Repairing War’s Wounded Veterans

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—By Scott Harris

With his vehicle in flames, his body airborne, and the ground fast approaching, Staff Sgt. Mike Mills had one simple thought.

“This is going to hurt.”

Upon impact, Mills cracked his clavicle and scapula, dislocated his left shoulder, and broke his hip. Four bones in his foot were shattered. But perhaps worst of all, he was on fire.

A soldier in the truck behind him doused the flames with a cooler’s worth of melted ice. That was the last thing Mills would remember about the next two months.

That August, Mills, back in America after leaving Iraq, had undergone about 30 surgeries. Badly disfigured from burns over 31 percent of his body—including his nose and left ear, which were now partially missing—Mills racked himself with guilt and shame, and was reluctant to be seen in public.

“You come to that fork in the road where you can go and be ticked off, and that was me for a while,” Mills said. “And at the same time, I wouldn’t do a lot outside because my nose was missing.”

The road back was not easy. But with therapy, his family, and a program called Operation Mend, Mills eventually made it.
“There was a complete change,” he said. “We were so used to seeing me without half a nose. Now, my wife threatens to take away my credit cards because I’m out so much. I look in the mirror, and it’s a totally different person.”

Operation Mend is a program jointly operated by Ronald Reagan UCLA Medical Center, Brooke Army Medical Center in Texas, and the VA-Greater Los Angeles Healthcare System, to help treat U.S. military personnel severely wounded in Iraq and Afghanistan. In particular, the program provides plastic and reconstructive surgery to soldiers with disfiguring injuries.

Operation Mend began when Ronald Katz, an inventor and a member of Reagan Medical Center’s board of directors, watched a television program on disfigured veterans. The prevalence of IEDs, or improvised explosive devices, in the Iraq and Afghanistan wars, combined with improved body armor that saves lives after trauma that previously could have proven fatal, has led to an increase in burns, traumatic brain injuries, and amputated limbs. The Katz Family Foundation pays for all uncovered costs, including travel and lodging, for program participants.

“My wife jabbed me in the ribs and said, ‘Do something about this,’” Katz recalled. “It became evident that this was a battle scar of these wars, and it takes a terrible toll on service members and their families. It’s very depressing to be hurt like that.”

At the center of the program is Timothy Miller, M.D., chief of UCLA’s Division of Plastic and Reconstructive Surgery and himself a military veteran.

“The patients are extraordinarily badly burned. More than 60 to 75 percent of total skin surface,” Miller said. “The burn unit at Brooks Army Medical Center is the best burn unit in the world. But when I got one of the patients, he had no nose, his lips were pulled over to the right side of his face, and he had no ears. It took 18 operations to rebuild the nose from his forehead and take away scarring and doing flap procedures. But now, he can go out in public.”

Miller has seen the psychological as well as physical scars of these injuries.

“Going into a public place, they’d get a lot of stares,” Miller said. “They would retreat from normal social interactions. They’d have dark glasses on and wouldn’t take them off. Their personalities were commensurate with that: quiet, shy, and retiring. Now they’re up and around. The change in personality is dramatic. It is really a wonderful experience to see them recover.”

Lt. Mark Wise, a platoon leader in the Afghanistan war, was only about three feet away from a soldier who stepped on an IED during foot patrol. The blast tore away Wise’s fingers, muscles, and part of his face.

“The facial injuries were a big thing. It impacts your confidence,” he said. “I was pretty depressed in the hospital. I was very conscious about how I would look to other people.”
Twenty-six surgeries later, Wise said the improvement is dramatic.

“I look a little more natural now, and it’s easier to talk and eat,” Wise said. “It was like night and day from the moment I came out of the anesthesia. Before, people would stare. And it really got to me. But this helped me get over that.”

Mills, now retired, lives in Minnesota with his family and operates a Web site, www.fortheveteran.com, that provides counsel to other soldiers. Wise is pursing an M.B.A. degree through Georgetown University.

“This has helped me a lot in terms of going to school,” Wise said. “It’s a civilian environment, with a lot of younger people who don’t have exposure to these things. I was very sensitive at first, but this gave me that extra confidence.”

Operation Mend now has a hand surgery and oral maxillofacial component. But it goes beyond the surgeries. Katz called the program a pioneer partnership between military and academic medicine.

“It has become a standard-bearer for ways in which the private sector can work with the military to help our people in uniform,” he said.

For veterans who suddenly find themselves feeling alienated, the program offers an important support network.

“Dr. Miller and everyone there, from the top people all the way down, are really committed to all the guys,” said Wise, who keeps in touch with Miller and UCLA staff. “They pick you up at the airport, they treat you like family, and they make you feel at home.”

Katz recalled one veteran in particular that he watched come full circle.

“There was a soldier who could barely open his mouth when he came in,” Katz said. “When I first saw him, I asked him if he wanted to get something to eat. He had heard of In-N-Out Burger, and that’s where he wanted to go. He had to cut up his hamburger into about 50 pieces to put it in this hole on the left side of his mouth. I told him right then that when the operations were done, I’d buy him a steak at Spago. I was able to buy him that steak.”

For more information, go to http://operationmend.ucla.edu.