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Laura Stark  
*Wesleyan University*

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Stark, Laura and Stevens, Janet Peck, "Interview with Janet Peck Stevens" (2011). *NIH Interview Collection*. Book 1.  
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## **Janet (Peck) Stevens Interview**

Littleton, MA, October 25, 2011

Source Organization: Keuka College

NVP at CC: 6 weeks in Nov-Dec 1970 and 1972

Studies mentioned: worked and participated in studies on sweat concentration in hot chamber, cholera vaccine study with biopsy, induced flu-like systems for immune system studies

CC Wards/ DC areas mentioned: metabolic ward

People mentioned: Nancy Sinclair

### **Transcript**

#### **FIRST RECORDINGS**

LS: [cut first 21 seconds] This is Laura Stark and I'm here with Janet Stevens, and it was Beck, that was your-

JS: Peck.

LS: Peck, okay, Janet Peck Stevens on October 25, 2011 in Littleton, Massachusetts and thanks very much for making the time to talk with me.

JS: Sure.

LS: So I'm excited to talk with you because you're one of the Keuka students who were, who went to NIH in the very early '70s for the field period we were chatting about so I'm if you could just start by telling me how a young woman from upstate New York wound up at the National Institutes of Health and just sort of the broad story of where you came from, what you were like at the time and how you ended up there.

JS: Okay, I was a nursing student at Keuka College, started in 1969 and Keuka College has a, what's called a field period, which the period between Thanksgiving and Christmas when all the students were, well, required, encouraged, required to go out and do some sort of experience, community service, some sort of training, most likely in coordination with what their major was going to be. And the, one of the things that was available, well for anybody at the school I think, but primarily for the science and nursing students was to go to NIH as a normal volunteer during that period of time. And if the field period coordinator was – it was something that was advertized through the field period coordinator at, at the school. And it sounded interesting to me. I was a nursing student; I thought that it would be a good experience for me for a couple of reasons. I was interested in the science involved, I was also interested in the experience of being a patient in a hospital, because, as going into nursing I thought it might give me a little bit more empathy with the people I was taking care of. And it gave me a chance to go to Washington, DC and we also got paid for it. That was one of the few things you could get

paid for during your field period. I think it was like ten dollars a day or something like that, I don't remember exactly. So I went ahead and I signed up for it for sophomore year. And it was, it was an interesting enough experience for me but I went ahead and did it senior year as well. And the sophomore year, I think I couple of the studies that I was involved in included, the first one I was remember is being included in a study for the development of a cholera vaccine, which since then has been developed. Sort of neat that I was back there being a part of that. All of the studies that were done were, we had to sign – they were explained to us, the risks, what was going to be done, everything was explained to us ahead of time. There was no pressure to be on a particular study. We could say yes or no depending on how we felt about what was being done. And we went ahead and signed permission for those studies. This particular cholera study what was explained to me was that they had developed something that would be a potential vaccine and they wanted to inject it under the skin and then take a biopsy of that area to see what it does *in vivo*, in a real live human. And there was, I think it was injected and then a month later or something like that they went ahead and did the biopsy and just as well it was just a little injection because they discovered that that particular thing that they injected was reverting back to a live virus. So they said, “scrap that,” and they went ahead and did something else. The other study I was more involved in included, had to do with an environmental chamber. It's, it was a series of metabolic studies I think. There was a chamber there that was, oh it was probably about eight feet by ten, an eight foot by ten foot room that was hearted to a hundred and twenty degrees and twelve percent humidity and the volunteers, the subjects, were placed in that chamber for varying amounts of, periods of time and different things were measured. Temperature, how much you sweat based on weight, you were basically, during the whole period of time you sat on a net hammock and that was attached to a scale and we could keep track of how much weight, how much fluid people were losing by the, by their weight. And I ended up working basically monitoring the people what were in those studies. I ended up working for that study as well. I was down there. We could chose a, we could work at the NIH as well as being the normal volunteer. And when people reached a certain point, which was basically the same weight as a pint of water, I had a pint of water heated to body temperature to have them drink for two reasons. One, to rehydrate them and the other was to reset the scale, so just for practical purposes. But this particular study I was on involved evaluating the differences in the chemicals in the sweat from, between people who were not acclimatized to the heat and people who were. At the end of – people went in for three hours, for that study people went in for a three hour period of time and at the end of that three hour period of time they were washed off with body temperature water and then the water was collected and then reduced back down to the original concentration of the sweat and studies were done on that fluid that they collected. And they'd be looking at electrolytes and sugars, and stuff like that. The particular study I was in, the, there was I think three or four of us who did the initial study and then, for an hour every day for two or three weeks we went in to the, into the chamber to basically acclimatize us to it and then at the end of that period of time we did another three hour study and they compared the concentration, the concentrated sweat between the two studies to see the differences in the elements, elements, and sugars and all the stuff that was in there. Personally, the first time I went in for the three hour study, I was in the chamber for three hours, I'll tell you my reaction was, “If it's this hot in hell I've got to

be a real good girl because hundred and twenty degrees, even with a low humidity is plenty hot when you're, you know, from upstate New York. But after having been acclimatized the second study really didn't bother me, the heat really didn't bother me. And we had a fan blowing on us, which helped, helped keep us comfortable, but I could tell, it is possible to acclimatize to a hundred and twenty degree heat. And I don't know whether mentally, but I'm sure physically there were changes too that helped us change that. It was interesting working as the client-monitor in that study because one other group of patients I remember seeing was a couple of children that had a birth defect that, and I can't remember exactly what it was. But they, there were several different, it was a syndrome of symptoms that they displayed from this birth defect and one of them was, apparently was that they could not sweat. And they put them in the chamber and made sure they had, well everybody that went in had rectal temperature probes to watch for them getting too warm. And normally a person going in, well the temperature will go up to about, you know, about a hundred, a hundred and one degrees and stay there. But these children who couldn't sweat, they went up to a hundred and one a hundred and two and kept going up so we had to pull them out right away of course. But again, fascinating, fascinating studies. The second time I went down senior year there were a couple of – the one I study I remember being part of was a study where they gave us, injected a substance that made us feel like we had the flu for about eight hours, you know, high temperature and stuff, and did a lot of blood work. And they were trying to figure out more about the immune system and how that worked based on those studies. One study I wasn't a part of, I declined because it didn't sound like a lot of fun, was, but several of the kids from Keuka did take part in, was where they basically exposed them to what we would call now the flu, the called it then the crud. And—

LS: You had the crud.

JS: You had the crud. You know, you had a bout of diarrhea and you feel crummy and that sort of stuff, because at that point in time they really didn't know what caused it. And these volunteers bless their souls, agreed to be isolated for a week and exposed to it and about two thirds of them came down with it and one third didn't, they – everything that came up or went down was collected and was studied and they did find eventually I understand that, that the, that that particular disease was caused by a very small virus that they hadn't been able to detect before. So again, just being able to see the results now of the research that was being done makes me, makes the whole experience scientifically fascinating. For a young woman going down, you know, leaving home in upstate New York and being able to go down and sightsee in Washington, DC, that was fun, you know. It really was. And we learned, we learned the bus system. We got in and out okay, people that had done, other volunteers from other organizations, I believe some of them would go for like three months at a time or something like that. They knew the ropes and we'd tag along and, and go sightseeing and the, basically the relationship between us and the physicians there was a very cordial one. I got the feeling that they were concerned about our welfare. And of course we got thorough physicals when we got down there, any medical or dental stuff that was found that needed taken care of was taken care of. I ended up getting my wisdom teeth pulled out when I was nineteen. And there were, I can remember one time where one of the physicians who had several of us on a study had us over for dinner one night and I know they had regulations as far as not being able to use

you for babysitting and stuff like that but they, there were regulations they had to follow as far as getting too personal with the volunteers but it was a cordial, cordial, friendly sort of relationship from what I can understand. The work that I did the second year I went down, at that point in time for some reason they decided that the people that were part of a particular study couldn't work on that study any longer. Like, you know, the studies, the first year I went down the study I was a part of was also the one I was working with. And I understand the second year I went down that had changed. You could find a job to do at NIH but it could not be a part of the study that you were on. So the second year I went down I basically helped up in the recreation department with handing out craft kits and helping people get recreational equipment and stuff like that.

LS: Do you know why? Or do you have a sense of why people weren't allowed to?

JS: I – the division that I'd worked with the first year, I got the feeling that it was because they were concerned that working for a study and being a part of it may have affected the results of that particular person's study results. I don't know any more details than that but I guess there was some concern that it may have somehow affected the results of the study.

LS: Okay, so people doing creative things with the data or simply the knowledge?

JS: No, just that or – I understand there were three of us that did the acclimatization study and two of the kids, two of the women had the same results and mine was different and I – they didn't say anything specific but I wonder if maybe my having been around the chamber and in and out of it so much may have acclimatized me a bit more than the other girls may have and may have, you know, affected the results. And so, you know, it may have been just that particular study they decided that, not to hire people that were on the studies. I'm not sure if it as a policy-wide thing or just that particular study.

LS: Interesting.

JS: Yeah.

LS: Well I want to, I wonder if I can take you back and just ask you some follow up questions.

JS: Sure.

LS: And feel free to elaborate-

JS: Yep.

LS: -in any direction. So I just wanted to know, do you happen to know the field period coordinator at Keuka, so starting back at the beginning of your story.

JS: Edith Estes.

LS: Oh great. Okay Edith Estes.

JS: She was there for a long time.

LS: Okay. And did you know of a set of, of field period experiences you could have? Did you consider other options, what your options would have been

JS: I'm not sure if there were particular options for the different majors. This was one that I think it was primarily offered to the nursing and the science majors. I don't think the kids in education – I don't remember anybody in education ever going. But for the field period in general, if there weren't particular things that the school recommended they encouraged us, actually they encouraged us to go out and find some sort of options. I know that freshman year I worked for the Red Cross for a little while and I think my junior year, if I remember correctly, I ended up, ending up working in an adult care home and a nursing home and did a paper based on my experiences there, something like that. Basically we would write a proposal that we be accepted and then we would fulfill what we said we would do for the field period and going to NIH was one of the, was an option that they offered as well as something that would fulfill a field period requirement.

LS: Okay.

JS: So.

LS: And it had the appeal of being in Washington and having a touch of money.

JS: Oh yeah. A touch of money, being in Washington and I was interested in the science too, you know, and just the experience of being a patient in a hospital.

LS: Right, right.

JS: Yeah.

LS: Did you know anyone else who went from Keuka?

JS: There were, oh yeah, there was probably half a dozen of us each year that would go.

LS: Okay.

JS: I don't know of anybody else that went twice but there may have been. Yeah, there was – it was our responsible, our responsibility to get ourselves down there and back. But, you know, once we were down there we would hang together.

LS: So you knew a few of the people who went down at the same time?

JS: Yeah.

LS: As you.

JS: Yeah.

LS: Could you tell me about them? Did you get to know them while you were down there in the process or did you know them before then?

JS: More while we were down there.

LS: Okay.

JS: Because I think, I think it was, if I remember correctly there were a couple other girls that were in the science programs that had gone and I think there was one or two other nursing students in different years from what I was.

LS: Okay.

JS: I'm not sure.

LS: Okay. And how did you get yourself down there?

JS: Mom and dad drove me down.

LS: Okay. Where are you from in upstate?

JS: Newark, New York.

LS: In where?

JS: Newark, New York

LS: Newark, oh okay, okay.

JS: Yeah, yeah. And mom and dad drove me and dropped me off and then I got a plane home.

LS: Oh.

JS: Just before Christmas

LS: Okay. And what was your impression of the place when you got there?

JS: It was a big hospital. It was a big hospital. Just, oh the NIH area itself is on the outer ring, outer part around Washington, DC and just, it seemed like, the complex itself was some well manicured grounds, it was, there were a lot different buildings there. I know it was set apart from the town itself and I think across the street is Walter Reed Hospital.

LS: Yeah the Naval Hospital.

JS: Yeah, Naval Hospital. And it was, it was all a new experience for me, you know, between, you know, I grew up on a dairy farm so I'm not real familiar with city stuff. And so it just – it was fascinating seeing the new area. The, one of the things that anybody on, who wasn't tied up to the hospital on a study would do just for fun was to walk up a mile or two to go to the Pier 1 store up, up the way, you know. That was entertainment, you know. But it was a new experience for me just learning to use the bus system and that sort of thing.

LS: Right, right. What did your parents think, dairy farmers from Newark, New York, bringing their, their daughter?

JS: Well my mom had been a registered nurse herself. So she was familiar with hospital stuff and part of her training had been at Cornell Medical Center in New York City and she'd done at least a couple months there I'm not sure how much longer. And, you know, we lived outside of Rochester so we were in and out of Rochester for a lot, a lot of things, familiar with city areas. But, you know, Washington, DC was a step up above that as far as urban area, and you know just the idea, "Boy I can go see the National Institutes of Health and I can go see the Smithsonian Museum." And a lot of – that was my destination, many times when I went in was to go to different parts of the Smithsonian museums. NIH also sponsored a, it was one trip I went on, anybody that was a normal volunteer and I think maybe some of the patients too, the regular patients that were capable of going, sponsored a trip into the White House at Christmas time. They bussed us in, we had a tour of the White House and then they brought us back, so yeah. It's fun being able to take, take advantage of that stuff.

LS: So it sounds like your parents didn't really mind. What did they, they understand you to be doing when you went there?

JS: Yeah, they understood that I was going to be used as a, like a control subject, a normal person and that different research based on my normalcy would be done. That everything would be signed for, that everything would be cleared before, that they would even consider doing it, as far as scientifically being safe for us, stuff like that. And that if there was any issues that all follow up would be taken care of.

LS: So you were at the age that you could consent for yourself, they didn't have to consent?

JS: Yeah. The only thing they had to consent for was having my wisdom teeth pulled. The age, twenty one was the age limit for that so we had to get records sent back and forth, signatures sent back and forth for that so.

LS: Okay.

JS: But, but otherwise all the research stuff was eighteen and over I think, probably.

LS: Okay. So when you were getting acclimated, not to the environmental chamber-

JS: Yeah.

LS: -but to the Clinical Center-

JS: Yeah.

LS: -itself, did you interact with the people who were in charge of the program for volunteers or did you interact directly with doctors?

JS: It was more directly with the doctors and the staff on the floor. Basically we, I felt we were admitted as a patient and you know, that we were, you know, taken care of as a patient on the floor. In fact senior year one of the things that I did for my field period requirement was to write, to keep a journal and then write a paper, an impression about what it felt like to be a patient in the hospital, so.

LS: Fantastic.

JS: So I remember one of the things that I talked about was feeling like you didn't own your own blood anymore when they just kept coming again and again and again for blood for stuff. You know, your arms get sore and you know, you just – it's not mine anymore. The depersonalization that patients can feel in the hospital anymore when they, they keep having stuff done to them again and again and again. Even though it might be for their own good it's still, you know, I don't control my own body anymore sort of thing.

LS: Okay. You don't happen to have the journal?

JS: No I don't. I had turned that in and never, for credit, and never got it back.

LS: Oh what a pity.

JS: Keuka might have it.

LS: I've been in touch with their archivist and they're very, they have a lot of material but it sounds like they haven't had the chance to process it and organize it.

JS: Okay.

LS: So they feel overwhelmed but I'm hoping to make a trip up there.

JS: Yeah, that would be in 1972.

LS: 1972. Okay.

JS: For the '72 field period.

LS: Okay. So when you were interacting with doctors and you were interacting, it sounds like, with other people on outings. I'm wondering how you spent time, whom you spent time with when you weren't necessarily immediately on study

JS: On study?

LS: Yeah.

JS: It was primarily with the other normal volunteers.

LS: Could you tell me who they were, a bit about them?

JS: A couple of them were students from Keuka. I remember there was a couple of other volunteers, I think they had been there for a period of four months and I got the impression they were with some sort of religious group or something like that, that volunteered regularly there. And you know, we would go see the movies that they had. NIH was good about having a lot of regular entertainment sort of things, you know, free movies for the clients to see and for the, for the patients and the normal volunteers to see. There was a recreation program, you know, passes to being to leave the property, go either into town or, the local town, or on into Washington. And that's, most of my time I spent, particularly in the first year, working on the projects. And that was, you know, nine

to five and then just catching the movies that they had or watching TV or just hanging around.

LS: Do you remember any of the movies you saw?

JS: No. They were oldies.

LS: Oldies but goodies.

JS: Oldies.

LS: And I wanted to know that you had the impression that the other group of normals was, seemed to be from a religious organization.

JS: I don't remember for sure. I think I probably just got that impression from conversation with them, you know. It wasn't anything like, "Oh yeah, I came with this group," or something like that. And there wasn't a lot of talk about, you know, who it was, I think. I got the impression that most people that went to volunteer to, as a normal there, did so for a period longer than the six weeks that the Keuka students did. And I remember somebody saying that they looked forward to the Keuka students coming because they had things ready for them to do, you know, use them while they're there. And then we were gone until the next year, but, yeah. I, I don't recall any particular things about the other people that were there.

LS: Okay.

JS: Or, you know, how they got there.

LS: Did your groups mix much? So did the Keuka students tend to spend time with other Keuka students or was there a complete mix?

JS: I think there was a complete mixture, it was a good mixture because—I think the mixture was more based on the studies you were a part of.

LS: Okay.

JS: Because you saw each other, you know, you, the people, that we were all in, you know, double bedrooms, double patient wards. And not necessarily with another Keuka student, it could have been with another normal volunteer. And you know I think probably we would tend to see the people we were on the same studies with more than necessarily just the other Keuka students. There were, I think I was on the metabolic ward one year and there were other people from other organizations involved in the same studies on that ward. And I know the Keuka students were on other floors and we'd go see each other. But you'd see those people on the floor; you were a part of more, so.

LS: Okay, okay. I'm sorry, there was one more questions I wanted to ask you about that. Oh who was your roommate?

JS: Oh, let's see. I don't remember the first year. The second year it was another Keuka student, one of the younger students from Keuka, I think she was sophomore and was a senior that year, at that point. Honestly I can't tell you.

LS: Okay.

JS: It's been awhile.

LS: it sounds like the environmental chamber involved two other students-

JS: Yeah.

LS: -while you were involved, when you were a part of that.

JS: Yeah.

LS: And they were Keuka students.

JS: Yeah.

LS: Were you in the chamber all together or did you go in individually for blocks of three hours?

JS: Yeah. We went in individually for blocks of three hours because during that block of three hours you had to be on the hammock they had in there so we could keep track of the weight and make sure they were hydrated and all that sort of stuff. When we went in for the acclimatization we all went in at the same time and sit and talk and color and well, you know. One thing-

LS: I was wondering what you would do.

JS: One thing we did, well you know we'd take books and listen to stuff. One thing we did, and I'm not sure they appreciated it but during one chamber session we decided to take in some tape and scissors and colored paper and we cut out the letters that said "Sahara Desert Home Sweat Home" and taped it up on the wall. Like I said, I'm not they appreciated that we did it but I, I did notice when we were down there a couple years later it was still there so.

LS: Oh you're kidding.

JS: Yeah, it was still there, so.

LS: It does sound pretty brutal to be in that heat especially for the first time. Did you consider switching on to a different study and just thought, "Well this is a little bit too much."?

JS: No I didn't, I didn't there - part of, part of my job was, when I was working there, was to keep people that were having a hard time tolerating the heat to, to talk them down, you know, to help keep them in the chamber and you know. I'd have some people after an hour and a half, two hours going, "I've got to get out of here, this is too much." "Oh you can make it, you can make it." And you know at the last minutes, the last thirty

minutes I'd be giving them the minute-by-minute count down, you know. "Twenty nine minutes left, twenty eight, twenty seven, you can make it, you can make it," you know. And one of the docs said one of the reasons they asked me to do that is they saw that, that I had, it seemed like I was the kind of person that could help keep a person calm long enough to finish the whole study. Because after, you know, two and a half hours into a three hour study, that's a big time commitment to have something totally blown when somebody freaks out and says they have to get out of there. So if you can talk them down, "You're doing okay, you're temperature is fine, you know, you'll be getting a little water in a little bit, you know, you can do it, you can do it," you know, so.

LS: That's so funny, that's so funny. So this was your job while you were still there the first time?

JS: Right.

LS: Okay.

JS: Right, so, yeah. A couple, one other study that they did with the environmental chamber that involved a couple other Keuka students, was one that, well these two other students were a couple of girls who were a little bit on the heavy side and they looked for them on purpose because what they wanted to do was have these two girls go on a two week fast and do, do the chamber sessions before and after to see how fasting affected the composition of the sweat. And you know, they, and besides if they lost a little weight in the meantime that was fine with them. But it seemed liked they were real careful about making sure that they were kept healthy during the fast. There was, they had, they had to give them urine samples and based on urine samples they gave them so much stuff to make sure that they didn't, their bodies weren't getting too acidic and all that sort of stuff. So like I said, it looked like they were monitoring them real close to make sure that the effects of the fast itself wasn't going to be an issue. And they, they both made it, you know, they both made it. They did lose some weight.

LS: Did you have to, have to talk with them as well to keep them in the chamber?

JS: No, both of them did pretty good, you know, so.

LS: Did anyone ever leave when you were trying to keep them in?

JS: No I think we were able to keep all of them in. The only ones that we had to pull out were the ones that had the temperature going up way too high way too quick.

LS: And by we you mean the doctors and the techs-

JS: Yeah.

LS: Everybody.

JS: Yeah. The doctors, the doctors were always there in the area any time-

LS: Yeah.

JS: -that a procedure was being done. They were the ones that, to collect the sweat what they did was they had you go step directly from the hammock into a fiberglass tub on wheels. And they would move you out, out of the chamber and into the research area and wash off the person with body temperature water, you know, ninety-eight, ninety-nine degree water, and then that water was collected and then boiled back down, concentrated back down to the original concentration of the sweat. And you wouldn't think that ninety-eight degree water would feel cold but when you're coming out of a hundred and twenty degrees it was really, it felt really cold. And of course as part of the controls, you know, everyone that went in there wore a certain jersey cotton tank, one-piece tank suits, that, that's what you wore.

LS: Okay.

JS: And then when you were done you gave them the tank suit and they made sure that was wrung out too. They tried to make sure they got everything

LS: Do you remember any of the doctor's or tech's names, first names?

JS: I've been trying to think of that. I can see their faces but I can't – I can see this one particular man's face but I can't remember his name.

LS: What was he like?

JS: He was, oh, I think probably about six foot tall, probably in his forties, graying a little bit, very vibrant personality. Little bit, little bit of beard. I can't remember his name, so.

LS: And he was the doctor on your study?

JS: yeah he was one of the doctors running the study. Yeah.

LS: Okay. I wanted to ask you ask you about the virus studies as well that you mentioned. So the first study you were involved in was the, the cholera biopsy.

JS: Yeah.

LS: Vaccine biopsy.

JS: Yeah.

LS: And you were actually, you started the study and then in the process they found out it was reverting?

JS: No, when they, they took the biopsy and when they studied the biopsy they found that it had reverted back to live vaccine, live virus.

LS: Okay, so you had gotten the vaccine and then the biopsy?

JS: It was just a tiny, tiny bit-

LS: Yeah,

JS: -that they injected so.

LS: Okay. And then the, you were on a flu study but it was not, you weren't exposed to flu. That was just a flu vaccine-

JS: Yeah. Well I'm not sure if it was flu, it was – they were studying how complement, the complement system work and immunology. And, and I'm not sure what they, we, we were given something that just made us feel like we had the flu. It wasn't, I don't think it was exposure to a flu vaccine, but something that would make us feel that way. And it would give us, we would get chills, we would have a temperature, but it would be gone in eight hours, so.

LS: Okay. And was it an injection or was it-

JS: It was an injection, yeah.

LS: Okay, okay. And so were you on this with other people as well?

JS: Yeah, yeah. I think that we did that a couple of times during the time.

LS: So were all of the studies simultaneous or were some of them simultaneous? So were you doing the environmental chamber and in the down time also doing the-

JS: Yeah the cholera vaccine was running at the same time as the environmental chamber stuff.

LS: Okay. And then you had mentioned a study that you weren't involved in but that some of the other Keuka students were involved in. And could you explain that to me a bit, a bit more.

JS: Yeah. Basically they were giving, they were exposed to whatever it was that caused the twenty four hour crud, is what we called it. I think that was, I don't think that was injection I think that was something else that they were given to drink or something like that and during that period of time they were all in isolation. The whole ward was in isolation. Not everybody that was exposed to it necessarily came down with it. But they still had to stay in isolation during that period of time. Those that were exposed to it, if they got sick to their stomach, you know, or if they had diarrhea, whatever, everything was collected and used for study. And you know once everyone, after a week in isolation and everybody was feeling better they got to open up the ward and go back to normal life, so.

LS: And they had asked you to do the study?

JS: Yeah that was one, one option that I could have done if I wanted to so.

LS: Okay.

JS: I said, "Well let me try something else. I think this one sounds more interesting."

LS: So they, they gave you a set of options at one time or were you able to work through them? So they would give you one option and you would say yes or no and then you would go to a second option and say yes or no.

JS: Yeah, basically.

LS: Okay so the latter?

JS: Yeah, the latter, yeah. You know, the, a doc would come to you with a possible option, explain it to you, explain the risks, explain what they're trying to gain, the knowledge they were trying to gain, stuff like that. And you could say yes or no to it. And I think, and you'd sign off on that and somebody else would come, another doc could come and do the same thing. And, you know the, I'm sure they were keeping records about who was doing what studies and making sure that one didn't conflict with the other. It would be in their own best interest to make sure that one wouldn't conflict with the other, so.

LS: Why on earth would someone say yes to the, the virus study?

JS: I'm not sure, I'm not sure, so.

LS: That's remarkable. And then one other question I wanted to ask you, you had used the language of being a client monitor when you were talking about your work on the metabolism study.

JS: Yeah.

LS: And was that, was that their term?

JS: That-

LS: Or was that something-

JS: That's a throwback for me personally.

LS: Okay.

JS: It was a patient monitor basically. I work at a food pantry on a volunteer basis and we call the people that come in clients. So I, it's been ten or eleven years so I, that's sort of a, gotten to be a habit with me, calling somebody client rather than patient.

LS: I see. Could you tell me a bit about your responsibilities as a patient monitor in addition to the coaching to keep people in the chamber?

JS: Yeah. Each one of the patients that went in had a rectal probe and the doctor inserted that. I, you know, hooked it up inside. I had to keep track of the temperature and make sure that it wasn't getting to hot. I kept track of the weight and when the weight reached a certain point I, it was my responsibility to make sure that the water – when the weight reached a certain point, I think it was two point two kilograms or something like that, when the weight loss reached that point each patient got handed basically a two point two, the same amount of water, weight of water and it had to be body temperature water

because we didn't want anything to stop the sweating process. So I'd make sure the water was warm, you know, and hand the bottle to the patient and not everybody likes warm water to drink so, "You can do it, just a little bit more, keep drinking it."

LS: I'm trying to envision how the water, how the sweat was collected if people were in a fairly large room well-

JS: Yeah.

LS: They were in an eight by ten foot chamber, how-

JS: Yeah, basically, basically, they were in the hammock so there wasn't a lot of other stuff touching them and so there was a fan blowing on them. So the idea is that any sweat, because it was a dry environment, would evaporate and what was left, the salts and everything were left on the body and that's why they were washed down later with water to remove all the salt and everything and it was concentrated back to what it would normally have been, the original concentration of sweat.

LS: I see. I see. So you were weighing the bodies?

JS: Yeah we were weighing the bodies. If you sweat a lot you're going to lose weight.

LS: Okay.

JS: And we wanted to make sure that people weren't going to lose too much weight and get too dehydrated because they had problems with dehydration.

LS: Right, right. And so people would stand up on a scale that was in the chamber.

JS: No the chamber, the hammock they sat on was the scale itself.

LS: Got it.

JS: You know that was connected somehow to the scale itself. So they, they were on, just laying in the hammock that was the scale that would keep track of their weight.

LS: Amazing, amazing.

JS: So.

LS: And how did you give them their water?

JS: I opened the door, walked in and said, "Here, drink it," and walked out.

LS: And how did you talk to them?

JS: There was a microphone.

LS: Could they see you?

JS: Yeah. It was, I, the window that they saw me through was, oh, probably about three foot by two foot at the foot of the bed, at the foot of the hammock that they were in. And

they could see me, I could see them. There was, you know, I could hear everything that was going on, you know, I could, I could push a button and they could hear me talk back to them.

LS: Did anybody just want to chat, to chat with you?

JS: Oh yeah, yeah, people just wanted to pass the time by talking so.

LS: Interesting. Okay. There was another Keuka student whom I interviewed actually just yesterday who I believe was there around the same time. Her name is, her name is now Amey Morris, but it had been— let me see if I can, this is, oh this is a different document. I'm having a hard time recalling what her, her married, her-

JS: Her maiden name?

LS: What her name had been before she got married, yeah. But her first name was Amey, that's all I can remember.

JS: Okay.

LS: And she had been an education student-

JS: Oh okay.

LS: But then she switched into nursing after NIH, but it doesn't sound like it rings any bells, for you.

JS: It's probably another year.

LS: Yeah, yeah. Did you say you kept in touch with anyone after you left NIH?

JS: No I didn't, nope. When I went back the second year I went down to say hi to the folks I worked for the first year.

LS: Oh, did they remember you?

JS: Yeah.

LS: And if I were to ask your friends and family members today about this time at NIH would they know that you were there?

JS: Yeah, yeah.

LS: Okay.

JS: All my family knows.

LS: Okay.

JS: And, you know, my husband, once in a while I'll mention something about having been there.

LS: How does it come up?

JS: Most of the time it comes up when we're talking about the weather, really. Because one of the things that I realized after having done the acclimatization study is it is possible to acclimatize to a vastly different climate and it, you may be miserable at first. You may think it's hotter than hell, but it is possible to acclimatize. And a lot of it involves just your body getting used to it and learning to sweat quicker, to, well the reverse too. When we moved back up, my husband and I lived in Florida for ten and a half years and when we moved back up to Massachusetts it was in the middle of December. And I could tell it took about six weeks before I felt comfortable with the dryness of the air and the difference in the temperature and stuff like that. But I knew going up that it was possible. And even going, doing the reverse, I did this senior year, sophomore year in college and after my husband and I were married in 1977, he, he's a physician. He was matched to do his residency in Gainesville, Florida, so we moved from Syracuse, New York, after one of the coldest winters we'd had there in years. I mean it seriously didn't get above ten degrees for weeks at a time. And here we are moving in July to Florida and I said, "Yeah, sure, let's go ahead, I know we can acclimatize, I've been through a study that shows you can."

LS: Oh no, oh no!

JS: And every once in a while somebody will be griping about the weather and going from one place to another, you know, it will remind me about the study and I'll tell them about it.

LS: So, so you mentioned your husband is a physician.

JS: Yeah.

LS: Could you tell me about your career trajectory, so basically your life after NIH? I'm interested in sort of the, what happened next.

JS: Okay. I graduated with a bachelor's in nursing. I ended up working on a medical floor at Syracuse Upstate Medical Center for three and a half years and that's where I met my husband Don. He was a medical student there and ended up deciding to go into anesthesiology. And he matched with the anesthesia program in Gainesville, Florida. And so we moved down there and in ten and a half years he finished his program, he worked as an anesthesiologist in Gainesville and we managed to get two kids. At that point in time he decided he was putting too much time into work and wanted to do something other than operating room anesthesia, but the call was killing him and our daughter made comments at the age of three that recognized, he recognized he was spending too much time in the hospital. So he decided to do a program in pain management and UMass Worcester here had an excellent program in pain management. He looked into several of them, he was accepted here and we came up here for a six-month program. And, you know, we were planning on going back to Florida but that was twenty-two years ago, so. Anyway, when we went to Florida I worked for about three years as an operating room nurse and then did some per diem stuff until the kids came along. And I basically had retired from nursing as of that point. I haven't gone back into nursing, I haven't worked

full time. I've done some part time stuff and I've done mainly volunteering at the kids' schools while they were still in school. Once they got into high school I started volunteering down at the local food pantry here and have been involved with them for, it's about eleven years now, so.

LS: Okay. Have you been back to Keuka?

JS: Made one trip briefly. Most of the time, most of the time when they have events for my class there's something going on here and I can't get back. But I have been back and wandered around the campus a little bit.

LS: Can you describe to me what the college is like, or what it was like for you in the seventies?

JS: Well. One reason I liked Keuka and one reason I went to Keuka was it was a rural area. Again I grew up on a dairy farm, had no experience with big cities. And I, I was a relatively quiet person, relatively introverted person so the, the campus, the greenness of the campus and the, that attracted me. The smaller class size attracted me because I felt it would be more personal, less impersonal than some of the larger schools can be. And I also could get pipe organ lessons. They had a beautiful pipe organ and they told me I could take lessons so I, I took pipe organ lessons for four years, the four years I was there.

LS: Oh fantastic. How did you end up learning to play the pipe organ?

JS: I took piano lessons, you know, from first grade on up through as a kid. And I always liked pipe, the pipe organ at church and mom arranged for me to have lessons for a year when I was in college, I mean in high school. And I wanted to continue that and so, I like I said, the organ in the chapel at Keuka is a beautiful pipe organ. I understand it was built for, it was originally designed for a room that had carpet, was supposed to have carpeting, and ended up not having carpeting. So it was basically a better quality pipe organ that it should have been and—Most, most of my practice time was on the weekends because I could go down there and spend a couple hours at a time and just ignore everybody else.

LS: Yeah, yeah.

JS: And you know, the nursing program was an intense enough program that that was when I had the time to be able to practice. But yeah I, I liked the ruralness of the Keuka campus. There was a woodlot, I could go for walks in the woodlot when I wanted to get out of the dorms, I'd go down there and study sometimes. I liked being in the wine-growing area because I like, I like to walk and I would take off and I'd walk up to the top of the, the hill in the vineyards in there, and back down and stuff like that.

LS: Yeah by Keuka Lake, yeah.

JS: Yeah,

LS: That's lovely.

JS: Yeah and one of the best views in the whole area is on top of the bluff between the two, where the Lake divides, if you get up there it's a beautiful view.

LS: Yeah, well that's lovely. Well thanks very much for your time.

JS: You're welcome.

LS: I appreciate hearing all of this and I just wanted to ask whether you had anything else you wanted to ask or any questions for me.

JS: I can't think of anything at the moment.

LS: Okay, okay. Oh did you ever play the piano at NIH?

JS: I don't think so, I don't think there was piano there.

LS: Okay.

JS: Besides I'm a person that doesn't memorize well, I need music.

LS: Oh okay. Oh great well this is really wonderful. I can stop this right now.

SECOND RECORDING

LS: Okay so these are the photos from the study. Oh this is one of the chamber.

JS: Yeah this is one of the chamber and that's the hammock people sit in. See the equipment here that would help keep track of the weight.

LS: Yeah.

JS: And that's the, one of the patients, she was a normal volunteer, drinking water I gave her to reset the, reset the scale and help keep her hydrated. That was the bucket we stepped off into when we, she's being washed down, and then the water that she was washed down with is collected. And I think that was part of the equipment that they used to concentrate it back to the original sweat, right there. Oh, I had my teeth pulled, my cheeks are out to there.

LS: Oh. And this is your room?

JS: Yeah that was the sophomore year the room that I was in. And then this is some pictures I took from one of our trips into Washington, DC. Oh yeah, Nancy Sinclair, she's one of the other nursing students that was a normal volunteer.

LS: Oh great.

JS: She went down and I have heard a little bit from her since then.

LS: Is that the National Cathedral?

JS: No I think that's probably at the Capitol somewhere.

LS: Okay.

JS: And this was in the Botanical Garden near the Capital. And pictures of the White House, that area.

LS: And these look like NIH?

JS: Yeah, yeah.

LS: That's great. Oh this, this is invaluable. It's really wonderful.

JS: Back to the seventies, seriously. Can you tell I'm a child of the sixties?

LS: Tying things up with ribbons and things. It sounds like there were a lot of crafts at NIH during your stay there.

JS: Yeah there was. Oh yeah.

LS: Is that the Keuka-

JS: Yeah that's Keuka [unclear 2:23] I'm not sure.

LS: Oh yeah okay. So I'll keep the pages together and then I'll mail you the pages

JS: That's fine.

LS: And I'll send you a scan of them as well.

JS: Okay. Yeah that was at Keuka. Actually that's the nursing home that I, that was at the hospital that I worked in. These are friends of mine, these were at Keuka. That's my roommate.

LS: Oh.

JS: We were teetotalers.

LS: Oh.

JS: We were not drinkers.

LS: Great thanks so much Janet.

JS: No problem.