The Public Health Museum
Premiers On YouTube

The Public Health Museum is proud to have posted its first YouTube video promoting the Museum and volunteer opportunities. The Museum is indebted to the Town of Tewksbury’s Telemedia Department, especially Brian Dorrington, Director and Jason Marshall, Operations Manager for their creation and posting of the video.

Click on the photo below or visit https://www.youtube.com/watch?v=IE3y469XvDc to learn more about the Public Health Museum.
The Public Health Museum hosted its 7th annual Outbreak! program during the week of August 5-9, 2019. A total of 21 high school students attended the program from eastern part of the state. Some students were introduced to Outbreak! by an older sibling or former student from their school, while others had a push from their parents to explore a field in which they might be interested to study further. This year, guidance counselors from surrounding high schools played a pivotal role in spreading the word about our program to science classes and student academic clubs.

During the week, students were privileged to lectures and interactive activities from a diverse group of Massachusetts public health professionals. The Outbreak! program included two field trips one to the Department of Public Health Hinton State Laboratory in Jamaica Plain and the other to the Lowell Community Health Clinic (LCHC). Extremely positive feedback from the students followed each field trip with many new lessons learned. Students closed out the week by presenting their projects for the week, public service announcements posters, to friends and family followed by light refreshments and discussions.

Many of the program’s presenters are dedicated veterans to Outbreak!, but a few newcomers joined the elite group. One presenter in particular needs to be highlighted and that is Terri Clover, EMT. Terri is an Outbreak! alumnus and a perfect example of what the program is trying to achieve; introduce public health broadly with the goal that some of the students will decide to pursue a career in public health. Terri did just that and was a very engaging speaker with her discussion of EpiPen and Narcan use. From the student’s perspective attending, it was wonderful for them to see what their future could possibly hold.

As with all years, Outbreak! is not possible without the volunteer commitment and dedication of many people. There were many small and large group planning calls to assure we benefited from the feedback from the previous year and we had the resources to support the 2019 program. The field trip days required an extra focus with discussions with Dr. Al DeMaria and Janine Dyer from the State Lab and Melanie Priestly from the LCHC.

Also, the National Library of Medicine grant provided funding for an Outbreak Coordinator, Nicole Smay, who was instrumental in pulling all the pieces together. The Outbreak! team particularly appreciates the presenters that come to the Public Health Museum on their own time to gift these students with a slice of their knowledge. Every contributor to the Outbreak! program plays a major role in the success of this continuing program.

For information about Outbreak 2020 - please contact the Public Health Museum.
Snake Oil Marketing & Travelling Medicine Shows

In our last installment we introduced Clark Stanley, the colorful cowboy who became famous selling his cure-all “Snake Oil.” Next, we’ll take a look at Traveling Medicine Shows and other advertising techniques that propelled patent medicines into American culture in the 19th century.

Medicine shows combined circus-like entertainment with aggressive new sales techniques. These marketing techniques were revolutionary and continue to influence 21st century advertising. Travelling medicine shows included a pitchman who would pose as a doctor while entertainers drew in the crowd. The ring master/doctor would work the crowd into a buying frenzy while performers including sharp shooters, musical acts, storytellers, magic tricks and freak shows kept the crowd enthralled. Most shows had a Wild West theme, frequently with an actor in Indian headdress promoting “miracle elixirs” claiming to smooth wrinkles, cure various diseases and prolong life.

A “shill” would often pose as a customer in the crowd, enthusiastically assuring the gathering how amazingly the cure had worked. Often, the travelling show would leave town before customers realized that they had been cheated. Medicine shows were a huge hit in rural communities where very little entertainment was available. And, since these communities were largely poor, these free shows were a must-see event. Small mom-and-pop travelling shows had begun to pop up in the early 1700s, gradually gaining in size and popularity.

The Kickapoo Indian Medicine Show was one of the largest and most elaborate travelling medicine shows. The public was fascinated with American Indians, seeing them as healthy and strong, but also mysterious and magical. Actors posed as flamboyantly dressed Indians with crude weapons and elaborate feathered headdresses while performing “show” Indian rituals like a Pow-Wow and rain-dance. Performers would also amaze the crowd with fire-eaters, acrobats, jugglers, musicians, and more. Starting in the early 1880s, Kickapoo Indian shows successfully sold various elixirs including the popular “Kickapoo Indian Sagwa” said to treat Headache, Sour Stomach, Heartburn, Depression, Female Disorders, Liver problems, Constipation, Impure Blood and all diseases of the Stomach, Liver, Kidneys and the Blood. Far from a miracle cure, Sagwa contained alcohol, beer and a powerful laxative.

Travelling medicine shows left a lasting mark on America’s entertainment culture. From the “Medicine Man” in 1930 to the song “Gypsies, Tramps & Thieves” by Cher, to an episode of the “The Simpsons” where Homer and Grandpa travel cross country to sell “Simpson and Son’s Tonic,” these shows became part of the American story, providing great entertainment. Once, again, customers were made victims of the tonics real potential.

An excellent collection of patent medicine artifacts is available at the Public Health Museum at Tewksbury Hospital.

By Paul Berian
Volunteer Corner

We’re growing!

Two new volunteers recently joined the Public Health Museum’s team! Welcome Cynthia Miguel and Julia Warren. Both Cynthia and Julia are college graduates with new jobs and generously offer their time to the museum. Cynthia researches posts for our Facebook page and Julia assists with tours and more!

Currently we have 16 volunteers with 3 more in the process! Volunteers offer their time and expertise giving tours, writing newsletter articles, researching exhibits, posting on Facebook, cataloging artifacts and assisting at museum-sponsored events.

The Public Health Museum is looking forward to sponsoring new activities, events, and tours. 2019 promises to be a busy and successful year!

By Sandra Price

Volunteer Dr. Abdul Hafeez

Dr. Hafeez came to the museum in 2018 seeking an opportunity to share his passion in writing and teaching about infectious and chronic diseases. Newly retired after 32 years of an impressive career as a physician, he has a large area of knowledge and experience he can draw upon to help advance the museum into the 21st century.

Dr. Hafeez was educated in Pakistan at the Chandka Medical College in Larkana. He furthered his education by earning certification in Tuberculosis and Primary Health Care. In addition, he took part in many educational programs offered by the World Health Organization, UNICEF and the government of Sindh, Pakistan in specialty areas such as infectious disease control, immunology and mother and child health. He acted as consultant physician and professor of infectious diseases at the National Center for Disease Control in Tripoli, Africa for many years. In his own country, Dr. Hafeez served as the Senior Medical Officer at Government of Sindh Karachi where he oversaw the education of other physicians, acted as Medical Officer at the Government TB Clinic and played a leading role in the epidemiological surveillance and intervention of outbreaks of infectious diseases such as Congo-Crimean Hemorrhagic Fever.

Dr. Hafeez has found a place at the museum writing for the newsletter and speaking to museum visitors about chronic and infectious diseases past and present. His broad experience of the world of public health outside the United States is unique and valuable to us all. Going forward, he would like to organize seminars and lectures on

Changing Roles

The Museum is pleased to announce that Sandra Price – a museum volunteer with experience organizing museum volunteers (at the American Textile History Museum) and Joanne Murphy – our long time volunteer will take on the responsibilities of coordinating the museum’s volunteers. They will work together to track schedules, tours, projects and other volunteer activities.

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A brief review of tuberculosis (TB) was presented in the March 2019 newsletter. Here we review the impact of HIV (human immunodeficiency virus) and its impact on and coexistence with TB.

HIV is a virus that attacks the body’s immune system, specially cells of the immune system (CD4 cells) that are important in fighting off infection, especially infections such as TB.

Currently no vaccine or cure exists for HIV infection, but with proper medical care and treatment HIV infection can be controlled. HIV medicines called anti-retroviral therapy (ART) can prevent HIV infection from progressing to AIDS. ART controls the virus so patients can live long and generally healthier lives. Successful treatment with ART can reduce the level of virus in blood and body fluids to the point of eliminating the risk of transmitting HIV to others.

TB is now the number one infectious disease cause of death in the world exceeding HIV globally, but these diseases have a lethal synergy. Untreated HIV infection, when combined with TB infection, can result in a greater risk for TB disease and more severe forms of TB. HIV increases the risk for TB infection and TB disease progression. The burden of TB/HIV is disproportionately borne by people living in poverty with limited access to care and treatment for either HIV infection or TB, which are controllable and curable, respectively.

All people living with HIV infection should be checked for TB infection. This is done by a skin test or a blood test. If positive for TB infection, there is treatment to prevent active disease, even in the presence of HIV infection. Also, treating the HIV infection can reduce the risk for active TB disease by controlling the virus and restoring the immune system. Both ART and treatment of TB infection alleviate the impact of co-infection.

Because multiple aspects of immune function are impaired in HIV infection, unusual forms of tuberculosis may occur, so a high index of suspicion in such atypical cases is important. Treatment with ART in someone with TB infection can result in what is called immune reconstitution inflammatory syndrome (IRIS) when the immune system starts to improve on ART and over-reacts making the TB disease (and some other infections) worse, sometimes requiring anti-inflammatory medications or even steroid immunosuppression. However, in general, TB treatment, with or without the presence of HIV infection, is the same.

By Dr. Abdul Hafeez Abro

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Volunteer Dr. Abdul Hafeez

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public health topics for medical professionals, students and the general public at the museum. He sees the museum becoming an auxiliary public health institute for teaching on chronic diseases and other public health concerns.

Dr. Hafeez lives with his wife and his son’s family in Tewksbury. He enjoys traveling to Canada and Chicago to visit his three daughters and grandchildren there. At home, he shares in the care of his grandson, takes daily walks and continues his passion for reading and studying about medical science.

The museum is fortunate to have a volunteer with such a diverse background. Indeed, each of our volunteers has something to bring to the table to enrich the museum and further its growth. Without our volunteer staff, the museum could not survive. Please contact the museum if you are interested in becoming a volunteer or even better, come and visit and bring a friend.

By Mary Ferguson R.N., B.S.
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 and Thursdays 10 AM to 2 PM and first Saturday of the 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.
To subscribe to this newsletter, please reply with SUBSCRIBE to Newsletter in the subject line. To unsubscribe, please reply with UNSUBSCRIBE in the subject line.