In 1921, an unknown World War I American soldier was buried in Arlington National Cemetery. This site, on a hillside overlooking the Potomac River and the city of Washington, D.C., became the focal point of reverence for America’s Veterans. Similar ceremonies occurred earlier in England and France, where an unknown soldier was buried in each nation’s highest place of honor. These memorial gestures all took place on November 11, giving universal recognition to the celebrated ending of World War I fighting at 11 a.m., November 11, 1918 (the 11th hour of the 11th day of the 11th month). The day became known as “Armistice Day.”

Armistice Day officially received its name in America in 1926 through a Congressional resolution. It became a national holiday 12 years later by similar Congressional action. But only a few years after the holiday was proclaimed, war broke out in Europe. Sixteen and one-half million Americans took part.

Armistice Day Changed to Honor All Veterans

The first celebration using the term Veterans Day occurred in Birmingham, Alabama, in 1947. Raymond Weeks, a World War II Veteran, organized "National Veterans Day," to honor all Veterans. Later, U.S. Representative Edward Rees of Kansas proposed a bill that would change Armistice Day to Veterans Day. In 1954, Congress passed the bill that President Eisenhower signed proclaiming November 11 as Veterans Day.

A law passed in 1968 changed the national commemoration of Veterans Day to the fourth Monday in October. It soon became apparent, however, that November 11 was a date of historic significance to many Americans. Therefore, in 1978 Congress returned the observance to its traditional date.

September 2, 2020 marks the 75th Commemoration of the end of World War II; a war that took the lives of over 405,000 U.S. military personnel.

We honor them, their service and their ultimate sacrifice.
I was born August 22, 1924 in Grant County, Wisconsin, that’s about 120 miles south of here. I graduated from high school in 1942. My three brothers were already in the military and in August 1942, I joined the Navy. I didn’t want feel left out and anyone that stayed home was called a draft dodger and I didn’t want the god damn name. Four of us went into the military, two didn’t come out and I was left for dead. I went to boot camp at Great Lakes and then was sent on a train to Oakland, CA. I was on that train for six days and I only had $3.60. When I got to Oakland, it cost me $3.60 to get to Mare Island. I was then taken aboard the USS Indianapolis, that was the only ship I was ever on.

I was a Fire Controlman and we handled the sighting and firing of the big guns. Sometimes we would shoot one gun, sometimes three, and sometimes nine. When you fire them big guns, you can’t fire forward or aft, you have to fire amidships. When you fire nine guns at once, it backlashes about 376 feet or more. The impact of the guns will push the ship back, that’s a long son of a bitching ways.

We were the ones that delivered parts for the two atomic bombs to Japan to free up Hawaii and the whole west coast. That is the reason why you are not eating rice today. I’m pretty sure the American people were never told that, but I know what I’m talking about.

We came back from the western Pacific. Our ship had been hit a few times and went to Mare Island Naval Shipyard, about 30 miles north of the Golden Gate Bridge. We had 46 train loads of ammunition on board, a million gallons of fuel oil, 10,000 gallons of aviation gas and 1,000 gallons of paint thinner. In fact, we had a load of everything, it was out of this world, you wouldn’t believe it. When we came under the Golden Gate Bridge, President Roosevelt was on the loud speaker again. He ordered us to go to an island called Tinian at full speed, non-stop, with no escort. We did it at a record speed that still hasn’t been broken to this day.

In the Captains quarters, there was a steal box that was welded to the deck, not even the Captain knew what it was for. It was the detonators for the bombs, to make the explosion. It was a top-secret mission that no one knew about, not even the Captain. A big ship can only get 3-5 miles close to land. We anchored down and the material was all loaded onto a landing craft. It was taken to Tinian, only place that had an airport and that was big enough to make a landing strip for the big B-29’s. As we were unloading, we saw big airplane ships come in with six-cylinder B-29’s. They were monstrous, we had never seen such things that size before. We were never told what we were hauling, never told nothing. We went down towards Australia and then to the Indian Ocean and eventually hooked up with the 7th Fleet. One thing I remember seeing there on a Philippine Island was a single engine fighter plane that had gone down. We were shooting guard over him so he could get picked up. That man is still living and became our President, that was George H.W. Bush.
When my ship got hit, I was on up on the flagstaff, 97 feet from the waterline. I came down two decks and at about 76 feet I had to jump in the water; that’s a long way to jump. I hit the water and vomited. I was swimming away, all we had was a rubber life belt, but when you get in the big ocean you can’t take that off, blow it up and put it back on. I didn’t have a life jacket and I was swimming away, I had my arm out and one came up my arm and I wrapped it around and tied it up; I call it an act of mother nature. After I hit the water, there was a rubber life raft and I swam over to it. There were 122-124 men on board that life raft, we saved them all. The life jacket rubbed on my chin and it rubbed the skin right off. Clear Pacific Ocean water can do a lot for you. I don’t have one scar on my body. When the ship was hit, there was nothing on my mind, it was such a horrific thing. You just think about getting out into the clear water away from the ship because it was sucking a lot of people down. When I jumped off, the ocean holds you down and I was held down for longer than the human body can be without a breath of air, that’s pretty god damn good. I was out as sea for six days and nights without food or water until I was rescued. When the ship was hit, there were 1196 on board, 316 survived and 18 living today; and I’m one of them.

I was discharged in January 1945. I came back to my home place in Wisconsin and worked as a steel welder for local businesses and farmers. After a while, I got better at it, got a little ahead and started a business of my own. I still live in my home. I was married, but that was a long time ago. I have three kids, five grandkids, great-grandkids and some great-great grandkids. I don’t get to see them very often, but I know them when I see them. My entire right side was hit, but I’m doing pretty good. I’m 94 years old and in good health. To check your health, you can do it yourself, take your fingernail and push on it and when white comes up and returns nice and red, it will tell you more than medical science will tell ya. My physical health is rated by this outfit, all plus. 131 different items they check on. For someone at the age of 94 and no pills, I get along pretty darn well.

What’s Your Story?
To participate in the My Life, My Story Program, please contact us below:
Email: vhatommystory@va.gov
Call: 608-399-8829 or
Let a member of your healthcare team know
November is American Diabetes Month

Diabetes is currently the 7th leading cause of death in the United States. One in ten Americans have diabetes – that’s 34 million people. Another 88 million adults have prediabetes and are at risk of developing type 2 diabetes. November is the month to raise awareness about diabetes risk factors and encourage diabetes prevention and control strategies.

What is diabetes?

Diabetes is a chronic (lifelong) condition that affects how your body turns food into energy. If you have diabetes, your body either doesn’t make enough insulin or can’t use the insulin it makes as well as it should. As a result, too much sugar stays in your bloodstream. If not controlled, diabetes can cause serious health complications, including vision loss, kidney failure, amputation, heart disease and stroke.

Symptoms of diabetes:

- Excessive thirst or hunger
- Frequent urination
- Blurred vision
- Feeling very tired
- Sores that heal slowly
- Very dry skin

If you have these risk factors, you may be at higher risk than others for prediabetes or type 2 diabetes:

- You are overweight.
- You are 45 years of age or older.
- Your parent or sibling has type 2 diabetes.
- You are physically active fewer than 3 times per week.
- You ever gave birth to a baby that weighed more than 9 pounds.
- You ever had diabetes while pregnant (gestational diabetes).

What can I do to help?

The good news is that making healthy changes in diet and lifestyle can greatly lower your risk. You can prevent or delay problems by eating healthy meals, being physically active, monitoring your blood sugar and taking the medications your health care provider prescribes. Although there is no cure for diabetes, millions of people with diabetes enjoy long, full lives and you can too. Ask your health care provider about your diabetes risk and work together on a plan that’s right for you.

For more information, please visit The Veterans Health Library at www.veteranshealthlibrary.va.gov

For Patient Centered Care—The Conversation Starts Here
Excellent News for Veterans!

Whole Health is offering Resistance Band Workout via VA Video Connect!

If you’re looking for a workout that’s versatile, easy on the joints, and targets muscle groups with controllable, constant tension, the Resistance Band Workout class is for you.

**Resistance Band required**

Join us from the privacy of your own home starting October 5th, every Monday from

9:00 a.m. to 10:00 a.m.

**Medical clearance from your provider is required.**

Contact Whole Health at (608) 372-3971 ext. 61417 or Ext. 66212 to register today.
I enlisted in the delayed entry program of the United States Marine Corps about a month after the Beirut Bombing, in November 1983 while still a senior at Sparta Senior High School. A month after graduation, I attended Recruit Training at San Diego, CA followed by schooling as Camp Pendleton, CA. My first duty assignment was in Okinawa, Japan. After a year and half overseas, I served in 29 Palms, CA from 1986-1990. During Operation Desert Shield/Storm I was a member of Task Force Papa Bear during the Liberation of Kuwait.

After returning stateside, I was discharged from active duty and joined a Reserve Marine Corps unit in Des Moines, IA while attending Iowa State University. I graduated from college in 1993 and returned to active duty as a “Mustang” Officer. I completed Office Candidate School and The Basic School in Northern Virginia and was sent to Camp LeJeune, NC for my next duty station. During this tour, I was assigned to the 24th Marine Expeditionary Unit aboard the USS Nashville in the Mediterranean, Adriatic and Aegean Seas supporting Operation Allied Force.

Upon returning stateside I was sent on recruiting duty at Recruiting Station Milwaukee, followed by a return to Camp LeJeune, NC. I was sent overseas one final time to the Republic of Djibouti, Africa for a year in support of Operation Enduring Freedom assigned to Marine Forces Central Command. When I completed that tour, I was sent back to Recruiting Station Milwaukee and retired in 2007.

I truly missed the comradery of being around Marines, so within a month of retirement, I joined Logistics Health and went back to Camp LeJeune, NC to work on the Post Deployment Health Re-Assessment (PDHRA) contract supporting the Marine Corps for a year followed by working on a Military Entrance Processing Stations (MEPS) contract that supported the National Guard.

I took a break from working following the passing of my father to complete my M.B.A. at Viterbo University in 2012. I have been working in the Mental Health Service Line since December 2012 continuing to serve Veterans.

Jim Olson,
Program Specialist—Mental Health Department
I grew up on a dairy farm which instilled my work ethic from a young age. During my junior year of high school, I proposed the idea of joining the Wisconsin Army National Guard to my parents. I reassured them, “Does it look like there will be a war anytime soon?” Well, let’s just say predicting the future is not on my credential list. My parents agreed and three days after my 17th birthday in March of 2001, my parents co-signed for me to join as an 88M (truck driver) with the 1158th Transportation Company.

The Guard took me across the country and overseas, with a year mobilization at Fort Irwin, CA, and an overseas deployment just a months later in October of 2004. Spending a year in Kuwait and Iraq hauling heavy equipment (typically tanks) over 25,000 miles gave me a new outlook on life. Upon returning from this deployment at 21 years old, I struggled to find my purpose as a civilian. After going through an Army Combative’s training, I found something that lit the fire. I transferred to the Army Reserves and volunteered to mobilize at Fort McCoy as combative’s instructor. Being the only female on a hand-to-hand combat training lane offered unique opportunity to earn respect from a number of Army, Marines, Navy, and Air Force service members that we’re being trained prior to deploying overseas.

After 10 years with the military, I decided to shift professions. I received my bachelor’s in nursing and found my purpose at the Tomah VAMC working with fellow Veterans as the Health Promotion Disease Prevention Program Manager. My husband and I have three smart, tough, and goofy children. I continue to enjoy challenges and growth of all kinds in my life along with the opportunity to impact my community through acquiring knowledge and spreading inspiration.

Nicole Ravenscroft, RN
Health Promotion Disease Prevention Program Manager
Whole Health Department
The Prosthetics Department is committed to working with your VA providers to improve your function and increase your activities of daily living. The basic eligibility for Prosthetics items is that you are enrolled in the VA system, and your VA provider requests an item and gives a proper medical justification for the item.

**Prosthetic & Orthotic Devices**

Prosthetic appliances, or prostheses, are external items that are custom fabricated and fitted to patients who have had an amputation of a lower or upper limb. Orthotic devices are external items that support or protect an existing body part. These may be custom or off-the-shelf. Each prescription is carefully formulated to the patient’s specific needs, taking into consideration factors that included vocation, recreational needs (swimming, skiing, football, etc.), physical health in general and home environment. Based on this information, items can be designed, often using new and emerging technologies as they become available.

**Items that may be provided:**

- Artificial limbs: C-legs, Myoelectric arms, etc.
- Blind Aids: Talking watches, alarm clocks, magnifiers, CCTVs, etc.
- Communication Devices: GPS systems, medical alert devices, environmental control units, etc.
- Computers for blind and/or disabled.
- Durable Medical Equipment (DME).
- Home Respiratory Therapy including home oxygen, BIPAPs, CPAPs, nebulizers.
- Hospital beds.
- And Much More.

**Home Improvement & Structural Alterations (HISA) Grant Program**

The HISA grant is provided for the improvements and structural alterations a Veteran may need to access their home and essential bathroom facilities. The one-time monetary limit is dependent upon the Veteran’s service-connected rating. Examples include, but are not limited to:

- Permanent ramps to gain access to home.
- Widen doorways for wheelchair access to your bedroom or bathroom.
- Lower your kitchen or bathroom counters or sinks.
- Improve the sidewalk or driveway close to your house so you can use your wheelchair.
- Install railings deemed necessary to help you walk safely.
- Install a roll-in shower.

For more information please contact the Prosthetics Department 608-372-1675
As of September 1, 2020, Urgent Care benefits will be managed by OPTUM, the VA’s third party administer for care. The number to confirm benefits has changed to 844-MYVA311 (844-698-2311). You may also access the website at: https://www.va.gov/COMMUNITYCARE/programs/veterans/UrgentCare.asp

All community referrals start with your primary or specialty care provider. If you are needing to request a new consult, please reach out to your primary care or specialty provider. If you have been approved for community care, your authorization will not be activated until the Community Care Department at the VA speaks with you and sends your referral packet to an in-network community facility. Confirmation of a scheduled appointment from either you or the facility where the referral was sent will be required to activate your authorization dates. If you attend a Community Care appointment before your authorization is activated, you may be responsible for costs associated with that care.

Has your community care been approved and authorized? If you have received authorization to receive a medical appointment for care in the community, you will be notified by an authorization letter from the VA. That letter contains information about your referral, including the valid dates and the category of care. Please read the letter in its entirety. If you have not received an authorization letter from the VA, then you may not have a valid authorization. Your community provider can contact Optum to find out if a specific procedure is covered by your referral. Although your referral may cover many services, you do not need to obtain them all in the community. The VA may be able to provide the services. Contact your primary care team for more information. If your authorization has expired, or is about to expire, contact your primary care team to explore the next steps in your care.

By choosing to utilize VA Community Care, it’s important to be actively involved in your health care! For example, you are responsible for:

- Remaining in constant communication with the VA,
- Checking your voicemail and missed calls for information related to your community care,
- Following the dates and services outlined on your referral,
- Notifying your primary care team of changes to your health condition,
- Attending your community appointments,
- and coordinating your follow-up care, ensuring you have an active authorization for each category of care.

For More Information, please contact Community Care Department 608-374-8182

To avoid Billing issues:

1. Only attend appointments with community providers after receiving an authorization letter from the VA.
2. Keep in mind, if you have a copay with the VA, you will have a copay for your community appointments. This bill will come from the VA, not the community provider.
3. Verify you have received a bill and not an explanation of benefits before contacting VA about billing issues. An explanation of benefits is not a bill.
4. Ensure you’re not scheduling an appointment with a community provider before or after your approved time frames. An activated authorization for approved community care will be sent to the permanent mailing address that VA has on file for you.
5. We encourage you to contact your community provider before your first appointment. Ask them for any information you may need to know to prepare for your appointment and verify they have your VA authorization information on file. When in doubt, you should bring your authorization to every community appointment and verify with the provider’s staff at check in.
Tomah VA Medical Center earns “LGBTQ Health Care Equality Leader” Designation in Human Rights Campaign Foundation’s Healthcare Equality Index

Moving LGBTQ Healthcare Equality Forward

Tomah VA Medical Center is a proud participant in the Healthcare Equality Index through the Human Rights Council. In its 13th year, the Healthcare Equality Index (HEI) is the national LGBTQ benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors and employees. The HEI 2020 evaluated more than 1,700 healthcare facilities nationwide.

Ever year, HRC recognizes the health care facilities that participate in the HEI for their dedication and commitment to LGBTQ inclusion. This year, however, we must also take a moment of gratitude to recognize Tomah VA and these other facilities for their courageous fight against COVID-19 and their commitment to addressing racism and injustice.

The HRC Foundation’s Healthcare Equality Index continues to show incredible growth in the number of healthcare institutions that are embracing and adopting LGBTQ-inclusive Policies and practices. A record 765 healthcare facilities actively participated in the HEI 2020 Survey.

Improving Care and Support for LGBTQ Patients

Participating healthcare facilities recognize the importance of implementing LGBTQ-inclusive practices alongside their foundational non-discrimination policies.

The needs of the LGBTQ community as a whole must be considered in the provision of care, treatment, and services. This includes practices like creating committees to review LGBTQ patient care, allowing patients to self-identify in electronic health records and creating guidelines for providers about transgender patient interactions, to name a few. Tomah VA Medical Center has recently released a new LGBT Veteran Services Consult in our electronic medical record for coordination of care and consultation.

Tomah VA Medical Center has made amazing strides in efforts to create a welcoming and safe environment for all Veterans who’ve served, for their families and loved ones, community members and for all those who work here. We are committed to quality, compassionate care for EVERY Veteran, EVERY Day. This accomplishment of Health Care Equality Leader is a recognition of those efforts to ensure all Veterans have access to the care they need, when they need it.

The Tomah VA Medical Center is proud to receive the coveted designation “LGBTQ Healthcare Equality Leader in HRC Foundation’s Healthcare Equality Index. For more information, please visit https://bddy.me/2E3QDgW
Patient Experience is the sum of all 
ininteractions, shaped by the organization’s culture, 
that influence the Veterans’ and their families’ 
perceptions along their health care journey.

The Tomah VA Medical Center gathers data from 
various sources such as surveys, comment cards, calls 
and even text messages to assist in improving the overall 
patient experience.

V-Signals is a customer experience tool used to 
analyze real-time feedback from Veterans who have a 
valid email address.

Through V-Signals, the Tomah VA Medical Center 
can see what we are doing well in and where we have 
opportunities for improvement. Surveys are sent for 
the following outpatient services:

⇒ Scheduling an Appointment
⇒ Healthcare Visit
⇒ Pharmacy (In-Person)
⇒ Pharmacy (Mail)
⇒ Labs/Imaging
The Tomah VA welcomes your feedback. If you have suggestions for future newsletter articles please send to:

Amanda Meinke
Patient Centered Care Coordinator
Amanda.meinke@va.gov
608-399-8829

Tomah VA Medical Center
500 E. Veterans St.
Tomah, WI 54660
Phone: 1-800-872-8662
608-372-3971
https://www.tomah.va.gov/

La Crosse VA Clinic
4000 State Rd. 16
La Crosse, WI 54601
Phone: 608-784-3886
Clinic Hours: Monday –Friday
7:30am – 4:30pm

Wausau Clinic
515 South 32nd Ave.
Wausau, WI 54401
Phone: 715-842-2834
Clinic Hours:
Monday - Friday
8:00am – 4:30pm

Wisconsin Rapids Clinic
700 Hale Street
Wisconsin Rapids, WI 54495
Phone: 715-424-4682
Clinic Hours: Monday-Friday
8:00am – 4:30pm

Clark County Clinic
8 Johnson Street
Owen, WI 54660
Phone: 715-229-4701
Clinic Hours: Monday-Friday
8:00am – 4:30pm

Tomah VA Medical Center Vision:
Tomah VAMC will excel in patient-centered Primary, Mental Health, Rehabilitative and Long-term healthcare, partnering with other Veterans Health Administration (VHA) and community organizations providing a fully integrated continuum of care.

As a servant led institution we will develop a culture of excellence which is responsive to the changing needs of Veterans. Initiatives will be shaped by technology, research and evidenced based practices.

Care will be delivered by engaged collaborative teams in an integrated environment that supports learning, continuous and sustained improvement.