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1. Introduction

Writing this from the UK at the end of March, it feels like another world living in a no-man's land between Britain and Europe. The never ending chaos in Parliament and the tireless efforts by so many young and older people to stay in Europe – a million on the streets of London last Saturday, and six million who have signed the petition to revoke Article 50 (meaning the UK's decision to leave) – feels like democracy in action. Yet elsewhere life continues as usual and the latest extreme weather event in Mozambique shows that climate change is truly with us and is going to cause destruction and disruption to poor families everywhere.



So it was good to see children speaking out and standing up in the school strike for the climate which we feature in this issue. If children were participating in your country, please let their voices be heard in the e-bulletin.

Now the programme is firming up for the Beirut meeting in September and do please sign up to attend – it will be an amazing experience and we hope to form lasting alliances between ISSOP and those organisations combatting violence around the world.

Other issues featured in this issue are albino killings, vaccine hesitancy and a further update on sponsorship of paediatric meetings by manufacturers of breastmilk substitutes. We would like to hear of your experience and what is being done by your paediatric association, in the next issue of the e-bulletin.

Tony Waterston, Raul Mercer, Rita Nathawad, Gonca Yilmaz, Natalya Ustinova, Nick Spencer, Charles Nwobu

2. Meetings and news

2.1. Beirut ISSOP Conference

The poster for the ISSOP 2019 Annual Meeting is titled "International Society for Social Pediatrics & Child Health" and is held in collaboration with the Faculty of Health Sciences at the American University of Beirut, the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), and The Lebanese Pediatric Society. The meeting is scheduled for September 25-28, 2019, at Saint Joseph University in Beirut. A pre-conference on "Children in Armed Conflict: Rights, Health and Wellbeing" is also held at Saint Joseph University. The poster lists "Top Reasons to Attend" and "Major Topic Areas".

Top Reasons to Attend

1. Learn about the determinants of armed conflict and its impact on the physical and psychosocial health of children.
2. Learn how colleagues and organizations respond to the challenges these children face through their journeys from countries of origin through transit and resettlement.
3. Join child health professionals in discussing how to protect, and advocate for the rights of children in armed conflict.
4. Connect with national and global organizations engaged in the response to the global epidemic of violence against children.

Major Topic Areas

- Evidence-based universal, targeted and indicated interventions in children affected by armed conflict.
- Building interdisciplinary systems of care through the journeys of children on the move, and their families.
- Advancing the rights of children.
- Conducting research in conflict zones. New epidemiological methodologies.
- Conflict resolution, intergenerational justice and reintegration of former "child soldiers".
- Engaging with International organizations in the global response.

Early bird rate until June 30, 2019
Abstract submission until July 28, 2019
Visit www.issop.org to check for updated information

SAVE THE DATES!!

The ISSOP conference of Social Pediatrics in Beirut, Lebanon is approaching. It will be a unique event for its characteristics and themes to be addressed. Today the community of social pediatricians and the society as a whole need to become more aware of the consequences of armed conflicts on the health and well-being of children. A way to add science to the collective consciousness. In addition to ISSOP and ISPCAN (International Society for Prevention of Child Abuse and Neglect), the American University of Beirut and the Lebanese Society of Pediatrics will host this event. We will have pre-conference activities through the training of health professionals in dealing with children living in areas of armed conflict, victims of problems generated by adults, a field of systematic violation of rights, particularly those of boys, girls, and women. International experts have confirmed their participation in the event, for which Beirut will become a worldwide resonance space where, besides debating, the world will be questioned about the need to eradicate the armed violence of our planet.



2.2 The Impact of austerity on UK children's services: letter in Guardian newspaper by Nick Spencer (UK)

Many countries have experienced austerity following the 2008 economic crisis which has had an adverse effect on child health and wellbeing (see recent *BMJ Open* paper authored by ISSOP members - *Trends in social determinants of child health and perinatal outcomes in European countries 2005-2015 by level of austerity imposed by governments: a repeat cross-sectional analysis of routinely available data*)

<https://www.ncbi.nlm.nih.gov/pubmed/30317184>)

Children in the UK have been hit particularly hard by the severe regime of austerity imposed since 2010 which is continuing today. Children in low income households have been most affected by the combined reduction in welfare benefits and budgetary cuts to all public services. An article in the Guardian newspaper reported that local government overall suffered a 29% cut in government funding for children's departments between 2010 and 2017-18 – equivalent to £3bn – despite spiralling demand for a range of services, from family crisis support to child protection. My letter was in response to this shocking finding pointing out the devastating effect on the health and wellbeing of UK children of austerity as a result of increased poverty and service reductions.

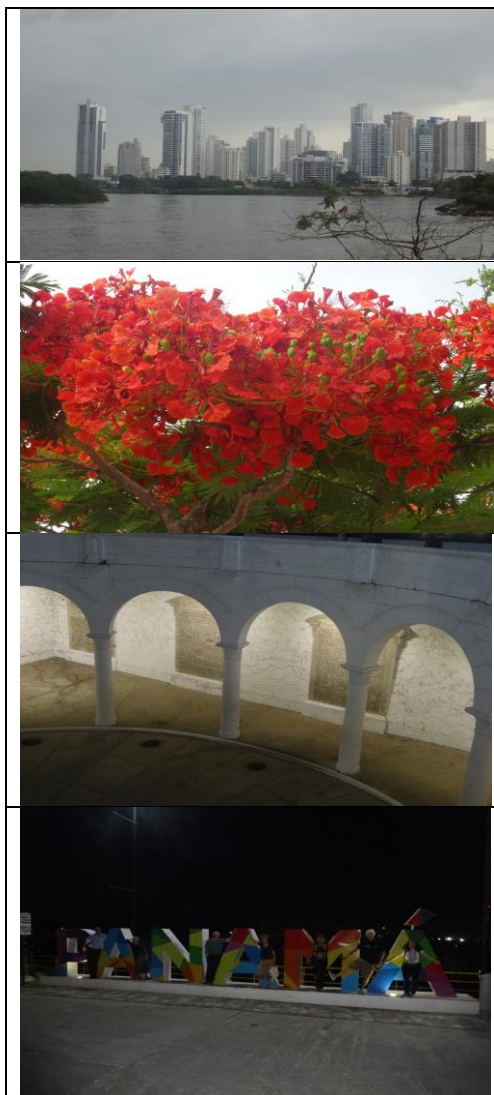
The text of my letter:

The severe cuts to children's services since 2010 reported by the five major children's charities (Cuts plunge children's services in England into crisis, charities warn February 26th) are an indictment of this government and its predecessor's austerity which no amount of evasive waffle by the minister for children and families can justify. Poverty and material deprivation are known to be detrimental to brain and physical development in early childhood and the negative effects track into adulthood. Austerity is responsible for both an increase in child poverty and material disadvantage and a reduction in services which help to mitigate the worst effects. Government policy is blighting the lives of a whole generation of children and setting them up for mental and physical health problems as adults.

<https://www.theguardian.com/society/2019/feb/28/the-pointless-pain-caused-by-austerity>



2.3 IPA Conference: report from the grounds, by Jeffrey Goldhagen (US)



ISSOP accomplished much together at the recent IPA meeting in Panama. I will try to consolidate some of the details.

I can't thank our team enough—clearly, we have a critical role to play in the future of the IPA—and they can play an important role for us as a partner in accomplishing what we seek as the future for children. It is clear that it will be important for a group of ISSOP members to be present at IPA meetings in the future.

Raul was elected to the Standing Committee—which is the inner workings of the IPA. We need to all thank Shanti for her work with the IPA over the past 6 years in this position. For those who know Shanti, you will not be surprised to hear that she knows everyone in the IPA and has had an important voice in steering the organization. The world for children is a better place because of her efforts. Raul will do a great job following her lead.

Our preconference meeting on Sunday was extremely successful. The presentations created a clear picture of the violence happening in LA toward children. Ernesto Duran Strauch from Colombia and Raul, in collaboration with other Latin American colleagues, can help us respond to the issues impacting the health and well-being of children in South and Central America, and the Caribbean. While the world appropriately focuses on what is happening in the Middle East, we have lost focus on LA and Africa.

While we have few resources currently in Africa, we have great potential opportunities to respond assertively in LA. Judy Hall, who was at the meeting and is on the IPA Foundation, is committed to help us raise funds to support initial efforts to bring together colleagues in Honduras, El Salvador, Guatemala, Nicaragua, and Colombia to discuss how to respond to violence against children in the region. Also, the silence of pediatricians in these countries, with respect to issues of separation of children at the US border was a source of concern to them as well. We did not discuss in depth critical issues related to violence along the migratory path to the US and what is happening in Venezuela. We will need to convene a working group ASAP to address these issues.

We had the opportunity to engage the leadership of a number of countries, in particular numerous African countries, to establish closer working relationships. This will be increasingly important in the future for us as an organization. We also petitioned the leadership of IPA to allow us take a lead on developing a new IPA Strategic Working Group on, "Child Rights, Health Equity and the SDGs." I think they will endorse this opportunity.



We had the chance to explore how to expand ISSOP membership within LA countries. As we will discuss in the near future, we are exploring a plan to offer individuals within mid and low income countries a reduced “group” rate for those who belong to Social Pediatrics groups. In dialog with several social pediatricians within such countries in LA, they anticipated this opportunity could be very welcome among their members.

What was also clear, is that our work with respect to our Policy Statements and advocacy initiatives can help to support and advance the mission and work of the IPA. We discussed co-branding of our statements, Declarations, etc. with IPA leadership—who seemed very supportive.

We also had an opportunity to talk to the editors of Lancet Child and Adolescence and the Archives about how we can work with them on “projects” related to social pediatrics and child rights. As you know, we have had two Commentaries published over the past year or so in Lancet C&A, and of course Tony Waterston’s piece in Lancet has started a tsunami with respect to policy changes related to associations and journals accepting support from formula countries. They seemed very interested in this collaboration that we will pursue.

I was really proud to see and hear an astounding presentation by our ISSOP colleague, Elif N. Özmert. Her presentation on *Children in War and Displaced Populations* was the best I heard at the meeting. We have asked Elif to present at our Beirut meeting, in conjunction with Theresa Betancourt—both have accepted our invitation.

These are just a few of the highlights. There is much to accomplish. Others in attendance can send their perspectives as well. Perhaps most importantly, the meeting underscored the growing challenges facing children in our world, and the necessity of working together to respond to them. In this regard, we will need the commitment, energy, ideas and involvement of all of you to reach our potential for fulfilling the rights of children to optimal health and well-being.

Warm regards, and thank-you for all you do for children every day. **JEFF**

2.4 Child participation, Social Communication and Health, by Raul Mercer (ARG)

FLACSO ARGENTINA

www.rradio.co.za

Rradio

Conferencia debate:
Participación de la Niñez y Adolescencia, Comunicación Social y Salud.
La experiencia del Red Cross Children's Hospital, Cape Town, South Africa

Organizan:
Raul Mercer, Área de Desarrollo Humano y Salud, Programa de Ciencias Sociales y Salud,
Dora Niedzwiecki, Proyecto Vida Cotidiana y Escuelas, Programa de Educación,
Belén Igarzábal, Área de Comunicación y Cultura.

Dr. Gabriel Urgoiti
(manager Rradio)

Lunes 8 de abril.
17 a 18.30 hs.
FLACSO, Tucumán 1966,
Aula: 6

Organized by the Programs of Social Sciences and Health, Education and Communication and Culture of FLACSO, Argentina, Gabriel Urgoiti MD, will present his experience with the RXRADIO project at the Red Cross Children's Hospital, Cape Town, South Africa

Some questions to be discussed:

✓ *What experiences allow us to broaden our perspective and improve the relationship between*

health teams and the child population that attends health centers?



- ✓ *How to promote prevention actions from areas such as culture and media, education and health centers?*
- ✓ *Why is it critical to address the "power dynamics" that often exist in communication between adults and children?*
- ✓ *What is the role of RX Radio in promoting the rights of children?*
- ✓ *What is the role of children's radio in bringing together the hospital community?*

2.5 School strike for climate change, by Tony Waterston (UK)

On March 15th children round the world set an incredible and heartening precedent by taking part in the school strike for climate change

https://en.wikipedia.org/wiki/School_strike_for_climate

Initiated by Swedish pupil **Greta Thunberg** in summer 2018 to persuade the Swedish government to take action after heat waves and wildfires round the country, her action spurred thousands of children round the world to take part in similar strikes in an extraordinary outpouring of unique advocacy. Here are two pictures from the strike in Newcastle and comments from two of the children involved (Ines in yellow hat in the picture)



Maisie aged 8

I went to the climate change strike because I was really worried about what could happen if we didn't stop it. I felt like I was the only one doing anything about the climate crisis, because if I asked anyone if they were doing the strike, they would just say something like, "What, by taking a day off school?!" That made me pretty annoyed, so I didn't think twice about going. I kept on thinking about a slogan that said, "Why should we get educated if the government won't listen to the educated?" I really wish we could magically stop climate change and have a normal life again. –



Inés aged 8

I went on the Climate Strike because I felt it was very important about our future. Lots of people say "then why it not hot". It will be either freezing or really hot. I felt proud when I got back to school the next day because I was the only one in my class and even in my school. I did not recognise anyone when I was there. On my slogan it said: "There is no PLANet B." Some people say there are planets we could live on. Yes but no human has actually lived there.



2.6 A tribute to Dr Samir Khalil, by Tony Waterston (UK)

We are sad to report that one of the keynote speakers for the Beirut conference, Dr **Samir Khalil**, has died suddenly. His talk was to be on a subject very close to his heart – the problems facing a paediatrician working in the occupied Palestinian territories. I first met Samir, a senior paediatrician in the main teaching hospital Makassed in East Jerusalem, in organising a joint meeting between the RCPCH and the Palestinian Paediatric society of which he was the President. This meeting came from the partnership which developed in organising the MA in child health for Palestinian doctors and nurses, for which later Samir took on the lead tutor role.

What struck me immediately about Samir was his great commitment to his country (shared I must say with most of his compatriots), his equally strong commitment to his patients and his students and his dedication and resourcefulness in managing to organise a scientific meeting (and later a teaching course) under extremely difficult circumstances. We skyped dally on the arrangements and his efficient organisation was manifest.



Samir was a man with strong views and would not countenance working with Israel. However he had no personal animosity to Israelis. But as a Palestinian who faces daily obstacles in travelling to work and in negotiating road blocks for his patients, he saw the reality of the occupation and the urgent need for a peaceful resolution.

A neurologist by profession, Samir developed a strong interest in the aspects of social paediatrics taught on the MA course: child abuse, mental health, child rights and child public health. He also proved to be a highly effective teacher on the course and was hugely respected by his junior staff and students. His long reputation in his specialty made him a sought for consultant by patients and doctors from across the country. Samir showed himself to be a true friend and colleague to the UK paediatricians who made frequent visits to the oPt for teaching engagements and examinations. We were looking forward to his participation in the Beirut meeting and his death is a great loss to Palestine and to the wider paediatric world.



3. International organisations

3.1 9th International Conference on Birth Defects and Disabilities in the Developing World. 23-26 October, Colombo, Sri Lanka.



About the conference

Recognizing the need to build capacity in lower-income countries for the prevention of birth defects and preterm birth and care of those affected, the goal of these biennial conferences has been to provide specific practical tools and approaches that developing country participants can use to implement and strengthen surveillance and health care delivery and influence policy and funding in support when they return to their respective countries.

Previous conferences

Bogotá D.C., Colombia (2017), Dar-es-Salaam, Tanzania (2015), Cebu, Philippines (2013); Lodz, Poland (2011); New Delhi, India (2009); Rio de Janeiro, Brazil (2007); Beijing, China (2005); Johannesburg, South Africa, (2001).

Who should attend?

Health care providers, policymakers, researchers, donors, parent-patient organizations, other NGOs and youth volunteers from across the world interested in strengthening reproductive, maternal, newborn and child and adolescent health, with a focus on the prevention of birth defects, preterm birth and associated disabilities.

More information at: <http://icbd.marchofdimes.org/>

3.2 Informing design and implementation for ECD programmes , by Vanesa Cavallera (WHO, Geneva)

Archives of Disease in Childhood – April 2019 – Vol 104 – Supplement 1

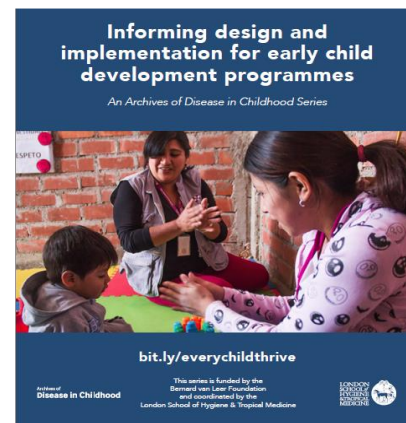
To support the shift to large-scale implementation for ECD, policymakers and programmers require practicable suggestions for context-specific design and implementation interventions. This series of papers, with 33 authors from over 20 institutions in Europe, North America, Asia, Latin America and Africa, is aimed at informing design and implementation of early child development programmes in low- and middle-income countries around the world.



All series related links are:

- Blog: bit.ly/everychildthrive
- Full series: bit.ly/ADCSeries
- Editorial: bit.ly/ADCEditorial
- Paper 1: bit.ly/ADCPaper1
- Paper 2: bit.ly/ADCPaper2
- Paper 3: bit.ly/ADCPaper3
- Paper 4: bit.ly/ADCPaper4
- Paper 5: bit.ly/ADCPaper5

Vanessa Cavallera, M.D., MPH
Consultant for *World Health Organization*



3.3 World Autism Awareness Day, by Rita Nathawad (US)



"On World Autism Awareness Day, let us reaffirm our commitment to promote the full participation of all people with autism, and ensure they have the necessary support to be able to exercise their rights and fundamental freedoms." *Secretary-General*

On December 18, 2007, the United Nations General Assembly drafted a resolution (A/RES/62/139) to designate April 2 as World Autism Awareness Day, to be celebrated every year beginning in 2008. This resolution aligns well with the Convention on the Rights of the Child (Article 23) and the Convention on the Rights of Persons with Disabilities (Article 7). Both conventions describe the right to a full and decent life, lived with dignity and fundamental freedoms, in addition to access to the necessary resources and facilities to thrive.

As a pediatrician, specializing in the care of youth with special health care needs, I have been fortunate to care for patients and families living with Autism Spectrum Disorder (ASD). They have been willing to share with me the challenges, the victories and the beautiful personalities that come with this diagnosis. Worldwide, 1 in 160 children has an ASD.

While I continue to struggle in the United States to identify programs and supports for my patients and families, I often consider those living in resource limited settings and the lost potential of children due to inadequate services. In addition, many individuals with ASD will face discrimination and prejudice. Much is needed in the way of advocacy both locally and globally for those living with ASD. On April 2, please join in to bring about awareness for this condition. #WorldAutismAwarenessDay

3.4 Autism in Russia, by Natalya Ustinova and R. Teleskaya (Russia)

Autism is worldwide problem. Actually there are some specific problems associated with autism spectrum disorder (ASD) in Russia. First of all is a prevalence: according to official statistics only 1 in 1000 children has an ASD in Russia. It means that too many children lacks proper health care. The other issues are: 1) early identification of ASD is under development, 2) separation of psychiatric service from other medical care, leading to the fact that medical comorbidities disorders (gastrointestinal, allergic and



so on) are often not detected , 3) medical staff has small knowledge of the signs of medical comorbidities in autism as well as the autism behavioral signs 4) therapeutic approaches are associated with unreasonable widespread use of antipsychotic drugs 5) there is no continuity between psychiatric and other medical care. In 2019, National Medical Research Center of Children's Health (Moscow) received the approval of the Ministry of Health to conduct a project "The Model of multidisciplinary health care for children with ASD in paediatric medical centers". According to the results of this study, it is planned to overcome the above problems. It's important to overcome the childhood psychiatric segregation and return patients with autism to the pediatric network.

4. Current controversy

4.1 Albino killings, by Simon Collery (Tanzania)

There has recently been correspondence on CHIFA concerning the dreadful spate of killings of albino people to sell body parts for medicinal purposes. Here Simon Collery from Tanzania writes on his perspective on the killings.

There is a received view of the hundreds of attacks on albinos in Tanzania and other African countries since the end of 2007. It is that 'rich' clients who want to be richer pay large sums of money to 'witchdoctors'. The 'witchdoctors' demand body parts of albinos for use in occult practices. Bodies, limbs or organs are procured via 'middlemen', who carry out violent attacks. There is said to be a big demand for these occult practices. This is said to explain why there have been a lot of attacks, and a lot of money has been changing hands.

However, many of the reports of attacks are missing information that would allow any further investigation, such as full names, exact location, age, gender and even whether the victim survived the attack. There is nothing beyond speculation about these 'rich' people who seek the assistance of 'witchdoctors' to become richer. By definition, the clients must be rich, because the services cost a lot, and they want to be richer. But they must also be unscrupulous enough to consider having someone maimed and even killed to feed their demand for greater wealth.

Terms such as 'witchdoctor' and 'witchcraft' dominate, but seem to be used to refer to anyone engaged in traditional practices, occult practices, etc. The ones claimed to use human body parts are also claimed to be rich, which they would be if they really had a lot of clients. But solid evidence is lacking. Some of the 'middlemen' who are said to attack albinos have turned out to be willing to look for buyers later. Others have turned out to be family members or friends of the victim.

Amounts of money involved, how it's divided up, the 'market' in body parts, demand for such services, etc, are all matters of speculation, and based on earlier media reports. There doesn't seem to be very much evidence for what's going on beyond what has appeared in media coverage.



A much simpler explanation of these hundreds of attacks is that some people are desperate enough for money that they will maim and murder albinos and others to get hold of it. Those carrying out the attacks needn't be superstitious, nor need those engaged in occult practices; only the clients need to be. Perhaps journalists who carried out 'investigations' planted some of the above themes in the heads of those they interviewed, however inadvertently?

Simon Collery is an Independent Consultant working in Tanzania and is currently Director of The Toa Nafasi Project, training young women to provide special needs education to children in their first and second year at Tanzanian state schools. collery@gmail.com

4.2 Vaccine hesitancy, by Gulbin Gökay (Turkey)

Gulbin Gökay writes a commentary on a recent article in the New Yorker about the reasons why some parents won't let their children be vaccinated

<https://www.newyorker.com/news/our-columnists/why-measles-is-a-quintessential-political-issue-of-our-time>

Vaccine hesitancy is becoming a complex global public health problem. Addressing vaccine hesitancy requires an understanding of the root causes. An article written by Masha Gessen in the New Yorker on March 2, 2019 was about the rise of measles cases along with the increase of anti-vaxxers-majority educated white people in the USA. Her main question was what makes the soil fertile for anti-vax propaganda. Lack of information? or lack of trust? The columnist highlighted the loss of trust between people and the American health-care system. Both sides mistrust each other. Masha Gessen concluded that a profit-driven industry cannot protect public health. Worth reading her article entitled "Why measles is a quintessential political issue of our time"

5. CHIFA Report

An update from a new CHIFA moderator, by Tom Hutchison (UK)

I joined the Child Health Information for All (CHIFA) as a voluntary moderator in January 2019. I have recently stopped regular clinical practise as a paediatrician to concentrate on writing education and training. There are two other moderators: Tosin Popoola and Tony Waterston. The focus of the CHIFA forum is on promoting access to health information and child rights. The vision of the Forum is **A world where every child, every parent and every health worker has access to the health information they need to protect their own health and the health of children for whom they are responsible.** We would like as many people as possible from around the world to make use of the forum, to pose questions, raise their concerns about health information, and contribute their own comments and ideas as well as vital data sources that might not be well known.

Topics that have arisen since Christmas have covered a wide range. Examples are:

- Management of microcephaly
- Eradication of polio
- Diets for planetary health



- Managing mental health difficulties and the angry child
- Child focused sanitation and nutrition programs
- Children's surgical care

I am slowly learning the technical skills I need. I was inspired to have my first on line steering meeting to discuss new ideas for CHIFA. We expect the steady growth in members will continue as management of information takes increasing importance in health care. Currently we are seeking new voluntary moderators for CHIFA, please write in if you are interested to neil@hifa.org.

6. Trainee report

7.1 Enlightening pediatric practice, by Ayesha Kadir (Greenland)

More than an introduction

The ISSOP e-bulletin wants to be a reflection of what happens with social pediatrics around the world and nothing better than the voice of our colleagues about their own experiences. This time, we started a series of articles metaphorically called "**enlightening pediatric practice**" by our colleague and friend **Ayesha Kadir**. The story began in Copenhagen some time ago when she decided to move to Greenland to have a new personal, professional and social experience. We trace the beginning towards the end of 2018 and the coming 2019. Thanks Ayesha for being permanently with us and for sharing your unique experience.



Season's greetings and a few notes from Nuuk

Season's greetings from Nuuk! I've been here for a month now, and I am still finding my feet. I wanted to share with you a bit about what I am seeing and experiencing here in **Greenland**. I started an email earlier but it waxed philosophical and so I filed it away and instead am sending some descriptions and photos for you, in the hopes of giving a bit of lighthearted reading and something for the imagination.

There are two ways to get to Greenland – by plane and by ship. If you travel by plane, you can fly over Iceland or from Copenhagen. Flights from Copenhagen land in the small town of **Kangerlussuaq** because the former US military base there built the only runway in Greenland that is big enough to land a jumbo jet. I flew from Copenhagen to Kangerlussuaq at the end of November, and then travelled by a small propeller plane to **Nuuk**. True to the Danish experience, I bumped into someone I knew on the smaller plane – a young doctor who had spent time during medical school at Herlev Hospital, where I used to work. We now work together on the internal medicine wards.



There are **two paediatricians in Greenland** and we are based at **Queen Ingrid's Hospital in Nuuk**, the capital city. Nuuk has about 17,000 inhabitants. 88% of people in Greenland are **Inuit**, and most of the other 12% are Danes. Outside of Nuuk, the population is almost exclusively Inuit.



The paediatric service is nested within the department of internal medicine, and also covers newborns on the postnatal ward, the 4 bed neonatal intensive care unit, and also support our colleagues working in the towns and villages around the coast. Not surprisingly, we're pretty busy, and during my first weeks here, work has consumed most of my time, thoughts, and energy. But I am slowly getting out a bit more, meeting some people outside of the hospital, and hopefully soon getting further out of town and into the open country. In the spring, I'm scheduled to for two coastal consultation visits to **Upernavik** in the far north and to **Paamiut**, a small village south of Nuuk. More to come about wilderness and how people here live within the environment, and as part of it...



The natural environment is extreme, but I also have a sense that different extremes collide together here. It is a place that is at once very familiar and yet unlike anything I've ever seen or experienced. The intensive work schedule makes it hard to find balance but when I have free time it is truly free of any responsibilities and open to whatever I want to do with it. **The light is very important, as is the dark.** They influence what we

see, how we see it, when we see it, and how we understand and experience what we see. The light is constantly changing, and **there is also light within the darkness**, the aurora in the sky. When the air is thick and the sky is hidden, the snow gives a subtle glow. The small population lives close together, so the very poor and the ultra-rich share the same 5 km of roads. Time moves quickly and slowly, all at once.

My Greenlandic colleagues tell me that the change in climate is visible and affect daily life, even if only in small ways. This summer was apparently very cold, and the winter has been very warm. At Christmas we had 3 degrees and rain, so the snow melted! The missionaries were diligent, so basically everyone here is Christian except for a few of us newcomers, and Christian holidays are very important. On Christmas Eve, most of Nuuk gathers at the hospital to wait for Santa to arrive in a helicopter. Because of the melted snow, sleet and ice, Santa came by fire engine instead, and to make it extra cool, they jacked the truck up a few feet!



At 9 am, all of the hospital staff came with their families and we all ate **rundstykker** (Danish breakfast bread rolls) together in our respective departments. Afterwards, everyone went out on onto the balconies at the far end of the hospital to watch Santa's arrival, and then those who were off duty went home to celebrate with their families. At lunchtime, **patients and staff sat together** and ate Christmas lunch provided by the hospital.



We had herring and smoked salmon with Danish rye bread, dried halibut and cod, and raw narwhal skin, a delicacy here. There was also pork roast for those who eat it (a very Danish Christmas dish).

I'm not sure if there are any pigs in Greenland, and if they are, they are introduced.) And a lot of chocolate, Christmas cookies, and coffee. Two Santas and a helper brought gifts to patients and cheer to the wards. Note, one has a cane with a **tupilak and sealskin boots**. Funny enough, the other Santa had been lurking around for a few days, hanging out with staff in the intensive care unit. I think maybe he's in training.

Cities and towns in Greenland have roads, but at the edge of town, the road ends, and the wilderness begins. There is a surprising amount of car traffic in Nuuk, and most of the ambient noise of the city is from people driving back and forth. But if one just goes around a hill, all the sounds of human activity disappear. Sometimes, there is wind, and perhaps a birdcall, but **even the birds are mostly silent as they fly, hunt for fish, or rest on ridges or small icebergs**.

On a still day, there is complete silence. I find myself seeking this silence, which is somehow alive and has a presence of its own. Coupled with the clean white snow and clear air, it is like a tonic, bringing a sense of calm an awareness of existence.

As I write this story, I can see fireworks from my window – a big pastime here at New Years, much as in Denmark. People even set them off in the daytime! The other day, I was with a nurse and new mother and her baby when someone started setting off fireworks just outside the patient's window.

We stopped for a moment to watch the shimmering sparkles of light in the heavy atmosphere, and then carried on our conversation, reminded of the transitions in time and of new beginnings.

With love,

Ayesha



7. Publications

7.1 Adverse health effects of recruiting child soldiers, by Nick Spencer (UK)

BMJ Paediatrics Open Editorial

<https://bmjpaedsopen.bmj.com/content/bmjpo/3/1/e000325.full.pdf>

ISSOP member, **Guddi Singh** has published an editorial along with **Reem Abu-Hayyeh** from MedAct on recruitment of children aged 16 years into the British Army. The plight of child soldiers around the world is frequently highlighted and condemned but the British Army's recruitment of under 18 year olds, defined as children under the UN Convention on the Rights of the Child, has received little attention. This powerful editorial shows how this practice violates children's rights and exposes vulnerable adolescents to physical and mental health hazards with consequences stretching into adulthood. Guddi and Reem conclude with call to individual paediatricians and the Royal College of Paediatrics and Child Health to advocate for the ending of this practice. Although this editorial is focused on the UK, the issues it addresses related to young people's exposure to the trauma of war are globally relevant.

Child Health in Armed Conflict

Mechanism	Effect
Mortality	The <i>fatality rate</i> of frontline combat infantry in Afghanistan was seven times higher than that in the rest of the armed forces ⁹
Illness	Conditions for maintenance of child health deteriorate in war—nutrition, water, safety, sanitation, housing and access to health services. Sustained deficiencies in these areas have been shown to have significant impacts on growth in children and adolescence ¹⁰
Mental health	<p>Younger military personnel are at a greater risk of mental health disorders than their civilian counterparts:</p> <ul style="list-style-type: none"> ▶ Exposure to combat is a risk factor for <i>PTSD</i> and other mental disorders, particularly among younger personnel and individuals with pre-existing psychosocial vulnerabilities and mental health conditions¹¹ ▶ <i>Self-harm and suicides</i> in the UK armed forces are more common among younger personnel and exceed rates for young civilians^{12 13} ▶ Rates of <i>alcohol misuse</i> are considerably higher in the UK armed forces than in the general population. Young age is particularly associated with alcohol misuse in the UK armed forces¹⁴ <p>These problems are related to the isolation and enculturation into military life, the trauma of combat, but also to the higher prevalence of preservice vulnerabilities among young recruits to the armed forces</p>
Educational outcomes	In the armed forces, <i>educational underachievement</i> is a marked risk factor for PTSD as well as other common mental disorders, alcohol misuse, aggressive behaviour and violence. ¹⁵ For instance, one study found a PTSD rate of 8.4% among Iraq War veterans who had joined the armed forces with no GCSE qualifications, compared with 3.3% among those with A levels ¹⁶

PTSD, post-traumatic stress disorder.

7.2 Child maltreatment and the brain structure, by Gonca Yilmaz (Turkey)

Childhood maltreatment has a harmful effect on brain structure and increases the risk for unfavorable clinical outcomes in patients with major depression, including recurring depressive episodes, new research suggests. This interesting prospective study has been done at the Department of Psychiatry, University of Münster, Germany. Researchers used the Münster Neuroimage Cohort which consisted of 2-year



longitudinal clinical data. The study included 110 patients aged 18 to 60 years with major depressive disorder. At baseline, all underwent structural brain MRI and completed the Childhood Trauma Questionnaire to determine the presence and level of childhood maltreatment.

During the 2-year follow-up period, 35 patients were relapse free; 75 patients experienced depression relapse; 48 suffered one relapse; seven had two relapses; and six had three relapses. Childhood maltreatment was significantly associated with depression relapse during follow-up (odds ratio [OR], 1.035; 95% confidence interval [CI], 1.001 – 1.070; $P = .045$). Brain imaging results showed that both childhood maltreatment and future depression relapse were associated with reduced cortical surface area (OR, 0.996; 95% CI, 0.994 – 0.999; $P = .001$), primarily in the right insula at baseline. Insular surface area mediated the relationship between childhood maltreatment and future depression relapse.

Strengths of the study include the large number of participants and the careful assessment of depression relapse over time. A potential limitation is the retrospective assessment of childhood maltreatment, which could be subject to recall bias.

Actually, this study is the first longitudinal study that investigates the potential association between childhood maltreatment, brain structure, and clinical outcome in major depressive disorder. Researchers reported a prospective association between childhood maltreatment and depression relapse within a 2- year follow-up period. Insular surface area was shown to mediate the association between maltreatment and future depression relapse. Future translational and clinical research might consider how individual and neurobiologically informed risk profiles can be used to provide more specialized/ custom-tailored treatment options for depressed patients.

Reference:

Opel N, Redlich R, Dohm K et al. Mediation of the influence of childhood maltreatment on depression relapse by cortical structure: a 2-year longitudinal observational study *Lancet Psychiatry* 2019; 6: 318–26. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30044-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30044-6/fulltext)

7.3 Lancet commentary on sponsorship of paediatric associations by infant formula manufacturers, by Tony Waterston (UK)

On February 8th The Lancet published a commentary on Sponsorship of paediatric associations by manufacturers of breastmilk substitutes, by Tony Waterston and Charlotte Wright.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)32845-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32845-9/fulltext)

The commentary opens: Is it right that paediatric meetings should be sponsored by manufacturers of formula milk? There has recently been criticism of an international conference run by the UK Royal College of Paediatrics and Child Health (RCPCH) in Cairo, Egypt, in January, 2019, that received sponsorship by manufacturers of breastmilk substitutes (BMS).



On Jan 31, 2019, “in light of recent concerns raised by members”, the RCPCH stated “we have made the decision to suspend future funding agreements with formula milk companies pending a College review of our relationships with them”.

We are pleased to note that a further announcement came from the RCPCH on 13th February that the College would no longer accept any funding from formula companies <https://www.rcpch.ac.uk/news-events/news/rcpch-statement-relationship-formula-milk-companies>

And on the 21st March, the BMJ announced that it would not be taking any advertising in the journal from formula manufacturers. <https://www.bmj.com/contents/bmj/364/bmj.l1279.full.pdf>

These developments are to be welcomed. However, there are still a large majority of paediatric associations which continue to take baby milk funding, often for what seem like worthy causes such as to sponsor attendance at international meetings or to organise educational meetings. Clearly, other sources of funding will need to be found as there is a conflict of interest which has to be avoided in making such a close link with formula manufacturers. We welcome debate on what these sources might be and request suggestions from ISSOP members. The next issue of the e-bulletin will include a discussion on this topic.

8. Correspondence

8.1 Spanking: an adverse childhood experience, by Joan Durant(Canada)

Dear Global Information Network Members,
I am delighted to let you know that the ground-breaking article demonstrating that ‘spanking’ is an adverse childhood experience was named **Article of the Year** by the journal, Child Abuse & Neglect. Congratulations to the authors: Tracie Afifi, Derek Ford, Elizabeth Gershoff, Melissa Merrick, Andrew Grogan-Kaylor, Katie Ports, Harriet MacMillan, George Holden, Catherine Taylor, Shawna Lee, and Robbyn Peters Bennett.

You can read the announcement and see an interview with Tracie here: <https://mailchi.mp/4f339df30a30/the-link-april-225581?e=e1cd1829ca>

8.2 Screen time 1, by Hajime Takeuchi (Bukkyo University, Japan)

Screen time is also a big issue in Japan. However, the Japan Pediatric Society (JPS), which is the biggest paediatric society in the country, does not address this issue. On the other hand, the Japan Pediatric Association (JPA) issued a series of guidelines, referred to the AAP’s technical report, as follows:



- 1. Children under the age of 2 should not be exposed to TV or video screens**
- 2. Children and mothers should not watch TV while eating, and the latter also while breastfeeding**
- 3. All media watching should be limited to 2 hours per day, and the playing of computer games to 30 minutes per day**
- 4. Children's rooms should be free at all times of computer equipment, TV, video, game consoles, etc.**
- 5. Family rules for the use of electronic media should be agreed upon by parents and children**

Paediatricians' opinions are split on the issue. They do not regard children's free access to the internet as a right. In fact, mainstream paediatricians in Japan are against the use of computers, smartphones, tablets, etc. by minors. In my opinion, lack of education about screen-based media is a problem that needs addressing.

How can we manage these tools rationally?

This is important not only for children but also for adults.

8.3 Screen time 2, by Barbara OAM CF, Hon CEO (Australia)

Australian Council on Children and the Media www.childrenandmedia.org.au

My first reaction to the early January media headlines in Australia and elsewhere that "parents don't need to worry too much about screentime" was one of dismay. (See Sample media headlines below). When I discovered that the headlines were the outcome of a media release by the Royal College of Paediatrics and Child Health (RCPCH 2019a), my reaction increased to incredulity.

I've been a long time student of the research literature about the relationships of children with screen entertainment, and an advocate for the healthy use of media. The headlines did not fit with what I knew of the extensive literature in this field, and my examination of their sources left me puzzled to say the least.

The RCPCH guidance (RCPCH 2019b) certainly contained more nuanced advice than the headlines. However, it did not adequately reflect some strong findings in its own research review (Stiglic and Viner 2019), let alone the existing international research base that gives strong indicators that parents do indeed need to worry about some aspects of their children's interactions with screens.

My examination (using my 20 years of experience as a child health services librarian and experienced Medline searcher) of the search strategy used for the research review on which the recommendations were said to be based, increased my agitation about the RCPCH's approach. My critique of the search strategy has been published as a response to the Stiglic and Viner article in *BMJ Open*. (Biggins 2019)



I'm not quite sure what the RCPCH was trying to achieve with its publication of this guidance. The wording of its media release guaranteed the headlines it got, and these would certainly mislead many parents. The actual guidance was based on an inadequate search strategy, and has led to its advice being far less useful than that of other national paediatric associations (AAP 2017, Canadian Paediatric Association 2017). Careful research by the RCPCH that focussed on screen use and content would have better reflected the real issues about which parents really want reliable advice.

References

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<https://pediatrics.aappublications.org/content/138/5/e20162591>
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- Canadian Paediatric Society (2017) *Screen time and young children*
<https://www.cps.ca/en/documents/position/screen-time-and-young-children>
- RCPCH (2019a) Media release: January 4
<https://www.rcpch.ac.uk/news-events/news/build-screen-time-around-family-activities-not-other-way-round-parents-told>
- RCPCH (2019b) Screen time Guide <https://www.rcpch.ac.uk/resources/health-impacts-screen-time-guide-clinicians-parents>
- Stiglic, Reza and Viner, Russell M (2019) Effects of screen time on the health and well-being of children and adolescents: a systematic review of reviews. *BMJ Open* Vol 9(1) Jan 2019 <https://bmjopen.bmj.com/content/9/1/e023191>

Sample media headlines

BBC <https://www.bbc.com/news/health-46749232>

CNN <https://edition.cnn.com/2019/01/04/health/screen-time-guidance-children-gbr-scli-intl/index.html>

UK Optometry today <https://www.aop.org.uk/ot/science-and-vision/research/2019/01/08/harmful-effects-of-screen-time-in-children-overstated>

Other <http://www.digitaljournal.com/tech-and-science/technology/screen-time-does-not-harm-children/article/540833>



8.4 Olivier, we are waiting for you! (By the ISSOP community)

Dear Olivier,

After the difficult moments you have gone through, we have learned several lessons:

- Health professionals are human beings, and as such, vulnerable to health problems, and sometimes, their complications.
- The folding bicycle is not enough as a vaccine for the prevention of all ailments. Is this a bicycle problem?
- Your ISSOP colleagues feel your transitory absence with hope for your quick improvement. We miss you.
- Olivier, we wait for you in the time you need for your progressive recovery.

Our greatest empathy and best wishes!!



Old City, Panama (RM)