. Layout Worksheet
13. Exit ticket
14. Lesson Slide Deck

Materials per Student Pair

1. Primary Source Packet (1 per pair):
    a. Source A: 1890s Denver Hospital Charters (Sectarian Quotas & Restrictions).

b. Source B: Frances Wisebart Jacobs & Jewish Hospital Association Articles of Incorporation (1889).
c. Source C: Dr. Charles Spivak & JCRS Constitutional Preamble (1904).

2. Scavenger Hunt Worksheet: 1 copy per student of the Power & Barrier Scavenger Hunt Framework.
3. Role Cards: 1 set of Structured Academic Controversy (SAC) Perspective Cards per pair.

Collaborative Supplies

1. 1 Poster Board / Butcher Paper per Small Group: For drawing the Four-Quadrant Chart with "Temporary / Permanent" on the left and "Alms-Based Charity/ Rights-Based Institutional Justice" on top (Can also be found in the slide deck on Slide 14).
2. 1 Envelope of Historical Evidence Strips: Pre-cut quotes and policy excerpts for the Charity vs. Justice Document Sort.

Lesson Instructions:

Part 1: Hook & Setting the Stage (15 Minutes)

Step 1: The Resource Scarcity Simulation (8 Minutes)

1. Action (Slide 5): Project the opening simulation prompt on the board.
2. Teacher Script:

   "Imagine a severe respiratory virus strikes our county today. The three largest private hospitals announce a new policy: they will only admit patients who own a home and can prove membership in specific religious congregations. If you cannot prove both, you are turned away at the door."

   Take 2 minutes in your notebook (or provide a worksheet for students to keep notes) to respond to these two questions:

   1. What happens to the people who are turned away?
   2. Whose job is it to fix this problem—the City Council, wealthy private donors, or the affected families themselves?"

Step 2: Debrief Analysis (20 Mins): Display (Slide 7) the Institutional Leverage Matrix to frame the powers and limits of each group:

This debrief follows the **Resource Scarcity Simulation** (Hook Option 1) in Part 1 of the lesson plan.

Students can follow along with the filled in slide or do the worksheet first and then discuss as a class. Use the Matrix Worksheet for this activity.

After students quick write about a hypothetical public health crisis where private hospitals enforce strict entry requirements, they discuss *whose job it is to fix the problem*. The **Institutional Leverage Matrix** is displayed during this debrief to help high school students transition from surface-level answers (*"the city should just pay for it"* or *"rich people should help"*) to a structural, civic analysis of power.

By analyzing the specific leverage and institutional limits of each group, students learn why traditional market solutions and local government actions failed during historical crises like Colorado's 1890s tuberculosis epidemic. This sets up the need for **social and institutional innovations**—such as nonsectarian free hospitals and nationalized funding networks—which students analyze later in the primary source packets.

Step-by-Step Teacher Facilitation Sequence

1. Transition from Student Quick-Write:
    - Teacher Script: "*Now that you've thought about who should step in during a public health crisis, let's examine the actual power and structural limits that each of these three groups held in 1890s Colorado.*"
2. Display Matrix & Highlight Structural Limits:
    - City Council / Local State: Point out that while local governments have legal authority (zoning, ordinances), they move slowly, rely on tax revenue that shrinks during recessions, and cannot force private, sectarian facilities to change their internal admission rules.

- Immigrant Families: Highlight that while poor immigrant communities possess strong social trust and mutual-aid networks, they are shut out from voting, lack formal political capital, and face extreme poverty.
- Wealthy Donors: Explain that while private philanthropy can erect buildings quickly, voluntary funding is highly vulnerable to economic crashes (like the Panic of 1893) and often comes with moral or religious "strings attached."

3. Bridge to the Inquiry Question:
    - Teacher Script: "*Notice the trap here: the state is too slow, the families lack money, and wealthy donors dry up during a panic. So, when the entire system fails, how do marginalized communities construct new models that actually survive? Let's turn to our primary source packets to see how historical leaders like Frances Wisebart Jacobs and Dr. Charles Spivak solved this exact puzzle.*"

Step 3: Unpacking Core Vocabulary (7 Minutes)

1. Action (Slide 8-10): Project the Tiered Vocabulary Anchor Slide.
2. Explicit Instruction: Highlight Sectarian vs. Nonsectarian and Alms vs. Institutional Justice.
3. Teacher Script:
   "*In the 1890s, Colorado was called the 'World's Sanatorium,' but thousands of sick immigrants were dying on Denver's streets because private hospitals used quotas to turn them away. Today, we are analyzing how community leaders didn't wait for a new miracle drug—they engineered brand-new systems to force the doors of healthcare open.*"

Part 2: Core Inquiry & Source Analysis (45 Minutes)

Phase 1: The Power & Barrier Scavenger Hunt (15 Minutes)

1. Action: Distribute the Primary Source Packets (Sources A, B, and C) and the dual-column Power & Barrier Scavenger Hunt graphic organizer. Use the Scavenger Hunt Worksheet for this activity.

2. Teacher Script (Slide 11):
   "*In pairs, read Sources A, B, and C. You are searching for two structural forces*:"
   - Column 1 (Systemic Barriers): What legal, financial, or religious rules kept marginalized people out?
   - Column 2 (Institutional Innovations): What specific organizational rule, funding mechanism, or spatial design was created to bypass that barrier?
3. Floating Support by Teacher & Checkpoints on Student Work:
   - Check Source B (Jacobs): Ensure students identify her radical rule—"None may enter who can pay—none can pay who enter"—as an inversion of standard business models.
   - Check Source C (Spivak): Verify students notice that JCRS accepted patients in all stages of illness (unlike other facilities) and accommodated their religious and dietary needs.

Phase 2: (Slide 10) Structural Debate Protocol — SAC (15 Minutes). Use the Pair Role Cards for this activity.

1. Setup: Assign Pair A (Side A: Status Quo Private Philanthropy) and Pair B (Side B: Systemic Rights & Institutional Innovation).
2. Run Protocol (Strictly Timed):
   - Prep (3 Mins): Pairs isolate evidence from their sources supporting their assigned perspective.
   - Round 1 (3 Mins): Side A presents the argument that private, donor-led charity is the most flexible way to handle public health. Side B listens and takes notes without interrupting.
   - Round 1 Echo (2 Mins): Side B repeats back Side A's core points ("What we heard you say was..."). Side A confirms or clarifies.
   - Round 2 (3 Mins): Side B presents the argument that healthcare is a fundamental human right requiring structural, nonsectarian institutions. Side A listens without interrupting.
   - Round 2 Echo (2 Mins): Side A repeats back Side B's core points. Side B confirms or clarifies.

3. Transition Cue (Chime/Bell):
   "*Drop your roles! Step out of your debate positions, pick up your pens, and join together as a full group of four.*"

Phase 3: The Charity vs. Justice Spectrum Sorting Activity (15 Minutes)

1. Action: Hand out the poster boards (butcher paper or large printer paper) and envelopes (could be held by paper clip) containing pre-cut Historical Evidence Strips. Use the Evidence Strips for this activity.
2. Task Prompt (Slide 15):
   "Working as a group of 4, analyze your 6 Historical Evidence Strips. Glue each strip onto your paper in the quadrant where it belongs—ranging from 'Temporary/Permanent' and 'Alms-Based Charity/Rights-Based Institutional Justice'. You must annotate each strip with a 1-sentence defense explaining your placement based on text evidence." Use the Four Quadrant Chart on Slide 14.
3. Wrap-Up Transition Routine: Have groups stack their finished posters on the front table and turn attention to the individual exit ticket.
   - Feel free to extend the wrap-up to include a share-out or discussion before following classroom routines for turning in finished posters.

Part 3: (Slide 16) Formative Assessment & Exit Ticket (15 Minutes)

The Systemic Invoice Exit Ticket

- Distribute printed copies or push out a digital form.

Suggested Activities for the Lesson

1. Whole-Class Socratic Discussion Prompts
   Use these high-level inquiry questions for a Socratic wrap-up or seminar extensions:
   - **Charity vs. Justice**: Dr. Spivak stated that caring for the destitute sick is "not charity—it is justice." What is the structural difference between receiving care as an act of personal pity versus receiving it as a guaranteed civic right?

    - **Economic Vulnerability**: How did the Panic of 1893 reveal the danger of relying purely on local wealthy donors for public safety networks? How did nationalizing the funding network bypass this local vulnerability?
    - **Holistic System Design**: Looking at the architectural design of the JCRS campus (open-air tents, libraries, trade workshops), why was it necessary to treat the full social and economic life of the patient rather than just treating the physical bacteria of the disease?
2. Activity Option 1: The Charity vs. Justice Document Sort (Use Spectrum Example).

   Activity Overview & Teacher Instructions:

   In this activity, students analyze primary source excerpts from early American healthcare history and the founding of the Jewish Consumptives' Relief Society (JCRS). Working in small groups, students will evaluate each document's philosophy and plot it along a drawn spectrum of Alms-Based Charity to Rights-Based Institutional Justice.

   - Guiding Definitions for Students:
     - **Alms-Based Charity**: Short-term relief provided as a gift or favor. It often relies on the moral judgment of the recipient, addresses immediate symptoms rather than root causes, and creates a power imbalance between donor and recipient.
     - **Rights-Based Institutional Justice**: Long-term, systemic support framed as a basic human right. It removes moral gatekeeping, builds permanent community-controlled infrastructure, and aims to restore full agency and dignity to the individual.
   - Spectrum Diagram & Plotting Guide
     - Students will plot Document Cards 1–4 along this spectrum based on textual evidence:
   - Primary Source Document Cards (Print & Cut: the Document Cards)
     - Document Card 1: Early Church Alms Ledger Excerpt (1892)

"Given this day to James M., a poor traveler afflicted with the lung cough: $1.50 for train passage to the dry air of the West, and one wool blanket, provided he maintains temperate habits and expresses proper gratitude to the congregation for their Christian mercy."
— Record Book of the Benevolent Relief Committee, Eastern District

- Sorting Question: Does this source view assistance as an earned favor tied to moral behavior, or as an inherent right?

- Document Card 2: Private Sanatorium Admission Policy (1901)
"Section IV: Patients seeking admission to the Mountain View Retreat must present a certificate of good moral character signed by two local ministers. A weekly rate of $15.00 must be paid in advance. The management reserves the absolute right to discharge any inmate who becomes a financial burden or who suffers from advanced, incurable stages of consumption."
— Prospectus of Private Colorado Sanatoria
    - Sorting Question: *How do fees and conditional discharge policies prevent this model from providing true institutional justice to poor immigrants?*
- Document Card 3: JCRS Constitutional Bylaws & Charter (1904)
"Article II: The object of this Society shall be to afford free medical attendance, board, and lodging to indigent consumptives in all stages of the disease... No sufferer from tuberculosis shall ever be refused admission on account of inability to pay, nor shall any payment ever be accepted from any patient admitted to the Sanatorium. Assistance here is not a charity, but a debt owed by society to the worker."
— Constitution and Bylaws of the Jewish Consumptives' Relief Society, Denver, Colorado

        - Sorting Question: Which explicit phrases in this text redefine healthcare from a commercial privilege or favor into a societal obligation?
    - Document Card 4: Dr. Charles Spivak on Patient Self-Governance (1908)
      "We reject the idea that the sick man must be treated as a passive recipient of pity. In our sanatorium, the patient is a member of a self-governing community. The food served shall honor their cultural and religious traditions without penalty, and the decision regarding when a patient is healed shall rest on medical science, not on whether their money has run out."
      — Dr. Charles Spivak, JCRS Co-Founder and Secretary, Writing in the Sanatorium Journal
        - Sorting Question: How does honoring cultural traditions and patient autonomy shift this institution toward the "Justice" end of the spectrum?
3. Activity Option 2: The Architectural Blueprint Analysis
   Activity Overview & Teacher Instructions:
   In this activity, students analyze how the physical layout of the JCRS sanatorium campus (now the Rocky Mountain College of Art + Design in Lakewood, CO) was designed as a public health innovation and a spatial technology of care. Students cross-reference written medical philosophy with historical campus photos to explain how space itself was engineered to heal patients without stripping them of dignity.
    - Source 1: Dr. Charles Spivak's Written Medical Philosophy (1907)
      "Tuberculosis is a disease of poverty, crowding, and darkness. Therefore, our medical architecture must be the exact opposite: light, air, warmth, and dignity.
      First, we do not lock patients in heavy brick wards where germs concentrate; we place them in open-air tents and pavilion sun-porches where fresh mountain breeze flows constantly through every corner.

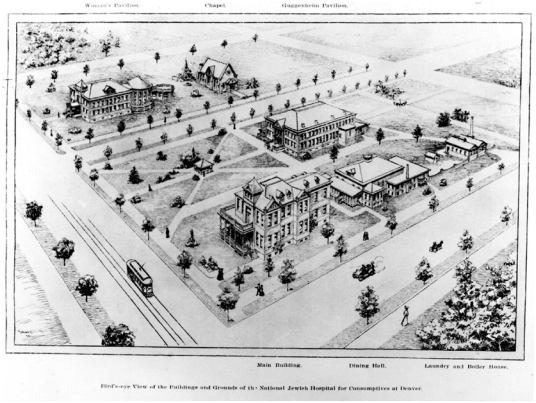
Second, a man cannot heal if his mind is in despair or his spirit feels alienated. A Jewish immigrant from Eastern Europe who is forced to eat non-kosher food feels punished, not cured. Therefore, our kitchens must be strictly kosher, our library stocked with Yiddish and English literature, and our grounds designed for shared labor—bakeries, print shops, and gardens—so that the patient remains an active creator, not an isolated invalid."

— Dr. Charles Spivak, Medical Philosophy of the JCRS Open-Air Treatment

- Source 2: Campus Layout Schematic & Historical Photographic Evidence (Use the Layout Worksheet).

(Present-day RMCAD Historic District, Lakewood, Colorado)

Text Description of the Layout: [Center for Jewish History Records of the Jewish Consumptives' Relief Society (Denver, Colo.)]



Hand drawn view of the National Jewish Hospital campus at a bird's-eye-view of National Jewish Hospital, between 1899-1920. On the Photo: "Woman's Pavilion, Chapel, Guggenheim Pavilion, Main Building, Dining Hall, Laundry and Boiler House, Bird's-eye view of the buildings and grounds of the National Jewish Hospital for Consumptives at Denver." Source: [DU Digital Archives]

Aerial View of the Jewish Consumptives' Relief Society, circa 1940. Source: DU Digital Archives

The primary monumental buildings and functional layout markers visible in this historic snapshot can be mapped out as follows:

1. The Central Quad and Main Buildings

- **The Long Building (Bottom Center foreground):** This is the massive **Texas Pavilion for Women**, which anchors the southwest end of the campus's grand visual axis. [1]
- **The Central Parkway / Esplanade:** The long, tree-lined double road running vertically through the middle of the frame is the **Main Esplanade** (now the central campus quad). [1]
- **The Large Building (Upper Center/Right of the Parkway):** Situated opposite the Texas Pavilion at the northeast end of the parkway is the monumental **New York Building** (the principal men's patient building, identifiable by its prominent architectural profile). [2]

2. Inner Campus Support Structures

- **The Small Structure (Tucked in the middle-left of the quad):** This is the historic **Isaac Solomon Synagogue** (built in 1911), serving as the spiritual heart of the campus layout. [3, 4]
- **The Cluster of Small Buildings (Middle Left):** These are the remaining **wooden tent-cottages** and early patient pavilions that formed the original fresh-air tent colony layout. [3]

3. Utility and Outer Boundaries

- **The Water Tower & Power Plant (Right of the main axis):** The tall, narrow shadow and structure halfway up the right side mark the **Water Tower** and central utility infrastructure providing fresh artesian water. [5]
- **The Open Fields (Top Background):** The open land at the top of the photo directly borders **West Colfax Avenue**. This northern plot is the exact 20-acre section that was partitioned off and redeveloped a decade later into the JCRS Shopping Center (Lamar Station Plaza). [6, 7]

[1]RMCAD
[2]Waymarking JCRS Building
[3]History of JCRS and RMCAD Campus
[4]Colorado Page Post
[5]Denver History Post
[6]Jewish Consumptive Relief Society Page
[7]Denver When Post



Exterior View of the Texas Building with Tents at the Jewish Consumptives' Relief Society, between 1950-1970. The Texas Building on the campus of the American Medical Center, which was formerly the Jewish Consumptives' Relief Society (JCRS). Some of the original tent cottages are visible in front of the building, while the Rocky Mountains are seen in the background.

Old Library, Women's Quarters and Tents at the Jewish Consumptives' Relief Society, circa 1907. The grounds of the Jewish Consumptives' Relief Society (JCRS). Tent cottages are pictured on the left and to the right is a brick building which housed the old library and women's quarters. In the background is the barn which housed a herd of dairy cattle. Source: DU Digital Archives

Historical Photographic Evidence Description

Photo A

Tuberculosis patients lie in beds on the porch of a building at the Jewish Consumptive Relief Society (J.C.R.S.) sanatorium, 1600 Pierce Street, Lakewood, Colorado. The men lie in rows outside their rooms, and nurses attend to some patients.

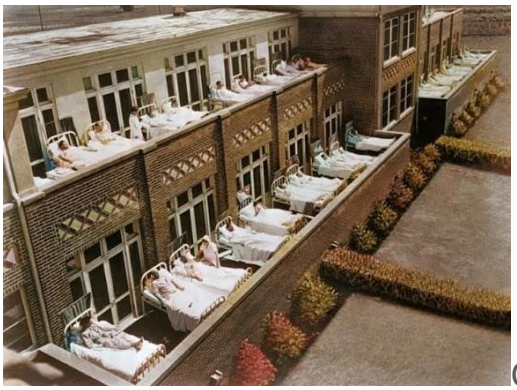

Color Adjusted Version of Photo A


Photo B1 & B2 (The Kosher Dining Hall & Kitchen, c. 1912): Features a large, sunlit dining room with long family-style tables where patients eat together. Archival notes confirm the kitchen employed two separate sets of cookware to strictly observe dietary laws (kashrut) for Eastern European Jewish immigrants.



Photo C (View of Tents, 1910-1940) Exterior view of a row of quarantine tents at the Jewish Consumptive Relief Society (J.C.R.S.) sanatorium, 1600 Pierce Street, Denver, Colorado. The tent houses are small, square structures with wood frames.

Photo D 1920-1940 Interior of the bookbinding and print shop room of the Jewish Consumptives' Relief Society (JCRS). A large group of men and women are working on various tasks throughout the room. This room was part of the industrial rehabilitation department at the JCRS. The JCRS was a sanatorium for tuberculosis patients that was founded in 1904 by a group of immigrant Jewish workingmen along with the support of several leading physicians and rabbis in Denver, Colorado.

Structured Instruction Differentiation:

Reading Supports & ML (Multilingual Learners) Students:

1. Split-Page Annotated Text: Provide a dual-column primary source document where Dr. Spivak's 1904 legalese is chunked side-by-side with plain-language summaries, bolding core concepts like "debt which society owes" and "systemic refusal."
2. Structured Dialogue Slips: Attach pre-printed sentence stems directly to SAC Role Slips to scaffold formal academic discourse during discussions:
    a. "The primary source evidence demonstrates that the main barrier was..."
    b. "Instead of relying on traditional charity, this institution innovated by..."
3. Visual Graphic Organizers: Scaffold the Power & Barrier Scavenger Hunt sheet with visual icons (e.g., a gavel for legal power, a padlocked door for exclusion, a blueprint for structural innovation).

Assessment:

Formative Assessment Options: You can use it all or choose an assessment from below that works best for your class (Use the Exit Ticket).

1. Option 1: Students will complete the Thinking Routine: Claim-Support-Question formative assessment style
    a. Claim: State how Dr. Charles Spivak or Frances Wisebart Jacobs utilized social entrepreneurship to transform a systemic barrier into an institutional innovation.
    b. Support: Cite two precise pieces of textual evidence from today's sources. One must detail the specific barrier encountered (e.g., hospital quotas or anti-immigrant sentiment), and one must detail the structural solution implemented (e.g., nonsectarian policies or comprehensive care systems).
        i. Question: Write one analytical question regarding how modern healthcare networks or insurance systems still struggle to balance the tension between financial survival and community equity.
2. Option 2: Thinking Routine: Connect, Extend, Challenge (C-E-C)
    a. This routine focuses heavily on conceptual growth and is perfect for evaluating if students successfully understood that "innovation" isn't just about technology.
        i. Connect: How does the JCRS model of holistic healthcare connect to what you already knew about community mutual aid?
        ii. Extend: How did learning about "institutional design" extend your thinking about what "innovation" actually means?
        iii. Challenge: What is still puzzling or challenging to you about how marginalized groups can build power when they have no initial wealth or political representation?

2022 High School Social Studies Standards:

- SS.H.S.1.GLE 1.EOb: Evaluate continuity and change over time by analyzing primary and secondary sources related to major economic, social, and political developments in Colorado history.
- SS.H.S.1.GLE 2.EOc: Analyze how corporate structures, labor movements, and institutional innovations influenced the socioeconomic mobility of diverse populations in Colorado.

Extension Activities:

1. The 1910 Legislative Briefing: Students act as policy advisors to a Colorado State Legislator in 1910. Using the JCRS operational model as evidence, they draft a 1-page policy brief arguing for or against the creation of a state-supervised, taxpayer-funded public sanatorium network.
2. Modern Parallel Project: Students identify a contemporary public health issue in Colorado (e.g., rural hospital closures or urban food deserts) and design a grassroots social innovation modeled directly after the mutual-aid strategies of Frances Wisebart Jacobs and Dr. Charles Spivak.
3. Legal Precedent Analysis: Task students with researching early public accommodation laws to evaluate the legal rights of private medical facilities in 1904 to exclude patients versus protections under modern civil rights legislation.

Additional Resources:

1. National Jewish Health Historical Archives: Digital collections tracking the evolution of nonsectarian respiratory care in Colorado.
2. University of Denver Center for Judaic Studies: Online archives holding Dr. Charles Spivak's personal correspondence, JCRS administrative records, and historical campus photographs.
3. History Colorado Archival Collection: Maps, blueprints, and records documenting late 19th-century public health initiatives across the Rocky Mountain region.
4. University of Denver Digital Archives: Access to digital collections about the JCRS.

Student Mapping Key & Class Debrief (5 Minutes)

Use the table below during class discussion to map student responses directly into the three rings on the board:

Ripple Level	Economic Impact / Historical Reality	Strategic Insight
Ring 1: Core Institution	Local donations completely dry up. The hospital building sits empty and locked for 6 consecutive years because there is no money for heat, food, or staff.	**Voluntary Local Charity is Fragile:** Local philanthropy works during economic booms but collapses during recessions when care is needed most.
Ring 2: Community Level	Mass unemployment leads to homelessness, malnutrition, and overcrowded living conditions—causing tuberculosis rates to spike sharply among vulnerable immigrants.	**Supply/Demand Inversion:** Demand for free healthcare spikes precisely when the financial supply to pay for it disappears.
Ring 3: Systemic Outcome	Leaders realize that relying on local charity is a trap. To survive, they must innovate a **Nationalized Mutual-Aid Model** (scaling across North America) or demand **Rights-Based Public Funding**.	**Need for Institutional Innovation:** Systems must be geographically diversified and structurally guaranteed so economic panics cannot shut their doors.

Primary Source Packet

Source A: Denver Public Health Notice & Sanatorium Quotas (1898)

"Denver has become the refuge for the nation's consumptives, but our local resources are strained to the breaking point. Private medical retreats and sanatoria across the region report that they must, of necessity, protect their paying patrons and sustain financial solvency. Consequently, strict admission regulations have been instituted: patients must demonstrate financial independence or possess sponsorship by recognized local religious societies. Destitute invalids, particularly those arriving without funds from Eastern tenements, cannot be accommodated and are advised not to travel westward without guaranteed financial support."

— Adapted from Denver Board of Health Annual Report & Regional Press Summaries, 1898

Source B: Frances Wisebart Jacobs & The Nonsectarian Hospital Rule (1889/1899)

*"We see suffering humanity around us every day—men and women who have come to our state seeking health, only to find themselves penniless, friendless, and turned away from closed doors because they lack money or belong to the wrong faith. Relief must not be a matter of sectarian pride or private profit.

Therefore, let this institution be established under one foundational, unyielding principle: 'None may enter who can pay—none can pay who enter.' The doors shall stand open to all who are destitute, without regard to creed, nationality, or race."*

— Frances Wisebart Jacobs, Speech at the Founding of the Jewish Hospital Association (Denver, CO)

Source C: Dr. Charles Spivak & The JCRS Founding Declaration (1904)

*"When a sick worker is turned away from a hospital because his illness is 'too advanced' or because he cannot pay the weekly fee, society commits a crime against him. Tuberculosis is not merely a disease of the lungs; it is a disease of poverty, sweatshops, and overcrowded tenements.

The Jewish Consumptives' Relief Society is founded on the conviction that care is not a patronizing gift or an act of pity. It is a fundamental debt which society owes to the worker. We shall admit patients in all stages of the disease, provide kosher food to respect their human dignity, build open-air tents for their recovery, and offer them a self-governing community where they can work, read, and restore their lives."*

— Dr. Charles Spivak, JCRS Co-Founder and Executive Secretary, Denver, Colorado

Power & Barrier Scavenger Hunt Worksheet

Name: _____ Date: _____ Period: _____

Directions: Read Sources A, B, and C in your primary source packet. Identify the **Systemic Barriers** that excluded vulnerable people from healthcare, and detail the **Institutional Innovations** created by historical leaders to overcome those barriers.

Source	**Systemic Barriers Identified(Rules, policies, or economic forces keeping people out)**	**Institutional Innovations Created(New organizational rules, funding models, or spatial designs)**
Source A *(Denver Health / Sanatoria Rules)*		
Source B *(Frances Wisebart Jacobs)*		

Source C *(Dr. Charles Spivak & JCRS)*		

Structured Academic Controversy (SAC) Role Cards

Pair A Role Card: Status Quo Private Philanthropy & Solvency

Your Perspective: Private hospitals and voluntary charities must prioritize financial solvency and selectivity. Charging fees and maintaining strict entry requirements is the only way medical institutions can afford modern facilities, hire qualified doctors, and avoid bankruptcy during economic panics.

Key Arguments to Present:

- Hospitals are costly to run; without requiring payment or selective sponsorship, facilities will run out of money and close (as seen during the Panic of 1893).
- Private charity should remain voluntary and conditional so that resources go to those who meet institutional standards.
- Expecting private facilities to care for every indigent arrival places an unfair burden on local institutions.

Sentence Stems for Discussion:

- *"From our perspective, financial selectivity is necessary because..."*
- *"Without fees or conditional admission, an institution risks..."*

Pair B Role Card: Systemic Rights & Institutional Innovation

Your Perspective: Healthcare is a basic human right, and relying on private charity or fee-based models excludes the most vulnerable. Leaders must engineer new institutional designs—such as nonsectarian rules, free admission, and mutual-aid networks—to ensure systemic access for all.

Key Arguments to Present:

- Selective quotas and fee requirements abandon vulnerable workers who built society but fell ill due to poor working conditions.
- Jacobs and Spivak proved that new funding structures (such as national mutual-aid networks) can keep free institutions open without charging patients.
- True healthcare requires treating human dignity (e.g., kosher food, open-air housing, community agency), not just physical symptoms.

Sentence Stems for Discussion:

- *"We argue that relying on traditional charity fails because..."*
- *"Jacobs and Spivak innovated an alternative model by..."*

STUDENT ACTIVITY: The Charity vs. Justice Spectrum

Discuss and list examples from the historical text in the blank quadrants.

	Alms-Based Charity	Rights-Based Institutional Justice
Temprary	Temporary Alms-Based Charity	Temporary Rights-Based Institutional Justice
Pernanent	Permanent Alms-Based Charity	Permanent Rights-Based Institutional Justice

Evidence Strips for Charity vs. Justice Spectrum Sort

*Cut out these 6 strips. With your group, place and glue each strip along the continuum on your poster board from **Temporary / Alms-Based Charity** to **Permanent / Rights-Based Institutional Justice**.*

[Strip 1]

A local benevolent committee hands out a $1.50 train voucher and a wool blanket to a coughing traveler, provided he promises to maintain temperate habits.

[Strip 2]

A private sanatorium charges $15.00/week in advance and reserves the right to discharge any patient who runs out of money or becomes incurably ill.

[Strip 3]

Frances Wisebart Jacobs co-founds a hospital with an unalterable charter rule: *"None may enter who can pay—none can pay who enter."*

[Strip 4]

Dr. Charles Spivak and working-class immigrants establish a national fundraising network across immigrant mutual-aid lodges to guarantee free care for destitute patients.

[Strip 5]

The JCRS builds open-air canvas tent cottages, a strictly kosher kitchen, a multilingual Yiddish/English library, and a printing press trade shop for patient self-governance.

[Strip 6]

A city council passes an ordinance establishing a taxpayer-funded public health network that guarantees medical treatment to all residents as a civic right.

STUDENT ANALYSIS: INSTITUTIONAL LEVERAGE MATRIX

Name: _____ Date: _____
Class Period: _____

DIRECTIONS: As we debrief the Resource Scarcity Simulation, fill in the matrix below. Then answer the reflection question at the bottom.

INSTITUTION / GROUP	**LEVERAGE & POWER (What can they do?)**	**INSTITUTIONAL LIMITS & OBSTACLES (What holds them back?)**
CITY COUNCIL / LOCAL STATE	• •	• •
IMMIGRANT FAMILIES	• •	• •
WEALTHY DONORS	• •	• •

ANALYSIS & DEBRIEF REFLECTION:

1. Which group above has the most immediate monetary power? Why is that power unstable during an economic crisis?

2. If a private hospital refuses to treat penniless immigrants, why can't the City Council simply force the hospital to change its rules?

Document Card 1: Early Church Alms Ledger Excerpt (1892)
"Given this day to James M., a poor traveler afflicted with the lung cough: $1.50 for train passage to the dry air of the West, and one wool blanket, provided he maintains temperate habits and expresses proper gratitude to the congregation for their Christian mercy."

— Record Book of the Benevolent Relief Committee, Eastern District

Sorting Question: Does this source view assistance as an earned favor tied to moral behavior, or as an inherent right?

Document Card 2: Private Sanatorium Admission Policy (1901)
"Section IV: Patients seeking admission to the Mountain View Retreat must present a certificate of good moral character signed by two local ministers. A weekly rate of $15.00 must be paid in advance. The management reserves the absolute right to discharge any inmate who becomes a financial burden or who suffers from advanced, incurable stages of consumption."

— Prospectus of Private Colorado Sanatoria

Sorting Question: How do fees and conditional discharge policies prevent this model from providing true institutional justice to poor immigrants?

Document Card 3: JCRS Constitutional Bylaws & Charter (1904)
"Article II: The object of this Society shall be to afford free medical attendance, board, and lodging to indigent consumptives in all stages of the disease... No sufferer from tuberculosis shall ever be refused admission on account of inability to pay, nor shall any payment ever be accepted from any patient admitted to the Sanatorium. Assistance here is not a charity, but a debt owed by society to the worker."

— Constitution and Bylaws of the Jewish Consumptives' Relief Society, Denver, Colorado

Sorting Question: Which explicit phrases in this text redefine healthcare from a commercial privilege or favor into a societal obligation?

Document Card 4: Dr. Charles Spivak on Patient Self-Governance (1908)
"We reject the idea that the sick man must be treated as a passive recipient of pity. In our sanatorium, the patient is a member of a self-governing community. The food served shall honor their cultural and religious traditions without penalty, and the decision regarding when a patient is healed shall rest on medical science, not on whether their money has run out."

— Dr. Charles Spivak, JCRS Co-Founder and Secretary, Writing in the Sanatorium Journal

Sorting Question: How does honoring cultural traditions and patient autonomy shift this institution toward the "Justice" end of the spectrum?

Student Blueprint Analysis Worksheet

Part 1: Cross-Referencing Space with Medical Philosophy

1. **The Open-Air Strategy:**
   Review Dr. Spivak's statement on "light, air, warmth, and dignity." How does the physical placement of the **Tent City** and **Sun Pavilions** on the North Campus directly translate his medical theory into a physical building strategy?
2. **Cultural Sovereignty as Medical Care:**
   Why did the founders place the **Kosher Kitchen**, **Synagogue**, and **Yiddish Library** at the very center of the campus footprint? How does designing space around a patient's cultural identity improve medical outcomes compared to a traditional, sterile state hospital?
3. **Spatial Agency vs. Confinement:**
   Examine the South Campus (Bakery, Print Shop, Gardens). How did including productive, cooperative work spaces on a medical campus prevent patients from feeling like "passive recipients of pity"?

Part 2: Architectural Synthesis Challenge

Imagine you are a public health architect tasked with designing a modern community health center for a marginalized group today (e.g., unhoused youth, immigrant agricultural workers, or rural veterans).

Based on the JCRS model, complete the design plan below:

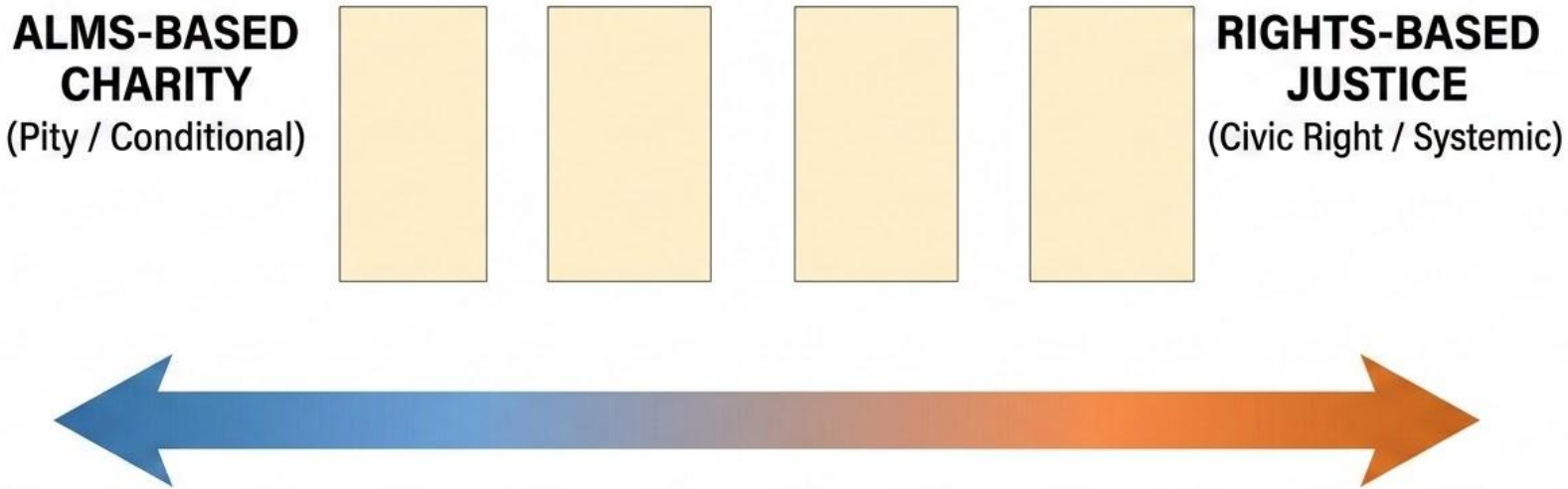
MODERN HEALTHCARE SPATIAL BLUEPRINT

1. TARGET POPULATION & SYSTEMIC BARRIER: Identify the community and the primary institutional barrier they face in healthcare today.

2. ARCHITECTURAL / ENVIRONMENTAL INNOVATION: Describe ONE specific physical feature of your facility (e.g., outdoor layout, community kitchen, cultural gathering space) that directly combats that barrier.

3. DIGNITY & AGENCY FEATURE: How does your spatial design ensure that patients maintain their cultural identity and autonomy rather than feeling like a charity case?

THE PUBLIC HEALTH SPECTRUM: CHARITY VS. JUSTICE



EXIT TICKET: SOCIAL INNOVATION & PUBLIC HEALTH

Name: _____ Date: _____ Period: _____

LEARNING OBJECTIVE: Evaluate how community leaders utilized social entrepreneurship and institutional design to overcome systemic healthcare barriers in early Colorado.

PART 1: CLAIM-SUPPORT-QUESTION ROUTINE (Option 1)

1. CLAIM: How did Dr. Charles Spivak or Frances Wisebart Jacobs use social innovation to transform a systemic healthcare barrier into a lasting institutional solution? (Sentence Starter: "When faced with systemic exclusion, [Leader Name] innovated by creating [specific system/rule], which transformed healthcare by...")

2. EVIDENCE #1 (The Barrier): Cite precise textual evidence from Source A, B, or C showing the structural hurdle (e.g., quotas, economic crash, or poverty).

3. EVIDENCE #2 (The Innovation): Cite precise textual evidence showing the structural, financial, or architectural solution implemented.

4. QUESTION: Write one analytical question regarding how modern healthcare networks or insurance systems still struggle to balance financial survival with community equity.

PART 2: CONNECT - EXTEND - CHALLENGE (Option 2)

CONNECT: How does the JCRS model of holistic healthcare connect to what you already knew about community mutual aid?

EXTEND: How did learning about "institutional design" extend your definition of "innovation"?

CHALLENGE: What is still challenging about how marginalized groups build power when they lack initial wealth and political representation?

PART 3: SELF-ASSESSMENT CHECK

[ ] 4 - I've Got It! I can explain social innovation AND cite text evidence linking historical barriers to structural solutions.
[ ] 3 - Almost There! I understand social innovation, but I need help connecting my claim directly to primary source quotes.
[ ] 2 - Need Support! I understand the history, but I struggle to distinguish between traditional charity and systemic justice.

Medicine, Margin, and Mandate

The JCRS & Public Health Innovation in Colorado

How early Colorado communities engineered social and institutional innovations to overcome systemic healthcare barriers.

Author: Colorado Department of Education

Economic Ripple Mapping Scenario

CONTEXT (1892)

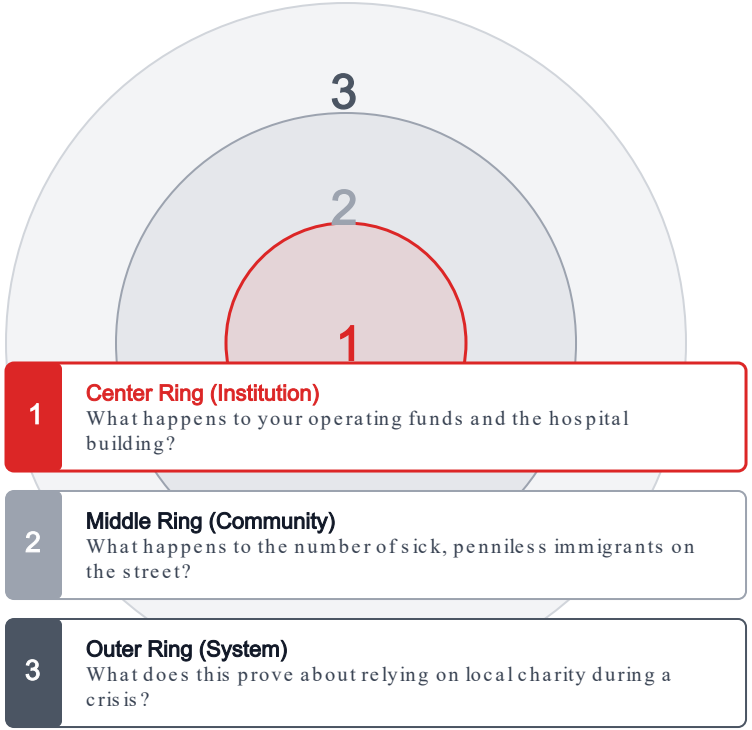
You built a free hospital funded entirely by local business donations.

THE SHOCK (1893)

The Panic of 1893 crashes Colorado's silver economy. Banks fail and businesses close overnight.

Map the Ripple (3 -Ring Notebook Activity)

Analyze how the financial collapse propagates through the community's survival systems. Complete the three rings to trace the failure chain from the core institution to the global system.



Unpacking the Systemic Lesson

THE SYSTEMIC FAILSAFE

The Vulnerability Trap

Demand for healthcare **spikes** precisely when private donation budgets **collapse**. This fundamental misalignment paralyzes purely localized, charity-based solutions during macroeconomic shocks.

HISTORICAL REALITY

The 6-Year Vacancy (1893–1899)

Denver's newly built, nonsectarian free hospital sat entirely vacant and unused for **six full years** because local Colorado money completely evaporated in the silver crash.

THE SYSTEMIC RE-ENGINEERING

The Social Innovation Solution

1. National Scaling

Rebuilt and funded the hospital as **National Jewish Health** by successfully tapping into fraternal lodge networks across the entire United States.

2. Rights-Based Infrastructure

Shifted the fundamental model from temporary, vulnerable "local acts of pity" into a permanent institutional network resilient to localized market crashes.

Essential Question

> *When institutional systems fail or exclude marginalized populations, what does it take for a community to construct its own systems of care, justice, and survival?*

- **How do systemic barriers** like quotas, poverty, and discrimination restrict access to basic human needs?
- **What is the fundamental difference** between temporary charity, often called "alms," and permanent institutional justice?
- **How can physical architecture** and organizational design act as powerful tools of social innovation?

Resource Scarcity Scenario

Imagine a severe respiratory epidemic hits our country today. Private hospitals announce a new entry rule:

Admissions are strictly restricted to property owners with membership in specific religious congregations.

If you cannot prove both, you are turned away at the door.

Quick-Write (2 Minutes)

1. What happens to the people who are turned away?

2. Whose responsibility is it to fix this crisis —the city council, private wealthy donors, or the affected families themselves?

Institutional Leverage Matrix: Powers & Limits

Institution / Group	Leverage & Power	Institutional Limits & Obstacles
City Council / Local State	Passes zoning laws, municipal ordinances, and local taxes.	Bound by slow timelines, tax revenue limits, and an inability to alter private business rules.
Immigrant Families	Deep cultural trust, shared language, and strong mutual-aid networks.	Shut out from voting, lacking formal political representation, and facing extreme poverty.
Wealthy Donors	Large capital reserves; can fund and erect buildings quickly.	Voluntary funding dries up during economic recessions; often attach personal strings to gifts.

CORE LESSON QUESTION

When all three groups hit their institutional limits, what new organizational model must be built?

What Does "Innovation" Mean?

Traditional Innovation

- **Focus:** Scientific or technological tools.
- **Examples:** Penicillin, X-rays, and advanced medical devices.
- **Goal:** Curing a physical disease.

Social & Institutional Innovation

- **Focus:** Systems, rules, and organizational models.
- **Examples:** Nonsectarian rules, mutual-aid networks, and public rights.
- **Goal:** Fixing systemic exclusion and market failure.

> *The founders of early Colorado hospitals didn't invent new medicines; they engineered new institutional designs to keep hospital doors open for the vulnerable.*

Frances Wisebart Jacobs
& The Nonsectarian Rule

> *"None may enter who can pay —none can pay who enter."*
>
> Motto of the JCRS



Volunteer, social worker, and founder of Hebrew Ladies' Relief Society and the Denver Ladies' Relief Society, Frances Wisebart Jacobs (1843–1892). Image courtesy of Beck Archives, Special Collections, Penrose Library and CJS, University of Denver.

In the late 1800s, charity in Denver was scattered, conditional, and restricted by religious or financial tests.

This structural innovation inverted the standard business model. It reserved hospital care strictly for those who could not pay, remaining open to all patients regardless of creed or race.

The Panic of 1893 & National Networks

Macroeconomic Shock

The Silver Crash and Panic of 1893 caused a macroeconomic shock that wiped out local donor wealth in Denver. As a result, the newly constructed hospital sat vacant for six years due to a total lack of local operating funds.

Funding Innovation

In 1899, founders implemented a crucial funding innovation. They scaled fundraising nationally through the B'nai B'rith network across North America. Renamed **National Jewish Health**, the institution secured a diversified, nationwide funding base resilient to local economic crashes.



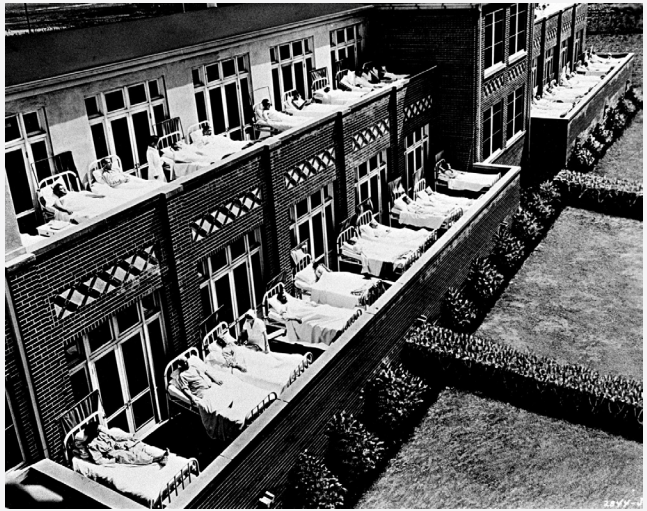
A silver mine in the Roaring Fork area. Photograph courtesy United States Geological Survey. Retrieved from Colorado Virtual Library.

Dr. Charles Spivak & The JCRS (1904)

Holistic Design Innovations:

- **Unconditional Admission:** Accepted patients in all stages of illness, including "incurables."
- **Cultural Agency:** Maintained a strictly kosher kitchen, a Yiddish/English library, and a self-governing patient community.
- **Open-Air Architecture:** Utilized canvas tent cottages and sun pavilions for maximum ventilation.
- **Vocational Rehabilitation:** Built a printing press and bookbindery to retrain workers.

> "You and I can be glad that such an organization exists to serve our fellow citizens."
>
> - Quote from My Day by Eleanor Roosevelt Dec 21, 1949



Patients Laying Outside on their hospital beds Image Source: DU Digital Archives.

Analyzing Power & Barriers

Look For:

- **Systemic Barriers:** Identify specific policies, quotas, or economic forces shutting people out of care.
- **Institutional Innovations:** Identify the new rules, funding strategies, or spatial designs engineered by the community to break those barriers.

Active Workspace Guide

Task Instructions

Open your Primary Source Packet to review Sources A, B, and C.

Work with your partner to complete the Graphic Organizer.

Structured Academic Controversy (SAC)

Status Quo Solvency vs. Systemic Rights

Pair A Position

Financial Solvency

Private institutions must prioritize financial solvency, charging fees and remaining selective to survive economic panics.

Pair B Position

Systemic Rights

Healthcare is a basic human right; institutions must innovate nonsectarian, free models to serve the most vulnerable.

Step 1

Side A Presents

Side A Presents (3 mins)
→ Side B Echoes (2 mins)

Step 2

Side B Presentation

Side B Presents (3 mins)
→ Side A Echoes (2 mins)

Step 3

Consensus Discussion

Where does the balance lie between financial viability and public equity?

STUDENT ACTIVITY: The Charity vs. Justice Spectrum

Discuss and list examples from the historical text in the blank quadrants.

	Alms-Based Charity	Rights-Based Institutional Justice
Temprary	Temporary Alms-Based Charity	Temporary Rights-Based Institutional Justice
Pernanent	Permanent Alms-Based Charity	Permanent Rights-Based Institutional Justice

Sorting Historical Evidence

Alms-Based Charity

- Provides short-term, conditional relief.
- Treats the symptoms of a crisis rather than the root cause.
- Relies heavily on donor pity and often involves moral judgment of the recipient.

Rights-Based Justice

- Creates permanent, structural access to essential services.
- Guarantees care as a fundamental right.
- Restores community agency, independence, and human dignity.

Task: Place your 6 Historical Evidence Strips within the four quadrants and write a 1-sentence defense for each placement.

Systemic Invoice Exit Ticket

Complete your handout:

CSQ

CLAIM-SUPPORT-QUESTION

Claim: How did Jacobs or Spivak turn a systemic barrier into an institutional innovation?

Support: Cite 1 piece of barrier evidence + 1 piece of solution evidence.

Question: What is 1 modern parallel in healthcare or public service today?

C-E-C

CONNECT, EXTEND, CHALLENGE

Connect: How does JCRS connect to mutual aid systems you know?

Extend: How did this lesson change your definition of "innovation"?

Challenge: What remains challenging about building power without initial wealth?

THE PUBLIC HEALTH SPECTRUM: CHARITY VS. JUSTICE

