

Oral History with Jennie Sherwin

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Interview of Jennie Sherwin

Session 1 (4/25/2019)

[00:00:00]

BLOOM: It is April 25, and I'm with Jennie Sherwin. Is your legal name Jennifer or is it Jennie?

SHERWIN: My legal name is Jennie. I was named after my paternal grandmother and Jennie was what she was called. Her name was actually Jovannina. She was an immigrant from Italy. The only translation that anyone ever had for her was Jennie. So, that's been my name and I've ran into trouble registering for school with that name and so on.

BLOOM: Okay.

SHERWIN: That is my legal name.

BLOOM: Okay, I can imagine that you would have run into trouble. Great, let's go ahead and start the interview. You've already told me a tiny bit about your paternal grandmother, is that correct?

SHERWIN: Yes.

BLOOM: Yeah. Can you start off by telling me when and where you were born?

SHERWIN: Sure. I was born in Bayonne, New Jersey, May 16 1948. I am 70 years old now.

BLOOM: Okay. Oh, your birthday is coming up, isn't it?

SHERWIN: Yes, it is.

BLOOM: Okay, wonderful. How long were you in New Jersey?

SHERWIN: I left New Jersey in December 1986 to move to Maryland.

BLOOM: Okay, so you did all your growing up in New Jersey then?

SHERWIN: Right, and my first two jobs were in New Jersey too.

BLOOM: Okay. What was your childhood like? What did your parents do? How was your relationship with them as you were a child?

[00:02:13]

SHERWIN: I'm the eldest of three. I have a younger sister and a younger brother. My parents were second generation migrants. My father's parents came over from Italy, and my mother's

parents came to the United States from Poland. Essentially, I grew up in a European household. We had lots of family gatherings, and dinners and so on, with both the Italian and the Polish family. We were sent to Catholic school and I graduated from a Catholic academy for girls, before going on to undergraduate school, and then graduate school. My childhood was a typical middle-class American childhood. My father founded and worked in a small supermarket. At first, my mother was a homemaker. Then, she went back to work after we had gotten into a certain age as a secretary. It was a really pretty typical, middle-class, upbringing. There were always family gatherings on the weekend and I was raised with the “American education will get you everywhere” and “work hard, and you will prosper” mentality. It was a happy household so I’m not sure what else I can tell you.

BLOOM: Yeah. You said you went to a Catholic school. Did you go to church as well? Were you religious?

SHERWIN: When you go to Catholic school, you are expected to go to church. So, we all went to church. When we were younger, we attended the children's mass. As we got older, we were free to go to the adults' mass. My parents were not particularly religious but they sent us to Catholic school, because they thought that the education would be to our benefit. As middle-class children, we received a very good education in the Catholic schools we attended. All three of us went on to have graduate degrees. My sister has a PhD in psychology and my brother is an attorney. I have a master's degree in--I have an undergraduate degree in English and then I went on to get a master's degree in counseling and guidance. I intended to become a guidance counselor in the school system where I was teaching. However, I found myself pregnant with my son. After giving birth, I stayed at home with him for three years. When I was looking to return to work, there was a teacher glut in New Jersey, so I decided to look elsewhere. Eventually, I wound up finding my absolute dream job working for Random House in New York City.

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BLOOM: Right, I read that in your pre-interview. That sounds really interesting. What was your health like growing up?

SHERWIN: I didn't show any kind of sensitivity until I was a teenager. When I was giving a history at the Environmental Health Center in Dallas, where I first went to see Dr. Rea. I was asked to think back to when I first started to show some type of sensitivity. It was definitely when I was a teenager. I would have reaction to medications and maybe someone else wouldn't have that same reaction. That sensitivity stayed with me as I matured, and became a young adult, and as I grew older.

BLOOM: Right. Was it a sensitivity to any particular kind of medicine?

SHERWIN: When I was young, I was sensitive to sulfa drugs. That was the first sensitivity I remember. The next time I realized I was sensitive. It was when I was prescribed an antibiotic and had a terrible rash from it. Most people get stomach upset. I had a pretty bad rash and then when I was in my 30s, I developed muscle pain. I went to so many physicians to figure out what was going on, because it was interfering with my ability to go to work and I could barely walk at

one point. At that time, I was going to Georgetown University. I was essentially referred to a rheumatologist who diagnosed me with fibromyalgia. I was treated for fibromyalgia for 13 years before the exposure to pesticides sent me to the clinic in Dallas. When I was at the clinic in Dallas, I learned that doctors of Environmental Medicine view fibromyalgia very differently than mainstream physicians Dr. Rea told me that most likely I would no longer have to take medication for fibromyalgia as a result of being treated for chemical sensitivity. He believed that the reason I was having so much muscle pain was because of exposure to toxic chemicals. After I went through the treatment at the clinic, my muscle pain went away. I stopped all medication for fibromyalgia. Since I left the clinic, I have never had any symptoms related to fibromyalgia, and I take no medication for it.

BLOOM: Wow, that's pretty amazing. If you think back to your time in New Jersey, do you remember any sources of potential exposure? Do you remember cleaning chemicals in your house? Was there something in your environment that might have been a source of exposure?

[00:12:18]

SHERWIN: Yes, we actually traced two sources. Again, I had many interviews with Dr. Rea during the course of my treatment. I was at the Environmental Health Center for seven months undergoing treatment. So, we talked a lot. Yeah. We traced my early exposure to arsenic in water in New Jersey. Dr. Rea had maps of where toxic chemicals had been found in water supplies and toxic waste dumps all over the country. He pinpointed Bayonne on the map and we saw that there were very high amounts of arsenic in the water supplies. He tested me for arsenic and I was found to have high levels for arsenic. Part of the program targeted reducing those levels.

When I was a young teenager, my father decided to add another level to our home. I was actually old enough to help my father. He was a very handy man so he did most of the work himself. I worked with him and helped put down floors with sealants and so on. Dr. Rea speculated that there were toxic chemicals in the sealants that we used, and in the under flooring. He surmised that I had been exposed to those. When we looked at my medical history again, we saw that the problem was sulfa drugs. Again, remember how old I am. I have to remember back to when I was a young teenager. I believe the problem with the sulfa drugs could have come after we built the addition. The addition was to give more room to our family. My father created a little apartment for my sister and me with our own bathroom, den, library, and bedroom. As soon as we built it, we moved into it. Now, as a chemically sensitive person educated through Dr. Rea's center, I know that what happens after a building or after anything is built. There is an initial outgassing period for all of the chemicals from sealers, grounds, paint, you name it. The materials used in any building outgas. We built this little addition, and my sister and I moved into it. I can trace a lot of whatever was going on with me. It really began after that.

BLOOM: Yeah. You talked about these family gatherings that you had. Did you have strong relationships as a teenager and as a young adult with family and friends?

[00:16:54]

SHERWIN: Absolutely. We were a very family-centered family. We would always see my grandparents on the weekends. We would celebrate holidays, birthdays, and all the occasions as a family. My mother was very close to her sisters and brothers. For the most part, she spoke to them in their native language which was Polish and that create bonds. My father spoke to his family in Italian. At home, neither language was spoken, only English, because they wanted their children to succeed in school. Therefore, we grew up speaking English, not knowing our parents' native languages at all. Later, I studied Italian. Now, I'm a bit more familiar with my father's language. I learned a few words in Polish, but I never really studied Polish.

BLOOM: You talk about education a lot. How did you decide that you wanted to go to college? How did you pick your major of English?

SHERWIN: I don't think there was ever a question that I wouldn't go to college. And I made history in our family. I was the first woman to go to college. So it was—and that I really attribute to my mother. My mother was really the driving force, that education was everything. Education would help us achieve the American dream. And there was never a question in my mind that I would not be going to college. I learned as a young girl, that I had an affinity for the English language. As a child, I loved grammar, if you could believe. I loved grammar and spelling. I loved reading. I was an avid reader. Before my 15th birthday, I had read *War and Peace*. I mean, I was really a reader. And so at one point, I had toyed with the idea of studying medicine. And this was discouraged by my father. Now you would have to remember that my father came from an Italian immigrant family. Women did not go to college. Women were married at 17 or 18, and had babies. My mother on the other hand, although she herself had not at that point gone to college, she had just this incredible respect for education and where it would get you. And so she was really the driving force. And although she shared my father's hesitations about what women could do, and couldn't do, you have to remember the period—it was the 1950s. And it was the 1960s when I went to high school. So my mother was convinced that the best career for any woman was to become a teacher. Because when she married and had children, remember, here all the assumptions that I am now kind of laying out. So when she married and had children, she could still teach and come home with her children after school. So my mother's goal was to educate both her daughters to become teachers.

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And my father thought that was a worthy goal as well. He did not want either one of his daughters to go into medicine. So we were, we were essentially directed to go into education. I loved English, and I decided I would major in English and I would minor in secondary education. And it turned out to be absolutely the perfect--where my career went, turned out to be absolutely perfect for me, and something that I have, I've loved my entire life. Even though I was upset, as a young teenager, that I thought my career path was being blocked by my parents, I actually was directed to a path in life that brought me great joy, because I happened to love what I do as an editor and as a writer. Because from teaching English on the junior high school and senior high school level, I then moved into the world of publishing when I went to work for Random House, and absolutely loved working at Random House, and had this wonderful gift of being assigned a mentor, who literally taught me how to think about writing, and taught me how to become a copy editor. And when I left Random House, that was when I made the move into

public health consulting, working as a writer and editor. And then I actually got to work with physicians and university researchers. And I actually got to combine my early interest in medicine and mental health, with my skills as an editor and as a writer. And I loved what I did. And I still love what I do, because I still work as an editor even though I'm retired, I work out of my home office and just enjoy it very much. I've been very, very fortunate.

[00:25:08]

BLOOM: And I know you said you weren't necessarily aware of sensitivities, as you were sort of growing up, but did your experience with health have any influence over your interest in working in the medical field?

SHERWIN: Well, I suppose it did. Because when, I mean, obviously, I wanted to know more about how the body worked and how it reacted to substances and medications and so on. And having had the experience of reacting, oddly, to medications that were prescribed for me, I suppose that was one of the, one of the driving factors in my developing an interest in medicine.

BLOOM: And I'll just, I want to get some of this history, some of your life history. I want to get some more solid details. So you went to college, was it directly after high school?

SHERWIN: Yes.

BLOOM: Okay. And then did you go straight to your graduate program?

SHERWIN: No. Well, yes or no. I accepted a job as a teacher. And then I went to school at night. And in the summertime, in the summers. So it took me several years before I actually finished the master's program, because I was working at the same time.

BLOOM: When did you meet your husband?

SHERWIN:

Well, so I am divorced. I am divorced and remarried. Okay, so I mean, do you, do you need a marital history? Or do you want to know about my present husband?

BLOOM: We don't need a marital history—we don't need any particular kind of history, but I do want to sort of have a context of your life, especially when you discovered your sensitivity, which I realized is a little bit later on. Correct?

SHERWIN: It was later on, yeah. So it wasn't during my marriage to my son's father. It was several years after. And I knew my son's father at college. And we were both from New Jersey. And it wasn't until I moved to Maryland, that I developed the symptoms that eventually led me to Georgetown University and was told I had fibromyalgia. But now I understand that what was diagnosed with fibromyalgia could have been, as Dr. Rea said, muscle pain from exposure to toxic chemicals. So, yeah, it wasn't until my 30s.

[00:29:20]

BLOOM: Okay. I understand. And how about when you when you did develop, when you're at this point in your life, so I'm moving us to this point, just so we can begin to focus on it, because you've got a really fascinating healing journey. So how did it impact your life, when you began to develop these symptoms that were diagnosed as fibromyalgia?

SHERWIN: When the symptoms first manifested, the pain was so severe that I was not able to stand up straight to walk. And I was therefore unable to go to work. And at that point, I was working for a consulting company in Maryland. And when I, you know, I called in and I told my supervisor, what was going on, they arranged for the work to be dropped off at my house. Which was, you know, I could always sit in a chair with my feet up, and my brain could work. And I could do—I could edit, I could write, whatever. And so that's what would happen. This was, this was before the days of email. Okay? So it was a few years later, actually, while I was still at this company, the company gave loans to all of its employees, so that we could all buy computer equipment, and printers, and be connected. But this was before that happened. And so a colleague would drive to my house, drop off folders and files. And I would go through and edit with a pencil, which is how we edited in those days before computers. I would write out all my comments. And then they would be picked up and they would be turned over to the word processing department for all of the editing and comments to be typed into these WordPress sync files. And then they'd be distributed back to the consultants who had written them. So that was kind of how, what was going on. But the muscle pain was just so bad. And it took me a while in consulting doctors in Maryland, before I was actually referred to this rheumatologist at Georgetown University, and he happened to be a very well-known researcher in the field of Rheumatology, and fibromyalgia was one of his special interests. I'm trying to remember his name. Oh, I remember his name, it was Dr. Daniel Clauw, C-L-A-U-W. And I know he's no longer at Georgetown, because he moved to another university, and he may have moved again. So I'm not sure where he is.

[00:33:01]

BLOOM: Okay. And once you got that diagnosis, were you able to also get access to treatment that helped?

SHERWIN: Yeah, the gold standard of treatment for people with fibromyalgia was the use of Elavil, which is an anti-depressant that was—it was shown in studies to provide pain relief to people suffering from fibromyalgia. And so I was given a prescription for Elavil. I took Elavil for 13 years, and it did help the muscle pain tremendously. But I had to go on to an exercise program where, and it sort of had to be increased incrementally, by day and by week, to try to bring the pain under control. This was all part of the treatment program that was given to me by this researcher. So I started out by going out and walking for three minutes. And the next day, I walked for three minutes, I had to do that three days in a row. And then after three days, I could go out and walk for five minutes. And I gradually—and I, and I will tell you, it was extremely painful. But he said to me, if you do this, and if you can walk through the pain, you will get to a point where you are pain-free. So I said, “Okay, I can do that.” That's what I did. So eventually, it got to a point where I could go out and like walk for an hour. And by the time I had done that, I had no pain. So then he said to me, if you can step up your level of exercise with anything, then

you should do that. And so I read about ballroom dance. And I went to see a ballroom dance teacher. A wonderful woman in Maryland. And I said to her, "Look, here's what my doctor said to me, and I am able to walk for an hour now. But he said that when I start to learn how to dance, I'm going to be using my muscles in a different way. And it's going to be very painful for me all over again. Would you be willing to start me out with a 20-minute lesson, and then work up to where, however long the usual lesson is?" And she said yes. So I worked with this woman. And it was painful at first. But then it got easier and easier and easier. And I eventually found an amateur partner. And we trained with her. And she trained us to dance in competition.

BLOOM: Wow. That's amazing.

SHERWIN: It was so much fun. And it was so wonderful because it kept the pain away.

BLOOM: Wow. That's, that's an amazing form of treatment. I'm glad you found that for yourself.

SHERWIN: Yeah, it, it turned out to be absolutely wonderful. I did have to stay on Elavil. And I will tell you side effects for Elavil were not fun for me. Because they used to give me hallucinations. I would wake up in the middle of the night and I would see aliens walking in the room. I would see spiders as big as the room walking towards me. And I remember telling Dr. Clauw what I was experiencing. And he said to me, "Yes." He said, "That is a side effect of taking Elavil." He said, "Which would you prefer, the hallucinations? Or the pain and the disability?" I said, "There's no choice. I'll stick with the hallucinations." So I had to put up with that.

[00:38:14]

BLOOM: Wow, and you also had your son at this point. Right? Do I have that timeline right?

SHERWIN: Yeah.

BLOOM: What was it like? And just so I'm clear, is he your only child or do you have other children?

SHERWIN: No, he is he's my only child.

BLOOM: Okay, and what was it like to be a mother while you were also experiencing this pain and that sort of side effects from the medication as well?

SHERWIN: Well, in the beginning, I was disabled. So in order, I remember when it first started my son, he must have been 10, maybe, I think 10 when this all started. And he was very active in soccer and baseball and so on. And I had been a soccer mother and a baseball mother. And I used to run to help set up the soccer fields at seven o'clock on a Saturday morning, you know, we'd have to put up the nets, and we'd have to lay down the limestone lines and so on. And so, I mean, I got to know several of the parents, so I called them. I told them what was happening. And you know, people are very kind. They would pick him up, take him to his games and bring him

home, took over my duties for me so he could continue to play in the league. So it was difficult, but with the help of friends, you know, I was able to get my son to all of his sports things. And I, once I got to Dr. Clauw, and I, you know, started the medication and I, I went through this whole exercise program and I was able to reduce the pain, I was pretty much able to go back to a normal life, going back to work, you know, and being able to take my son where he needed to go for a sporting event. It was so--it wasn't that long that I was disabled. And once we got the pain under control, things were able to get back to normal.

BLOOM: And so after you got your, you know, your pain under control, what was the context of your life then? What were you doing?

SHERWIN: Well, I was I was working in public health consulting, and I really had a wonderful setup with them. Because there were two of us working in the editorial office of this particular company. Both of us were mothers. And I wanted to be able to work when my son was in school. I had a young, younger son compared to the other woman who had older children. And she, she wanted to be able to come in, in the afternoons and work into the early evening. So I used to work from 8:30 in the morning until 3:30. And I would essentially be coming home as my son was getting off the bus from school. So I would be working, and then I would come home usually by—I would be home between 3:30 and 4:00, and my son would be home from school and, you know, we'd do the normal things. If he needed to get to a sporting event, I was there to take him. As he grew older and went to high school, I was able--I actually changed my position in consulting, because I moved into positions of greater responsibility. And I had to take over projects. And so then I had to start working a more typical day, you know, a nine to five day. But when my son was older, that didn't matter, because he he'd be involved with sports after school and he'd stay right on campus. And then he also went, when he was old enough to start driving, he wanted to earn money, to be able to pay for his gas and so on. And so then in addition to his being involved with sports, he also then had part-time jobs. So we were able to work things out.

[00:43:40]

BLOOM: Did he do all his growing up in Maryland?

SHERWIN: Most of his growing up was in Maryland. Yeah. Yeah. Because we when we moved to Maryland, he was eight, I think or nine, eight or nine. And so he spent his grade school years and his high school years in Maryland.

BLOOM: Okay, and remind me, when did you leave Maryland?

SHERWIN: Let me see. So let's see, I met my present husband when I was working in public health consulting, and he was a medical consultant on a contract on which I was working. And we married. And let me see, he accepted a position at Tulane University. And so we moved to New Orleans in January 1999. That's when I left Maryland.

BLOOM: Okay. And before you left, Maryland, and while you were still there, was the only health issue that you remember, was it this, what was diagnosed as fibromyalgia? Or did you have any other issues that you were dealing with?

SHERWIN: Fibromyalgia was the major issue. I began, well I also noticed a growing sensitivity to prescription drugs. So I had to be careful. I never knew when I took a drug, how I was going to react to it. And I would have some very, very odd reactions to prescription drugs. One that stands out, because whenever I, you know, meet a—or I should say establish a relationship with a new physician and I have to go over my history of sensitivity to drugs, everybody always is sort of very surprised when I tell them about this reaction. So I was given Prednisone at one time. And I broke out in what is called giant Urticaria, or giant hives. They were hives that were so big, they would, they would, you know, they'd be like, five inches by six inches. That's how big they were. And they were painful. But I immediately suspected it was from taking the Prednisone. I stopped the drug myself. And then of course, you know, I was referred to a specialist who you know, tried to understand why this was happening. Well, we never figured out exactly what happened. But, when I stopped taking the Prednisone, the hives went away. Everything resolved. I'm trying to remember. Oh, I was given, Prednisone was one of the drugs along with a few other drugs that I was given for really severe migraine headaches.

[00:47:58]

I'm trying to remember, the migraine headaches started, I think the migraine headaches started when I was in my 20s actually. And I believe, let's see, they were linked to birth control pills. And so the birth control pills, when they first came out, back in the 1970s, they contained levels of estrogen, I believe, that were very, very strong. And as it happened, over time, researchers came to understand that the first birth control pills were way, way too strong. Today's birth control pills are much less strong. And so a lot of people, I don't think I'm the only one who had migraines triggered by these very strong birth control pills. And once the migraines were triggered, you just got them regularly. I remember the migraines used to be, used to occur on certain days of the month during my cycle. So I had to then live with that until menopause. After menopause, all of the migraines went away.

BLOOM: Wow. Right. Oh, my gosh. That sounds, that sounds really tough. But you know, I'm glad you don't get those anymore.

SHERWIN: Well, I'll tell you one thing. In public health consulting, I had many women supervisors. And many of them suffered from migraines, connected to their cycles. They were extremely understanding. And I remember, I mean, the first day a migraine would hit. There was no way I could go to work. I couldn't get out of bed. And I remember having supervisors, I would call them and they would know as soon as the person heard my voice, (they said) "Migraine starting today?" "Yes." "Fine, no problem." And that would be the end of the conversation. Because the migraines were so bad, it was hard to talk. So I would be able to stay home and treat myself with the medications that were available at that time for treating migraines. As time went by, medical research, of course, developed drugs that treated the migraines and enabled people to go to work. But in the beginning, it was really next to impossible. Whether or not the migraines were made worse by chemical sensitivity, you know, I can't really speculate as to that. But since chemical sensitivity seemed to affect so much of what went on in the body, I'm just guessing that there was some connection to the migraines as well.

[00:52:14]

BLOOM: Yeah. Yeah, that makes sense. And so you had just, you were just talking about when you move to New Orleans, because your husband got a job at Tulane.

SHERWIN: Right.

BLOOM: Were you still working in publishing at this point?

SHERWIN: I was working in consulting. I left, I left Random House in December of 1986 when I was moving to Maryland. And I moved into public health consulting. I had worked on a project at Random House where I had to work with outside consultants. And the outside consultants were hired to write something called summary plan descriptions that were going to be made into booklets that would then be distributed to employees. Now the reason I'm telling you this is because working on this project actually was, it brought about a major career change for me. Because the consultants wrote their manuscripts and submitted them to my boss, who was the vice president of Human Resources. She read the manuscript, and didn't like them and came to me. I was working as a writer and editor at Random House. I was at first writing "News at Random," which was the employee newsletter. Then I hired people from writing programs to do that writing, and then I became their editor. And so then, my boss came to me, showed me the manuscript these consultants had written and said, "Can you do something about this?" And so essentially, I took their manuscript and extracted the ideas, and wrote them all over again. And my boss loved them, and let the consultants know. And told them that they were going to be using the manuscript that I had written. And so the consultants invited me out to lunch and told me that I could double my salary if I went to work in consulting. Okay, so that's, that was in my head when I moved to Maryland. I actually applied for jobs with consulting firms.

BLOOM: Okay.

SHERWIN: And so, so then that that was a career change. So then I was working in consulting, we moved to Maryland, I met my husband, we moved to New Orleans. And at that point, everybody was connected with computers and email and so on. And so I continued to work for the consulting company. I was called a telecommuter.

[00:55:48]

BLOOM: Okay. Gotcha. And so when was it that you had, when was it that the accident happened? The pesticide, from my understanding, it's a pesticide extermination accident in your condo?

SHERWIN: Yes. Okay. So that we see, that happened in August of 2002.

BLOOM: Okay. Can you describe what happened?

SHERWIN: Okay, so the exterminators came in to treat an invasion of weevils in the, in the apartment, our condominium. And two exterminators came in; they brought in all these cans.

And they started to put chemicals into the cans, I remember. And they were, they were sprayers with nozzles on them. And they were going to be spraying the cab--we had had to empty all the cabinets and they were going to spray the cabinets. Then they were using special devices to inject chemicals into the walls of the kitchen. So they, they started spraying. And I had a reaction. My body started to burn as if I were being sunburned. So I was burning from head to toe. And then it became extremely difficult to breathe. And I said to them, "Oh my god! I'm having trouble breathing!" And they said, "Run out, go outside." So I ran out of the apartment, took the elevator downstairs and sat outside trying to catch my breath. And just sat there trying to breathe. And then they came downstairs after me. And they said, "We finished." And you know, when you're not able to breathe, what I should have said to them was stop working. And come with me. Of course I couldn't. I couldn't breathe. So they finished deploying all the chemicals. And so I sat outside and I'm thinking, what should I do? So I couldn't call my husband because he was actually out of town because he was serving on a study at the University of Colorado. And he had gone there for several days to meet with all the other researchers. And so he's in Colorado, and I'm sitting outside and the exterminators come out. And they said, "You probably shouldn't go back in the apartment for a while." I said, "Oh, what do I do?" So I called a friend of ours who was actually my husband's academic coordinator. I called her and told her what happened. And she said, "Can you walk to campus?" And I said, "Sure." So she said, "Walk to the campus, and we'll go have lunch together." So I did. That's what I did. I don't know if you want me to tell you anymore, or...

BLOOM: Yeah, I want to know, you know, did you end up going back into the house eventually? And were you still reacting?

[01:00:08]

SHERWIN: Okay, so my husband was due to return from Denver that day. And he, I guess we must—I guess he was going to come directly back to his office. So I remember that. Our friend Kelly said, don't go home. Oh, I know what happened. We went to lunch. And we walked. As we were walking into the restaurant, my internist was walking out. And so I told him what had happened. And he said, "Don't go back to the apartments. Where's Roger?" Because they were colleagues. I said, "He's coming home from Denver. He'll be home later today." He said, "Okay." So he said, "When Roger gets home, you let him go back to the condo, tell him to open up all the windows, air everything out." And he said, "You probably shouldn't go back there for 24 hours." And so I stayed at my husband's office. He came back to the office. I told him what happened. He went back to the condo, he opened up all of the windows. And I remember, we were thinking of what we were going to do. And he said, "We'll go back to the apartment, I want you to immediately walk down the corridor to the right. And go into the bedroom. Stay there, you shouldn't be affected by the pesticide." You know, and given the makeup of this condo, he was right. We open the door, I walk down the corridor to the right and into the bedroom, and I was okay there. So we spent the night in the bedroom. And I remember the next morning I got up and went into the kitchen to put coffee on. Soon as I walked into the kitchen, I started to shake. And I was trembling from head to toe. And then it was very difficult to breathe. So I ran back into the bedroom. And I told my husband what was happening. He said, "I want you to call the exterminator." Because I was the one who had been dealing with them. "Have them come back. Have them remove the chemical from the wall." So we called the exterminator. And the

exterminator said, "Remove the chemicals? We don't remove chemicals. We lay down chemicals. We don't remove them." And they refused to come back. So I said to them, "Well what are we supposed to do?" He said, "Tell your husband to remove the electrical outlet covers. Do you have a vacuum cleaner with small parts to it for doing, you know, cleaning in small spaces?" I said, "Yes we do." He said "Okay. So have your husband's put the smallest nozzle on the hose, put that nozzle down inside the space in the wall after he's taken the electrical outlet off, and just have him vacuum it up." But he had not explained to us that in order to do that safely, you have to have a vacuum cleaner with a HEPA filter. We did not. My husband follows the instructions. Starts the vacuum. And the chemical come comes out the exhaust fan of the vacuum cleaner and get sucked up into our air conditioning system. And so then the entire apartment became unsafe.

[01:05:24]

BLOOM: Oh no. How long did you stay there?

SHERWIN: Well, I stayed there for a week while I made arrangements to...I went from physician to physician at Tulane and got transferred from one physician to another because no one had ever treated anyone for exposure to pesticides or toxic chemicals. So I actually got on a plane and flew to New Jersey. Stayed with my parents while we were figuring out what to do. And so we hired an attorney in New Orleans. And it was while talking to the attorney in New Orleans that he said to me, "You know, my law school roommate's wife became very ill after she was exposed to pesticides. And she found a doctor in New York City who helped her. Would you like to talk to her?" And I said "Yes." So I talked to this, this woman. And she gave me the name of the doctor in New York City that she had seen. When I got to my parents' house in New Jersey, I called his office. And, of course, it was not an accident. I really believe that God was involved in getting me to this physician. Because when I talked to this woman, she said to me, it takes three months to get an appointment with this doctor, he's so busy. She said, "But call, because who knows you might get a cancellation." So I called and I told the receptionist, you know what I had experienced and why I was in New Jersey, staying with my parents. I couldn't go home. She said, and I remember I was calling her on a Tuesday. She said, "We have a cancellation for Friday. Would you like it?" I said, "Oh, yes."

BLOOM: Yeah.

SHERWIN: So I went into New York City. And I went to see this doctor. And he said, he had, he had been treating people with low dose antigen therapy. And he said to me, "But I want to tell you that there's this physician in Dallas, Dr. William Rea. He's got his own clinic set up there. He uses a different treatment approach. And I've referred a lot of people to him and from what you're telling me, and the history that you've given me, you may be better off going to see him." So he referred me to Dr. Rea, and that's how I went to Dallas for treatment.

[01:09:37]

BLOOM: Okay. So when you first got to the treatment center in Dallas, what did you think?

SHERWIN: It was terrifying. When I walked in, I saw people who were so ill, people who were living out of their cars, because they couldn't live in hotels. Because they were so sensitive to the environment. I saw people walking around wearing masks, wearing respirators taking oxygen. I'd never seen such illness up close before. And I was terrified. And I saw, I saw a lot of women in treatment. You know, very few men. If there were 50 in treatment, 50 people in treatment, I'd say there were three men, and all the rest were women. And I remember my first interview with Dr. Rea, I said to him, "Why do I see so many women? And so few men?" And that's when I started to learn about how chemicals affect women in a higher, in a higher preponderance than men, a greater percentage of women were affected by chemicals because of estrogen. And the fact that many toxins bind with the same receptors that estrogen binds to in the body. So well, and then I, you know, I began to learn about the treatment that was used at the clinic, the kinds of testing that was done. Once my editorial logical brain sort of clicked into gear after the first, you know, terrifying moments, I started to see a logical way of healing. And, you know, Dr. Rea said to me, "I don't think you have fibromyalgia, I think you've been exposed to toxic chemicals." "When you go through this treatment program," and the program that he explained to me sounded so logical. He said, "It's not easy to go through this treatment program. And you're going to become much sicker than you are right now as we get the toxins to leave your body. But if you can put up with the pain and this sickness, you will get better. You just have to persist."

[01:13:37]

So I started the treatment program. And he was absolutely right. I became so ill during that treatment program. And I had to live in a safe apartment. And the, you know, the clinic center had set up safe apartments and the husband of one of Dr. Rea's patients bought an apartment building and gutted all the apartments and refurnished and renovated them with all safe material. So that, and then he started to rent them out to Dr. Rea's patients. So I went into one of those apartments. So you kind of, you had to live in isolation. And while you were going through this treatment program, and I just became extremely ill during the treatment. And I, I said to my husband, "It was a mistake to come here. You have to take me home." He said, "You can't go home, because you can't live in our apartment and we looked for other places in New Orleans. There is no place safer for you than here. And Dr. Rea said you had to give it a certain amount of time. And I've read his book." Dr. Rea had written a four-volume textbook on chemical sensitivity, and my husband read it. He said to me, "His treatment is sound. I really believe he's going to help you. Can't you please put up with the treatment a little longer?" So I trusted my husband and I said, "Okay."

BLOOM: Yeah. How long did the treatment take?

SHERWIN: Well, I was in treatment for seven months. And I'm trying to think, so many weeks after I started treatment, I unmasked for sensitivity to electromagnetic field, which was, that was like stepping into the Twilight Zone. I couldn't be near an electric light. If the compressor on the refrigerator ran, I had unbelievable pain. I couldn't be near anybody using a normal telephone. I couldn't be near anyone using a cell phone or a computer. I thought I was terrified when I walked in the door of the center the first time. That was nothing compared to weeks later when all of a sudden I became sensitive to electromagnetic fields. That was total Twilight Zone. So when I went into the clinic, the morning after this happens because it happened one evening and I told

them. What I said, “Here's what happened to me. What's wrong with me?” Yeah. And they said, “You have unmasked for sensitivity to electromagnetic fields.” And one of the first concepts I learned when I went to the clinic was unmasking. Because what happens is, when you become exposed to one substance after another that your body no longer is able to process and withstand, your body begins to mask reactions to certain other substances. And so it's only when you go into treatment, and you start to strip away some of the sensitivities that the other sensitivities then manifest themselves. That's the concept of unmasking that I learned at the center. Yeah. So that's what had happened.

[01:18:48]

BLOOM: And was there a turning point, throughout the course of your treatment that you started to feel like you're recovering or getting better?

SHERWIN: Yes, I started to feel better after the center and Dr. Rea referred me to Deborah Singleton, and her team of energy medicine healers. They started to do energy balancing, which helped me with the sensitivity to electromagnetic fields, and then also helped me with, it also helped me respond to the treatment at the clinic for sensitivity to substances. So I did, I did start to feel better probably five or six months before, could have even been at the four-month period. It was somewhere after a few months that I started to feel better.

BLOOM: By the time you left, did you consider yourself fully recovered or not?

SHERWIN: No, that that took a few years. It took a few years, I had to stay on the antigen injection treatment therapy for I guess about two years because as part of the treatment at the center, patients were taught to give themselves injections of antigens that would help reduce sensitivities to certain substances and foods, so on. And so I had to continue to take the antigen injections. And I had to move to a safer environment, which we did in Santa Fe. I had to continue to follow something that is called a rotational diet. We learned at the center about food families. And then we had to rotate those food families during a five-day period. This was all part of Dr. Rea's treatment approach to treating chemical sensitivity. I stayed on the rotation diet, I took the antigen injections, it could have been maybe into 2005. And then I think it was at that point Dr. Rea told me I could start weaning myself off the antigen shots. And I did that. I still followed the rotational diet for a number of years. And I think I finally stopped rotating, it could have been maybe in 2010. Around that time. It took years to recover.

[01:22:56]

BLOOM: Yeah. Was it difficult to sort of figure out how to move towards a healthy life after your time there? I know you said you had to move. Was that a difficult transition or?

SHERWIN: What do you mean move, Molly? Do you mean change where we live?

BLOOM: Right. Yeah. You said you had to move to Santa Fe. Yeah, and I'm, go ahead, sorry.

SHERWIN: Yeah. So we did, we moved. We moved to a mountain community in Santa Fe, about 15 minutes southeast of Santa Fe, downtown Santa Fe. And we lived in a house that had been built by a chemically sensitive woman. So it was, it had safer material, safer paints and so on. And living up at 8000 feet, we were not subjected to gas fumes, exhaust fumes. We lived in an area without agriculture. So there were no pesticides and herbicides being sprayed. So we lived in a very environmentally safer environment. And it was, it was what it was. We knew we were moving there to help me recover. And after we were living there for two years, my husband became ill. And I suspected that what was wrong with him was related to pesticide exposure. And so we call Dr. Rea, and we returned to Dallas for my husband to be tested. And it turned out that he, too, had been affected by exposure to the pesticides. But it had taken much longer for his sensitivity, his illness to manifest. And so Roger had to start taking antigens and following the rotational diet, too.

BLOOM: Oh, wow. Yeah. But you had some expertise on it at this point. Is that true?

SHERWIN: Yes, we knew the routine. So it was easy for him since he had been coaching me through this whole treatment program. It wasn't easy for him, you know, to start giving himself injections and so on. The other thing we did is we followed doctor's advice to buy a...I'm trying to remember. It was, we bought a sauna made of safer material, sold by the Heavenly Heat company, which Dr. Rea recommended. And we had a sauna delivered to us. And the sauna was also an integral part of Dr. Rea's treatment program. So we took saunas several times a week.

[01:27:00]

BLOOM: Okay. And I am reading also in your pre-interview that you, once you moved to Santa Fe, you were working in an editing service for university researchers? Was this before or after you returned to Dallas for your husband's treatment?

SHERWIN: This was after we, yeah, we went back to Dallas, my husband was tested. And at that point, I was told I could start weaning myself off the injections. And I had made enough progress with the help of the energy balancing, so that I could begin to use the telephone again. And so I started by using a telephone. And I'm talking about a regular landline phone. And then I progressed to being able to use a computer, I had to set the computer up in a way—we had to buy long cables so that my body wouldn't be right on top of the CPU. I also had to buy a very small, flat screen monitor. I bought one that Dr. Rea recommended that had the least amount of electromagnetic field radiation. But I had to follow a gradual use program to be able to use the computer again. So I'd be able to use the computer for five minutes, then I have to stop. And then I'd have to wait three days. Then I could use the computer again for five minutes, and then I had to stop. And then you know it built up over time. So that by 2010, I was able to be on the computer as much as I liked. And that's when I started to write my book.

BLOOM: Okay. And that's also—

SHERWIN: Yeah, I'm sorry, maybe it was a little earlier that I started to write the book. I kind of outlined all this in the book that I wrote. I mean, if you wanted, I could send you a PDF,

because you'd have more dates in it. Again, I'm just trying to remember back and it's 2019 and I wrote the book, I don't know, several years ago.

BLOOM: Yeah, I would love to have the PDF.

SHERWIN: Yeah, I can send you the PDF.

BLOOM: Thank you. Yeah, I mean, so we've talked, we've talked so much about, we've talked a lot about what this experience has been like for you. And I, I just want to make sure you know, we're sort of coming towards the end of the interview. And I want to make sure before we finish, is there anything else that we haven't covered that you that you want to talk about that you want me to know?

SHERWIN: Okay, so we're coming to the end of our time today, does that mean the interview is going to end at this point, and there won't be any further contact?

BLOOM: It doesn't necessarily mean the interview's going to end at this point. So just to let you know what my timeline is like. I will be working at the Center for the Study of Women only for the next two weeks. And I, if there is more for us to talk about, I'm afraid that I might not be able to be the one to follow up with you.

SHERWIN: Okay.

BLOOM: But I want this to be as rich of a history as you know, as you want to give us, but I also don't want to ask you to keep talking about history in a way that's not interesting to you.

[01:32:12]

SHERWIN: Okay, there is one really important point that I'd like to bring up for discussion, because it affects so many people with chemical sensitivity and sensitivity to electromagnetic field. And that is the fact that it is still not being recognized by insurance companies. And it places a huge burden on patients seeking treatment. And I have known people who have literally bankrupted themselves pursuing treatments that they themselves had to pay for. And I've spoken to so many people with chemical sensitivity over the years since I was first diagnosed with it. And if this oral histories project can do anything to bring attention to the fact that MCS environmental illness is a real illness, and that it needs recognition in mainstream medicine, it needs therefore to be recognized by the insurance companies so that people can have their treatment paid for. Because there are many people who are going without treatment, and truly suffering, who just weren't as fortunate as I was, as my husband was. We were able to afford to pay for treatment. When I went, when I filed my first claim for my medical treatment to be covered at the center, my insurance company dropped me. And we had to pay for the entire treatment there. And you know, medical treatment, how expensive it is. And the fact that I was going to the clinic center six days a week for treatment for months. We ran up thousands in costs.

BLOOM: What was the insurance company's justification for dropping you?

[01:35:36]

SHERWIN: I was never clear about that. We actually consulted an attorney in Dallas when that happened. And he actually happened to be the person who owned the safe apartment complex, where we live, he was actually an attorney who bought this building. His wife was a patient of Dr. Rea. And he came and talked to us. And he said that he had seen this happen over and over and over with people with chemical sensitivity. And he said, you will spend thousands trying to bring a court case and trying to get this straightened out against this huge insurance company. He said, "My advice is it'll cost you less money to pay for the medical. He said, "You will be years in court. Years." So we paid for the treatment. We took out loans. And then we had to pay back those loans over years. And we were able to do that because we were both earning money. But there were many people who were so ill from chemical sensitivity, they couldn't work. And therefore didn't have money for treatment. So that that was really one of the driving forces for me to participate in this project. And I, I truly hope that you bring some recognition to environmental illness. And that it somehow down the road helps it become recognized in mainstream medicine, and by insurance companies so people can have coverage.

BLOOM: I hope, I hope that that is also one of the outcomes of this project. I have another question that I want to ask you about, I want to ask you about the process of writing your book, what would you say was the inspiration for that?

SHERWIN: It was really, it was to help other people. Because I was able to recover, I was able to go back to a normal life. Normal with the caveat that we had been educated to environmental exposure. And so we learned how to limit our exposure where you know, wherever we live. We have water filtration in our condominium where we live now. We buy all safer cleaning products, personal care products. We live a normal life in that we can live in a condo. Most people with chemical sensitivity cannot. We can, because we're not affected by materials the way some people continue to be. So I wanted to at least tell my story. So that people, people would know. You can become better. It's not easy. It's expensive. But it can be done.

[01:40:05]

BLOOM: Have you made connections with other people through writing the book? Have people reached out to you about it?

SHERWIN: Yes, I've had people call me. They were referred to me. Whenever I gave author talks, I would make connections with people. We had people referred to us who wanted to come stay in our guest house in Santa Fe; we got to meet other chemically sensitive people through the center, through the people we met there. And through some connections through the book as well. But there's a whole network of chemically sensitive people who meet with each other in, you know, forums, chat rooms, do you know—do you know about Planet Thrive?

BLOOM: I heard at least one other person bring this up in an interview.

SHERWIN: Yes, you can, you can actually go to the website and join chat groups there. And there are all kinds of links for people to communicate with each other to find safe

accommodations as they travel through the country. So I received emails from people looking for safe accommodation. And I receive emails through connections made on Planet Thrive. So people who are chemically sensitive stay in touch with each other, exchange information about physicians and treatment and so on.

BLOOM: Okay, that makes sense. Okay, so I have a sense of, of the way that you and your husband have dealt with this and the sort of powerful community and the work that you've done around it. Is there anything else at this point that you want us to talk about?

SHERWIN: The only thing that comes to mind is that families are very important to people with chemical sensitivity, and for people trying to find out what exactly is wrong with them. Because you don't instantly know that you're ill from exposure to chemicals. And family support is extremely important. That was a point that was driven home in conversations I had with people I met at the center in Dallas. And with people with whom I've spoken over the years. People who had the support of their families always fared much better than people who did not, whose families thought perhaps it was all in their head and didn't support them, didn't help them get the help they needed. So in any discussion of chemical sensitivity, and treatment and so on, families are very important.

[01:44:36]

BLOOM: And do you feel like you've had a supportive family?

SHERWIN: Yes, again, we're very lucky. Yeah. Extremely, extremely lucky. My family was very, very supportive. They did so many things for me that I couldn't do for myself. And my brother and sister-in-law brought their children to visit me in Dallas, because they happen to live west of Fort Worth. So when I went into treatment there, they came to visit me. In order to visit me at the safe apartment, my sister-in-law had had to wash their clothes in baking soda and water to de-scent them. And they all had to de-scent themselves in order to be able to come into the safe apartment to visit me and they did that. You know, I mean, so, families are so important.

BLOOM: Definitely sounds like your husband was also very supportive. And then you were able to be supportive of him, too.

SHERWIN: Yes, he was a prince is all I can tell you. A western medicine physician who accepted all of the alternative therapies that I received that were recommended to me through the center, who supported me through all of those therapies including receiving healing in Navajo ceremonies, and never once ever withdrew support from me. He was, he was a prince. Still is a prince.

[01:46:55]

BLOOM: That's wonderful. Okay, so I'm, I have another engagement that I have to get to in a few minutes. So we'll need to end this part of the history now. So what's going to happen in the next, in the next few weeks is we'll have an undergraduate student begin transcription of this interview, and they will transcribe everything and then they'll send you that. We'll send you that

transcription via email, so that you can review it, and we'll also review it to look for mistakes and spelling and dates, and you can do the same. You'll be able to give your official approval to the interview, at which point, it'll be ready to go into the archive. But it'll take some time for us to, it will take some time for us to get everything together. I'm thinking a few months. In the meantime, if there's anything you think of that you would like to be added to the record, I encourage you to contact Alexandra and I via email. I will be able to conduct sort of follow ups in the next, maybe the next week. But next week is going to be my last week here at the Center. But in any case, there will be somebody who can follow up with you if you'd like, or we can follow up via email as well. So I just wanted to thank you for the time and the consideration and the reflection that you put into this interview. I really appreciate it and I believe that it will go on to make a big impact.

SHERWIN: Well, I'm very grateful for the opportunity to share my experience and knowing the academic year, I want to wish you the best of luck with where you're going after UCLA.

BLOOM: Thank you very much. I appreciate it. Okay. Do you have any questions?

SHERWIN: Not at this point. If I think of anything, I will certainly email you and Alexandra.

BLOOM: Okay, that sounds great.

SHERWIN: Okay, was a pleasure, Molly.

BLOOM: It was a pleasure for me, too. Thank you very much.

SHERWIN: All right. Take care.

BLOOM: You too. Bye.

[01:49:34] (End of April 25, 2019 interview)