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Association of Plastic  
Surgeons of Lebanese Descent

## Plastic & Reconstructive Surgery in times of war

Since 2 March 2026, there has been an ongoing war in Lebanon between Israel and the Hezbollah militant group. It is a resumption of major fighting in the conflict that began in late 2023, and is part of the wider conflict in the Middle East. The war has precipitated a still-developing humanitarian crisis, resulted in deaths of more than 2,600 people from Israeli strikes in Lebanon and forced displacement of over 1 million (>20% of the country's population), and entailed the deployment of material and tactics that potentially constitute war crimes



# The importance of the surgical community in treating war injuries

## “Plastic surgery has one of its roots in reconstruction after war injuries”

With social media often equating plastic surgery with aesthetics, the public is often misled or misinformed about its roots and intentions. In reality, reconstructive plastic surgery was born from the need to reconstruct trauma injuries in World War One. Pioneers in this field include Gillies, McIndoe and Esser, each establishing techniques that have evolved over time, allowing for the continuing and growing expertise used today. Each conflict brings with it the need for the innovation of new techniques.

## The Birth of Plastic Surgery

The First World War saw a huge rise in the number of drastic facial injuries. Surgeon Harold Gillies developed a new method of facial reconstructive surgery in 1917. His work marked the dawn of plastic surgery as we know it today.

Until the First World War (1914-18), most battle injuries were caused by small arms fire or sword cuts. Facial injuries were often of little concern to survivors who were deemed lucky enough to have escaped with their lives.

Weapons used during the First World War like heavy artillery, machine guns and poison gas, created injuries of a severity and scale unseen before. The circumstances of trench warfare, with men peering over parapets, caused a dramatic rise in the number of facial injuries sustained by soldiers. Shells filled with shrapnel were to blame for many of these facial and head wounds, as they were specifically designed to cause maximum damage. Hot flying metal could tear through flesh to create twisted, ragged wounds or even rip faces off entirely.

Facial injuries were not easily treated on the front line. Surgeons would sometimes stitch together a jagged wound without taking into account the amount of flesh that had been lost. As the scars healed, the flesh tightened, pulling the face into a hideous grimace.

Jaw injuries could leave men unable to eat or drink. Some men had to be nursed sitting up to stop them from suffocating when they lay down. Others were

blinded or left with a gaping hole where their nose used to be.



## Harold Delft Gillies A PIONEERING SURGEON

Harold Gillies was a New Zealand surgeon who had trained in England. Posted to France in 1915, he witnessed the rise in horrific facial wounds inflicted by this new style of warfare.

On his return to England, Gillies set up a special ward for facial wounds at the Cambridge Military Hospital in Aldershot. He even sent his own casualty labels to the field hospitals in France to make sure that men with such injuries were sent directly to him. By 1916, Gillies had persuaded his medical chiefs that a dedicated hospital for facial injuries was required to meet the demand.

Gillies established The Queen's Hospital at Froggnal House in Sidcup in 1917. It was the world's first ever hospital dedicated to the treatment of facial injuries.

## THE QUEEN'S HOSPITAL

The aim of The Queen's Hospital was to reconstruct wounded men's faces as fully as possible, so that they could hopefully lead a normal life. Many patients lived in fear of what their loved ones would say when they saw how badly disfigured they were. Gillies knew that healthy tissue needed to be moved back to its normal position. After this, any gaps could be filled with tissue from elsewhere on the body. Surgeons already had a degree of experience with skin grafts. And after the work had been completed on the bone structure of a man's face, they were ready to reconstruct the soft tissues.



## Skin Grafting

One of the most successful skin grafting techniques was to release and lift a large flap of skin, called a pedicle, from near the wound. Still connected to the donor site, the free end of the skin flap would then be swung over to the site of the injury, without completely severing the connection to the body. Maintaining the physical connection ensured that blood was supplied to the skin, increasing the chances of the graft being accepted by the body.

## New Techniques

Gillies puzzled over how to ensure that larger skin grafts could be accepted over the site of the injury, until he operated on Willie Vicarage. Willie had been badly burned in a fire during the Battle of Jutland (1916). His face was left as a fixed scarred mask and he couldn't shut his eyes or mouth.

Gillies proposed to raise a 'Masonic Collar Flap' of skin from Willie's chest to repair the lower part of his face. During the operation, Gillies noticed that the edges of the pedicle flaps curled in on themselves under tension. He decided to sew them into a tube and found that the risk of infection was reduced and the blood supply was much better.

Once the tubed pedicle had become firmly attached near the site of the injury, it could be cut away from the donor site, opened and spread out to graft a much wider area if required.

This pioneering work by Gillies and his team marked a huge advance in reconstructing the faces of severely injured men. It also laid the foundations of modern plastic surgery.

## Outcome

Thousands of men suffered long-term disabilities as a result of the First World War. Improvements in plastic surgery and facial reconstruction techniques brought some relief. But many were left to fend for themselves with little financial or social support from the state.

Gillies recognized that the disfigured men he treated would be disadvantaged in the job market. So he introduced training schemes to give the men interests and new skills. His patients responded to their injuries in different ways. Many went home, grateful for and happy with the work done for them. But some men never left The Queen's Hospital, unwilling to present themselves to a curious and sometimes hostile world.

## Sharing Knowledge

The New Zealand Medical Corps facial and jaw injury unit, led by Henry Pickerill, transferred to Sidcup in 1918. Pickerill himself treated over 200 men and became a renowned plastic surgeon. He developed teaching models, casts and busts to demonstrate the rapidly changing methods of facial reconstructive surgery.



Original wax teaching model, 1917

## Legacy

Today, Gillies is often referred to as the 'father of plastic surgery'. Many of the techniques he developed during the First World War are still used in modern reconstructive surgeries.

The concept of cosmetic surgery also emerged as a result of Gillies' work. His desire to restore normal appearance, as well as functionality, was revolutionary. For the first time, patients could choose the nose or jaw their doctors would build for them.

Even so, the surgery Gillies' patients received was born of necessity. Their situation was a far cry from the purely cosmetic face lifts and nose jobs we see today.



RESEARCH

Open Access



# Injury morbidity and mortality during conflict: evidence from the 2024 war on Lebanon

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## Abstract

**Background** Wars and armed conflicts have long-lasting and devastating impacts on populations and health systems in low- and middle-income countries (LMICs). The 2024 Israeli military operations in Lebanon occurred amid an already fragile socioeconomic and healthcare landscape. This study provides the first nationally representative analysis of war-related injuries and deaths in Lebanon, offering critical insight into the health consequences of modern conflict.

**Methods** A multicenter retrospective observational study was conducted using data from 149 hospitals across Lebanon from October 2023 to March 2025. Mortality data were obtained from the National Hospital Mortality System (NHMS), while morbidity data were sourced from the Ministry of Public Health (MoPH)-subsidized hospitals. Injury-related cases were identified using relevant ICD-10 codes. Descriptive and bivariate analyses were performed to assess associations between demographic, geographic, clinical, and injury-related variables, and outcomes.

**Results** A total of 21,853 individuals were included, with 80.45% sustaining injuries and 19.55% recorded as fatalities. The most affected age group was 40–44 years (38.65%), and males accounted for 81.09% of cases. Lebanese nationals comprised 90.08% of the affected. The South and Nabatiyeh governorates reported the highest injury and fatality rates. The leading mechanisms of injury were blast injuries (29.79%) and gunshots (14.04%). Of those injured, 51.9% were discharged from the emergency department, 40.86% were admitted, and 7.24% required ICU care. Among fatalities, 81.46% were dead on arrival. Bivariate analysis showed significant associations between incident status (dead/injured) and age, sex, nationality, hospital type, geographic region, and mechanism of injury (all  $p < 0.001$ ).

**Conclusion** The study highlights the immense human toll of the 2024 conflict in Lebanon on a population already crippled with economic crises and a fragile healthcare system. While vulnerable populations including women and children were heavily impacted, many blast victims were reported dead before hospital arrival due to limited access to timely care and the targeting of healthcare infrastructure. The findings underscore the violations of international humanitarian law and highlight the urgent need to protect civilians and healthcare infrastructure, as well as to strengthen emergency preparedness and post-conflict recovery.

**Keywords** War-related injuries, Lebanon, Health systems in conflict, Emergency preparedness

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## Introduction

Wars and armed conflicts have long-lasting and devastating impacts on populations and health systems in low- and middle-income countries (LMICs) [1]. The average mortality rate attributed to armed conflicts increased exponentially globally between 2007–2011 and 2012–2016 [2]. Lebanon has repeatedly been subjected to the health repercussions of conflict, including a 15-year civil war, and repeated wars with Israel [3]. Most recently, Israel launched a large-scale military offensive across multiple regions in Lebanon in October 2024, resulting in approximately 4,047 civilian deaths, 16,638 injuries, and the displacement of more than 900,000 individuals (MoPH, 2024). The attacks further destroyed critical healthcare infrastructure with nearly 286 documented attacks on healthcare services [4, 5]. The devastating impact of the recent war has exacerbated Lebanon's existing healthcare fragility, already weakened by decades of political instability, economic collapse, the COVID-19 pandemic, and the 2020 Beirut blast [6].

Conflicts and wars disproportionately affect civilian populations [7]. Evidence from regional conflicts, including the Iran-Iraq War, the Gulf War, the Arab Spring uprisings, and ongoing crises in Gaza, Syria, Yemen, and Lebanon, consistently shows that war-related injuries inflict heightened harms on vulnerable individuals and marginalized communities [8–11]. War impact extends beyond direct physical injuries to include indirect and long-term health consequences, such as psychological trauma, malnutrition, disruption of essential health services, exposure to infectious diseases, and deterioration of maternal and child health outcomes [12–14]. Recent global data revealed that the proportion of women killed in armed conflicts doubled in 2023 compared to the previous year, with women comprising 40% of conflict-related fatalities [15]. Conflict-related sexual violence rose by 50%, and maternal health access declined sharply [15]. In Gaza, 70% of verified deaths reported since October 2023 were of women and children [16], a disproportionately higher percentage compared to other contemporary conflicts [17]. As adults, many children experience elevated rates of anxiety, depression, post-traumatic stress disorder, and substance use disorders [14, 18]. Research suggests that it can take up to 15 years after the acute phase of a conflict for children to restore and resume pre-conflict improvements in under-five mortality rates [11]. The strained health systems, with shortages of medical supplies, disrupted referral pathways, and attacks on healthcare facilities, further amplify negative impacts on the health of affected populations in low socioeconomic settings and developing countries [19, 20].

Despite the devastating toll of armed conflict on health, there remains a significant gap in timely, high-quality data that captures the scale, nature, and distribution of

war-related injuries, especially among vulnerable populations [14]. Most available studies are limited to outdated conflict contexts or lack disaggregation by demographic or geographic indicators necessary to inform humanitarian and health responses [21]. National-level data capturing injury characteristics and healthcare utilization during conflict is especially scarce.

This study addresses a critical and timely gap by providing a comprehensive descriptive analysis of war-related injuries sustained in Lebanon during the 2024 Israeli military operations. In collaboration with the Lebanese Ministry of Public Health (MoPH), it draws on national-level data to examine injury patterns, demographic characteristics, mechanisms of injury, and healthcare outcomes. The findings will inform immediate humanitarian response efforts, long-term health system recovery, and preparedness planning for future conflict scenarios. Given the scale of displacement, health facility targeting, and injury burden, this research provides unique and essential insight into the health impacts of conflict in Lebanon particularly for vulnerable and underserved populations.

## Methods

### Study design

A multicenter retrospective observational study was conducted using data from 149 hospitals across Lebanon, covering the period from October 2023 to March 2025. The study aimed to analyze war injury-related mortality and morbidity, focusing on demographic, temporal, and geographic patterns, as well as underlying factors contributing to these sustained injuries and deaths. The study was approved by the Institutional Review Board (IRB) of the American University of Beirut (SBS-2025–0059).

### Study setting

Lebanon is a middle-income country in the Eastern Mediterranean Region, with a history of a 15-year civil war and recurrent wars with Israel [3]. These compounding political crises have crippled Lebanon healthcare system infrastructure over the years and imposed a devastating toll on Lebanon nearly 5.3 million civilian populations distributed across the country's 8 main governorates. Further to its long-endured conflicts, Lebanon hosts the largest population of Syrian refugees, approximately 1.5 million Syrians who escaped regional wars are displaced across all governorates, further exacerbating the strain on Lebanon fragile and limited resource healthcare system [6].

### Data collection

Data were obtained from the National Hospital Mortality System (NHMS) database of the MoPH in Lebanon, an online platform that collects real-time mortality data

from all operational hospitals nationwide and includes patients of all nationalities. Each mortality record contained up to three causes of death, coded using the latest version of ICD-10. For this study, records with codes from Chapter XIX (S00-T99) and Chapter XX (V01-Y98) were selected.

While the mortality database includes all residents of Lebanon, the morbidity database covers only the Lebanese population subsidized by the MOPH, estimated at approximately 50% of the national population.

The study population included all patients with recorded injury-related morbidity or mortality during the study period. The following variables were collected and analyzed: 1) demographic characteristics (e.g., age, sex, nationality, etc.), 2) hospital type (e.g., private or public), 3) injury mechanism (e.g., blast injury, gunshot, etc.), 4) geographic location of injury (e.g., governorate and district), 5) temporal characteristics, 6) injury categorization, 7) clinical data, and 8) clinical outcomes.

Within the context of this study, injuries are categorized into primary, secondary, tertiary, and quaternary effects. Primary injuries arise from the overpressure wave of an explosion, leading to direct tissue damage, especially in air-filled structures, while secondary injuries result from debris and shrapnel causing penetrating trauma, compounding the initial injuries [22]. Tertiary injuries occur when individuals are forcibly displaced by the blast, resulting in additional blunt trauma, often exacerbating frontal sinus fractures, while quaternary injuries include burns and exposure to toxic substances, complicating surgical management by increasing infection risk and delaying recovery [23].

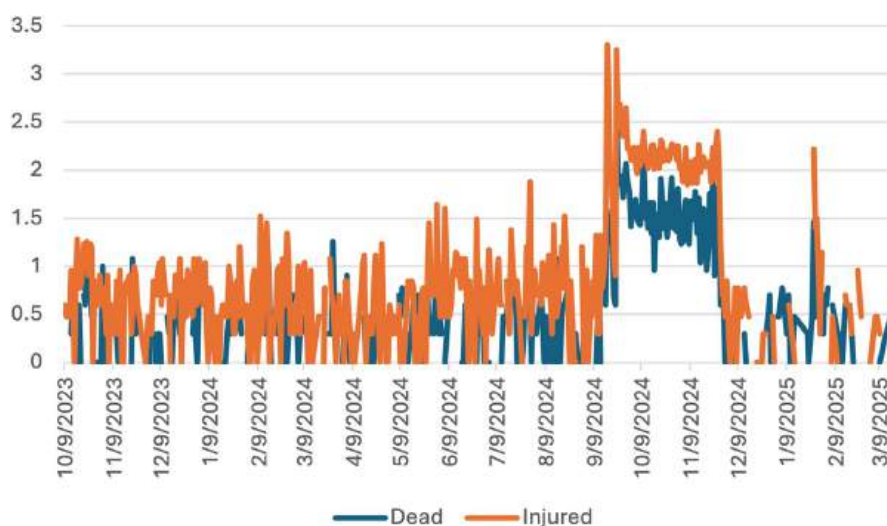
### Data analysis

Data were analyzed using STATA, version 18.0. Descriptive analyses were performed to calculate frequencies and injury-specific morbidity and mortality rates across mechanisms, demographic groups, and geographic regions. Findings were reported as counts (N) and percentages (%) for categorical variables and as median (IQR) for continuous variables. Bivariate analysis was performed to examine associations between explanatory variables and injury-related mortality and morbidity, using a cut-off  $p$ -value  $\leq 0.05$ . Variables with less than 5% missing data were imputed using the mean; those with more than 5% missing data were excluded from the analysis. Records with missing ICD-10 injury codes were categorized as “unclassified.”

### Results

A total of 21,853 individuals were reported in this study between October 2023 and March 2025, with 17,581 (80.45%) sustaining injuries and 4,272 (19.55%) recorded as fatalities. The highest number of cases was documented during the peak period of the war from September to October 2024 (Fig. 1).

Table 1 presents the distribution of injuries and fatalities by study characteristics. The median age of affected individuals was 40 (IQR = 11) years (Table 1). Individuals aged between 40 and 44 years were most affected ( $n = 8446$ , 38.65%), followed by those aged between 30 and 34 years ( $n = 2112$ , 9.66%; Table 2). The majority of victims were males ( $n = 17,720$ , 81.09%) (Fig. 2). Lebanese were disproportionately affected ( $n = 19,685$ , 90.08%), (Table 3) followed by other nationalities, including Syrians ( $n = 778$ , 3.56%) and Palestinians ( $n = 166$ ,



**Fig. 1** Distribution of deaths and injuries by time

**Table 1** Distribution of injuries and fatalities by study characteristics (n, %)

	Status n (%)		Rate (per 100,000 of population)
	injured (n = 17,581)	Killed (n = 4,272)	
<b>Age (years), Median (IQR)</b>	<b>40 (13)</b>	<b>40 (0)</b>	
<b>Sex</b>			
Female	3,168 (18.02)	965 (22.59)	
Male	14,413 (81.98)	3,307 (77.41)	
<b>Nationality</b>			
Lebanese	16,063 (91.37)	3,622 (84.78)	418.8
Palestinian	114 (0.65)	52 (1.22)	66.4
Syrian	546 (3.11)	232 (5.43)	51.9
Unspecified	58 (4.88)	366 (8.57)	-
<b>Hospital type</b>			
Private	13,143 (74.76)	2,778 (65.03)	
Public	4,438 (25.24)	1,494 (34.97)	
<b>Governorate</b>			
South	6,044 (34.38)	1,312 (30.71)	
Nabatieh	5,767 (32.80)	1,166 (27.29)	
Baalbek-Hermel	1,865 (10.61)	554 (12.97)	
Beqaa	1,315 (7.48)	427 (10.00)	
Mount Lebanon	1,783 (10.14)	375 (8.78)	
Beirut	699 (3.98)	337 (7.89)	
Keserwan-Jbeil	33 (0.19)	54 (1.26)	
North	56 (0.32)	39 (0.91)	
Akkar	19 (0.11)	8 (0.19)	

0.76%; Table 1). The South and Nabatieh governorates accounted for the highest percentages of injured and killed individuals  $n=7,356$  (33.6%) and  $n=6,933$  (31.73%), respectively) (Table 4, Fig. 3). Tyre and Bint Jbeil districts within the Southern governorates reported 5,041 (23.07%) and 3,323 (15.21%) of cases, while 2,834 (12.97%) were recorded in Nabatieh (Table 4).

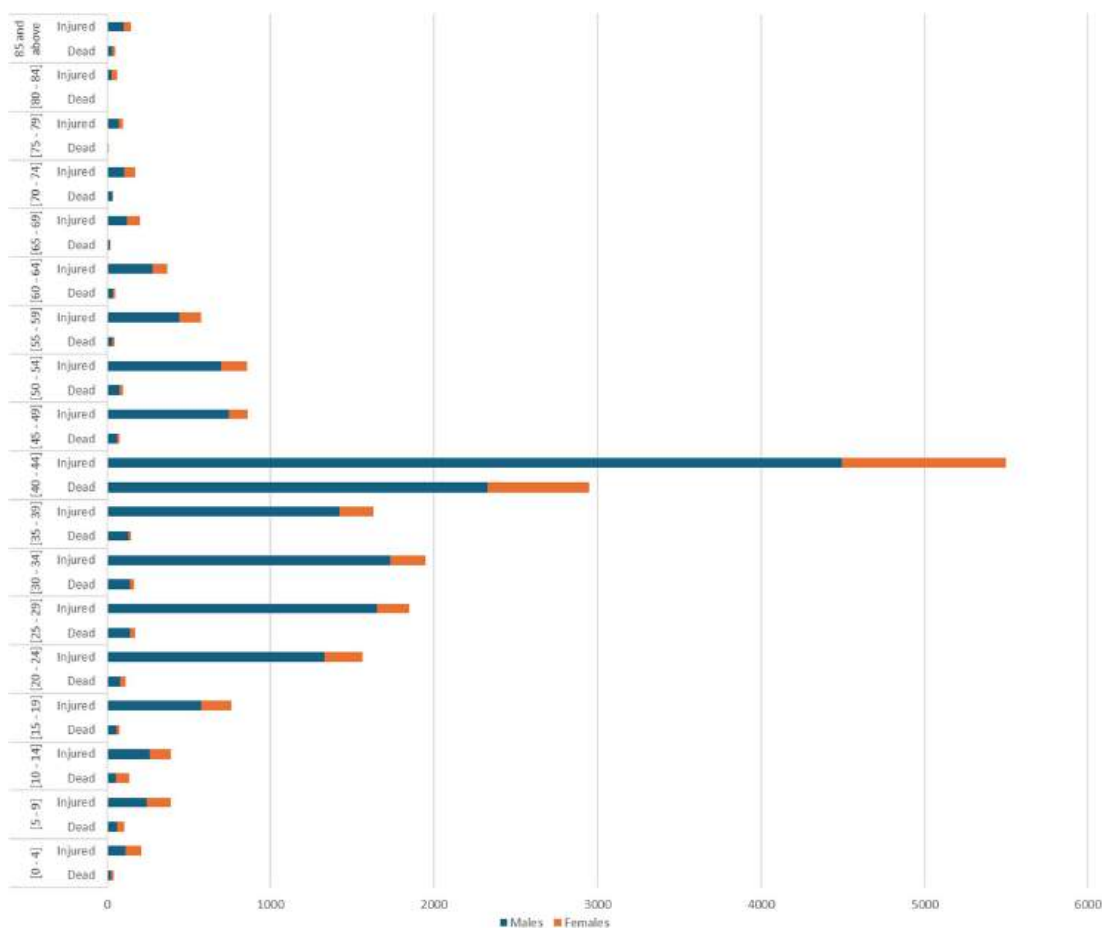
The most commonly reported mechanisms of injury were blast injuries (29.79%), gunshot or bullet trauma (14.04%), and secondary blast injuries from environmental or device-related fragments (13.63%; Table 5; Fig. 4).

Of the 17,581 (80.45%) injured, 9126 (51.9%) were treated in the emergency department and discharged without requiring inpatient admission, 7183 (40.86%) were regularly admitted, and approximately 1272 (7.24%) required admission to the intensive care unit (ICU). Of the 4,272 (19.55%) who died, 3480 (81.46%) were declared dead upon arrival, while 792 (18.54%) died later from their wounds (Supplementary Table 2). Of the 5,932 (27.15% of all casualties) treated in public hospitals, 1194 (20.13%) were dead on arrival, and (300) 5.06% died from their wounds, compared to 2286 (14.36%) and 492 (3.9%) in private hospitals, respectively (Supplementary Table 2).

**Table 2** Distribution of casualties by sex across different age groups and governorates

Age group	Killed		Injured		Total
	Males	Females	Males	Females	
[0–4]	22	20	116	95	253
[5–9]	62	43	243	148	496
[10–14]	55	80	259	133	527
[15–19]	56	20	576	183	835
[20–24]	80	32	1332	232	1676
[25–29]	140	29	1649	201	2019
[30–34]	142	23	1731	216	2112
[35–39]	132	11	1422	207	1772
[40–44]	2327	623	4492	1,004	8446
[45–49]	64	10	745	116	935
[50–54]	76	20	697	161	954
[55–59]	31	13	442	135	621
[60–64]	38	11	277	93	419
[65–69]	13	5	124	76	218
[70–74]	31	5	107	64	207
[75–79]	6	1	71	27	105
[80–84]	2	1	28	34	65
85 and above	30	18	102	43	193
<b>Governorate</b>					
Akkar	8	0	16	3	27
Baalbek-Hermel	345	209	1259	606	2419
Beirut	319	18	535	164	1036
Beqaa	311	116	948	367	1742
Keserwan-Jbeil	22	32	22	11	87
Mount of Lebanon	250	125	1474	309	2158
Nabatieh	1053	113	4982	785	6933
North	19	20	40	16	95
South	980	332	5137	907	7356

Bivariate analysis revealed that age was significantly associated with incident status (dead vs injured) ( $p < 0.001$ ; Table 1). Males experienced a significantly higher proportion of injuries and deaths compared to females, accounting for 81.09% of all cases versus 18.91% for females ( $p < 0.001$ ). Nationality also showed a significant association with outcomes, with Lebanese nationals comprising the majority of both injuries and deaths ( $p < 0.001$ ). Significant differences were observed based on hospital type, with a greater proportion of both injured (74.76%) and deceased (65.03%) individuals being treated in private hospitals compared to public hospitals (24.24% and 34.97%, respectively;  $p < 0.001$ ). Regionally, the South governorate reported the highest proportion of injuries and deaths, with this difference also reaching statistical significance ( $p < 0.001$ ). Similar significance in S-status (i.e. hospital stay status including intensive care unit, outpatient, dead on arrival, emergency room visit, and regular visit) based on the mechanism of injury was also obtained ( $p < 0.001$ , Supplementary tables 3 and 4) (Table 5).



**Fig. 2** Number of deaths and injuries by sex across different age groups

**Table 3** The proportion of different nationalities among the studied population

	Injured	Killed	Total casualties	Total denominator	Proportion casualties
Lebanese	16,063	3622	19,685	4,600,000	0.004279
Palestinians	114	52	166	475,000	0.000349
Syrian	546	232	778	800,000	0.000973

**Discussion**

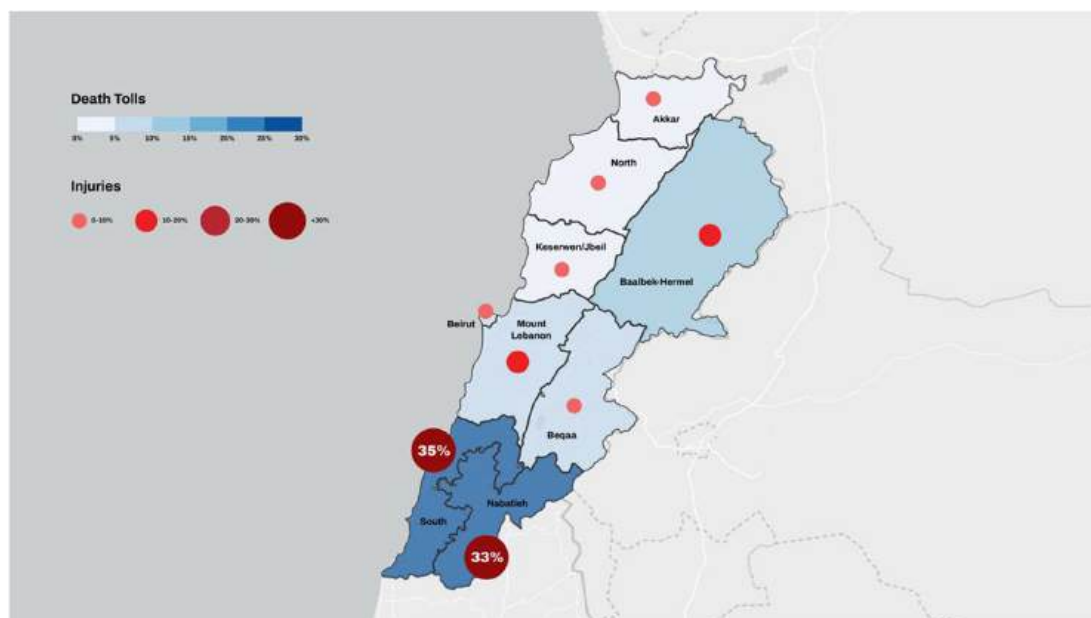
This descriptive study highlights key patterns of war-related morbidity and mortality during the 2024 Israeli war on Lebanon, shedding light on the health implications of modern warfare in a low- and middle-income country already burdened by economic collapse and a limited resource healthcare system.

Blast injuries emerged as the leading cause of both morbidity and mortality in this study, consistent with

**Table 4** The distribution of casualties across different governorates in Lebanon

Governorate	Injured	Dead	Total casualties	Total denominator
South	6,044	1,312	7,356	590,078
Nabatiyeh	5,767	1,166	6,933	383,839
Baalbek-hermel	1,865	554	2,419	457,932
Beqaa	1,315	427	1,742	534,342
Mount Lebanon	1,783	375	2,158	1,802,238
Beirut	699	337	1,036	433,249
Keserwan-jbeil	33	54	87	182,834
North	56	39	95	790,951
Akkar	19	8	27	590,078

patterns observed in other modern conflicts, where highly-explosive weapons are frequently used [24, 25]. Similar trends have been documented in regions such as Gaza, Syria, and Iraq, where blast-related trauma has been the predominant cause of injury [24, 26–29]. In this



**Fig. 3** Distribution of deaths and injuries by gender across governorates

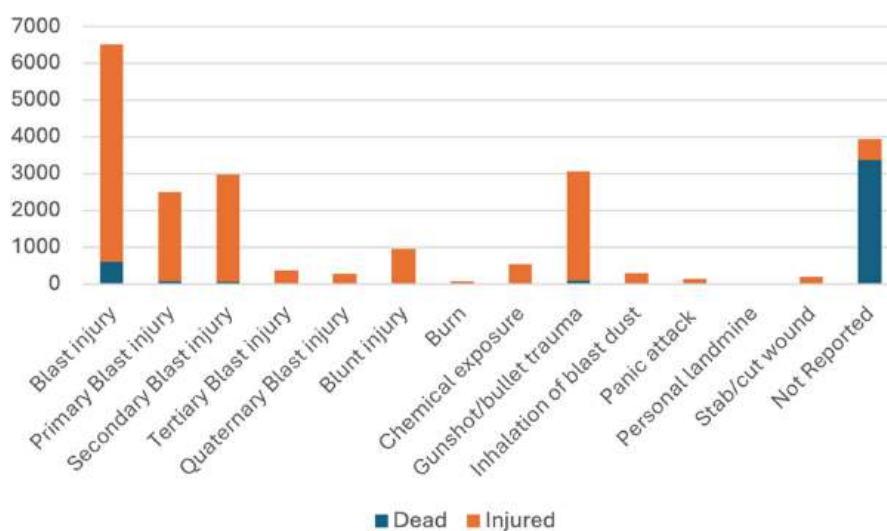
**Table 5** Number of deaths and injuries by mechanism of injury

Mechanism	Dead	Injured	Total
Blast injury	600	5911	6511
Primary blast injury	76	2413	2489
Secondary blast injury	65	2913	2978
Tertiary blast injury	6	363	369
Quaternary blast injury	12	259	271
Blunt injury	17	937	954
Burn	15	68	83
Chemical exposure	7	532	539
Gunshot/bullet trauma	94	2974	3068
Inhalation of blast dust	4	293	297
Panic attack	3	141	144
Personal landmine	0	1	1
Stab/cut wound	5	204	209
Not reported	3368	572	3940

study, secondary blast injuries, caused by shrapnel and debris, were the most commonly reported among classified cases, followed by primary blast injuries related to the blast wave. This differs from the findings of traditional wars, where tertiary blast injuries were more prevalent, resulting from individuals being thrown by the force of the explosion [30]. This shift in injury patterns may reflect changes in the types of weapons used, targeting strategies, or exposure conditions during the 2024 conflict. However, a significant proportion of blast injuries in the present study were uncategorized, which may have influenced the observed distribution. Gunshot wounds were also frequently reported, highlighting the

complexity of violence that extended beyond aerial bombardment. The combination of blast and ballistic trauma suggests a multifaceted modern conflict environment involving both large-scale assaults and localized armed engagements [26]. This varied distribution of injury types not only reflects the nature of war but also has profound implications for medical response, as each injury mechanism requires distinct triage, treatment, and rehabilitation protocols [31].

While this study showed that middle-aged men comprised the majority of casualties, it underscored the substantial burden faced by vulnerable civilian populations, including women, children, and the elderly. Nearly one-fifth of the victims were women, alongside notable proportions of children and older adults. Despite not being on the frontlines, these groups face elevated risks due to displacement, limited protection, and lack of access to care [14]. Based on existing literature, it is common in armed conflicts for men, particularly those of working age, to bear the brunt of direct physical harm due to sociocultural roles, frontline exposure, and limited evacuation [27, 32–34]. Similar patterns have been documented in previous regional conflicts, including the 2006 Israeli war on Lebanon and across other MENA conflict zones such as Iraq, Syria, and Libya [27, 30, 32–34]. However, despite this trend, women and children affected by conflict account is over 8% of the global population [14]. In addition to the immediate physical harms, armed conflict has been shown to increase indirect mortality among



**Fig. 4** Number of deaths and injuries by mechanism of injury

women and children long-term disability and mental health through exposure to violence, food insecurity, unsafe living conditions, and disruption of essential services such as immunization and maternal care [14, 35]. Beyond the direct morbidity and mortality, war related injuries often lead to long-term physical and mental disabilities, creating sustained needs for rehabilitation and mental health support that place additional strain on the already fragile Lebanese health system. These effects are often more pronounced among those living near intense conflict zones [14]. Furthermore, the reported use of white phosphorus and heavy metal munitions has further exacerbated their vulnerabilities by damaging the environment, contaminating natural resources, and threatening long-term wellbeing [36].

Moreover, this study revealed high rates of death upon arrival among victims, possibly reflecting both injury severity as well as limited access to prehospital care. Several factors may explain this notably high rate of in-hospital mortality rate, including the protracted strain on Lebanon limited resource healthcare system due to political instability and economic crises. Another major factor is related to the explicit widespread destruction of healthcare facilities and the major infrastructure disruptions of referral pathways may have contributed to delayed access to timely care and the increased prevalence of increased mortality. There were reports of 286 attacks on healthcare, including health facilities and ambulances, which resulted in the deaths of 220 health workers [5, 37]. Such attacks likely contributed to challenges in providing timely transfer and emergency care for injured patients. [5, 37]. Death upon arrival in this study aligned with conflict zones like Irbil and Syria [27, 34]. This may

be attributed to similar reasons faced in these countries, such as limited prehospital care and delayed access to treatment, particularly in rural and mountainous areas such as the South, Nabatiyeh, and Baalbek governates [27, 38, 39]. In these regions, damaged roads and transportation networks significantly impeded patients' evacuation and emergency response. Reports further indicated that emergency services, including the Lebanese Red Cross and Civil Defense, were unable to reach many areas due to being targeted during rescue operations [37, 40]. These delays, coupled with the already limited medical infrastructure in rural Lebanon compared to urban centers in the capital city, Beirut, exacerbated injury severity on arrival and may have contributed to higher mortality and morbidity in the most affected areas [41].

This study has some strengths and limitations. To the best of our knowledge, this study is the first to report on the characteristics and clinical outcomes of war-related injuries and deaths as a result of the recent Israeli 2024 war on Lebanon using a nationally representative injury dataset provided by the Ministry of Health. The study included Lebanese and non-Lebanese casualties, underscoring the impact of war atrocities on different population groups and geographic regions. Despite its representative nature, the study has some limitations. First, the post-injury impact, including long-term disabilities, is an important aspect of understanding the full burden of war-related injuries [11, 30] but this dataset did not include longitudinal data on patient outcomes and cannot reflect long-term morbidity or mortality that occurred after the hospital encounter. Further research is needed on the long-term consequences of war-related injuries and subsequent functional impairments. Second,

given the political instability and chaos during the war, many casualties might have been unrecorded, and hence, underreporting is a potential bias. Third, as this study primarily concentrated on physical injuries, it does not reflect a comprehensive view of the health impact of the war, including excess mortality from other conditions impacted by lack of access to health services, and mental health impacts of the conflict on survivors. PTSD, depression, and anxiety are frequently observed in individuals exposed to traumatic events such as war, and these conditions can significantly affect survivors' quality of life and long-term well-being [42].

## Conclusion

This study highlights the devastating health toll of the 2024 Israeli war on a population already grappling with economic collapse and a fragile healthcare system. While middle-aged men were disproportionately affected, vulnerable populations including women, children, and older adults, were significantly attacked and suffered heavily. The alarming rate of mortality reflect both the severity of injuries and the lack of timely access to emergency care, particularly in rural and hard-to-reach regions. These patterns raise serious concerns about potential violations of international humanitarian law, which mandates the protection of civilians during armed conflict.

## Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s13031-025-00722-9>.

Additional file 1.

Additional file 2.

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## Author contribution

SA: Conceptualization, Writing—Original Draft, and Writing—Review & Editing. HH: Data curation, Review analysis, Writing—Review & Editing. SB: Writing—Review & Editing. NAK: Data curation, Formal analysis, and Review & Editing. NA: Writing- Review & Editing. HM: Writing- Review & Editing. RN: Writing- Review & Editing. All authors read and approved the final manuscript.

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## Data availability

The dataset(s) supporting the conclusions of this article is(are) available upon reasonable request from the corresponding author.

## Declarations

### Ethics approval and consent to participate

Not Applicable. No identifiable participants were involved.

### Consent for publication

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## Competing interests

The authors declare no competing interests.

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# Monument in a New York park about Pen League pioneers including Gibran Khalil Gibran stirs turmoil

**The labeling of Pen League pioneers including Gibran Khalil Gibran as “Syrian poets” on a New York monument has sparked outrage and renewed debates over Lebanese cultural identity and historical memory**

“If Lebanon were not my country, I would have chosen it to be”, wrote Gibran Khalil Gibran, Lebanon’s most renowned author in the first half of the 20th century. Yet, on a plaque accompanying an artwork in a park in New York, — where he lived and died in 1931 — Gibran is identified as “Syrian”. This confusion sparked anger in Lebanon, amid fears of a return to a “Greater Syria” that would include all or part of the country.

A public park in New York City has become an unlikely battleground over Lebanese cultural identity. The recent inauguration of a monument honoring the Pen League one of the most influential literary movements in modern Arabic literature has ignited fierce protests after its founders, among them Gibran Khalil Gibran, were identified in the monument's inscription as "Syrian poets."

## A monument and a controversy

The Washington Street Historical Association initiated the monument in New York, celebrating the legacy of the Pen League, a diaspora literary movement that fundamentally reshaped modern Arabic literature in the early twentieth century. Alongside the metal structure stood a plaque titled "The Pen: Poets in the Public Garden," engraved with quotations from Amin Rihani, Mikhail Naimy, Gibran Khalil Gibran, Elia Abu Madi, and Afifa Karam. The plaque described them all collectively as "Syrian poets."

The historical facts are not in dispute. Gibran was born in Bsharri, Lebanon. Naimy hailed from Baskinta. Rihani from Freikeh. Abu Madi from Al-Mhayedseh. Afifa Karam, a pioneering figure in Arab women's journalism in the diaspora, was equally Lebanese. Together, they founded and defined intellectual movement.



A part of the artwork "al-Qalam," installed in a New York park, in tribute to several Arab American authors. (Credit: Instagram page of Washington Street Historical Society/@wshsnyc)

## The Lebanese Historical Society weighs in

The Lebanese Historical Society an institution dedicated since 1986 to preserving Lebanese heritage issued a statement contextualizing the controversy within Lebanon's broader vulnerabilities. "Lebanon has faced difficult challenges threatening its destiny as a free and united nation," the society said. "We deeply regret this matter and consider it a distortion of historical truth." The society called on the Lebanese Ministry of Culture, alongside cultural, academic, and national associations, to defend Lebanon's historical figures and urged the relevant authorities to correct the inscription, listing those named as "Lebanese

Poets and Intellectuals."

### **Gibran committee moved to correct the record**

In search of answers, The Beirut Foundation contacted the Gibran Khalil Gibran Committee, which maintained that concrete steps had already been taken to address the mislabeling, among them, an official letter dispatched to Lebanon's Ministry of Foreign Affairs." The committee requested that the ministry contact the Lebanese consulate in New York, which would then formally engage with the municipality and seek an official correction. The source also confirmed that the Ministry of Culture had been notified, though the ministry indicated the matter falls primarily under the Foreign Ministry's jurisdiction. On the diplomatic front, the source revealed that the Director General of the Ministry of Culture has already established direct communication with the Washington Street Foundation, the organization behind the project, through a former Lebanese consul, Mr. Majdi Ramadan, who previously served in New York and remains connected to the foundation's network. Through that channel, the foundation reportedly acknowledged the error and indicated it would be corrected, with further details expected within days.

### **Ministry of Foreign Affairs confirms it is acting**

In a statement to The Beirut Foundation, Lebanon's Ministry of Foreign Affairs confirmed it is actively engaged on the matter: "The Ministry of Foreign Affairs is following up on this issue in coordination with the Ministry of Culture, and our consul in New York has been tasked with handling it." The brief but direct statement signals that the controversy has reached the highest levels of Lebanon's diplomatic apparatus, and that the push to correct the labeling is no longer limited to cultural institutions and civil society, it has become an official state concern. With the Lebanese consul in New York now formally assigned to the case, pressure on the Washington Street Foundation to New York now formally assigned to the case, pressure on the Washington

Street Foundation to amend the plaque is set to mount through official diplomatic channels.

### **Protestor to The Beirut Foundation: "This Is Erasure"**

George, a Lebanese demonstrator who joined the small protest outside the cultural gathering in New York, said the issue went far beyond terminology. For him, it was about recognition, memory, and a history he believes is constantly being rewritten. "We didn't stand there because of a word on a wall," he says. "We stood there because that word changes everything. If you erase where Gibran comes from, you erase what he stood for." He described the moment he first saw the plaque as "violent." "It looked harmless at first. Just a label. But then it hits you, if even our writers can be reassigned so easily, then nothing about our history is safe." "We are not saying others cannot share in this legacy. We are saying: don't take it away from where it was born. Lebanon is the origin." He paused when asked what he hoped would change. "I don't expect history to be fixed in a day," he said. "But I do expect it not to be rewritten without us even being consulted."

### **A battle over memory**

Gibran Khalil Gibran was born in Bsharri, carried Lebanon within him, and turned its soul into words that moved the world. Mikhail Naimy, Amin Rihani, Elia Abu Madi, and Afifa Karam also carried Lebanon across oceans and gave its culture to the world. To reduce them to a false label on a public monument is an insult. It is a theft. Lebanon's most enduring contribution to human civilization, has always been its people and their words. When you erase the nationality of Gibran, you are reaching into the soul of a nation and telling it that even its deepest pride, even its most luminous legacy, does not truly belong to it. And if there is one thing our country has proven across centuries of invasion and erasure, it is that it does not disappear. Lebanon has always found a way to survive. Its memory will too.

# AL-RABITA AL-QALAMIYYA (THE PEN LEAGUE)

**Fueled by their interests in mysticism, philosophy and spirituality, members of al-Rabita collectively formed in the mahjar (diaspora) school that aspired to rethink the form and essence of Arabic literature and language. Their animated literary and artistic world created a home in New York from where they could withstand the potentially pernicious effects of ta'amruk, or Americanization**

The first New York-based Arab-American literary society, the Pen League (Al Mahjar or al-Rabita al-Qalamiyya) was a collective of several Syrian/Lebanese American writers and scholars who supported each other's work and encouraged the revitalization of Arab literature. The group was made up of poets, publishers, essayists, and novelists of the Arab diaspora who immigrated to the U.S. during the first major period of Arab immigration from 1880 to 1924.

Founded by Nasib Arida and Abd al-Masih Haddad around 1915, the group included important literary figures such as Kahlil Gibran, Mikhail Naimy, Ameen Rihani, and Elia D. Madey, also known as Elia Abu Madi. Gibran reformed and assumed leadership of the league in 1920.

Members of The Pen League wrote volumes of poetry, reflections on beauty and love, essays about Arab cultural identity. They also published magazines and newspapers for the diasporic community, and overall, they invigorated the literary world. Al-Rabita's members created a deep catalog of influential literary works.

In addition to their great individual works, these writers also contributed to Nasib Arida's magazine, *Al-Funun* (The Arts) until it closed in 1918, and later to Abd al-Masih Haddad's daily newspaper, *As-Sayeh* (The Traveler).

Gibran led the league as President. Its purpose was best described by Naimy, the group's secretary: "The tendency to keep our language and literature within the

narrow bounds of aping the ancients in form and substance is a most pernicious tendency; if left unopposed, it will soon lead to decay and disintegration... To imitate them is a deadly shame... We must be true to ourselves if we would be true to our ancestors"



Besides the four original founders shown in the photo (left to right: Arida, Gibran, Haddad, Naimy), the league's members also included: Rashid Ayyoub, Wadih Bahout, William Katsifilis, Nudra Haddad, Elia Abu Madi and Ameen Rihani. All 10 members were responsible for some of the most ingenious literary works of the early 1900s, forming the strongest possible core for the league.

Unfortunately, Gibran's death in 1931 and Naimy's return to Lebanon in 1932 dissolved the league, leaving behind pavement for potentially the brightest future of Arab literature.

# Milton Hatoum: The Amazon, Lebanon, and the highest honor of Brazilian letters

Adapted from

<https://literaturfestival.com/en/authors/milton-hatoum/>

The first author from Manaus elected to the Academy of Letters, the novelist celebrates a career shaped by exile, memory, and transmission.

**Milton Assi Hatoum**, born August 19, 1952, in the Brazilian city of Manaus. Hatoum's father was an immigrant from Lebanon who met a Brazilian of Lebanese origin. During his childhood, Milton lived with the culture, religion and language of Arabs and African Jews. At age 15 he moved to Brasília and finished secondary school in the Brazilian capital.

Milton Hatoum first studied Architecture and Urbanism at the University of São Paulo (USP). In 1980 he traveled to Spain on a scholarship from Instituto Iberoamericano de Cooperación. He lived in Madrid and Barcelona. After that, he took postgraduate courses at the University of Paris III, where he studied comparative literature. He later graduated from the Sorbonne. Upon returning to his home city in 1984 he taught French literature at the Universidade Federal do Amazonas. He was also a guest lecturer of Latin American literature at the University of California, Berkeley.

In 1989 Hatoum received the prestigious Jabuti Literature Award for his first novel, »Relato de um certo Oriente« (Eng. »The Tree of the Seventh Heaven«, 1994; »Tale of a Certain Orient«, 2004). Hatoum employs melodious, fluid language and vivid metaphors to tell the story of an immigrant family, and to represent the tension between Orient and Occident as well as their coming together in the Amazon region. The death of the family matriarch wakes polyphonic memories of those who stayed behind and reveals the complex inner life of a family standing between two religions and cultures.

The clash of different cultural influences is one of Hatoum's central motifs. His books are usually set in his home city, where he illustrates the "traumatic asynchronicity" of globalization. A masterful



The Brazilian writer of Lebanese origin, Milton Hatoum, in the official attire of the Brazilian Academy of Letters, which he joined in April 2026.

architect of emotional entanglements, on occasion Hatoum reveals the different layers of his protagonists' identities within the framework of a few sentences. The novel "Dois irmãos" (2000; Eng. "The Brothers", 2002) portrays the hate between two siblings that dominates an entire family. The biographies of the opposing twins also reflect an intricate historical portrait of Manaus, into which progress encroaches.

Hatoum's third novel, "Cinzas do Norte" (2005; t: Ashes of the Amazon), portrays the lives of two friends, as well as Brazilian history, across decades and condemns the dictatorship and the forced modernization. Raimundo, the artistically inclined son of an entrepreneur, rebels against the military regime and his hated father, while the orphan boy Olavo pursues the path to becoming a lawyer for the common people.

Hatoum's latest book, "Orfãos do Eldorado" (2008; t: The orphans of Eldorado) once again connects the old myths of the Amazon with the chronicle of a family, a region and an era. Alongside novels – which were translated into several languages and published in twelve countries – the author has also written essays, short-stories and chronicles. He translated works of Edward Said and Gustave Flaubert. Hatoum was a Writer in Residence at Yale, Stanford and Berkeley Universities, and at the International Writing Program in Iowa. He has received numerous awards, including the Jabuti Literature Prize (twice) and the Prêmio Portugal Telecom de Literatura. He works and lives in São Paulo and regularly writes columns for literary magazines and newspapers in Brazil and abroad.

Elected on 14 August 2025 to chair No. 6, succeeding journalist Cícero Sandroni, Milton Hatoum is the first writer, columnist, translator and essayist from Amazonas to join, the Brazilian Academy of Letters, an institution founded by Brazilian poet and writer Machado de Assis, one of his country's greatest authors.

## BRAZIL'S NORTH THROUGH A LEBANESE LENS

Jacques Menassa presented the exhibition LES GENS DU NORD ("The People of the North"), on January 5, 2026, at the Manaus City Museum. The show featured 36 black-and-white compositions, portraying faces from the Amazon amid everyday local life.

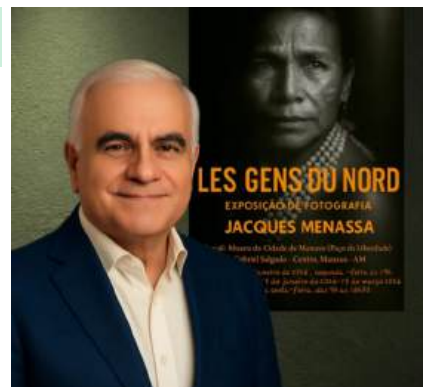
*Jacques Menassa is a Lebanese photographer who lived in Brazil's state of Amazonas*

"In Brazil's North, the earth is red, the air is warm, and the faces carry the memory of winds and rains. There, every gaze tells a story: of working hands, of laughter that endures, of silences that hold hope." This is a passage from the text in which Lebanese photographer Jacques Menassa presented his photo exhibition.

"These portraits are a tribute to the quiet dignity of those who go unnoticed. In a shy smile, a deep wrinkle, or the shadow that falls across a face, lives the poetry of an entire people," Menassa continued. He wrote: "To look at these images is to hear the river's breath, the song of a bird in the morning, the whisper of the dirt roads. It is to remember that beauty is simple—and often reveals itself in a true gaze."

The exhibition featured 36 black-and-white photos, all taken by Menassa, who was invited by the Manaus City Hall to present the show. After spending part of his life in Manaus and returning to his homeland, Lebanon, Menassa regularly visits the Amazonian capital. His exhibition highlights local faces from Amazonas, with indigenous features and everyday life, blending traditions and routine.

"With unique brilliance, Mensassa used his mastery of light and shadow to reveal the deepest essence of Brazil's land, turning the silence of the images into visual poetry," the city government says in presenting the



exhibition to the public. "Through his lenses, the photographer shapes the soul of Manaus and the Amazon into striking black-and-white compositions. He captures emotion in every detail, portraying the textures of the forest and the pulse of the city," the statement adds.

The exhibition was curated by Jacques Menassa and Leonardo Novellino, the latter also serving as curator of the Manaus City Museum. The photos were on display for the general public from January 5 to March 15, 2026.

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