

# Consequences of Childhood Chemical Injury

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Theme: [Science and Medicine](#)

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*Individuals severely injured by chemicals during childhood are often disabled for life. However, many challenges children with chemical disabilities must overcome are frequently overlooked. These include; being denied an education, treatment by physicians who believe chemical injuries to be psychological in origin, and having their families torn apart. Educational and medical records, interviews, and published independent studies showing health and social ramifications, demonstrate these unheeded and especially detrimental effects. It is imperative that these neglected consequences compel adequate precautionary provisions, preventing predictable and exponential increases in chemical injuries and ensuring correct treatment and invaluable disability assistance for the chemically disabled.*

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Many individuals severely injured by chemicals during childhood are disabled. Yet, it is rarely recognized that these chemical disabilities require different accommodation than other more well-known disabilities. Sadly, obtaining the disability access necessary for these individuals is often very difficult to impossible and often precludes them from their education as well as numerous other activities. There is the added challenge of finding knowledgeable medical treatment, as well as the humiliating incidence of misdiagnosis and hostility when faced with a physician that is ignorant or misinformed. There is evidence that family strife and divorce increase after a home is contaminated or lost to environmental contamination. These effects are not adequately comprehended or addressed by physicians, school systems, legal systems, or government; and the consequences are especially harsh for injured children, as well as their families.

The intention of this poster and paper is to demonstrate the acute need for education of physicians, disability coordinators, teachers and governments regarding chemical injury, to fully inform lawmakers and risk assessors of the true cost and disability that result from the use of unsafe chemicals and portray the immense need for further research.

Nine individuals, aged 2 to 58 years old, injured during their childhoods, were surveyed using identical questions. The resultant evidence is supported by citing relevant literature. The percentages resulting from the survey were calculated rounding to the nearest hundredth place, excluding participants “Not Applicable” responses.

Elementary and high schools are traditionally considered to be places of learning; where parents entrust their children to the care of teachers, councilors and administrators devoted exclusively to the education and welfare of their pupils. However, these institutions become the antithesis of these wholesome goals as soon as disability assistance is required. If the disability is uncommon, these disabled children face more difficult obstacles. Obstinance and

the fear of setting precedent constantly take priority over the welfare and education of these disabled children all over the United States. Seventy-one percent (71%) of respondents reported that their schools were not willing to accommodate their disability and refused to accommodate their disability. One-hundred percent (100%) of respondents reported that their schools proposed situations that would have been hazardous to their health and that when they attempted these situations that they sustained health damage. One-hundred percent (100%) of the respondents also report difficulty obtaining accommodation for testing for required and standardized tests, even when the burden of home schooling or distance learning had been assumed by the often disabled parent or parents. Though atypical, these accommodations normally could be easily implemented with a little expense and a modicum of cooperation from the schools. One proposal using computers and video conferencing to link classrooms to the home of a disabled child was not even considered by the school when the parent of the disabled child offered to donate the required funds. Chemical Intolerance is recognized as a disabling condition by the United States Social Security Administration and as such its accommodation by schools is required by United States federal law. Because there is little monetary incentive, few lawyers are willing to represent these students. In most cases pro bono attorneys either do not exist or are not familiar with education law. This leaves parents who are often financially stressed and homeless due to contamination and physically ill from the injuring chemicals, attempting the daunting process of finding safe housing, while they must simultaneously struggle to provide an education for their chronically ill children on their own. Often seriously ill parents have no choice but to provide a safe alternative to the free public education to which they are legally entitled from their government.

The individuals injured during childhood also face a great deal of uncertainty in their future, even when they manage to advance to higher education. While 86% report that they have, or intend to complete college level courses, one-hundred percent (100%) report that they are not being accommodated in their colleges in any way. One-hundred percent (100%) report that they would have preferred a different college if they had been assured accommodation as well as chosen a different field of study had they been sure of accommodation in the workplace. There is also a great deal of disillusionment, one-hundred (100%) report that they feel their employment prospects are not good and that they are concerned about gaining accommodation from their prospective college or workplace.

In addition to the previous challenges, these individuals must try to find physicians educated in chemical injury. There are very few qualified and knowledgeable physicians who are familiar with chemical injuries. Therefore, chronically ill individuals are often forced to seek medical treatment from unqualified and consequentially dangerous physicians. Frequently, even well meaning physicians dispense hazardous recommendations. Seventy-eight percent (78%) of respondents report that they have had an uneducated physician make harmful recommendations. **Dr. Jeannette Sherman states,**

“The ability to recognize chemically caused disease and injury has come to the forefront because it is necessary not only to treat these conditions, but, more important, to anticipate the consequences of chemical exposures, and to prevent them.”<sup>1</sup>

While **Dr. Marc Lappé** reports,

“Childhood or even fetal exposure to carcinogens can amplify the noxious effect of certain chemicals.”<sup>2</sup>

Even worse, often misinformed and unqualified physicians proceed to diagnose these maladies as psychological and berate their young patients for being malingerers. In seventy-eight percent (78%) of responses there were reports of physician abuses, such as suggesting that the respondents were not ill or disabled, as well as being treated with disrespect. Ironically, these doctors either do not genuinely believe their own misdiagnosis, or truly feel those afflicted with mental illness can be healed by antagonistic and unkind behavior. This type of treatment by a physician from whom one hopes to receive succor would test the emotions of an adult, but when children are confronted by these “respected adults” it can have severe consequences. One-hundred percent (100%) reported that this had a bad affect on their self-esteem and confidence, and that the experiences still influenced them today. In the words of one individual “Even as a well-adjusted adult with a chronic illness, I have found myself nearly suicidal after certain doctor appointments.”

The social consequences must also be considered. One-hundred percent (100%) of respondents reported that they were precluded from typical childhood activities because of the chemical exposures. Eighty-three (83%) reported that they felt this affected their social lives negatively. Seventy-one percent (71%) had to leave their home because of the contamination by the injuring chemical. In conversation with Dr. Stephen Kroll-Smith, head of Sociology at the University of North Carolina at Greensboro, it became clear that what is generally found in families that have had their homes contaminated, is that the experience, although to some extent contingent on the health of their pre-contamination familial relationship, does exert considerable stress on the families relationships. Additionally, there is a correlation with a gender response, that shows women are more likely to be concerned about the contamination, more active in its identification and the evacuation or removal if possible; men, however, in general, seem less concerned about the often elusive and barely discernable contaminants. The convergence of these outlooks adds strife to the family.

In conclusion, I believe that these results show the dire need for disability accommodation for those who are chemically disabled during childhood. Competent medical diagnosis and treatment with adequate precautionary provisions will serve to halt these unnecessary childhood injuries. There also is a great need for further research into how this little understood disability affects children.

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## Notes

1. Sherman, J. D., Chemical Exposure and Disease. Princeton Scientific Publishing Company, Inc. Princeton, New Jersey, 1994.

2. Lappé, Marc, Chemical Deception: The Toxic Threat to Health and the Environment. Sierra Club Books, San Francisco, 1991.

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