ISSOP e-Bulletin Nº 43
January 2020 – New decade!

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1. Introduction

Welcome to the 20s – let's hope they will be good for social paediatrics and for children round the world. This month we highlight the Beirut Declaration - a strong statement coming out of the ISSOP Congress held in Lebanon in September last year and inspiringly fashioned by Tom Adamkiewicz. A second paper on the need to stop bombing children will be submitted for publication in the near future. Mentioned in the last e-bulletin was the extraordinary event at the US – Mexico border when doctors were arrested for protesting over the failure to immunize children in detention camps against influenza. See 7.1 for the BMJ article giving more details. This issue also covers the report of a teenage activist at Davos, a report on the soon to come Russian paediatric society meeting in Moscow, and a controversy piece on the overuse of drugs in Africa – please let us know your comments on all these topics!

Tony Waterston (UK), Raul Mercer (ARG), Rita Nathawad (US), Gonca Yilmaz (TR), Natalya Ustinova (RU)

1.1. Message from Jeff Goldhagen - President of ISSOP

As a child health advocacy organization grounded in the principles of child rights, it is critically important that our decisions are always made in the best interests of children. National politics and policies have a fundamental impact on children's best interests, as an organization—we are increasingly finding ourselves in conflict with the internal politics of countries—some in which our members live and work. This has become progressively true with the global shift toward populism and hyper-partisanship.

We are currently confronting these realities in a number of countries and regions around the world where the health and well-being of children and youth is being compromised. Examples include the separation of children from their parents at border crossings, children on the move, children living in conflict zones and countries with rampant violence, assaults on academic institutions, and climate change.

On the more micro level, our members frequently find themselves at odds with policies of their national pediatric societies. This has been particularly true with respect to formula companies and big pharma. We are proud of the successes of our members in addressing these conflicts of interest—that have unfolded with appropriate sensitivity over time.

ISSOP will always strive to be a forum for transparent dialog and discussion about the issues impacting the health and well-being of children and families. We will soon release a policy statement that addresses this role and responsibility. We depend on our members to identify matters of concern that could/should be addressed by ISSOP; and look forward to advancing our role as a global child advocacy organization. In doing so, we will need the collective voice of all our members and colleagues.

Jeff Goldhagen–ISSOP President

2. Meetings and news

2.1. Lancet campaign on child and adolescent health

The following message was posted on HIFA by Neil Packenham Walsh in January. ISSOP has also requested to join. Below are extracts from the editorial.

CITATION: Editorial| volume 395, issue 10218, p89, January 11, 2020 Join the Lancet 2020 Campaign on child and adolescent health. The Lancet, January 11, 2020 DOI:https://doi.org/10.1016/S0140-6736(20)30002-7. The full text is available here: :https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30002-7/fulltext

In the new print issue of The Lancet, the journal launches the Lancet 2020 Campaign on child and adolescent health.

'In 2020, we see an urgent need to make child and adolescent health and wellbeing the focus of a special campaign across our journals as progress made is stalling or reversing and new political and environmental realities are emerging...

'A child growing up today faces an unprecedented threat to health and livelihood, let alone wellbeing, because of a climate emergency. Migration, increasing conflicts, political agendas moving away from provision of social safety nets and poverty reduction even in high-income countries, the continued commercial exploitation of children and young people leading to unhealthy diets, and exposure to alcohol and tobacco products mean that children and adolescents in 2020 need special attention if we are serious about a sustainable and healthy future for all...

'A special communications strategy will be developed to support the campaign and facilitate partnerships with as many other communities as possible. We aim to engage and galvanize political leaders, policy makers, civil society and non-governmental organisations, researchers and clinicians, funders and responsible commercial organisations, and children and young people themselves. Please join us to make a difference with our 2020 Campaign.'

You can sign up for email updates here:
https://info.thelancet.com/infocus-child-adolescent-health

We shall contact our colleagues at The Lancet to see how CHIFA can contribute to the communications strategy and support the campaign.

2.2 Davos 2020: Being a teenage activist is all-consuming

Melati Wijsen from Bali describes her campaigning at the World Economic Forum https://www.bbc.co.uk/news/business-51190449

2.3 Beirut Declaration on Prohibition of Harm to children in armed conflict

The declaration may now be found and downloaded from the ISSOP website https://www.issop.org/2020/01/23/beirut-declaration-prohibition-of-harm-to-children-in-armed-conflict/
There are seven articles in the Declaration. The first reads as follows:

Parties to this Declaration, with allied institutions, agencies and organizations, agree as follows:

Article 1. Targeting children

1. All parties to an armed conflict must fully comply with international humanitarian law in letter and spirit.
2. Civilians, including children, must never be targets of attack.
3. As civilian objects, including areas where children live and frequent—houses, schools, school buses, marketplaces, hospitals and clinics, water wells, places of worship—must never be targeted. Attacks, including air bombardments and shelling, on civilian objects as stipulated in international humanitarian law are forbidden.
4. Civilians, including children must never be used as human shields.
5. Civilian objects, including areas where children live and frequent, should not serve as cover for combatants and their weapons.

Please disseminate the Declaration widely. Information will be available soon on how the Declaration will be used.

2.4 Wales to ban smacking of children by parents

We are delighted to report that a move to ban parents from smacking children has been approved by the Welsh assembly and is expected to come into force in 2022 following a £2m awareness campaign.

https://www.theguardian.com/politics/2020/jan/28/wales-to-ban-parents-smacking-their-children-from-2022

So Wales joins Scotland as the second devolved government in the UK to ban smacking. England has to follow, but when?

Tony Waterston

3. International Organisations

3.1 Bulletin of the Atomic Scientists: the Doomsday Clock moves to 100 seconds to midnight https://thebulletin.org/doomsday-clock/

The ***Bulletin of the Atomic Scientists*** is a non-profit organization concerning science and global security issues resulting from accelerating technological advances that have negative consequences for humanity. The *Bulletin* publishes content at both a free-access website and a bi-monthly, nontechnical academic journal. The organization has been publishing continuously since 1945, when it was founded by former Manhattan Project scientists as the *Bulletin of the Atomic Scientists of Chicago* immediately following the atomic bombings of Hiroshima and Nagasaki. The organization is also the keeper of the internationally recognized Doomsday Clock, the time of which is announced each January.

(see https://en.wikipedia.org/wiki/Bulletin_of_the_Atomic_Scientists)

The **Doomsday Clock** is a symbol that represents the likelihood of a man made global catastrophe. Maintained since 1947 by the members of the *Bulletin of the Atomic Scientists*, the Clock is a metaphor for threats to humanity from unchecked scientific and technical advances. The Clock represents the hypothetical global catastrophe as "midnight" and the *Bulletin*'s opinion on how close the world is to a global catastrophe as a number of "minutes" to midnight, assessed in January of each year. The main factors influencing the Clock are nuclear risk and climate change. The *Bulletin*'s Science and Security Board also monitors new developments in the life sciences and technology that could inflict irrevocable harm to humanity.

The Clock's original setting in 1947 was seven minutes to midnight. It has been set backward and forward 24 times since then, the largest-ever number of minutes to midnight being 17 (in 1991), and the **smallest 100 seconds (1 minute and 40 seconds) in January 2020.**

In relation to nuclear weapons and the current threat to humanity, the scientists made the following statement when announcing that the clock had moved to 100 seconds to midnight:

In the nuclear realm, national leaders have ended or undermined several major arms control treaties and negotiations during the last year, creating an environment conducive to a renewed nuclear arms race, to the proliferation of nuclear weapons, and to lowered barriers to nuclear war. Political conflicts regarding nuclear programs in Iran and North Korea remain unresolved and are, if anything, worsening. US-Russia cooperation on arms control and disarmament is all but non-existent.

Reported by TW

3.2 American Academy of Pediatrics Says Communities Must Be Ready to Care for Children during Potential Chemical and Biological Attacks

Press Release from AAP on 1/27/2020

Itasca, IL – With children among the victims of chemical attacks and biological outbreaks in recent years, the American Academy of Pediatrics (AAP) calls on health care providers to be ready to recognize and respond when young patients are exposed to these events.

The AAP's newly updated policy statement and technical report in the February 2020 Pediatrics (published online Jan. 27), both titled "Chemical-Biological Terrorism and its Impact on Children," says attacks such as the 2017-18 chemical attacks by the Assad regime against civilians in Syria highlight the need for pediatricians, emergency responders, hospitals and public health officials to prepare for similar events that may affect U.S. children. Those attacks sickened and killed dozens of people, including many children.

A broad range of public health initiatives have been developed since the terrorist attacks of Sept. 11, 2001. The AAP raises concerns, however, that these initiatives many times have not ensured the protection of children. Some medical countermeasures for particular chemical and biological agents, for example, have not been adequately studied or approved for use in children.

"We've seen a growing number of disasters involving chemical attacks and infectious disease outbreaks in the world, and we realize these events could possibly happen in our communities. We want to be prepared to respond to the needs of children, who would be at greatest risk of exposure and harm," said Dr. Sarita Chung, MD, FAAP, a lead author of the report and a member of the AAP Council on Disaster Preparedness and Recovery executive committee.

n chemical attacks, for example, children may be disproportionately affected because they would take in more contaminated air, food and fluids relative to their body weight than adults, said co-author Carl Baum, MD, FACMT, FAAP, a former AAP Council on Environmental Health executive committee member who now serves on the Council on Disaster Preparedness and Recovery executive committee.

"Children also spend more time closer to the ground, where toxic substances can settle. And they have a relatively larger body-surface area, which makes chemicals that touch the skin more dangerous for them," Dr. Baum said. He said that children also face greater long-term medical and mental health needs after exposure to these agents and terrorist events.

In addition to advocating for greater federal, state and local pediatric readiness for chemical and biological attacks, the policy statement and technical report offer resources to help pediatricians and others who care for children recognize and respond to symptoms of possible exposures. Pediatricians likely would be among the first to see children exposed to biological agents, which may have an incubation period and often mimic symptoms of common infectious illnesses.

"Pediatricians seeing a sudden surge of respiratory illness in children during a time of year when flu is not common, for example, should be prepared to quickly report these patterns to public health officials," said Ann-Christine Nyquist, MD, MSPH, FAAP, a co-author and member of AAP's Committee on Infectious Diseases.

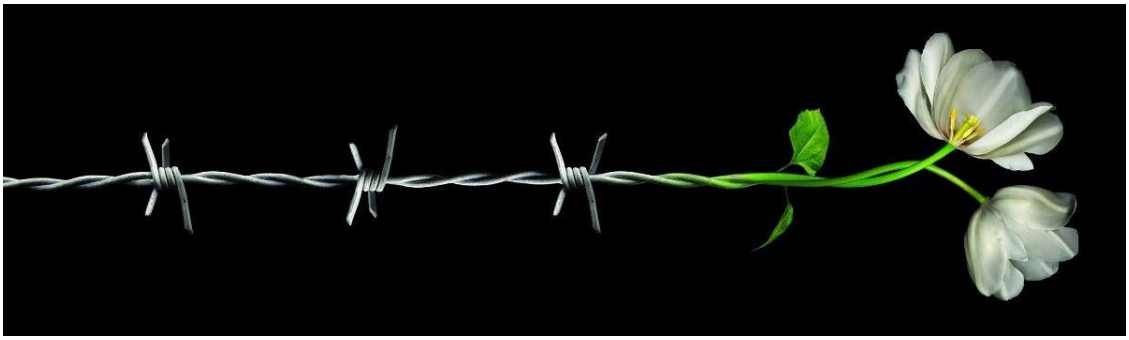
Other recommendations include collaboration between pediatricians, emergency responders, hospitals and municipal and government agencies to develop plans for triage and treatment protocols. These might include child-appropriate decontamination procedures, use of personal protective equipment, and ready access to properly dosed medications and vaccinations, among other important countermeasures.

https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/American-Academy-of-Pediatrics-Says-Communities-Must-Be-Ready-to-Care-for-Children-During-Potential-Chemical-and-Biological.aspx

3.3 "75 years after Auschwitz - Holocaust Education and Remembrance for Global Justice"

2020 marks the 75th anniversary of the liberation of Auschwitz, the ending of the Second World War, and the ending of the Holocaust. 2020 also marks the establishment of the United Nations, formed in response to atrocity crimes of the Holocaust and the Second World War, with the aim of building a world that is just and peaceful. Acknowledging the milestone year, the Holocaust and the United Nations Outreach Programme has chosen as the theme for Holocaust education and remembrance in 2020, "75 years after Auschwitz - Holocaust Education and Remembrance for Global Justice". The theme reflects the continued importance, 75 years after the Holocaust, of collective action against antisemitism and other forms of bias to ensure respect for the dignity and human rights of all people everywhere.

https://www.un.org/en/holocaustremembrance/2020/calendar2020.shtml
https://www.youtube.com/watch?v=ayjLIGewrhw&feature=youtu.be



Comment: After such a tragedy, 75 years later, as a society, what have we learned?

Raul Mercer

3.4 10th Europaediatrics. Zagreb, Croatia September 3-5 2020

3.5 Russian Pediatricians Contribution in Establishment of International Pediatric Society

Leyla S. Namazova-Baranova, Valeriy Yu. Stella A. Sher

The forthcoming annual Congress of pediatricians of Russia will be held under the auspices of the Union of Pediatricians of Russia (UPR) in Moscow from 21 to 23 February 2020. The Union of Pediatricians of Russia is one of the oldest professional association in the country. The most important issues of Pediatrics are discussed on Congress days. The workshops on social pediatrics and public health are included in the program every year. Social pediatrics issues will be discussed on 6 workshops this year, the main topics - children with disability and effective system of care for children.

We would like to tell about Russian pediatricians' contribution in establishment of International Pediatrician Association.

This year, 2020, is the year of anniversary of one significant event in world pediatrics: on July 28, 1910 the first Charter of International Pediatric Association was established and the new goal was determined – to unite all concernedin children health around the world. It has happened on the meeting of French pediatric association at the medical faculty of Paris University.

Ivan Vissarionovich Troitsky

Representatives of the Russian pediatric community professors – N. Korsakov (Moscow) and V. Zhukovsky (Yuryev, currently Tartu, Estonia), – actively participated in this historic session. Their arrival in Paris was not accidental, the author of the draft Charter was the Ivan Troitsky – Russian professor, pediatrician, head of the childhood diseases department in Kharkov University. However due to disease he could not attempt this meeting, so V. Zhukovsky went instead of him.

We would like to mention that Russian pediatricians have been staying in contact with their foreign colleagues from the second half of XIX – beginning of XX century. At the same time many pediatric associations have appeared on the basis of pediatric departments in universities in various Russian towns. This collaboration is approved by the data that honored members of St. Petersburg Pediatrician Association (created in 1885) were our colleagues from Berlin (E. Henoch), Wurzburg (C. Gerhard), Paris (H. Roger), London (C.West), New-York (A. Jacobi).

The idea of establishment of the International Society of Pediatricians with periodic congresses was not new, this topic has been usually raised on pediatric sections of medical congresses, but all attempts ended only in only a token way. Only I. Troitsky started real actions for creation of international society of pediatricians. The scientist believed that it is necessary to work all together, all pediatricians around the world with regular discussion of the results in order to solve many challenges of pediatrics. He insisted on the high importance of its creation in order to show the rightful place of pediatrics as an independent medical specialty and to "reward it for all the benefits it has provided for mankind".

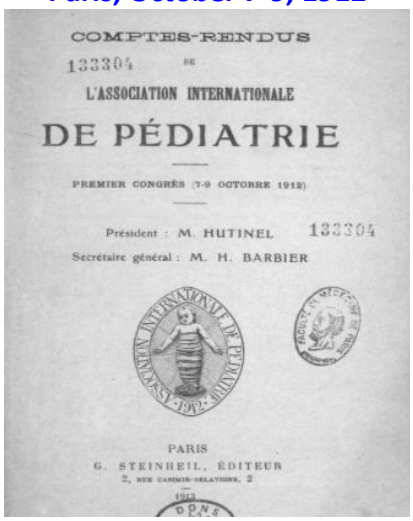
I. Troitsky designed the draft Charter for International Society of Pediatricians and sent it to famous French scientist E. Perier who has published this material in French journal “Annales de médicine et chirurgie infantile” № 8 in 1907. This draft has covered not only aims and goals of International Society of Pediatricians but also all the scope of activities which were the subject of active discussion between Russian and foreign pediatricians. Professor Troitsky mentioned that his colleagues were interested in this draft, that is why he has started active correspondence with well-known Russian and West European pediatricians and public persons about the establishment of the International Society of Pediatricians and the holding of its congress. Therefore he contacted Victor Henri Hutinel (famous French professor, pediatrician, head of Hôpital des Enfants-Malades and chairman of French pediatric society) and asked him to become the head of International organizing committee of Pediatric Association. I. Troitsky has written “science has no motherland as it belongs to the whole world” and V. Hutinel replied him that “the truth is that science has no homeland; every country has its own scientific and scholarly traditions, and the ideal variant is to establish the balance between all of them”. V.H. Hutinel has answered in the affirmative to the

proposal of becoming the President of the Organizing Committee of the 1st International Congress of Pediatricians.

The Charter was updated on the threshold of the Congress by the International Organizing Committee. It was stated in the Charter that it was the responsibility of each permanent member of the International Society of Pediatricians to pay annual membership fees to the Treasurer of the National Division and that participation in the Congress was free. The Treasurers of the National Divisions transferred 80% of the membership fees collected to the Treasurer of the Congress every three years to cover the costs of holding it. Doctors who were not members of the International Society were obliged to pay for their participation in the scientific meetings of the Congress. The program of each congress was determined by the International Committee.

The main author of the Charter (after its adoption) started the organization of the Russian Committee of the International Society of Pediatricians. Its members were: A. Kisel, N. Korsakov, V. Zhukovsky, A. Shkarin, D. Sokolov, A. Ustinov, P. Eminet, A. Saltykova, E. Benknerdorf and other well-known domestic pediatricians. The head of elected Bureau of the Russian Committee was Ivan Troitsky himself.

Materials from 1st International Congress of Pediatricians. Paris, October 7-9, 1912


COMPTES-RENDUS
133304
L'ASSOCIATION INTERNATIONALE
DE PÉDIATRIE
PREMIER CONGRÈS (7-9 OCTOBRE 1912)
Président : M. HUTINEL 133304
Secrétaire général : M. H. BARBIER
PARIS
G. STEINHEIL, ÉDITEUR

The First International Congress of Pediatricians on October 7-9, 1912 was literally possible only due to long-term preparations of I. Troitsky and his assistants (N. Korsakov, V. Zhukovsky, V. Hutinel and others). Despite the Troitsky's idea to hold the Congress in Russia most of foreign colleagues decided to hold it in Paris as the city with the first established children hospital (founded in 1802) – Hôpital des Enfants-Malades. All the sessions and meetings took place in lecture halls of medical faculty in Paris University and in this hospital. Pediatricians from 13 countries have participate in the Forum: France, Russia, Austria, Germany, Italy, Belgium, Holland, Norway, Switzerland, Hungary, Poland, Romania, Brazil. The biggest delegations were from Italy and France, 100 and 94 doctors respectively. 23 pediatricians from Russia have arrived at the Congress.

The Congress was opened by Professor V. Hutinel. Representatives of all delegations delivered welcoming remarks, from Russia – Dr. M. Ostrogorsky. I.V. Troitsky, unfortunately, on the way to Paris fell ill and was unable to participate in the Congress. He sent a greeting in French from Warsaw in which he wrote that for 6 years he had been dreaming about taking part in the first International pediatricians meeting, though he had to interrupt his journey to Paris due to illness related to streptococcal infection.

Whereas he was the initiator of the Congress, it was “more painful for him not to be present at its apogee”. Professor Troitsky wished fruitful activity to all his colleagues and asked them not to forget about Russia when choosing the country for the second Congress.

The report of I. Troitsky, written in French, was presented by the Chief Secretary of the Congress, French professor H. Barbier. The presentation consisted of two parts. The first (L'organisation definitive de l'association) was a report indicating all the activities for the preparation and organization of the International Association (Society) of Pediatricians and the I International Congress in chronological order. The second part (Les travaux de pédiatrie des médecins français depuis quatre siecles) was the detailed review of scientific works by French pediatricians and scientists presented over four centuries, their achievements in the field of clinical pediatrics. Clinical pediatrics itself has shown to the world that it not only should be separated but also it should be taken into account because it studied “the periods of human life when the foundation of the future health is created”. Excellent knowledge of French and wide erudition allowed Russian scientist, rather than French, to prepare an extremely interesting and valuable report which was essential for the history of pediatrics.

The delegates of the Congress then presented their reports on the most topical issues of childhood pathology. On the first session, Russian pediatricians P. Eminet and E. Benknerdorf presented such topics as “Classification of anaemia of childhood" and "Anaemia in children with chronic infections”. Delegates from France, Italy and Switzerland also devoted their presentations to the problems of anaemia in children. The second session was covering issues of poliomyelitis, its epidemiology, cardiopathology, infantile paralysis caused by poliovirus. Pediatricians from Germany, Hungary, Sweden, Brazil, France, Romania and Italy discussed it. Delegates from Italy and Brussels had debates on such topics as the pathogenesis of rachitis, changes in the thyroid and thymus glands in patients with rachitis; Malaria and its prevention in children of school age, research of milk enzymes in children's nutrition.

We especially want to draw your attention to the following very important fact for the history of pediatrics in Russia and Ukraine. At the final session of the 1st International Congress of Pediatricians its delegates sent their photographs to Ivan Troitski expressing sincere gratitude to the organizer of the Congress. Professor V.H. Hutinel, therefore, called him the father of the 1st International Congress of Pediatricians.

Thus, we can state the significant contribution of Russian pediatricians and I.V. Troitsky in creation of the International Society of Pediatricians and the holding of the 1st International Congress of Pediatricians. In this way the basis was prepared for further joint meetings of pediatricians from all countries, further international collaboration to save the life and health of the younger generation.

4. Current Controversy

4.1 Drugs in Africa

The following posting on HIFA last week by **Massimo Serventi** from Tanzania is I think equally applicable to other parts of the world, particularly less well-regulated low income countries. It is also just as relevant for children as for adults. Your comments and experience will be welcome.

TW

Dear friends, drugs are 'invading' Africa, all kind of drugs (today in the ward I found a brochure on probiotics to 'treat' diarrhea in children!), antibiotics, vitamins to 'treat' musculo-skeletal pain, cough syrups and so on.

What worries me is the poor attention to this phenomenon exerted by local authorities. Pharmacies are all over, they are free to sell whatever is requested by customers. No control, no concern for the poor. Yes, the poor pay much for it: they are induced to pay useless/unnecessary drugs and therefore eroding the little money they have for food.

I think that health authorities ignore what has occurred in rich countries, where the presence of pharmaceutical companies has caused an absurd/irrational abuse of drugs. I call them 'cosmetic drugs.

Now, the same and new companies are expanding their market to Africa, with a mere rational of profit$. African leaders are also sensitive to the issue of drugs: regulating them could mean reducing their prescription and/or availability, something that people don't want. And people vote.

I think (hope) that African colleagues of HIFA would feel the danger of this trend and raise awareness and concern locally. A major aggravating factor for poor families is the money spent for drugs and lab tests: ethical aspects are at stake here. Poor deserve respect and honest service to them, not profit for already rich.

Greetings from Dodoma

Massimo Serventi

Massimo Serventi is a long-standing Pediatrician working in Africa since 1982. He currently works on a volunteer basis in an excellent missionary/credited hospital in north Uganda, St. Mary's Hospital-Lacor-GULU. He has worked for several NGOs in 6 African/2 Asian countries. His interests include clinical and community pediatrics, adherence to clinical guidelines and school education as the major determinant of good health. massimoser20@gmail.com

5. CHIFA Report – IPA Report

5.1 CHIFA report: CHIFA diarrhoea task force

Neil Pakenham Walsh and Clare Hanbury

Why are so many children with acute diarrhoea still dying due to dehydration?

Diarrhoea kills 2,195 children every day more than AIDS, malaria, and measles combined. https://www.cdc.gov/healthywater/global/diarrhea-burden.html

CHIFA is starting a new initiative to explore the links between (lack of) access to healthcare information and quality of care. Our first theme is childhood diarrhoea. A CHIFA expert group is ready to start as soon as funding is available.

Why do we need a CHIFA child diarrhoea working group?

There is abundant evidence that children with acute diarrhoea are dying from dehydration due to lack of basic healthcare information for families and health workers. The vast majority of the 2000+ children who die every day would have been saved through application of such information. Every child with acute diarrhoea should receive increased fluids to prevent death from dehydration. However, many parents continue to believe children should receive less to drink than normal. In India, for example, more than half of children with acute diarrhoea receive *less* to drink than normal (and one in 20 receive no fluids at all), thereby tragically increasing their risk of death. Furthermore, more than 1 in 3 children with diarrhoea seen by a health worker are inappropriately given antibiotics (often without fluid replacement), which are not recommended for the vast majority of cases. Such basic errors in care contribute to hundreds of child deaths from diarrhoea every day in India alone. (Ministry of Health and Family Welfare Government of India. National Family Health Survey (NFHS-4) 2015/16)

The primary focus of this project is to work with the CHIFA members (3,800 in 140 countries) to understand the extent, causes and possible solutions to this problem:

1. What are the current knowledge, attitudes and practice (KAP) on child diarrhoea, among parents and families, and among health workers, in different countries?
2. What are the drivers and barriers to the availability and use of practical healthcare information on acute diarrhoea, across the global healthcare information system?
3. What is the relative contribution of knowledge and attitudes to acute child diarrhoea, as compared with other factors?
4. How do families and health workers obtain information on acute child diarrhoea?
5. What is the role of primary and secondary schools?

To achieve our objectives, we aim to:

1. Identify and engage key players (eg CAPGAN, WHO, icddr,b, Children for Health, Hesperian)
2. Invite interested CHIFA members to join the task force
3. Summarise past CHIFA discussions on childhood diarrhoea
4. Mini literature review on KAP and child diarrhoea (identify 10-20 key references)
5. Implement thematic discussion on CHIFA
6. Write 1-2 page case study on the above
7. Apply experience to new task forces on KAP and other common child and adult diseases

We are aiming to raise £3500 to fund this work. For further details please contact neil@hifa.org http://www.hifa.org/about-hifa/why-hifa-needed The members of the task force are involved in a wide range of activities to promote basic health care for children with diarrhoea. For example, Clare Hanbury of Children for Health has produced a poster on child diarrhoea, which can be accessed here: http://www.childrenforhealth.org/ActionforDiarrhoeaPrevention

Social determinants of health, access to healthcare information and quality of care are closely linked. We welcome any ISSOP members with an interest in this topic to join CHIFA http://www.hifa.org/join/join-chifa-child-health-and-rights and to contact us.

Neil Pakenham-Walsh and Clare Hanbury

5.2 IPA report

IPA Online Update brings you a monthly global update on news, events, and research related to child health. Activities of IPA member societies are also highlighted. For more information log on to www.ipa-world.org. For the last issue (Jan 27) go to: https://ipa-world.org/ipaonlineupdates/newsletter-new-design-update-1.php?nid=77

6. Trainee report

6.1 Trainee Perspective

"A stranger is blind even with good eyesight" Egyptian proverb.

Every year in late June, medical school graduates embark on new chapters in their lives. For some, the journey involves travel to a new state, but for others like me—it involves journeys across national borders. I thought that geography, language and cultural barriers would be my biggest challenges, until I started my training.

Understanding the US health care system and it's chaotic and often-times conflicting policies has been the biggest challenge I have had to confront. In the US, the insurance system and regional, state and national policies are integral parts of the health care system—without careful consideration of these systems, my patients may not receive the care they need.

I understood that despite the US being a high-income country, issues of poverty, violence and malnutrition are among the critical concerns impacting the health and well-being of the majority of my patients.

During my Community and Societal Pediatrics rotation, I observed a visit with a mother whose children were failing to thrive. She was frustrated and angry. The interviewer was mainly focused on how she feeds her children. The mother was upset and unwilling to answer her questions. Finally, she was asked, "Why are you so angry?" She broke into tears stating, "You will take my kids away. You don't understand how much I love them and care about them.

I realized that the questions asked to the mother were all focused on what and how the children were being fed, and the weight metrics of the children. No one asked the mother if she was eating, how she was feeling, if she could afford food for her children.

In the following days, I learnt more about her background. She is the mother of three children, with two different fathers who are not involved in their care. She suffers from mental health conditions and is currently in treatment. She has an unstable monthly income that barely covers her rent. Despite this, she does not qualify for food assistance.

I was frustrated, this mother was trying her best but the system was failing her. In order to help her, I needed to go beyond my biomedical knowledge and understand why she had so little support and what options if any were available for her. These are not "*vulnerable*" children, but rather "*vulnerated*" children and families. Obesity, asthma, failure-to-thrive, violence, depression are biopsychosocial, not only biomedical conditions. Offering biomedical solutions without addressing the root causes of these conditions is simply not the solution.

In this "new" health care system, I am learning what it truly means to be a pediatrician committed to the holistic care of my patients. Residency has opened my eyes to the

need for root cause analysis of the conditions affecting my patients. I am beginning to understand the limits of insurance, systems and policies, and how public benefits and non-profit community agencies help to fill these gaps. In order to raise healthy, mentally and emotionally stable children, health systems and policies must support families in a holistic way. Families should receive the tools and resources required to optimize the health and well-being of their children. Effective policies and community support to mitigate the ongoing challenges faced by families living in poverty is the only way to ensure the mental and physical health of children enduring these circumstances.

All children have a right to optimal health and well-being. As pediatricians, we have a unique and important role to play to ensure parents have the capacity to fulfill this right, and that society responds to the needs of parents to do so. Necessity has become my best teacher.

Written by Dr. Marwa Mansour,
Pediatric Resident (Year 2),
University of Florida, Jacksonville, USA

7. Publications

7.1 Human rights abuse at the US border

The following article was published in the BMJ at the beginning of January 2020.

We must speak up about government sanctioned child abuse at the US border

The US's intentional mistreatment of child refugees means that the nation has lost its moral compass, say Danielle Deines, Colleen Kraft, and Tony Waterston

In extraordinary scenes at the US border last month, four doctors and two allies were arrested while attempting to pressure Customs and Border Protection (CBP) to provide migrants in a detention camp with immunisation against influenza. After three children had died from the flu while in federal immigration centres since December 2018, this event was the culmination of increasing concern over the Trump administration's stringent policies at the border, and the harm they are inflicting on children.

Since 2014, hundreds of thousands of children and their families have migrated to the US, fleeing the violence in their home countries in the northern triangle of Central America. Yet the Trump administration's overriding political goal of deterring immigration has seen the implementation of policies that intentionally disregard the rights and basic needs of those fleeing war, climate change, or corruption.

One of the key messages that Donald Trump formed his political platform around is his anti-immigrant rhetoric—a stance which has proliferated across Europe and beyond. After Trump's inauguration in January 2017, his administration began to consider separating immigrant children from their parents as a way to deter asylum seekers. In April 2018 the policy was made public (although according to reports, it had already been instituted), and the US attorney general directed federal prosecutors "to adopt immediately a zero-tolerance policy for all offenses" related to improper entry into the US. These enforced separations included families

seeking asylum—an internationally recognised human right—and were acts which "contradicted everything we know about children's welfare."

Parents who had taken an already tumultuous and traumatic journey to flee threats to the safety of their families found themselves welcomed at the US border by agents of Homeland Security who would take their children from their arms. The goal was, horrifyingly, to create a trauma that was greater than that which they had just traversed thousands of miles to flee, with the intent of deterring other families from following.

This policy led to an immediate reaction from health professionals and welfare organisations as the policy was seen to be a direct attack on the integrity of the family and on children's health and wellbeing. A statement by more than 500 welfare organisations wrote that "Forced separation disrupts the parent-child relationship and puts children at increased risk for both physical and mental illness."

Members of the American Academy of Pediatrics (AAP) leadership visited a government shelter for children and found toddlers who were separated from their families; some children sobbing uncontrollably, others quiet and despondent. One of us (CK), as the then president of the AAP, branded this treatment "government sanctioned child abuse" in a report that helped to create a groundswell of public outrage, eventually leading to the rescinding of the family separation policy in June 2018.

In the wake of these events, American paediatricians offered to provide medical care and oversight in facilities where refugee children were being held, but immigration officials declined this aid. Even more worryingly, reports of harm being inflicted on immigrant families have continued to come to light, leading to considerable concern on our part that child protection standards are not being met.

In Clint, Texas, for example, children were observed looking after other children, with "inadequate food, water, and sanitation." Basic medical care has been neglected, and provisions of the Flores Settlement Agreement* to provide medical, psychological, educational, and recreational support for immigrant children in detention have been threatened and ignored. Families have been relocated south of the border to keep them "out of sight and out of mind," where they are at risk of becoming victims of kidnapping, rape, and violence. Immigration and Customs Enforcement (ICE) has conducted numerous raids in immigrant communities, arresting people who are citizens as well as legal immigrants in their zeal to capture those who are undocumented. Children have arrived home from school to find that their parents are gone, with no plan in place to provide for them.

This escalation of measures and the way it has irretrievably damaged families is counter to all contemporary understanding of the physical and emotional development of children. As Pope Francis recently observed, "It is injustice that turns them (immigrants) away from places where they might have hope for a dignified life, but instead find themselves before walls of indifference." This "wall of indifference" is exactly the policy promised by President Trump, and the flames of hatred and bigotry, fuelled by this president, have created this dire situation. With the intentional mistreatment of child refugees, America has lost its moral compass.

At the end of July 2019, after the wide publicity of such flagrant human rights abuses at the hands of our federal immigration agencies, Doctors for Camp Closure was created by three physicians, including one of us (DD). The group aimed to create a network of physicians who were committed to tackling these injustices by leveraging the power of privilege that comes with being doctors. The overwhelming support the group's received has spurred further action,

including congressional meetings and a march in Washington DC. Among the group's most pressing concerns were the recent influenza-related deaths of three children in immigration custody and CBP's refusal to offer vaccinations. For, despite a recommendation by the CDC to vaccinate all migrants aged over 6 months for flu, and the letters of concern written by congressional and medical professionals, the CBP has persisted in refusing to offer vaccinations.

The group sought permission to establish a funded flu vaccination programme as a pilot, but met a wall of silence. Having stalled in the more traditional means of influencing health policy, the group then opted to organise a protest, which led to the arrests of several doctors for non-violent direct action, as we described above.

A lack of compassion and an unwillingness to do what's right were the only things keeping the gate closed between well trained physicians and those they sought to serve.

Doctors for Camp Closure formed out of an urgent, profound need to throw out the typical methodology for improving health. We wanted to create an avenue for those willing to risk and extort the power of our profession to publicise the deliberate torture of families at our nation's borders.

It is our responsibility, and our privilege, to continue working on behalf of immigrants, particularly the most vulnerable, to ensure we do not remain complicit in the ongoing abuse, additional deaths, and trauma that will remain with those in our care for years to come. Love is action and we must act. We must. Not to do so is to tolerate state authorised child abuse.

*Reno v. Flores, 507 U.S. 292 (1993), was a US Supreme Court case that addressed the detention and release of unaccompanied minors.

Danielle Deines is one of the founders of Doctors for Camp

Colleen Kraft is the past president of the American Academy of Pediatrics.

Tony Waterston is a retired paediatrician and is on the executive committee of the International Society for Social Pediatrics and Child Health..

8. Correspondence + tips on environmental health

8.1 Flying less

The following rapid response appeared in the BMJ on 31st December 2019, in response to an article by Richard Smith
https://blogs.bmj.com/bmj/2019/12/31/richard-smith-most-meetings-can-happen-electronically-saving-tonnes-of-carbon/#comment-4768133475

Richard Smith is right to stop flying to international meetings (1). One return trip by air of 12,000km emits over 8 tonnes of CO2 per passenger, about the same as the average CO2 emissions per year for Europeans, and 30 times that of the average African person. If Richard travels first class his CO_2 emissions will be doubled. .A few hours flying creates more climate change damage than most humans do in years.

Roberts and Godlee (2) cogently advocated reducing the carbon footprint of conferences in a BMJ editorial as long ago as 2007 concluding "Climate change is a major threat to global public health and doctors must lead by example."

Similarly I advocated developing virtual conferences in a BMJ Head-to-Head in 2008 (3), concluding.

"Our grandchildren will view with amazement our profligacy and inefficiency in flying across continents in great clusters to exchange information. Huge international conferences will be as outdated and unsuitable for a modern world as the dodo, the fax machine, carbon paper, and the horse drawn carriage. We must be bold and act now to plan and welcome the new world of information transfer. "

There has been precious little action in 12 years, An organisation Flyless (4) has been set up by academics and it has some enthusiastic advocates, but medical conferences continue apace, and growing. Climate change is now an agreed global crisis and international concerted action on flying is urgent. Doctors should take a lead, now.

Malcolm Green

1. Smith,R. Most global meetings can happen electronically, saving tonnes of carbon. BMJ 2020: 368:22-23
2. Roberts,I. Godlee, F. Reducing the CarbonFootprint of Medical Conferences. BMJ 2007;334: 324-5
3. Green,M. Are international medical conferences an outdated luxury the planet can't afford? Yes. BMJ 2008, 336:1466
4. Flying less:https://academicflyingblog. and https://ethical.net/climate...

8.2 How to Stop Freaking Out and Tackle Climate Change

Review by Rita Nathawad

In the face of all the climate change doom we are hearing in the media and on the news, the New York Times recently published a piece titled, *" How to Stop Freaking Out and Tackle Climate Change"*.
https://www.nytimes.com/2020/01/10/opinion/sunday/how-to-help-climate-change.html

It lists five steps which do bring up some valuable points – although I am not sure I am in full agreement with everything in the article, it is an interesting quick read.

Step 1: Ditch the shame – We need to stop pitting "eco-saints" against "eco-sinners" and fight together against powerful companies and governments that are at the root of many of our climate problems.

Step 2: Focus on systems, not yourself – While individual changes make a small contribution, fights against pipelines, laws that are damaging to the environment and other policy level decisions that have larger impact may be more worth our efforts.

Step 3: Join an effective group – Identify a local, national or international group that impacts climate change in some way and become an advocate and active participant in their work.

Step 4: Define your role – You don't have to become an expert in something new to join the fight. Identify your strengths and skills and offer your services in these areas. For example if you are a writer – write columns or op/eds, if you are rich – donate money, if you have managerial skills – help organize etc.

Step 5: Know what you are fighting for, not just what you are fighting against – We are fighting for a realistically good future. While significant suppression of global warming and decarbonization are the ultimate goals, we should still remain optimistic and motivated if these goals are not fully realized in our timeline.