

ORAL HISTORY INTERVIEW  
DEBORAH ARMS  
MARCH 21, 2016

Q. My name is Debbie Cannon Freece. Today is March 21, 2016. We are in the conference room of the OSU Medical Heritage Center Archive. I am talking today with Deborah Lucas Arms. Thanks, Deb, for agreeing to be interviewed.

A. You're welcome.

Q. Our interview questions are pretty standard, but for the record we need your full name, maiden name, and your birth date.

A. My full name is Deborah Sue Lucas Arms. My date of birth is March 25, 1952.

Q. You have a birthday coming up.

A. I do have a birthday coming up.

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

A. I was born in East Chicago, Indiana, at St. Catherine's Hospital. I grew up in Hammond, Indiana, near Gary, Indiana, about 25 miles southeast of Chicago. Our claim to fame was, the Jackson Five who are from there.

Q. Now did you go to elementary school, middle school and high school there?

A. Yes. I went to Jefferson High School for my elementary school, and Donald Lee Gavit Junior/Senior High School.

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

A. Well, you know, I've been asked that question many times. My father's parents immigrated from Lithuania and my dad was a high school biology teacher. My mother was a homemaker. Education was a value they instilled in us at a very early age. I am the oldest of their five children and my dad worked as a full-time biology teacher during the

day, and a full-time maintenance worker in the evenings at a local steel mill. He also was the treasurer of the East Chicago Teachers Credit Union. My parents goal was to provide the 5 of their children with a paid undergraduate degree. And in 1970, when I graduated high school, the most respectable degrees were in the field of teaching and nursing. I loved science and biology and lived with frogs in the basement. After taking an advanced anatomy class during high school, I decided that I wanted to be a nurse. I also had an aunt who was a public health nurse, sometime in the late 1950's to early 1960's. She got a diploma in Detroit, Michigan, and then took a job as a public health nurse in Indiana, I can remember her, vividly, giving my siblings and I our fist vaccines. She was someone I looked up to and was another influence on my decision to become a nurse,

Q. So. for you at that time, there was not a consideration of you going to a diploma school for nursing? You were going to go to college?

A. No, a diploma degree was never part of our discussions. My parents said I was going to a college and I was going to get a four-year degree.

Q. What school or schools did you attend to obtain your education?

A. That's kind of an interesting story because, coming from Hammond, Indiana, the big deal at the time was University of Michigan. At first, I thought I wanted to attend there. My mother and dad scheduled college visits in the summer before my senior year of high school. They used these visits as family vacations. My dad did his work for his undergraduate degree at Heidelberg University in Tiffin, Ohio. My parents spent the early days of their marriage there while he studied and they loved Ohio. Even though I was convinced I'd be going to University of Michigan we decided to look at Ohio State.. At that point, I knew I was going to Michigan because that's where everybody went for

college. We did go for a visit to the University of Michigan. Like many high school students, I had read all about the Cherry Ames books and I had read all about campus life, and a lot of the romance novels. When I saw the campus at the University of Michigan I found it was in the middle of the city, the campus was all buildings and not pretty. I went to Ohio State and met with an academic advisor, Martha Schenlaub, who sold me on the nursing program at Ohio State University. At the time, they were developing a new program in Nursing, very forward futuristic thinking. As she took me and my parents around the campus, my parents asked her where would be the best place for us to lunch. And her marketing skills came in, and she directed us to the Student Union. The old Student Union where their luncheon area was had all glass windows, overlooking the Oval. And I was hooked.

Q. I never knew you even considered the University of Michigan.

A. Although my parents and I were both “hooked” on Ohio State, I applied to both Ohio State and the University of Michigan. I got admitted to Michigan right away, and I couldn’t understand why I had not heard anything from Ohio State. Finally, I received a letter from them informing me that I had forgotten to sign the application form. I was hysterical, signed the application form, returned it thinking, “Oh, I’m not going to get to go there.” And the day before Christmas I got my acceptance notice. That was my Christmas present that year. And that’s how I got to Ohio State.

Q. So you graduated from Ohio State with your Bachelor of Science in Nursing in 1974?

A. Correct.

Q. What was your first position following graduation, and what particular memories do you have of this time?

- A. I took a very unusual route with my career. If the only kind of nursing they had to offer me was hospital nursing, I would have never been a nurse. It just wasn't my cup of tea. And I know people think that's nuts, but I was a very independent kind of a person. At the time, you follow the doctor's orders, and you didn't really get to think for yourself. And I figured I'd get fired in terms of working with a physician and arguing with him about the care of my patients. When I was in nursing school, I was really interested in Pediatrics and Public Health. I took an independent study with one of my instructors, Kathy Peppe who was working with children with disabilities. Kathy became my life-long mentor in nursing. I strongly believe every nurse should have a life-long mentor. And she said, "You know, if you're really serious about working with the disabled, you really need to get a job working with the disabled."

Upon graduation, I took a job at Orient State Institute for the Mentally Retarded, as the second shift charge nurse. I have to say this scared me to death, because I got everything I wanted. As a second-shift charge nurse at the hospital at Orient State, there were no physicians there. As the charge nurse, I was making all the nursing decisions for the patients in my care. Protocols allowed me to contact the physician on-call whenever I had questions regarding any patient in my care. As a new Baccalaureate nursing graduate, one of the criticisms I had heard was that new nurses had no real nursing skills, but lots of academic preparation. New nurses didn't know how to start an IV [intravenous drip], didn't know how to insert an NG [Nasogastric] tube, etc, and I have to say, quite honestly, I didn't know how to do these things. It's just that simple. There was a day shift charge nurse, Misty Myers, whom I will never forget and will be grateful to have met forever. And I said, "I can do anything. If you save those procedures for when my shift

starts,” (2:30 PM-10:30 PM) and watch me do them, and I’ll be fine.” I saw these skills as tasks and after she watched me perform the tasks she would save me IV starts and NG tube insertions along with dressing changes. While I had learned these skills during my nursing classes, I honed my nursing skills during this time.

In the six months of working as the charge nurse I realized that a lot of time I was using a lot of management and leadership skills right along with my general nursing duties. I began coming to work daily with a headache. I had decided I had taken on too much responsibility. I went to the head nurse and I said, “You know, I really think I need another nurse to be the manager” I stepped back and let this other nurse direct the unit, I did offer support but not having all the responsibility for the unit became the best decision I ever made.

Q. Now, how long were you at Orient?

A. I was only there about a year and a half, because I recognized that if I was going to work in this kind of a specialty area, I really needed a Master’s degree.

Q. Then how did you move from there to Nisonger? How did that happen?

A. Well, I got a psych mental health traineeship. At that time, mental health and mental retardation from a national and a state perspective were together in one department. I had gone to Dr. Grace Sills and I said, “I really want to get my Master’s Degree and I want to focus on disabilities.” And she said, “Why don’t you apply for a psych mental health trainingship, because certainly you could do all your practicum experiences in the area of developmental disabilities.” She also stated “families need that extra help from a supportive standpoint, when they have a child born with a disability.” I followed up on

her advice, went to graduate school, got my Masters of Science degree through the mental health traineeship, with my focus on disabilities.

I applied for and was hired by the State of Ohio, Department of Health to be a disabilities consultant. I was hired by my mentor, Kathy Peppe. I worked there for about a year and a half and it was an exciting time for me. I was a PKU [Phenylketonuria] nurse for the state and was instrumental in adding hypothyroidism to the new board screening test panel. I also worked with all of the disabilities centers in the state. I did that for a year and a half, then I chose to move to the Nisonger Center at Ohio State and work as a clinical nurse specialist. I was in that position for close to five years, I think, until my position was deleted due to a loss in funding. It was then that I decided to further my education by seeking a Ph.D.

Q. What types of things did you do in that role at Nisonger Center?

A. I did a lot of work with families who had children with disabilities. I did a lot of work in specialized Down Syndrome programs, where the families came in and we worked hands on to teach activities of daily living skills, with moms, dads with their babies. Due to the fact that mothers with children with disabilities had attachment issues with their child, I used all my psych mental health training. The Nisonger Center was really into interdisciplinary training; I was the nurse who represented the nurses in the clinics, particularly the feeding clinic. We had a nutritionist to teach the mothers what their babies needed nutritionally; however, many moms needed to learn how to feed their babies successfully. Depending on the disability presented by the child, physical and occupational therapy sessions were also scheduled. Also, we would look at the health

indicators related to children with disabilities, especially if you had a child with some kind of a genetic disease like Prader-Willi [Syndrome].

Q. You worked there at OSU from 1978 to June 1982. We need that timeframe for our records, to document one of your OSU positions. Tell me what happened then. You said you thought you wanted to go on for your Ph.D., and where did you pursue those studies?

A. I have all three of my degrees from Ohio State. I was married, had completed my undergraduate and Master's degree programs and had two daughters. Again, I was never part of the norm. At that time in history, nursing history, the first Ph.D.s in nursing were being established. And so the big push was to get a Ph.D. in Nursing. OSU didn't have a Ph.D. in Nursing and I had decided that I wanted to broaden my background and my knowledge base. My Ph.D was in the School of Family Relations and Human Development. And I wanted to minor in Genetics, but OSU did not have a minor in Genetics that was not related to Nursing. It was all medical focused. So instead I ended up with a minor in Neuro Psychology, which was kind of fun.

Q. And how many years did it take you to earn your Ph.D.?

A. Well, I think seven or eight part-time. I got it in 1987, then promptly got pregnant. That was my Ph.D. surprise I told everyone.

Q. What positions have you held since and while working on your Ph.D.?

A. While I was working on my Ph.D., I taught Public Health at Franklin University in their BSN program. I also worked at Children's Hospital as a Genetics Nurse Consultant. Children's Hospital had a clinic in Athens, Ohio. I worked with Dr. Ann Marie Summer from Children's Hospital and a local public health nurse, Betty Black. It was a fabulous experience for me. Again, working with the Appalachian population was very, very

interesting. I really loved being out in the community with families in their own surroundings, and I really felt a hospital for me and what I did was much too restrictive. I really enjoyed that job. After receiving my Ph.D., I decided I wanted to spend more time in the field of leadership and management. I applied for and was selected to be the Director of Women's Health for Mount Carmel Medical Hospital in Columbus. At the time, they had a very futuristic thinking Executive Director and CEO, who shared her management and leadership skills in real time to make all her staff more effective managers. She also became a wonderful nurse mentor for me.

Q. Who was that?

A. Her name is Suzanne Martin. One of the things she shared and something I still share with my students today is the following, "When you're making a decision, the first thing you need to think about is, what is in the best interest of the patient? And if you think about that when you're making your management decisions, you'll never go wrong." And so that's kind of been something that I've kept with me through my nursing career. And I did that from about '88 to '92 maybe. I also learned this was not what I loved doing as a living; I liked that job; I liked working with the nurses, for sure. What I did learn is that hospital politics can be and are brutal. If you go into a hospital position, knowing that you only have about five years to do accomplish what you want to do, you will do just fine. From that position, I moved to the Ohio Nurses Association (ONA), as their Director of Program Services.

Q. You went to ONA in 1992, but you had been a member of ONA prior to that?

A. I've been a member of ONA since I graduated with my undergraduate degree in 1974. I really believe you need to belong to your professional organization. I have been an active



member of this association since 1974. And I think about what made me want to join this association. I never considered myself a “joiner. During my high school years, the only club I ever belonged to was the Nursing Club. Once at OSU, I did join the Torch Club and they had Sigma Theta Tau, and I remain a member of these organizations today. OSU also had a fraternity for Nursing, Alpha Tau Delta (ATD). That was the time in college history where it was passé to belong to a sorority. We were all protesting and so many women did not join a sorority. ATD was a fraternity for Nursing because it was professional; it was a way to do service and also be social. I joined that group, and ended up being President. I think that’s where I established my love for working and serving; working with other nurses, having fun with other nurses, and then with nurses serving a community. It was just natural that I would belong to ONA because that was the professional organization, representing the nurses in Ohio. ONA not only helped me interact with other nurses, it also provided leadership, and taught me so much over the years, not only how to be a leader but also how to be a better manager, to work as a team member. I believe ONA has helped me to learn and be political. And you know, just about everything is political, every committee is political, and it’s a relatively safe place to work on how to be an advocate and how to be politically astute.

Q. What did you do as Director of Program Services? What was your role at ONA?

A. I was in charge of continuing education, practice and legislation and was a registered lobbyist in that position. ONA was, at that time, advocating changes in the Nurse Practice Act, to recognize the Advanced Practice Nurse in the law. We were the only state that did not have those words, recognition of the Advanced Practice Nurse in the

law. Being part of the group from ONA that negotiated that bill through the legislature was very exciting and satisfying,

Q. That's significant legislation that affects many nurses in practice today. And now it's being revised again.

A. Yes, now we're trying to get full authority.

Q. That will be an interesting process to watch.

A. That was in 1992, that we got that bill passed, where nurse practitioners were recognized. This is 2016 and we're still working on getting the nurse practitioner where they need to be in the State of Ohio. But I think the point of that is, and what I try and tell my students now is, you do not get everything you want the first time. And just think about that. So it's very incremental and you can't get everything you want at once. That's just not how the legislative process works.

Q. What then caused you to leave ONA and move into a different area?

A. Well, you know, sometimes I liked what I did but again, my leadership and management style just did not mesh with the inner workings of the ONA at the time. And that's not critical about them, it's just in terms of my development and what I wanted to do, my next steps just didn't click. Once again, I contacted my mentor, Kathy Peppe, and said, "I'm ready to come back to public health." And she said, "Okay." They had an opening for a Maternal and Child Health Specialist, which I applied for and was the selected applicant.

Q. And then you've had a long history with them?

A. I did have a long history with the Ohio Department of Health in different positions. While I did love being the Maternal and Child Health Specialist, the department had a major

reorganization. During that reorganization, I was asked to become the Chief of the Division of Prevention for the State. In that role I was responsible for all of the population-based public health issues not related to mothers and babies. This included infectious diseases and surveillance and chronic diseases. While I had eight different bureaus, including these, I also had Public Health Preparedness Bureau in my Division. The bombings of the World Trade Towers in New York City happened during my tenure. I quickly found myself working to ensure the State of Ohio was prepared, by ensuring that every county in Ohio had funding, provided by the Centers of Disease Control (CDC), through my Bureau to develop plans, based on federal guidelines to prepare for any attack within their county.

While in this role, the State Health Department was developed a Pandemic Influenza Plan, the plan and receipt of a Strategic National Stockpile for the state, a disaster preparedness initiative, and surveillance systems that are still in place today. Also, separate funding was received from the Health Resources Services Administration (HRSA) to ensure that all hospitals in the State of Ohio were equipped with not only planning support, but with all equipment needed to enable them to handle surge capacity and levels of decontamination above and beyond what those hospitals had ever prepared for in response to an attack. I am proud to say that this work was completed due to my leadership and management skills. There was also a considerable amount of coordination between the Ohio Department of Health, the Ohio Department of Public Safety and the Governor's Office to ensure communication at all times and to ensure continuity of operations. While this was sometimes exhausting work, and involved the help of many employees, this is and was the one job in my career I can honestly say I really loved. I

thought we were, at that point, really doing good work for the people of the State of Ohio, for public health. And I was proud that I was a nurse, and that I took charge of all of these variety of different public health arenas, including all aspects of environmental health, infectious disease, the state lab, to name a few. I was able to see the “whole” picture because of my nursing, leadership and management training to handle this position effectively. At the same time, there were many other activities I was involved with that did not have anything to do with preparedness. I had worked hard to get the PKU testing legislated early in my career at the State Health Department and several times in 2005-06, again found myself in front of the legislature. I was asked to provide testimony asking them to expand the newborn screening panel to over 32 tests, because we now had mass spectrometry, and we were able to again prevent more mental retardation by other identifying tests. It seems my career has come full circle as time moves forward. It has been exciting, for sure,

Q. You have identified, while you have been talking, several people who served as your mentor. Have you mentored individuals and anyone that comes to mind?

A. You know, I have lots of students I’ve mentored. You’d have to ask them if they thought I was their mentor.

Q. What I was looking for were the numbers of students that you have mentored all along, whether you precepted them in your clinical environment, wherever you have worked, or as a faculty member.

A. At Nisonger Center certainly, that center really was set up for graduate education. And so I did mentor nursing students who came through there. One in particular I remember is Linda Lucas, who was a student of mine. And then when I was at Ohio State, I had

mentored a lot of students as their preceptor, who were working in Public Health. And now I'm teaching again at Wright State and at Walden University. And in particular, I have a Walden University student who is living in Sweden but she is getting her degree online, her DNP [Doctor of Nursing Practice]. We talk weekly and. It has really turned into a very interesting mentorship kind of relationship.

Q. I want to point out that you were adjunct faculty at Ohio State University, in the College of Nursing, the Department of Community Nursing, from September 1989 to 2008. You really have had an opportunity to mentor a lot in the field of Public Health. Tell me a little bit about teaching, how it compares – teaching at Ohio State to Wright State University.

A. Well, it's very different. One of the things about my career with the State Health Department was, serving as a director, I was in an unclassified position. Unclassified means serving at the will of the Governor or his designee, in this case the Director of Health. When a new governor is elected, and they appoint new department heads, especially when there is a change in the political party, it's clear that the new party will be making their own appointments to positions that are unclassified. And I guess one of the things that, now that I'm away from that is, that's the part of taking risks that a leader needs to recognize. In my career, this has happened two times; I've taken risks and knew that the position might be for only a certain period of time because of the risks that I was taking. And that's okay because there's always another avenue that will lead you in a different way. What happened was, after my stint in Public Health, I found myself working at Wright State University. The first couple of years I was there I helped them transition from quarters to semesters, which was a big issue in the State of Ohio at the

time. And then they had an outreach program in Chillicothe for a baccalaureate degree. And because I lived closer than most of the people in Dayton, I was able to become the director of that program. And that was, again, back to almost Appalachia, working with a different kind of culture. There were no baccalaureate in Nursing programs in that area at that time I was there. OU [Ohio University] had not developed their baccalaureate program yet. And so it was fun to work with the hospital and the students, to provide more baccalaureate-prepared nurses in the hospitals in those areas. The one thing that was very interesting to me was that, as it turned out, I ended up teaching my daughter, who after a long time decided she wanted to go back to Nursing. And she didn't want to come to where her mother was teaching, but she did. I'm not sure I'd recommend it to anybody else, but I do think that it was a nice way for me to ease into teaching millennials. They're not like the students we were in 1972. We followed the rules and we were very respectful and wouldn't even think about talking back to our instructor, as I have found some millennials think is normal. We would never think of wearing our hair down or coming to work with short shorts on – not just to work but even an activity for the school. Today's students are very different now. They want to be entertained.; they have cell phones and they have Twitter and they have computers and they want to use these at will even during class. We had none of these distractions, When we were learning we came to the class with our books and our paper, and we took notes. Students today want a Power Point Presentation, and copies of the presentation, hard copies or electronically; they don't want to take notes. This has been a huge transition for me. I learned, by having my daughter in some of my classes, that the student also had a perspective and it was nice to have somebody who could talk to me about the students' viewpoint. On the other hand, it

was nice for me to just be able to say to my daughter, “Have you thought about this?” knowing that that would get back to the class. All in all it’s been an exciting experience. It’s a challenge to be in academia right now. I can’t speak for 1972. But in 2016 it’s a challenge. There’s a lot of information you have to give to the student in a very short amount of time. A lot of complex information that you have to give to the student.

Q. Using a lot of different vehicles to do that.

A. Correct.

Q. Let’s step back and just think about your career as a whole. I want you to tell me, in your perception, how has Nursing changed since you entered the profession?

A. Well, I think the nurse has to be so much, there’s so much more knowledge, and the patient is so much sicker. With my first child I was in that hospital for three days, four days the second child, and the third child I was gone in 48 hours. Knee replacement surgery, back in the day, you were in the hospital two weeks. I was in the hospital for 36 hours. So technology has just exploded. We have electronic medical records instead of using three colored pens for day shift, afternoon shift and night shift. The responsibility that the nurse has also has changed. Now when a patient comes into the hospital and has to be admitted, it’s because they need nursing care. So the responsibilities that the nurse has are astronomical and the patients are a lot sicker. The other thing that I see is the change in public health nursing. Counties had clinics staffed with nurses and they saw many people, were very active and there were many clinics. Today, mostly to funding issues at the county level, hospitals are taking over those clinics. The kinds of things you saw with Lillian Wald, looking at infectious disease outbreaks, etc. Now we have all of these patients coming, being discharged and being taken care of at home. It’s not

necessarily Public Health; now called Community Health. Sick patients are coming home, and you see the nurse again tending to the patient in their home setting; I see that being very kind of blossoming. And I'm not sure nurses are ready for that, because my students still want to start IV's. They still want to work 12-hour shifts so they can be on three days and off four. And when I teach Public Health, most of the time I tell them they can't take anything into their home and they're hysterical, because they're so used to having their equipment with them. It's a lot more independent nursing like I wanted when I started Nursing. But I'm not sure they're quite ready for it, because at the hospital they're very secure.

Q. I want you to think specifically to your times when you were either employed by Ohio State at the Nisonger Center or employed as adjunct faculty. How has the University changed during the years that you've been here or been affiliated with the University?

A. Well, I think one of the biggest changes we've seen in Nursing has been the whole use of simulation. And you know, when we were in Nursing the only way to get experience was, we began by giving shots to each other. We either used each other, and we did have a few mannequins where we could start, we could insert a catheter, but they were hard as rocks and nothing like what we could feel in a real patient. And then of course all of the skills that we learned were on real patients. And now to see the whole technology taking over with simulation. And then, doing assessments via webcam and diagnoses via webcam, and having home visits where patients take their own blood pressure via phone and send them back to the nurse. I've seen technology explode in the way we take care of patients, the way we teach new students. And then, of course, the University continues to grow and grow. So it's practically unrecognizable when I walk around campus now.



Q. Again, thinking about your time here at the University, what are you most proud of regarding your time here?

A. You know, Ohio State has always been at the forefront of research, of education. It's a Big Ten school. And I'm just most proud of being an alumni and having affiliation with Ohio State.

Q. And you've been an active alumni member since you graduated?

A. Yes, I have. I love all of the activities that they offer to alumni, to keep us in touch with them. And the Alumni Association actually at Ohio State is, I think, it's one of the most active, not only in Ohio but around the world, in the country. So you can always get a connection with Ohio State.

Q. I want you to think about your career as a whole: Do you have any regrets, mistakes or moments you would like to do over in your career?

A. I would not do anything over. The two things that I would have been smarter about are the two times that I lost positions and was blindsided by being terminated,

Q. But they were political.

A. Yes, they were both political. I think what I could have done is made a move quicker, to get out of those situations, instead of waiting in the hopes of me doing something to get it resolved. Those would really be the only two things I could do differently. Somebody asked me, now that I'm teaching at Wright State, I guess the other thing I would say is, as I finish my career, because I'll be retiring soon, I've been teaching a lot online, which was unheard of in our time. And I really enjoyed teaching online and will continue doing that after I retire. But I think it takes a special person to teach online, and actually a lot of people don't like learning that way. But I do think it's the wave of the future and I think

Ohio State will have to meet that need, because it's all over at campuses and proprietary universities these days. And so it's really the wave of the future, both, I think, in the college setting and also in the high school setting. Now you're seeing a lot of online teaching. So tell me again, what were the other things I was supposed to answer? Read that last question again.

Q. Regrets, mistakes or moments you'd like to do over in your career.

A. No, that was the only one. I think everything worked out exactly as it should for me.

Q. What do you think is your greatest legacy?

A. Well, I think being an advocate and a leader for Nursing.

Q. That's exactly what I was going to say. Your commitment to the profession of Nursing and your inspiration to others in that field. Full disclosure: I've known Debbie, we were in nursing school together, and I really believe that that is your true legacy. I think anybody who meets you and works with you for any period of time knows your great passion for the profession, and excellence in the profession, not just mediocrity. Are there any topics you wanted to talk about in this interview that we didn't cover? Anything you would like to say?

A. I can't think of anything. I think you did a good job of covering everything.

Q. Well, I have a couple more for you then?

A. All right.

Q. Can you describe your life outside your career? Do you have any particular hobbies or interests?

A. My life outside my career. Well, I love to golf; to quilt and I love to read. And then, of course, I have three daughters, and two grandchildren. Two of my daughters are married,

the two older girls and the youngest daughter is 27. You think when they graduate from high school and college then they're off, but we are all very close so that's not the case for me. And so I'm looking forward to retirement and golfing. My newest endeavor, if I don't kill myself, is pickle ball.

Q. I also want to point out that throughout your career you stated you have been an active member of the Ohio Nurses Association, and you are currently still very involved in leadership roles within that association. And I know you've verbalized to me that you plan to continue to do that following your retirement.

A. Right. You know, I have been President of the Mid-Ohio District and I've held Board positions, both at Mid-Ohio and at ONA, Treasurer at ONA, been Vice President of the Board of Directors, and have lots of positions. I worry about what's going to happen to this association and how it will progress with the newly graduated nurses. As you know, most of us have been involved and are still involved with this association since we graduated in the '70s. My daughter doesn't belong to the organization; she doesn't want to pay the dues and she is not a joiner. Also, I'm not sure new nurses understand what ONA's role is in nursing. We've got to figure out how to get young people into the professional association. I know that one of the ways that we got involved, you and I said, "You want to go to this meeting. I don't want to go by myself." And because we were both in Alpha Tau Delta, and we kind of wanted to get involved in Nursing now that we had graduated; that's how we got involved into the Mid-Ohio District and the Ohio Nurses Association. But that's not how it is with the nurses who are coming out of schools today. And so it concerns me that we don't have anyone who's going to bring up the organization after we retire. And it's so important, because if ONA does nothing else,

it is recognized as the voice of Nursing in the State of Ohio, and we are very strong legislatively. The legislators know to come to ONA, are respectful of the association, and listen to what we have to say. And if we don't have that strength, then we're going to lose a lot. And so that's one of my major concerns with moving forward. And I think, what happens is, we stay in these positions longer than we should, because we don't feel like there's anybody we can mentor, to give them to, that are younger than we are, to take over the baton.

Q. That's a very legitimate concern. Well, Debbie, I want to thank you very much for participating in this interview. We are in hopes to collect more interviews, so that we have truly covered Nursing in Central Ohio, as it has existed during our lifetime, so we can share with other nurses and the public, the rich heritage and history of Nursing. Thank you.

A. You're welcome. Glad to do it.