JANOSKO AT 80 AND THE FATEFUL SECOND-STORY WINDOW FROM WHICH SHE FELL.
My D-Day was June 6, 1946

ANN JANOSKO'S SURVIVAL WAS HISTORIC. REBUILDING HER LIFE WAS PERSONAL.

by Nancy Walker – photograph by Melissa Farlow
IN THE EARLY 1940s, due to war-time demand for armaments, expansion at U.S. Steel’s Homestead Works near Pittsburgh forced employees and their families from residential wards along the Monongahela River into neighboring suburbs. One of the communities to absorb some of the exodus was West Mifflin. Though only a trolley-ride away from Homestead, West Mifflin had hills and hollows that remained rural enough for residents to own and tend cows and poultry, and to raise gardens and fruit trees.

Before immigrating to America around the turn of the century, many Eastern and Southern Europeans had lived in rugged agricultural areas. (More than half of Homestead’s work force, for example, was made up of rural peasants from Slovakia.) Raising food to supplement wages had a long tradition in Europe; likewise in Allegheny County, it became an important hedge against work in industries with dramatic histories of labor strikes, lockouts, and layoffs. Working families made other adjustments, as well. They created tight-knit enclaves of extended families, churches, schools, and ethnic fraternal organizations. Children typically grew up to work in the mills; like worship and kinship ties, work was a family priority—even for the youngest in the family.

Ann Janosko, born and reared in West Mifflin, was one of these children. Her parents had emigrated from Slovakia in the late 1800s, ending up in Homestead, where her father went to work for U.S. Steel as a pipefitter. During World War II, Ann worked briefly in the defense industry for Union Switch and Signal; after the war, as a young adult with Kennywood Amusement Park only blocks away, “all I could think of was a good time,” she says. Ann’s father had retired. Both he and his wife, in their 60s, were, as Ann put it, “ready for an easier life.”

All of her brothers and sisters were married and raising families of their own; every brother worked for U.S. Steel, as did the husbands of her sisters. In 1946, Ann, at 26, was the youngest of eight children and the only one still living at home. To Ann, there was no pressing need to decide her future; she had no serious plans—“just a head full of nonsense.”

The Pittsburgh she saw in 1946 reflected the relief and promise that prevailed in the aftermath of war. Kennywood’s dance pavilion rollicked to the Big Band sound of notables such as Lawrence Welk, and if she and her friends weren’t in the mood to dance, there was always swimming in the local pool, or midnight rides on the river’s excursion boats. Yet today, what Ann remembers about the period were two “D-days”: the first, on June 6, 1944, when Allied forces landed at Normandy, and on the second, exactly two years after the Allied invasion—her D-day.

She was washing a second-story window. Maybe she was thinking about dancing, or maybe she was thinking about her friends. But while sitting on the window sill, leaning out from inside the house and holding on to the sash for support, the sash suddenly broke and she fell backwards two stories to the ground.

Even now it is difficult for Ann to talk about it. “It was a nightmare,” she says, “it was horrible.”

She landed near her family’s garden and across from what was then a neighborhood ballfield. The park was full of children; their screams and cries
brought Ann’s parents, older brother Paul, and his wife, who were talking on the front porch. Ann was unable to get up or to move her legs. Her brother and a neighbor lifted her up, put her in a car, and took her to the hospital.

It was a nightmare. It was horrible. They said I would never walk again.

The fall had broken Ann’s 10th thoracic vertebrae, about 2 inches above the lower curve of her back. Beyond that, there is no way to reconstruct other details of the spinal cord damage caused by the fall. Even today, with the most sophisticated diagnostic equipment, it remains difficult to confidently predict soon after an injury how much strength or movement an individual might retain or eventually regain after such an injury. Only time can tell, and in Ann’s case, time showed that the damage to her spinal cord was severe and permanent.

When she was first hospitalized, her family didn’t know if she would live or die. But, day by day, the immediate crisis of her injuries abated. As it looked more and more likely that she would survive to leave
the hospital, new concerns moved to the forefront. The injury left the strength in Ann's arms and upper body intact but her legs immobile. Though paralysis was her most apparent limitation, there were also other significant but less obvious losses. She had no sensation in her legs and lower trunk, no consistent bowel or bladder control, and the way her body sensed and regulated temperature was changed.

Moreover, Ann, unable to walk in a world built for people who could, unwittingly became a pioneer. Her disability came at a time when thousands of men were returning from war with paralysis and other injuries of the central nervous system. In one way, she was fortunate, for the need to care for so many injured veterans meant the medical field, the government, and society in general would come to place a greater importance on learning to better understand such injuries and to devise ways to help. But while most people were beginning a post-war life of prosperity, countless others—just like Janosko—began trying to reconcile their futures with the facts of their life-altering injuries.

In addition, the expansion of the social welfare safety net of the 1960s was still more than a decade away. Janosko came to realize that somehow, some way, she had to find ways to support herself, despite her debilitating injuries. Through her own perseverance and the help of her family and the neighborhood support system that her parents had built a generation earlier, Janosko worked most of her adult life. She supported herself far better than many, and in doing so, made her own small mark on local history.

Retired today, Janosko, at 80, is believed to be one of America's oldest living women with a spinal cord injury. She has used a wheelchair since her injury, and still lives in the house next to her childhood home in West Mifflin. An older sister helps her do the things she cannot do herself. Dr. Patricia Canfield, one of her doctors, swallows hard
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to check her emotions when she imagines Janosko's previous life. "Ann was like so many young people who were otherwise healthy. Then their lives changed—just abruptly changed."

LOOKING BACK ON THE FOUR months she spent recovering in the Homestead hospital, Janosko doesn't remember much—except for one conversation that shaped much of the rest of her life. "They said that I would never walk again."

Having never known anyone with a spinal cord injury, Janosko and her family didn't know what to expect. Even the hospital staff wasn't able to tell them much about what Ann's life might be like after such an injury.

In 1946, surviving a spinal cord injury was relatively unknown, for serious complications usually followed on the heels of the injury. Infections and respiratory and urinary system complications commonly took lives in the first weeks or months. Dr. Donald Munro, an early leader in the field, noting a lack of data about survivors, reported that before World War II, "the mortality among this group of patients was high, (and) invalidism was extreme." Few individuals with a spinal cord injury lived more than two years.

Although as early as the end of World War I formal rehabilitation and retraining programs existed, the need increased greatly during the 1940s. (Disabled survivors of poliomyelitis epidemics formed another large group in need of rehabilitation.) When the first survivors of spinal cord injuries returned home from war to Army and Veterans Administration hospitals, they received custodial care, based on a life expectancy of two to three years. To be able to move around out of bed, such patients needed wheelchairs, yet at times there was only one wheelchair in a ward of 60 men. Sharing the wheelchair allowed each man to be out of bed and mobile for only about an hour each week. Early in the decade, only sulfa drugs were available to treat infections, but by the late 1940s penicillin was also available. Antibiotics saved the lives of many in the United States and around the world who previously would have died soon after their injuries.

The need for services extending beyond the acute phases of medical care began a groundswell that would eventually drive social, governmental, and medical changes. Sir Ludwig Guttmann at England's Stoke Mandeville Hospital, Dr. Ernest Bors at the Veterans Administration Hospital in Birmingham, California, and Dr. Donald Munro at the Boston University Medical Center were early leaders in treating survivors of spinal cord injury. In 1943, the Vocational Rehabilitation Act (first passed in 1920) was amended to provide state funding for vocational rehabilitation. In 1945, President Harry Truman organized the President's Committee on Employment of the Physically Handicapped.

By the late 1940s, estimated life expectancy for those with spinal cord injuries had increased to 10 years. During the 1950s, medical advances would continue to increase the number who survived the acute period after injury, further extending the life expectancy of those already living with such injuries. The focus in rehabilitation programs also would shift toward helping individuals leave institutions and return to their families.

IN 1946, ANN JOINED A SMALL but growing group of people who had survived a disabling injury and were looking toward a largely unexplored future of living with it. Broader personal and social questions were being asked. How would someone's overall health be affected? How long might someone expect to live? How would other family members be affected? What impact, if any, would there be on society as a whole?

In October, after four frightening months in the hospital, and with more questions than answers, Janosko was finally able to come home. Back in her two-story family home, she was limited to a bed on the ground floor. Her family helped her turn from side to side, but because she didn't have a wheelchair
of her own, she didn’t leave her bed again until nearly Christmas. Janosko remembers that her mother started sleeping with Ann on the ground floor because “she didn’t want to go up the stairs and leave me alone.”

Eventually a family friend loaned an old wooden wheelchair, allowing her to get out of bed and expand her world to a few other rooms. From her wheelchair, the stairs outside the front door might just as well have been a chasm. When she thinks back to these months, Janosko says the worst part was being a burden to her family. She says she doesn’t remember wanting to go outside or do other things—she just hated being a burden.

Public health nurses came to the house every day to help with her care, and soon they taught her the basics of how to get in and out of the wheelchair without help. It was during this period that she realized she “was going to live... I wasn’t going to die as they expected... I had better do something about myself. I had to make up my mind.”

During the next year, Janosko decided to move to Woodville State Hospital, south of Pittsburgh near Carnegie. Looking back, she says it was the best decision she ever made—“my first step to being independent,” though she made the decision largely so she “wouldn’t be such a burden” to her family. It would be three years before she would return home.

Woodville—Ann called it “the poorhouse”—was originally opened as the Allegheny County Home in 1852 for county residents unable to afford care at other facilities. The hospital and its grounds at one
time covered 1,100 acres. At different times during its history, the hospital provided care for adults and children with physical disabilities, mental illness, tuberculosis, and cognitive impairments. Although reliable information on the hospital and its grounds was difficult to verify, it appears that the state took over operation of the hospital. The best information is that the last of the facilities there closed in 1992.

It was at Woodville that Janosko first became involved in a state-sponsored rehabilitation program and began to see that she could do more for herself. She realized she had more choices than she thought. Janosko was younger than most of the other hospital patients, and hospital attendants went out of their way to help her—shopping, arranging parties, and even bringing in food from home to supplement the routine hospital fare. Her parents, brothers, and sisters visited regularly—traveling on three separate streetcar lines between West Mifflin and Woodville—and news of home was a comfort.

Janosko says the days at Woodville went quickly; they began with an exercise class, followed by physical therapy. A typical rehabilitation program during this period included lots of arm and shoulder strengthening exercises—the upper body expected to do what the legs could not—and learning to dress, bathe, and move in and out of the wheelchair without help. When strong enough, patients were fitted with leg braces and worked on standing and walking.

Even as she became more independent, Janosko says, she still really didn’t have plans. “I guess we figured we were there for the rest of our lives.” Still, she says that she never felt as though “we weren’t wanted...it seemed like we kept on living.” Although rehabilitation efforts in the 1940s focused on the patient’s survival within an institution, the influx of disabled veterans from World War II began to force a re-examination and expansion of existing programs.

An employee of the Pennsylvania Bureau of Rehabilitation suggested that Janosko go to the recently opened Woodrow Wilson Rehabilitation Center in Fishersville, Va. It was among the first facilities to offer a constellation of medical and vocational guidance designed to allow people with catastrophic injuries to rebuild their lives.

As well as physical and occupational therapy and training in the use of prosthetics, vocational guidance and counseling, employment training, and sheltered
workshops were part of the program. By 1947, more than 20 courses, from auto mechanics to woodworking, were offered; courses lasted anywhere from two to 12 months, and most were six months or longer. Janosko headed for Virginia in hopes of returning with the concrete skills to allow her to increase her independence.

She describes the time at Woodrow Wilson as crucial. She enrolled in courses that prepared her for work as an accountant or to own a business. Not only did Janosko learn how to manage a checking account and a store inventory, but counselors emphasized the importance of "putting herself in front"—not hiding because she had a disability.

Equipped not only with job skills, Janosko left the center with new-found self-esteem and confidence. She decided to open a small grocery store in her West Mifflin neighborhood. One reason, she says, was that when the store was ready to open, its walls were lined with an ice cream freezer, a deep freeze, a pop case, and a dairy case. Bins and shelves held candy, needles and thread, bread, cigarettes, wrapping paper, cough drops, and stamps, and other everyday items.

Opening day for Janosko's "little store on top of the hill" was July 2, 1952, just six years after her injury. Although actually named Janosko's Store, most people called it "Annie's." Located on High Street, it was not too far as the crow flies, up and over a big hill, from Kennywood Amusement Park.

"When they were going to build the store, I couldn't believe it," remembers Josephine Beres, Janosko's friend and neighbor. "I said, 'How would she operate a store?' Then, when we went up to see it, I was really amazed, I thought it was great. She could go right to the register. All the aisles and shelves were fixed for her. It was the nicest little store."

I wasn't going to die as they expected. I had better do something about myself.

Yet, not every customer was comfortable with her disability, Janosko says. A few women remarked, "We can't shop in your place because it hurts us to see you—you know... the way you are." And Ann responded: "Well if I can take it you surely can take it." Over time, she says, "it didn't stop them from shopping. They weren't kidding me; when they came to the store, they needed that quart of milk and that loaf of bread. They weren't shopping because they loved me." Janosko practiced what she learned at Woodrow Wilson: "I am not going to run away from you; you're going to have to run away from me."

With her perseverance, the store became a hub in the neighborhood. Many people came by just to chat. Josephine Beres remembers that Janosko was an avid reader and always up to date on news of the city and neighborhood. Moreover, Janosko took the responsibility seriously to keep the store stocked with
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TO frequent the store. The neighborhood children, she said, "would put on a show. I had a number of people come down — it wasn't so dangerous for them to be able to shop." Sometimes, the neighborhood children would give them food back at themselves in the mirrored candy case, spending money earned from turning in empty pop bottles — 2 4 cents for regular bottles, and 5 cents for quarts of pop bottles. They would run away from the house, take their pennies and go back down... I didn't hide my 5.00 bills at closing, he would come to the front, run things for a few minutes. Our brother had lived behind the store on the next block. Each night at closing, he would come to help lock up and make sure Anna made it back next door to her parents.

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Linn's sister, Sue, remembers helping out, clerking for kids at the candy case, "especially the little ones, they couldn't make up their minds what they wanted. They always tried to get the most for their penny."

After the death of her parents, rather than live alone in the large family home, Janosko decided to add a living area onto the back of the store. By this time, she had enough experience using a wheelchair to know what she wanted in her own home. Finding construction advice for accommodating a wheelchair or purchasing commercial kitchen and bathroom fixtures for people with disabilities to be impossible at the time, Janosko designed the small kitchen, though the conveniences have a homespun appearance, they served the same purpose as modern fixtures one sees today in bathrooms equipped for people with disabilities.

Janosko ran the store until 1969, when her doctor advised her to give it up. "He thought I was burning myself out too fast," she recalls. "He wanted me to run away from you; you're going to have to run away from me."
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more recently, while Janosko was in rehabilitation following surgery on her hand, she met Dr. Patricia Canfield. They quickly became close, and ever since Janosko has known Dr. Canfield both as her physician and friend.

Dr. Canfield specializes in medical rehabilitation, or physiatry, a specialty that was only in its infancy when Ann was injured in 1946. During medical school, Dr. Canfield had developed a special interest in spinal cord injury and she later studied at Stoke Mandeville hospital in England, one of the oldest and most renowned comprehensive spinal cord injury centers in the world.

The doctor realizes how unusual Janosko is. “Here is a lady who is almost 80 years old but for 50 of those years has been in a wheelchair as a paraplegic. She survived and adjusted at a time when most people did not.”

Moreover, running her own business was a notable achievement for a woman in the 1950s—even more so to have done it from a wheelchair. In addition to

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Janosko's drive and independence, notes Dr. Canfield, was the support she received from her family.

"Through it all," adds Ann, "if it wasn't for my mother and my father and my brothers and my sisters, I just never would have made it. They always stood behind me."

Sue, who is three years older than Ann, shares responsibility for running the household. The neighborhood around them has changed dramatically in recent years. Mill closings in the early 1980s caused many men to retire and families to leave the area; other old friends passed away. Ann doesn't know many of her current neighbors.

But at 80, she still lives in the home she designed. From her bed, she can see her family's home where she grew up, and the second story window she was washing when she fell and broke her back. Ann Janosko is still at home, and with a little help, she hopes to stay there.

NOTES
5. Trieschmann.
6. Menter.
9. Menter.

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