

Symposium
**GUEULES CASSÉES,
A NEW FACE**
SUMMARY OF DISCUSSIONS

17 - 18 OCTOBER 2014
ÉCOLE MILITAIRE - PARIS



Gueules Cassées
Sourire Quand Même

Union des Blessés de la Face et de la Tête
Fondation des « Gueules Cassées »

www.gueules-cassees-2014.org



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AMPHITHEATRE

ANCIEN MANÈGE DE CAVALERIE
1835

Bienvenue

CONTENTS

Editorial by Olivier Roussel	5
Welcome addresses	7
Session 1 A story of people, a story of institutions	10-11
1. The Gueules Cassées Institution: origins, development and influence	12
2. Gueules Cassées in French society	13
3. Gueules Cassées in Europe: a comparative study	14
4. Gueules Cassées through the century and throughout the world	16
Session 2 Burgeoning of maxillofacial surgery	20-21
1. Causes and specific nature of facial injury in the First World War	23
2. Management of maxillofacial injuries during the First World War, and further development	24
3. Military hospitals during the First World War	26
4. Sir Harold Gillies and people with facial injuries	28
Introduction to the second day	
Session 2 Burgeoning of maxillofacial surgery (continued)	30-31
1. The contribution of dental surgeons during the First World War: the case of V.H. Kazanjian	32
2. Facial injuries and their depiction in German art	33
3. From repair surgery to face transplant	34
Session 3 Suffering and psychology of soldiers and veterans	36-37
1. Disfigurement: a singular mental injury or how to "smile regardless"	38
2. The long and difficult process of caring for those with mental trauma from modern warfare	40
3. "Post-Afghanistan" advances in the care of French military personnel with mental injuries	41
4. Lazarus syndrome	42
Session 4 Assessment and compensation	44-45
1. The sequelae of war injuries in relation to payment of medicolegal compensation for personal injuries	46
2. Mental trauma: a new feature of war injuries Therapeutic value of assessment (Decree of 1992)	47
3. Compensation for war-related post-traumatic stress syndrome From recognition in theory to implementation in practice	48
Closure of the symposium	50
Images from the symposium	52
Biographies	58
Acknowledgments	61



EDITORIAL

by Olivier Roussel

On 17 and 18 October last, at the École Militaire, under the high patronage of the President of France, and as part of the commemoration of the Great War Centenary, the symposium "Gueules Cassées – a new face" was held.

Jointly organised by the French Union for those with Face and Head Injuries (UBFT) and the "Gueules Cassées" Foundation, this scientific and commemorative symposium brought together a large number of civilian and military experts—historians as well as physicians, surgeons, psychiatrists, academics, lawyers and artists.

Attended by a large audience representative of the diversity of the speakers, this symposium generated lively interest, and provided an opportunity for discussion and exchange between all parties.

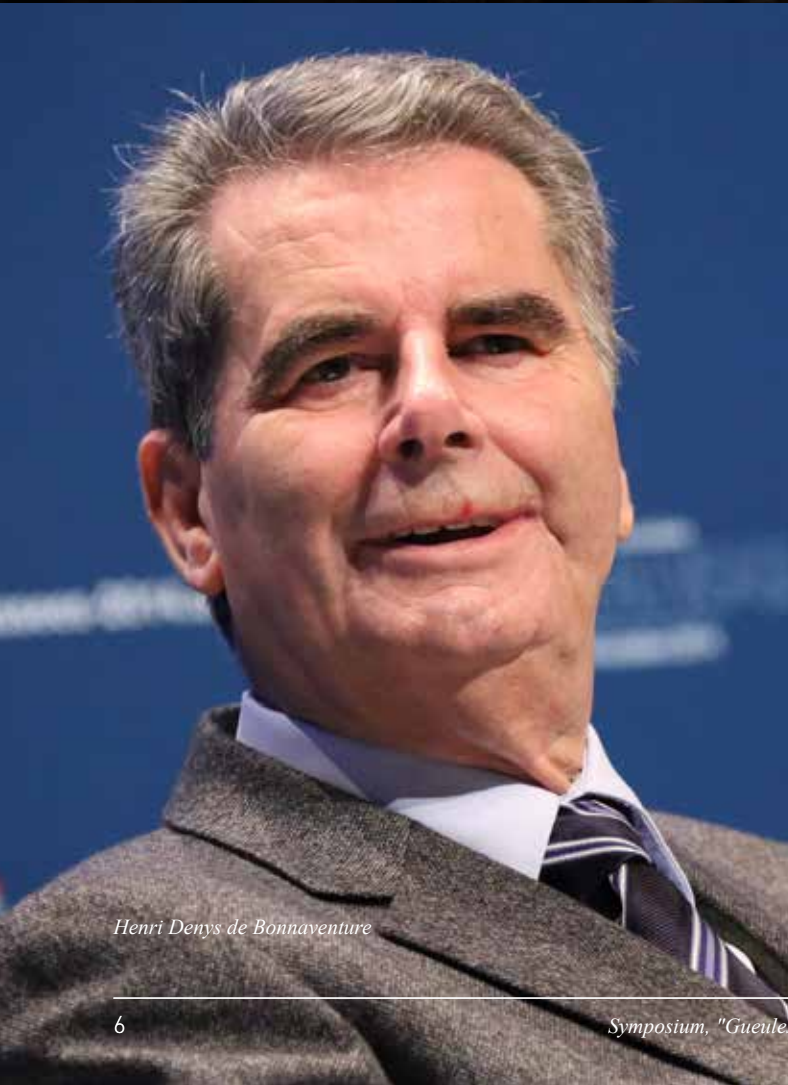
This is a summary of these contributions, illustrating the French, German and British attitudes to facial and head injuries, during the Great War as well as the conflicts that have followed, from the Second World War to the decolonisation wars and present-day External Operations (OPEX), which we invite you to discover through this brochure.

Historical, scientific and forward looking, it complements and embodies the abstracts distributed during the symposium, which you can see online at www.gueules-cassees-2014.org.

I wish you an excellent read, and am using these few lines to thank, on behalf of UBFT and the "Gueules Cassées" Foundation, all the speakers and participants who have made this event, which has already been declared a highlight of the 2014-2018 sequence of commemorative events, such a success.

Olivier Roussel

*Director General of the French Union for those with Face and Head Injuries
Secretary General of the "Gueules Cassées" Foundation.*



Henri Denys de Bonnaventure



General Chauchart du Mottay

WELCOME ADDRESSES



Henri DENYS DE BONNAVENTURE, President of the French Union for those with Face and Head Injuries, includes

General CHAUCHART DU MOTTAY, President of the "Gueules Cassées" Foundation, in his welcome address.

Contrary to widespread belief, there are still Gueules Cassées, injured in the Second World War, Indochina, Korea and Algeria, during extremal military operations, or in policing or firefighting operations. The Gueules Cassées are therefore always present and active, to serve the injured, their widows, those involved in combat, and the general interest.



Thierry LEFEBVRE, compere, reads the following extract from *Le Collier Rouge* by Jean-Christophe RUFIN, sponsor of the symposium:

"During this never-ending war, Lanier was visited by all kinds of feelings. He had started as a young idealist of his social class (a bourgeois, despite his somewhat aristocratic surname). All that mattered in the beginning was the Motherland, together with all the great ideas: Honour, Family, and Tradition. He believed that all individuals, with their own pathetic interests, had to be submitted to these. And then, in the trenches, he had fought alongside them, these individuals, and had sometimes sided with them. This was when he had wondered, once or twice, whether their suffering was not more worthy of respect than the ideals for which it was inflicted on them."



Jean-Christophe RUFIN, Academician and sponsor of the symposium, emphasises that the memory of the Gueules Cassées, relayed by his grandfather, a physician during the Great War, deeply imbued his life. As a writer, he points out that he has tried to depict the 1914-1918 War in an intimate and human manner. Still today, the First World War continues to ask the contemporaries: how could millions of people live through such an ordeal for four years?



Dr Marie-Andrée ROZE-PELLAT, Head of the Dental Surgery Service at the French National Institution for the Disabled, and Vice-President of the "Gueules Cassées" Foundation, points out that the Gueules Cassées is one of the most original and enduring accounts generated by the Great War. These men have bequeathed evidence of their courage and dignity to France. She hopes that the themes selected for this two-day symposium will help to fight the fading memory of these people with their facial injuries.

Dr Marie-Andrée ROZE-PELLAT recalls that the Gueules Cassées contributed to the burgeoning of maxillofacial and dental surgery. Who would have thought that a face transplant would be carried out less than a century later? These victims of the Great War were also drivers of innovation and progress. For those with facial injuries, physical distress was compounded by the mental distress inherent to their disfigurement. The face is indeed a hub



Thierry Lefebvre



Jean-Christophe Rufin



where the aesthetic meets the functional and relational. Through advances in medicine, the Gueules Cassées found a new face and identity. Thus equipped to meet the gaze of others, those with facial injuries have not stopped repeating the Gueules Cassées' motto: "Smile regardless."



Serge BARCELLINI, Advisor to the Secretary of State responsible for matters of memory, pays tribute to the work of the association which, for nearly a century, has helped those with facial injuries to live full lives in society. The French need to immerse themselves in their memory, through the recollections of their grandfathers and great-grandfathers who fought in the Great War.

He reads a message from Kader ARIF, Secretary of State with responsibility for Veterans and Remembrance. His message pays tribute to the work of Albert JUGON, Bienaimé JOURDAIN and Colonel PICOT, founding fathers of Les Gueules Cassées. Mention of the Gueules Cassées plunges one into the private world of men whose wives, children, parents and friends can read on their faces a war without end.

The Gueules Cassées also represent France's present military interventions. Yesterday's combatants whose faces carry the stamp of the past help today's injured soldiers to face the future. Their courage and generosity encourage the State to continue its efforts toward an increasingly ambitious policy of compensation and recognition for those involved in combat.

A new film retracing the history of the Gueules Cassées, and their past and present roles, is screened.

Thierry LEFEBVRE reads from a letter written by Valentin BOURGUEIL, a soldier and witness for both days of the symposium, and addressed to his wife:

*"My darling Sylvanie,
How far away your face seems, weeping on the station platform.
Today I am no longer convinced that the war will be short.
We had barely landed when an ill-wind blew the flower from my gun, now there is a bayonet there instead, and I don't feel at all like singing.
I am both resigned to the inevitable and resolved to face it. I only hope that if we ever escape this horror that is marching our way, our motherland will do something for her surviving children."*

Dr Marie-Andrée Roze-Pellat



Serge Barcellini







Gueules Cassées

Session 1

A STORY OF PEOPLE, A STORY OF INSTITUTIONS

Page 12

THE GUEULES CASSÉES INSTITUTION:
ORIGINS, DEVELOPMENT AND INFLUENCE

Page 13

GUEULES CASSÉES IN FRENCH SOCIETY

Page 14

GUEULES CASSÉES IN EUROPE:
A COMPARATIVE STUDY

Page 16

GUEULES CASSÉES
THROUGH THE CENTURY AND IN THE WORLD



Prof. Jean-Paul Amat

1 – THE GUEULES CASSÉES INSTITUTION: ORIGINS, DEVELOPMENT AND INFLUENCE



Prof. Jean-Paul AMAT, Emeritus Professor at Paris-Sorbonne University, Associate Professor of Geography, Doctor of Letters and Human Sciences, Paris-Sorbonne University (Paris IV), quotes the celebrated declaration by Georges CLEMENCEAU, according to which Frenchmen cast into the battle have rights over "us." This declaration marks the emergence in society of a category of men that had not been identified by previous conflicts: the maimed, the gassed and the injured.

War cuts down many, but it is also leaves behind individuals with substantial injury, to whom the nation owes compensation. The story of the Gueules Cassées is part of this aspect.

Artists rapidly took ownership of this period in history, as shown by the work *der Krieg (The War)* by Otto DIX, for example. Associations were created even before the war ended, to support the rights of veterans.

On 28 June 1919, Georges CLEMENCEAU invites five men with facial injuries to attend the signature of the Treaty of Versailles. The Act of 31 March 1919 confirms the right of



the injured to compensation. It also agrees to the payment of a disability pension and the granting of suitable equipment to the disabled. However, facial injuries are not judged disabling for work purposes, and do not confer eligibility for any public assistance.

The first association for those with facial injuries was founded in 1919 by Colonel Yves PICOT, who subsequently founded the French Union for those with Facial and Head Injuries (*Union des Blessés de la Face et de la Tête*, UBFT) in 1921, with Bienaimé JOURDAIN and Albert JUGON.

The harm caused by disfigurement was finally recognised in 1925. The Union creates accommodation for Gueules Cassées, starting with Moussy-le-Vieux estate, opened on 20 June 1927 by the President of France, Gaston Doumergue, followed by the Coudon estate in La Valette-du-Var, in 1936.

The Gueules Cassées show a readiness to reintegrate. Residents at the estates have the benefit of an environment that returns the injured to their individual and societal dimensions. The Moussy-le-Vieux estate is designed for reintegration, with land, orchards, and farms, where the injured relearn how to work and carry out daily activities.

The Gueules Cassées regain their place in society through their activities, especially "La Dette," a national fundraising campaign that includes a lottery, and which later becomes the French National Lottery. Those with facial injuries from the Great War thereby avail of recognition and social reintegration. Through the French National Lottery, social reintegration is accompanied by societal healing.

The Gueules Cassées are also closely linked with certain activities, such as the *petites bornes de terre sacrée* ("little sacred earth landmarks"), from the 1920s on, with a certificate of authenticity personally signed by Colonel PICOT.

2 – GUEULES CASSÉES IN FRENCH SOCIETY



Prof. Olivier FORCADE, Professor of Modern History of International Relations at Paris-Sorbonne University (Paris IV), emphasises how close the Great War seems to those who lived through it, as witnessed by the commemoration of the last surviving veteran, Lazare PONTICELLI.

The faces and bodies of the Gueules Cassées were mirrors of the war in a France that was struggling to measure the violence of the conflict. Injuries to the body and face were more frequent and more serious than in previous conflicts.

Artillery is the main lethal weapon in the battlefield, and explains the high incidence of injuries, especially to the face, but it also explains the complete disintegration of the body, which is responsible for a very high number of disappeared.

In this conflict, the combatants do not see one another; they are no longer within human reach. This constitutes a major psychological and cultural element. Combatants can now kill one another without ever seeing one another. War has become faceless. The combatant inflicts an injury on a target he does not see, and on a body he does not see. Violence becomes more anonymous. Hand to hand combat declines, and this trend becomes more marked with time. The penetration force and impact of bullets and shrapnel explain the gravity of the injuries, especially those to the face. Injuries are no longer inflicted by slow bullets or edged weapons (these represent only 1% of injuries in the Great War).

According to historians, the 1914-1918 battlefields were subject to a characteristic violence. The 300,000 injured in the Great War have often suffered multiple traumas, with injuries to several limbs, and have sometimes been injured repeatedly. Among them, 15,000 soldiers received serious facial injuries.

Combat leads to visible and invisible injuries: emotional trauma, nervous disorders, loss of hearing and sight (many Gueules Cassées are blind), tremors, paraplegia, etc. Physical and mental exhaustion are characteristic of soldiers in the Great War.

At the start of the war, casualty collection was impossible, as the belligerents did not recognise the truce, which led the orderlies to work during the night.

The physical conditions of transportation are the first

ordeal for the casualty: on a man's back, on stretchers, and then on stretcher trolleys from 1916 on. The half-sitting position is indeed essential to the survival of the casualty, since it prevents suffocation and bleeding into the mouth.

Hospital is destined to become the living quarters of those with facial injuries. There, they come face to face with other disfigured soldiers. Solidarity is born in hospital, and is vital to their future reintegration.

Thierry LEFEBVRE reads from a letter that Valentin BOURGUEIL wrote to his wife:

*"Dearest Sylvanie,
I have just come under fire, over there,
where the Marne flows.
How can anyone call this savagery a baptism?
Alas, it is indeed a cruel trial. We are about
a hundred metres from the Germans who,
still, regroup under the hail of bullets that
decimates them without mercy.
You know what? The more of them we kill,
the more of them come out of the ground.
Dear God, have other Europeans join us
to please defend the liberty of all.

I send you kisses, and I am drowning
in my tears."*



3 – GUEULES CASSÉES IN EUROPE: A COMPARATIVE STUDY



Marjorie Gehrhardt



Marjorie GEHRHARDT, a researcher at the University of Exeter, emphasises that language reveals a different perception of those with facial injuries in France, the UK and Germany.

In English they are designated by the terms "facially disfigured," "broken faces," or sometimes "broken gargoyle." In German, they are called *Kriegsverletzter* (war-wounded) or *menschen ohne Gesicht* (people without faces). There is therefore no equivalent to the graphic French expression "Gueules Cassées" ("broken mugs").

Unlike France, there are few testimonies available in Great Britain or in Germany on facial injuries. Thus the story of the *Gueules Cassées* in Great Britain is accessible in a fragmentary manner, via individual cases. Accounts written by healthcare staff are actually more numerous than those of the wounded themselves.

The memoirs of Henriette REMI, a nurse in Germany, and of Katherine BLACK, a nurse in Great Britain, mention the absence of mirrors from wards for patients with facial injuries. Katherine BLACK describes the case of a soldier disfigured by shrapnel delaying his fiancée's visit, for fear that she would see his face. He finally wrote to her that he had fallen in love with a girl in Paris, and wished to end their relationship. Henriette REMI, for her part, recounts the anguish of a woman who can no longer kiss her disfigured husband, and the case of a child running away from his father.

However, many testimonies contradict the negative idea whereby those with facial injuries were considered monsters without hope, condemned to ultimately being abandoned by all.

As regards recognition by society, the German Government made every effort to compensate and care for the war-wounded, whereas the British veterans, for their part, relied more on the generosity of the public.

Great Britain applied the following scale:

- "very severe facial disfigurement" entitled one to a pension at the full rate;
- "severe facial disfigurement" entitled one to 80% of the full pension.

In France, the Decree of 28 February 1925 added to the 1919 scale a reference to disfigurement according to extent (from 10 to 60%). This change was made only after a long campaign by the *Gueules Cassées*. Some of them were exasperated by the symbolic refusal to recognise their sacrifice for the motherland.

Gueules Cassées were able to demonstrate humour and solidarity. The name *Gueules Cassées* is itself an indication of this readiness to smile. *La Greffe Générale* (*The General Graft*), the newspaper for the injured at Val-de-Grâce, shows a tendency to mock, by means of articles on daily life at the hospital and satirical drawings.

In Great Britain, a patient called Percy also describes the prevailing atmosphere of gaiety at Sidcup Hospital. Henriette REMI also refers to it in her memoirs.

Humour, quips and pleasantries are weapons in the fight against the black days. Some terms became codes known only to the *Gueules Cassées*. Henriette REMI's diary describes mutual help among the injured, with the sighted leading the blind, or writing letters for them. She describes the incident of an injured person letting a comrade choose his new nose for him.

The spirit of camaraderie is enhanced by the shared experience of a facial injury, and long months of hospital care. In Great Britain, John REITH, Director-General of the BBC and a *Gueule Cassée*, tried to promote re-entry into the workforce for those with mutilated faces. In Germany, State intervention made such individual initiatives redundant.

Ultimately, veterans who chose to live far from the public eye, such as those who went to live at the Moussy-le-Vieux mansion, were few in number.

In France, fundraising appeals for the *Gueules Cassées* were well received by public opinion. The *Gueules Cassées* enjoyed a cordial relationship with the State, helped by the presence of Colonel Yves PICOT in government.

In Great Britain, the foundation of the specialist maxillofacial centre at Sidcup owes much to donations from the public. The Saint Dunstan association provided support for those blinded by war, a good number of whom were disfigured.

In Germany, the associations were strangled by State assistance. German veterans were even seen as privileged in the eyes of their contemporaries, at a time when the economic situation was deteriorating, to the point of being considered a burden.

The works of Otto DIX depict Gueules Cassées as victims. In *Dirne und Kriegsverletzter (Prostitute with a War Casualty)*, Otto DIX links two of the most symbolic victims of capitalism: prostitutes and the facially disfigured. Just as the woman's body is exploited, the man's face has been brutalised by war.

Ernst FRIEDRICH also denounces in his satirical works the cynicism of leaders and the capitalism that lead to war. In one of his drawings a quotation from Hindenburg

("war is as pleasing to me as a visit to a spa") is contrasted with "the proletarians' visit to a spa" showing disfigured soldiers.

Here the Gueules Cassées appear as a foil, figures of misfortune, perhaps to be pitied, but never celebrated or respected as in France or Great Britain.

The story of the Gueules Cassées is also the personal story of each man, one of their main demands being the right to indifference, the right to be a man and not a symbol.



Prof. Olivier Forcade

Andréas Becker

4 – GUEULES CASSÉES THROUGH THE CENTURY AND THROUGHOUT THE WORLD



Andréas BECKER, a writer born in the Federal Republic of Germany, says he feels deeply touched to be at the *École Militaire* a century after the First World War. His participation at this symposium is evidence of the distance travelled in the space of a hundred years.

He tells the story of his grandfather, whose brother was called Andréas, like himself. The latter had begun writing a novel, the first scene of which took place in the corridors of the French Ministry of Foreign Affairs on Quai d'Orsay. He was unable to finish it, as he met his death on the battlefields of the Great War. Andréas BECKER points out that he has vowed to complete this unfinished novel.

He adds that he writes in French. His writing style is characterised by its strong working of language in order to give a voice to the ill, the mad, the children and the disabled.

Andréas BECKER emphasises that the mutilated faces of the First World War have no nationality. He also makes the observation that there is no German equivalent for the term "Gueule Cassée." He says he felt a great tenderness at the sight of these mutilated faces, which remain handsome even after being disfigured. This feeling of tenderness is also certainly related to the use of the term "gueule." The familiarity of this word draws one in, unlike the word "front," which keeps one at a distance.

Finally, Andréas BECKER wonders about the modern habit of referring to reality in the actual words that describe it. "Gueule Cassée" is an unambiguous expression that resonates strongly at a time when it is deemed more appropriate to speak, for example, of "people with reduced mobility."



Opening the discussion to the floor, **Olivier FARRET**, Chief Medical Inspector, remembers that his grandmother had bought a landmark containing earth from the Aisne battlefield, where her husband had died in action. He says he is struck by the fact that the *Gueules Cassées* have not been given a place of honour in Germany, as they have in France.

Andréas BECKER explains that, unlike in France, the *Gueules Cassées* are not talked about in Germany. It is true that the Nazis tried to draw on these mutilated combatants for their own purposes. Moreover, the Germans were seen as "executioners" and not as "victims," an image which was further reinforced by the Second World War.

This distinction brings him back to some research he has done on the taboo of German women raped by soldiers from the Soviet Union. These women were not recognised as victims, because their husbands belonged to the "executioners" camp. These women thus underwent a double punishment.

The Germans could not say that they, too had been injured in the war, even though that does not mean putting both parties on an equal footing. These injuries were subsequently rehidden by the Franco-German Friendship. When he was growing up, Andréas BECKER points out that German schoolchildren, when confronted at school by terrifying photographs of the war, taken in the extermination camps for example, did not have the opportunity to say that Germans had also been deeply wounded by the war.



Prof. Olivier FORCADE emphasises that the memory of the First World War was suppressed by the Weimar Republic. Moreover, the burial of German soldiers in France did not allow Germans to gather at their graves. They were authorised to visit the military graveyards only from 1925.

This memory suppression by the Weimar Republic resulted in the remembrance of 1914-1918 being left to paramilitary movements. It was ultimately the Nazis who reincorporated the memory of the Great War into the national memory. After the Second World War, remembrance of the Great War was consigned to a second fold in the German national memory.

A **speaker from the floor** points out that, from the German point of view, there was only one war in two parts, with a period of ceasefire between them. He concludes that a long effort of remembrance is still required to distinguish between these two wars in the German national memory.



Henri DENYS DE BONNAVENTURE emphasises that the expression "Gueules Cassées" has had an impact on people's thinking, and helped in the recognition of those with facial injuries. At the moment, use of watered-down terms, such as "visually impaired" or "hard of hearing" tends to mask a reality which has no shame in it.

Furthermore, he points out that the term "victims" is repugnant to the Gueules Cassées. They are not in fact victims, but combatants whose injuries are the result of their commitment. The word "victim" devalues the actions of these combatants.

General BAZOT describes the extremely difficult working conditions for physicians during the Great War, who had to bring help to the injured by groping in the darkness, with their hands covered in mud.

Prof. Olivier FORCADE recalls that Georges CLEMENCEAU was outraged at the conditions for transporting the wounded in cattle cars. Some of them would die from gas gangrene. The First World War led to

Chief Medical Inspector Olivier Farret



an influx of wounded never seen before. The health services were caught off-guard. A British study has estimated that a third of the wounded could have been saved in the early days of the War. This exceptional and unprecedented situation explains the trial and error nature of the medical care.

William DUMONT, an administrator for UBFT, recalls his personal story of multiple trauma, having been left for dead in the Sahara Desert for two days. Like the soldier depicted in the Katherine BLACK's memoirs, he also indicates that he was tempted to ask his fiancée to break off their marriage engagement. They eventually married and had three children.



Prof. Jean-Paul AMAT believes that the Gueules Cassées' experience reflects the importance of acts of solidarity between the injured. They thereby create a kind of meta-individual, for whom the whole is worth more than its constituent parts.

Prof. Olivier FORCADE recalls that the First World War gave rise to Welfare State policy. The victims are thus compensated for the harm suffered. "Victim" is therefore a legal term deliberately employed.

Andréas BECKER asks why the Gueules Cassées are now less present in public discussion. How can the Gueules Cassées regain their public space? Andréas BECKER believes that choosing descriptive words that do not avoid reality, such as "gueule," is crucial to passing the memory on to the younger generations.





Prof. Olivier Forcade



Gueules Cassées

Session 2

BURGEONING OF MAXILLOFACIAL SURGERY

Page 23

CAUSES AND SPECIFIC NATURE OF FACIAL INJURY
IN THE FIRST WORLD WAR

Page 24

MANAGEMENT OF MAXILLOFACIAL INJURIES
DURING THE FIRST WORLD WAR, AND FURTHER DEVELOPMENT

Page 26

MILITARY HOSPITALS DURING THE FIRST WORLD WAR

Page 28

SIR HAROLD GILLIES AND PEOPLE WITH FACIAL INJURIES

Page 32

THE CONTRIBUTION OF DENTAL SURGEONS DURING THE FIRST WORLD WAR:
THE CASE OF V.H. KAZANJIAN

Page 33

FACIAL INJURIES AND THEIR DEPICTION
IN GERMAN ART

Page 34

FROM REPAIR SURGERY TO FACE TRANSPLANT





accées
AU VISAGE
bre 2014
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Dr François-Xavier Long

1 – CAUSES AND SPECIFIC NATURE OF FACIAL INJURY IN THE FIRST WORLD WAR



Dr François-Xavier LONG, ENT, Verdun Hospital, recalls that the First World War caused a serious drain on the French population. This would not be restored to its 1913 level until the 1950s.

The causes of facial injuries were mainly related to the personal protective equipment and weapons used.

With respect to personal protective equipment, it was during the Great War that the Adrian helmet was produced, in 20 million units. The widespread wearing of this helmet, between 1914 and 1916, resulted in a 55% reduction in numbers receiving facial and head injuries. However, the case of Colonel PICOT, injured by a bullet that went through his helmet, suffices to show that the Adrian model was not maximally effective.

The trench, as a collective protection, is designed to protect soldiers from horizontal fire, but proves ineffective against aerial attack, which undergoes rapid development exactly at the time of the First World War.

Furthermore, the main part of the body visible in a trench is the face. This is exposed to injuries due to development of the weaponry that marked the Great War: canister shot, shrapnel shells, conical spinning bullets, flamethrowers, etc.

Dr François-Xavier LONG emphasises that injuries to the face are rarely fatal. Indeed, the blood supply to the face is particularly rich, especially due to the presence of two large arteries. It is thus possible to repair a face that has even been shredded. The absence of gangrene favours survival, and open wounds can be irrigated with antiseptics. And since the face is not covered by clothing, the wounds are unlikely to become infected from fibres embedded in the flesh.

Dr François-Xavier LONG also notes the beneficial effect of the recovery position, introduced by the dental surgeon Kazanjian.

Since the First French Empire, physicians were in the habit of collecting the injured on the battlefield during the fighting. In the Great War, the stretcher-bearers, in complete darkness, were guided by the voices of the injured. Moreover, those with facial injuries were unable to call the stretcher-bearer. Many of them were mistaken for dead, as in the case of Albert JUGON, a founding member of the *Gueules Cassées* association.

Dogs also played an important role in locating soldiers with facial injuries who could no longer speak. The definitive chain of medical care emerged in Verdun in 1916, a forerunner of the French Emergency Ambulance Service (SAMU).

Thierry LEFEBVRE reads from a letter that Valentin BOURGUEIL wrote to his wife:

"Sylvanie, sweetheart,

I have begun writing again with great difficulty. If you have not received letters in recent weeks, it's because I have been wounded. It happened one Sunday in July, from the Chalky Pouilleuse side, we were attacking the enemy positions with no respite. [...]

I was coming out of a trench to make a dash for a ridge, one more, when it isn't one trench fewer, and then suddenly, in the middle of the afternoon, night fell around me. I suddenly felt very cold. And then nothing more. Silence among the barbed wire.

I only regained consciousness yesterday evening, I think, anyway, I don't know where I am. I know only that I love you, but you, when you see me again, will you love me, when I am so unrecognisable?

I prefer not to talk to you about it yet, my face is in tatters, my face is now just one huge wound. Am I just alive, and what is there behind these bloody bandages? Is it I? "

Prof. Gaëtan Thiery

2 – MANAGEMENT OF MAXILLOFACIAL INJURIES DURING THE FIRST WORLD WAR, AND FURTHER DEVELOPMENT



Prof. Gaëtan THIERY, Head of the Maxillofacial Surgery, Stomatology and Facial Plastic Surgery Service at Laveran Military Teaching Hospital, Marseille, observes that the First World War was a real crucible for healthcare staff because of the very high number of casualties with facial injuries. 1914 was year 0 for maxillofacial surgery.

The epic adventure of maxillofacial surgery has been marked by Hyppolite MORESTIN, General Gustave GINESTET, Paul TESSIER and Bernard DEVAUCHELLE, who pioneered the first face transplant in 2005. In cases of facial injury, caregivers feel that they are restoring the honour and dignity of their patients.

Maxillofacial surgery is a type of surgery involving hard and soft tissue. Before the 1914-1918 War, there was no consensus regarding surgical repair of faces. For soft tissue injury, there was a procedure for transferring tissue from one part of the body to another, for example to repair the chin.

Cartilage and bone grafting techniques were also practised, but often resulted in rejection. During the Great War, maxillofacial surgery also employed temporary or permanent prostheses.

The Second World War, for its part, was a war of fire, and many soldiers suffered burns to the face. The Second World War enabled the development of skin grafting, which is still practised today.



Prof. Laurent GUYOT, Head of the Maxillofacial and Plastic Surgery Service at Hôpital Nord, Marseille, explains that advances in surgery between the two wars owe much to the availability of penicillin, which made it possible to treat infections such as gas gangrene. Advances in anaesthesia were also crucial, especially for those with facial injuries, who often had to undergo numerous operations.

Maxillofacial surgery relies on certain basic concepts, such as the introduction of new tissue, use of residual tissue, and the internal fixation of bone.

The 1970s saw the development of tissue transfer from the pectoralis major muscle, i.e. the use of tissues distant from the face. Later, the radial forearm flap, known as the "Chinese flap," made it possible to repair the tongue or cheek because of its thinness and pliability. The fibula can be used to rebuild the lower jaw.

Miniplates represent another major innovation in the history of maxillofacial surgery. They allow more precise and discreet repairs. These plates are used to rebuild the entire facial skeleton.

Prof. Laurent GUYOT also points out that fat grafts can be used to create an effect of fullness in faces that have lost volume following an injury or accident.

Loss of facial volume has been greatly helped by using 3D imaging to assess the loss of volume from the face and make custom implants using materials that are well tolerated by the body.

The use of robotics represents another advance. In future, it is possible to imagine robotics as a tool for remote use in operations, very useful for areas of the face that are difficult to reach.

Advances in maxillofacial surgery are made continuously in a cross-disciplinary environment. Concepts and tools are developed in partnership.

From the floor, **Francis TREPARDOUX**, French Society for the History of Medicine, asks what advances have been made in giving nourishment to injured people who have difficulty eating.

Prof. Laurent GUYOT replies that it is possible to feed the injured directly by enteral tube (digestive tract) or by the parenteral route (intravenous drip). Enteral feeding can be done by feeding tube.

In more serious cases, a gastrostomy may be performed, i.e. an incision made in the abdominal wall. The feeding tube is then positioned in the stomach. Feeding short-circuits the upper digestive tract.

A speaker from the floor believes that the German steel helmet, first used in 1916, was more effective than the Adrian helmet.



Prof. Laurent Guyot

3 – MILITARY HOSPITALS DURING THE FIRST WORLD WAR

Thierry LEFEBVRE reads from a letter that Valentin BOURGUEIL wrote to his wife:

"Sylvanie, love of my life,

I am in a disused convent, which has been turned into an evacuation hospital. There are beds all around me, and endless moans. But although these lads suffer noisily, they weep in silence. Those who are going to die seem to know it. They ask for their mother like children that need soothing. [...]

And me? Me, oh... from my bed, hovering on top of these stained bandages, which are discarded on the ground and like a thick carpet underfoot, I prefer to draw below for you this kiss that my lips will never again be able to form. "



Dr Jean-Jacques FERRANDIS, Honorary Curator of the Museum of the French Military Health Service, and former President of the French Society for the History of Medicine, emphasises that the all-out offensive wanted by the military leaders was one of the main causes of the calamity experienced at the beginning of the war. When war was declared, the health service, which had seen its budget reduced, was mainly composed of uneducated reserve staff.

At the time, health service policy favoured evacuation by rail, but the trains were being used for other purposes, and casualties were transported in cattle cars on soiled hay. Of the 855,254 injured, 75% were injured by shrapnel, whereas injuries from bullets had been expected.

Facing a catastrophic situation, the French health service reorganised itself to a point where it was the most efficient service of all the belligerents. Medical Inspector DELORME believed that active surgery should take place

in the forward area and not the rear. From that time, the injured were treated as close as possible to the combat zones.

The army zone was distinguished from the interior of the country for administrative purposes. The interior of the country was divided into several regions. Hospitals in these regions continued to receive civilian patients, and because of the influx of the wounded from the front, it became essential to set up temporary hospitals.

Within the country, there were complementary hospitals, managed by the French military health service, and field hospitals, managed by the Red Cross. In Paris, there were over 400 complementary hospitals.

How were the wounded conveyed from the Front? The physicians wrote a medical file prior to transportation, which played a key role in monitoring of the wounded. The latter were carried by stretcher-bearers to surgical ambulances, where an initial classification took place. Specialist referral of the wounded was put in place from the end of 1914.

Army corps ambulances represented a new advance from 1916-1917, with a capacity of nearly 1,000 beds.

The front-line hospitals were initially located close to railway stations, but were soon moved. The railway stations were in fact often used as munitions depots, and were therefore often the target of German attacks.

The secondary HOE (evacuation hospitals), located between 50 and 150 km from the lines, formed a reserve of medical personnel. These hospitals often hosted specialists who were rapidly trained before arriving at the combat zone.

Triage of the wounded became the organisational hub of the health services from 1917. Facial injuries required specific treatments. At the start of the war, those with facial injuries were evacuated to the specialised centre at Val-de-Grâce in Paris. Then, from 1915, those with facial injuries were sent to maxillofacial surgery teams in temporary hospitals.

The French Military Health Service suffered losses of over 10%, specifically 157 physicians from the standing army, 812 physicians from the reserve, 384 students, 149 pharmacists, 72 female nurses and 9,213 stretcher-bearers and male nurses.



Dr Jean-Jacques Ferrandis



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4 – SIR HAROLD GILLIES AND PEOPLE WITH FACIAL INJURIES



Dr Andrew BAMJI, Gillies Archivist, British Association of Plastic, Reconstructive and Aesthetic Surgeons, emphasises that the success of facial reconstruction owes much to the development of surgical and anaesthetic techniques, but would not have been possible without the centralisation of surgical services and the concurrent development of appropriate rehabilitation.

Before 1914, wars were fought on open ground. Developments in warfare were accompanied by a change in the nature of injuries.

Harold GILLIES was a surgeon sent to France by the British Red Cross. Once there, he realised that the new type of warfare would increase the numbers of those with facial injuries. For him, it was essential to concentrate surgeons specialising in facial surgery within the same unit. The Cambridge Military Hospital unit was created in 1916 at a time when maxillofacial surgery was almost non-existent. This single service proved inadequate to treat the injured, who arrived continuously.

Queen's Hospital, Sidcup, was therefore built in six months with the help of private funding. As well as providing care, it aimed to prepare the injured for a return to civilian life. In a few months, the 400 beds at Sidcup also proved insufficient. A series of private institutions had to be deployed.

In GILLIES' opinion, good surgery needed time. He was confirmed in his opinion by the death of a patient on whom he had operated in haste, against his own judgement. His motto was "*never do today what can be honourably put off until tomorrow.*"

The patient files from Sidcup are remarkable for their attention to detail in the description of operations. They contain numerous watercolour and pastel illustrations that record the colour of faces and the contrast of burns, unlike black and white photographs. Meticulous archiving helped the specific monitoring of all patients, who were fully involved in their treatment.

Harold GILLIES obtained remarkable results. In certain cases, he reconstituted the upper lip by taking a strip of tissue from the hairline, so that growth of a moustache could hide potential flaws. The tube pedicle technique, which enabled the grafting of distant tissue in a stepwise process, was first used by GILLIES in Europe. The results obtained are still impressive today to the modern eye. Most of the men operated on by GILLIES lived long and full lives.

Masks were used only as a last resort, or when patients refused an umpteenth procedure. GILLIES' work *Plastic Surgery of the Face* compiles 62 cases studied by the surgeon. This book is remarkable for its multitude of details and its analysis of the reasons for the failure of some procedures.

During their long stays at Sidcup, patients with facial injuries got to know one another and developed a special relationship with the nurses... sometimes to the point of marrying them. They also learned trades appropriate for their condition. The success of the surgical procedures performed by GILLIES was met with enthusiasm from the wounded, and gave them new hope. The writing workshop at Sidcup provides evidence of many examples of camaraderie.

Harold GILLIES succeeded in developing a multidisciplinary approach to maxillofacial surgery. He included the patients in the decision-making process, and understood the need to monitor each file. Moreover, the patients expressed their gratitude to GILLIES for the rest of their lives.

General SALVAN, Honorary President of UBFT, speaking from the floor, recalls that as early as 1912, the President had declared that the offensive suited the French temperament. The goal was to reach Berlin, and it seemed difficult to accomplish this without adopting an all-out offensive tactic.

The calamity at the start of the war was essentially due to political errors. For example, the French Parliament

refused to allow the procurement of heavy artillery until 1914. At the start of the conflict, the German army could thus rely on 800 artillery pieces with a calibre of 105 or 150, whereas the French army had to make do with 250 pieces with a calibre of 75.

A speaker from the floor asks what types of trades were taught to patients at Sidcup.

Andrew BAMJI replies that they learned all kinds of trades: farmer, mechanic, projectionist, carpenter and toymaker.

André MATZNEFF, an administrator for UBFT, says he has been touched by Andrew BAMJI'S presentation, which has clearly shown that hospitals were also places of hope, and not just places of suffering. As has been said, many of the wounded ended by marrying their nurses.



Dr Andrew Bamji



INTRODUCTION

to the second day

Thierry LEFEBVRE recites a poem entitled *The Facial Injury*, the author of which remains anonymous:

*When they have laid down their arms
And, joyful, they lift up their heads
And all of their tears have dried
They will come home—those who will!*

*The women in one fierce bound
Will clasp the men to their hearts
And kiss him full on the mouth
Who comes home victorious*

*Then will the drunken joy subside
And order will reign once more
And then they must pick up their lives
And live as they lived before*

*But no doubt few will return
The same as when they left
That one who was straight—alas is bent!
And another has grey hair*

*This one has a furrowed brow
Like that of an old man
And that one there has an empty sleeve
And another cannot see*

*But the women will give comfort
After the welcoming embrace
And pay tribute to the scars
Through their tenderness and care*

*You who feel old to your core
Listen in the evening calm
To your young wife's laughter
And your heart will quiver with hope
You who carry a crutch
To guide your faltering step
The arm of some pretty girl
Will guide you along your way*

*You whose maimed shoulder
Makes you slow and unrefined
Wait with a comforted mind
For the one who will be your right arm*

*But you whose fearsome mask
Is disfigured by the horror
Like the monster in the fable
That frightens little children*

*You who at the tragic gathering
At the front of the battalions
Could, without moving your head
Take the blow full in the face*

*You who did not die then,
poor man
But you who, alas, still lives!
You who could not give
But your face for your motherland!*

*Love looks away at the sight of you
Friendship slows its pace
And the evening of your return
Your dog did not know your face!*

*If your old mother is no longer there
Don't go back home again
Oh! Poor man made ugly by war
Run, anywhere but far away!*

*Run from your home and your village
They feel less for you every day
They avert their eyes more and more
And tomorrow they will avoid you*

*But if your mother is at your door
Go in without fear, she awaits you!
Why do you tremble?
What ails you?
She has seen and knows her own child!*

*She embraces you and looks at you
And proclaims, how lucky am I
It is he, I have him, I hold him
It's my son, and he has not changed!*

The Facial Injury
Anonymous



Thierry LEFEBVRE resumes reading from the notebooks of Valentin BOURGEUIL who writes this letter from hospital:

"My Sylvanie, my darling Sylvanie, my beloved Sylvanie,

*As you see, I can't stop repeating your name, day and night, and I need to get used to writing it over and over, up and down, since I will never breathe it to you again. How can I, with my jaws smashed to a thousand pieces?
Not eating is hard for me, but less hard than not being able to speak properly, unless a dentist I have heard about works miracles on me..."*



Prof. Jean-Louis Blanc

1 – THE CONTRIBUTION OF DENTAL SURGEONS DURING THE FIRST WORLD WAR: THE CASE OF V.H. KAZANJIAN



Prof. Jean-Louis BLANC, Hospital Practitioner in the Maxillofacial Surgery and Stomatology Service at Timone University Hospital, Marseille, indicates that dental surgeons were not mobilised into the armies, since the strategists had expected the war to be short, with few injured.

The facts refuted this hypothesis. Mobile dental units, including two dental surgeons, made their appearance at the front in 1916. The same year, the French Army Corps of military dental surgeons, with the rank of adjutant, was instated.

Three centres for stomatology and maxillofacial prosthetics were also established around the military units at Val-de-Grâce (Paris), the Military Medical School (Lyon), and the Naval Medical School, Bordeaux.

Military dental practices were located in towns and cities with barracks. They referred their patients to centres for the edentulous when the latter needed prostheses.

In each region, maxillofacial prosthesis and stomatology services treated skull defects, mandibular pseudarthrosis and permanent constriction of the jaw, and performed palatoplasty, local repair procedures, and scar revision. Splints to support the jaws, intermaxillary fixation devices, and dental prostheses were also made.

The story of Varaztad H. KAZANJIAN is eloquent. Born in Armenia, he was sought by the Turkish police for his political activities. He got to Marseille by boat, and then reached the port of Le Havre, where he boarded a vessel bound for the United States.

There he took refuge in an Armenian community in the small town of Worcester, Massachusetts. He started work in a metalwork factory, but also took night classes. He became an American citizen, and decided to begin studying dentistry. He eventually graduated from Harvard Dental School.

Being highly intelligent and dexterous, he became an assistant in a prosthetics service. KAZANJIAN took an interest in surgery for jaw fracture and facial trauma, which was considered "dirty surgery" by his colleagues, as it was often used to treat drunks with a habit of brawling in bars.

During the First World War, Harvard set up a field hospital employing four dentists. KAZANJIAN volunteered to go to this field hospital, located in Dannes-Camiers, near Boulogne-sur-Mer. He worked with patients with severe facial trauma. He was among the first to understand the need to use the residual bony structure to close facial wounds. Closures were often completed at Sidcup, and GILLIES would also become acquainted with KAZANJIAN's work. He acquired a solid reputation as the dentist who could do "miracles."

As soon as he obtained his medical degree, he was appointed Professor of Oral Surgery. He rose through the ranks, and became Professor of Plastic Surgery in 1940. In 1949, he published, with J.M. CONVERSE, a reference book, *Surgical Treatment of Facial Injuries*. With GILLIES, KAZANJIAN was one of the founding fathers of maxillofacial surgery.

2 – FACIAL INJURIES AND THEIR DEPICTION IN GERMAN ART



Dr Vincent COUPEZ, from the Maxillofacial Surgery Service at Freiburg University Hospital, points out that Ernst FRIEDRICH's book *Krieg dem Kriege (War Against War)*, describes the horrors of war, particularly via a large number of photographs. This work focuses on the isolation of soldiers with facial injuries, who are often excluded from their families.

Hugo GANZER has written a book on medicine in war, which includes diagrams and photographs before and after surgery, describing the incisions and movements of flaps to rebuild the facial features.

Maxillofacial surgery was transformed during the Great War, as surgeons were confronted by injuries hitherto unseen. X-ray machines made it possible to locate bullets or shot fragments in the face.

The military archives in Freiburg include medical files with detailed descriptions of the traumas and the treatment provided. Many of these documents were later destroyed by the Nazis.

Otto DIX depicted deformed faces in his paintings, such as *Kriegskrüppel (War Cripples)* and *Die Kartenspieler (The Skat Players)*. In the latter work, a hand of one of the players has been replaced by a foot, another has lost an eye, and the third has a metallic prosthesis instead of a jaw. The scene is lit by a bulb in which a skull appears. Another painting, *Prager Strasse (Prague Street)*, depicts a meeting between a soldier and a beggar. One has lost his legs, the other his feet.

Drinnen und Draussen (Inside and Outside) by George GROSZ shows members of the ruling class at a table inside a café, whereas soldiers beg in the street. George GROSZ created many satirical drawings denouncing the ruling classes who profit from war.



Dr Vincent Coupez

3 – FROM REPAIR SURGERY TO FACE TRANSPLANT



Prof. Bernard DEVAUCHELLE, Head of the Maxillofacial Surgery Service at Amiens University Hospital, explains that facial injuries among soldiers during the Great War were characterised by loss of tissue, leading surgeons to take replacement tissue from certain areas of the patient's body.

Repairs to the face, as demonstrated by GILLIES, could be planned only after complete retraction of the tissues. Mechanics and surgeons worked hand in hand to rebuild deformed faces. The masks supplied by prosthetists were designed to prevent tissue retraction. Cosmetic surgery came into being between the two world wars. JOSEPH, a German surgeon, invented rhinoplasty.

Paul TESSIER, inventor of self-splinting procedures, understood the importance of three-dimensional modelling. He used reproductions of deformed skulls in his work in order to better plan his surgeries.

In another noteworthy advance, Jo MURRAY carried out the first kidney transplant in 1952, between monozygotic twins. Then, in 1967, the first heart transplant was performed by Christian BARNARD.

With respect to composite transplantation, the turning point came in 1998, the year the first successful hand transplant was performed, in Lyon. In 2000, a transplant of both hands was also a resounding success. It then became possible to contemplate a face transplant. A child who was the victim of an animal bite had already received a transplant of prefabricated gracilis muscle, but the result was not completely satisfactory.

Finally, after negotiating with the authorities, various advisory committees and agencies in order to obtain authorisation, and then, on their recommendation, obtaining the patient's signed consent once more, the first face transplant was performed in Amiens in 2005, and was crowned with success. Two other operations have been carried out in Amiens since then, in 2009 and in 2012. These operations are aimed at restoring form but are mostly aimed at restoring function. The procedures are lengthy, between 14 and 24 hours. The results are not perfect, especially in terms of colouring and hair distribution, but are satisfactory nonetheless.

Prof. Bernard DEVAUCHELLE notes that 31 facial allotransplants have been done throughout the world since 2005. Three patients have died during these procedures.

Magnetic resonance imaging (MRI) makes it possible to examine the areas of activation in the cerebral cortex of the transplant recipient. The areas controlling the face and

the hand are located side by side in the cerebral cortex. When the patient is asked to move his/her transplanted hand, the adjacent cerebral areas (those controlling the mouth) are activated. After a certain time, with the return of motor activity, the area controlling the hand resumes its original function.

Functional MRI thus provides evidence of the brain's plasticity. The brain recognises the transplanted organ, for motor and sensory purposes.

The question of transplant acceptance is often raised in public debate. This is not, in fact, an issue for patients. A patient has never refused a transplant. How can s/he refuse it when s/he is disfigured?

Does face transplantation restore identity? Instead of restoration of identity, it is preferable to speak of patients' ability to rebuild themselves as individuals. An American transplant recipient thus declared: "Before, I survived; now I am alive." Isabelle, the first transplant recipient, herself says: "When you don't have a face, you are nothing."

The restoration of the donor's face, using an impression made prior to the transplant, was also a major step prior to returning her body to her family.

In conclusion, Prof. Bernard DEVAUCHELLE insists on the importance of investing in stem cell research, which represents the future of surgery.

Thierry LEFEBVRE reads a letter from Valentin BOURGEUIL, which illustrates the inner wounds he is experiencing:

*"My little Sylvanie,
I saw myself today and I did not recognise myself, and I say "saw" more from habit than from reality, since the sight was only in my mind's eye.*

The shrapnel that disfigured me has not only torn the skin off my face, it has stripped away my identity. Yes, I have lost my face, all I have to do now is keep my head."



Prof. Bernard Devauchelle



Gueules Cassées

Session 3

SUFFERING AND PSYCHOLOGY OF SOLDIERS AND VETERANS

Page 38

DISFIGUREMENT: A SINGULAR MENTAL INJURY
OR HOW TO "SMILE REGARDLESS"

Page 40

THE LONG AND DIFFICULT PROCESS OF CARING FOR THOSE
WITH MENTAL TRAUMA FROM MODERN WARFARE

Page 41

"POST-AFGHANISTAN" ADVANCES IN THE CARE
OF FRENCH MILITARY PERSONNEL WITH MENTAL INJURIES

Page 42

LAZARUS SYNDROME





Prof. Marie-Dominique Colas

1 – DISFIGUREMENT: A SINGULAR MENTAL INJURY OR HOW TO "SMILE REGARDLESS"



Prof. Marie-Dominique COLAS, Psychiatrist and Head of the Medical Service for Clinical Psychology Applied to Aeronautics (SMPCAA) at Percy Military Teaching Hospital, Clamart, recalls the case of Adrien, a young engineer officer during the Great War, disfigured by a shell, finding an old comrade upset by his new appearance. The latter says to him: "You are a hero, a real hero."

A hundred years later, Marc, a commando who was the victim of a suicide attack in Afghanistan, is also disfigured and his body dislocated. His few remaining facial expressions betray his terror at his damaged condition.

The face is the only part of the body that an individual cannot see oneself. How the other looks at one is therefore fundamental. The wounded always wonder if they will be recognised.

The rooms in burns units and intensive care units are often without mirrors. The injured try to gauge their appearance by looking at reflective surfaces. They search for themselves in the faces of caregivers, physicians and nurses. Nurses represent the first test of social recognition. They end the isolation of the injured.

Offering a mirror marks a particular time during care. The caregiver's expression constitutes a reassuring point of accommodation.

The first reaction of the friends and family is a painful moment, but the bonds of affection formed before the injury make it possible to overcome appearances. Children can have very strong initial reactions, but they adapt.

When they come into contact with others, disfigured people can cause anxiety, since initially, it is not easy to decipher their expressions. Furthermore, one cannot assume that a war injury will be automatically inferred since, in public opinion, France is not currently at war. Some people even think that disfigurement resulting from combat is the result of voluntary exposure on the subject's part.

In such circumstances, how does one manage to smile regardless? It is often the surgeon who restores hope to patients. Maxillofacial repair may take many years and multiple operations. Patients seek primarily to ease their suffering, and not to regain their previous appearance. They want to reconnect with the human race.

Psychiatric care is required. This is like a symbolic graft aimed at restoring the freedom to think, to love and to work.

The Gueules Cassées association, by offering its members a place to work things out, gave them back a social face. The relationship between the army and the nation needs to be strengthened so as to create a dynamic of help, inheriting Clemenceau's reminder that the injured have rights over "us."

Mental repair needs love, friendship, and social interaction. Those with disfiguring injuries invite society to face up to the other's need to exist.

A **speaker from the floor**, a former military psychiatrist, asks if suicide attempts have been systematically recorded among the Gueules Cassées.

Prof. Marie-Dominique COLAS replies that she has never encountered suicidal behaviours in twelve years of experience.

It should, however, be noted that some of the injured have been disfigured as a result of suicidal acts. At Percy Hospital, Clamart, these patients enjoy living alongside those wounded in combat. They see them as a second family. Hospital life becomes part of their mental restoration. These patients often remain in hospital for several years, and find it difficult to resume life on the outside.

A **speaker from the floor**, a surgeon, asks if there are female cases among the Gueules Cassées. Is the psychological approach similar?

Prof. Marie-Dominique COLAS replies that she has not had female Gueules Cassées in her care, but that the psychological approach to rebuilding the identity would be the same.



Henri DENYS DE BONNAVENTURE points out that the Gueules Cassées association includes some women—military staff, deportees, members of the resistance and victims from combat zones. They are considered comrades in every sense, and are not given any special treatment.

Prof. Jean-Michel MAZAUX, a member of the Scientific Committee of the "Gueules Cassées" Foundation and a professor of physical and rehabilitation medicine at Pellegrin University Hospital, Bordeaux, points out that a comparative study between the military and civilian wounded is being planned. He raises the hypothesis that an injury acquired in a military operation constitutes a factor of resilience that does not exist among injured civilians.



Prof. Franck DE MONTLEAU says he is convinced that the symbolic marks of recognition play a therapeutic role in the continuing outcome for the injured.

Prof. Marie-Dominique COLAS makes a distinction between those injured through a mishap and those injured



in combat. The circumstances of the injury, and the sense the victim can make of it, are of great importance in the process of mental and physical restoration. How can victims of an attack make sense of their injuries?

Françoise RUDEZKI, founder of *SOS Attentats* (SOS Attacks) and a Delegate for Terrorism, recounts the case of four young girls, victims of an attack with facial injuries, who experience great difficulty in facing other people, resuming their studies, or undertaking any personal or professional projects. The images of women shown in the media perhaps explain why it is more difficult for them to face other people compared with men injured in combat.

Stéphane GAUDIN, founder of the website *Theatrum Belli*, asks if the constitution of BTIA temporary units (Joint Tactical Groups) does not affect the spirit of camaraderie, an important source of psychological support.

Prof. Franck DE MONTLEAU believes that soldiers leaving on missions and thus becoming isolated from their home unit may be made more psychologically vulnerable.



Chief of Medical Staff Humbert Boisseaux

2 – THE LONG AND DIFFICULT PROCESS OF CARING FOR THOSE WITH MENTAL TRAUMA FROM MODERN WARFARE



The **Chief of Medical Staff Humbert BOISSEAU**X, Head of the Psychiatry Service at Val-de-Grâce Military Teaching Hospital, Paris, observes that war always leaves its marks on those who wage it and on those who live through it. Some bear physical marks, others mental marks.

Some wars leave more marks than others and the First World War is one of them. This war was terrible, but it is hard for us to depict it for ourselves. Mental trauma is characterised exactly by the fact that it cannot be depicted.

The storm of steel that was the Great War last four years, and left young men terror-stricken, unable to move, think (unless obsessively) or speak. Millions of people were suffering from mental trauma at the end of the Great War.

Military neuropsychiatric centres were established after the battle of the Marne. The big names in psychiatry of the time responded and became involved beyond all expectation.

Soon there was an embarrassment of soldiers with mental trauma. Advanced centres were therefore created. They were tasked with evacuating the seriously ill to centres inside the country, and sending the remainder to the front after a brief treatment. Mental disorders took the form of motor and neurosensory problems, or became physically apparent as abnormal, twisted postures. Physicians tried to give names to the new diseases they encountered, and to understand how they developed.

Initially, mechanisms of concussion, emotion, hystero-psychiatry (autosuggestion, which led to the notion that the patient's willpower was enough to effect a cure) were retained.

Tracking down malingerers became an obsession. Those with facial injuries effectively underwent interrogations to distinguish the genuine from the false. The persistence of symptoms sometimes irritated the physicians. Few among them reflected on how much horror a human being could tolerate.

The notion of autosuggestion as trauma therapy led to brutal persuasion practices—subcutaneous injection of ether, use of emetics, hydrotherapy (immersion in cold or war water) and prescription of milk-rich diets to induce diarrhoea.

Practitioners in the field, such as Paul VOIVENEL, were not very audible. The latter, a neurologist at the front, became interested in emotional disorders and developed the concept of "acquired morbid fear." He believed it useful to offer emotional rest and to focus on studying the fears rather than the symptoms. He was reproached for his extreme indulgence. To which he later replied that no soldier had been executed by firing squad in his division in the mutinies of 1917.

The mental disorders did not vanish at the end of the war. Some soldiers ended in the asylum, others returned to their families in a state of complete

abandonment. It was often thought that people who were vulnerable at the outset had suffered trauma without the war having contributed to their condition. Trauma sufferers have always been met with suspicion.

At the end of the Second World War, the survivors of the extermination camps made any questioning of the reality of their trauma appear obscene.

The Vietnam War, experienced directly via television, was another defining moment in the recognition of mental trauma among soldiers, and it then became urgent to give names to the various types of trauma. The notion of PTSD (post-traumatic stress disorder) was introduced at the time.

The distress of soldiers is now being heard. However, what they say is embarrassing. The words of a soldier who gives an account of his experience in war are, essentially, subversive. It is a time of brief treatments, but does this trend not reflect a willingness to put an end to the question of trauma as quickly as possible?

Soldiers in mental distress, like all who are marked by war, should be heard.

3 – "POST-AFGHANISTAN" ADVANCES IN THE CARE OF FRENCH MILITARY PERSONNEL WITH MENTAL INJURIES



Prof. Franck DE MONTLEAU, Psychiatrist, Percy Military Teaching Hospital, Clamart, emphasises that the intervention of the French armed forces in Afghanistan marked a turning point in the management of mental injuries.

Three generations of practitioners worked with soldiers returning with trauma from the wars in Algeria and Indochina. They considered disorders in terms of psychological suffering, and not as a mental flaw or a sign of cowardice, as they had previously been perceived.

During the Gulf War, five psychiatrists were included in the medical service. Subsequently in Rwanda, former Yugoslavia and other external theatres of action, provision was made for psychiatrists in medical/surgical structures.

In their work, French military psychiatrists tried to eliminate the risks of stigmatisation and victimisation. Salmon's principles recommend a psychological intervention that is prompt, local, and of a simple nature, while allowing some waiting time to facilitate diagnosis.

Medical evacuation due to mental trauma is a painful experience for those involved, associated with feelings of guilt for having abandoned their comrades. The Uzbin Valley ambush (10 deaths in 24 hours), relayed by the media, was a genuine shock to public opinion. Following this operation, an increase was observed in the demand of soldiers for care. The reality of mental trauma was recognised.

The increasing number of people suffering from mental trauma is explained by the better detection rate, but is also explained by the effect of an accumulation of cases year after year. Psychosomatic disorders have been recognised as a health priority since 2010.

Symbolic recognition has also improved. The military authorities now visit the psychiatric units. Similarly, the action plan "Post-Traumatic Mental Disorders in the French Armed Forces" was launched in 2011.

Psychosomatic disorders tend to make a delayed appearance, and are frequently endured in silence by the sufferers, sometimes due to deep feelings of guilt which cause them to refuse care. Interruptions in the care pathway or a return to civilian life create the risk of losing track of those with mental injuries.

Nonetheless, military personnel have been made aware of mental injury, and are now more likely to consult psychiatrists in an operational situation.

Increased attention needs to be paid to those with physical injuries, one-third of whom will develop PTSD in the year following their injury. Physical injury does not therefore protect from mental injury.

Practitioners have observed problems shared by those with physical and mental injuries. For example, returning to anonymity and coping with the problems of everyday life proves extremely difficult in both cases.

Isolation of the injured is just as obvious in those with mental injury, who often suffer from personality disorders.

Prof. Franck DE MONTLEAU mentions the creation, in 2011, of the Cell for the Rehabilitation and Social and Professional Reintegration of the Wounded (C2RBO). C2RBO examines the cases of 35-45 injury patients every two months. The primary objective is to provide tangible help to the injured, and to simplify the administrative processes they have to face.

Its tangible achievements include the following:

- the creation of Accommodation Centres for Army Wounded (CABAT) to enable them to gradually readapt to the reality of work;

- the creation of an expedited procedure for processing pension applications;
- participation in sports events involving the injured.

Tests have made it possible to identify relatively serious cognitive impairment among many patients who have experienced a blast.

Prof. Franck DE MONTLEAU emphasises that medical/psychological support should go hand in hand with support from the institution as a whole.

4 – LAZARUS SYNDROME



Prof. Patrick CLERVOY, Professor of Medicine, and holder of the Chair of Psychiatry and Psychology at Val-de-Grâce School, points out that the injured, once they have returned to society, are often confronted with a steady stream of inconveniences. In the Gospels, the risen Lazarus is no longer welcome. He is pursued by the Romans as the living embodiment of a miracle. Many of the injured say that, in the end, they would have done better not to return.

Physical injury is in many cases accompanied by mental injury. Patrick CLERVOY recounts the personal story of a mechanic whose helicopter crashed into the sea. Stunned at the time of impact, he awoke to find himself drowning. Today, every time he is startled, his body re-experiences the spasm of asphyxia he felt at the time of his accident. Traumatized soldiers are beset by their memories. They can no longer tolerate crowds, the street, large spaces or noise. Patrick CLERVOY observes that many veterans of the Algerian war were tormented by nightmares at the outbreak of the Gulf War.

Shame, guilt and remorse are a source of genuine anguish. Living with pain is a daily ordeal for the injured. Surprisingly, pain is not always acute at the time of injury. In reality, injuries are a source of pain over the long term.

Patrick CLERVOY recalls the case of a Gueule Cassée, a firefighter from Paris, seriously wounded by an explosion following a gas leak. This man found bureaucracy overwhelming. His fractured hand thus had not been diagnosed, which in turn led him to undertake a long process of recognition with the Social Security services. Declared unfit, he lost his tied accommodation and had to

find accommodation in Ile-de France, which was naturally expensive.

Many patients undergo over-assessment, and have to tell their story numerous times, sometimes angry when faced with the incredulity of their interlocutors, or in a state of exhaustion.

Some feel abandoned when they hear on television debates that "war is an idiocy," since their involvement then becomes likened to an "idiocy."

Patrick CLERVOY emphasises that all people have a fund of stress that cannot be exceeded. This stress capital has become exhausted for some military personnel.

Injury is also synonymous with impoverishment—the payments disappear and the medical fees increase at the same time.

Assistance to spouses is vital, since these are the first to restore strength to the injured during recovery. Patient associations for the injured also provide support by strengthening the social fabric. The injured attach much more importance to military recognition for their action than to the reality of compensation.

Ulysses, returning to Ithaca disfigured, is not recognised by anyone, apart from his old nurse. As with Ulysses, regaining a place in society takes a long time for veterans, often ten years or so.



Prof. Patrick Clervoy



Gueules Cassées

Session 4

ASSESSMENT AND COMPENSATION

Page 46

THE SEQUELAE OF WAR INJURIES IN RELATION TO
PAYMENT OF MEDICOLEGAL COMPENSATION
FOR PERSONAL INJURIES

Page 47

MENTAL TRAUMA: A NEW FEATURE OF WAR INJURIES,
THERAPEUTIC VALUE OF ASSESSMENT (DECREE OF 1992)

Page 48

COMPENSATION FOR WAR-RELATED POST-TRAUMATIC STRESS SYNDROME,
FROM RECOGNITION IN THEORY TO IMPLEMENTATION IN PRACTICE





Dr Jean-Michel André

1 – THE SEQUELAE OF WAR INJURIES IN RELATION TO PAYMENT OF MEDICOLEGAL COMPENSATION FOR PERSONAL INJURIES



Dr Jean-Michel ANDRE, an expert physician for the Pensions Service of the French Ministry of Defence, and a former medical advisor for the French National Federation of Deportees and Internees, and Resistance Patriots (FNDIRP), reminds the audience that the *Hôtel des Invalides* (veterans' retirement home) was built in 1674. An edict of 1709 later agreed to the payment of a disability pension to sailors. The subsequent Acts of 1831 extended the principle of pension payment to disabled soldiers. The Act of 31 March 1919 established the right to compensation, instating a scale of severity for the granting of pensions. Finally, the Decree of 1992 recognised war-related mental trauma.

Assessment for PMI (Military Invalidity Pensions) is specific. In consideration of all the services given in defence of the country, the legislator wanted to insert the notion of "kindliness." Thus, the ministerial instruction of 20 July 1976 specifies that "the kindness and humanity of the reception given to the applicant will be of great moral support." Compensation may no longer be limited to the granting of a PMI to meet the needs of war victims. There have been too many failures in the reintegration of the injured in the years following large conflicts. Compensation should therefore be supplemented by assistance from medical social workers to help restore the injured. By the same token, the work of the associations should be actively supported by the authorities.

At a time when the number of expert PMI physicians is dwindling, it is essential to remember that those injured in war should not be treated in the same manner as victims of road traffic accidents. Some have rights over "us," others do not.

The effort to make medical, allied medical and medical/social welfare personnel aware will remain an essential part of caring for the injured. They will not fail to be supported by the spirit of initiative and vigilance of the war-victims' associations.



2 – MENTAL TRAUMA: A NEW FEATURE OF WAR INJURIES, THERAPEUTIC VALUE OF ASSESSMENT (DECREE OF 1992)



Dr Michel PIERRE, Psychiatrist and Expert for the Pensions Service of the French Ministry of Defence, explains that, in the context of a mental trauma, the expert psychiatrist may be inclined to adopt a particular position between the need for a purely technical report and the creation of a human bond.

Medical science has recently come to recognise mental trauma. In its Decree of 10 January 1992, the French State has added a new dimension to psychiatric assessment, compared with the usual legal framework used for medical assessment. The assessment can thereby achieve the status of decisive evidence.

The progressive nature of mental illness means that assessment has to take place over a longer period. Assessment should therefore consider disorders as a whole.

The assessment of chronic sequelae is difficult, as a result of their changeability and the absence of consensual studies on them. Problems such as eating disorders, addictive behaviours and somatization (high blood pressure, morbid obesity, diabetes, etc.) are still

incompletely understood, and require case by case analysis.

Pathological developments in personality are also a source of problems for social, familial and professional adaptation, and need to be recognised in order to remain within the spirit of the law.

Dr Michel PIERRE thus believes that it is necessary to build a clinic to deal with delayed sequelae of mental trauma.

The therapeutic value of assessment, in the Decree of 1992, is reflected in the reformulation of unspeakable events and the recognition of mental suffering. The establishment of a framework for assessment, which is both benevolent and exact, is an opportunity to build the foundation for psychological management, which is often missing.

Recent conflicts unambiguously show the large numbers of mental casualties among the armies and civilian populations. Part of prevention lies in expert assessment. There has already been a profound change in mentality. Thus, the list of observations now includes references such as *"has experienced a particularly traumatic event."*



Dr Michel Pierre

Maître Véronique de Tienda-Jouhet

3 – COMPENSATION FOR WAR-RELATED POST-TRAUMATIC STRESS SYNDROME, FROM RECOGNITION IN THEORY TO IMPLEMENTATION IN PRACTICE



Maître Véronique DE TIENDA-JOUHET, of the Bar Association of Paris, observes that monetary compensation for post-traumatic stress disorder (PTSD) has not evolved as fast as compensation in kind.

The Decree of 10 January 1992 introduced war-related mental disorders into the scale: mental injury would no longer be treated as an illness, but as an injury in its own right (waiting period of three years in the case of an injury, as against nine years for an illness. In addition, an injury requires a minimum of 10% of disability, as against 30% for an illness).

However, the circular of 6 March 1992 negated the beneficial effects of the Decree by maintaining the requirement for evidence of a specific triggering event. In actual fact, an insignificant event, when combined with older traumas, may trigger PTSD.

On 18 July 2000, a new implementation circular restored probative value to the assessment. Despite these advances, it remains difficult to obtain a PMI on grounds of PTSD. The Administration actually maintains almost systematically that certain symptoms that have already qualified for compensation on grounds of head trauma may not be covered on grounds of post-traumatic stress disorder.

In addition, PTSD often makes a delayed appearance, and it then becomes difficult to provide evidence of the traumatic context.

Furthermore, the Administration tends to blame PTSD on personal events. It also looks for depressive episodes during the subject's life, or even cases of suicide in his/her family.

On 22 September 2014, an Order from the Council of State marked a considerable advance in pension rights, since it recognised the existence of a "stress capital" that, once exhausted, exposes one to PTSD.

Ms Véronique DE TIENDA-JOUHET nevertheless regrets that PTSD is still not considered as an injury in its own right. Thus, it is not included in the disabilities conferring eligibility for the status of *grand mutilé de guerre* (greatly maimed by war).

The symbolic aspect of recognition is no doubt important, but the State should not hide behind it to avoid its duty of compensation.

A **speaker from the floor** asks if the seriously injured experience feelings of victory for the simple reason that they have returned alive from action.

General CHARPENTIER, Military Governor of Paris, replies that every soldier who returns alive from an operation considers it a victory. It is a human sentiment that contributes to everyone's recovery. When the first pages of the casualty's return are written with serenity, the latter takes place in a spirit of victory and not in a spirit of abandonment or failure.

General DE LA PRESLE, Vice-President of UBFT, adds that the feeling of victory also depends on the preparation of public opinion by the politicians. He thus regrets that the exhibition on the Champs-Élysées devoted to the Great War is limited to presenting it as an "abattoir" and not as a victory.

Stéphane GAUDIN asks if, one day, the injured could lead the parade on the Champs-Élysées on the 14th of July.

General CHARPENTIER believes that a parade of the injured on the Champs-Élysées on the 14th of July would be degrading for the soldiers. Furthermore, the injured are not inclined to show themselves.



CLOSURE OF THE SYMPOSIUM

Prof. Jacques PHILIPPON, Jacques PHILLIPPON, Chairman of the "Gueules Cassées" Foundation's Scientific Committee, and a Member of the French National Academies of Medicine and Surgery, recalls that the Foundation was created in 2001. Its statutes specifically state that income from its assets may be used to sponsor research on craniofacial trauma or fund student grants.

Since 2001, the Foundation has distinguished itself by creating the Institute for Diseases of the Face and Head (Saint Joseph's Hospital, Paris), and supporting research on Alzheimer's disease at La Pitié-Salpêtrière Hospital.

The Foundation's activity has grown since its creation. Sixty applications are examined each year. In the last two years, assistance has exceeded 1 million per year. As an example, the Foundation has supported studies on the beneficial effects of minocycline in cases of head trauma.

Prof. Jacques PHILIPPON observes that stem cell research has greatly progressed since 2002, and the gingival fibroblast has been identified as a candidate for vascular repair.

Similarly, advances in imaging have made it possible to identify the white fibres connecting the different areas of

the brain, and to distinguish almost all the main centres of brain activity.

The Foundation will continue its work to support research. Young researchers greatly appreciate the Foundation's actions, since maxillofacial surgery receives little support from other sources. With the advances made in the last decade, and the positive results obtained, the future of the "Gueules Cassées" Foundation is guaranteed.

Dr Marie-Andrée ROZE-PELLAT emphasises that the Gueules Cassées live in the present and always look to the future. Participants at this symposium can testify to this, and thereby restore the memory of the Gueules Cassées, which has faded since the Great War ended. At difficult times in life, let everyone apply the fine motto of the Gueules Cassées: "Smile regardless."



SACON



Prof. Jacques Philippon

















BIOGRAPHIES

WELCOME ADDRESSES



Henri Denys de Bonnaventure

Born in Laval on 3 July 1939, Henri Denys de Bonnaventure studied law as well as commerce, marketing, and economic and human resource management. He completed his military service from 1960 to 1963 during the Algerian War, and received serious facial injuries on 14 May 1961 at the Tunisian border. He was treated at Val-de-Grâce Hospital for over two years.

He received a citation, and was awarded the Médaille Militaire (Military Medal) and the Croix de la Valeur Militaire avec palme (Cross for Military Valour with palm). Following a long career as a commercial executive and manager in the automotive sector, in 1999 he decided to devote himself to the French Union for those with Face and Head Injuries (UBFT), better known under the title "Gueules Cassées," of which he has been a member since 1962.

Thus having served as an administrator (since 2000) and then Secretary of the Board (from 2003 to December 2007) and Vice-President (December 2007 to November 2010), he became President (16 November 2010). The association has a three-fold role which involves mutual aid between its members, all of whom have suffered facial or head injuries; development of the Duty to Remember; and helping other veterans' associations, and health-related or humanitarian associations working in the same areas as itself. Since 3 February 2011, Mr Henri Denys de Bonnaventure has been a member of the Board of Directors of the French National Institution for the Disabled and Vice-President of USLD Sainte-Elisabeth (a long-stay facility) in Strasbourg since 2004. Through his positions, he is associated, in partnership with the "Gueules Cassées" Foundation, which actively supports the areas of maxillofacial trauma, *Fondation du Souvenir de Verdun* (Foundation for the Memory of Verdun), with *Fondation Hôpital Saint-Joseph de Paris* (St Joseph's Hospital Foundation), and *La Française des Jeux* (which operates the French National Lottery), of which the association is the original shareholder.



General Hubert Chauchart du Mottay

Born in Paris on 22 August 1934, a graduate of St Cyr Military Academy, Terre d'Afrique (Land of Africa) class (1957-1959), General (2s) Hubert Chauchart du Mottay is also an economics graduate. A commander of the French Legion of Honour, he has been awarded the *Grand'croix dans l'Ordre National du Mérite* (Grand Cross of the French National Order of Merit) and the *Croix de la Valeur Militaire*.

He was seriously injured in the face in Algeria on 14 December 1961. A bullet blew away the lower part of his face. He spent seven years in Foch Hospital, Suresnes, which received many "Gueules Cassées" in its leading maxillofacial surgery service. Despite this long stay in healthcare facilities, he had a full military career, up to the rank of General Officer. He served mainly in a tank regiment, in the Military Staff of the French Army, and in the Military Staff of the 2nd French Army Corps and the French Forces in Germany. He left the service at the end of 1993. He has been President of the "Gueules Cassées"

Foundation since 2009, a recognised non-profit organisation according to the Decree of 11 April 2001, which, by its benevolent activities, provides financial support to institutions of every type, primarily those with an interest in research on facial and head traumas and their functional sequelae of traumatic or degenerative origin. It also supports actions commemorating sacrifices made in the service of France.

He is also Honorary President of the French Union for those with Face and Head Injuries, "Les Gueules Cassées," a recognised non-profit organisation according to the Decree of 25 February 1927, following a period as Vice-President from 1996 to 2002, and President from 2003 to October 2010. The association has a three-fold role which involves mutual aid between its members, all of whom have suffered facial or head injuries; development of the Duty to Remember; and helping other veterans' associations, and health-related or humanitarian associations working in the same areas as itself.

He is Administrator of the *Promotion Terre d'Afrique* (Land of Africa Class) association, a structure essentially devoted to providing social assistance to members of this class.



Thierry Lefebvre

Thierry Lefebvre was born in Paris, where even as a child he performed in local conservatories, as well as in prestigious venues such as Notre-Dame, the Sacré-Coeur, the Odéon and the Châtelet. He has always been appreciated for his stage presence and tone of voice. He speaks with warmth and humour, and his culture is equalled only by his superb memory.

Now a resident of Montpellier, he lectures on philosophy (a proponent of "philotherapy"), recites poetry, interviews artists and writers, and continues to compete events all over France. He speaks at symposia, conferences and meetings, be they of an institutional, charitable, business or cultural nature, for select committees or for the general public. He plans, organises and conducts events that are unanimously recognised for their high quality. A senior infantry officer, former Director of Communications for the French Army, and media advisor to the great military leaders, he is presently a human resources consultant and an educator in communications. Thierry Lefebvre is a Knight of the French Legion of Honour, and a Knight of the French National Order of Merit. Recent events compered:

The Corum, Montpellier (Berlioz Opera House), *Académie Internationale des Arts et Lettres* (International Academy of Arts and Letters, AIDAL), *charitable organisations* (Lions, Kiwanis, Rotary, Zonta), *Facilitation Committee for the Transmission of Information on National Orders* (CATION), *French National Awards for Remembrance and Citizenship* (Paris City Hall), *30 years of HIV*, *André Maginot National Federation* (FNAM), *Federation of Veterans of the Foreign Legion* (FSALE), *French National Association for Retired Career Officers* (ANOCR), *French Foundation for the those Maimed and Disabled by War* (FMIG), *National Congress of the French Order of Merit*, *French Legion of Honour Gala*, etc.



Jean-Christophe Rufin

Jean-Christophe Rufin was born in Bourges on 28 June 1952. He is a

graduate of the Paris Institute of Political Studies, a physician, a former Resident of the Paris Hospitals and a former Clinical Director of the Paris Faculty of Medicine.

Involved in the humanitarian movement since 1977, he has carried out many field missions (Nicaragua, Eritrea, Sudan, the Philippines, etc.).

He is Vice-President of Doctors Without Borders (MSF; 1991-1992), President of Action Against Hunger (ACF-France; 2003-2006) and a member of the French Committee of the Human Rights Watch organisation. On behalf of the French Government, he has worked as an Advisor to the Secretary of State for Human Rights (1986-1988), Cultural and Cooperation Attaché to Brazil (1988-1989), Advisor to the Minister of Defence with responsibility for peacekeeping operations (1993-1994) and French Ambassador to Senegal and Gambia (2007-2010). He has several teaching roles: at the Paris Institute of Political Studies (human rights and international relations) and the Joint Services Defence College (CID; humanitarian and peacekeeping).

He was also Director of Research at the French Institute for International and Strategic Affairs (IRIS; 1990-1993).

An international speaker, he has honorary doctorates from Université Laval (Québec), Université Catholique de Louvain (Belgium) and UCAD (Dakar, Senegal). He was elected to the Henri Troyat Seat (Seat 28) at the *Académie Française* on 19 June 2008.

Most recent publications:

2013 *Immortelle Randonnée. Compostelle malgré moi* (Eternal Hike. Unwillingly to Santiago) - 2014 Pierre Loti Award (Éditions Guérin), 2014 *Le Collier rouge* (The Red Necklace) - Maurice Genevoix Prize (Gallimard), 2014 *Discours de réception d'Amin Maalouf à l'Académie française et réponse de Jean-Christophe Rufin* (Inaugural speech by Amin Maalouf to the Académie Française and reply by Jean-Christophe Rufin) (Grasset)



Dr Marie-Andrée Roze-Pellat

Head of Dental Surgery Service at the French National Institution for the Disabled. Vice-President of the "Gueules Cassées" Foundation.



Kader Arif

Secretary of State with responsibility for Veterans and Remembrance to the French Minister of Defence.

SESSION 1

A story of PEOPLE • A STORY OF INSTITUTIONS



Prof. Jean-Paul Amat

Jean-Paul Amat is an emeritus professor at the Paris-Sorbonne University, Associate Professor of Geography, and a Doctor of Letters and Human Sciences. His thesis was on the relationship between forest and war on the Western Front during the Great War. He has directed the Spaces, Nature and Culture laboratory (CNRS and Paris-Sorbonne University). He is a member of scientific

boards (Centenary Public Interest Group, Museum of the Great War, Pays de Meaux, Fleury-devant-Douaumont memorial), President of the Scientific Board of Gâtinais Regional Nature Park and Fontainebleau Biosphere Reserve, and an expert with the French National Forests Office (ONF) on matters of heritage designation of battlefields. He is also President of the French Society of Friends of the Army Museum (SAMA).



Prof. Olivier Forcade

Olivier Forcade is Professor of Modern History of International Relations at Paris-Sorbonne University (Paris IV), and Director of the *Maison de la Recherche* research centre and Paris-Sorbonne University Press. He did his PhD thesis on censorship in France during the Great War. Together with Rainer Hudemann and Fabian Lemmes, he directs the Franco-German ANR-DFG (French National Research Agency/German Research Foundation) on "The 1939-1945 evacuations at the Franco-German border" (to be published by Metropol Verlag, Berlin in 2014). His current research is on population displacements and international relations during the 20th and 21st centuries, the history of intelligence, and the history of blockades and embargoes from the 18th century until the present day.



Marjorie Gehrhardt

Marjorie Gehrhardt is a post-doctoral university research fellow working on 1914FACES2014, a project funded by the Interregional Cooperation Programme INTERREG IV. Her research is focused on the experience and depictions of soldiers who received facial injuries during and after the First World War in France, Germany and Great Britain.

Marjorie Gehrhardt has pursued a career in living languages and cultural history, two disciplines that she studied during her PhD (University of Exeter) and Masters (University of Exeter and University of Strasbourg). Her latest publications include *Gueules Cassées: The Men Behind the Masks* (Journal of War & Culture Studies, 2013) and articles in the volumes *Gender, Agency and Violence: European Perspectives from Early Modern Times to the Present* (Cambridge Scholars Press, 2013) and *Twentieth Century Wars in European Memory* (Peter Lang, 2013). Marjorie Gehrhardt taught in the Department of Modern Languages from 2009-2013, and is an Associate Fellow of the Higher Education Academy.



Andréas Becker

Born in Hamburg, Germany, in 1962. Studied history and philosophy in Hamburg, created a communications agency. 1990: Sold the agency and moved to Lyon. Consultant in export to Germany for French companies. Since 2002: Commercial Manager of a vineyard in Châteauneuf-du-Pape. Two novels published by Éditions de la Différence, 2012: *L'Effrayable* • 2013: *Nébulieuses*. Has lived and worked in Paris as a writer and painter since 2013.

SESSION 2

BURGEONING OF MAXILLOFACIAL SURGERY



Dr François-Xavier Long

From a family that has practised medicine since the beginning of the 18th century, François-Xavier Long was successively a Resident at the Marseille Hospitals (1971-1976), Clinical Director at the Nancy Faculty of Medicine and Assistant at the Nancy Hospitals (1976-1981), Assistant Practitioner at the Nancy Hospitals (1981-1983), Hospital Practitioner at Verdun Hospital and Head of the ENT and Face and Neck Surgery Services at Verdun Hospital (1983-2012).

François-Xavier Long has published 105 scientific works to date, most of them in scientific journals. He is a member of Meuse Departmental Council of the Order of Physicians, and an expert for the Nancy Court of Appeal, an expert on the national list of the French

National Office for the Indemnification of Medical Accidents (ONIAM), and a founding member and National Secretary of the Association for the Memory of Health Service Personnel who Died for France. Mayor of Louvemont Côte-du-Poivre (a village destroyed in 1916), François-Xavier Long is a member of the Scientific Committee of the "Gueules Cassées" Foundation. He has written many works on people who suffered facial injuries during the 1914-1918 War, and on the origins of maxillofacial surgery.



Prof. Gaëtan Thiéry

After attending the Military Health Service School in Lyon-Bron in 1985, Gaëtan Thiéry went to Val-de-Grâce School of Applied Military Medicine in Paris in 1994. From 1994 to 1997, he served in the Lyon 22nd Infantry Regiment. In 1997, he became a Resident in Maxillofacial Surgery and Stomatology in Marseille, before becoming Head of the Maxillofacial and Stomatology Service at Laveran Military Teaching Hospital in Marseille. Today, Gaëtan Thiéry is an Associate Professor at Val-de-Grâce, and coordinator of the speciality. He is Head of the Weekday Surgical Department at Laveran Military Teaching Hospital, and Head of the Maxillofacial Surgery, Stomatology and Facial Plastic Surgery Service. He is a member of the Association of Teachers in Maxillofacial Surgery, Stomatology and Facial Plastic Surgery. He is also a member of the French National Academy of Surgery, and Deputy Chairman of the Scientific Council of the International Committee of Military Medicine.



Prof. Laurent Guyot

Laurent Guyot, Maxillofacial Surgeon, is a University Professor and Hospital Practitioner. He is presently Head of the Maxillofacial and Plastic Surgery Service at Marseille University Hospital.

Laurent Guyot obtained his education in Marseille, spending periods at various centres in France and abroad in order to acquire technical expertise in facial reconstruction procedures. He was a Hospital Resident from 1991 to 1997, acquired postgraduate degrees in General Surgery (DES) and Maxillofacial Surgery (DESC), and was then Clinical Director at the Marseille Faculty of Medicine and Assistant des Hôpitaux (Hospitals Assistant) from 1997 to 2000, Hospital Practitioner from 2000 to 2006 and University Professor in 2006.

His healthcare activity makes daily demands on his ability to remedy loss of facial tissue resulting from trauma, cancer treatment or simple ageing. His scientific education was in anthropology, and he participates as a research associate at the Research Unit for Biocultural Anthropology, Law, Ethics and Health at the Marseille Faculty of Medicine, Aix-Marseille University. Prof. Guyot is a member of national and international learned societies. He is also a Legal Expert for the Aix-en-Provence Court of Appeal, Assistant Editor of the journal *Revue de Stomatologie, Chirurgie Orale et Chirurgie Maxillofaciale*, and Reserve Military Physician at the rank of Captain.



Dr Jean-Jacques Ferrandis

A Doctor of Medicine and Surgeon General (retired) of the French Military Health Service, Dr Jean-Jacques Ferrandis is a graduate of the *École du Louvre*. He is Honorary Curator of the Museum of the French Military Health Service at Val-de-Grâce, Paris (from 1989-2003 he was technical manager for the total restructuring of the museum). A former Secretary General (2000-2009) and more recently President (2010-2012) of the French Society for the History of Medicine (SFHM), he is a member of the International Society for the History of Medicine, and author of many publications on the 1914-1918 War.



Dr Andrew Bamji

Dr Andrew Bamji is Gillies Archivist to the British Association of Plastic, Reconstructive and Aesthetic Surgeons. Based in Rye in the UK, Andrew Bamji is a recognised expert in rheumatology and rehabilitation. He was President of the British Society for Rheumatology from 2006 to 2008.

From 1983 to 2011, he was Associate Medical Director and Educator at Queen Mary's Hospital, Sidcup, Kent. This hospital, formerly known as Queen's Hospital, was established in 1917 to provide centralised care of facial and head injuries for the UK and its Dominions, under the Direction of Harold Gillies (who later acquired the title Sir Harold Gillies). In 1990 and 1991, Andrew Bamji updated the records on facial wounds treated by the British and New Zealand sections and he established a catalogue of internationally renowned archives on medicine and surgery during the First World War. A regular at specialist conferences, he also appears regularly on television, and has written a large number of articles on the development of plastic surgery in the UK. He is a contributing author of the book *Facing Armageddon* (edited by Cecil and Liddle; Leo Cooper, 1996), he is a contributor to the *Oxford Handbook of the First World War*, and he is currently completing a book on the rich history of Queen's Hospital.



Prof. Jean-Louis Blanc

Jean-Louis Blanc is a University Professor and Hospital Practitioner at the Maxillofacial Surgery and Stomatology Service at Marseille University Hospital. A Doctor of Medicine, he defended his thesis at the Marseille Faculty of Medicine on 16 October 1975. He has been Vice-Chairman of the Scientific Committee of the "Gueules Cassées" Foundation since 2009.

He was born on 26 December 1965 in Lauris sur Durance, Vaucluse. He attended schools in Aix en Provence and Avignon. He received his university education at the Marseille Faculty of Medicine and Pharmacy. He has worked in hospitals as an Extern, Resident, Assistant, and full-time Hospital Practitioner. His university roles have included Clinical Director, University Professor (1990), and Head of the Maxillofacial and Stomatology Service at Timone University Hospital, Marseille. Since 2013, he has been a consultant in the Maxillofacial Surgery Service at Timone University Hospital, Marseille. He has an interest in the history of medicine and of maxillofacial surgery, which underwent a transformation during the First World War.



Dr Vincent Coupez

Born in Freiburg, Germany, the son of a French father and a German mother, Dr Vincent Coupez grew up in a Franco-German environment. Of Franco-German nationality, he attended a French primary school in Freiburg, Germany, and the Freiburg Franco-German Lycée, where he obtained the Franco-German Baccalaureate. He then studied Dental Surgery at the Strasbourg Faculty, and defended his thesis, *Contribution to treating hemifacial microsomia*, in 2003.

Having practised as a dental surgeon in a partnership in Alsace, he decided to study medicine in Freiburg, Germany, while continuing his activity as a locum dental surgeon in Alsace. He then spent 8 months working as an *Assistenzarzt* (Resident) in the ENT service directed by Professor Heppt at Karlsruhe Hospital, Germany. Since March 2011 he has been working in Freiburg University Hospital (Uniklinik), in the maxillofacial surgery service directed by Prof. Schmelzeisen.



Prof. Bernard Devauchelle

University Professor, Head of the Maxillofacial Surgery Service at Amiens University Hospital, Prof. Bernard Devauchelle has devoted over 30 years to reconstructive surgery on serious facial deformities, with particular emphasis on developing microsurgical techniques (autotransplantation). In 2005, he performed the first "face transplant," making him an international name. An author of over 150 scientific publications, he is invited to speak all over the world. A member of the French National Academy of Surgery and the Leopoldina Academy, and a Royal Fellow of the London College of Surgery, he also holds an honorary doctorate from the Université Catholique de Louvain. Founding President of the Facing Faces Institute, he now devotes more and more of his time to the areas of translational research and epistemology. An author or co-author of several works (*Langue et*

Dysmorphie [Language and Dysmorphia], La Fabrique du Visage [The Fabric of the Face], etc.), in 2014 he will publish a book devoted to transplantation. Finally, he directs the research programme 1914FACES2014, dedicated to the centenary of the Great War.

SESSION 3 SUFFERING AND PSYCHOLOGY OF SOLDIERS AND VETERANS



Prof. Maurice Bazot

Born in Bourges in 1933, and a graduate of the Paris Faculty of Medicine, Maurice Bazot has successively been a General Physician (Unit Physician during the war in Algeria), Neurologist and Psychiatrist before becoming Professor of Psychiatry at the Val-de-Grâce School. Promoted to Chief Medical Inspector, he was Director of this institution from 1989 to 1995, after a period as Head of the Psychiatry Service at Percy Military Teaching Hospital.

In connection with the loss of military personnel on psychiatric grounds in times of war, he was a member of the EMAT (applied military communications school) Working Group on "psychological factors in combat," co-author of the technical report for the French Army Health Advisory Committee on "medical services in the front lines" (1987), and a member of the Euromed International Working Group on the prevention and treatment of mental disorders from disasters and war from 1985 to 1990.

An expert with the French Ministry of Defence, Subdirectorate for Pensions, he is highly active in the voluntary sector, with a special interest in history. He is Chairman of the Friends of the Val-de-Grâce Military Health Service Museum.

He is a Commander of the French National Order of Merit, and an Officer of the French Legion of Honour, the *Ordre des Palmes Académiques* and the Order of Arts and Letters.



Prof. Marie-Dominique Colas

Chief of Medical Staff Marie-Dominique Colas is a psychiatrist and Associate Professor at Val-de-Grâce. Head of the Medical Service for Clinical Psychology Applied to Aeronautics (SMPCAA) at Percy Hospital, Clamart, and an expert approved by the French Civil Aviation Authority, she teaches aviation psychology and psychiatry at the Val-de-Grâce School and at Paris Descartes University. She directs the French Air Force's medical/psychological support unit, which is consulted in the event of an air accident. Nonetheless, Prof. Colas has not neglected her practice in the operational environment, whether in former Yugoslavia, Côte d'Ivoire, Afghanistan or recently in Mali as a field psychiatrist. At Percy Hospital, she is involved in the admission and monitoring of military personnel injured in the field. She also contributes to writing recommendations for suicide prevention in armies in her role as an expert in a NATO working group. A holder of two doctorates, one in psychopathology and psychoanalysis devoted to the "Gueules Cassées," an active member of several learned societies, Chief of Medical Staff Marie-Dominique Colas's work includes over a hundred publications and communications on the psychiatry of extreme environments.

Her current reflection on the clinical aspects of disfigurement is part of her ongoing commitment as military physician, tending to those who have chosen to serve France.



Chief of Medical Staff Humbert Boisseaux

Chief of Medical Staff Humbert Boisseaux is Head of the Psychiatry Service at Val-de-Grâce Military Teaching Hospital.

Having studied at the Lyon Military Health Service School, he chose to serve in the French Army. On leaving Val-de-Grâce School of Applied Military Medicine, he was appointed Chief Physician of the 7th Command and Support Regiment in Besançon. Since he wanted to specialise in psychiatry, he was then given the job of manager of the psychiatric selection process at French Army selection centre No. 10 in Blois. Following a successful application for an army hospital psychiatric assistantship, he was deployed to Laveran Military Teaching Hospital, Marseille. On completing his training, he joined Prof. Briole's service at Val-de-Grâce. He has been Associate

Professor at Val-de-Grâce since 2005.

His role as army psychiatrist led him to carry out various field operations, including in Bosnia, Kosovo, Côte d'Ivoire and Afghanistan. Since 2008 he has been France's representative on NATO's Military Mental Health Expert Panel, and President of the French Association for the Study of Stress and Trauma. Since 1 March 2014, he has been given the role of coordinating the French Army Medical/Psychological Service.



Prof. Franck de Montleau

Chief of Medical Staff de Montleau is a psychiatrist and Associate Professor at Val-de-Grâce. Along with his clinical activities, he teaches psychiatry at Val-de-Grâce School. He has also participated in several external operations (Chad, Kosovo, Lebanon, Afghanistan, Jordan and the Central African Republic).

In addition to other projects, he has published work on clinical psychiatry (psychotraumatic disorders, psychoses, conduct and behavioural disorders), on psychiatric practice in operational situations and the ethical issues involved, on the mental suffering of soldiers in external operations, risk factors for war-related mental disorders, and on the care of those injured in operations.

More recently, with Prof. Lapeyre, Head of the Physical and Rehabilitation Medicine at Percy Military Teaching Hospital, he initiated the creation of a Cell for the Rehabilitation and Social and Professional Reintegration of the Wounded (C2RBO), which they jointly manage with the Accommodation Centres for Army Wounded (CABAT).



Prof. Patrick Clervoy

Patrick Clervoy is Professor of Medicine, and holds the Chair of Psychiatry and Psychology at Val-de-Grâce School. He has long experience in caring for veterans and has himself participated in several military operations in the Central African Republic, former Yugoslavia, Afghanistan and Mali.

He is a member of a NATO working group on stress and psychological support in modern military operations. He is the author of several works devoted to the psychology of combatants and problems experienced by veterans:

- *Le Syndrome de Lazare—Traumatisme Psychique et Destinée (Lazarus Syndrome—Mental Trauma and Destiny)*, Albin Michel, 2007.
- *Les PSY en intervention (Therapists in Intervention)*, Doin 2009.
- *Dix Semaines à Kaboul—Chroniques d'un Médecin Militaire (Ten Weeks in Kabul—Chronicles of an Army Doctor)*, Steinkis 2012.
- *L'Effet Lucifer (The Lucifer Effect)*, CNRS Éditions 2013.

SESSION 4 ASSESSMENT AND COMPENSATION



Prof. Jean-Michel André

Having completed his military service from 1975 to 1976 as an aspiring French Armed Forces physician, and then a Reserve Officer, Jean-Michel André became a Doctor in Medicine at Pierre and Marie-Curie University (Paris VI) in 1977. From 1977 to 2013, he has been an Assistant at Paris VI University (Histology/Embryology/Cytogenetics). From 1980 to 2002, he was Hospital Attaché for the Paris Public Hospitals (AP-HP) (Service for Exploration of the Nervous System followed by Vascular Exploration Service). From 2003-2013, he has been an AP-HP Hospital Practitioner at La Pitié-Salpêtrière Hospital (Cardiology Institute), where he currently carries out research and training. He was an approved medical advisor to Veterans and War Victims (ACVG) from 1977 to 2008 (especially medical advisor to the French National Federation of Deported and Internees, and Resistance Patriots, FNDIRP), he is President of the medicosocial commission of the French Foundation for the Remembrance of Deportation (FMD), and a member of its scientific board. He has been an Expert Physician to the French Ministry of Defence since 2009.



Dr Michel Pierre

The son of a military physician (1902-1982, an Officer of the French Legion of Honour, *Croix de Guerre 1939-1945 avec palme* (War

Cross 1939-1945 with palm)), Michel Pierre was born in Nantes in 1955. Having obtained his secondary education at St Cyr Military Academy, (1st class: 1966-73), he then studied Medicine in Nantes and completed his Psychiatric Residency in Paris (1981-84). At the same time, he also completed a programme in Anthropology and Human Ecology at Paris Descartes University (Paris V), and obtained a postgraduate degree in communication theory.

Michel Pierre always wanted to practise various forms of psychiatry (hospital-based, private, correctional, expert review), as near the "field" as possible, with a special interest in patients' clinical situations as seen through their relationships with the community. This preference is clear from his role as Assessment Physician at the Hauts de Seine Departmental Centre for the Disabled (MDPH; mental disability), that of Expert Psychiatrist for the Veterans' Reform Centre (mental trauma) since 1989 and researcher at the French Foundation for the Remembrance of Deportation (delayed sequelae of Deportation). He is also a Hospital Practitioner at Les Mureaux Hospital. In a more institutional vein, he has just been made President of the Yvelines Nord Mental Health Network, which is aimed at bringing together the players from the health and medicosocial spheres for this area.



Ms Véronique de Tienda-Jouhet

Following an education and a period in general practice, particularly social (Labour Law and Social Security) in various Parisian practices, Ms de Tienda-Jouhet established her own practice in 1990. From 1999, she gained experience in defending military clients and Military Disability Pensions, in the context of the Right to Compensation and related matters.

She has been a Legal Advisor to several Combatants' associations, most importantly UBFT, for the last 15 years, and wrote the 2013 study by the French Disabled Veterans' Committee of Understanding, *Blessés pour la France, Blessés par la France! Au service de la France, Grandeur et Misère de nos Blessés. 30 propositions... (Wounded for France, Wounded by France! Serving France, Scale and Suffering of our Wounded. 30 proposals...)*, addressed to the highest authorities of the French State, and a hundred other possible interlocutors, to improve and spur the treatment of all beneficiaries of the Right to Compensation. She participated in the France 3 programme *Pièces à Conviction (Acts of Conviction)* on 5 December 2012, *Afghan Syndrome: France's Forgotten Soldiers*.

She is an active member of the *Association des Combattants du Palais*, which brings together lawyers interested in defending military personnel.

CLOSURE



Prof. Jacques Philippon

Following secondary studies at Lycée Henri IV, Prof. Philippon studied Medicine at the Paris Faculty of Medicine, culminating in a doctoral degree in 1965; at the same time he began a Residency at the Paris Hospitals. Before starting his real career in neurosurgery, as Clinical Director at La Pitié-Salpêtrière, Hospital, he spent two years as Reserve Physician Lieutenant in the French Air Force, in Algeria and then in metropolitan France. He then did Clinical Research for a year at the American National Institutes of Health near Washington. On returning to Paris in 1966, he worked as an Assistant in Neurosurgery, attending to emergencies, mainly trauma, but including neurovascular. He thus became familiar with all the modern resuscitation techniques.

On becoming Associate Professor, he then became Director of the Neurosurgery Service at La Pitié-Salpêtrière, which continued for 23 years. Under his leadership, the development of traditional neurosurgical activities (trauma, stroke) continued while new techniques were being developed, such as stereotactic surgery for the treatment of abnormal movements. This resulted in many scientific publications (over 180, in both French and English). In addition, teaching of young neurosurgeons, French as well as English, was provided by a full team on a regular basis. Many trips abroad to attend conferences or accept invitations from other universities gave him the opportunity for useful interaction.

A Member of the French National Academy of Medicine since 2005, he is also a Member of the French National Academy of Surgery and Chairman of the Scientific Committee of the "Gueules Cassées" Foundation.

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Photo credits: Armand Rouleau and Agence Publics

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