



*Inseparable/ Pg. 3*

## Saving lives on the frontlines

**Spc. Jon Soles**  
210th MPAD

All Soldiers know their weapon is their life-line in a war zone. But it's a combat support hospital that can make the difference between life and death when the enemy's weapon find a Soldier, whether it's small-arm fire or improvised explosive devices.

The 322nd Combat Support Hospital at Forward Operating Base Starling is helping military medical personnel train to save lives using a wide variety of simulated casualties during Global Medic here at Fort McCoy, Wis.



*Photo | Spc. Jon Soles*

Col. Margaret Eiden, a 6250th U.S. Army Hospital certified registered nurse anesthetist at Fort Lewis, Wash., prepares to sedate a casualty in the operating room of the 322nd Combat Support Hospital at Forward Operating Base Starling during Global Medic here at Fort McCoy. At left is Capt. Steven Skeltis and Maj. Lynda Edwards with the 322nd Medical Company, from Southfield, Mich.

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## Lab results diagnose patients

*396th CSH, OSHU Great Lakes run tests within the laboratory*



*Photo | Sgt. KaRonda Fleming*

Pfc. Hung T. Tran, a 396th Combat Support Hospital laboratory technician, prepares to take blood samples that will be used on a coulter machine to test the blood.

**Sgt. KaRonda Fleming**  
210th MPAD

Laboratory tests and results provide doctors with the ability to help treat patients that need care.

"The overall mission of the lab is to provide quality, laboratory results in a timely manner," said Sgt. 1st Class Paul M. Kulvi, the laboratory noncommissioned officer in charge.

The native of Bonney Lake, Wash., said the laboratory department can be broken down into chemistry, hematology, microbiology, blood banking, or transfusion services.

"I think the lab is very essential to the hospital," said Pfc. Hung T. Tran, a laboratory technician from Portland, Ore.

He said it's kind of like the CSH's foundation. The laboratory section runs tests and quickly get the results out to the doctors and nurses in a prompt manner.

"If a nurse needs to run a test, then they need a lab, if X-ray needs to do tests, then they need a lab too," he said. "So everybody needs a lab, and so we put out the results as fast as we can."

A typical day in the lab usually starts early in the morning by getting the needed instrumentation ready and restocking the supplies, said Petty Officer 1st Class Bryan D. Hall, an advanced laboratory technician with the Operation Health Support Unit Great Lakes.

"We sometimes may have to run quality control checks on the equipment or calibrate the equipment in order to verify that everything is functioning properly," Hall said. "Usually, it is unpredictable what the workload is going to be because it relies totally on the incoming patients, so we just have to be ready for whatever comes in."

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## Global Medic gazette

Fort McCoy, Wis.

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Photo 1 Spc. Andrea Brailsford

Pfc. Clara M. Souza, a nutrition care specialist with the 396th Combat Support Hospital from Spokane, Wash., fills a container with tea to be served in the dining facility for a meal.

## 396th CSH cooking in the kitchen

**Spc. Andrea Brailsford**

210th MPAD

The nutrition care division prepares food for hospital staff and patients at Forward Operation Base Murphy to provide quality nutrition.

So what is the food crew preparing today? Not sure, but at FOB Murphy the crew is working hard to make sure that everyone in the hospital is well fed.

Capt. Elspeth M. J. Durek, from 396th Combat Support Hospital, Company. B, is the hospital dietitian. She is responsible for patient feeding. And providing special diets and regular nutrition to patients and hospital staff.

"Patients being cared for in the hospital may be on clear diets, blended diets, or soft diets," Durek said.

She said intravenous feedings are given to those patients who are unable to swallow, and critical patients are strictly on clear liquid diets or even

nothing at all.

Once a patient is stable and needs further care, they can then be evacuated to larger hospitals. It is their responsibility to make sure that the evacuated patient has enough food.

"If a patient is being evacuated, then it is up to the food service to provide three meals a day even if they are not eating," Durek said.

She said modern burner units are used to cook food. In order to keep these units in operation, they must have fuel, power and water.

There are two tents contained in the medical field feeding unit. She said they are setup to cook, clean dishes, and feed everyone within the hospital.

A sanitation unit has four sinks that include a quick rinse, wash, sanitizing cycle and a final rinse. The unit is responsible for all of the pots, pans, and dishes that are used each day.

## Lab

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Primarily blood banks are used when there are mass casualties, Hall said. The lab offers different testing to help treat patients to include general testing, hematology, chemistry and urinalysis testing. So, everything found in a regular hospital can be found in a CSH.

"There is a European blood bank and distribution centers in all of the

European hospitals as well as in field hospitals," Hall said.

The courier systems, which are worldwide, help in the transport of getting the needed supply of blood much easier than it ever has been before, he said. The methods of shipment are either freezing the blood and transporting it or transporting the blood on ice.

One of the overall objectives of Global Medic is to integrate joint and coalition medical forces, to include the Air

Force, Army, Navy, British, and German Soldiers. This allows servicemembers of other branches and other countries to visually see and work alongside each other.

"The key for me is working with the Army," Hall said. "I have never had a joint venture like this. From what I know, there are a lot of opportunities where we will end up working together like this. It's nice to know that we can work together and ultimately the patient benefits in the end."

# A couple's love story

Military service brings the Stewarts together

**Spc. Andrea Brailsford**

210th MPAD

It's not everyday a couple serving in the military is able to say they can be in the same place at the same time. They are often separated by units or by sections. This is not the case for Justin and Carrie Stewart.

The couple met at a Christmas party in 2002, held by the 396th Combat Support

Hospital. From that night on, they captured the eyes of each other, and after two years of dating, Justin and Carrie decided to get married.



Photo 1 Spc. Andrea Brailsford

Married couple, Sgt. Justin and Spc. Carrie Stewart, both with the 396th Combat Support Hospital take time out of their busy schedule to smile for the camera during Fort McCoy's Global Medic annual training exercise in Wis.

Justin has been in the military for six and a half years as a supply non-commissioned officer for the 396th CSH, Headquarters. As a busy,

full-time, Active-Guard Reserve Soldier, Justin says that being in the military has made him more responsible.

"I plan on getting my

master's degree and becoming a warrant officer," Justin said.

Carrie is a nutrition care specialist for the 396th CSH, Company. B, who has also been enlisted in the military for six and a half years as a Reserve Soldier.

Outside of being a Reservist, Carrie keeps herself occupied by caring for their precious dog, which the couple treats like their own child.

As Carrie works hard with the kitchen staff around the clock, the couple find it hard to see one another.

They learn how to overcome these obstacles by understanding its their duty.

## From the infantry to the operating room

Airborne infantryman turns in his jump boots for stethoscope

**Spc. Jon Soles**

210th MPAD

Airborne infantryman, Soldier of the year, or registered nurse; take your pick. Capt. Steven Skeltis is familiar with each of these titles, and says he hopes the latest aforementioned title will help him save lives on the battlefield.

Skeltis, a nursing anesthetist with the 322nd Medical Company from Southfield, Mich., is training at Global Medic here at Fort McCoy. He says the training is what he needs before he deploys to a combat hospital in Iraq later this year.

"I just love what I'm doing. It's not the same way I served before, it's different," Skeltis said. "This is a terrific experience for me."

Skeltis, from Bay City, Mich., said he never expected to end up as a nursing anesthetist in the Army. But his life has taken many unexpected turns, starting with enlisting in the Army in 1990, when he was 35 years old. After working for years as a journeyman tool maker, a job he said "paid the bills" but did not provide much intellectual stimulation, Skeltis decided to fulfill a long-unrequited desire to serve in uniform. Initially,



Photo 1 Spc. Jon Soles

Capt. Steven Skeltis, a 322nd Medical Company registered nurse anesthetist, treats Chief Petty Officer Darren Schauf, who is playing the role of simulated casualty.

he enlisted to be a military intelligence analyst, but changed his military occupation specialty to airborne infantry because he said airborne infantrymen are the ones who have all the fun.

"They get to run through the

woods and jump out of planes," he said.

Skeltis finished jump school at Fort Benning, Ga., at the age of 36, and reported to a long range surveillance unit with the Michigan Army National Guard.

"Actually, joining the National Guard was a turning point in my life," Skeltis said. "I had always had an innate attraction to the armed services. So, I did it and it really opened my eyes to what I could do."

Skeltis served for 13 years in Company F, 425th Infantry, and became a team leader.

"I met a lot of people who have done a lot of things and it opened my eyes to a lot of possibilities," he said.

Skeltis said his first sergeant also saw possibilities in Skeltis' military career and ordered him to represent the 425th Infantry in Soldier of the Year competition. First, he won the Soldier of the Year competition for the Michigan National Guard. Then, he went on to win Soldier of the Year for the National Guard Bureau in 1994.

"I was kind of drafted into it by my first sergeant," Skeltis said. "He set me to the task and I threw everything I had into it."

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Photo 1 Spc. Jon Soles

From left, Staff Sgt. Cathy Gorniewicz, a 322nd Medical Company licensed practical nurse from Southfield, Mich., Capt. Steven Skeltis, a 322nd certified nurse anesthetist and Col. Margaret Eiden, a 6250th U.S. Army Hospital nurse anesthetist from Fort Lewis, Wash., treat Chief Petty Officer Darren Schauf, who is playing a casualty, at the 322nd Combat Support Hospital.

## Frontlines

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In a combat zone, ambulances or helicopters deliver wounded warriors from the front lines to the CSH. Patients are hauled in the back of an ambulance to the triage area, which is a tent set up outside the CSH.

Two Soldier patients come in late Friday afternoon and are rushed into the emergency room atop wheeled stretchers. Col. Richard Baldwin, the physician in charge is waiting in the emergency room of the CSH, which is a complex of tents.

One of the Soldiers has a serious wound to his upper right arm and an abdominal wound. The Soldiers are mannequins, prepared by moulage artists who have expertly simulated wounds with red paint and gel. But, the Soldiers treating the mannequins' wounds talk to them as if they are alive.

"He likely has an

open fracture," says 1st Lt. Doug Olson, a nurse with the 322nd Medical Company, from Southfield, Mich. "If he has an open fracture, he has to go to the ER (Emergency Room)."



Photo 1 Spc. Jonathan Lessen

The 322nd Medical Company has several tents that are used to simulate an actual combat support hospital in a war zone environment such as Iraq or Afghanistan.

Olson said, in addition to causing blood loss, an open fracture is a seri-

ous risk for life-threatening infection and must be treated quickly. The wounds were probably caused by a gunshot.

The two most important life-saving actions in the emergency room are clearing the airway and stopping catastrophic bleeding, said 1st Lt. Jannie Morgan, a 322nd

and a doctor evaluate them to decide if the patient will go to the operating room or intensive care.

"We have to figure out what's wrong and we have to stabilize them," Morgan said. "We start treating a person from head to toe."

The second patient is the victim of an IED. His lower right leg is covered in blood, with a tourniquet wrapped just under the knee. The patient's tibia had been shattered. "Can you hear me?" a nurse asks.

Baldwin examines the Soldier and issues orders. The condition of the Soldier's leg and the tourniquet draw his attention.

"Worry about the leg," Baldwin order. "I need an X-Ray of the patient, I need two units of blood and get him some oxygen." He orders the nurses to get the Soldier ready for the operating room.

MEDCOM emergency room nurse. Once a patient is in the ER, nurses

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## Frontlines

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Photo 1 Spc. Jonathan Lessen

Soldiers from the 548th Minimal Care Attachment from Madison, Wis., tasked with the Mobile Air Medical Staging Facility, practice loading casualties onto a C-130 Hercules from the Minnesota Air National Guard.

Capt. David Miller, a physician's assistant with the 7203rd Detachment from Hobart, Ind., said the patient flow is going well so far. The Medical Communications for Combat Casualty Care system is designed to more accurately and efficiently track patient movement.

"Being fluent with the computer software is essential," Miller said.

In the operating room and pre-operating room, a team of surgeons and nurses stay busy with the flow of patients. Three are up for surgery, including a new patient—a Soldier with a gunshot wound to his neck.

Col. Margaret Eiden, a registered nurse anesthetist with the 6250th U.S. Army Hospital from Fort Lewis, Wash., said the Soldier is conscious and alert.

She said the bullet apparently missed his

carotid artery. If it hadn't, he would probably have bled to death before he even arrived at the CSH, and he also can't be conscious during the surgery to repair his neck wound, which will also reveal the extent of the injury. The nurse anesthetist must administer a combination of drugs to temporarily paralyze the patient and render him unconscious for surgery.

Radiology specialist Ursula Hernandez, with the 322nd administers X-Rays with a portable, highly-sophisticated X-Ray machine on wheels. The X-Rays will show whether the Soldier's spine was hit by a bullet or not.

"They will repair whatever they can. There are a lot of things in the neck. It's a long case," Eiden said.

Afterwards, the colonel steps back into the pre-operating room for a few minutes to reflect on the patient. It's only after



Photo 1 Spc. Jon Soles

Col. Richard Baldwin, a physician with the 322nd Medical Company from Southfield, Mich., attends a trauma patient, a Soldier hit by an improvised explosive device.

treating the patient that she said she had time to think about what had happened. Treating a patient with a traumatic wound leaves no time for emotion—only life-saving action. "I didn't think, I just did what I did," Eiden said.

It brings her back to memories of Landstuhl Regional Medical Center in Germany, where she has been deployed to twice.

"I never thought it would bother me," she said. "I remember seeing them come to Landstuhl. This brought back more memories than I thought it would."

After her experiences treating wounded warriors, Eiden said she has a different perspective on Global Medic, especially for the younger people who have not seen war yet, "because it has to be a lot faster and a lot more intense."

The next patient is a live casualty, played by Chief Petty Officer Darren Schauf of OSHU Great Lakes. He's been gravely wounded by an IED. The blast has pierced his chest and he is suspected to have massive internal bleeding.

"It's just up to the surgeon to find out what's in his belly. In the meantime, my job is to keep him comfortable and his vital signs stable," said Capt. Steven Skeltis of the 322nd MEDCOM.

Soldiers do not stay in the CSH long, not longer than 72 hours. After treat-

ment, they are either returned to the front lines or transported by a medical evacuation flight to the rear echelon.

But not every patient in the CSH is the victim of an enemy attack. The planners of Global Medic thought of many scenarios for the exercise. In the ICU room is a female Soldier who was not attacked by the enemy, but by her own fellow Soldiers. She was raped at a latrine before dawn and is now being treated for bruises and emotional trauma, said 1st Lt. Shannon Goffardo, also with the 322nd.

"The combat stress team is seeing her and she is to be observed for the next 24 hours," Goffardo said. "Her orders were not to go to the latrine by herself and she did."

Another victim in the hospital is a dog, used by an explosive ordnance disposal team to detect IEDs. A stuffed animal dog on a cot in the ICU is "Sgt. Lew-Lew," who was apparently hit by a car.

The dog's front, right leg is in a splint, and he has bandages around his waist. The animal has a probable broken paw and spinal injuries, but seem to be in good spirits.

Second Lt. Jack Garcia said, "Right now, he's barking and wagging his tail."

The dog will be evacuated to the rear, just like human patients, on a medical evacuation flight.



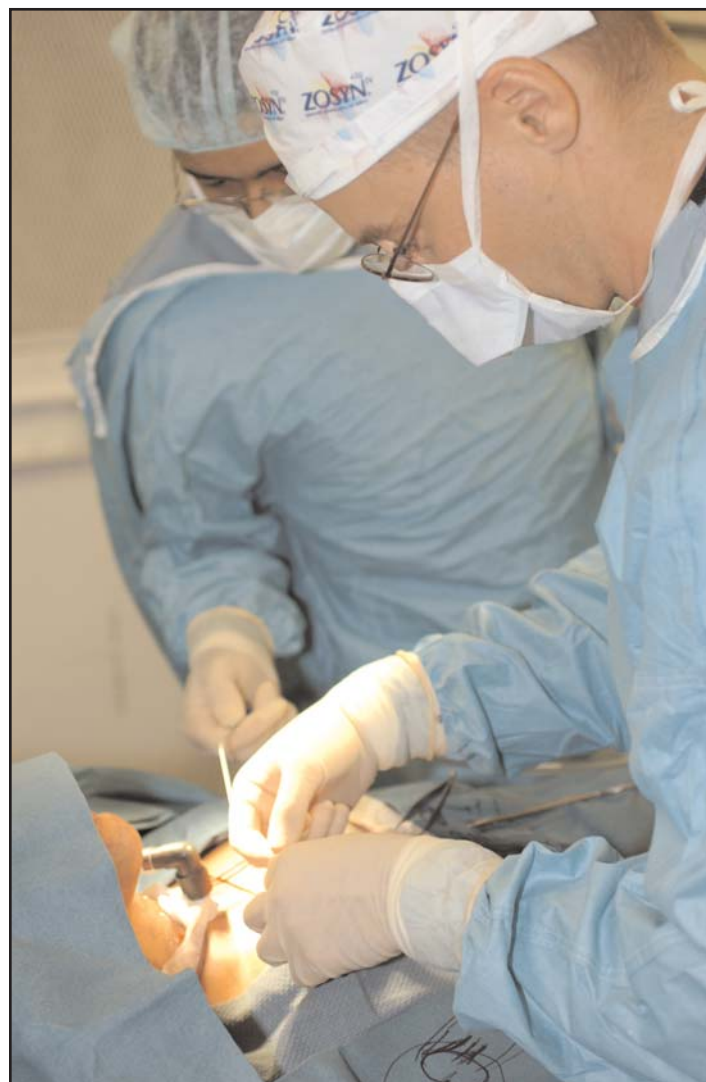


Photo 1 Sgt. KaRonda Fleming

## Life in the Operating Room

**Sgt. KaRonda Fleming**  
210th MPAD

An important aspect of any combat support hospital is the operating room. This is the area in which severely injured servicemembers are able to get corrective surgery on their vital organs or limbs to stabilize their lives before being transported to a hospital.

Staff Sgt. Shawn R. Walker, the noncommissioned officer in charge of the central material supply on Forward Operating Base Murphy said the emergency medical technician room is where everything is staged just before the equipment goes into the operating room.

The Spokane, Wash. native said CMS is where used supplies go to get



Photo 1 Sgt. KaRonda Fleming

A surgeon within the operating room at Forward Operating Base Murphy is simulating an actual repair of the carotid artery in a mannequin during Global Medic at Fort McCoy, Wis.

cleaned, sterilized, and put back in place. There are four surgical sets that have drawers and four autoclaves that are used in the sterilization process.

The training is in conjunction with the Global Medic training exercises for joint services June 8 through 20 at Fort McCoy, Wis.

Staff Sgt. Joe Case, from the 4224 U.S. Army Hospital out of Des Moines, Iowa, instructs Navy medics from Operation Health Support Unit Great Lakes, in the proper techniques for loading and unloading casualty litters into medical ambulances in preparation for a mass casualty evacuation plan for the 429th Multi-Functional Medical Battalion during the last few minutes before the start of the Global Medic exercise. Service members drilled these techniques and others repetitively to ensure these skills would become second nature prior to the start of the exercise. A crucial aspect of joint service cooperation is for all servicemembers to be on the same page.

Global Medic, by allowing the opportunity for service members to share and learn new skills, will inevitably help their home units due to proficiency from training.

Photo 1 Spc. Jonathan Lessen



## Soldiers train to track patients

### Computer program improves accountability

**Spc. Jon Soles**  
210th MPAD

Keeping track of patients at a combat support hospital requires urgency, accuracy and accountability.

That's why the Soldiers at the 322nd Combat Support Hospital, set up at Forward Operating Base Starling, as a part of Global Medic at Fort McCoy, are training on a new computer system to track casualties at the hospital.

A CSH is not much more than a large plastic tent with a metal frame, but it requires more advanced technology to manage its load of patients. This task falls on the Patient Administration Department, which keeps records of patient admission and discharge from the CSH.

The PAD team of the 322nd Medical Company, out of Southfield, Mich., is learning how to use the new MC4 system to keep track of patients. The PAD team is responsible for each patient and their movement throughout the hospital. Once Soldiers are discharged, they are either sent back to the

front lines or evacuated by air to the rear echelon within 72 hours.

Learning MC4 has been a work in progress, but Soldiers are already seeing the benefits of the computer system of patient administration, according to Capt. Mark E. Syjut, PAD officer in charge of the 322nd.

"It has changed drastically," Syjut said. "It's better communication

said. "We are responsible for in-processing and out-processing and any paperwork the patient might need."

The PAD is also responsible for keeping up with the number of beds available in the hospital, patient conditions, deaths and discharges. A status report is required at the end of each shift. In addition, the PAD Soldiers must also account for all

“We are kind of the personnel, the S-1 of the hospital per say. We are responsible for in-processing and out-processing and paperwork the patient might need.”

Capt. Mark E. Syjut

and it has cut down on the necessary paperwork.”

When a Soldier is admitted to the CSH, information is obtained through the dog tags or other identification forms to quickly determine blood type and other information. The patient is treated by the medical personnel, while the PAD Soldiers work to make sure the patient is accounted for at all times.

"We are kind of the personnel, the S-1 of the hospital, per say," Syjut

personal effects, including a Soldier's weapon. If a casualty is fatal, the PAD team will contact an Army mortuary affairs team.

Staff Sgt. Shelley Gilbert, the noncommissioned officer in charge of the PAD for the 322nd Medical Detachment 1 from Walker, Mich., said the new system is an improvement. "It makes it a lot easier because we don't have to leave the unit."

If information is missing, the PAD Soldiers

serve as runners to go track down patients in the hospital.

The system is new for the Soldiers, and like any new computer system, it takes times to learn.

"We're just kind of struggling together right now," Gilbert said. "It's all hands-on learning right now."

He said Soldiers are learning the system rapidly and are becoming proficient. He said his Soldiers are up to the task.

"It's definitely an improvement," Syjut said. "There's a sharp learning curve but with better communications, we do quite well. Of the years I've been in the military, this seems to be the most realistic annual training I've ever had," Syjut said.

Learning this system in a mock field hospital, set up exactly as it would be in a war zone, has made Global Medic an effective training exercise. The MC4 equipment is owned by the Air Force, but is being used by the Army for Global Medic.

"It's an improvement; it has cut down on time," Gilbert said.

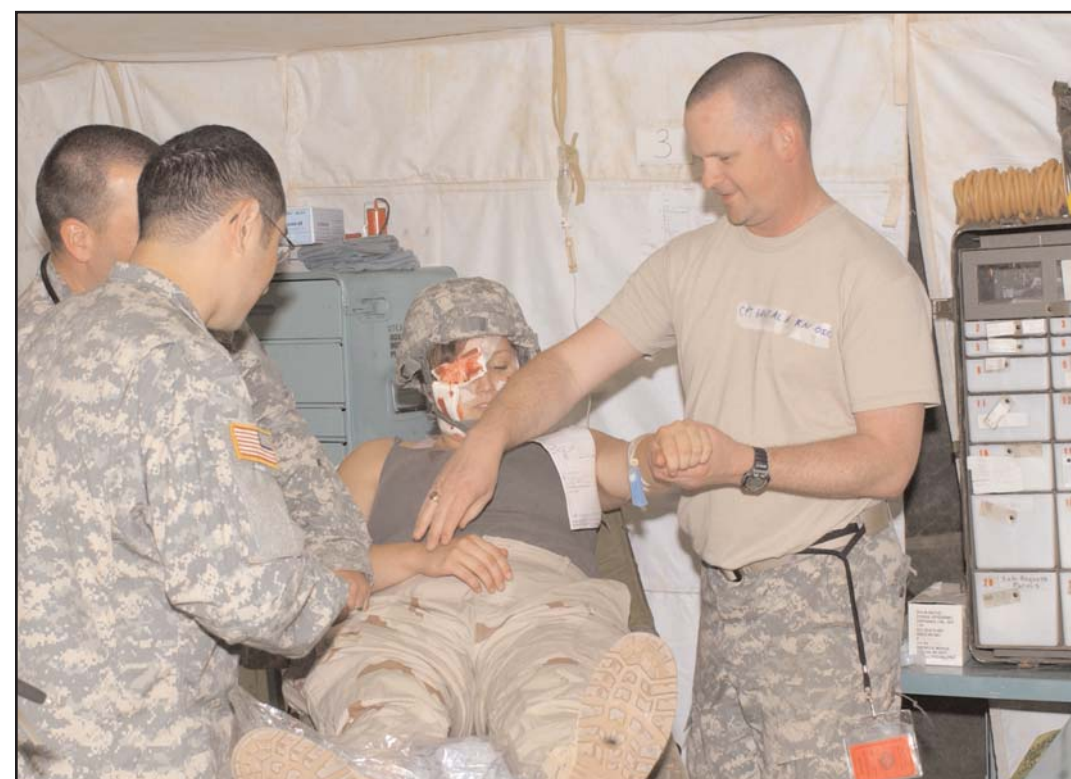


Photo 1 Sgt. KaRonda Fleming

Soldiers of Forward Operating Base Murphy are treating a live role player who is a patient in the 396th Combat Support Hospital during Global Medic annual training exercises at Fort McCoy, Wis. These exercises are focused to train servicemembers in a joint environment to gain the best real-life scenarios, which could possibly take place overseas in Iraq or Afghanistan. The Medical Readiness and Training Command, along with all assigned and attached units implement Mission Essential Task List scenarios that are focused on field training. The units that may deploy in this type of area overseas include Combat Service Support units.



# Train, prepare, ready to fight

Operations' Iraqi and Enduring Freedom ... then verses now

**Sgt. KaRonda Fleming**  
210th MPAD

The initial invasion of Iraq began in March of 2003. Now, more than five years later, servicemembers continually learn various ways in which the fight for Operation Iraqi Freedom and Operation Enduring Freedom can be improved.

Staff Sgt. Sharon D. Hilton, who deployed as a human resources and patient administration department noncommissioned officer, said she deployed to Kuwait and Iraq in April of 2003 with the 113th Medical Company. She was based on Logistical Support Area Anaconda with the combat stress company through 2004.

Brig. General Richard A. Stone, the commander of the Medical Readiness Training Command, out of San Antonio, Texas had a vision to expand joint and coalition capabilities to become better prepared and acquainted to a war zone environment. This vision was made possible through Global Medic.

The training involved in Global Medic focuses



Photo 1 Sgt. KaRonda Fleming

Staff Sgt. Sharon D. Hilton, who is training on a deployable an Identification Card machine, has previously been deployed overseas for Operation Iraqi Freedom in 2003-2004. She is currently assisting servicemembers during an annual training Global Medic exercise at Fort McCoy, Wis.

on Soldier and patient care exercises that incorporates scenarios that employ a full range of medical functional areas and develops end-to-end management, which requires leaders to make time sensitive decisions and encourage force pooling.

Stone, who is also dual assigned as the deputy commander of the 3rd Medical Command out of Fort Gillem, in Atlanta, Ga. said "We are

exercising them (joint services) in their medical task skills, in which, we are creating casualties that are challenging the system."

There are many servicemembers who have not been deployed to Iraq or Afghanistan yet.

Hilton said that if she were a mentor of one of these servicemembers, then she would teach them all she could based on her past experiences.

"I would tell them to

learn everything that they possibly can," Hilton said. "Don't take anything for granted. Listen to the experience and just have faith, because once you get over there, you aren't going to be able to leave just because you want to leave."

She said that these Soldiers, airmen, sailors and Marines are going to have to make due with the situation that they are in, and that they will not be able to return home just because they don't like where they are stationed.

Hilton said there are several ways in which the morale of servicemembers can be boosted.

"The best thing to do is to find something that will keep yourself busy," she said. "Keep in touch with family and friends."

She said email is also a good morale booster, but she is old school, and therefore preferred handwritten letters. "I think a lot of Soldiers do too because they can actually see the pictures."

Hilton currently resides in Long Beach, Calif. and works as a staff administration assistant for the Department of Defense with the 176th Medical Group under the command of Col. Irma Cooper.

“Don't take anything for granted. Listen to the experience and just have faith, because once you get over there, you aren't going to be able to leave just because you want to leave.”

Staff Sgt. Sharon D. Hilton

## Infantry

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Skeltis earned a bachelor's degree in nursing from Saginaw Valley State University located in Michigan and then went on to earn his certified registered nurse anesthetist degree from the University of Detroit-Mercy. He described the courses as "grueling, physically and emotionally."

He is now a nurse anesthetist at Bay Regional Medical Center, in Bay City who has treated more than 1,000 patients, including a half dozen open heart surgeries.

Skeltis was a sergeant in his National Guard unit, but decided to use his new civilian job to further

his Army career. Skeltis was commissioned as a first lieutenant in April 2003. He served briefly in the Ohio National Guard before switching to the Army Reserve.

But Skeltis has not forgotten about his days as an infantryman. When he found out the 425th would be deployed to Iraq without him, he decided to volunteer for a tour in Iraq, working at a combat support hospital.

"It gave me a heart pain to know that these Soldiers I trained with for 13 years went to war and I was not with them," he said.

Skeltis said his wife Fran, who works in a doctor's office in their hometown of Bay City, is supportive of his decision to go to Iraq.

"She knows that even though

she tells me she doesn't want me to go, she knows how important it is to me," he said. "That's what I feel compelled to do and that's what the Army needs."

Skeltis has never worked in a combat support hospital, but he said he is looking forward to his upcoming deployment.

"I love what I do," he said.

Skeltis said he is proud of his military career, which he describes as "atypical." He said he plans to stay in as long as he can and he says he grateful to the Army for helping him advance his career and personal goals.

"I just marvel at what could have been and what has been," he said. "It has been a very interesting ride."