

PUBLIC HEALTH MATTERS

A NEWSLETTER OF THE
PUBLIC HEALTH MUSEUM

Happy Holidays
from the
PH Museum!



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OUR NIGHTINGALE: DOROTHEA DIX

The year is 1843, January—a vicious winter storm wreaks havoc along the East Coast of America. The weather reports from this period describe a blizzard in which conditions were every bit as dangerous and treacherous as the Massachusetts blizzard of 1978, and perhaps much worse. High winds snap the masts of clipper ships docked in Boston Harbor and Gloucester Bay as if they were mere twigs; while in Providence, train arrivals and departures grind to a halt as snow and ice obstruct the railways. A Boston newspaper, the Evening Transcript, reports that during routine snow removal in New Bedford, Massachusetts, the body of a homeless man had been found frozen to death. He is described in the report as a local “lunatic” or “madman.” Details of the man’s death do little to stir public inquiry, and act as no more than filler for an uneventful news day. However, the article does not go entirely unnoticed.

Dorothea Dix, a schoolmistress, sits in her grandmother’s home in Boston. She is dressed in modest Victorian fashion—a black silk and cotton dress with a starched white neck collar. A single gold necklace dangles from her neck; this is her only item of ornamentation. She cuts out the article and saves it for her personal scrapbook. Dorothea is descended from one of the first English Puritan families to travel over the sea and settle in

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A DAY AT THE PUBLIC HEALTH MUSEUM

GETTING TO KNOW THE VOLUNTEERS - KRISTIN PEPE

Kristin Pepe began volunteering this year. A resident of nearby Wilmington, she works as a data analyst for a healthcare company. She has a degree in social psychology and worked as a teacher in higher education for many years. Kristin has always been interested in history but developed a new interest in public health so when she heard about the museum she felt called upon to volunteer. She saw it not only as an opportunity to connect these two disciplines, but also thought it would rekindle her passion for teaching.

Kristin was called upon to become a walking tour leader. The tour is composed of a scenic stroll through Tewksbury Hospital grounds while learning about life at the Almshouse since its opening in 1854. A number of the buildings from the late 19th and early 20th century remain and some are still serving the health needs of the state. Remnants of the hospital's farm are clearly discernible with a few fields even still in use by the community. Now that the season for walking tours has passed, Kristin is now becoming a docent for museum tours.

Kristin is enjoying learning about the many stories the museum has to tell. She finds the exhibits fascinating and easy to understand. She says the wealth of information displayed through photographs, posters and objects "brings history alive." She believes the museum has a bright future and will flourish with continued energy from its board of directors and dedicated volun-

teers. To that end, Kristin would like to see the museum offer more hours of operation, recruit more volunteers, and become more visible in the community. Her vision is for the Public Health Museum to be a top museum in the Boston area.



In her spare time Kristin is on the board of directors of a group intent on preserving the oldest house in Wilmington, the Hartshorne House. She also has an interest in amateur research and is working with others to solve the Lizzie Borden murder case. She is also learning Tai Chi. Like many of the volunteers, Kristin is a lifelong learner and seeker of new experiences.

The Public Health Museum has the need for more volunteers to work on a variety of projects that can meet the skills and interests of anyone ready for a new challenge. It is the diversity of our volunteers that is bringing the museum forward and helping it to continue to meet its goals. If interested, stop by or contact Linda Perry, Volunteer Coordinator, @phmuseum@gmail.com.

By Mary Ferguson, RN, BS

A BOOK REVIEW

THE DEMON IN THE FREEZER: A TRUE STORY BY RICHARD PRESTON

Follow in the footsteps of the dedicated and persistent public health professionals who lead us into their world of mystery, intrigue, and sometimes doubt facing the possibilities of bioterrorism warfare with live smallpox virus. Is genetic engineering a possibility? In *The Demon in the Freezer*, Richard Preston offers an interesting back story of the eradication of smallpox which allows the reader to better understand these complex issues. Other virulent viruses also highlighted for their virulent consequences to the human population include Ebola and Anthrax.

The book reads like a science fiction novel but is a fascinating true story! Always asking questions that sometimes cannot be answered but finding truth along the way. It's a page turner for sure!

Random House, NY, 2002

By Sandra Price, Volunteer

WILLIAM AUGUSTUS HINTON EXHIBIT FINDS NEW HOME

If you've visited the museum recently, you may have noticed that the mural room has seen a change in exhibits! To make room for the new American Red Cross display, the William Augustus Hinton exhibit needed to be moved elsewhere. But don't fret if you missed the chance to learn about this pioneer in public health you can now see a version of the display at the Massachusetts Medical Society in Waltham.



PHM ANNUAL MEETING 2018

October was a busy month here at the Public Health Museum! Not only did we lead our last walking tour of the season and welcome several large groups at the museum, we hosted a program centered on the 1918 Influenza Pandemic, followed by the PHM's 2018 annual meeting. Even though the events fell on the day of a rare October nor'easter, our dedicated patrons still made it out to see speakers Al DeMaria, Barbara Poremba, and Lori Lyn Price discuss the impact of the 1918 Influenza on Massachusetts and its people.

We would like to give a special thanks to the Tewksbury Public Library for donating their space for the influenza presentations!

The talks were followed by lunch, free tours of the museum, and the PHM's annual meeting. We also had a few special guests! Students who had participated in Outbreak! 2018 presented their research from the summer program and shared how Outbreak! impacted their perception of public health. Highlights from the annual meeting included welcoming Ashlynn Rickord to the Board of Directors and brainstorming new ways to connect with groups in the public health sphere.

Missed the influenza talks or this year's annual meeting? Be sure to join us next time in fall 2019!



Influenza lecturers Lori Lyn Price, Al DeMaria, and Barbara Poremba. Poremba Collection



Outbreak! alumna Chelsea Amoako takes questions at the end of her presentation on health disparities. Photo by Linda Perry



Outbreak! 2018 organizer Tonya Urquizo with three students who spoke at this year's annual meeting—Melissa Holguin, Sumaya Shahzadi, and Chelsea Amoako. Poremba Collection

HEPATITIS C: BABY BOOMERS

This is part 2 of an article on hepatitis C, focusing on the “baby boomers”. Part 1 highlighted background information on the disease, including symptoms, diagnosis, and treatment. Part 2 focuses on the burden of hepatitis C in baby boomers.

The term “baby boomer” is used to identify a population arising from a massive increase in births following World War II. Baby boomers are those people born between the end of World War II (1945) and 1965. This was a period during which the economy and population of the US boomed. This term “baby boomer” was coined in 1974 when advertisers recognized the spending power and very different demands of these (then) youngsters.

Baby boomers comprise about 25% of the US population, yet they account for approximately 70% of an estimated 3.2 million people chronically infected with hepatitis C virus (HCV). National prevalence data show that people of baby boomer generation are five times more likely than other adults to be infected with HCV. Hepatitis C is a leading cause of liver cancer and a leading cause for liver failure and liver transplants. People born during 1945-1965 account for 73% of hepatitis C associated mortality.

While drug use with sharing of needles, syringes, or other injection equipment plays a major role in transmission of the HCV, a *The Lancet Infectious Diseases* (2016) journal study points to unsafe medical procedures of the time as another reason for hepatitis C among baby boomers. Battlefield medical practices in World War II, such as blood transfusions and various injections, along with the global flow of troops, helped spread the disease. Prior to 1950, medical settings typically used glass and metal syringes, which were washed, disinfected, and reused (disposable syringes became available in the 1960s). There was no test for HCV infection in blood donors, so blood transfusion was a major source of infection.

In addition to testing adults of all ages at risk for HCV infection, the CDC recommends:

1. All adults born between 1945 and 1965 should receive one-time testing for HCV infection.

2. Testing should begin with a test for antibody against HCV. If the HCV antibody test is positive, then a nucleic acid test (NAT) for the RNA of the virus (demonstrating active infection if positive) should follow.
3. All the persons identified with current HCV infection should receive counseling about liver health and referral to appropriate care and treatment services.

Rational for recommendation:

There is increasing hepatitis C-associated morbidity and mortality; annual hepatitis C-associated mortality in the USA increased more than 50% from 1999 to 2007. People born during 1945-1965 have a higher prevalence of infection and face increasing hepatitis C associated morbidity and mortality.

A high proportion of the people with hepatitis C do not know that they are infected with HCV (estimates range from 45% to 85%) or that they might have a past risk of exposure to the virus.

Testing based on identification of liver abnormalities misses 50% of chronic infections.

For those who are chronically infected, clinical preventive services including regular medical monitoring, hepatitis “A” and “B” vaccination, and behavioral changes such as alcohol reduction/cessation and achieving and maintaining healthy BMI, can improve health outcomes for people with hepatitis C.

New therapies with oral medications can cure almost everyone infected with HCV.

One-time testing of baby boomers would identify 800,000 infections and with linkage to care and treatment, avert more than 120,000 HCV-related deaths, and save \$1.5 to 7.1 billion in liver disease-related costs.

Reference:: www.cdc.gov/hepatitis/population/1945-1965.htm

By Dr. Abdul Hafeez, volunteer

DOROTHEA DIX CONT.

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the Massachusetts Bay Colony. She is seen as a remote and solitary woman even by Victorian standards. Imbued with the intellectual acumen, analytic and observational skill of a physician, she “diagnosed” the incident reported in the Evening Transcript to be a symptom of a much bigger problem: a sick social system in need of restoration and reconstruction.

Before the turn of the Nineteenth Century, Americans did not consider people who suffered from mental disorders in need of special treatment, or even in need of special hospitals to provide safety, both from themselves and others. Society had long held the opinion that people with mental health problems belonged to the same social class as criminals, tramps, vagrants, and other undesirables. Mental illness was considered to be the result of a person’s moral failure and transgressions.

Prior to the 1843 blizzard and Evening Transcript article about the death in the snow, Dorothea Dix had been documenting unspeakably appalling conditions in the jails, workhouses, and prisons that had become overcrowded with those afflicted with mental illness in the Commonwealth. Earlier in the winter of 1843, she had ignited controversy among the public and within the legislature of Massachusetts when she called attention to the grim circumstances of those with mental health problems among the homeless population, many of them recent arrivals from Europe. In 1841, Dix had published her pamphlet titled Memorial to the Massachusetts Legislature. The public reacted with shock and outrage; the scandal resulted in wider circulation and distribution of Dix’s reports and pamphlets. Dorothea was now an actor on the national stage, where she served as the tour guide, through some of the darkest circles of hell.

Born on April 4th, 1802 in Hampden Maine, Dorothea Dix was the eldest of three children born to Joseph Dix and Mary Bigelow. In 1814, at the age of twelve, she fled her abusive home life and moved to Boston to live with her wealthy grandmother. Dorothea Dix had endured bouts of what Victorians described as ‘melancholy’—a condition that she blamed both on her father and family history. Later generations of Americans would classify ‘melancholy’ to represent a host of various depressive mood disorders. After moving to Boston, Dix became a member of upper-class Bostonian society, which she would later use to her advantage in lobbying for her cause.

Dix worked as a school teacher from 1821 to 1823, and operated a schoolhouse out of her grandmother’s barn for poor and destitute children, many of them recent immigrants. According to biographers, there are conflicting accounts about the events that led Dix to visit the Middlesex County House of Correction in Cambridge and towards a career in public health. While some accounts state that she worked as a Sunday school teacher in the jail; some regard this story as a rumor. However, all sources claim that, while at the jail, she encountered a group of inmates who suffered from severe mental health problems, and that the prisoners had been left to freeze without the comfort of a fire. When Dix inquired about the living conditions of the prisoners, the jailers responded, “the insane cannot feel the cold.”

Dix, through her persistent lobbying of state legislatures and Congress, shaped the first generation of American asylums. The reform movement eventually resulted in the reformation of more than thirty mental health institutions across America.

The American asylum movement was part of other progressive movements in nineteenth-century America, including abolitionism, temperance, and voting rights to women. David Gollaher in his book *Voice of the Mad: The life of Dorothea Dix* writes: “New England conscience was primed for her message because traditional attitudes towards madness and its victims were in a state of flux.”

After Dix founded the American asylum movement, she served as a superintendent of nurses during the American Civil War. She died on July 17, 1887 and was buried in Mount Auburn Cemetery in Cambridge, Massachusetts. Several locations were named in her honor, including the Dix Ward at was then the McLean Asylum for the Insane in Somerville, and even a crater on planet Venus. She is also commemorated on the Boston Women’s Heritage Trail.

By Kevin Bowers

THE PUBLIC HEALTH MUSEUM IN MASSACHUSETTS

Our Mission

The Public Health Museum is a non-profit educational and cultural museum. The Museum strives to preserve records and artifacts from our nation's public health history; educate the public about the achievements and contributions of public health; and inspire people to build upon the past and continue to advance the future of public health. Our Museum provides a space to explore public health artifacts, inspire future public health professionals, and foster community involvement.

Our History

Incorporated in 1990 and open to the public since 1994, the Museum has the distinction of being the first of its kind in the nation. Massachusetts has a rich history of leadership and notable firsts in the birth of our nation. In the field of public health, Massachusetts was the first to record vital statistics; the first to implement a sustained board of health; and the first to implement a communicable disease surveillance system, among many others.

MUSEUM HOURS

Wednesdays, Thursdays and the first Saturday of each month 10 AM to 2 PM
OR by appointment

WALKING TOURS

Seasonal (May through October, weather permitting), advanced registration required. Third Wednesday at 6 PM and first Saturday at 10 AM OR by appointment

ADMISSION

\$5.00 per person for museum
\$10.00 per person for walking tour

Please feel free to forward this newsletter to others who may be interested in the Public Health Museum.

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CONTACT INFORMATION

ADDRESS

365 East Street
Tewksbury, MA 01876

DIRECTIONS

PHONE NUMBER

978-851-7321 EXT 2606

EMAIL ADDRESS

phmuseum@gmail.com

WEBSITE

publichealthmuseum.org

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