

Oral History Interview
Angela S. Chesser
March 25, 2019

Q. My name is Debbie Cannon Freece. Today is March 25, and we are in the conference room at the OSU Heritage Medical Center Archives. I am talking to Angela S. Chesser. Thank you for sharing your nursing history. I'm going to call you Angie cause that's what I called you all of our careers together. Angie, could you give me your full name, your maiden name and your birth date?

A. My full name is Angela S. Chesser. My birthday is April 4, 1950, back in the Dark Ages. My maiden name was Supplee.

Q. Could you spell that?

A. Sure. S-u-p-p-l-e-e.

Q. Where were you born, and where did you grow up?

A. I was born, and I grew up in Manhattan.

Q. Really? I did not know that about you. Did you go to elementary?

A. I went to elementary school and middle school in New York City, and then I went to boarding school in Stevenson, Maryland. I went to St. Tim's there.

Q. When did you decide to become a nurse, and what influenced your decision?

A. I've been told by family members that when I was tiny, I kind of feel it was in my genes for some reason, though nobody in my family is medical in any way. When I was very tiny, and some little child would fall on the playground or trip on the street, I was like over there, like a shot, lending a hand. And friends of mine that are adults now remind me of when they would be over at my apartment playing, in New York, when I was like six and seven and eight, I would have like this shelf on the bookcase. And it was the nursing shelf.

And it had like colored bandages and antiseptic, like a red pen or marker. And they would come over and play patient. I would put it on them and then we would wipe it off with the antiseptic. I would put a Band-Aid on it. They remember that when I was a child, I had dyslexia. So, it was really hard for me to read. When I finally got some treatment for it and learned how to read, I took to detective books and books about nurses. I read all the Cherry Ames and all the Sue Barton. I couldn't decide if I wanted to be a detective or a nurse. But I began, as I got older, to figure out that there weren't very many jobs for detectives, except being a police officer. Nursing seemed like a more interesting option. I really never considered other than being a detective anything other than nursing.

Q. When you were in high school what kind of subjects did you take then?

A. In those days, and I graduated from high school in 1968, we took English and History. But we took Biology and I had to take Chemistry. And a little language. Some of the basic traditional curriculum. But I did a lot of volunteer work when I was a teenager. I worked for two summers with handicapped kids, and then I worked as a volunteer for two summers at Lenox Hill Hospital in New York as a Candy Striper. And then they had an advanced, like junior nurse's aide, and I took the course and did that. I was trying to figure out, did I want really to be a nurse? I just loved it.

Q. When you were the junior Candy Striper what institution was that with?

A. That was with Lenox Hill as well.

Q. And that was located where?

A. In Manhattan. And I worked with the handicapped kids in a convent in Upper New York State. That was really interesting too, because they needed a lot of care and it was like an

orphanage. They had those back in the Dark Ages. I thought to myself, when I went into Nursing School that I would be a pediatric nurse.

Q. Tell me where you went to school for your first nursing program, and why you chose that program?

A. I went to Duke. That was when Duke had an undergraduate School of Nursing. That closed, unfortunately, and now they're doing very well with graduate programs. But I went to Durham, North Carolina, went to Duke. And I went there because we had a number of family friends that were physicians that had gone to Duke and really liked it. And I looked around at other colleges, but I just fell in love with the south. It was so different, growing up in the north, that I said, "Gee, I really want to go to Duke." And I was fortunate enough to get in.

Q. And that was a four-year program, and that led to a bachelor's degree.

A. That's correct.

Q. What memories do you have of that time of your basic education program?

A. I loved Duke. I loved those four years. And I really enjoyed Nursing School. I went fully prepared to be a pediatric nurse, never having gone other than as a nurse's aide or a Candy Striper in the hospital. And most of our training, we had community health, public health. But most of our training in those days was on hospital units. I found every rotation interesting, but at the end of it I kept saying, "Is this going to get me up in the morning? Is labor and delivery going to get me out of bed and get me in there? Is med surg?" And I would think, "Gee, I'm sure hoping that my child rotation is going to click," cause I was really set on being a pediatric nurse. Wow, a terrible tragedy in that rotation, our instructor, who we all really like, Two weeks into the rotation she was diagnosed with a brain tumor

and died about two weeks later. They had to pull some other person into teach us and that person really wasn't a pediatric nurse. Maybe she had worked in peds. And so, she put us in a bunch of procedure rooms, and that's all we did. We took kids down for bone marrows and went into burn pools with them, and debridement, and all sorts of stuff. And it was horrible. I thought, "If this is pediatric nursing I want no part of it." Which of course it is not. I was very discouraged at that time because I loved every rotation. And I must admit, I thought everything was interesting and I enjoyed learning all the technical stuff. But what I really wanted to do was get that out of the way and then be able to sit down and talk with the patient about how having diabetes or MS or whatever they had, or their leg got amputated in an accident, how that affected them. What worried them about it? What didn't they understand? I loved to do that. I was much more interested in taking care of the mother and the baby than I was all the technical parts of labor and delivery. Though those were interesting. But finally, in my senior year, the psych rotation came, and I thought, "Well I have to go do this. This will be interesting." As soon as I walked in it was like a key fitting in a lock. I knew it. I just felt, "This is where I want to work." I want to work in psych. And then imagine my joy when I discovered that, guess what? Psych has pediatrics, a child psych, adolescent psych and adult psych. So, I said, "Wow, this is great."

Q. When you finished your senior year, what did you do? Did you go to work then right away?

A. I did go to work. But I sort of had a very non-traditional first job. Instead of getting a job as a staff nurse on a unit, I was very interested in community mental health. A group of us as volunteers at Duke University had opened up with also a bunch of community people in

Durham, what we called the Drug Crisis Center. Drugs were a big problem in the 60's and 70's. LSD, hallucinogens, heroin, meth, and speed was really a big thing. We opened the center up to help people who were in crisis with drugs. But it expanded to general counseling and women's issues. It was a really fun place to volunteer and learn counseling skills. The Department of Psychiatry at Duke had been involved in that crisis center and they applied for a federal grant, to put those centers all over the state of North Carolina. They hired me by some miracle, to work with some other people, to do training and help people set up those centers. And it was a great job. Then I also got to work with emergency departments and schools and churches, all looking for ways to kind of, either steer young people away from getting themselves enmeshed with all these drugs. But if they did, if they were in a crisis, if they were overdosing, if they were having a bad trip, to assist them in the crisis and then get them into some kind of treatment. I did that for a year and a half and I really, really enjoyed it. But then, a psych instructor I had had at the University, invited me to dinner at her house in Durham, and she had a professor from Ohio State who was Dr. Grace Sills, there for dinner. And Grace was talking about her Master's in Psychiatric Nursing at Ohio State, and her clinical specialist program. Before I knew it, I had applied and was accepted. I had to look on a map to be sure exactly where Ohio was. Soon I was driving to Columbus, Ohio and she was my advisor. Here I still am in Columbus, Ohio. I came here in 1974 and I graduated with a Master's in Psych Nursing in 1975. After that, I was hired, by some miracle, to run a very small but not traditional child psychiatric hospital that was open in Nelsonville, Ohio.

Q. And what was the name of that facility?

A. It was called Nelsonville Children's Center. It's long since closed. I think it's a prison now. But at the time that was kind of a very interesting program. We had one small locked unit for very disturbed children. And then we had two open units for children for psychiatric problems that couldn't live at home. But we hired couples from OU and they were like house parents. They went to college during the day, but they then came on the unit at night. They were kind of like the kids' house parents. It was a very homey environment. And that was great. I did that for a year, and then the Department of Mental Health closed it down. I came back to Columbus and got a job at Wilson Children's Center, which was a community mental health center, which of course is now closed. There was a period in my life that everywhere I went the place closed within a year. They began to look at me like I was cursed. But I worked there for a year. Then I worked at North Central. Then I decided that I really thought I needed more education. Back in the day, back in 1977, there were not very many nursing doctoral programs. There was one I think in Cleveland or something. I didn't want to be driving and I didn't want to move. I went to Grace, my mentor, and said, "What do I do?" And she said, "Go get a doctorate degree in counseling." And that's what I did here at Ohio State.

Q. And when did you get that degree? Do you remember the year?

A. I think I graduated in '82. I started it in 1977.

Q. What was your dissertation?

A. That was funny. Grace and Dr. Joyce Fitzpatrick had gotten a federal grant, and they were studying -- I can't remember exactly what they were studying -- but I took a subsection of their data and worked on middle-aged women and their self-esteem, and what was their self-esteem if they took psychiatric meds, or if they didn't. And I course expected to find

a great difference, that if they took those meds they would have a lower self-esteem, and if they didn't they would have a higher self-esteem. But as often happens in research, what you think is going to happen didn't happen at all. And there was no difference at all. But it was interesting. Grace was on my committee and she was always a solid support. I really think my career would have been very different had I not met her and had her advice and counsel.

Q. I think there are many of us who feel the same way. She certainly was a tremendous mentor.

A. And everyone she touched, if you were open to being mentored, you were incredibly fortunate.

Q. After you got your Ph.D., what did you do then?

A. That's when I came to work at Ohio State. And I went over to the old Upham Hall, which is now closed, and it's now called OSU Harding. I went there and was hired. I was a clinical nurse specialist. We had two adult units, a child and adolescent unit. We had a sleep-wake disorder unit. Over that period of time we also opened an eating disorder unit. We had a Partial Hospital program. We had an ECT center. I was really excited. I was the clinical nurse specialist. And then I also did consultation in the main medical center with patients and families on medical and surgical and OB. Back then there was no James Cancer Hospital. So, they had cancer and heart diagnoses on these units. I worked a lot with non-psychiatric nurses and doctors on how to approach difficult patients and families.

Q. Did you also have nursing students that filtered through that clinical experience at Upham?

A. Absolutely. And when I was getting my doctorate I actually was a GTA for a year and a half at the college. I taught in the Community Health section, but I took all my students to Community Mental Health Centers. They got a little taste of what that was like, and what

the health needs of mentally ill people were. There was actually one quarter where a faculty member died suddenly over at the college and they paid me to take over that clinical group. Each quarter I met with each school's clinical group that came to psychiatric hospital at OSU. I would greet the students and talk to them. Sometimes I would go to their seminars and help. I loved teaching. I didn't want to do it fulltime, but I loved teaching community folks about mental health, professionals, especially non-psych people, who were like confused or upset or felt angry over psychiatric issues. Largely it was because they didn't know what to do, and they felt, "I'm useless here. I can't seem to make a difference." But once they knew how to respond, they seemed to be like, "Oh wow, I can do this." And sometimes I even recruited them over to the dark side. I was a CNS at OSU Harding and then the Assistant Director of Nursing left to go get her doctorate degree. I took over as the Acting Assistant Director, and then became the Assistant Director of Psychiatry. I was there from 1982 until 1987. And then, I just needed a change. I just felt like, "What am I going to do?" Staff Development had a position where they were interested in having somebody work with managers around the people skills of managing, and also work with all the non-psychiatric units on how to manage difficult patients and their families and significant others. I went to Staff Development for two years and really enjoyed that and learned a whole new series of skills. I worked with managers across the hospital system and also worked with med surg type folk that were very interested in, "Wow, how do we deal with a manic patient on the heart unit?" Then, in 1989, I left OSU because the old Harding Hospital which was up on 161, was opening a short term child and adolescent crisis unit. They were a long-term hospital. Most people stayed three, six, nine months a year. But they were opening a crisis unit which would be three months or less for children

and adolescents. They asked me to come and be part of the program and open it and train the staff. I had never had the opportunity of managing a program that I kind of had my fingers in at the beginning. I would just arrive and inherit whatever was there. And you always start your first-year kind of weeding things out. I jumped at that chance, just to get that experience. I was there from '89 to '93. Then, lo and behold, Harding Hospital was bought by OSU and I came back as a clinical nurse specialist in 1993. I remained there until I retired in 2014. I had just a wonderful experience there. I was a clinical nurse specialist. I worked with the risk management. That was the lawyers. I learned a lot about the legal part of medicine and nursing and psychiatry. I was a patient advocate. I did lots of work at the hospital as we developed different programs, and I still did a lot of consultation and education.

Q. Now help me understand. When you came back from the Willowgate Child and Adolescent Crisis Unit, Harding Hospital, and you came back to OSU, where was the psychiatric work done then?

A. They closed down Upham Hall and that was like really old by that time. And there had been a whole new beautiful psychiatric building made. That's the building that Psychiatry is still in today.

Q. And the name of that building?

A. At the old days it was like OSU Psychiatry Building, but now it's the OSU Harding Department of Psychiatry. It's a great building and it has a big outpatient department. It has a child and adolescent unit which in the future may well close as Children's Hospital opens a larger in-patient component to their care. It has an ECT center. It has a center for other emerging technologies that they're using to help with depression. It's a big partial hospital

program. It's a wonderful program. Being at OSU was always where my heart was. I loved being at Harding. I learned so much. I loved that program. And it was very painful to watch the economic forces that closed that hospital down, and others like it all across the country.

Q. You've mentioned Grace Sills as being your primary mentor. Do you have any other mentors you would like to name, or can you tell me any people in particular people that you have mentored?

A. I had one other woman who had a huge impact on me when I was first starting out. I worked at North Central. I also worked at Columbus Area Community Mental Health right before I went to get my doctorate. And when I worked there, I was the clinical nurse specialist for the in-patient unit, a halfway house and a partial hospital program. We lost a director of the halfway house. For a period of time I was clinical nurse specialist and running that program. And then we hired somebody else. But before the new director of that program came, I was the manager. My boss, whose name was Charlotte Cordial, and she was a fantastic clinical psychiatric nurse. But she was also an excellent intuitive manager. I was struggling with the director at that time with this halfway house. I would come to her office and tell her all about my struggles. Finally, she looked across the desk and she said, "Angie, why do you care more about this person's job than he does?" And you know, I learned so much from her in practical terms. She would just cut to the chase and give you something to think about. And usually if you reflected on it, the answer came to you. She was really a very important person in helping me learn about myself and how to be a better manager for other people.

Q. I know you've mentored many nursing students. Is there anyone in particular that stands out in your mind that you consider a protégé?

A. I can't say that, but I will say, I've mentored many nursing students. I will say a lot of people that I either worked with when they were staff nurses, or I was their manager, especially I think a number of them at Harding Hospital but at OSU as well, I really did push them and encourage them to go on and further their education, which many of them did. They are now nurse practitioners and clinical nurse specialists in psychiatry. They do remark that I was somebody that gave them confidence, that they could do this, and that they had the skills and the talents, which they did. I look at them and I think, "Oh, look at you. I remember you when you were in your early 20's and I saying that you need to move forward, go ahead. If I can do it, you can do it."

Q. That's wonderful. Having been at OSU all of this time, you've seen many, many changes that have happened in the healthcare community. Can you kind of go over the evolution of what you have seen here at OSU?

A. In psychiatry it was really interesting. And this was happening all over the country. But in the late 80's and 90's, we began to have managed care and insurance. We became lean and mean. We had administrative consultants come in and tell us, "Chop, chop, chop, chop hospital industry," which of course had an impact on psych. When I arrived in 1982, we had a Director of Nursing, Assistant Director. We had a clinical nurse specialist, a staff educator, 3-11 and 11-7 supervisors, head nurses, assistant head nurses. And I've been gone for a number of years now, but most of the time you have a Director of Nursing. You might have a CNS. You might have a staff development person. But usually you just have a head nurse now. We are lean. We are mean. We are more efficient. We also are vastly cutting

down the length of time even in crisis units. Most people stay a week or less. Occasionally you will have what we call the outliers who will stay a little bit longer because they are complicated for some reason or another. But people are really stabilized much quicker. And when that started happening, all of us were terrified. We thought, "My God, these people are going to jump off bridges and everything is going to go to hell." It didn't. Yes, there were some problems, but it was amazing the resilience of the patients. And we developed strategies and treatments that worked faster. And in fact, I think some patients do much better with shorter hospitalizations and being out in the community with their family and their significant others. And of course, with research and science, we're doing surgeries on the brain now that can help psychiatric patients. We have all sorts of different strategies to work for patients, that medications aren't effective for their depression or their psychosis or their mania. Medicines are developing that are just amazing, what they can do. New therapies are coming out, being researched. We're beginning with evidenced based practice, to say, "We're not going to do the same kind of therapy for all psychiatric patients. We find this kind works better with this diagnosis, and that kind is more effective." It really was the era of the brain and we're doing better and better. I would say in psychiatry that we're coming to a time when we understand genetics better. We understand the underlying pathologies of the brain. We have PET scans and all sorts of things. This is very exciting for nursing because we can be part of this. We can help patients find the right treatment and begin to live more fulfilling lives which I think is fabulous.

Q. Wonderful. What are you most proud of regarding your time at the University?

A. You know, I think about that, and I think what I really felt like was that I was always proud of what the Department of Psychiatric and psychiatric nursing did. We developed

programs. We offered a port in the storm to people when they needed it. But I really, really always felt that the whole hospital began more and more to integrate psychiatry into all the areas of the hospital. Now we realize, the Ross Heart Hospital knows, that depression really impacts heart disease. Whether you had depression before you developed heart disease, or you get heart disease and you become depressed, it really has an impact on your recovery trajectory. In just the last couple of weeks we now have a new medication for the most severe cases of Post-Partum Psychosis that may be incredibly helpful. The OB department is interested in working with psychiatry. Med Surg, my word, how much do trauma and substance abuse and mental illness impact patients involved in car accidents and all sort of other tragedies that people find themselves in. I really enjoyed working with non-psychiatric nurses and physicians .

Q. Do you think the general public's attitude toward mental health has changed over the years?

A. I think we're all working really hard in decreasing stigma. And honestly, most of the time when I talk to people, especially lay people, they either know someone with mental illness, or they have that an issue themselves or in their families. And certainly, with the increase in suicides, people are thinking, "Gee, you think someone is fine and they're not." Maybe we should be more sensitive and be on the lookout. I think it's slowly getting better. It's nowhere near where it needs to be. People are always making jokes. The media I don't think portrays mental illness correctly at all. Occasionally, you'll have a very good video or movie. "A Beautiful Mind," or other things that are well done. But a lot of it is just dribble and not at all accurate. It makes people afraid. And I think that's the thing that, everybody is afraid that suddenly all these people that are violent, that are mentally ill, and they're going to come and hurt us. And in reality, most of the mentally ill are very passive

and are victims themselves. Now I'm not saying there are not mentally ill people who do some very dangerous things, but they are incredibly rare, and there are far more criminal type people that are doing that kind of thing. If you're going to be scared of anything, be scared of the criminals. I think we're all working on it right now, and we have to keep working on it. I think that's an incredible role that nursing can have. Because they interact with people. I always used to tell students and non-psychiatric nurses, "You may not have chosen psych to work in, but there are far more psychiatric people with psychiatric issues in your medical hospital, having babies, having heart attacks, having diabetic crisis, than there are in my psychiatric hospital." You have to be really ill to get into my psychiatric hospital. You can be having a baby. You can have a car accident. You will see far more mentally ill people in your arena, even though you didn't choose psych. So that's what I'm there to help you with. People would agree. If they're not mentally ill, their significant others or friends or family may be. You're going to deal with this, one way or the other.

Q. Just from my perspective you've always been known as the psychiatric resource for the University.

A. Thank you, thank you so much.

Q. That's why we wanted you to do this interview. How has the University changed during the years that you have been here?

A. I think it's bigger. It's rising in all the ratings which is so fabulous. The Medical Center, the research that they're doing, we now have a fantastic James Cancer Hospital. We have the heart hospital. We have the psych hospital. We have the rehab hospital. Now we're going to build a new fantastic hospital. We're always reaching out for the stars and trying to say here at the University, "What can we do to help? How can we take knowledge and

apply it?" . Research knowledge is fabulous. But if you don't have some way to apply it ... and that's what I really liked about working at OSU. We researched, and we looked carefully to find answers, which is what a major research University is supposed to do. But we also said, "Okay, how can we use this to help people?" And it's not just in the hospital. Agriculture people are trying to grow food in different ways. The biologists and pharmacologists are trying to learn how to make better drugs and better treatments. Everywhere, history and art are trying to learn more about the human condition and how that might help. So being at the University and in the Medical Center, it was a blessing to me. It keeps you active. You're always learning. Something new is happening. You can't get stagnant if you work at OSU.

Q. That's for sure. What are your thoughts about the future of nursing

A. I think it is so exciting. Although I'm happily retired, I look at nursing and I always say to students, that there are so many different ways now to get into nursing. You can just go the traditional route, or you can be an art/history major and decide in your 30's you want to be a nurse. I say, "Come on in." There're so many roles that nurses play. You can be a nurse attorney. You can be a nurse risk manager. You can be a manager and educator or researcher, a clinician. You can specialize from before babies are born all the way up to when people die. There are a thousand ways you can be a nurse. And there are going to be a thousand more. There are areas of nursing that are coming that we haven't really ever thought of. If we go up into space and we put people living there, they are going to need nurses. We're going to have nurses in space. And maybe nurses under the ocean. We're going to have different programs. I think we're going to find some cures or better management for a lot of these chronic illnesses we have. And that will be fantastic. People

are already living longer. The elderly are going to need more and different care. There's so much that nursing can do. But the one thing I would say is, we're developing technologies today that when I was in Nursing School, weren't even considered. I am all for it. And thank God, we have surgeries. We're doing surgeries today where you take your friend home in the afternoon. And they would have practically been in intensive care 15 years ago. Honestly, and I know it's because I'm a psych nurse, but let's not lose that connection with the patient, the family. And let's not forget that one of our best nursing tools that we can use to assist patients and significant others and families, is our relationship with them. We are the most trusted profession. We are year after year. We already have that going for us. Let's remember and focus on our relationship with patients, because that I think is critically important. I know when I'm sick I'm a terrible patient. I hate being dependent. I'm a wimp about pain. I need someone who is going to be there and be supportive. I think everybody does. I just want people and nurses, as we're learning and involved in more and more incredible technology, that there's a person there as well as an illness.

Q. That's the essence of nursing.

A. I think it really is.

Q. Can you describe your life outside of nursing, your interests and your hobbies?

A. Since I've retired, I do like to garden a little bit. I'm not any kind of master gardener. I like to just see color and I plunk it in the ground. Sometimes I forget to look. But I like to garden. I love needlepoint. I'm an avid reader. Since I didn't become a detective, I now read a lot of detective books. But what I really love to do is volunteer.. But I like to be a volunteer where I'm actually dealing with the people. Nothing wrong with volunteering

where you are like stacking stuff in the food bank in the back room. I think that is wonderful. But I want to be the person that takes the people around. So now I'm working at the OSU NICU, volunteering with the narcotic addicted babies once a week. And I just love that and that goes back to my psych, for bonding. A lot of these babies may be abandoned or are really struggling with their first weeks of life. They don't have enough nurses and aides to hold them as much as they need to be held. So that's where the wonderful volunteer office at OSU sends up people like me to do that. And then, I had some trouble reading when I was a child, and it took me a long time to get the hang of it. I really think reading as a skill, but as an enjoyment, is so critical. Because it really impacts your whole education, your work life, everything. I work at an elementary school after-school program once a week. I started a reading club, not the bad readers group or something. These kids, they are now reading to each other and playing being the teacher. And the older kids are coming in and wanting to read and help me with the group. Some of the older boys are coming and reading. It really is great. And hopefully, it's raising their self-esteem. It's making them feel good about themselves. The parents are happy because they see their child doing better and better. I love doing that. I'm a volunteer at Heart. But I will always be a nurse. I can see me now when I'm in my 90's, saying, "You need to do this."

Q. You're a phenomenal nurse, and you're a nurse's nurse. This has been wonderful. Angie, thank you so much for spending the time with us today to tell your story. It's a wonderful story and I want to thank you for your many years of service here at OSU. And also, what you have done to raise just the attitude towards psychiatric nursing in the central Ohio

community. It's been phenomenal. You don't know how much you have done but you really have.

A. Thank you.