

My Stay at the Woodrow Wilson Rehabilitation Center or Vocational Rehabilitation Parris Island Style

Waiting for Induction

After returning from Kessler, where I had become relatively independent, I spent the summer at home on the family farm. Much of my time was spent increasing my strength, mostly by wheeling around the farm going to places seemingly impossible to get to in a wheelchair. I also practiced ambulating in the parallel bars that Dad built for me. Most importantly, I spent some time developing my two-handed writing skill because it had been determined that I was possibly a candidate for training as a draftsman. In fact, I completed the paperwork for enrollment in the drafting program at the Woodrow Wilson Technical School for the 1956 fall term. The school was part of a complex that included the Woodrow Wilson Rehabilitation Center, located near Fishersville, VA. However, whether I could use the drawing instruments adequately with my limited hand function remained questionable. The only way to find out for certain was to try. I was determined to make the best of it because there did not appear to be any real alternatives for me. At least it would be an opportunity to get out of my parents' hair for a while again.

The concept behind the Woodrow Wilson Rehabilitation Center (WWRC)

The Woodrow Wilson Rehabilitation Center was developed to provide physical rehabilitation services, and to transition and prepare rehabilitants to become employed. For most, vocational training of some sort was a necessity. Virtually all educational facilities were inaccessible for persons in wheelchairs and the idea of making them accessible was pure fantasy in that era. A more plausible approach was to develop some accessible educational facilities for wheelchair students along with a supportive residential environment. The Commonwealth of Virginia was one of the first to develop this concept into reality. A large rehabilitation center was developed as part of a complex that also included residential facilities, an attached accessible high school, and technical school. The schools also served the AB population in the region, maximizing cost effectiveness. The facilities became viable because of a gift to the Commonwealth by the Federal government, i.e., a military hospital that was no longer needed when World War II ended.

The Center

The technical school and rehabilitation center were established in what had been a massive temporary hospital built to treat World War II casualties. It covered 223 acres and consisted of 58 interconnected single-story buildings. It was estimated that there were about 7 miles of hallways within the complex. It was given to the Commonwealth of Virginia in 1947 and conversion into a rehabilitation and educational complex began. At the time I arrived, the complex included a rehabilitation center that accommodated approximately 300 rehabilitants from all over the U.S., a technical school serving the region, a large high school with a fleet of more than 60 buses, a military reserve section, and housing for much of the rehab administrative and professional staff. Obviously, from a size perspective, the facilities were impressive. The important thing to understand, however, is that the Woodrow Wilson General Hospital, as it was originally called, was built to be a temporary structure because it would only be needed until the war ended. Thus, in 1943 it had been built to have a life expectancy of about 10 years. When Virginia acquired the complex in 1947, they began using it with very little renovation. Consequently, when I arrived there in 1956, the facilities were, in my opinion, past their life expectancy and looked "terminal." It was a low budget operation as reflected by the per diem rate of \$15 covering all necessary rehab services, and room and board. Even in 1956 dollars, that was inexpensive.

This is a photo of the complex in 1947 when it was in pristine condition. The arrow points to my room.



My Experience

I arrived in mid August of 1956, which was a couple weeks before the tech school classes started for the fall term. Dad and I arrived at the administration building and I checked in. Dad had to sign a couple forms and was invited to go on a tour of the place. Because he was no longer needed, he excused himself to begin the long drive back to the farm. I was then taken to the infirmary area where I was to stay until examined and evaluated. Once I left the administration building, I quickly realized that this was no Kessler. We went through a number of corridors which were painted either olive drab or gray, and with floors of well worn tile sagging in places. Periodically we passed somewhat rusted steam heat radiators along the wall. It was mid-afternoon and quite hot. There was no hint of air conditioning. By the time we got to the infirmary, needless to say, I was feeling a bit uneasy. I was directed to stop at a nurses' desk where my escort placed my luggage. He then introduced me and excused himself. The nurse was quite pleasant and after giving me an overview of what was planned for me, escorted me to a room. On the way we passed an aide twirling a Foley catheter like a watch chain with his gloved hand. "Webster!" she scolded. Finally we reached the room. There were four well-worn army cots with olive colored blankets on them. I was given the choice of beds because I was the first to arrive for admission and evaluation. When I got in, the rather hard mattress got my attention. The fear of another pressure sore filled my brain.

I spent two days in the infirmary while I got a physical exam, ADL checkout, and spent time in the large PT and OT areas where I was also evaluated. On the third day, I was sent to the PT department after breakfast, along with a half dozen other "students," as we were called. One was my infirmary roommate, "Cowboy," who was a ranch hand from Wyoming. He had been thrown from a horse and became a paraplegic. He was at WWRC to be rehabed, not for training as I was. When we arrived, we were greeted by a group of therapists decked out in spotless white uniforms. They had worked out our therapy programs and were to present them to the physician overseeing

our care. When he arrived we were introduced one at a time and our programs were discussed. When my turn came, the PT told him that I had been rehabed at Kessler, was independent in ADLs, and reported the findings from his muscle testing. The therapist concluded by telling him that I had braces and could ambulate in the parallel bars. "But you said his motor functioning was limited to C-7," he protested. "This is a first," the PT said. "Bob, would you show him?" I wheeled over to the parallel bars and in a minute or two, I had my braces locked and went hopping to the end, turned around and came back. The doc came over and watched as I unlocked the braces and scooted back in my chair seat. "You do that pretty good. I have never seen a quad do that," he said. "I really do not think you need any PT, do you?"

"I have done okay without any all summer," I replied.

"All right," he said. "I will not order any. But if you feel the need to work out, I am giving you permission to come in anytime the PT area is open and work on anything you like. I wish everyone was like you. It would make my job a lot easier." Of course, everyone laughed. I have to admit, it felt good to have a doc allow me to be in charge of myself.

It had also been determined that the OTs should start working with me to figure out how I was going to use the various drafting tools I would need in school. We set up a schedule, and I was dismissed.

When I got back to the infirmary, the nurse intercepted me before I got to my room and told me I was going to the dorm as soon as they could get my things packed up. That only took a few minutes, and soon an attendant with my belongings piled on a gurney and I headed down the hallways. As it turned out, I was assigned the last room in dorm, C-17. This immediately struck a chord because in the early 1950s, there was a movie, a comedy, about American soldiers in a German prison camp called "Stalag 17." [Sometime later, a TV comedy series called "Hogan's Heroes" was based on the film.] On the surface, the WWRC seemed like a prison. Everything seemed to be on the forbidden list, ranging from alcoholic beverages to *fare l'amore*. As you will find out, first impressions can be misleading.

My room was an olive painted double. There were singles, but quads were placed in double rooms along with an ambulatory roommate. It supposedly was a safety issue because quads were thought to be prone to falling out of their wheelchair, and oh yes, there were no phones in the rooms. There was another difference in that singles had a nook with a toilet and sink in it. Double room inmates had to use a common public bathroom. The beds were army cots. The rest of the furnishings were wooden relics, scuffed and scrapped to the extent that Goodwill would have trashed them.

As it turned out, my room was conveniently located. The bathroom was across the hall, and the dining hall, my classroom, the canteen, the rec room, and the chapel (lol) were all located within a city block distance. There was a theater/auditorium [rarely used.] in a far corner of the complex, and the therapy departments were about two blocks distance. As I indicated before, these were all interconnected, but the connecting corridors were not all enclosed and many were not level. The terrain was not leveled when the buildings were constructed so there were hills and valleys, some of which tested one's wheelchair skills. At times, it was a bit dangerous going down some of the long down slopping corridors because most had closed fire doors at the bottom. If you could not stop, you ended up like a bug on a windshield. During my stay, a guy hit one of the radiators going down a steep corridor and sheared one end off. The rumor was that his chair was totaled but he got off with skid marks on his butt when he flew out of the chair and slid for about 10 feet.

There is one other facility that warrants mentioning. There was one large bathroom located near the men's dorm section. Two sides of the room were lined with unpartitioned toilets and one side

had a row of sinks. Guys who could not do their bowel routine were scheduled to report during evening hours, and there were a couple attendants on hand to assist them with transfers, suppository insertion, digital stimulation, or enema, which was sometimes utilized in those days. You have to keep in mind that glycerin suppositories were the only kind available and not especially effective in some cases. Laxatives were not used because there was no one available to help if these students had an accident once they were in a dorm. The room was often referred to as the “shithouse on the hill” because it was on a relatively high spot in the complex.

As I soon learned, people with a variety of disabilities were served by the center. Many were SCIs, but there were people with other neurological disorders such as MS and epilepsy, and even a few with mental illness. [I think they were limited to people with severe depression, including one who committed suicide while I was there.] There were also a significant number of amputees. Because most students were involved in both rehab and going to tech school, they had to be competent and otherwise capable of participating in one of the tech school programs. These included drafting, bookkeeping, accounting, watch repair, shoe repair, tailoring and basic sewing, janitorial services, small engine repair, basic building maintenance, and barbering.

Culture Shock

I grew up in a multi-ethnic rural area that had been populated by turn of the century immigrants who sought work in a thriving glass manufacturing industry. The glass industry died in the 1930s with the depletion of cheap natural gas from local wells and the depression. This included some African-American families who were recruited from the south to tend the hot glass ovens. When I was a kid, most of the immigrants had already died but their descendants hung on, trying to eek out a living any way they could. There were a lot of ethnic jokes directed at the “dumb Swedes” and the cooking challenged English, but no discrimination. Some truth underpinned the jokes because many of the Swedes who settled in the area had been given a one way ticket to America by relatives back in Sweden in an effort to cleanse the family and country of “embarrassments.” As for the English, you quickly learned to take only a polite token serving of the food they brought to covered dish suppers and other public gatherings.

The few African-American families were hardly noticed. There was an African-American girl in my class at school, and although her dark skin made her stand out, a “so what” attitude prevailed. My brother had an African-American guy in his class who went on to become a boxer of some repute, but fell short of making it to the big time. The town podiatrist was also an African-American. Before my injury, Dad scraped up a few dollars to invest in an ancient piano and some lessons for my two sisters which were given by a kindly African American woman. She could coax a lot of music out of that relic and could inspire anyone to give it a try. Because race was not an issue, when the Supreme Court rendered its decision in the milestone *Brown vs. The Board of Education* case in 1954 declaring segregation in public schools unconstitutional, it received only passing attention. Although I was aware of the ensuing upheavals around the country, I was so consumed by my injury-related problems that I remained emotionally detached from what was happening in the rest of the world.

It should be no surprise, then, when I report that it took about two months before I realized that there was something drastically different about Woodrow Wilson. I had not seen a single African-American since I arrived. At Hamot and Kessler, many of my caretakers had been African-Americans, including my PT at Kessler. My O.T. confirmed that, yes, this was a part of the segregated south. She was originally from Florida and spoke frankly about the situation. There were a few African-Americans employed in the kitchen to do menial tasks and a few working with the grounds keepers, but that was it. They were not used in any place where they would have direct

interaction with the center students or staff. It appeared that Virginia had a governor cast from the same mold as the infamous George Wallace of Alabama and Orval Faubus of Arkansas.

African-Americans in the south had no access to rehab. What services they got were likely provided at poorly equipped hospitals for Black people. The segregation posed a real problem for many of the non-Dixie states because they had no other place to send their disabled workers and others for rehab services and/or vocational training. They were faced with the dilemma of using a segregationist facility or denying even their white population the services. In a sense, the situation pushed a number of states into developing facilities of their own. In fact, before I left WWRC in 1958, Pennsylvania was well on its way to opening a large rehabilitation and vocational training center in Johnstown that would serve the whole state.

My Roommates

It is interesting that when I started my stay in the dorm, there was only one other student, a para, who had a room at the opposite end. [He claimed to be a distant cousin of singer Johnny Cash.] I guess it was okay for my wellbeing to be in jeopardy for approximately two weeks until the others came. The need to have someone residing in the rooms with quads had been underlined. Some of those moving in had been in a program but were home during the 4-week August break. Others had been medically cleared earlier and did not have to go through the evaluation that I did. While I was there I had three roommates. Roy was in his late teens and enrolled in the barber training program. Roy had epilepsy, with a history of grand mal seizures, supposedly under control for the past year. I say “supposedly” because about two weeks after classes started, I arrived at my room one afternoon and found him trashing on the floor. It was not long after that he had a seizure while I was in the room. That time, I had to push him aside so that I could get to the door to summon help. Roy only lasted about three months. He was terminated after suffering a seizure while cutting someone’s hair in the school’s barbershop. They concluded that the pressure of school was too much and responsible for the recurrence of seizures. However, he had been there long enough to acquire the nickname, “Pretty Boy Roy.” It stemmed from his practice of combing his hair every few minutes with a comb he carried in his shirt pocket. If you remember the character “Kookie,” played by Edd Byrnes, in the old TV series *77 Sunset Strip*, that was Roy. To this day, I am not sure who was supposed to be looking after whose safety. Lol

My second roommate was Jimmy, who was also an epileptic. He was much better controlled, although sometimes it was difficult to wake him up because his medication seemed to act like an anesthetic. He was enrolled in the building maintenance course, which came in handy. Someone donated a truck load of cans of house paint to the center. With the low budget, there were no extra staff who could apply the paint so they let students have some if they wanted to paint their room. Painting was in Jimmy’s curriculum so he got some paint and did very well for his first job. The olive walls became a light blue, and the ceiling and trim were white. However, instead of leaving his work exposed to be admired, he covered up a good bit of it with *Playboy* centerfolds. Lol

Jimmy’s course lasted a year and then I got a third roommate. Cecil had cerebral palsy, but the symptoms were limited to a staggering gait. He was in the small engine repair course and kept my wheelchair in good shape. All three were really nice guys.

My Dorm Neighbors

The occupants of the room next to mine and the one beyond arrived just a couple of days before classes started after Labor Day. Next to me was Matti, a naturalized citizen who was originally from Finland. He had been a merchant seaman and got injured when he slipped on a platform and his back hit against a railing on the ship. He was a low level complete para. We quickly became

friends, and I soon learned that Matti drank vodka by the water glass. When he got drunk, he usually ended singing songs in the Finish language and would fall out of his wheelchair a couple times. Matti was learning to repair shoes and expected to start a shoe repair shop when he finished school and returned home to Hoboken, NJ. In the room next to Matti was Harvey. Harvey was a middle aged guy who happened to be from Trenton, NJ. He had the misfortune of not fully recovering from the Guillian Barre' syndrome. His legs were weak but he could stand for a minute or two. He used a wheelchair for mobility. He was in the accounting program and did not anticipate any employment problems when he graduated. It turned out that Harvey and I were in OT at the same time, and we quickly became friends.

The Dinning Hall

When I first faced the food in the infirmary, I hardly paid attention because I was somewhat overwhelmed by my surroundings and the fear they evoked. When I moved to the dorm, reality struck me. There was one large dinning hall for the students with several rows of tables lined up end to end. One corner appeared to be an extension of the kitchen. It had a serving area where trays could be slid along a waist high shelf. It was only used for breakfast, which few students seemed interested in. I cannot imagine why they passed up the scrambled eggs (a.k.a. gov. surplus powdered eggs), dried beef gravy over toast (SOS or shit on a shingle), speckled gravy biscuits [If you looked hard, you could find a few tiny specks of sausage in the gravy. At least we hopped it was sausage.], or 7+ day old porridge. To give you some idea of how dismal things were, the SOS and speckled biscuits were probably my favorite meals.

Lunch and dinner were served family style. That meant if you were 10 minutes late, you were left slim pickins. Platters and bowls of the prepared food were placed on the table and passed around for each to take a portion. However, there were no portion rules, and if you were too far away from where the food started, you might get crumbs. If it was something inexpensive, like the mashed (dehydrated) potatoes, the kitchen staff sometimes would bring more. If it was a meat dish that ran out, forget it. Canned green beans, simmered pinto beans and dry cornbread were regular fare. For lunch, hot dogs and baked beans (canned) and sandwiches were regulars. Sunday dinner was real special. They alternated between fried chicken and chicken fried steak. They were okay but you hoped that the breading would not fall off the chicken and reveal the unpicked feathers. There were many jokes about the chicken and the feathers. Much of the food was fried, and I cannot recollect ever seeing a salad, fresh vegetable, or a dessert. It was in an apple growing region so we did get fresh apples in the fall. We could get an edible hamburger at the canteen, but most of us could only afford them once in a while. The candy machines, with their 5 and 10 cent candy bars often were empty because of the high demand.

My Haute Cuisine

I mentioned the food situation in a letter to my mother and sometime later, I received a package in the mail. I opened it and to my surprise, my mother had sent me an electric skillet and a few cooking tools. This must have been 4 or 5 months after my arrival because Jimmy was my roommate. Jimmy thought it was hilarious. He said most mothers sent their kids cookies and other things to eat. I told him about the "teach a person to fish" parable, and that because I had spent a considerable time in the kitchen with my mother, I had learned how to cook. The problem was, I did not have anything to cook or a way to get it. There were supermarkets in Staunton, but it was a few miles away and was a taxi trip. Both cost money that I did not have. However, the problem was quickly solved. A short time later, Matti came to the room and spotted the frying pan. "You cook, Bob?" he asked. I explained the situation and he had a big smile. "Saturday, we'll eat real food," he said. "You guys don't go to the dinning hall for dinner."

Saturday afternoon Matti called a cab and went to the supermarket. Later that afternoon, he returned and brought his shopping bag over to the room where Jimmy and I were waiting. We watched as he pulled out three large, thick t-bone steaks, a loaf of bread, an onion, salt and pepper in disposable shakers, a pound of butter, and a bottle of sweet port wine. Well, what could we say? That was the kind of wine he liked and that was what he bought. "Okay Bob, you cook now," he said in his somewhat accented English. We had not thought about dishes and tableware, so there were none. Jimmy went to the bathroom, and fortunately there were still a few paper towels in the dispenser. It took only a few minutes to get the steaks and onions sizzling in the butter. Soon there was a loud knock on the door. "What's going on in there guys?" It was Harvey. The smell had already reached his room. Oops! We never thought about Harvey and only had 3 steaks. "Let him in," Matti said, "we can each give him a piece. But we will not open the door for anyone else." We let Harvey in. He had just returned from the dining hall when the smell got his attention, so he was perfectly content with a few strips we managed to cut off with my small paring knife. He made a steak sandwich. The rest of us used a paper towel for a plate and gnawed the meat from the bone. Heaven. After we relaxed a bit, Matti poured the wine into glasses and cups and we drank a toast to our best meal in months. Regrettably, Jimmy had to abstain from the wine because of his medication. From that time on, we had these "eat-ins" at least twice a month. Harvey added coffee to the menu and got a supply of paper plates. We borrowed some table knives and forks from the dining hall and we were all set. At least we were able to keep our protein intake up. Cholesterol was not yet a health concern.

Here we are at one of the earl eat-ins. Harvey (left), Jimmy (center), me (right). Matti took the photo.



It was not long until I had a second source of real food. For some unexplainable reason, almost from the beginning of my activities in the occupational therapy department, I developed and unusually close relationship with my therapist. She was the first professional that I felt totally at ease with. She impressed me with her knowledge of drafting which she had acquired working with other students. She came up with some very helpful ideas for me. She continued to push me to work on improving my hand function, and I discovered that I had a very useful tenodesis action, that is, by cocking up my wrist, my thumb would come together with my index finger. This resulted in a pinching or grasping action that enabled me to pick up light objects. To hone this skill, we started playing chess which required that I pick up and move the pieces on the board. One

day I started relating the game to my life, and she instantly became the closest thing I ever had to a psychotherapist. I have to give her credit for keeping me together mentally and enabling me to endure the conditions at the center.

One day when I was doing my OT activities I told her about the eat-ins that we had started in my room, and we had some good laughs about the food situation. Shortly after, she asked me if I would like to go out for breakfast the coming Sunday morning. Obviously, I was not about to pass up an offer like that. She instructed me when and where to meet her, and when Sunday came, I followed through. I went through the maze of corridors and came out by a road between a couple of the units where there were staff apartments. I expected her to drive up in a car, I would jump in, and we would be off to a restaurant without being seen. Fraternizing with students was a real no-no! Staff could get reprimanded or even fired for such unprofessional behavior. Suddenly she appeared on foot out of nowhere, whispered "hang on," and pushed my chair around a building and up a steep ramp where her roommate, another OT, was holding open the door. She had sneaked me into their apartment. We had a great breakfast, and some great laughs. I did not realize it but they had timed my coming and going with the Sunday chapel services so most people would either be in the chapel or asleep. From then on, a couple of Sundays a month I was indulged in pancakes, waffles, maple syrup, sausages, ham, and real eggs cooked to my request. I do not know why they gave me this treatment or if they did the same thing for others. I am just grateful that there are some really caring people in this world of ours.

Drafting

The drafting program was smaller than I expected, occupying one half of a building similar to the dorms. It consisted of a large classroom and a smaller room which contained the blueprint making equipment and a small library. Enrollment varied between 20 and 25. Including me, only 3 students had a disability. One of the others was a paraplegic and the other, an amputee. Some were veterans attending the tech school under the G.I. Bill. Our instructor was Mr. (Henry) Keller. He had retired after working for a major manufacturing corporation in Syracuse, NY, but was not yet ready for the "pasture," as he put it. His experience was apparent as he guided us through an array of real projects, some of which were from area businesses. This gave meaning to our work, once we mastered the basics of lettering and drawing. Our lettering had to be as precise as that of typewriters. It took me three weeks of lettering line after line of the alphabet and numbers in various sizes about 6 hours a day to meet the standard. Because of my two handed writing technique and the need for some experimentation, that was a week more than most students required. To Mr. Keller, it was a near miracle. After he congratulated me, he told me that he really did not expect me to make that hurdle. From his standpoint, I had acquired the most difficult skill of a draftsman. He expected smooth sailing for me the rest of the way. Instruction was individualized, with no two students working on the same project. I worked on projects ranging from a gun silencer to a highway bridge to be built somewhere in Suffolk County, VA. My last project was to design and draw up the blueprints for a Cape Cod style house. Mr. Keller had the perfect teaching job. The students were mature, wanted to be there, and were eager to learn. He never had a problem student during the entire 18 months I was there.

There was a major problem for the students. It was summer. Summers in the beautiful Shenandoah Valley are hot, and as I mentioned earlier, there was no air conditioning. The classroom had ceiling fans that ran at a slow speed and stirred the hot air up a bit, but that was it. Consequently, students would sweat and that was a work hazard. Blueprints are made much like photos are made from negatives. The plans are drawn on an onion skin like paper which serves as the negative. From time to time, a student would be leaning over a drawing and beads of sweat would form on his forehead and drop off. When they hit the drawing paper, it would immediately blister the paper and have to be discarded. When that happened to a drawing that had many,

many hours of work put into it, it was a disaster. There would be a loud string of profanity intermingled with paper violently being crumpled followed by the student stomping out of the classroom. No explanation was needed. Everyone knew the feeling. Sometime the student would not return until the next day. As Mr. Keller said, during the summer his classroom was no place for a deeply religious person! Thankfully, I endured and was awarded my certificate in May, 1958.

Escaping the Summer Heat

When I arrived in August, 1956, it was hot. When I moved to the dorm, I found some relief by going without a shirt and making frequent trips to the bathroom where I splashed water on my upper body. When the summer of 1957 came, I learned that there was another way to get a respite from the heat on Saturdays. After lunch, groups of guys would get together and take a cab to Staunton, splitting the fare. The cab drivers were not always happy with us. After struggling to get 3 heavy E & J chairs in the trunk, they would get a minimal tip because most of us were pretty poor. Besides, there were additional expenses ahead. We would use some of our remaining money to get a couple of six-packs of Richbrau beer and go to an air conditioned movie theater. We would stay all day, drinking beer, munching on candy bars, and watching the same movie over and over. When the last movie was over at about 11 p.m., we had to hurry and beat it back to the center to make the midnight curfew. Either the theater management did not care or were very sympathetic because we never got thrown out. What a life. Lol

I had one memorable incident. One night we left the theater to start back to the center and headed for the phone booth to call a cab. The last block was downhill, enabling us to coast at a pretty good speed. I lagged behind the others, who were paras, and when about half way down the block, I did not see a drop off between sidewalk slabs. When the front wheels went down, for some reason they jammed, sending me sprawling out on the sidewalk. The open can of beer that I had been carrying between my legs was under me and the beer started pouring out. My chair stayed upright and went coasting down the sidewalk another 20 feet until it careened into a building. It was not until they reached the phone booth that the guys missed me. On looking the situation over, they concluded there was nothing they could do. They called a cab, and when it arrived, they called the police to come get me and left! I knew that if the police got me, it would be over. The drinking age was 21 and I was only 19. If they took me to jail or back to WWRC and brought me to the attention of the administration, it likely would have resulted in my expulsion. Fortunately, as their cab was pulling away, I was saved by a good Samaritan, who happened to be a rather large African-American guy. As soon as he saw me lying there, he came running over and offered to help. He got my wheelchair and was able to pick me up and set me in it. He then pushed me down to the phone booth and called a cab for me. The cab arrived and just as I was about to get in it, the police drove up. One asked if I was the guy who had fallen on the street and if I was okay. When I said "yes," they drove off. I dodged a bullet that night. What stands out in my mind is the way that African-American guy unhesitatingly came to my rescue and was so kind. It really drove home the injustice to which they were being subjected.

Gender Discrimination

There were quite a few women students at the WWRC. They were housed in dorm units that were a good distance from the men's dorms. Also, the entrance to each unit was guarded by older women sitting at a desk. Someone was on guard 24/7. The men's dorms had no such beasts. Also, the tech school curriculum was quite limited for women. They were limited to sewing, tailoring, bookkeeping or high school diploma completion. On the other hand, it was rumored that their dorms were much nicer than the men's. However, no one knew that to be fact because guys were forbidden in those dorms. There was a zero tolerance policy. Entering meant instant expulsion from the center.

As it turned out, I got to see one of the dorms legally and may have been the first and only male student to do so. It came about because of my relationship with the OTs and their connivance. There was a young woman, a C-6 quad, who was receiving her therapy the same time that I was. She had been one of the water skiing babes in the Cypress Gardens water show in Florida. During some idle time, she and some of her cohorts were playing around in a children's pool area. For excitement, she tried going down the sliding board that ended in the pool backward. She did not think about the fact that the water was only about 18 inches deep. Shallow water has created a lot of quads. I chatted with her from time to time, usually offering her ADL tips and sharing some of my wheelchair experiences. At some point, I noticed that she was not coming to OT. On inquiry, my OT told me that she had developed a pressure sore and was likely to be grounded for several weeks. She was, however, getting some therapy in bed. Innocently, I asked my OT to pass along my regards and wish for speedy healing.

A week or so later, my OT approached me with a rather somber expression. "Charlotte is terribly depressed," she said. "Would you consider going on a mercy mission?"

"What's up?" I asked. I had no idea about what she had in mind.

"Well, Charlotte has always admired your independence. You have probably done more for her than we have. "Pat [her OT] and I were just talking and we think you could cheer her up."

I was completely puzzled, but admittedly flattered. "What can I do? She is grounded in her room and we do not even have phones."

"Would you be willing to visit her and just say hello?"

I interrupted before she could finish. "She is on a woman's dorm. I cannot go there." I thought my therapist lost her mind. "You want me to get expelled?" I protested.

"No, no, no," my therapist said laughingly. "We can get approval for you to go with one of us. We need a doctor's order, and we think we can get it. He will understand how important this is."

What do you do in a situation like this? They seem genuinely concerned about Charlotte and I had no reason to not trust them. So I agreed to this mercy mission and my therapist said she would get the order and then work out arrangements with me and the dorm. It took a few days. In the meantime, I realized that I would have an opportunity to check out a woman's dorm.

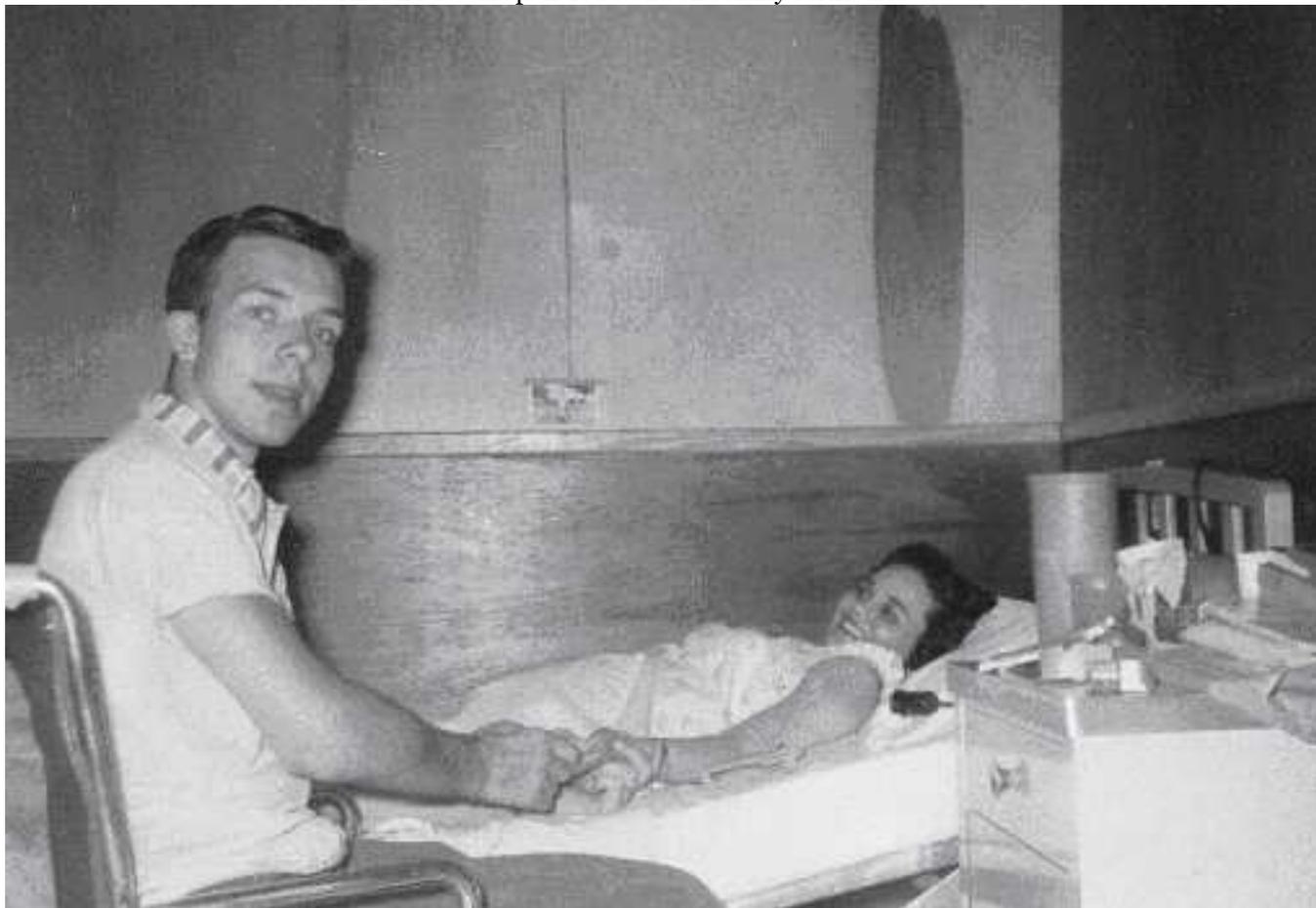
After class, I headed for the OT department instead of my dorm. Both my therapist and Pat were waiting for me and we headed right to the women's dorms. When I started down a corridor linking them, I got a lot of stares from the women who I passed. When we approached the desk at Charlottes' dorm, the woman at the desk peered down the dorm hallway and said we could proceed. As we started down the hall she called out. "A half hour. One of you check the hall before he comes out."

Pat knocked on a door and called out, "Charlotte, O-T."
"Come in," Charlotte replied.

Pat opened the door and went in with me and my therapist following. There was poor, depressed Charlotte lying in bed giggling. I looked up at the therapists, who I suspect were trying to contain their laughter. As I quickly came to realize, it was more than my independence that Charlotte admired. You might say she had a crush on me, and the three of them had connived to set me up,

all in the interest of fueling a romance. If you read my earlier postings, you probably know that during that period in my life, I was suffering from *amorphobia*, and just not interested. However, I remained a gentleman and visited civilly. I did not realize how gullible I was. One of the therapists asked me to check out the progress she had made stretching her fingers, which she had been working on in OT. When I grasped her hand, one of the therapists called to me and snapped a photo when I looked up. To add insult to injury, they later had an enlargement of the photo printed and Charlotte put it on her bulletin board. As things worked out, I was later able to convey to my therapist that I was trying to avoid that kind of relationship. They backed off. As I pointed out, if we had developed a relationship, it would have ended in heartbreak anyhow when I left a few months later.

Here is the sneak photo. Notice the depressed look on Charlotte's face. Also notice the paneled walls and shiny furniture.



I did get to case the room and learned more than I wanted to. I already mentioned Charlotte's bulletin board, which the men's rooms did not have. She had drapes and all we had were paper roll-up window blinds, she had wood paneling on her walls and we had olive colored paint on drywall, or boards that looked like outside siding, she had shiny new looking furniture and ours was Goodwill rejects, and it even appeared that her floors had been waxed. Ours saw a mop about once a month. To add insult to injury, Charlotte let it slip that for those who needed assistance with bowel and bladder care, the female aides came to the dorm. No public shithouse for the women. I was told that southerners pampered their women and would never subject them to the conditions in the men's dorms. Men could "tough it out." Oh well. They did not do gender change surgeries back then so I had to continue toughing it out.

Here is Matti on the floor, as usual. Note the condition of the furniture and compare with Charlotte's.



Wheelies

During my stay at Kessler, I never saw anyone do or attempt to do a wheelie. Perhaps it was because of the sensibilities of the mature population there. It was not long after my arrival at WWRC, that I saw one of the guys from my dorm wheeling around on his back wheels outside the entrance. Texas was a para from Texas. He was a wiry guy and quite a hell raiser. There were many weekend nights that guys on the dorm had to quiet him down when he returned drunk and singing country songs at the top of his lungs. I do not believe that anyone else could approach his speed in a wheelchair. I swear he burned rubber in the hallways. Tex enjoyed enticing others to attempt wheelies and watching them fall. Some did master the skill, and one day I was tempted to try when watching another guy who was learning. He seemed to be making good progress. Then I saw him give a hard push on his wheels. Over he went backwards and his head missed hitting a nearby bench by no more than an inch. He missed the bench but got his bell rung pretty good, as he later admitted. That event erased all thoughts of attempting to do wheelies from my mind forever. One broken neck is enough for me.

My UTI

I tossed and turned all night. When I awakened in the morning, I knew I was going to crash. I was hot but was intermittently chilling. Jimmy helped me get up and into my wheelchair and we headed for the infirmary. A nurse took my temp and it was up to 102 F. She told Jimmy he could leave and said that they were going to put me in bed. A doc would be by later and she would have him check me. Her diagnosis was a UTI. Of course, I suspected that to be the case. When I got to the room, I got a bit of a shock. Before I could be put into the bed, the aide got a towel to brush the cobwebs that were stretched between the head of the bed and the wall. Memories of the Newark Crippled Children's Hospital danced in my head. A half hour later she checked my temp again and

said it was rising. She left and within a few minutes returned to tell me she had talked to the doc and they were going to send me to the hospital. I was at the point of not really caring. I just wanted the misery to end.

It was a short ambulance ride to the Kings Daughters Hospital in Staunton. From the time I was strapped into the stretcher, I was limited to looking upward. When I was taken into the hospital, I did notice the bright ceiling lights and white paint. After a brief stop, the ambulance attendants took me to my room, joined by a nurse when they reached the floor. They put me in the bed and I could see around. A mattress at least six inches thick, a colored bedspread, drapes, sun shining in the clean window, shiny furniture – heaven. I think the surroundings actually reduced my discomfort. It was not long until a physician came and they got me started on an antibiotic. My temp began dropping from the 103 F measured on arrival and within 24 hours, I was feeling like a new person. I stayed at the hospital for a whole week while they did a urological evaluation. When everything checked out okay, I returned to Stalag 17 where I finished my course of antibiotics. Compared to my room, the one at Kings Daughters was like a palace.

Give me heat or give me booze!

In the winter, it does get cold in the Shenandoah Valley. It even snows occasionally. It started getting pretty chilly in Woodrow Wilson as October slipped by. As the saying goes, “the natives started to get restless.” All of us newcomers were wondering when they were going to turn the heat on. “Oh, it will be soon,” the residence manager kept saying. “You will know when it’s on,” the old timers said in an ominous voice. Finally, sometime in mid-November the heat came on with a vengeance worthy of hell. The old steam radiators snapped, crackled and popped. Soon we were stripped down to our t-shirts. Then after about an hour, the noises stopped and the buildings creaked as they cooled. In about another hour, we were back to putting on sweatshirts and jackets again. I’ll cut to the chase. For the rest of the winter, we got an hour of heat on schedule every six hours – 6 a.m., noon, 6 p.m., and midnight. Fortunately, we could get extra army blankets for our cots. We adapted and took it all in stride. We never bothered to complain about the loose window panes that let the cold wind blow in. It did not rustle the curtains because we had none. But, hey, I was a tough prisoner in Stalag 17. I could take anything the enemy threw at us. lol

Antifreeze is necessary in the winter. Besides wearing up to four or five layers of clothing to cope with the cold and momentary bursts of steam heat, we learned that a swig of alcohol could give relief from the cold, at least for a few minutes. Our E&J wheelchairs were well designed to support our need. The seats on the folding chairs hammocked or sagged. All SCIs were prescribed a cutout seatboard to place on top of the sagging seat. The cutouts were at the back of the seatboards so that when the wheelchair user was sitting on a foam cushion on top, the ischial tuberosities were over the opening and pressure was reduced. At the front of the seat, there was a space between the seatboard and seat where it sagged. It was just large enough to hold pint bottle or flask of liquor. I estimate that approximately half the SCIs carried antifreeze. We had no choice. There were no St. Bernards with a cask of brandy tied to their neck to save us from the cold.

Easter Flood

It was a dismal, damp, cold Easter morning when I returned to the dorm after eating breakfast consisting of two hard boiled eggs that had been dyed by a group of church ladies and a sweet roll provided for the occasion. I just closed my door when suddenly there was a tremendous roaring sound in the hallway. I opened my door just in time to see water start pouring out from under the door of one of the rooms up the hall. Some other students came out of their room and one ambulatory guy started pounding on the door. There was no response, only the loud roar. Someone went to get the residence manager but he was not in his office, which was locked. Then

someone ran to the infirmary to get the charge nurse who had a master key to all the rooms. By the time she came, the whole dorm was flooded. Water was running out the doors to the outside and was in every room because there were no thresholds. The nurse made the mistake of opening the door and was almost blown away by water being sprayed by the sprinkler in the ceiling. I do not know how much pressure was in the sprinkler system lines but I never would have thought so much water could come out of a little hole. The roaring sound was from the water beating against the walls. The soaked nurse ran to call the maintenance department, but since it was a holiday, everyone was off. It was at least two hours before someone who knew how to turn the water off was found. The sprinkler had been set off when the student went to the chapel services forgetting to take his coffee pot off a hot plate. It apparently got red hot and caught a calendar on the wall on fire. The sprinkler worked like it was supposed to and certainly put out the fire.

What a mess. Water was a half inch deep in most places. Finally, by early afternoon, they brought in some maintenance department workers. Their solution was to open sealed doors under the hallway floor tile that gave access to the crawl space beneath the dorm, and that let some of the water drain out. There were no shop vacs in those days so they just mopped things up the best they could. There was not even mention of moving us out of the dorm. We just went on as usual. When the squishing tiles started to peel up, they just put some tile cement under them and stomped them down. The student from the flooded room did go to another dorm. The room remained untouched the rest of the time I was there.

Bonnie Consolo

While I was at WWRC, I met a remarkable young woman, who was about my age. Bonnie Consolo had been born without any hands or arms. Her shoulders appeared as if her arms had been amputated at the shoulder joint. The amazing thing was that she learned to do everything with her feet that others did with their hands. She opened doors, wrote, ate, and even drove a car. Everything! I even watched her put a cloth diaper on a doll and fasten it with safety pins, as was done in those days.

Bonnie was a guest invited by one of the therapists who had known about her. A young man from the Midwest who had his arms torn off when they got caught in a corn picker had arrived at the center for rehab, and on invitation, she volunteered to teach him how to use his feet. During the two weeks she was there, he got to the point where he could open doors and even drive her car. He was not yet doing things that required fine dexterity, but he was progressing faster than anyone imagined possible. In that respect, I think he was more amazing as Bonnie.

While at the center, Bonnie stayed with the therapist but spent most of the day working with the amputee or mingling with the other students. I had the opportunity to observe her working with the amputee when I was in OT, but the real treat came when she joined me for lunch in the dining hall one day. How can you not stare at someone sitting beside you eating with her feet? Lol I have to admit, I was humbled by the fact that she could handle the utensils much better than me. It was a real privilege seeing her in action. You can get a glimpse of her in later life in the youtube videos below.

<http://www.youtube.com/watch?v=dn25f-BqxVY>

<http://www.youtube.com/watch?v=oBG6oMCLhZo>

Final Comments

The facilities at Woodrow Wilson were dismal but the professional staff were special, doing their very best in a difficult situation. I am sure they could have gotten jobs in much better settings, but they understood that we needed them. My training in the drafting program was excellent. Although it turned out to not be a viable occupation, it did provide me with tools I needed for becoming one of the early accessibility “experts.” The Commonwealth of Virginia must be credited with being the pioneer in early rehab and cleared a path that others would follow. I must also mention that the WWRC I experienced no longer exists. The complex was replaced by a modern facility that provides physical rehabilitation and vocational evaluation services for Commonwealth residents. <http://wwrc.virginia.gov/>

Survivors of WWRC felt prepared for anything the hard, cold world could throw at them. To be perfectly honest, however, after experiencing the Newark Crippled Children’s Hospital and WWRC, I had deep concerns about what lay ahead. I was surprised how few students threw in the towel because of the harsh conditions. I think most people realized that it was the last chance for living a life outside a nursing home or worse. For a person with a disability, I do not think the experience was much different than Marines go through during their basic training. When the military surroundings are added to the experience, the analogy with Parris Island seemed appropriate.

Perhaps the most important legacy I took away from Woodrow Wilson stemmed from my confrontation with segregation and the outrageous injustice being imposed on African-Americans. Coming face to face with that reality instilled a seriousness in me that I had not yet acquired. The segregated center and an African-American stranger who lifted me from the street one night had a lasting impact my life. It provided the foundation and impetus for my becoming an activist when I managed to loosen the shackles my sci had tied so tightly around my life.

The End