

**My Testimony:**



**Sandra J. Counce, RN**  
**Sham-Peer Review**



*55,000 VA Nurses*

There is **no excuse** for  
*intimidation and negative reinforcement*  
in professional nursing  
at the Veteran's Administration.

2008

## **Saundra J. Counce, RN – PRESENTATION**

**Before Members of the Congress and Senate**

**Wednesday morning May 14, 2008**

Good morning and thank you for the privilege of speaking with you today. I have been a Registered Nurse since 1971 and have been selected to work on cutting-edge pilot programs such as the world's first Mobile Intensive Coronary Care Unit (which was the forerunner of today's Emergency Medical System - EMS), Oklahoma's first Coronary Bypass Intensive Thoracic Care Units, and Oklahoma's first Heart Transplant Unit, lead by the late Doctor Christian Bernard. I pride myself in knowing my profession well and being hand selected for these endeavors.

My husband has combat related service-connected disability for symptoms associated with Agent Orange exposure while in Vietnam. When I learned there was an Agent Orange specialist in the Nashville area (Dr. Dunn at the Nashville Veterans Administration Medical Center - VAMC), I applied for and was hired as a Registered Nurse in the Step-Down Telemetry Intensive Care Unit. That was June 17, 2001.

Unfortunately, I soon recognized I was entering an incredibly toxic work environment. From my perspective, Nurse Supervisors managed subordinates through fear, intimidation, and negative reinforcement. This climate of fear, combined with swollen workloads resulted in an inordinately high staff turnover. During my first year there was a 128% nursing turnover rate on my unit; during my second year it grew to 185%.

In the spring of 2003 I approached my immediate supervisor to talk about possible ways to cut down on the workplace stress and staff turnover. I followed protocol by going to the first-line supervisor with my concerns, and I was generally pleased with the meeting. She seemed to hear my concerns, sharing many of them, and said she was willing to work with me toward change.

Much to my surprise, on August 1, 2003, that same supervisor called me before a Nurse Professional Standards Board (NPSB) Hearing. (Only later did I

learn that this constituted what is regarded as a "bad faith / malicious" peer review).

In preparation for the NPSB, my supervisor manufactured a Second Annual Proficiency Report. She destroyed my "superior" evaluation and substituted her forged "unsatisfactory" proficiency rating.

Management also colluded to violate my Due Process rights by:

- 1) Withholding "Notices to Appear" from my eyewitness;
- 2) Tampering with witnesses;
- 3) Withholdings written and electronic documents;
- 4) Coercing witnesses;
- 5) Entering "Hearsay" evidence into the proceedings; and
- 6) Violating my Weingarten Rights by refusing to allow my AFGE union representative to speak.

The Office of Special Council (OSC) found no wrongdoing in management's forging my Second Annual Proficiency Report, and submitting it as evidence for my Nurse Professional Standards Board Hearing. The OSC closed my file.

I have since learned that what I experienced at the Nashville VA was not unusual throughout the VA's 55,000 nurses. The policy is for Central Office to save money by simultaneously reducing staff and increasing patient duties. Employees are the most immediate and obvious victims of this sort of "squeeze." Nurses, in turn, vote with their feet, and leave the VA. The remaining staff's psychological distress and tension are ultimately transferred to the innocent and unsuspecting veterans. Long-term patients, dependant upon VA nursing care, suffer the most when staffing requirements cannot be met due to the high rate of turnover. By stressing out its nurses, the VA is breaching this country's fiduciary duty to provide its Veterans with compassionate nursing care.

Dramatically, one of my colleagues at the TVHS, Dr. Jeff Condit, a Clinical Psychologist, pointed this out to local administrators. He developed local data which showed that cut-backs in FTEE's (Full-Time Employee

Equivalents) coupled with increased workloads could predict the number of patient-on-patient and patient-on-staff assaults AND the number of staff-on-staff altercations. He pointed out the reality that administrators cannot simply stop hiring staff, and then expect the reduced crew to carry the same workload without significant consequences befalling the staff and veterans. He has convincing data which shows that this is exactly what happened prior to and during my tenure. It is interesting to note that, per Dr. Condit's prediction, a tragedy occurred in the form of an 18 year employee "losing it" by discharging loaded shotguns in the Personnel section on the Murfreesboro campus. And, this grave incident happened only 2 days after my departure from the VA. Dr. Condit blames senior administrators, in general, for allowing this "toxic work environment" to develop; specifically, our VISN 9 Director, Mr. John Dandridge. Dr. Condit retired after these incidents, after he was shunned and vilified by management for being right.

It has now been roughly 4.5 years since my departure from the VA. Fortunately, my licensure is intact and I have never been reported to any agency, board, or registry for wrongdoing. One would certainly expect as much if I were at all guilty of the trumped up charges made against me by the VA. While I am personally relieved to be away from the VA, I am equally saddened by the reality of what I know VA administrators continue to do to veterans in my wake. Having a husband who needs regular medical care I am doubly bothered by what I experienced. I know from firsthand experience that my husband had first-rate, "New Age Surgery" at the VA Hospital in Nashville, TN. It is sad that he and so many veterans like him can expect, at best, "Dark Ages" nursing care.