

Oral History with Liza Grandia

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Interview with Liza Grandia
SESSION 1, PART 1 (7/3/2020)

[00:0:00]

KIM: Today is July 3rd 2020, the time is 1:07pm. This is Kelsey Kim speaking with Liza Grandia. Did I say that right?

GRANDIA: Yeah, Liza Grandia.

KIM: Can I go ahead and just begin by asking you, when and where you were born?

GRANDIA: I was born in a trailer in Montgomery, Alabama.

KIM: Okay.

GRANDIA: Which, I think about sometimes—that my early experiences as a newborn would have been being taken back to a trailer that I can only imagine was emitting a good deal of formaldehyde. I also know that, when I was three weeks old, the doctor told my mother to give me fluoride drops. So, there are things about my infancy that I have questions about with regards to entering a chemical world.

KIM: Did you spend your childhood in the trailer, or, did you move at some point?

GRANDIA: No. When I was six weeks old, we moved to Georgia—to two different rental houses for the next five years. Then my parents built a house. I have memories—I have thought a lot about my childhood, in retrospect. I know that I never really wanted to be in my room. I tended to hang out in the places in the house that did not have carpet. It was only later that my awareness has been raised about the toxicity of carpet, but when I think back to my own experiences—you know, I had a lovely room, and I just really never wanted to be in there. I do wonder how much of the sensitivity I had from the beginning, and what differentiated me from my family—from my brother—who really doesn't have any sensitivities.

[00:02:21]

KIM: Do you remember any particular smells in this room, or was it just something about the feeling in there—like, you felt nauseous when you were in there?

GRANDIA: It was just a kind of not wanting to play in there. There was another room in the house that was also very carpeted—the piano room—and I just remember always feeling exhausted and just not wanting to play piano. It was just like an aversion, not anything, even, conscious. But, in retrospect, I think about how lovely those rooms were, in terms of their furnishing and just what pleasant places they were, and—why I would choose to sit in the basement? Or, I would sit in the tiled areas of the house.

KIM: You said that this house was built by your parents, so it was new.

GRANDIA: It was new and, certainly, it was not finished when we moved in. My parents were both really amazing woodworkers and my mother loved to stain. So, there was always staining

projects going on in the house, for certain. It's hard to know what that house was like. I visited that house years later, but the new people who had moved in had lots of dogs and so it smelled unpleasant because of the beagles. It's just hard to know. I had kind of hoped, when I went to revisit that house with greater sensitivity and awareness of environmental illness, that I would have some clues. I guess, for me, that's, like—thinking about healing, I need to figure out where the trauma began. But, certainly, there are other episodes of marked worsening of my illness that I can talk about.

[00:04:22]

KIM: You said that you lived with your parents and a brother, right?

GRANDIA: Yes.

KIM: Did you have any other people that you lived in the house with, or, that you grew up with?

GRANDIA: No, no, just my parents and my brother. There were four of us.

KIM: What did your parents do for a living?

GRANDIA: My father was an airline pilot. My mother was a homemaker and a kind of civic volunteer and then, later, went back to teaching English as a Second Language (ESL). She was a part-time ESL teacher. I think—and I've tried to sort this out—my mother passed away in 2014, right before I fell really ill with chemical sensitivities. They were, perhaps, unrelated, but my mother's death coincided with a botched building renovation at my university. The more that I learn about limbic problems—that you can get emotional trauma mixed with chemical smells that reinforce them in a pattern. I do think back to my mother, who was quite depressed most of her life, and had a very swollen belly—the kind of belly that I recognize myself getting, now, with exposure to fragrances and cleaning chemicals.

I have memories of her, certainly—well, I grew up in the South, so you would say that your mama chewed you out when you got into trouble. I have memories of my mother chewing me out, like, after mopping, and just being furious if anyone made any kind of mess after she had cleaned. There was not a cleaning chemical my mother did not like. When she passed and we cleared out the farm in northwest Alabama that she'd inherited, and where she and my dad had retired to farm, and then they lived the winters on the beach—there were forty-two bottles of cleaning chemicals that we pulled out of that house. The house on the beach where they retired to—my dad just loved those cleaning chemicals. I was like, Daddy, please don't use these, and he's like, Well, I'm just going to use them up—because they were frugal. Then, finally, I was like, I just can't come to visit you if you keep using these chemicals. But, he left them there. He didn't want to throw them away. He'd say, I'll take care of them later.

Then, some time, I remember arriving to the house and, from the driveway—about fifty feet from an open door—I could smell the yellow disinfectant lemony smell from the street. It was so strong. It was in storage, in a cabinet, but I could smell it. We ended up bagging—I was like, Daddy, I cannot—I kind of went crazy that evening. I was in fight or flight. I just was panicked.

It was late. It had been a long airplane ride. So, we bagged up all those—it was, like, two garbage bags full of chemicals.

So, my mother, anyway, she had—I don't know if you would call it OCD (Obsessive-Compulsive Disorder), but she was an excellent housekeeper. She was of the generation of chemical living. I think back—you know, my mother, she suffered from a lot of dry eyes, allergies. She was constantly taking Benadryl and getting headaches, skin rashes—things that I recognize as pretty clear signs of chemical illness. From our laundry detergents to—everything. I had a moment when I was unpacking some boxes that I had saved, of some childhood things—like, one day if I have a child, a daughter. These things have been boxed up for thirty-eight years, in the attic. I opened up a box of T-shirts and, like, Whoa. I could smell the Tide and the dryer sheets, thirty-eight years later. It took me ten washes to get that out, to where I could allow my daughter to wear them and I could handle being around her.

So, I never had a fragrance-free moment in my childhood. My mother never had a fragrance-free moment in her adulthood. We were constantly surrounded by those plumes of dryer sheets. It's hard for me to know what my brain would have been like. That's one of the things that makes me really passionate about this work, is, thinking of children who have no other alternative reality. I was lucky, later on, because I lived in non-carpeted homes, that I could notice the pattern with carpet, in particular, is my primary trigger. But that took me years to figure out, as well. Anyway, I'm interested in this toxicity in everyday life and how you unmask.

[00:09:44]

KIM: Yes, definitely. I think that, for a lot of people, it's hard to imagine anything except what we already have. For example, a lot of people just think, Okay, cleanliness, or cleaning products, should smell lemony, or, like Pine-Sol, or something. It's hard for a lot of people to imagine what it wouldn't be like. We're so used to just being surrounded by these things every day.

GRANDIA: Yes. I think, I decided that I needed to learn to really tackle this when I went home for my mother's funeral in 2014. I opened the door and I walked in, and I thought, Oh, thank God, it still smells like Mama. Then, in a second, in this moment of horror, I was like, No, it smells like Pine-Sol. For me, that idea that my associations with my mother were Pine-Sol, was the thing that—I was, like, I really need to figure this out. This is a cultural project and I need to—as an anthropologist, I have to dig into this. For my own healing—but, also, intellectually—that, maybe, this is why—try to have some meaning out of the illness, and help others avoid the same quandary. I think about my little daughter, who—I've avoided, strenuously, that she be exposed to anything. I couldn't put her in daycare, so, my young years as an academic were very stressful, because I had to find babysitters or figure out how to multitask, watching my child. I just couldn't put her in daycare with all of these horrific smells that, I knew—and so, her first day of kindergarten, I remember, we were waiting with the children. It was very heavy fabric softener. She was like, “Mama, I want to go home. It stinks around here.” I was like, So, is my child chemically sensitive, or has she just simply not been trained to associate those smells with love or home—not always with love.

[00:12:06]

KIM: That's a great question. Yes. That's something we all need to really think about—the idea of associating certain smells with certain things and disassociating ourselves from that. A lot of people mentioned Tide. It's kind of funny, I've actually heard this several times—associating Tide with their mothers. It's something that has come up.

GRANDIA: Well, at least for my generation, that was the main laundry detergent. A lot of these new things—Downy. I am interested in thinking about the ways in which certain fabric softeners are used by different cultural groups, and, particularly, the toxicity of—in the town that I live in now, just, very heavy use of fabric softener by Mexican American families. It's this potent stuff, where, Tide actually seems kind of lightweight—from my own nose, in terms of what I react to—compared to Downy and some of the other—Suavitel—that is used by the Mexican American community, here in California. In other places—I was struck, when I went to the Netherlands last summer. I don't travel much, but I went, two summers ago, to study epidemiology at a Dutch university. Actually, it was so much better there. I felt terrific, because the Dutch don't use fabric softeners. They use perfumes. So, it was an interesting experiment for me to realize that I could handle a little bit of perfume, but, it's the fabric softeners, which—floor me. Okay.

KIM: Can I ask—just to get some background a little bit more on your childhood? We were able to discuss a lot about your childhood home, and I thought that was really interesting. We're also wondering, in terms of the community you grew up in—you said, you were living in Georgia as a child, right?

GRANDIA: Yes. My dad was a pilot for Delta, so I grew up outside of Atlanta and Stone Mountain, Georgia.

[00:14:35]

KIM: Oh, okay. Do you remember, were there any chemicals that jump out at you when you think about your community? Like, was there a sewer plant or any sort of factories?

GRANDIA: I really grew up in the woods. It was a wooded neighborhood on the edge of Stone Mountain Park. So, the air was fresh. I dream—I miss—I love California. I love so much about living in California, but I really miss trees—like, woods and rain, because that smell of the South after a thunderstorm. My father would have used—he always gardened and he had bees, but my father always claims that he was more organic than he was. I know that he used Roundup. They would use Sevin Dust. He would be like, Oh, just a little bit of Sevin Dust to kill fire ants. He kept those pesticides in our basement. My mother, like everybody else of her generation, kept cans of Raid and things like that in our pantry—right next to the cereal, like—canned goods, box foods, chips, and insect repellents. Off (repellent brand)—all of that was kept on a shelf in the pantry.

As an anthropologist, I'm starting to try to write about chemical exposures and rainforest communities in Guatemala, where people will keep pesticides right next to their beds. In a one-room hut, where are you going to store your pesticides? But, I'm like, Who are we to judge, when every American either keeps those things under their sink in the kitchen or in a pantry?

Definitely, we had a lot of chemicals—household chemicals—in our house. I know that my mother used Dawn dish detergent—was her favorite. That's among one of the most toxic. We were frugal, and so we wouldn't buy bath detergent—bath salts or anything. I took baths every night. We just used Dawn dish detergent as the foam bath. So, I bathed in it—all that triclosan. My mother had a habit of—she'd always leave a little bit of soap on the dishes, on purpose, as an antibacterial measure. She didn't fully rinse the plates. Cascade was the—it's just incredibly scented, when I've smelled it other places. So, it was everywhere.

So, I had done my biomarker measurements with Great Plains Laboratory. There are a couple of things that stood out to me. I'm past the ninety-ninth percentile for exposure to organophosphates, which makes sense from my history of seven years working in rural farming communities in Guatemala—drinking the well water, bathing at the wells where people were washing clothes. I never was in fields where people were spraying, but I definitely accompanied farmers to fields that would have been sprayed. In the biomarker, the normal range for organophosphates—compared to the US population that's been tested—is, like, zero to twelve. My level was twenty-two. I'm past the 99.9 percentile. I've just had a lot of exposure to organophosphates. The other couple of things that struck me—I have a significant—I'm in, like, the fiftieth percentile for Roundup, that I could have been exposed to in Guatemala, or I could have been exposed to in my childhood—or, just in everyday life, because it's so ubiquitous. The one thing was the MTBE (methyl tert-butyl ether), which is banned in California. So, I'm like, Where did I get exposed to this additive in gasoline, and that I'm very high levels of—and perchlorate, which is in rocket fuel. I wondered if there was some kind of—but, I'd looked at the water reports of where I grew up. There's nothing that stands out in the water that I would have grown up drinking. I think, relatively, I grew up in a very healthy environment—minus the things in my house. But, the community and everything—there was no toxic waste, because we were next to a state park. So, no, I don't have any classic environmental justice stories in my background.

[00:19:45]

KIM: Just to fill in stuff on your childhood, we're also curious about what school was like for you. Did you enjoy school? Were there extracurriculars that you did?

GRANDIA: Yes, I was valedictorian of Stone Mountain Elementary and Stone Mountain Middle School and Stone Mountain High. I did theater. I was head of student council. I started EarthCorps, the first environmental club. It was, actually, the first recycling program in Georgia. I got my district to ban Styrofoam trays in 1991. My principal was really belligerent—didn't want to go back to the dishwashing, because he didn't like the smell of the dishwashing detergent, which is kind of interesting. So, we went above his head and we got the school district to ban Styrofoam trays, which is funny because then, thirty years later, I ended up having to fight that same battle in California. My daughter's school district didn't have a recycling program for paper—thirty years, you know, in 2018, in California—was using Styrofoam trays. In some ways, I was able to get more done in Georgia in the early environmental movement than here, where it should be more friendly. So, I was really involved.

My latter years in high school, though, I was very sickly. I probably missed a third of high school attendance—but I was a smart kid. I was bored in classes, anyway. My teachers—because I was a leader—even when I was in school, I was often on a hall pass to be working on student council stuff. Yet, I never played hooky. I could have just left school, but I was an honest kid, anyway. I was just very involved and—you know, theater, and I feel like the environmental organizing was my ticket out of Georgia. It gave me a sense of a broader world, and helped me get to Yale, and, also, was very much a part of my identity in college.

[00:22:05]

KIM: Regarding your environmental activism, how did you get involved in that? Was it particularly the Styrofoam trays and the recycling thing that made you interested in pushing environmental activism, or was there something else, before, that made you really interested in environmental activism?

GRANDIA: This is before internet. A person—someone from Greenpeace, a canvasser—walked through my neighborhood and knocked on the door. I subscribed to the magazine. It was just, like—anything that could get me out of Georgia and connect me to the world. I read that magazine with a passion every month. Then, 1990 Earth Day was incredibly influential. It was, like, the first information that was on the news. There was just a lot of attention given to Earth Day. Growing up in a really conservative context, I was the only liberal—radical—around. I was able to recruit people in a conservative town to work on environmental issues, because it was kind of seen as non-political, at the time. That book, *50 Simple Things You Can Do to Save the Earth*—I remember going to Barnes & Noble and I found that book and that book changed my life. I think, in retrospect, about that book—that book is all about saving the planet, like, lightbulbs and recycling. It wasn't about human health. So, that message about how environmentalism relates to human health, I didn't really get until college, when I read Rachel Carson, which was really, I think, a transformative book for me.

But, even then, I did not see—I mean, I remember having really conscious moments of thinking, like—I just bought the cheapest shampoo, I bought the regular—I just thought, It's just a little bit, it's on your skin, it can't hurt you. I had absolutely no awareness of fragrances until, in graduate school, when I was living in Berkeley. It's funny, I really—I have this moment that I can trace back to, when I had gone to—I had a lot of gastrointestinal problems from having worked in Guatemala and picked up a lot of parasites. I was just going from doctor to doctor to try to figure that out. I, at last, found the kind of doctor who was a little bit more holistic, that was on the student health plan. In her office, there was a sign that said fragrance-free, and I thought, What's that? Why? I went home and I dialed up my modem—you know, the old-fashioned telephone modem in the early internet days—and put in fragrance-free and I came across some articles on people who had multiple chemical sensitivity. I remember reading them and thinking, Oh, my God, I feel so sorry for those people—how do they live in the modern world? I never imagined that would happen to me.

The sensitivity to fragrances is definitely something that, for me, was a result of—Well, I can tell you the stories of toxic assault that heightened my sensitivity. I do wonder how much I may have

already had a low level—well, everybody does. If we look at the studies by Anne Steinemann. A third of the population has some kind of sensitivity or aversion to synthetic fragrances, and, we can assume, to other kinds of common products—you know, chemical pollutants in everyday household products beyond fragrances.

[00:25:55]

KIM: You had mentioned, earlier, that you were sick for a period of time in your last year of high school. Was that related to your environmental illnesses?

GRANDIA: Probably. My mother ended up taking me to a chiropractor because I had, just, terrible headaches every day, and pain in the neck—which, now, what I know about observations from myself—and I practice Qigong every day for thirteen years. I started doing it when I was going through chemotherapy. I'm aware that, when I have environmental exposures, that the points on the neck—which are associated with allergies and the immune system—get clogged. You can feel the meridians—the blockages in those meridians—that, over time, if I don't work on clearing, will develop into headaches and things, like the type that I had as a high school student. We had a windowless high school—it was the vogue. And, adolescents wearing too much perfume and cologne.

I never wore—I mean, I had perfume, and I know my mother, also—it's funny, because she had a bottle of Chanel No. 5 that she must have had for fifty years—the same bottle. Occasionally, she'd wear it. Occasionally, I would wear perfume—White Linen. I had a little sample bottle from the—and, I mean, it was this bottle, like, a sample. I never used it up because, I think, I would have headaches. Definitely, probably, the worst times that I remember feeling as a kid—we would all go to church every Sunday, and every Sunday we would all come home just kind of wiped out and needing to take a nap. Those are definitely the same sets of symptoms that I associate, coming home, now, after exposure to fragrances—just a deep desire to sleep and to become horizontal to kind of reset the autonomic system. Church people in the South were really fragranced. That was a sign of getting dressed up, was to put it on your perfume and cologne.

[00:28:22]

KIM: Thank you. After high school, did you go straight to Yale?

GRANDIA: I went straight to Yale, (unclear). Those were wonderful years. I led the environmental coalition at Yale. I was just deeply involved, all four years, in environmental organizing. Took a lot of classes at the forestry school (Yale School of the Environment). But, even then—I took a class with John Wargo. He is famous. He's the first person who was tenure track faculty to actually be tenured by the Yale School of Forestry (currently Yale School of the Environment) for his book about the disproportionate impact of pesticides on children. That was a revelation for me. Like, you know, we read Rachel Carson—and I remember, he missed a lot of lectures because his kids were sick and he'd say, Oh, they're in daycare and sick all the time. He was a white, male, WASPy professor, so he could get away with just cancelling class, whereas, the rest of us try to have to scramble to get sitters when our kids are sick.

His basic point was—he watched his kids eat and realized that they ate apples non-stop, so that the proportion of their body weight to what they were ingesting, in terms of pesticides—that the risks were off the scale. His work actually challenged the EPA (United States Environmental Protection Agency) to reconfigure their risk assessment to add another ten percent—another hundred-fold factor—for children, for pesticides. That struck me. Also, thinking—as a Women's Studies major—and the ways in which so much of our medical research is done on white male bodies. But, even then, I was still not in tune with toxicity issues. It just wasn't on the radar.

My senior year, I worked with Nancy Alderman, who runs, now, the (Environment and Human Health, Inc.; EHHi). It's a kind of think tank that's brought together some key minds of the Yale School of Medicine, the Yale School of Public Health, and the School of Forestry (currently Yale School of the Environment). Nancy is just one of the best activists I've ever met. She, herself, had—she was going back to school. She was a professor's wife and had ovarian cancer. I had a guerrilla theater troupe. She would go to Mory's, which was the Yale faculty club. At the time, they wouldn't create a non-smoking section. So, we went in and sat down with our guerrilla theater troupe and then ordered something, and we put on the gas mask and we sang that song from Hair—"Welcome, sulfur dioxide, hello, carbon monoxide, the air, the air is everywhere"—and said, Mory's should have a non-smoking section, and walked out. We had the Yale Daily News there. That's how we got Mory's to create a non-smoking section, was some of those actions. So, Nancy sort of started because of her cancer experience—planted some ideas in my mind. She was—I'm blanking on the name at the moment, I'm sorry, I'm a little foggy brained this week—Theo Colborn's book about endocrine disruptors. I mean, that was new science. I had a group—a women and environment club, in those early days of eco-feminism—and we invited John Peterson Myers to come and speak, and Theo Colborn. We had a big event at the Yale School of Forestry (currently Yale School of the Environment) that I basically organized as an undergraduate, but I could get money from the forestry school to do a lot of these speaker series. That's how I learned about Bisphenol A (BPA) and the whole notion of endocrine disruptors and low-level exposures. But, even still, it didn't all come together for me until much later.

[00:32:53]

KIM: One thing that I'm interested in hearing about is that you said—I thought this was really funny when I read the article you sent me, was that you took one introductory anthro (anthropology) course in Yale, but you ended up deciding to apply to grad school in anthropology. So, what sparked your transition from doing women's studies to switching to anthropology?

GRANDIA: Well, I took a year off between my sophomore and junior year. I wanted to work somewhere in Latin America with women's groups on environmental issues. I wrote about fifteen nonprofits on my typewriter from lists I found in appendices in the library of, like, UN (United Nations) reports. This is all pre-internet days. Most of the letters were return to sender because it's just very hard to find grassroots organizations in the Third World, to get them to receive mail. It was sort of down to three—there was a women's cooperative in Bolivia, and then, it was just, really, way too cold. I realized, when I looked at a map, that skinny, tall me was not going to do well in a Bolivian—high altitude. I've always been cold, which also is a sign of some

kind of dysfunction to the thyroid system. Then, there was a possibility of going to Honduras, but I ended up going to Guatemala. I went back the next two summers and was very interested in working with women. I ended up writing my honors thesis about women's productive and reproductive work. It was a material feminist analysis of the ways in which women's status—discrimination against women—gets expressed through overwork and through controls on women's time, so—which is funny, because all those issues are now coming out again, as folks are finally looking at the double shifts.

I think there have been so many interesting—you know, material feminism just sort of disappeared for so long in feminist theory, but is kind of making a resurgence as we've realized how little has changed. I think my favorite book as a women's studies major was that book by Ruth Cohen, *More Work For Mother*, that showed, despite increases in household appliances, that women actually spent more time on housework than they had in previous generations. Anyway—disputes over housework were the dissolution of my own marriage. So, anyway, that was, for me—I was very interested in exploitation of women's labor. When I came back with all of these field notes from Guatemala, the folks in women's studies—Laura Wexler was my advisor—just a lovely person. She was like, We don't really know how to advise you, we think you should go to anthropology. That's how I ended up realizing that I was doing anthropology, without really having had any training in it. I had been very, kind of, befriended and taken in by an anthropologist in Guatemala in the year I took off. His name was Norman Schwartz. He worked on the conservation project I was doing. He taught me how to take field notes. So, I sort of came to anthropology from the field, not from academics.

But, yes, that was a crazy thing to do—to go to graduate school in a field in which I really had no background, and to work with someone—I had no idea who they were. A lot of dumb luck ended up putting me on the right path, because I truly love anthropology. It absolutely fits me like a glove. But, graduate school could have also been disastrous if I had ended up being assigned to work with anybody else at the UC (University of California), Berkeley anthropology program. I would have probably left and not finished graduate school. I was very fortunate to work with Laura Nader, who taught me to question—to stop trusting the system. As a Southerner, you know, you're taught to trust authorities, definitely. That's a deep part of Southern culture, is trusting your doctors, trusting the products that you buy. Being able to work with Ralph Nader's older sister, who even invented a word for that—saying, people think that we suffer from paranoia, like, the irrational belief that someone's out to get you and they're not. But, we really suffer, as Americans, from trust-ania—the irrational belief that someone's out to protect you and they're not. So, when I give talks about toxics, that's how I start them all off. I think people have to realize that no one's minding the store. The EPA has banned five, six products in its history—now, five, because they reversed the ban on asbestos. I feel like that's important. Before you can start talking about chemicals, people have to understand something about the failures of the regulatory system.

[00:38:17]

KIM: I want to talk a little bit more about your time in Guatemala, because I read in your article that you were exposed to a lot of pesticides, right?

GRANDIA: Yes.

KIM: Was it during your fieldwork in grad school?

GRANDIA: I've lived in Guatemala seven years, off and on. There are all kinds of exposures over that time to pesticides—especially to malaria spraying, were probably some of my worst pesticide exposures that I really can remember. Like, our offices were sprayed when dengue fever was going through, a couple of different times. I was getting such headaches, I couldn't work in them. I got sprayed in villages when malaria brigades would go through. The families I lived with were using pesticides. They dumped pesticides on their maize bins. Actually, my third month, I was living with a new family in this one village. I, you know, had romantic ideas of the rain forest and saving the rain forest and organic living. It was my first night to live with an indigenous family—a Q'eqchi' Maya family. I woke up the night they were stomping on the other side of the hut, in the corner on the side of the kitchen. Everyone was stamping and I thought, Am I supposed to be watching this? Is this some kind of indigenous secret ceremony that they don't want me to see, that they're doing in the middle of the night? So, I was watching, pretending to be asleep. The next morning, I summoned up courage to ask what had happened and they were like, "Oh, fire ants got in the kitchen. When you go to town, can you buy some poison?" So, dutifully, I went and I bought this poison—Phoxim. I've written about it in my article, "Toxic Tropics."

[00:40:20]

The beauty of this is, I actually was a really good field worker. Even before I had environmental consciousness about any of these pesticides—normally, when you write everything down—a lot of younger anthropology students are just lazy. They don't take field notes, which is a really serious mistake, because you never know what's going to happen in life. For me, I can't do the kind of fieldwork I used to do, but I have almost 2,000 pages of field notes. They're filled with all kinds of things about pesticides, and I have all the details because I wrote it all down.

Anyway, I know that this thing that people—after they kill the ants, they just dump the rest on the corn bin to kill the weevils. Everybody did that. Everybody did that. So, the tortillas I ate all those years were laced with this rat poison—Phoxim—that's known to be carcinogenic. I remember, that same family—one day, they sprayed their front yard with herbicides. The children were—it's in that article, "Toxic Tropics"—racing around and sliding like a slippery slide on the slick. I knew enough from my Yale classes—that was not a good idea. I was like, You have to bring the children in. They just laughed at me. They were like, Liza, are you scared of it? I'm like, Yes, I am scared. I fled the scene. After some period, I was like—they just weren't going to listen to me. It didn't make any sense to them. I went out for the day on interviews and work, but then I didn't have anywhere to sleep. I had to come back and sleep with herbicide spray all around. The well that we all bathed in was downhill from all of that. Even without spraying, people washed pesticide-laden clothes in the wells, and so it was just seeping right back into the drinking water.

So, I had just lots and lots of pesticide exposures from all kinds of different angles. I also did it to myself. Who am I to judge? You don't throw stones. I commissioned and had a hut built, and I

had, specifically—I had enough sense of traditional architecture and traditional ecological knowledge to know that, if you cut the thatch at the right time of the full moon, it will last for twenty, thirty years because the sap in the leaves that rises with the moon is a natural insecticide. The guy who I hired, I think, just thought he could trick the dumb gringa and he just harvested them whenever. So, the roof was really falling apart of termites and all kinds of other things that were eating the thatch. People are—I'm, like, What do I do? They're like, You should paint the beams with burnt oil. I didn't do it myself, I hired someone to do it. But, I slept in this eco hut with burnt oil painted all over the rafters. I would spray Oko, which I now know to be chlorpyrifos, the cans of—because the tropical roaches are, like, this big. Anyway, I got interested in this notion of the toxic tropics, because we think about them as Edenic places, but they're actually very chemically intensive places in terms of combating insects.

[00:44:01]

KIM: At what point would you have considered yourself having a chemical illness? I think, in your pre-interview, did you refer to it as a chemical injury?

GRANDIA: Yes. Well, I got cancer. The day before my thirty-fifth birthday, I was diagnosed with lymphoma, which was one of those cancers that's so clear—that has no genetic links, that's so clearly linked to environmental exposure. I began just trying to understand what had happened to me, like, how could I have gotten cancer so young? Then, I went through chemo. I thought a lot about those exposures in Guatemala, but awareness of how my immediate environment was making me ill—my university building—took me two years to figure that out. After chemo, I went back to work, and I just felt ill again. I just thought the stress was getting to me. The first quarter, before—I was diagnosed with cancer middle of my second semester. As soon as I moved in that building in the fall, I had—my eyes were bleeding, I had these rashes, I had this embarrassing dandruff. I was so tired. I would often have to lay down on the floor—onto the carpet itself. I was just exhausted. I just was sleepy in my office. My ears were bleeding. My throat was burning. It was a small liberal arts college and the students lived on campus and I thought—I just had this sensation of always being on the verge of having a cold. My lymph nodes were swollen. I took lots of echinacea and was just trying to do herbal remedies. I just thought, Oh, gosh, these students are getting me sick all the time. Is this what it's going to be like as a professor—on the verge of a cold all the time?

Then I got cancer. I went through chemo, I went back, and it wasn't until the next summer—I struggled through a semester that I would go to the office five or six days a week—that I was going irregularly enough to recognize I only was sick the days I went to my office. I tried opening up the windows. I tried putting in plants. Then, it became clear to me that there was something in my office that was making me ill. Even then, it took me another six to nine months. I'm not sure exactly the day it was, when I—I had spent the winter in office hours—in Massachusetts—on a bench. I knew I couldn't be in the building, but I didn't know what it was. We thought maybe it was the melamine in the furniture, or maybe it was mold, or—we just had no idea. I remember fetching a document quickly from the office and looking down and realizing—in that moment, I was like, Oh, my God, it's the carpet. That was the common denominator in all the offices I moved around, was the carpet.

The investigation accelerated and it was pretty clear it was the glue in the carpet or some combination of those things. Even in that investigation, I thought of myself as sensitive. I mean, I'm a Southerner. I had a mother who was allergic—that, somehow it was my problem. I attended the President's panel on the report on cancer—the environmental causes of cancer—that year. I'm blanking on the year, it was probably 2009. There was a woman there who had an organization in Boston, and she had some brochures, and on the front it said something about chemical injury. I said, Chemical injury—what's that? Then she explained it to me and I was like, Oh. That's when I realized, I'd been chemically injured, and I stopped apologizing. I stopped saying I was sensitive. I said, We have to get the carpet out of there. That was a very—I traced that as a moment of—that's when my consciousness was born, was that brochure at that event.

[00:48:17]

KIM: How did your employers respond to that? Did they believe you? Were they receptive or apologetic?

GRANDIA: Well, I've written up that whole history in the Catalyst (peer-review journal), and finally—I could not write this. Part of it was because my papers were so contaminated with that university that I had to give everything away that was in that office. I gave away every book. Luckily, the things that were inside the filing cabinets did not absorb the dust of the glues, because the physical plant manager, when we started—about a third of our faculty—about six people—were so ill that they couldn't come in the building. Other people were breaking out in dramatic hives. So, it was an issue. We had someone in the department who was a toxicologist. It was, in theory, a department that integrated social organization with environmental management. This is an international program on community development and environment. So, we had a toxicologist who had run Massachusetts EPA in the department. She helped weigh in. We did the whole sick building investigation, but the university kept playing that they were going to renovate, that they would remediate. In good faith, I went through and subjected myself to this investigation. It was terrifying. We were all kind of at will. All the people who were sick were junior faculty or adjuncts. I think—I mean, I was the most fearless, because I didn't figure anything, at that point, besides my cancer coming back. I wasn't supposed to be able to have children. They told me I went into menopause from the chemo. Just through lots of acupuncture and Qigong and healing, I ended up getting pregnant. At six weeks, we had an event—I organized a high-profile lecture series to celebrate the hundredth anniversary of Franz Boas. Laura Nader, my advisor, came and gave this series of lectures on Franz Boas, but the only place we could have it was in this auditorium.

(Audio breaks)

Interview with Liza Grandia
SESSION I, PART 2 (7/3/2020)

[00:00:02]

GRANDIA: We had this investigation. Anyway, we had an event, in carpet. My two colleagues, amongst the six of us who were so ill in our building, ended up having to leave the event early. They started to feel so sick in this particular auditorium. I went home and started to bleed. Because I'd been a cancer patient, I was under—usually, at that point, you wouldn't have ever even been able to see a gynecologist when you're pregnant. You have to wait until about ten or twelve weeks to make an appointment with a gynecologist for normal prenatal support. But, because I had been a cancer patient and had done some early screening just to see, could I even get pregnant, I was able to get in to see an endocrinologist who did an ultrasound and said, It's not moving, you should just go home and take some painkillers and expect a miscarriage. I was devastated. I was in such pain. I thought, Well, I should go to the acupuncturist, maybe it will take away some of the cramps. This lovely acupuncturist, who had helped me through chemo—I went in and she said, I think I can save this. She did an acupuncture treatment and the bleeding stopped and my daughter held on. But, she ended up having a birth defect—and that's exactly the time in which there is—the kidneys and heart are developing. She ended up having the cord—a single umbilical artery rather than a double. So, I was kind of under a lot of fear during the rest of the pregnancy, once they figured that out on, like, the twelfth week ultrasound—that she could be underweight or be born with kidney problems or heart problems.

After that, I wasn't going to mess around. I was like, I refuse to go back into my building, I don't care. That's when I really began to organize. I think that, what happened behind the scenes—the provost was going to remediate our building. We were getting budgets. It was going to be about \$100,000 to remove all the carpets in our building and put in hardwood floors. They kept on insisting for me to tell them that I felt sure that once they did that, that I would be better. I just—I wasn't willing to do that. How could I know? I didn't want to have the responsibility or to be blamed that, if they spent this money for this remediation, and it didn't work for us, that we would come around and ask for something else. There was, again, that—now, I can see—harassment of people to prove their disability and to prove their accommodations. We ended up getting a letter. I think they must have consulted with the university insurance about the potential cost, because they had—this same carpet was all over the campus. It was in every—it was even in the dining room. The physical plant manager was a maniac. He was putting carpet on top of beautiful nineteenth century wood floors. He would pound his fist on the table and say, Carpet is the most appropriate flooring for university. He was really belligerent. Some of the negotiations we had with the sick faculty and this physical plant manager—he was just working-class, Boston—he'd had esophageal cancer. He kept telling us, Well, you need to inject yourself, you need to get a doctor to tell me what chemical you're allergic to—you need to inject yourself with some chemicals. He would say, So, tell me about your smoking history. I'm like, I've never smoked a cigarette. This is the only thing—I'm an eco-person. I told the provost about this belligerent attitude of the physical plant manager to us. He ended up calling me out on the carpet and was like, “No, this guy, Paul, is a good guy. He's worked for this university for years.” At

some point, behind the scenes—between the physical plant manager and the provost, who became president of the university—they consulted the insurance company and, after that, they were not going to remediate. We were given a letter that they had considered, at that time, that this renovation was too expensive—a hundred thousand dollars for two of us. My colleague, who was so sick, is still there. He can only work in one building on the campus.

I just knew I needed to get out of there. So, publish or perish—in the literal sense. I ended up in California. It was a funny job search, to try to find an academic job without carpet. When I was applying for jobs—there was no point in applying for a job if the building was carpeted—so I'd have to ask colleagues, Could you go to see if the anthropology building has carpet? One of the other jobs I turned down in coming to California, at Amherst, the carpet was too—I was going to be in a new building that they were building for the honors program. I just didn't, physically, think I could handle it. It was probably a better academic job for me. But, I, basically, was looking for a place with no carpet, which brought me to Davis, where I—the last thing I expected was another chemical injury. I can tell you that story, that saga of that.

So, my system, at the time, at Clark (University)—when I left Clark—I was really—carpet was my trigger. I was not, at that point—I was very aware—being a mother, being a cancer survivor—I had stripped fragrances, I was very careful with my personal care products. But, I was not bothered by other people's shampoos or laundry detergents. It didn't register for me until the second injury that I had from the renovation at UC Davis. After that, was when things spiraled out of control. I began to react to just the most common things.

KIM: I'd love to hear—

[00:06:46]

GRANDIA: That's a whole longer story that I can tell. I saw my daughter—did you see my daughter come in?

KIM: Yes. Do you want a few minutes?

GRANDIA: Yes, may I go feed her lunch? Then, what's best for you? Should I just text you back? Are you going to stay on the Zoom?

KIM: I could stay. I could stay on the Zoom. It would probably be easier than starting a new one. I can also go grab some more water, then come back.

GRANDIA: Okay, so I'll get her some food. Should we just come back in, like, fifteen minutes?

KIM: That's fine.

GRANDIA: Okay, thank you for being understanding about that.

KIM: Of course.

GRANDIA: I should have fed her before, but she was on her—she gets to talk with one friend, once a week, on Zoom. She's such a lonely child right now. I didn't want to interrupt her Zoom with her little friends.

KIM: Oh, yes, I understand.

GRANDIA: So, I'll see you about, I guess, 2:20.

KIM: Yes, that works.

GRANDIA: Okay, perfect. Thank you.

KIM: Thank you.

GRANDIA: I'll just leave this on, then.

KIM: Yes, that's fine. Thanks.

[Break in session]

KIM: Thank you. Okay. We are recording again. So, I think, last time—or, sorry, it was, like, ten minutes ago—but we just left off on talking about UC Davis.

[00:08:09]

GRANDIA: Yes, because you had asked—were my employers supportive. When I came to Davis, I ended up—in the hiring process—disclosing my sensitivities. I remember, the dean was like, Oh, well, we have a system for that at Davis, you'll be connected with a disability coordinator. For me, that was something new—the idea that my environmental illnesses would be considered a disability, and, for which, there would be accommodations, no questions asked. At the time, I asked to be able to teach in uncarpeted classrooms because that's really all I needed, in terms of accommodations. My first year here was fantastic. I also recall, I moved into—I found an old house with no carpet, and I was starting to rebuild my health and rebuild my life. I remember feeling like the air in California was so fresh and everything was so wonderful, which is really funny now because, it's like, much of the year I can't even be outside. That's how different, you know—so, when I came here, I had this year in which I was really recovering. My lymph nodes were still quite swollen. Carpet—my lymph nodes basically turn into golf balls, and then, some of the other symptoms—the cognitive symptoms, the tightening in my spine, ears bleeding. There are other things—the cognitive, the aphasia—are things that I associate with carpet. But, overall, my symptoms were getting better.

[00:09:47]

Then, end of my first year, I heard whiff that they were going to be renovating our building. My chair was really sympathetic, and she had to ask—and my disability coordinator—because it was a disability issue. I guess, I had a little bit of over-optimism about what a disability coordinator would do for you. Because, unfortunately, they didn't really, at the time—the two people who ran Disability Services for faculty and staff, did not understand environmental illness at all. I was easy, before. I was just, like, No carpeted classrooms. But then, with the renovation, I was, like, No, you—they were going to put carpet in our main meeting room. I was like, You can't do that. She said, Oh, we'll just make accommodations for you to attend meetings virtually. I was, like, I can't, for the rest of my academic life, not attend faculty meetings in person. The department politics were pretty tense, and I needed to be there. That was not an acceptable accommodation

to me. The designers were really insistent that there be carpet. Eventually, my chair ended up convincing the other department chairs in the building—one of whom works on environmental justice issues, Julie Sze. They had a meeting with the renovation team. The chairs finally insisted—they're like, "We don't want carpet. The floors we have are fine—the old linoleum floors. Just polish them and keep the floors. We would rather spend that money on an AV system for the meeting room." So, it seemed like it was all resolved that—after this scare, I was a little terrified—in my first year—to be coming out and confronting what was a pet project of the dean—this renovation in our building for the ethnic studies programs. Through solidarity, we thought we had solved the problem.

Then, the renovations began the next year. My mother was dying of cancer over that fall, so, I know the date exactly, when all this happened. It was the week that my mother died. I was still—I did my lectures, I didn't take any time off. I don't know. I should confess, this is going to make me—the last words my mother spoke to me were not, I love you. She never really understood my environmental illness. She kind of thought I was making it up a little bit. She tried to change some things, but just didn't really get it. She blamed Guatemala and then she blamed her worry over me—of having had cancer—on her own cancer, years later. So her last words to me were, I wish you'd never gone to Guatemala.

So, it was a stressful time. But, added to—basically my system was already in stress, because my mother's death, and the grief. I did not have, at the time—our new department chair that year was not understanding. He decided to come the day after my mother died, and observe me—my teaching. He just showed up without announcing me, to my lecture. It was just not a supportive atmosphere. So, I was dutifully going through office hours, a couple of days later, and I come in the back. I wasn't aware that there was—there were no announcements. The building is sort of decentralized, and then the central rotunda—they were apparently demolishing the front office. And it was fall in the area and the farmers were burning crops, so air quality was not good, already. So, I was sitting in my office just thinking, Gosh—and I had read an article in the newspaper about how the rice farmers are working on cotton fields. They use a lot of pesticides, and they're very belligerent, even though people had raised issues about the burning. They're like, Well, if you don't like our burning for rice, we can just go back to spraying for cotton—if you try to control us, environmentally, we'll just go back to our old, more chemically-intensive crops.

I remember sitting in my office, thinking—my lungs were aflame. I don't even know how I got through the two hours of office hours. My lungs were just burning. I went home and collapsed. But my mother had died, and we were making arrangements. So, I didn't report it to the CAO—the chief accounting officer—until, like, the next week. He said, Oh—and he immediately investigated and discovered that the subcontractor had failed to seal the vents, and that there was white dust just falling out of the air system in everyone's office. Dozens of people got sick. There were many staff members who took their vacation times, all their sick leave. A lot of folks were—this construction dust was pretty potent. I was not the only one, but I was the only one who was, just—I'm not going back in that building. It was making me really sick. I started to react to people's smells. At the time, I had a babysitter—a nanny for my daughter—who wore a

lot of Downy fabric softener. I didn't know at the time. She kept saying, But, it's unscented. I thought, Okay, well if it's unscented—but I still smell it. I didn't know, at the time, that you can legally sell something that says unscented that has fragrance in it. Again, that's something that took me nearly a year of suffering with my child's babysitter—giving her shampoos and lotions and trying to talk about, what could it be that was making me so ill, to where I couldn't even be on the same floor as her. From up here in my corner of my office, I could smell her on the other side of the house, downstairs. I became so sensitized to the Downy after this building incident.

[00:16:34]

Basically, I got sicker and sicker, and so I was moved—again, in this disability accommodation. I was just moved out of the building and given an office. Actually, it was a women's studies space in another building. Then, of course, you know the department politics around space. People started wondering if I was going to stick around. Over the summer—I was there just winter and spring quarters. There was a big cobweb in the office. They don't clean offices at UC Davis. There's just no cleaning of faculty offices. You have to do it yourself. So, there's a big cobweb, and I just thought, this is temporary. They have to clean up the building. People are sick. I had a SurveyMonkey, so people could answer anonymously, who were suffering symptoms. It was, like, What does it take to get the university to vacuum construction dust that should never have been released in people's offices? That's all we were asking, was that the building be vacuumed. They were determined not to do it until they finished construction. So, I did the survey. Finally, enough people answered and I sent the preliminary results to the CAO. He told me to shut it down. I also got pulled aside by the dean, who told me—on no uncertain terms—that she suggested that I quiet down. It was her pet renovation project. Again, I don't fear anything but cancer. So, I was a little bit more aware at that point. I just stayed out of the building. Then, I was ordered to move back when women's studies reclaimed the office I had been borrowing over the summer. I was given two or three days to move my things back into my office. I spent about five minutes in the building, at which point my eyes started to shake in my head, and I nearly passed out. I, then, collapsed. I left to get to my car as fast as possible. I collapsed in the parking lot. I thought, Okay, this is serious.

[00:18:48]

I had avoided going to the Occupational Health Clinic up until that point, because they were just going to tell me, We can't do anything for you. I knew enough about multiple chemical sensitivity that there were no treatments and it was just going to be a waste of my time and time away from my beautiful daughter, and just exhausted, and healthcare facilities are nasty and would make me sicker. So, I just hadn't gone. But, at that point, I decided I had to go, just to see if I could get some legal help. It was interesting, the doctor—lo and behold, I recognized his name. He had been one of the physicians—I had recently read a Mother Jones article about (Camp) Lejeune—those leukemia clusters at that (Marine) base that were traced back to the perchlorate contamination of the water supply at the base. And, he just had a distinctive last name, and I recognized him. Anyway, he apparently had retired, got bored, was living in Davis, came back, and was working in occupational health. He diagnosed me—that was my first formal diagnosis of classic multiple chemical sensitivity—and ordered me, absolutely—I was not

allowed to even enter the building, I was legally not allowed to enter the building, at that point. It said there was nothing he could do for me. I just needed to avoid contact.

But, I think, at that point, somehow, behind the scenes, he must have done something, because it was then and only then that they finally agreed to—They said, Oh, we will vacuum your office and your department's meeting room. I was like, And? When all the students come back in one month, the dust is just going to move around again. That does nothing—no good. There are other people who are sick. I was, at that point, very aware that a lot of people were leaking things to me who were frightened to speak up—especially staff members. So, I just kept insisting and eventually they agreed, finally, to hire a custodial firm to vacuum the building. It got done in one night. It was a very simple thing. Probably, I estimated—I later learned something about cleaning processes. It was probably somewhere between six and nine thousand dollars, for a thirteen-million-dollar renovation, where we were suffering for nine months. Anyway, at that point, I could go back in the building. I'm still not comfortable. All my books got—there was just dust. At that point, that's when I ended up having to get rid of all my books. I have a pretty spare office. I don't feel good in my office. I basically spend as little time there as possible. This is my home office.

[00:21:38]

But, that triggered—and then I just started reacting to everything. I went through a really bad two years. My memory was so—I remember, being in office hours and talking to students, and just struggling. I couldn't remember the Vice President's name. I left, and I was like, Oh, my God, I have to Google who's the Vice President of the United States. The memory problems—my publishing ground to a halt because I had such bad aphasia. I managed to get through lectures because I would just have to type them out. I was working incredibly long hours, with a small child, just trying to get through my lectures, with everything written out ahead of time. I was about to give up my tenure job. I just, like—what am I going to do?

I realized, the sitter who was wearing this heavy fabric softener, I just—having someone in my house day in, day out, for six, seven—the smell never went away. I ended up letting the sitter go, with a couple months' notice, and then placing my daughter in preschool. She was four at the time. So, we had a half day—I had, like, three hours a day that I could take her to this preschool and get a little bit of work done. But, even then, when she came home, I was so ill—and still, we have to change clothes when we come in the house. When she comes home from school, bless her heart, she's very—she just knows that Mama smells things that other people don't. She also smells things. After we had had this third injury in her school, where she got sick from the carpet. So, she gets it, but, sometimes it's frustrating. I haven't had a normal life. I can't make friends with the mothers—you know, just people—it's been a long, lonely time.

Anyway, about a year after all of the fiasco over the building, I also just realized that the stress of a pretty verbally abusive relationship—that wasn't going to get better until I got divorced. I got divorced in 2015. Two thousand fourteen, I found a sauna on Craigslist, but at the time, I didn't know anything about binders, so I actually made myself a lot sicker in those first months of sauna and detox, because I was releasing so many things. There were moments in my sauna

where I was, like, Oh, my God, I can smell the chemo. Chemo was such a traumatic experience. I'll do anything not to go back to chemo again. I could just smell it coming off me. Eventually, the sauna got to be—I learned about activated charcoal, and vitamin C, and binding. The sauna has become my blessing. I do a sauna every day and it's how I have been able to cope with my work. I also discovered glutathione. I've been very resourceful in terms of figuring out remedies. I mean, I'm a researcher, so I'm able to—I've just, kind of, sifted. I got through cancer, I was already taking a lot of herbs. I've been training myself in natural medicine for some time because of the cancer survivorship. I have a perfect diet, all organic, no chemicals in my house. I'm a pretty virtuous, healthy citizen. I've learned a lot of tricks and I can cope. My sensitivities are still the same, I just am better at recovering.

I don't know what the future is going to bring, because I got coronavirus, thanks to my ex-husband, who was careless with my daughter on some escapade to look for toilet paper right when the lockdown was happening. She came home and just slept really weirdly—like, seventeen, eighteen hours a day, for three days. She was just tired, that was her symptom—like, children—and then she rebounded. On the fourth day, it hit me. I was very sick. Three months later, I'm still just wiped—I can't exercise, I can't garden for fifteen minutes. I'll just be flat in bed. I'm very worried right now because I had sensitivity and chemicals exhausted me, but I did not have chronic fatigue. I've learned enough of the literatures that my triggers were something different than the chronic fatigue. But, right now, I don't know—you know, nobody knows, if—what it's going to mean for the people who they're calling long haulers. I'm careful to read, are folks chemically sensitive who—people with other environmental illnesses. Definitely, there's a lot of folks with autoimmune disorders, but a lot of healthy folks who are in this long-haul category, who are developing chronic fatigue syndrome. I think that the herbs I've been taking already—I know a lot about anti-inflammatories—a lot. I take a lot of supplements. I think that kept me out of the hospital. There were moments when I, you know—I had the pneumonia where you couldn't breathe, you were gasping for breath. But, with tapping and some of the limbic things that I've learned, to calm down my system, they came in handy with a novel virus that nobody knows about. I'll just have to hope that I can heal myself enough to get back to normal. It's a shame. Otherwise, quarantine would have been heaven.

[00:27:40]

KIM: A lot of people with MCS have been saying that—Oh, quarantine is what I've been normally doing, except now everyone has to do it.

GRANDIA: Yes. I can wear my super duper masks in public with no one staring at me. I wear a mask on an airplane and at the theater—in the dark. I've tried to avoid having to—I would benefit by wearing a mask all the time, but I've just not done it. I've ended up just deciding to get sick and cope with the symptoms afterwards, than the ostracism of wearing a mask all the time. Yes, but now—it would have been a great world. Anyway, I couldn't hate my ex-husband any more than I do, but I just have to let it go. Nobody knew what was going on. I just got terrible luck. I mean, I was at home. I didn't leave the house. I was at home early on, masking myself, being very careful, because I knew I have a weak immune system. So, it's just terribly unlucky that my ex-husband was careless.

KIM: Yes. And so many people, even now, don't really take it seriously, like we're seeing on the news. People want their bars open. People don't want to wear a mask. There are just a lot of people who just, either don't take it seriously, or don't really care what happens, unfortunately.

GRANDIA: I'm on these groups. I've ended up—I only have so much energy a day. I think I've gotten to a point where I'm not learning—some of them, I'm just not learning that much. It's just like—I'm an empath, and hearing people's—you know, I'm in the hospital, my mom just died. I've kind of tuned out a little bit. I'm also realizing that people are so ill-prepared. If their immune systems are going into hyperdrive, which is what coronavirus seems to do—putting people in hyper-allergic, like, there's a dysfunction in the histamines. I figured out, I can't even eat strawberries or tomatoes because they're high histamine foods. Anti-histamines have been really helping me, beyond a lot of the herbal anti-inflammatories. But people, like—Oh, I'm smelling bleach, bleach stinks. I'm trying to pay attention to the blogs, because I think this growing awareness might be an opening where people start to pay attention to the toxicity of everyday life amongst this new group of people who are going to become environmentally ill, frankly, and join the masses. So, yes, I saw that in the blogs—all the MCSers, all the canaries are, like, Woo hoo, people might finally understand us, and maybe these doctors will have some interest in our mysterious ailments. Peter Piot, actually, had a pretty interesting interview where he was like—he's been reading the chronic fatigue syndrome literature, to try to understand what's happening to him. He discovered HIV/AIDS. He's a top epidemiologist, so people pay attention to him. I've been really, avidly looking at the doctors who are sick. I'm actually trying to send some of them emails, because I think—you could magically wait until they connect the dots. Or, we could just say, Hey, there's a group of people that can tell you about, possibly, what's going on with people's immune systems, because we've been mocked for years or ignored by our doctors, but we've tried to figure it out on our own. As I gain my energy, it's something—I'm actually thinking of writing a piece—it's overdue, like all my writing, I'm just—Anyway.

[00:31:25]

KIM: I'm with you there.

GRANDIA: I had promised a piece on canary science, because I'm—beyond citizen science, but actually looking at the most vulnerable, as part of the fellowship I got from the Mellon Foundation, which, I suppose, I should speak about. When I first started to detox in my sauna, and I was trying to figure out what was happening with me, as I was reading more, like—the toxicology of things, I was getting sicker. I think it was because I was inciting the fear and accelerating the limbic response. After I got to a point where, a few years later, I was like, I actually really need to face my demons. I think that, if I understood more about it, then that would be—then, I would have some way of organizing. During the divorce, I applied for this—I had always wanted to study toxicology. I wanted to figure out what happened to me. What was it—the nail in the coffin? What pesticide was it? I had all these observations, I had all these field notes, but what the hell had made me so sick? Anyway, I got it. I worked very hard on that proposal. I hid up here in my office, I said nothing to my husband. He would have sabotaged it. I poured my soul into that proposal, and I won it. I got to spend, like, sixteen months, and I pretty much stopped everything. I just threw myself—I took twenty-four classes on toxicology and

environmental epidemiology over a year and two summers. It was intense, but I loved the organic chemistry. I ended up just really enjoying it, and the friendships I made with the scientists on campus, who were teaching the classes.

I was shocked that they were all fragrance sensitive. I had enough accommodations as a professor, and I, eventually, got to the point where I would start asking students not to wear perfumes and colognes, but I'd say it politely and I just didn't really push it. But, then, as a student in classes, sitting next to people, I was overwhelmed. I was mortified. I didn't want to stigmatize myself as the anthropologist and the social scientist trying to learn hard science, of being this, like, kooky person with chemical sensitivity. So, I was nervous about going forward to these toxicologists to say, Would you mind if I make an announcement to ask people not to wear body Axe to lecture? Or, maybe I just need to connect remotely. It was amazing. All the toxicologists were, like, I hate that stuff, oh, it makes me ill, too. I ended up starting to have the sense of—actually, being vulnerable about it is my tool of transformation, of actually changing the system. I need to be open—and that my healing is going to come out of being open about my story.

[00:34:37]

So, I started publishing on this and talking about it. As I've done that, more students have come to me. We started a fragrance-free UCD (University of California, Davis) campaign. I'm very good friends with—I mean, I just really adore the head of the toxicology department. We get a lot done because I do the groundwork. I prepare the policy, and I have no fear. But, I'm also a Southerner, and so I'm able to be polite in my advocacy. Like, you know, my mama taught me that you win more with honey than vinegar. Then, he comes with me, and that's what I need, is a bearded white man who can say, Yes, she knows what she's talking about. We convinced the custodial services—in a forty-five minute meeting—to go fragrance-free on all the cleaning products. I've given a series of lectures on carpet to our building campus people, because it got to the point where my CAO (Chief Administrative Officer) and my disability officer don't get it. They're fairly belligerent to me. The accommodations, I realized, are just legalistic. Unless I can prove something, then I'm told, You can't have any further accommodations—like, I've hit that legal decision. At various points, I've thought, I need to hire a lawyer. At some point, I probably will.

I just got tired of them being, like, We'll fix it for you. I almost got sprayed with herbicides coming into my office one day. It was, like, ten o'clock in the morning. There was a kid outside and he was, like, ten foot away from the guy spraying Roundup. My daughter plays under those trees. I just assumed UC Davis was an organic eco-campus. They were like, Oh, we're sorry, Professor Grandia, we know that you have accommodations in your building, that will never happen again in your building. I was like, What about my pregnant graduate students? Everybody else who sits under those trees? You're just going to—they were, like, We'll make sure things are sprayed before seven a.m. I was, like, That's even worse, then nobody knows that you're doing it. I just, finally, got to a point where I was, like, Okay, I use myself to make changes for everybody.

There was an incident three quarters ago, or something like that—an academic year ago—where, suddenly—because there were those air fresheners in all the bathrooms. It was my first day back in the quarter, and they just suddenly appeared. I was like, Okay, do I have a migraine in my first lecture, or do I pee my pants? I had my period. Anyway, I ended up actually soiling myself. I was so angry. So, I just wrote a letter. I was like, Okay, I'm not talking to my CAO—he's a cologne-wearing, belligerent guy who does everything to make sure that life is difficult for me. And, he doesn't believe my sensitivities. He's just an asshole. So, I just said, Who is the person in custodial services you speak to? So, I just wrote them. I was, like, This needs to be gone today. It needs to be gone before I'm back on Thursday. There had been a couple of other incidents in my building where I collapsed after a paint job. Apparently, it's written somewhere in physical plant documents. I'm a known person. My building is supposed to be VOC (volatile organic compounds)-free. I didn't know that. No one had told me that, but apparently, it is. Again, they were like, Oh, we're sorry, Professor Grandia, we promise none of the paints in your building, again, will be a VOC—we will supervise this. I was like, What about the rest of the campus? So, I sat down and started talking to them. I realized, they didn't know any of this stuff, but they were very open to learning. I've actually enjoyed talking to the design and maintenance people. They've been far more open than I ever imagined.

I've just leapfrogged over the bureaucracy that just wants to contain me and make me a neoliberal problem with an individual solution. I'm going to fix it for the whole goddamn campus. It's less energy for me to fix it for everybody than to get accommodations for myself. I feel like I'm making headway, now, in the UCs (University of California). My daughter's school district is a whole other, long saga. But, my daughter's struggle was a really important part of me reaching this breaking point of, I just don't take shit anymore. No one is allowed to make me and my family sick anymore with chemicals. I have no tolerance for it. I used to apologize and say, I'm sorry, I'm sensitive, blah, blah, blah. I don't do that anymore.

[00:39:38]

KIM: I'd love to hear about the thing with your daughter. Before I get to that—you had mentioned dealing with healthcare professionals. Having talked to a lot of people with MCS, that has been a big issue for people. You also had that issue with the surgeon, when you had cancer. I remember reading that you do a lot of holistic medicine, as well. So, I was wondering if you could talk about your relationship with the healthcare field, and—have they been receptive of your MCS?

GRANDIA: I have to say, I was very fearful. I had to move around several primary care physicians in Massachusetts. I had a wonderful oncologist, but, I felt—I mean, he was just remarkable. I got to go to Dana-Farber (Cancer Institute)—top-notch care. One of my great disappointments is that I had the lists of all the pesticides I was exposed to, and I couldn't get him to put that in my medical chart. I've given that to so many doctors and it's never been put in my medical chart. It bothers me that, maybe, now, there's no one doing that study, but I'd like it to be there, so that, one day, if someone did the research, that the data was there—if an epidemiologist ever was curious to start tracking those patterns. But, when I moved here, I was very nervous. I ended up finding an excellent oncologist who was very open-minded, also, about

the herbal medicines that I use. When my father got stage four cancer and was getting very poor treatment in Alabama, we moved him here to see my oncologist. She was very open. She was kind of, like, hear no evil, speak no evil—like, I, basically, can give you two months to live—to my dad. There is no cure for your cancer, so, do whatever you need to do. Then, she's been shocked by the fact that he went into remission on the herbs that I gave him. So, she's just, like, Continue doing whatever you're doing—there does seem to be some evidence that turmeric is a good thing. So, she's not prescribing it, but she's open-minded to it.

I, also, was nervous about finding a primary care physician because I knew I needed disability letters. That had been clear in my hiring, that I needed to have a physician who would sign off on a letter. I found my doctor, basically, by going to the local pharmacy. We have an old-fashioned pharmacy. I asked the pharmacist who she heard patients liked—that listened to their patients. That's how I stumbled into finding a really excellent primary care doctor, who's a DO (Doctor of Osteopathic Medicine). I think that DOs have just a little bit more open-mindedness to talk and listen to their patients and to touch their patients. So, he wrote the letters. I think he recognized—you know, I'm a professor. I, clearly, had done some research.

It wasn't until this moment, when I was starting the toxicology studies, and I had gotten myself an air quality meter. Anyway, for me, in my head, I thought, my limbic system goes into, like, horses running away—whether it's a small smell or a huge smell, right? The limbic reaction is the same when you go into fight or flight. I thought, maybe I can start to help tone myself down by actually knowing, Okay, this building smells bad, but it's not so bad. The VOCs are actually okay. Maybe I can handle this. Because, I've done everything I can do to detox. The next level of healing is, actually, retraining my limbic system with neuroplasticity and doing all of the stuff that people are—you know, there's no recipe for this. I don't know how to do it, but I—that was my hunch, that this air quality meter was going to help me reassure myself to deep breathe—that this building is okay, you know—don't freak out. But, he had moved to a new clinic, and it was freshly painted. Anyway, I was sitting there waiting for him. He's a good doctor. A sign of a good doctor is, you have to wait a long time for them, because they take the time that they need with each patient. I'm always very patient, if someone is late for my appointment. I was fiddling with my thing. I had, finally, just gotten it to work, He happened to walk in and the thing started beeping. He was, like, What's that? I was, like, Oh, it's my new air quality meter. It was in red alert—get out of this building. I was, like, Oh, wow, it's never done that. He started saying, Yes—he and his wife share a practice. He works four days a week, and she homeschools the kids, and she comes in on Fridays. He was, like, Huh. I could see in his face—I could see all the dots connecting. He was, like, “My wife has been complaining of headaches and malaise every time she comes back from work, since we moved into this building. Do you think it's the building?” I was like, Yes. He was, like, Well, what should I do? I was, like, Well, you know, activated charcoal filters, you could probably ask for—and I went through the things I have in my house. Lo and behold, he took notes. Anyway, after that, he's just been wonderful. He doesn't have any advice to me. He listens to me. I wish—he helped me get a glutathione compounding prescription, for a while. He was friends with someone who was a pharmacist for a compounding company in Davis. That's how I got started with the glutathione, that's helped me so much and

brought my (unclear) back. That's how I stayed as a professor, is glutathione. Anyway, he's golden.

[00:45:51]

I haven't had the same kind of problems that other people have—but I'm not getting any solutions. I have seen a specialized environmental medicine practice, but, it's beyond my budget. It was \$1,000 to go. I don't have the money to go back and spend \$1,000 every time I need to see them. And, it was a day drive there. As a single mother, I just don't have the time. I'm looking forward to, maybe, taking medical leave for a quarter. I have a, kind of, use it or lose it. My physician has agreed that—I mean, he sees me. He sees my collapses. I'm tired of putting my health back together. Would you mind signing a letter of medical necessity, so I can take a leave just to focus on and try to figure out, maybe, some of the limbic retraining, and some of the—maybe go to Dallas? Do things I just don't have time to do when I'm teaching. He said, he'd be glad to. I'm looking forward to, maybe, carving out some space to actualize some of the remedies I have stashed in the folder, for a period in my life when I had a break to focus on my own health, instead of just basically maintaining myself. Like, I work, and then I recover from work. I don't have time to have friends or anything, or any fun, which is also not good. But, I'm stable, because all I do is work and recover.

[00:47:23]

KIM: Have you ever had any mental health counseling, either formally or informally, to cope with having MCS or environmental illnesses?

GRANDIA: I went to some when I was going through the cancer. I was so young, and it was hard to be the only—you know, everyone else, sixty and above, when you're on a chemo thing. I went to a couple support groups and, Lord, they made me feel worse. I think, at the time, I hadn't—it's only in the last couple of years, somebody told me, Liza, you're an empath, I think you need to read a book. I read a book and I'm, like, Oh, okay, this explains—I don't have boundaries. I'm absorbing other people's injuries. So, support groups are really just a death knell for me. I can't do support groups. I'm learning, there's certain things I just—because I—even just watching—it's hard for me to watch a documentary film because I just get—that's why I'm a good anthropologist. I am emotionally connected. People trust me, because I don't have boundaries. I'm a brilliant anthropologist. People tell me things.

You know, I'm a happy person. The chemical exposure messes with your mind—makes you irritable. I can see that things that people think that are ADHD (Attention deficit hyperactivity disorder), that are depression, anxiety—when I'm on campus and exposed, day after day, my anxiety goes up the roof. But, when I can get away from the exposures, I go back to being my healthy, happy, funny self. In quarantine, I've gotten this sense of humor back that I used to have in college. I mean, did improv comedy. There was a younger person of me, before all this happened, who was very happy. So, in all of this, I know it's not me. It's not me. It's external. I feel like I—therapists aren't good for me, because it's not an individual problem. I saw someone a couple of times, for my divorce, and she was, like—fired me. I was, like, I married my mother. He was depressed and mean to me, and I didn't recognize the abuse until—because, I think—

anyway, she's like, You figured it out. You don't need me. So, no, I haven't gone that route, because it's—and I know a lot of people get psychologized.

[00:50:06]

KIM: Oh, yes. There are a ton of people who are told that it's psychosomatic, or something—it's all you, it's all in your head, versus, that—it's not you. It could be environmental. It's also, just, the way people react to you and place blame on you, when it's not even your fault.

GRANDIA: Yes, yes, I'm sure. My family is a little bit that way. On the whole, they've really adapted and understand, but, still, I think they do think a little bit of it is in my head. I think it's hard for anyone to understand, who's not in it—how the triggers—how deeply they affect your emotional core. I could see it in my daughter. I guess, I should tell you my story about my daughter.

KIM: Yes, please.

GRANDIA: I protected her as diligently—kindergarten, I freaked out because she was going to be in a trailer. I just thought—and there were no other alternatives. That was the bilingual school, and even the local non-bilingual program, I could see that half the school classrooms were trailers. It's funny, because, I think, coming from Georgia, school facilities in the Deep South were way better than California. California is, like, forty-sixth in terms of per capita spending on children. The conditions of the public schools in California are just reprehensible. I don't think people hear, because it's such a new state, and so much of the housing is fifties and dilapidated and reconstructed—that people just don't see. I was shocked, coming from the East Coast, to really look at the schools and the conditions and the budgets that they're under.

So, she came home that first day with welts on her leg. It was the first time she sat on that kind of carpet. I dressed her in tights. I bought an air filter—just an E.L. Foust filter. Those are amazing filters, that E.L. Foust company—and they're so lovely. They've been working with chemically sensitive people for so long. When I moved into this house, I started to get a little bit of asthma, immediately. I called and got filters made. I was, like, I can't have asthma. I have too many chronic health problems. This was before the injury, but I was—still, even though it's hardwood floors and stuff, they had sprayed with Raid in the house. There had been some termite or some kind of spraying. So, I got the activated charcoal, and it fixed it. So, I was, like, Oh, activated charcoal—that really works. I got this great activated charcoal filter—thousand dollar filter—that I just lent to the teacher and wished for the best. Then, we moved schools. She was in an indoor classroom. The teacher wore perfume. I wondered, because I noticed my daughter—she knew things, but she wouldn't perform well. In first grade, they had to sit next to the teacher. I was kind of thinking her report cards weren't quite what they should be, or what I knew that she knew—when she had to sit down with the teacher, right next to her perfume. I did just a mental note—just wondered. I wasn't yet an advocate of telling people, No, you can't wear perfume around my child.

Then, second grade, she started school. She came home—she's a shy child and was just exhausted—slept for, like, three hours, was sweating, was crying, just out of sorts. That was the

week of the wildfires in California, so, the air quality was really bad. I feel nervous about being the academic mother, and being overbearing to public school teachers. So, I was nervous. I waited until the end of the week, not to be that mother. I took the filter and I was like, Would you mind—this is a filter for the trailer. It will help improve the air quality. My daughter is a little sensitive. When I walked into the room, she was, like, Sure, of course. She was, like, Well, it's just been carpeted. I walked in, and it smacked me on the face. I mean, I hadn't smelled carpet this bad, ever. It was horrific. I was like, Oh, my God—it's the carpet. That's what's been making my child sick. She had cramps and headaches. The teacher said, Do you think I should bring some air fresheners? I was, like, No! I was, like, I'll bring you some plants. I went on this crazy mission. I got about twenty house plants that I drug up all over the weekend and delivered to the class. And, there was the filter. But, my daughter was coming home sick. Then, I started talking to other parents, who were noticing symptoms in their children. Then, a grandmother of a little girl who had asthma, went in the classroom, and she just came out with an asthma attack after about half a minute in the classroom. I immediately wrote a letter to the school district, saying, "You need to double the air circulation. This is a problem. I want to see the material data sheets. What did you install? When was it installed?" I filed—to the best of my ability—the records that I knew. At that point, I didn't know much about the school systems in California. It was the same company of the carpet at Clark—same color, so I've always wondered about the dyes. In any event, I went to the school board meeting. I talked about the carpet. It just began a long saga. I think that I may not go into the whole thing. I've written it up. I wrote it up for the—I have an article I can send you. They thought I was crazy. There was definitely a gendered reaction to me. Miss Grandia, they called me. They cut me off in public comments. But, I just kept coming back because my daughter was sick and, at that point, there were about ten kids sick in other classrooms.

[00:56:57]

Around, about, November, there were other mothers in the district whose children were in the after-school program, and there was no air conditioner in the multi-purpose room. This Mexican American School—this bilingual school—was the only school in the whole district that had no air conditioning in its cafeteria. These mothers were—it was racism—and they were organizing to get the district to put in an air conditioning. We met at the school board meeting, when I was talking about the carpet. I joined to their cause, and they joined to my cause. But, none of them—their kids were in the after-school program, so they weren't in those classrooms. I had been told it was only my daughter's classroom, so we didn't know until, like, November that it was four classrooms at the school. Then, those mothers started to make connections of their own kid's spaciness, stomach aches—a lot of the stuff that (my daughter) had really bad, and some of the kids had really bad. One little girl kept getting called to the front office and sent home. She had red eyes and headaches and was fatigued and had a hard time concentrating, started failing her classes. The principal told her mother, Oh, has she gotten her period? It was like claiming that the child—it was hormones or something—like the wandering womb. That mother joined the effort. Her child also started getting other food allergies.

So, things that I recognized from the MCS community—the intertwining of the psychological conditions, the difficulties concentrating, the physical, allergic reactions. We thought we had convinced the school board to vote for removal. A couple of them said, We'll rip it out ourselves over the Christmas break. In October, that fall, the Healthy Building Network came out with a report—it was the first report in thirty years on the toxicity of carpet. I knew from the canary literature how many people have been sickened from carpet, and the story of the Healthy Building Network—but that's all I had, was this thirty-year-old story of the EPA, because no one had really looked into the carpet industry in all this time because they're a very powerful lobbying force in Georgia. Ninety percent of the carpets in the country get made in Georgia, and no one is overseeing that, environmentally.

I've, now, interviewed Rosalind Anderson—kind of folk hero—who did the toxicity studies on carpet, but she got death threats. She got out of the business. She was so ahead of her time, doing holistic testing with mice of—not individual chemicals, but exposure to the air. She did PVC, shower curtains and carpet. She was testing household products in the 1980s and 1990s for holistic health impacts on mice, and neurological impacts. I think that the whole neurological domain of brain injury, is just something that folks are now getting in tune to, but she was just ahead of the game. Anyway, she stopped doing the research because she got these death threats. I found these memos about her, written by Monsanto, about how to get her, about how to stop her. She knew that—she just didn't know—and I remember she was, like, Oh, okay, I didn't know it was Monsanto. I just found them in some discovery in The Poison Papers, when I was looking through some of the chemicals and carpet.

[01:00:31]

Anyway, I had all this information about carpet, but the school—there was a woman—anyway, there's a longer story about—and I still haven't quite figured out what happened with the school district. But, when the vote came down to it, they had armed policemen at the meeting that night. It went on until about eleven o'clock at night. I think they hoped that the mothers would leave. It was put on the agenda last, and six of the trustees voted against removal of the carpet. It's clear, after I filed public records requests, that the insurance company for the school got involved, because the districts have installed this carpet in not one classroom, not four at the daughters' school, but twenty-seven classrooms throughout the district. Anyway, it was a liability issue. They finally agreed to accept the donation I'd gotten for them in September to remove the carpet in my daughter's classroom in February. Shortly thereafter, her teacher came to me and said that she felt a lump in the winter. Then she went through and was diagnosed with stage two or three breast cancer—young, she was younger than me. So, a teacher got cancer. The school district knew that, and still, they wouldn't remediate. Those carpets are still there. I just kept organizing. Then, it got to a point where I was, like, do I—the next year—third grade—there were two classrooms that had this carpet and then another classroom, and the teacher had burned air freshener. I was, like, there was nowhere for my child to go. I was running around, newly divorced, with not (sic) money. I don't have the money to put my child in private school and my ex-husband refused to pay or acknowledge that she was even sick. He refused to—even though

he'd seen all of my illness, he's refused to—he thinks it's all in my head and I'm making this up about my daughter.

So, I just kept organizing. In the meanwhile, reports started coming out by various different nonprofits—exposés about the carpet industry. I just kept at it. We got two people elected to the school board. That's, really, all we needed, was someone on the inside. There was going to be re-carpeting over the summer—two summers ago. We were at that meeting and our allies on the school board motioned to put a moratorium on carpet. I had filed so many public records requests, and the legal aid organization came in to help me with those public records requests. I, and another one of the mothers—the Mexican American mother whose child was the sickest, was actually sicker than my daughter—we filed and we got some six thousand pages of public records, which, they called me a terrorist. There is all kinds of slander about me, personally, that I've just chosen not to do anything about. We just kept appealing and went up to the state. I think, some of that appeal to the state—something behind the scenes shifted from our just relentless—we were just going to keep filing public records requests. There was nothing else to do. We'd been frozen out of the system. We'd been intimidated with police officers. They wouldn't let me speak in public comment, or they would just ignore me in public comment. Anyway, something shifted behind the scenes, and then, with two people inside, they set up an environmental committee. When we sat down—finally, when they actually just sat down and talked with me—the head of the physical plant and I—the facilities manager—in two meetings, we put together this amazing policy—because he hates carpet. It's hard to maintain, and I think he was shaken by the sick children. I think he actually read the reports. He hired a young assistant. He got promoted and ended up—his new assistant just went online and actually did the research and figured out what the red list was.

[01:05:17]

We passed, probably, one of the most progressive—the best flooring policies. It's based on Health Care Without Harm. We took criteria from Harvard, from New York State, from San Francisco City. It's not a no-carpet policy, but the list of chemical exclusions mean that they could never install carpet. Now, the challenge is to raise the money to actually remove the carpet, because the school district is broke. They can't afford to rip out floors. It's only as floors get worn out that they will replace it with more sustainable floors. What I really want to do is to find grant money to accelerate this process and actually look at the cognitive impact on the children—because all the children that were sick were failing. My daughter regressed to before kindergarten math. Then, when the floors were fixed, that classroom were the best scores, that spring quarter, of that teacher's twenty-two-year teaching career. It was clear that—and all of the mothers remarked on how their children were spacey, and then they got better and they just suddenly got better at school. I was, like, That's what it's about, I'm not trying to be a crazy environmentalist. It's about learning. It's about children not being sick from their classrooms so that they can learn.

I don't know what's going to happen. This moment, I'm so frustrated because I'm sick with coronavirus and I don't have the energy. This is the moment where the general public might feel an ick factor about carpet and get behind the idea of—actually, we should probably accelerate

and invest the money to rip out the carpets and put in something that can be mopped and disinfected. I'm nervous about the disinfectants in the school, because we had won all this. We had gotten green cleaning chemicals, they stopped spraying pesticides while children were in school and went to an integrated pest management program. That was a whole other battle. I was, like, You can't spray pesticides while my daughter is in school—in the cafeteria, next to the bathroom, in the same air system that she uses. It was just—they were breaking the law. That appealed to the state. Also, I think—it was other things—more clear violations, I think, that finally got them to start thinking about indoor air quality. But, with the coronavirus, I don't know—with all the Clorox and everything, how folks are going to be.

KIM: Thank you so much for sharing that story. It's really incredible—the kind of activism you've been doing. It seems like there's just a lot of the David versus Goliath—you're really up against a whole bureaucratic system. That's one of the things that we're so interested in, doing this project, is the activism that people have been doing, and the advocacy. It's not only advocacy regarding just yourself, like, asking people not to wear certain things when they come over to your house or something. It's also these really big, structural changes, like getting the carpet removed from buildings, protecting children in elementary school, so they can actually learn. It was just really incredible to hear that and hear what you've done.

To sum it up, you mentioned something a few times that I want to hear more about. This is, actually, one of the questions that we have, is—at the Center for the Study of Women, one thing that we're interested in is this intersectional approach to looking at things. You had mentioned a few times about gender and how you're perceived by people who are in charge or people not taking you seriously. So, we're wondering how you think gender identity and/or race has played a role in how you've experienced chemical illness.

[01:09:00]

GRANDIA: Well, people see me—you know, I'm curly-haired, kooky kind of professor. I'm a fairly humble person. That's part of my training as an anthropologist, is that, by connecting with people and by working with very poor people who are on the edge of—really, Third World poverty—I'm just a very—I don't use my credentials, but I'm learning to. I, kind of, was like, I've finally gotten to a point, like, it's Dr. Grandia. I, actually, do know this stuff. I'm still struggling with how to have that kind of authoritative knowledge and speak from a position of power rather than leading emotionally with sensitivity and asking favors. I'm a much better advocate for other people than for myself. In some ways, I feel like the advocacy is my path to healing.

It really wasn't—I mean, the school district struggle, really—I've never felt so gendered. In some ways, in all my years in Guatemala and the work I've done being a gringa and being a foreigner, was a far more important social category than my gender. Because I wore pants, I kind of was in this liminal world, always, where I could work with men and I could work with women. In some ways, I was a better ethnographer because men can't work with women, but I could transcend those boundaries, being a khaki-wearing, woman anthropologist. So, it's been in this new activism as a mother and dealing with other mothers and the mean girl politics, frankly. In my town, I'm sort of known, now. Like, I'm this person. There's a lot of folks who kind of are cruel

to me, in a way I haven't experienced since high school in Georgia—that just, you know, think I'm crazy. And that's—it's clearly gendered.

I feel like I'm coming back to my feminism, in a way, in all of this struggle. As I try to publish about it, though, I have to say, I have to just express a little bit of frustration in—when I try to write about these questions of environmental justice, I'm getting a lot of kickback, even from sympathetic reviewers, that I need to discuss it within gendered terms, and mysterious illnesses and contested illnesses. I really don't want to do that. I'm just, like, this is a human issue. I don't think I want to corner it within Women's Studies. It's for everybody. I guess, I think that, that is the only way we change things. I think that's where I differ, and I'm not—right now, I'm going up for full professor in a couple of years, hopefully. I'm under the gun for publishing because I lost so much time to illness. My take on environmental justice issues is that, I don't—no one gives a shit about pesticide exposure in Third World people. We allow chemical corporations to export pesticides that are banned in the United States—that is known. Jimmy Carter briefly reversed it. Senator (Patrick) Leahy tried to pass a bill. But, that is a known policy, that we allow our chemical companies to do that, because no one gives a shit about chemical exposures of Third World people. I really feel that we have to make this something where people understand it affects everybody. So, I'm very reluctant to speak about it in gendered—or even in the typical environmental justice terms, because I know that people are disproportionately affected by gender and by color and by class. That's clear. But, I don't think we're going to get anywhere in those arguments until everybody sees that they're affected. That's one of the things about coronavirus, where you've got totally healthy people all the sudden becoming really sensitive to things. I'm interested in people who suddenly get cancer and come to the light. I guess, I'm trying to make an every person's story about it, rather than highlighting, I think, those gendered notions, even though I recognize that that happened to me, right? I'm aware of that, but, I guess, I don't want to engage in that discourse. I don't know if that makes any sense.

[01:14:21]

KIM: No, it does. Thank you. I think that's all the questions I have. Is there anything that you would like to share that we didn't get to today?

GRANDIA: I'm sure, I'll think of things when we hang up, but, I guess—I most worry about my daughter, and what it will be, for her, moving in the world. You know, she smells things. She smells the same stuff as I do and I—there's only some point where I can—I can't keep protecting her environment forever. So, anyway, there's a lot of—I just have a lot of worry about—as a mother, in that, she came from my body. How much of it is cultural—that she's not been trained to smell those things? How much of that is that she was in my body a year and a half after I went through chemo, and I was in this highly allergic state, being exposed to carpet at my university? And, how much of it is, now, just this toxic assault that she had? Intellectually, I know, in my own history of chemical injury, she has a—it's all there. Anyway, that's what drives me forward, is that—it's just, children getting exposed is just—drives me, is the thing that kind of keeps me in the activism. And, my own history, I guess. I think, I probably conveyed that—that sense of remembering and thinking about my childhood and thinking about never really being protected. You know, how much of the modern world was always an assault? And, that I've only just

become—increasingly so—but, also, aware of it. So, I think that question of how children experience chemicals is something that we've really yet to understand or explore.

[01:16:44]

KIM: Thanks so much. This has been incredibly powerful, to hear you talk about everything that you've gone through and everything that you've been working on. So, I can definitely see why Rachel was just dying to have us talk to you. This has been just so informative.

GRANDIA: Well, I haven't been the most eloquent. I still have foggy brain from coronavirus, but anyway, you got the gist of it. So, I'm happy—if there's any questions to follow up, that you think about, I can either email you or just record myself on my phone and send you the recording.

KIM: Yes.

GRANDIA: Something that you think of that I can follow up with the interview.

[01:17:27]

KIM: Yes, that sounds great. If you don't mind, I'll turn off the recording and I'll give a quick overview of the next steps.

GRANDIA: Okay, sure.

(End of July 3, 2020 interview)