Aron Mankin’s favorite stories were always the ones about restoration. As a combat correspondent in Iraq, he got to tell plenty of them. He chronicled bridge building, power line repair, and the creation of emergency services.

Amidst the chaos of war, he relished documenting humanity. He could often be seen carrying a rifle in one hand and a camera in the other, prompting his fellow Marines to give him the nickname “two shot.” Not that he minded. After little more than a year as a correspondent, Mankin was granted his request to extend his deployment by six months. It was more time, he figured, to tell stories that he believed were too often untold.

In May 2005, his duties led him to an area of Iraq between the Euphrates River and the Syrian border where U.S. forces were trying to flush out insurgents. Tagging along with the 3/25 Lima Company, he followed a convoy through dangerous terrain. Mankin, then 23, had never been close to this kind of combat, but by late morning he had already gathered enough video for the day. With two hours left until his scheduled extraction, he decided he’d kill time by shooting more B-roll.

He opened a flap on the roof of his amphibious assault vehicle, stood his body halfway up the opening, and pushed his camera against the protective goggles shielding his eyes. Less than two minutes passed before the blast of an improvised explosive device threw Mankin first to the floor, then out the back door, and finally onto the crusted earth. Seeing fire on his face, Mankin gaped in panic, allowing the heat to sear the inside of his throat. He rolled on the ground in a failed attempt to extinguish the fire that engulfed him.

Conscious through it all, Mankin could hear his fellow Marines shouting: “Put him out! Put him out!”
Within 48 hours, Mankin had been flown to Brooke Army Medical Center in San Antonio, Texas, home to one of the nation's best burn centers. Mankin suffered burns from his shoulder blades to his fingertips, and endured more than 40 surgeries while slowly regaining his strength. With their swift actions, military doctors saved Mankin's life.

What they couldn't save was his face.

Every major feature was scorched. His skin was badly scarred. His nose was gone. Facial reconstruction surgery, though potentially life changing, isn't considered life saving. Thus the military lacked the specialized expertise to attempt the complex—and costly—procedures. They could do little to help.

Until the creation of Operation Mend, a unique partnership between the military and the UCLA Health System, such was the fate of America's most wounded. Their only choice was dealing with a lifetime of facing the world without a face.

"I had moved past the fact that I was never going to look the way that I looked when I was injured," said Mankin, now 27. "Once I reached that point of acceptance, I was okay with that. I was okay with looking this way for the rest of my life."

Perhaps this acceptance was the reason he couldn't fully comprehend what he was hearing in the summer of 2007—more than two years after sustaining his injury—when a stranger offered him the services of a man who, for no cost, could give Mankin his face back.

Without the expertise of Dr. Timothy Miller, Operation Mend wouldn't have had a chance.

Miller never thought he'd once again hold a Soldier's fate in his hands, though doing so was once a daily occurrence. It first happened more than 40 years ago, when he was in his early 20s and fresh off a thoracic surgery internship at Vanderbilt University. He had arrived at Brooke's burn unit for the start of a two-year stint as an Army surgeon. Still undecided about his future in medicine, Miller got the start of an idea at Brooke.

"I happened to see a lot of firemen who were badly burned," he said. "I saw quite a few patients that had extensive skin cancers, that had maybe half a nose removed, or a good part of an eyelid."

Miller then embarked on a one-year tour of Vietnam. Upon his arrival, a shortage of doctors forced him into various duties, including time at a MASH hospital, where reminders of war's brutal toll were never far away. When an infusion of newly
arrived doctors eased the workload, he worked with a Special Forces unit that asked Miller to provide medical services to rural villagers in hopes of earning goodwill. It was there that Miller found a lifelong mentor in Major Bobby Gainey, a friendship the two maintained until Gainey’s death a few years ago.

Miller left Vietnam in 1966, but the influence of his Army experience remained. He shifted his focus toward plastic surgery, settling at his alma mater, UCLA. There, Miller became chief of plastic surgery while establishing himself as an expert in facial reconstruction. Regarded as a “triple threat” by his colleagues because of his teaching, research, and clinical abilities, he has been credited with advancing the techniques used in eyelid replacement and facelifts. His specialty is cosmetic surgery—the restoration of what he calls “a healthy sense of vanity.”

“It’s hard to tell if a guy’s a good kidney doctor because you’ve got to look in the kidney,” said Dr. David Feinberg, chief executive of UCLA Health System. “But if you’re a plastic surgeon, you can see that [Dr. Miller] is an artist. He’s obsessed with it. He wants perfection.”

This need for perfection is what comforts Mankin most when he lies on Miller’s operating table, trying to relax during those anxious moments before surgery.

“His expectations are always very high,” Mankin said. “When it comes to facial reconstruction, those are the kind of expectations you want from the guy cutting your face.”

Ronald Katz envisioned a day when severely wounded soldiers returning from Iraq and Afghanistan could have the opportunity to have their faces rebuilt.

The care of wounded soldiers has been a subject close to his heart. Katz is a Los Angeles-based inventor who has devoted part of his personal fortune to Fisher House, an organization that provides lodging for families of recovering service members receiving medical treatment at little or no cost.

So it was no surprise that on the night of November 10, 2006, Katz tuned in to CNN’s “Lou Dobbs Tonight” for a special episode honoring Veterans Day. The show featured several service members injured in Iraq and Afghanistan, one of them a gregarious Marine corporal named Aaron Mankin.

In the year following the explosion, there were some days when Mankin struggled to remain motivated. But his strength started to return. Twice a day, he shuffled off to physical therapy, taking care to never catch a glimpse in the mirror that hung next to the door of his hospital room. Weeks passed before he mustered the will to look. When he did, he saw a stranger. But he reminded himself that the rest of him had not changed. “This was all part of retaining who I was,” he explained. “Am I a couple of fingers? Am I the range of motion I have in one particular arm? Am I what other people see when they look at me? I’m not any of those things. I’m the same guy I’ve always been.”

Growing up, Mankin’s good looks helped him develop a healthy self-confidence, which made it easy for him to participate in his high school debate team. Always quick to make a joke, he was a charmer.

“How long do you figure you’ll be here?” Dobbs asked during the interview.

“I’ve got at least another year,” Mankin said, the buzz in his throat rendering his voice raspy. “I have some surgeries planned to fix the beautiful part, you know, getting back to getting good looking.”

Mankin’s face was too scarred to make out his smile. Nevertheless, the cameras managed to capture a spirit that had so clearly remained intact.

For Katz, the moment resonated. A few months after the episode aired, he and his family traveled to San Antonio for the opening of a new Fisher House at Brooke, where about 300 wounded soldiers participated in part of the ceremony to mark the occasion. Afterwards, they were seated in the VIP section. Katz couldn’t get over how many of them were as badly injured as Mankin.

“We realized then that it wasn’t just this one fellow,” Katz said. “There were a lot of young men and women who had disfiguring injuries. My wife and I decided that we should try to see if we could do something.”

It didn’t take Katz long to devise a plan. As a member of the board at UCLA Health System, and through his involvement with the Fisher House project at Brooke, he knew about the work being done at both places. It was a match.

“I thought that it would be a wonderful marriage, if it could ever happen,” he said.

Despite the challenge of unifying what he called “two very bureaucratic” entities—with two completely different cultures—the two sides were formulating details of a pilot program within weeks.

“They had a great deal to offer some of these people that we frankly were struggling with a little bit,” said Brig. Gen. James Gilman, the commanding officer at Brooke. “We don’t do a lot of plastic or reconstructive facial surgery.”

Less than a year after Katz saw him on television, Mankin was on a plane to Los Angeles, where he began a lengthy and complicated process under the watchful eye of Miller and his team of surgeons.

“It’s a tremendous privilege to be able to help these young men and women who have given so much to us in defense of our country,” said Miller, looking at a photo of himself and his
mentor Gainey during their Army days in Vietnam. It’s been the most gratifying thing I’ve done in my professional career.”

Miller said he thrives on the shear difficulty of the procedures, which involve rebuilding facial features with skin grafts and tissue from other parts of the body. In Mankin’s case, his nostrils were reconstructed using cartilage from his ears. Just the planning stages can be arduous, because most patients require upwards of a dozen surgeries in succession. The end of the process is composed of multiple “revisions,” where Miller and his team fine-tune the facial features.

“This isn’t making somebody look younger or prettier,” Feinberg said. “This is changing the trajectory of somebody’s life dramatically.

“In spite of the many times I’ve written my note of thanks, the results always seemed inadequate,” the letter reads. “What you have done for my daughter is a gift that will last a few lifetimes. It was my personal dream to see my daughter’s face repaired. You’ve made it a reality. I’m filled with love and gratitude for the Katz family. Know that every time I see my daughter’s face, I’ll be thinking of you.”

Since the launch of Operation Mend, nearly two dozen wounded warriors have gone to UCLA. A support program has sprouted up to attend to needs outside of actual medical treatment. Travel and living costs are paid for in part by the Katz Family Foundation. UCLA provides lodging for patients and their family members. A “buddy family” program has emerged for Soldiers and their families. Each wounded Soldier is presented with a handmade “Quilt of Valor” in an effort headed up by retired UCLA nurse Patti Taylor.

Treatment can cost more than $500,000 per patient. UCLA and the Department of Defense pay the hospital bills. To ensure that the program remains free to wounded warriors, UCLA ramped up its fundraising in an effort to expand the program, hoping that they can encourage other university hospitals to follow suit.

“We’ve got a pretty steady stream of folks going out right now,” Gilman said. “We think we’re well on the way to a program that’s going to last a long time.”

When he began his series of surgeries, Mankin modestly hoped that by the end of the process, he could blend into the crowd. He’s close. His next surgery, a revision which calls for Miller to narrow Mankin’s nose, is scheduled for late April. It will be his 14th surgery through Operation Mend.

Today, Mankin lives in San Antonio with his wife, also a former Marine, and their two young children. True to his word, Mankin has refused to let the explosion define him. He still finds reasons to joke, such as the last time he went under the knife. Before he was wheeled into the operating room, Mankin tucked into his gown a handwritten note for Miller to discover.

1. Nose revision. 2. Tummy tuck. 3. Breast augmentation.”

“The list just got more ridiculous from there,” Mankin said.

And he remains a storyteller. Though he is technically an outpatient and no longer has ties to Brooke, he frequently visits the burn unit to offer encouragement to injured soldiers, especially those just beginning the arduous journey to recovery.

“I’ve been given a story to tell,” he said. “What’s easier than telling the story of your life?”

He wants fellow wounded warriors to know what can be possible for them down the road. He wants them to see what happens when humanity emerges from tragedy. He wants them to hope. So, he shows them the new nose that graces his new face, and shares with them his own story of restoration.

These stories were always his favorites. —Marc Caig is a contributing editor to On★PATROL. 

Dr. Tim Miller in Vietnam.

You’re giving a face back, and [Miller’s] the best. We’re blessed to have him. This is a perfect role for him to play.”

On Katz’s desk, within reach at all times, is a letter penned by the mother of an Operation Mend patient. This is his reminder of why the program exists.