

Interview with Andrea Cronrod

SESSION 1 (6/30/2020)

Timed Log

[00:00:00] Personal Background: Born in West Los Angeles, CA, 1951. Middle-class upbringing and memories of happy early childhood. Rebellious young adulthood and frequent conflict with mother. Tension and lack of family cohesion.

[00:07:02] Connections with Ministry in Georgia around understanding illness. Reflections on spiritual roots of disease and interconnectedness of mind, body, and spirit. Emotional aspects of childhood events that played a role in later development of illness. Alienation from family and isolation throughout life.

[00:11:20] Youth and young adulthood: Did well in school. Change in social group and subsequent rebellion during teenage years. Reflections on family dynamics that shaped life trajectory as “black sheep.” Receives scholarship to attend private high school. Leaves college after one year. Moves to Hawaii.

[00:15:38] Onset of health issues: Healthy during youth. Faulty intrauterine device (IUD) implanted in college triggers lasting health issues. Subsequent exposure to bacteria and mold in Hawaii further weakens immune system. Traumatic experience in hospital and continued repercussions.

[00:17:25] Work history: High school job in LA ice cream shop. Various odd jobs in Hawaii. Lack of direction in pursuing fulfilling work niche.

[00:19:41] Onset of chemical sensitivities: Lives in moldy cabin on Kauai. Compromised immune system persists after faulty IUD. Trauma of being hit by cars multiple times. Chelation treatment by doctor is hard on her body. Exposure to pesticide spraying and heavy metal toxicity. Reflections on MCS (multiple chemical sensitivity) as resulting from toxic overload and inadequate toxin elimination. No history of sensitivities in family.

[00:25:45] MCS impacts her life dramatically. Difficulty tolerating many environments and irritants. Experiencing perpetual state of fight-or-flight and seeking out safety. Persistent sensitivity to sound. MCS as nervous system disorder. Moves temporarily to Florida to MCS safe zone.

[00:27:00] Moves to Georgia to be near ministry that offers program to heal from MCS. Refuses to identify as having MCS. Diagnosed with primary lateral sclerosis. Acknowledges not fully healed from MCS, but develops psychological coping mechanisms to tolerate exposure. Focuses on tolerating and transcending as opposed to alleviating illness.

[00:35:43] Social support around illness: Doesn't need support from online MCS communities because of personal evolution and adaptation to illness. Mentors others affected by illness.

Strong connection to animals in youth and calling to connect more with humans as part of spiritual path.

[00:40:30] Shift from dealing primarily with chemical sensitivity to mobility issues. Focuses on maintaining nontoxic home space, reducing exposure to irritants, and managing symptoms.

[00:42:30] Engaging in education as a form of activism. Views activism as exacerbating anger. Journey to understand her particular role and calling. Physical limitations prevent certain forms of engagement.

[00:46:00] Relationship with medical field: Avoids conventional doctors and prefers holistic approach. Reflections on tendency to idolize doctors. Emphasizes listening to one's own body and inner voice in pursuit of healing.

[00:50:25] Writing book on personal journey.

[00:51:10] Hasn't felt impact of COVID-19 on experience with chemical sensitivities. Reflections on exacerbation of MCS in humid climates.

[00:53:20] Doesn't feel that race and gender has impacted experience of illness

[00:53:44] Reflections on societal views of environmental illness in ten years. Anticipates continued increase in prevalence of sensitivities due to climate change, widespread toxins, 5G, etc. Reflections on inadequate research on future repercussions of toxic products.

[00:55:35] Purpose of Oral Histories of Environmental Illness project. Plan for archiving oral histories at UCLA. Goal of future publication on findings. Project information and logistics.