

DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH STAFF SERGEANT MATT SIMS, U.S. ARMY VIA TELECONFERENCE TIME: 10:05 A.M. EDT DATE: TUESDAY, AUGUST 19, 2008

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LINDY KYZER (Office of the Chief of Public Affairs, Department of the Army): Again Sergeant Sims was a combat medic, wounded three times in Iraq. So he's going to talk a little bit about his experiences, both as a combat medic and as someone who was wounded in that experience. So we'll go ahead and start off with a few minutes of comments from Sergeant Sims.

Thank you so much for being here.

SGT. SIMS: No problem.

Well, I'll start off with, my first deployment was during the ground war in Iraq. And that actual deployment was very smooth for me; no injuries, nothing very serious.

But my last deployment, OIF-3, 2005 and the beginning of 2006, I suffered three separate incidents, wounds. The first one was an IED blast that blasted through the side of my vehicle and through my vest, which punctured my left lung. And my second one was a shrapnel to the leg, from a mortar round, through and through to my left lower leg. And then the third one was a gunshot wound from a sniper, to the front of the helmet, which resulted in a fracture of my third vertebra and a fracture of my right femur, in my right leg.

MS. KYZER: Okay, great.

Are there any questions, just to kind of start out?

Q Yeah.

Sergeant, Andrew Lubin from U.S. Naval Institute's website, Get the Gouge.

Where did all this happen in 2005? Where were you stationed?

SGT. SIMS: I was stationed, the first two times, I was in Lutifiyah, Iraq, which is near Mahmudiyah, which is about --

Q Yeah, I've been there.

SGT. SIMS: Yeah, it's not too far from Baghdad.

And then from -- the last one was in Taji, Iraq.

Q Okay.

What unit are you with, please?

SGT. SIMS: I'm currently with Andrew Rader U.S. Army Health Clinic at Fort Myer, Virginia. But when I was deployed, I was with the 270th Armored Battalion out of Fort Riley, Kansas.

Q Okay.

Hey, Lindy, is anybody else on? Or is it just the sergeant and me at this point?

MS. KYZER: You know, I would just say, I completely lost track. We did have Brian from Fort Leavenworth.

Brian, are you still on the line?

Q Yeah, I am still with you.

MS. KYZER: (Laughs.) Okay.

See, the soldiers are sticking with this. You can deal with these kind of technical difficulties. Earlier --

Q You know, honestly Lindy, from my end, right now the echo is pretty much gone. SGT. SIMS: Yeah, it's gone from my end too.

Q Gone from my end.

MS. KYZER: Oh, excellent. (Laughs.)

Well, whatever the problem was, it's been solved.

And William was on the line earlier. Do we have a William? We lost William.

Well, we have Andrew and Brian. And I think that Laughing Wolf is going to call in, so we might get him back, but.

Q You also have Grim of Blackfive.

MS. KYZER: I'm sorry, I couldn't hear that.

Q I said, you have Grim of Blackfive still here.

MS. KYZER: Grim. Excellent. Oh, by golly, we have a party going. So we're good. We can deal with adversity here. I do apologize.

MS. : Lindy? It generated when Brian came on with Fort Leavenworth. It wasn't DOD, it was when you came on and when Brian came on. That's when the echoing happened. The Verizon tech muted the second question that came on the call, and that person had the echo, and so they're linked in somewhere. That's why we're having the problem.

MS. KYZER: Okay.

MS. So make sure, if anybody calls in in the future, don't conference in. So go ahead and keep going as scheduled. I'm going to go ahead and get ahold of David Axe and ask him if he wants to come back on the call.

MS. KYZER: Great. Well, we've only lost seven minutes due to technical difficulties.

MS. : That's okay. We can keep on going.

(Cross talk.)

Q Let me follow up with one quick question and I'll turn it over to Grim and Brian.

Sergeant, with your three wounds, what was the most important part? Was it (go now or ?) get them back to CASH (ph), or was it the technology they use nowadays?

SGT. SIMS: You know, honestly, I think that it was the treatment that I received at the actual injury site, the quickness of the people that were there. I was the only medical person in the area when it happened, so all the guys that I trained and all the equipment that they were trained on, I think that's what helped me recover and not actually have such severe wounds as -- you know, the training of the soldiers and the quickness there on the site.

I mean, once I got to the hospital, I was pretty much fixed up. The only thing they had to do was do a few surgeries to cut me open and take some shrapnel out. Other than that, I was -- my bleeding had stopped within three or four minutes of me being wounded. So it was actually the soldiers and equipment there on site that saved me. Q Okay, great. Thank you. (Inaudible.)

Q Thank you, Matthew. This is Brian out at Fort Leavenworth. How are you doing today?

SGT. SIMS: Brian, how are you?

Q Oh, very good. Hey, just first off I wanted to say thanks for doing this, and thank you for being the combat medic. As a combat infantryman, you know, one, you guys are our favorite people in the world. Then two, what you guys do over there for our soldiers has just been absolutely phenomenal. Can't say thank you enough for all of you that are combat medics.

SGT. SIMS: Well, thank you.

Q One of the things I have a question for you is something that I've seen, and it kind of seems like you kind of echoed it in your comments there about the combat lifesaver program and the training -- the additional training that's been given to soldiers. It seems like the combat lifesaver program is probably one of the better programs, from my perspective, that the Army has started. You know, I know when we deployed in OIF 3 up in Mosul, I was with the Stryker brigade then as a company commander. That was absolutely paramount to saving a number of soldiers' lives.

What have you seen from the combat medic side of it that the Army right now is currently trying to sustain with that and try to improve on that system?

SGT. SIMS: Well, since I've come in the Army, you know, when I first came in, the combat lifesaver program was in effect but a lot of the units didn't press it on their soldiers. It wasn't a priority of a lot of the commands. And that was 10 years ago. Now it seems that that's one of their main priorities, is pushing this combat lifesaver program on all the soldiers.

And it's changed over the years. I mean, when I first started teaching it as a young private, as a medic, it was basic stuff. You kind of just taught basic -- it was pretty much like basic first aid. And now it's to the level of -- almost to the level that soldiers now that are combat lifesavers are at the same level that I was when I was a medic when I first came in the Army. Now that the medic training's improved and the combat lifesaver is improved, they're almost on the same level I was when I was a medic when I first joined the Army.

The training is a lot better. They teach them to use the new equipment, and it's repetitive. Used to be it was a class, you kind of went to it, nobody really wanted to do it. The only reason they wanted to do it was it's a promotion point. Now these guys are motivated to do it. They know it's going to save their lives and they know it's going to save the guy next to them.

Q Exactly. Exactly. One other question before I turn it back over to someone else, and I'm hogging up a lot of the time.

But one of the questions -- when we were getting ready to go over for OIF-3 in my first deployment, it was an absolute fight to get our combat medics into soft-tissue training, into the soft-tissue lab and stuff like that. Initially, there was some pushback and then finally, you know, we've been able to get them in. And it seems like that has been a sustain -- that they've been trying to push more and more combat medics towards that soft-tissue training.

Have you seen a change within the actual schoolhouse, you know, the TRADOC side of the combat medic training that is going to (moor ?) that down to them before they get to the units, so that they're coming with the actual soft-tissue training? Is there going to be more of an emphasis on that or is it still kind of up in the air right now?

SGT. SIMS: Yeah. For what -- with my experience with it, it's still kind of a problem of getting the combat medics into something like that. I guess it's -- I don't know if it's a new program. I really haven't done a soft-tissue lab, myself. I just got back from basic noncommissioned officer course down at San Antonio, and I know the program down there is excellent. They're improving it every day for the leaders. I mean, we get to do tissue labs down there. We get to do live animal labs.

And, you know, each time they're extending the training out. My class was six weeks. The class after me, they were extending it 10 more days so they could get more and more live tissue labs, which to me -- I'd never done one before, and it was some of the best training. I mean, you can do it on a mannequin, but it's -- there's nothing like actually cutting into live flesh and feeling what it's going to feel like out there on the battlefield.

Q I couldn't agree more. Thank you very much. I'll pop in for some more questions, but first I want to give a chance to some other people.

SGT. SIMS: All right.

MS. KYZER: Great. Did Grim have a question or anybody else on the line?

Q I do have a question. We do a series at blackfive called "Someone You Should Know." Obviously, we feel that you're someone that the American people should know about, but I wonder if you have any particular stories you'd like to tell from your deployments about someone you served with that you think the American people should know about.

SGT. SIMS: Well, actually, I do have a great story. It's not specifically about an American servicemember. It's about a Iraqi -- an Iraqi woman. And it's actually a really good, you know, uplifting story. When people ask me my opinion on the war, I actually tell this story and kind of tell them, you know -- you know, this is my opinion of -- you can -- from my story, you can kind of get your own opinion on how I feel about the war.

Q Well, good. Let's hear it.

SGT. SIMS: All right. Well, me and two -- it was during OIF-3, during the national elections -- the very last national elections that they had in Iraq. We were doing security for one of the election sites and I heard a few of the infantry guys, you know, kind of yelling for a medic.

So we ran up to the area, the line where the Iraqi folks were waiting in line to vote.

There was a woman that was waiting in line to vote, and she -- an Iraqi woman -- she was very pregnant, nine months. She went into labor while she was in line to vote. And so, you know, she was having a baby right there.

So me and a couple of the infantry guys sat down, and she was in the labor for about 20 minutes. And she gave birth to a brand new Iraqi boy right there. We helped her deliver it.

As soon as we cut the umbilical cord, got her cleaned up, got the baby cleaned up, she was so motivated that she was able to vote, because women had never been able to vote. A lot of the people were never able to vote there. She actually left her brand-newborn baby with us and got back in line and voted.

Q That is an amazing story. Thank you.

MS. KYZER: Great. Are there any other questions out there? Is there anyone I haven't gotten to yet?

Q Yeah, Sergeant, Andrew Lubin again with a follow-up, as always. Sir, are there any specific or any special items that they use now that are really helpful that they didn't use, say, back in Desert Storm? I'm thinking of the QuikClot, the stuff that came from the coral reefs, and that. Is there anything that you particularly found useful?

SGT. SIMS: Oh, definitely. In my first deployment I used QuikClot. It was a great tool for -- I mean, you've got wounds like femoral bleeds and severe arterial bleeds that, I mean, no matter what you do to them, they're not going to stop with the equipment that we had. The QuikClot, it's great. I mean, it's made out of shrimp shells. I mean, you dump it into the wound, you hold it there and it automatically stops the bleeding within five minutes.

I mean, the first QuikClot was kind of -- it worked really well, but it caused a lot of pain. It kind of heated up a lot when it got in contact with blood or any kind of liquids, and it caused a lot of pain to the person that you were using it on. And now the stuff that they're using, they've got dressings that have QuikClot on them. They have QuikClot that doesn't heat up anymore. I mean, they're continuously improving this stuff. And the stuff they have now is even better than the stuff a year ago. Q Great. Anything similar that's come out that you can talk about?

SGT. SIMS: Sure. There's one that's called chitosan dressing. It's not made by the same people that make QuikClot. It's got the same concept. It's a dressing. It's also made with shrimp shells. And it comes in a little square. You can cut it to whatever size you need. And what it does is you just stick it right on the wound wherever it's bleeding, and it kind of gels up. It's like a jelly, and it instantly stops bleeding, I mean, without any heat at all. And you can kind of like place it in there, and it'll stick right to the wound. You can cut it to the shape.

One thing about the QuikClot that wasn't really -- they didn't think about, I guess, when they first developed it, was it was in a powder form. And if you're out there in the wind and stuff like that, when you went to dump it, if you weren't careful, some of it could blow into your eyes or onto your skin. And if you're sweating or wet at all, it would cause actual burns. But the stuff that they have now, it's -- none of it's like that. The chitosan dressing is the one that I would recommend using.

Q Okay, thank you.

MS. KYZER: Okay, great.

Well, we did have a couple of questions from someone who can't actually be on the call today, but he did have some questions. So I'll go ahead and ask those just in the interim here, and in between other questions that we have.

One of those -- one of those specifically was if you have a family, how have your injuries kind of impacted your -- impacted your family? If you're married, you know, how has your spouse or how have your kids helped with your recovery?

SGT. SIMS: Well, you know, my wife was great during all my injuries. You know, all my injuries that I had, my last tour, those three injuries were all automatic tickets home if I really wanted to. I could have went home. I could have went to Landstuhl and then back home and recovered from my injuries, but, you know, it was my choice. I never left Iraq. I stayed in Balad Hospital for all my recovery time.

It was my choice to stay in Iraq to be there with my guys and my wife supported me on that the entire time. I mean, she knew that I could have came home, but she gave me full support, knowing that I wanted to stay there and finish the mission. So I mean, she's been great with -- (inaudible). She knows, you know, that I could always go back at any time. And you know, she's fearful but she supports me in everything that I do.

MS. KYZER: Wonderful. And in terms of those injuries, I guess you kind of solved the -- that first question. But after three injuries, what makes you continue to go back? I think a lot of people would say, you know, they've

paid their dues at that -- at that point. What keeps you -- keeps you so interested in staying in the Army?

SGT. SIMS: Well, I just love what I do. I figure, you know, the people that saved my life, I want to, you know, be able to have that chance to do the same thing for other people. That's the, you know -- I love taking care of soldiers. That's my business. That's what I love. Ever since I was a little kid, my dad worked around a military base, and I seen (sic) soldiers at all times, and that's always what I wanted to be. I always looked up to soldiers, and that's what I always what I wanted to do. So that's what just keeps me in the game.

MS. KYZER: Great. Are there any other questions?

Q No, I'm good, then. Sergeant, thank you for what you do. Appreciate it. SGT. SIMS: Thank you.

Q Lindy, it's Brian again. Two more real quick ones for Matt.

MS. KYZER: Go ahead.

Q Okay. Matt, one question for you regarding -- you're an 18-year-old young man. You're thinking about coming into the Army, being a combat medic. What would tell them, both advice and both about what you do?

SGT. SIMS: Well, advice would be, the medical field is -- in the military and anywhere -- is one of the best fields to get into. I mean, it's a growing field. There's always going to be a need for someone in the medical field. You know, it's the best -- probably one of the best fields, in my eyes, to get into. And my advice would be to, you know -- it's the best feeling in the world.

If you're going to want to be in the medical field and come into the Army, it's great to have a little bit of medical knowledge. You know, right before you come in, maybe take a -- like I did, I took a few EMT classes and some health classes before I came in to have a little bit of that knowledge before you get into it, because the military schooling system is at a really quick pace.

So they kind of like to throw things at you that normally would take six months; they, like, cram it into a two-month period. So having a little bit of that knowledge before you come into the military would be great.

Q Awesome. And then I know for myself, between my first tour and my second tour, I mean, the gains and the leaps and bounds I saw the Iraqis and the Afghans in the second tour making in both their progress in the military and their civilian government -- you know, the local civilian governments and stuff like that -- was just unbelievable. I mean, they've come absolutely so far.

Would you say you've seen the same thing between the two tours that you did? I mean, I know the first tour, it was mostly major ground operations, major combat operations. But would you say you've seen sort of the same thing, that huge amount of progress that has been going on there?

SGT. SIMS: I would agree. My first tour, you know, after the initial ground forces and we -- they started getting the Iraqi army, trying to get them reset. I got kind of the end of that. Some of the Iraqis seemed like -- kind

of like their spirit was broken and that they didn't seem motivated, that they -
- they didn't want to be, you know, in the military.

But my second tour, I mean, we had guys that were just begging to be in the military and guys -- I was training medics, and they were so eager to become medics. You know, they just -- they wanted to set themselves apart from their peers. Hey, I -- you know, they wanted to say, "Hey, I'm an medic. I'm a medic in the Iraqi army." And they wanted to -- they were so proud that they could actually say that. They've come so far.

Q I know, I know. And it's just unbelievable to see what they've done in the short amount of time.

But hey, again, Matt, thank you very much, both for being here today and answering questions and also to you and to all your brethren combat medics. Thank you for all you do for us. We can't even put into words how much we appreciate you guys.

SGT. SIMS: Thank you very much.

MS. KYZER: Excellent. I don't want to let Sergeant Sims off the line just yet. I want you to spend just a couple minutes talking about the MC4, if you could, and your particular experience with that, both as a medic and someone who was injured, because I know when talking with soldiers -- especially those that haven't heard about that -- it's kind of an interesting thing that we now have this ability to track those medical records in an electronic format, because I know that for most soldiers -- and maybe some on the line -- there generally is a precedent that says if you have those records in theater, you're probably not going to see them once you get home.

So can you spend just a couple minutes talking about the MC4, Sergeant Sims?

SGT. SIMS: Sure. Yeah. With my experience, with medical paper records, the old way that they used to run it -- like I said, on the excitement of redeployment, that's the last thing soldiers really are worried about, is their medical record.

So a lot of times, paper medical records, they get lost in the mix or they don't make it back, and a lot of times there's important medical information in those records that either can help a soldier when they get out of the Army for VA benefits or they can help their doctors with their recovery when they get out of the Army for VA benefits, or they can help their doctors with their recovery when they get back.

Then the MC4 system now, it allows records to be looked at any time, anywhere, on any computer. Like, if I were seen in Iraq, my doctor back in the States could get on an MC4 system or AHLTA system and be able to look at my records, see what the doctors did there for me, and then by the time that I was back in the States, they'd already have a plan ready for me for my recovery.

My personal experience with the MC4 system, when I was wounded there in Iraq, I had a hand-held device there with me -- it's a Palm Pilot -- that you use to document everything that you do with a patient at the actual site of the injury.

And by the time that I actually got back to the hospital there in Balad, the doctor already had a great vision of what kind of wounds I had.

In the past, it was kind of like, hey, we have a soldier coming in; he's been shot in the arm. And that was kind of it. Now it's everything: what you've done to the soldier, what kind of medication you've given them, what time you started the IV, what time the tourniquet was put on and what type of injury and exactly where it's at.

So by the time that you get to the hospital, the doctor already has a great vision, in his head, of what he's getting. And he can have the proper team there ready to treat you, as soon as you get off the helicopter.

MS. KYZER: That's great. Excellent. Thank you so much for answering that question.

Were there any other last-minute questions, while we have him on the line?

Q Yeah.

When are you going back?

SGT. SIMS: You know, I don't know. I'm actually PCSing here in the next three weeks to Germany. I'm taking over a platoon sergeant position over in Germany in an engineer battalion, in a brand-new engineer battalion they just activated in Schweinfurt, Germany. So I'm sure we're going to have to do a bunch of trainup and stuff before we deploy. But I'm sure it will probably be in the next year or two.

Q Okay.

Better luck this time. Good to have you on the phone, sir.

SGT. SIMS: Thank you.

MS. KYZER: Again thank you so much, Sergeant Sims.

Thank you, everyone, for staying on the line despite our technical difficulties. I do apologize. Extra thanks go out to Sergeant Sims, for squeezing this in before he does PCS. We wish him the best of luck in Germany and certainly thank him for his service. Thank you all for being here. You can check out the transcript at defenselink.mil/blogger. And again just thank you for being on the line. The Bloggers Roundtable is now concluded.

END.