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Introduction

"Anything my father needed for his patients . . . he got somehow. He was their miracle man, that's all I can say about my father." Although undoubtedly not an impartial observer, this is how Deena Spivak Strauss, the ninety-three-year-old daughter of Dr. Charles David Spivak,[1] recalled his life and work in a 1988 interview.[2] Charismatic, ambitious, highly intelligent, and articulate, but prone to pursue idealistic schemes, the reddish-blond-haired Spivak attracted followers wherever he went. In the first decades of the twentieth century he was a national leader in the crusade against tuberculosis as the executive secretary (director) of Denver's Jewish Consumptives' Relief Society (JCRS) sanatorium, one of the largest and best known of its kind in the United States. The JCRS opened in 1904 and served over 10,000 patients during its fifty-year existence as a tuberculosis sanatorium and hospital. Spivak was also a luminary in the American Jewish community, and his daughter's evaluation appears not to have been far off the mark. When he died in 1927, one of

Spivak's eulogizers characterized him as "one of the most popular figures in American medicine and in American Jewish life."[3] Physician, humanitarian, writer, linguist, journalist, administrator, social worker, ethnic broker, medical, public health, and social crusader—Dr. Charles Spivak was indeed a latter-day Renaissance man.

However, although Charles Spivak was certainly a fascinating, complex, and engaging figure, the story of his life rises above mere biography because it stands at the crossroads of so many critical junctures in American, western, Jewish, and medical history. Spivak's life and work serve as a wide lens through which to view myriad important topics, including the social construction of disease as related to ethnicity and class, the perceived connection specifically between immigrants and disease, and the transformation of the American hospital from a charitable, ethnic/religious–based voluntary institution to a modern corporate complex. They also reflect larger issues surrounding immigrant acculturation and intra-ethnic tensions, as well as how the concept of the Jew as an "outsider" at the turn of the twentieth century evolved into a phenomenon in which many of the outsiders became insiders who moved into the mainstream of American life. The story of Charles Spivak chronicles an immigrant's rise in America and the concurrent struggles between the Old World and the New World, reflecting the influence of class, religion, and regionalism. In addition, Spivak's career reflects pivotal emerging trends in public health, the culture of tuberculosis treatment, and changing medical thought about the nature of tuberculosis itself—encompassing the debate over whether tuberculosis was a physiological or a social-based disease, the best manner in which to deal with epidemics, and tensions between religion and science.

Between Spivak's birth in 1861 and his death in 1927, the United States experienced massive immigration, rapid industrialization, and increased urbanization. Some of the transformations on the American landscape were reflected in Progressive-Era ideology that influenced innovations in medical treatment and public health philosophy and the increased professionalization of health and medicine. The great tide of immigration between 1880 and 1925, with its significant Jewish component of well over 2 million, was particularly critical within the American Jewish community. During the peak years of immigration, from about 1900 to 1910, only Italians outnumbered East European Jewish arrivals; Jewish immigrants, driven out of their homelands by discrimination, persecution, and poverty,

made America their permanent home.[4] That near tidal wave of immigration became a major factor in the changing of the guard in the leadership of American Jewry from the older, established, and acculturated Jews—who had emigrated largely from German states—to the East European newcomers. In 1880 only one out of every six American Jews was of East European origin; by 1920, five out of six American Jews hailed from East Europe.

The peak of Jewish immigration intersected with the rise of the American tuberculosis movement and the proliferation of tuberculosis sanatoriums throughout the United States, especially in the West. Although East European Jewish immigrants actually demonstrated a lower incidence of tuberculosis compared to other religious and ethnic groups, anti-immigrant and anti-Semitic stereotypes often appeared that accused Jews of being carriers of a number of diseases, and tuberculosis was often referred to pejoratively as the "Jewish disease."[5] The association of disease and germs with immigrants and the poor only exacerbated underlying feelings of nativism and prejudice that surfaced as the nation saw a significant increase in general immigration during the last decades of the nineteenth century and the beginning of the twentieth century.[6] It is no accident that the American Jewish community played a leading role in the founding of tuberculosis sanatoriums or hospitals around the country, most of them at least formally nonsectarian. The opening of Jewish tuberculosis treatment centers had at least two underlying motivations: to demonstrate commitment to treating the disease as a reflection of the broader Jewish civic sense of responsibility and to dispel prevalent negative notions about Jewish immigrants.

No single accepted standard for tuberculosis treatment prevailed in America in the early years, but by the 1880s medical opinion had begun to emphasize fresh air, rest, diet, climate, and a controlled environment in the treatment of the disease. Physicians and public health officials increasingly viewed the sanatorium as the best place to aid victims and to isolate them from the general population as germ theory developed and fear of contagion spread. In a prize-winning booklet published in 1901, Dr. Adolphus Knopf lauded the curative benefits of the sanatorium lifestyle and maintained that in such a "modern" institution characterized by "hygienic and preventive measures . . . one is in less danger of becoming infected with the germs of consumption there than anywhere else."[7] In

1900 there were only 34 sanatoriums in the United States, but by 1925 the number had climbed to over 500, reflecting the growing popularity of the institution nationally.[8]

Despite Robert Koch's discovery of the tubercle bacillus in 1882, through the late nineteenth and early twentieth centuries most physicians continued to view tuberculosis as caused by a combination of bacterial infection *and* specific social conditions.[9] Tuberculosis therefore was unique as a disease, as during the modern era health crusaders increasingly perceived it as an illness with specific roots in congested urban environments, characterized by crowded and unsanitary working and living conditions, and as on one level a "social disease rooted in poverty and poor housing."[10] Thus, the social as well as biological underpinnings of the disease were frequently emphasized, and sanatoriums like Denver's JCRS exhibited both a medical and a social component. In this context, the sanatorium served as an educational tool to alter "unhealthy" lifestyles and encourage good habits, as a means of removing the poor from crowded urban areas, and as a medical environment for treating infection through rest, nutritious foods, fresh air, sunlight, and at times surgical intervention.

While some upscale sanatoriums such as Cragmor in Colorado Springs served the upper and upper middle classes, most of them treated the genteel poor, the working classes, and the destitute.[11] Additionally, many physicians prescribed a "certain climate" as part of tuberculosis treatment. The American West and Colorado in particular, with its dry, sunny environment and high altitude, fit the "prescription" perfectly. In short order the state became known as the "World's Sanatorium."[12] Historians are increasingly beginning to recognize the connection between environmental and medical history and the perceived therapeutic landscape of region.[13] Certain areas were seen as more efficacious for tuberculosis victims than others, and, as one author has observed in regard to consumptives, "for most Americans salvation lay not to the south but to the west."[14]

By the time of Spivak's death in 1927, many health care institutions initially begun as ethnic hospitals to serve immigrants had evolved into something altogether different, with a progressive weakening of the hospitals' relationship to the ethnic communities from which they had originated.[15] At the turn of the twentieth century, however, the ethnic component of the majority of health care institutions—the JCRS among them—was still of major importance, as "an ethnic or religious community's honor was

in some sense at stake in providing for its own."[16] Moreover, "ethnic and religious groups saw their [medical] institutions as symbols of community identity and responsibility."[17] The JCRS had much in common with other sanatoriums around the country from a purely medical treatment standpoint. However, as a result of pervasive East European Jewish cultural, social, and religious influences, as well as western regional currents, it often differed in outlook and philosophy from other religious- and ethnic-based institutions. Animated by traditional Jewish concepts of *tzedakah* (commonly translated as charity but literally meaning "justice" or "righteousness"), the JCRS's emphasis on treating all patients at no charge, as well as accepting patients in all stages of the disease and rarely imposing limits for stays, contrasted markedly with common policy at most sanatorium/hospitals. In addition, according to Dr. Philip Hillkowitz, the first president of the JCRS, the institution also incorporated a "breezy western species" of democracy into its operation.[18]

Although tuberculosis in the nineteenth century was certainly no respecter of class or ethnic group, by the turn of the century it was evident that the poor—especially immigrants—suffered disproportionately from the disease.[19] Many in the Jewish community came to believe that treating Jewish patients, especially consumptives, in a welcoming environment that respected their cultural practices and religious beliefs contributed to an improvement in their health. This was one central factor in the founding of over sixty Jewish hospitals or sanatoriums in the United States between 1850 and 1930.[20] In this context, Dr. Charles Spivak played a key role in the lives of Jewish immigrant patients from throughout the United States as an immigrant cultural "broker" or mediator in his central position at the JCRS. This was accomplished by simultaneously easing these immigrants into American society, introducing them to American culture, and nurturing their ethnic traditions at the same time—a role more commonly associated with politicians, journalists, and the clergy. Historian Alan Kraut has noted that immigrant physicians who belonged to a variety of ethnic groups around the country were becoming sensitive to the fact that in treating fellow immigrant newcomers, "the balance between assimilation and cultural integrity was at stake."[21]

Paradoxically but not surprisingly considering his strong Jewish and socialist ties, while Spivak considered himself a "modern" and "scientific" man, he rejected the Progressive-Era business model for hospitals and

other charitable institutions. In an early editorial written for the JCRS publication *The Sanatorium*, Spivak railed against what he termed the contemporary so-called scientific and sociological methods for dispensing aid. He claimed that personal and human elements were entirely lacking in such an approach and urged instead that charity be "of the heart, and not of the head."[22]

While some historians have characterized early sanatoriums, particularly the larger ones, as "prison-like,"[23] this was not the case at the JCRS. Despite firm rules and regulations and a somewhat paternalistic tone at the sanatorium, the JCRS exhibited a family-like ambiance, largely because of the influence of Spivak and his close friend and longtime president of the JCRS, Dr. Philip Hillkowitz, the son of a leading Denver East European Orthodox Jewish rabbi. One early observer maintained that JCRS patients were fortunate to be "in an institution where they are treated as brothers and where they may maintain their self-respect and at the same time regain their health."[24] A woman who had been a patient at both the Denver National Jewish Hospital for Consumptives (NJH) (founded by a group of largely acculturated German Jews) and, later, the JCRS in the 1920s commented that "NJH was a hospital, but the JCRS was a home."[25]

Moreover, Spivak had great disdain for popular contemporary philanthropy that dispensed charity in an often condescending, patronizing, moralistic manner and only to those considered "worthy" recipients. Spivak insisted that charity patients be treated with dignity and respect. In 1905, in his first report as secretary, Spivak maintained that the JCRS intended to "inaugurate a radical departure from similar organizations, by eliminating from the conduct and management of the Sanatorium, anything and everything that would tend to remind the inmates of the fact that they are 'public charges.' "[26] This statement reflected Spivak's outlook on life, a rather unique blend of Yiddishkeit, socialism, and secularism. While Spivak was foremost a physician and tuberculosis crusader, as two prominent medical historians have observed, "[m]edical history can inform us as much about general social and political change as about science and medicine."[27] Spivak's life allows us a firsthand view into all these areas.

While the interactive style exhibited by many physicians and their patients in hospital/sanatorium settings in the late nineteenth and early twentieth centuries often appears highly paternalistic to our contemporary sensibilities, at the time, many patients in a fragile emotional and physi-

cal state welcomed the personal attention. Spivak was closely involved in the lives of his patients at the JCRS in a manner that extended far beyond mere medical treatment. He was affectionately called "Papa Spivak" by those he treated, and they often turned to him for advice and guidance. He was not reluctant to voice his opinions and offer his personal code of morality. A letter Dr. Spivak wrote in 1907 to a former patient who had returned to Des Moines, Iowa, reflects, in a humorous yet revealing manner, the close relationships he forged with patients. Spivak had been asked for advice concerning the possibility of the man marrying a young woman he had recently met. The good doctor replied that he felt the young man's tuberculosis condition had improved, but not to the point that he should marry: "Marriage will retard your recovery. . . . You say that the girl is not good looking, but she has money. I don't think it is right to marry [for] money. You did not say a word whether you like the girl or not. If she likes you and you like her, then she can wait a year or two until you recover your health completely."[28]

Always genial, optimistic, and energetic, his innate personality, upbringing, and historical roots also made Dr. Charles David Spivak a man of intense contradictions. Born in 1861 into a traditionally observant Russian Jewish family, like many of his contemporaries he became attracted to Haskala, or Jewish Enlightenment, currents as a student. He became a revolutionary socialist in his youth and was forced to flee Russia in 1882 to escape being apprehended by the Russian secret police for his radical political activities. Spivak arrived first in New York City, where he began work as a typesetter for *The Jewish Messenger* and renewed acquaintances with other Russian-born Jewish socialists. He subsequently labored for a time as a road paver on New York's Fifth Avenue and as a mill hand in Maine before receiving a medical degree with honors from Jefferson Medical College in Philadelphia in 1890.[29]

Although sometimes criticized for being a dreamer, Spivak's potential seemed evident from the beginning. When he received a first prize gold medal at his graduation for a winning essay on obstetrics, *The Jewish Messenger* lauded him as "one of the most intelligent young men who immigrated to this country from Russia in the tide of 1882."[30] A professed freethinker, Spivak also delighted in a traditional Jewish ceremony in Philadelphia in 1893 when he wed fellow Russian immigrant Jennie Charsky, a kindred spirit with radical anarchist leanings. He also followed

tradition with a customary Jewish *bris,* or circumcision ceremony, for the couple's son David, born that same year.[31]

As a result of Jennie's ill health, in 1896 the Spivaks moved to Denver, a magnet for tuberculosis victims. Charles soon opened a private practice and later became a founder and the "guiding genius" of the JCRS, which became one of America's leading tuberculosis sanatoriums. In addition to his medical responsibilities, Spivak supervised fundraising operations at the JCRS and chronicled the history, activities, and patient statistics at the institution as a regular contributor and later editor of its bimonthly official publication, *The Sanatorium*. He also became a leading figure in Colorado's medical community, teaching on the faculty of Denver's School of Medicine as a lecturer on gastrointestinal diseases—his specialty—and later as a professor of anatomy and clinical medicine, serving on the boards of several medical societies, and volunteering as the librarian of the Denver Academy of Medicine.

In 1899 the National Jewish Hospital for Consumptives had opened in Denver, largely supported by affluent Jews primarily of German descent.[32] The JCRS was founded in 1904 by a number of Russian Jewish immigrants, including Spivak, who felt the NJH sometimes treated its largely destitute patients in a condescending manner and was frequently insensitive to the religious traditions of many East European immigrant Jews. At the helm of the JCRS, Charles Spivak was able to merge his fierce commitment to medicine and science with his socialist and Jewish roots. His intense concern for humanity in general and Jewish imperatives of charity in particular prompted him to insist that the JCRS accept patients in all stages of the disease free of charge, a radical departure from conventional medical wisdom at the time. Progressive-Era philosophy, concerned as it was with efficiency and rationality, generally dictated that only those patients with incipient tuberculosis who had the best chance for a cure should be treated. Under Spivak's guidance, the JCRS was also a cutting-edge pioneer in the introduction of artificial pneumothorax surgical intervention, in which one lung was collapsed in an attempt to allow it to rest. Although the procedure sometimes proved dangerous and was ultimately of dubious long-term medical benefit, contemporary medical thought found it promising, and it became a popular form of treatment.[33] Between 1911 and the late 1940s, thousands of pneumothorax procedures were performed at the JCRS, with nearly 1,400 in 1948 alone.[34]

Formal portrait of Dr. Charles David Spivak, 1920s. Courtesy, Beck Archives, Special Collections, Penrose Library, University of Denver.

Although the JCRS sanatorium was formally nonsectarian, most of the patients and many of the consulting physicians through the 1930s were Jewish. Spivak and his colleagues also fostered a visible Jewish atmosphere at the institution, which offered kosher food and Yiddish discourse and exhibited respect for Jewish traditions. At the same time, Spivak and other JCRS leaders appreciated the benefits of America for themselves and their fellow immigrants and worked in perhaps a more sensitive manner than the NJH to acculturate patients without ignoring Jewish sensibilities. Therefore, for example, American holidays such as the Fourth of July and Thanksgiving were celebrated with great enthusiasm (as they were at NJH), but the festivities included kosher refreshments and emphasis on the compatibility of American and Jewish ideals. In fact, Spivak's own eclectic philosophy strongly influenced JCRS policies, reflecting no doubt his personal odysseys from alien to American and from secularist to committed Jew.

The JCRS was probably the first and most significant national Jewish institution founded, funded, and guided by East European Jews, and on one level the JCRS was perhaps an attempt to "democratize" Jewish philanthropy in the United States. Influenced by his socialist beliefs, at the JCRS's tenth anniversary meeting in 1914 Spivak proudly reported: "The first lesson [the JCRS] taught was that a national organization can be brought into the world without the midwifery of the rich and the professional philanthropist. . . . It proved to the world that a national organization can be launched, built and maintained by small tradesmen and workingmen, the so called hoi-polloi."[35]

Spivak insisted that the JCRS be a "peoples' institution," with money collected from thousands of working-class supporters with modest incomes from throughout the country, a policy that diverged from the norm but that proved successful from an economic standpoint for decades. In 1906 Spivak advised Anna Hillkowitz, one of the JCRS's traveling field workers/fundraisers, "I think you should abandon entirely the idea of making any strenuous effort to meet our rich brethren. If our Institution is to be a peoples' institution, it should be supported by the people only. Let us collect our moneys in dollars and quarters."[36]

A natural and gifted writer, Spivak also became known locally and nationally through his secondary "career" as a journalist and author. "Attention should be called to Dr. Spivak's scientific style. Although his

work is accurate and couched in scientific terms, his scientific papers read easily. There is a certain flavor to his philosophic and literary interjections that make [sic] his writings most interesting."[37] That is how fellow physician Dr. A. Levinson described Dr. Charles Spivak's engaging writing style. It reveals both Spivak's easy facility with the English language—all the more remarkable because of his immigrant origins—and his medical expertise as a physician and man of science, as well as his lifelong love affair with the written word through books, periodicals, and newspapers. His daughter, Deena Spivak Strauss, recalled that her father always carried a pencil and paper in his pocket so he could jot down a new idea or concept that came to him as he made his rounds and fulfilled the demands of his busy schedule.[38] Indeed, his personal file box at the JCRS is filled with handwritten notes and outlines on a variety of subjects, including medical and Jewish topics, which probably served as the basis of many of his articles and speeches.[39]

In addition to publishing medical articles in prominent journals, he became the founding editor of *The Denver Jewish News*, forerunner of *The Intermountain Jewish News*. In 1911 he coauthored a nationally recognized popular Yiddish dictionary with well-known Yiddish poet Yehoash (Solomon Bloomgarden), a patient at the JCRS for a time. For several years in the 1920s Spivak penned a series of popular articles in Yiddish for the Jewish daily *The Forward* on topics concerning health and hygiene with such intriguing titles as "Counsel of Wise People on Long Life" and "Don't Crawl into a Clean Bed with Dirty Feet."[40] Together with his friend and fellow Russian immigrant Abraham Cahan, the famous editor of *The Forward*, Spivak utilized the newspaper as a vehicle for acculturating Yiddish-speaking Jewish immigrants into American norms and imparting public health directives in a nonthreatening manner. In 1920, nearing age sixty, Charles Spivak undertook a harrowing trip to Poland as special commissioner of the American Jewish Joint Distribution Committee (JDC) to aid World War I victims and study the health conditions of European Jews. Spivak's appointment to the position reflected both the respect he commanded within the American Jewish community and his commitment to social work among his co-religionists.

"Papa Spivak," as he was known at the JCRS, eventually achieved middle-class respectability and a national reputation, but to the end he remained faithful to his East European co-religionists and his early socialist

principles. An individualist from his youth, Charles Spivak was recalled as having a "many-sided" personality by close friend Isaac Rivkind, a librarian at New York's Jewish Theological Seminary. Rivkind related that on a short visit to New York in April 1927, within only twenty-four hours Spivak managed to attend a meeting of Hebrew-speaking physicians; a banquet hosted by *Hadoar*, a Hebrew periodical; and a meeting of Jewish communists discussing plans to celebrate May Day, and he also participated in the cornerstone celebration of the Orthodox Jewish Rabbi Isaac Elchanan Seminary.[41]

Even at Spivak's death his contradictory spirit lingered on. In his will he instructed that his funeral be conducted in accordance with Orthodox Jewish customs, but at the same time he requested that his body be dissected (in most cases a violation of traditional Jewish law) and the bones and organs shipped to the University of Jerusalem to be utilized for training future physicians in anatomy classes in the interest of science. His remaining viscera were then buried at Denver's Golden Hill Cemetery in the section reserved for many of his beloved patients.[42]

In 1889 Dr. Michael Ball, a friend and colleague of the young Spivak, then a struggling and impoverished medical student in Philadelphia, observed in his diary: "I hope to see him [Spivak] someday famous, he deserves it."[43] Ball's words proved prescient. In 1915 Spivak returned to Philadelphia to deliver a well-attended public lecture on tuberculosis. Along with Spivak the presenters included Dr. Solomon Solis-Cohen, a noted Philadelphia doctor, and Dr. Lawrence Flick, renowned American tuberculosis crusader, director of Pennsylvania's first successful sanatorium, and founder of the first voluntary tuberculosis organization in America—the Pennsylvania Society for the Prevention of Tuberculosis. A University of Pennsylvania physician introduced the three physicians as the "super-dreadnoughts of their profession."[44]

When Charles Spivak died in 1927, letters and telegrams of condolence poured in from all corners of the United States, and his obituary appeared in newspapers around the country. In one published eulogy, his longtime friend and colleague, Denver's Dr. Philip Hillkowitz, commented on Spivak's ideological roots: "A product of the Russian liberal movement of the eighties, Dr. Spivak had imbibed in his formative period the idealism of that urge to go to the people."[45] That compulsion to be of service to his fellow Jews and humankind as a whole would shape Spivak's career

and lifestyle until his untimely death from cancer at age sixty-five. Leading American Jewish educator and social worker Dr. Boris Bogen, who had accompanied Spivak to Poland as the general director of JDC European relief operations, characterized his close friend and fellow immigrant as a "scientist, a scholar and an idealist. He was a thinker and a dreamer at the same time. As a social worker he was unconventional."[46]

However, the story of the life of Dr. Charles David Spivak is much more than the biography of an individual physician—albeit a remarkable one—for it stands at the crossroads of American, Jewish, medical, and immigration history and broadens our understanding of the history of public health in America. Moreover, it highlights the key role Colorado played in the treatment of tuberculosis as well as the roles particular physicians played in the state's development. It also illuminates how the widespread threat of tuberculosis, the leading cause of death in the United States at the turn of the twentieth century, transformed the American landscape through social and cultural influences that extended far beyond the field of medicine. As social historian Sheila Rothman has noted, the disease not only helped shape public policy but also affected personal habits, including "everything from the length of women's skirts to the design of tenement houses."[47] Indeed, tuberculosis became a "national preoccupation" and the source of a miniature economy,[48] perhaps nowhere more visibly than in Colorado.

The efficacy of the sanatorium continues to be debated to this day—the sanatorium offered treatment rather than a cure, and the mortality rate at the JCRS and other sanatoriums around the country that accepted patients with advanced cases of tuberculosis remained discouragingly high.[49] For example, despite years at the well-known Saranac Lake tuberculosis treatment center, which he directed, Dr. Edward Trudeau—the "father" of the American sanatorium movement—continued during most of his adult life to suffer from the disease, which eventually claimed his life. Moreover, by the 1880s the tuberculosis rate had already been exhibiting a decline that predated the proliferation of sanatoriums. However, the sanatorium phenomenon played a leading role on the American scene for many decades. Regardless of how we view the tuberculosis movement in retrospect, as historian and physician Barbara Bates has pointed out, at the time "[p]hysicians, nurses, politicians, social leaders, officials of tuberculosis societies, and doubtless much of the public all believed that

the tuberculosis movement was scientific, socially justifiable, and somehow effective."[50] Certainly, isolating tuberculosis patients from the general population helped stem the spread of the disease. Ultimately, the JCRS sanatorium under the direction of Dr. Spivak served the American Jewish community by providing a supportive haven in which to "chase the cure" that facilitated tuberculosis treatment as well as the transition of Jewish immigrant patients into Jewish American citizens.

The discovery of a host of new drugs—including streptomycin and later isoniazid—as well as generally improving socioeconomic conditions and wider public health reforms were among the most important factors that helped bring tuberculosis under control, although the disease was never eradicated as hoped.[51] However, effective chemotherapy signaled the demise of the sanatorium. In 1954 Trudeau's famed Saranac Lake sanatorium closed, the same year the JCRS transferred its mission to cancer research and treatment and became the American Medical Center.

In a recent speech before the Immigration and Ethnic History Society, leading medical and immigration historian Alan Kraut urged other historians to acknowledge "the role that health and disease play in shaping patterns of international migration and cultural integration."[52] Spivak's life story, compelling as it is, opens a window on American life in the first decades of the twentieth century and gains even greater significance in what it reveals about wider national issues such as health care, ethnicity, immigration, acculturation, and moral and ethical questions concerning responsibility for the sick and indigent—questions that continue to command our attention to this day. Perhaps most important, Dr. Charles David Spivak epitomized the physician who understood and shaped health policy in a way that was sensitive to the connection between culture and medicine at a time when few others appreciated the link.