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## For Soldier Disfigured in War, a Way to Return to the World



**The Shock of Recognition:** After nearly 30 operations, Joey Paulk began to resign himself to his appearance. But with help from a program that aids badly burned veterans, he received surgery that revived his self-confidence.

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Specialist Joey Paulk awoke from a coma in a Texas hospital three weeks after he was burned nearly to death in [Afghanistan](#). Wrapped in bandages from head almost to toe, he immediately saw his girlfriend and mother, and felt comforted. Then he glanced at his hands, two balls of white gauze, and realized that he had no fingers.

### The Hard Road Back

*Scars of Battle*

This is the second article in a series that is chronicling the experiences of military veterans who have returned from Iraq or Afghanistan but continue to confront the medical and psychological scars of battle.



Todd Heisler/The New York Times

Joey Paulk, center, was badly burned when his Humvee struck a buried mine that ignited the fuel tank.



Todd Heisler/The New York Times

Joey Paulk's tattoo pays tribute to his team leader, who was killed when their Humvee hit a mine in Afghanistan. Mr. Paulk was severely burned.



Todd Heisler/The New York Times

After nearly 30 operations, Joey Paulk began to resign himself to his appearance, but surgery through a program at U.C.L.A. Medical Center helped restore a measure of self-confidence. Here, he is being examined after a chin implant.



Todd Heisler/The New York Times

Images showing Mr. Paulk's progress.



Todd Heisler/The New York Times

Getting help from his roommate, Devon Hodgen, before a wedding.

So it began: the shock of recognition. Next came what burn doctors call “the mirror test.” As he was shuffling through a hallway at Brooke Army Medical Center in San Antonio, he passed a large mirror that he had turned away from before. This time he steeled himself and looked.

His swollen lower lip hung below his gums. His left lower eyelid drooped hound dog-like, revealing a scarlet crescent of raw tissue. His nostrils were squeezed shut, his chin had virtually disappeared and the top half of one ear was gone. Skin grafts crisscrossed his face like lines on a map, and silver medicine coated his scars, making him look like something out of a Terminator film.

“This is who I am now,” he told himself.

Every severe injury is disfiguring in its own way, but there is something uniquely devastating about having one’s face burned beyond recognition. Many burn victims do not just gain lifelong scars, they also lose noses and ears, fingers and hands. The very shape of their faces is sometimes altered, forged anew in heat and flame.

More than 900 American service members have been severely burned in Iraq or Afghanistan since 2001, typically from roadside bombs, the military says. Almost all receive extraordinary emergency care and rehabilitation at Brooke. But many will never have their faces restored.

Mr. Paulk, though, has come close. After leaving Texas, and the Army, in 2009, his mouth and eye still deformed, he returned home to California and became something of a recluse, hiding beneath hooded sweatshirts, baseball caps and dark glasses when he went out, if he went out at all.

But he found his way to a program at [U.C.L.A. Medical Center](#) called [Operation Mend](#) that provides cosmetic surgery for severely burned veterans at no cost — and the operations fundamentally realigned his face, restoring not just the semblance of his former visage, but also a healthy chunk of his self-confidence.

He is venturing out again, to bars, beaches and ball games. On [Veterans Day](#) last year, Mr. Paulk, 26, rode in the lead car of the New York City parade, his head bared for tens of thousands to see.

“The burns on a soldier’s face are huge: It’s your military uniform and you can’t take it off,” he said. “The surgery changed so much on my face that it completely changed my whole outlook on life.”

The story of Mr. Paulk’s cosmetic and emotional revival says much about the ways private philanthropy can complement the overtaxed military and veterans health care systems. Now in its fifth year, Operation Mend has provided free cosmetic surgery to more than 50 badly burned veterans of the current wars. The program estimates it spends \$500,000 on each of its patients.

But the story also underscores the difficulties of bringing private care into the military world. Though Operation Mend’s founder envisioned the program as a model for public-private cooperation in treating wounded soldiers, it remains one of only a few such ventures, which include [Center for the Intrepid](#) rehabilitation centers and [Fisher Houses](#) for military families.

Part of the problem, said Gen. Peter W. Chiarelli, the outgoing Army vice chief of staff who has embraced Operation Mend, is that many military doctors remain uncomfortable referring patients out of their system, which they view as a protective cocoon for troops and their families. But that attitude is changing, said General Chiarelli, who is pushing for a private program similar to Operation Mend for treating [traumatic brain injuries](#) and post-traumatic stress disorder. “Our problems are so big, we have to reach out beyond ourselves,” he said.

Mr. Paulk, who grew up and still lives in the town of Vista in northern San Diego County, joined the Army a year out of high school in 2004, thinking it might help him get a job in law enforcement.

On his first deployment, with a military police unit in eastern Afghanistan in 2007, he was in a Humvee when it struck a buried mine that ignited the fuel tank and instantly killed his team leader. Mr. Paulk regained consciousness 20 feet from the truck, engulfed in flames.

In searing pain yet shivering with cold in the 90-degree heat, an odd question popped into Mr. Paulk’s head as he waited to be evacuated: Do I still have hair? Yes, another soldier said; his

Kevlar helmet had saved it. “Maybe,” Mr. Paulk told himself, “the burns aren’t so bad, and I’ll still look like me.”

But it was not to be. By the time he awoke in San Antonio from a medically induced coma, he had already undergone numerous operations and skin grafts to patch his charred face, arms and legs. With his mother’s permission, a surgeon had removed all his fingers, which had been burned black and to the bone and were all but certain to become infected. He had lost 50 pounds in barely four weeks.

Over many months, his body accepted the vast majority of his skin grafts and he regained strength. But the one attempt by a surgeon to replace scar tissue on his face had failed, Mr. Paulk felt. After nearly 30 operations in 18 months, he began to resign himself to his appearance, and prepared to return to Vista, suffering from what his doctors called “surgery fatigue.”

“Everyone has a limit,” said Dr. Ivan Renz, the director of the burn unit at Brooke who Mr. Paulk says saved his life. “You get to a point where you go: ‘hold it, I’ve got to go through anesthesia again?’ ”

But before he left Brooke in December 2008, Mr. Paulk met a representative from Operation Mend who urged him to visit U.C.L.A. He took her card, skeptical that anyone could make him look good again.

The program had its origins in late 2006 when a wealthy philanthropist, Ronald A. Katz, was watching a Lou Dobbs interview with a badly burned Marine named Aaron Mankin. Charmed by the Marine but appalled at the extent of his wounds, Mr. Katz’s late wife, Maddie, poked him in the ribs and practically issued an order: “You have to do something!”

The military already had a state-of-the-art burn center at Brooke. But while the center offered reconstructive surgery, its focus was on saving lives and getting the wounded back on their feet. The Department of Veterans Affairs did not provide reconstructive surgery unless it was deemed medically necessary to restore, promote or preserve health — criteria that did not seem to include making someone look better.

During the coming year, Mr. Katz enlisted the support of U.C.L.A. and a respected reconstructive surgeon on its faculty, Dr. Timothy Miller, a Vietnam veteran. One of Mr. Katz’s daughters-in-law began assembling volunteer “buddy families” to meet patients at the airport, entertain them and accompany their families to the hospital. He met with General Chiarelli and began to slowly win over the doctors at Brooke.

Mr. Paulk remained a tough sell. But the smaller indignities of his injuries made him relent when an Operation Mend representative called again. He could not open his mouth wide enough to eat a hamburger. Could Dr. Miller fix that? And what about his misshapen lips, which made it impossible for him to pronounce his own name? Dr. Miller pledged to have Mr. Paulk whistling and eating double cheeseburgers again.

With the first surgery, Dr. Miller removed scar tissue, raising the eye lid and lower lip. With second and third operations, he improved the alignment of Mr. Paulk's eyes and lips by replacing scars with healthy tissue. A fourth surgery implanted silicone to add definition to his chin.

At a recent checkup in Dr. Miller's office, Mr. Paulk admired his new profile in the mirror. "From a distance, you can't tell I was injured," he said.

There are still uncomfortable moments. Some drunks taunted him about his looks at a baseball game, nearly starting a brawl. And Mr. Paulk admits to moments of self-consciousness about his hands. When, for instance, a little girl gawked at him at U.C.L.A. recently, he reflexively tucked his palms under his armpits.

But he has also learned how to function: to put on socks, pull up zippers and tie shoes. He can send texts and drive. He can't play his beloved baseball, and video games remain a challenge, but he manages to catch a football and spike a volleyball with his palms.

And he looks remarkably comfortable holding a drink at a party.

"Sometimes I'll hold my cup against my body so I can talk with my hands, and I'll maneuver and pick it up and everyone thinks it's so intriguing," he said. "But I'm just doing what I'm doing to survive."

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