



CONTENTS

1. Introduction

1.1 Message from Jeff Goldhagen (President of ISSOP)

2. Meetings and news

2.1. BLOG of an ISSOP Debutante

2.2 Peer education in the camps: Beit Atfal Assumoud

2.3 Paediatrics at a crossroads what next?

2.4 Ending corporal punishment in Scotland

2.5 Social Pediatrics in Cali, Colombia

3. International Organisations

3.1 Autism – Europe

3.2 Tribute to David Sanders

4. Current controversy

4.1 What is wrong with that boy? A case study from Germany

4.2 Is individual action pointless in the face of climate change?

4.3 The role of the global arms trade fuelling conflict

5. CHIFA report – IPA report

5.1 CHIFA report

5.2 IPA: words and greetings from Beirut

6. Trainee report

6.1 Vaping. Expedition to the world of e-cigarettes

7. Publications

7.1 A manifesto for children

8. Correspondence

8.1 ISSOP Conference through video streaming (from Lebanon to Argentina)

8.2 Learning from the ISSOP Annual Meeting

8.3 Moving from disappointment to emotion: more about ISSOP video streaming

8.4 Report on Beirut from a non-medic

8.5 More than words (images from Beirut)

1. Introduction

This month we focus on the remarkable and inspiring congress held in Beirut in the last week of September.



We include a number of features about the congress this month including blogs from Andrea Goddard (London), Gonca Yilmaz (Turkey) and Sharanya Napier-Raman from Sydney. A declaration is being discussed as an outcome of the conference and this will be circulated soon. For the first time, the congress was live streamed and this meant that ISSOP members all over the world could join in listening to the plenary sessions. A review of the effectiveness of the live streaming is offered by Raul Mercer and Rita Nathawad. We also include an interesting perspective of the Autism Europe conference from Nataliya Ustinova and a valuable blog from Guddi Singh which we encourage you all to read.

As always, please send your news and reviews to editor@issop.org

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

1.1. Message from Jeff Goldhagen - President of ISSOP

Dear colleagues and friends. For those who were able to be with us for our Annual Meeting in Beirut, thank-you for your participation. For those of you who were not, we missed you and hope you were able to view the live streaming—we will be sending a link to all of the Plenary Programs and power point presentations.

The Program speaks for itself—nearly 80 speakers from multiple continents—but most importantly, participants from Palestine, Yemen, Syria, Iraq and other countries bearing the burden of armed conflict—who bore witness to the impact of armed conflict on the lives of children and families.

The meeting was a spectacular success reflecting the tremendous expenditure of thought and energy by the Scientific Committee. The intersection of academia, iNGOs, global organizations, practicing social pediatricians, multidisciplinary child health professionals, child rights advocates, students, and others provided a rich environment for cross-sectoral learning and the potential for intersectoral advocacy and mobilization—to advance the rights of children, prevent, and mitigate the impact of armed conflict and violence on children.

Now the challenge begins, to translate the knowledge and passion generated in Beirut into strategic actions in collaboration with and in support of organizations that are responding to the impact of armed conflict on children. To succeed, we will need your knowledge, expertise and experience.

While we continue our work in response to the impact of war, armed conflict and violence on children, we will begin to focus on climate change and its impact on children. Next year's annual meeting will be in **Indonesia**, in collaboration with our Indonesian colleagues. We understand that it will be difficult for many to attend. The meeting will be structured to ensure hubs around the world are engaged through multiple real time modalities.

Thanks as always for all you do for children and families, and for your commitment to the vision and mission of ISSOP.

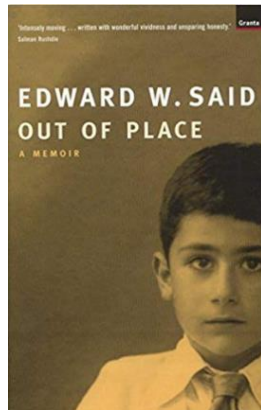
Warm regards.

Jeff

2. Meetings and news

2.1. BLOG of an ISSOP Debutante Andrea Goddard

There I was in seat 30F (window) on Middle Eastern Airlines flight 202 (LHR to BEY) going to my first ISSOP conference, secretly hoping the middle seat might stay vacant. Why was I going? I am a peri-retirement hospital paediatrician working in inner city London for the last twenty-



five years with lots of involvement in child protection. About eighty percent of my patients have parents who were not born in the UK, some parents arrived in the country from conflict zones, and many of their children were born in the UK though sometimes the children had undertaken the journey with them. I had recently seen a very traumatised little Syrian boy who had been bombed, then in a camp for two years.

I often went to ISPCAN conferences but my great friend, Professor Mitch Blair, who had roped me in to his MSc Child Public Health module to teach on child rights in the context of child maltreatment a few years ago, got me interested and I signed up to the ISSOP list serve. The combination of this year's conference theme and the location in Lebanon – a place I had always wanted to visit since reading Edward Said's autobiography, *Out of Place* (1999) - was too much et voila I'm in 30F on MEA 202.

The middle seat was eventually occupied and once the drinks trolley arrived, I got chatting to the genial chap next to me, quickly discovering that we were going to the same conference and that he was Tony Waterston – a name well known to me from the list serve and maybe we had met before? After four hours we were firm friends which was nice as conferences can be a little daunting for debutantes.

Wednesday 25th September, Day one: the pre-conference

Setting was St Joseph's University (SJU)- very beautiful Lunch was a lunchbox- not that exciting. The pre-conference programme at SJU set the scene well. The sense of advocacy and



commitment from conferenciers in the field and/or academics was abundantly clear and the broad range of backgrounds of the group became apparent. In addition, they seemed a friendly bunch. Moreover, I loved the old photos in the corridor tracing the history of the founding of the university by the Jesuits in 1875. I learnt about INSPIRE and the challenges to filling gaps in services for vulnerable children and carers in

conflict zones. The timekeeping was on the elastic side of rigid. Professor Bernard Gerbaka reminded us that we were in the Middle East where time was elastic!

ISSOP e-Bulletin N° 41

September 2019

Confession- The weather was so beautiful that I skived the late afternoon sessions and walked back to my arty BnB in Mar Mikael through Achrafieh and Surssock, charmed by the beautiful buildings, dismayed by and itching to see renovated those that had been left to crumble.

Thursday 26th September, Day 1 of the conference proper

Setting a.m. AUB Issam Fares Hall, American University of Beirut (AUB) p.m. West Hall of AUB pm- the gardens, buildings and setting of the AUB campus are so beautiful. Lunch and snacks –excellent Lebanese buffet style (all delicious)

The arty BnB came with its personal taxi driver, Bob, (btw whose airport transfer fee was \$20 compared with Tony’s hotel’s fee of \$46). Bob set me up on WhatsApp and after that, as long as I had Wi-Fi, I could call Bob or his dad, Abou Bob, for any transport need. Abou Bob was a honey and came to get me on day 2 to go to the setting for the rest of the conference: the AUB. He stopped on the way to get me an Arabic coffee (medium sugar) and a bottle of water- he did this every morning as part of the service. I was charmed.

I was also nervous as I had a presentation to do in the last session of the day and did not feel sufficiently prepared. The content of the conference helped fill some of the gaps in my talk which was from a small study I led about how parents experienced the new service we had in London, based on the Barnahus model, of caring for children after child sexual abuse (CSA). I wanted to understand the prevalence of CSA in conflict or post-conflict zone setting. During the day various speakers highlighted that data emerging from conflict zones is more or less unreliable.

I also learnt, and it was a theme that was developed throughout the conference, that parachuting in to do a project that is not sustainable is a terrible idea. Close work with local teams including those with academic expertise is vastly preferable. The figures presented for inclusion of local academics as authors on papers in the domain were to me a surprise- less than 10ish percent usually.

It was a long, intense but fascinating day of plenary lectures focused on physical and mental health of children exposed to armed conflict. Late in the day, the oral abstract presentation session felt like a nice change of pace and I listened to really, interesting papers from Indonesia, Iceland, Russia and Sweden as well as presenting mine. Our timekeeping was impeccable!

Friday 27th September Day 2

Setting- The West Hall of AUB- great balcony for coffee. Lunch and snacks – same as day 2 and extremely good. Theme of the day was conducting research in conflict zones. The plenary highlighted the ethical challenges and generated a lot of discussion.

Some of the group had chosen to go to the Beirut ‘Youth for Climate Lebanon’ march and a delightful, impromptu Q&A session in the

plenary came from two of the youth marchers who accepted an invitation to come from the march to talk to us. They were so great- everyone loved it and it set the scene for next year’s theme.



ISSOP e-Bulletin N° 41

September 2019



I chose to go to the two stage parallel session 'Identifying Torture and Abuse among children in conflict zones', conducted by Professor Coleen Kivlahan. The whole group of about twenty-five people from a variety of backgrounds was absolutely moved by the two sessions. Coleen was an amazing speaker who managed to create a safe space in which to convey some truly horrible victim stories. The conference dinner was on Friday night. More copious, yummy Lebanese food and a folkloric performance (male Dabka

dancing). The dancing enthusiast members of the conference participants joined in rapidly – unfortunately for me, Abou Bob arrived early.....

Saturday 28th Day 3

Setting – West Hall AUB. Food- morning tea. Confession- I arrived late and missed the paper presentations and most of keynote. The theme of the plenary was a strategic planning discussion- how could child health workers make a genuinely useful contribution in this domain. Lots of discussion. In the afternoon, the conference participants went on a walk around Beirut led by two terrifically passionate and articulate Lebanese young people, Mustafa and Catherine. There was a little confusion about the point of departure meaning a bit of standing about in the wrong location followed by cramming a double quantity of conference participants into a strained mini-bus that chugged uphill to the correct location. If anyone goes to Beirut I totally recommend this walk (and the architectural walk I did the next day) run by **Alternative Tour Beirut**. Double check the start point!

<http://www.alternative-beirut.com/>

Sunday 29th



On Sunday I was in a small party of four who went with Mustafa, Catherine and guide Ola to the Shatila camp set up in 1949. This found us sitting in a lane outside a coffee shop having a passionate discussion about how camp inhabitants could be helped- "funding directly to them and sustainable"- with a group of men including a 60 year old (he looked much older) who had lived his whole life in the camp. Mustafa later revealed he suspected them to be drug dealers (drugs in the camp were synthetic opioids and benzodiazepams rather than

heroin and cocaine). There were touches of aspiration to a better life. Ola was training to be a teacher, one of the allowed occupations for camp residents; a small garden in a wire cage; a group of boys having an organised football match with some coaches (they assured me there were sporting opportunities for girls as well) but the overall feeling was of claustrophobia and desperation. https://en.wikipedia.org/wiki/Shatila_refugee_camp

The ISSOP 2019 conference for this debutante was much better than most conferences I have been to. If, in classic interview question style, I had to summarise in three words the feeling it generated they would be: thoughtful, committed, challenging. Huge thanks to the organisers, participants, and 'Hi' to all those nice, interesting people I met again or for the first time.

ISSOP e-Bulletin N° 41

September 2019

Comment from Tony Waterston:

Yes it was lovely to find myself sitting next to Andrea on the plane to Beirut, we had met years before but this was her first visit (but definitely not the last) to an ISSOP meeting. I regret choosing to fly but boat proved too complicated and the Congress was unmissable.

For me, it was a wonderful first visit to Lebanon which has a reputation as a very beautiful country. Beirut unfortunately is almost buried under fast moving traffic, and even on the pavements you have to dodge the ubiquitous scooters. But the friendship was strong and the hospitality overwhelming. Being in the centre of the maelstrom of the Middle East made it much easier to understand the grim reality for refugees and the terrible impact on the lives of children. 2 million Syrian refugees have been added to the half million Palestinian refugees already in the country, the latter having minimal rights as citizens of Lebanon. The congress itself brought together a remarkable collection of researchers, advocates, teachers and NGOs from the region and we were fortunate to meet many leaders from the two local universities, AUB and St Joseph's.

What to bring back? For me, a much clearer idea of what is needed to promote refugee child health and the organisations which can help. And of course, the absolute necessity for advocacy to reduce the dreadful impact of the arms trade and the lack of protection for children in conflict situations. Both of these will feature in the forthcoming Declaration, together with what we need to do to influence world leaders at this time of huge global conflict and the rise of fascism in many European countries and beyond.

2.2 Peer education in the camps: Beit Atfal Assumoud



This project aims to provide young people with the knowledge and skills that enable them to make independent informed choices over matters affecting their health and to promote their wellbeing by enhancing their self-confidence, self-efficacy, and emotional and social competence. This presentation by young people in the programme funded by MAP (Medical Aid to the Palestinians) was for me the best experience of the congress. Based in Palestinian refugee camps, the

young people are trained by social workers to educate and inform young people about mental health and health promotion. Eight young people around 16yrs of age spoke about their work – the dynamism of all was palpable. The group described their work in peer education (children working with other children) and the remarkable benefits it had on their mental health and wellbeing. A group of three then conducted a role-play to demonstrate the effect of bullying on an overweight young person as shown in the picture. This remarkable programme deserves to be replicated in all settings and fully evaluated to determine the long-term benefits.

Tony Waterston

2.3 Paediatrics at a crossroads what next?

Introduced by Nick Spencer

Dr Guddi Singh, a member of the ISSOP trainee group and a community paediatrician in the UK, has written a blog, commissioned by the Nuffield Trust (link below). Written from the perspective of a UK paediatrician working with children in families facing huge social problems, her blog challenges paediatricians to address the social determinants of health, which are key drivers of child health.

She outlines how social paediatrics provides a framework for paediatricians to understand social causes and consequences of child health problems and act as advocates for policy changes to promote child health and wellbeing. ISSOP is not mentioned in the blog although it was in her original submission but the Nuffield Trust removed the reference. It would be very interesting to hear from ISSOP colleagues on their experience of social paediatric practice and its implications for paediatric practice as a whole.

<https://www.nuffieldtrust.org.uk/news-item/paediatrics-at-a-crossroads-what-next>

2.4 Ending corporal punishment in Scotland

Scotland has just voted to end corporal punishment in the home, becoming the first part of the UK to do so. Read more about this here

<https://www.bbc.co.uk/news/uk-scotland-scotland-politics-49908849>

2.5 Social Pediatrics in Colombia

The 4th Colombian Congress of Social Pediatrics met successfully in the City of Cali from September 12 to 14.



During the Pre-Congress a meeting was held with personnel from the city's protection system and in the same day, an event where the role of pediatricians in the care and accompaniment of institutionalized children and adolescents was discussed. On the second day, the serious situation of Venezuelan migrant children and adolescents in the country was presented, given that in recent years more than 500,000 children under 18

years of age have arrived in the country, as well as the impacts on development and the physical and mental health that the migration process produces to them. It was reviewed what the country is doing to provide services to this population and the challenges of the effective guarantee of their rights. On the third day, we reflected on the impacts that violence is having on children and adolescents in the country and on the importance of working from pediatrics in the construction of a culture of peace. It was agreed that the next Congress will be held in the city of Manizales in 2021 and Dr. Gabriel Lagos was chosen as the new coordinator of the Colombian Group of Social Pediatrics.

Ernesto Duran (Colombia) – Raúl Mercer (Argentina)

3. International Organisations

3.1 Autism Europe

XII Autism-Europe International Congress, Acropolis, Nice, France (13-15th September 2019).

<https://www.autismeurope.org/xii-autism-europe-international-congress-nice-france-2019/>

Autism-Europe is an international association whose main objective is to advance the rights of autistic people and their families and to help them improve their quality of life. It was my first experience to participate in activities of this association. I would like to say thank you to Jim's Foundation for the opportunity to take part in the Congress. Jim's Foundation's objective is to support the dissemination of knowledge about autism. Attending the Congress will help professionals, carers, family members and people on the spectrum, to broaden their horizons. The JiM Grant was awarded to people who will use the knowledge gained during the Congress and share it with others. <http://www.autismeurope-congress2019.com/fr/registration/association-jim>

What was the most important to me? Undoubtedly, confirmation of the equal importance of the opinions of the patient community and the medical community. The often-sounding motto at the conference was "Nothing about us without us". This is extremely important approach that is not widely accepted in Russia, where the paternalistic approach in the relationship between the doctor and the patient continues to prevail, especially in psychiatry. It also happens that the doctor and parents disagree in their assessments: the child with autism has become better or worse. Of course, the situation must be changed. It is necessary to arrange more such conferences where representatives of patients and doctors will meet, hear each other. So, I promise: the conference on autism at our Institute will certainly include patient's (or carers) feedback and request.

Nataliya Ustinova, Moscow

3.2 Tribute to David Sanders

The following tribute was circulated last week following the sudden death of Professor David Sanders, Cape Town:

<http://theconversation.com/remembering-david-sanders-a-humble-visionary-public-health-activist-123041>

I would like to add my own comments about David, with whom I worked closely in Zimbabwe in the early days after independence in the 1980s. David was at that time working with Save the Children on a nutrition programme whilst I was at the medical school as a paediatrician and working with others to reform the undergraduate curriculum towards a more community based approach. I considered myself a radical but soon came to see that David's approach was more fundamental as he sought to tackle the systemic determinants of health - before this term had become common parlance. For example, he did not favour initiating nutrition education programmes unless the barriers to female empowerment were challenged and the corporate control of food systems overturned. He was not afraid to support difficult causes but saw the need to work together with those affected by injustice, and was a heavyweight in the People's Health Movement. I heard first from David the question - 'Are you part of the problem or part of the solution'? He correctly observed that doctors are often part of the problem. Since then I have tried to distinguish the difference and be part of the solution. David's contribution to the struggle for health (also the title of his important book) was immense and will be remembered all round the world. I understand that he was out fishing the day before he died. And he taught my son to fish... at a time when Zimbabwe was a crucible for new ideas in health reform.

Tony Waterston

4. Current Controversy

4.1 What is wrong with that boy? A case study from Germany

-Katharina Muench, Pediatrician, psychodynamic child- & youth-psychotherapie, Technical University of Munich TUM

-Andrea Hahnefeld, Diplompsychologin(Clinical psychologist, behavioral child-psychotherapist Technical University of MunichTUM

-Prof.Dr.Volker Mall, Chair of Social pediatrics Technical University of Munich TUM <https://www.professoren.tum.de/mall-volker/>

Ali (not his real name) presented at a clinic for refugees in Munich, aged 5yrs, having hit the head of another boy five times on the ground and was excluded from kindergarten. Noted to have delayed development of German language.

Diagnosis: PTSD? ADHD? Delayed development/low IQ?

The history came out gradually over several months.

The family came from Afghanistan following persecution by the Taliban owing to the father having worked for US troops. Both parents had grown up in refugee camps in Pakistan, arranged marriage. Father worked continuously since age 8.

The family (parents and Ali) had walked 2000 kms from Greece to Bavaria, during which the parents were desperate and exhausted. The father confessed that he had beaten his wife for the first time, after arriving in Germany but was deeply opposed to violence, and proud of his work ethic. The marriage was not happy and the wife had little English and is much younger than the father. She had not bonded well with Ali.

A tentative diagnosis was made of ADHD + PTSD + delayed development.

The parents learned German, stopped beating within the family and the mother bonded well with Ali. Mother later told of violence from father's brother before leaving home and expressed fear of marital violence, father would not let her leave home in the camp in Germany. Father felt frustration and shame over boy's behaviour, shame over his own behaviour, and fear of deportation (which became more likely owing to change in government policy)

Ali developed well and stabilised, violence ended within the family.

Ali showed a long period of improved behaviour but then again presented with serious violent behaviour following an episode of sexual abuse by an older African boy in the camp, mother tried to complain but was not believed.

Reasons for delay in assessment of refugee-families :

- In our case the government started to deport Afghan single men, which created vital fears and high tension in this Afghan family

In general:

Family's alienation and shame; insecurity; high economic pressure; different concepts of privacy and responsibilities.

- Making written appointments with analphabetic parents
- Cultural norms re physical punishment
- Difficulties in asking about forced sex
- Difficulties in interpreting parent statements – e.g. saying 'I wish to be dead' does not indicate suicidal thoughts but merely being fed up
- Families often exposed to traumatic events which are not perceived as such (eg physical abuse)
- Psychotic symptoms are related to trauma exposure
- Parents tend to over report symptoms in the hope of obtaining compensation

CONCLUSION:

-As we cannot easily help the outer circumstances, we need to teach the families coping strategies.

-For refugee-families the **building of trust** with professionals is a big challenge, -needs to be met with the **help of trained "Language- and Culture-Translators"**, as well as **practical support and parental education**.

-**Trust is the key** to successful work. School as a stabilizing safe environment and parental empowerment by their education and involvement are the two keys to the children's resilience in an unstable refugee-life.



4.2 Is individual action pointless in the face of Climate Change?

There has been much discussion in the wake of the worldwide demonstrations to ask governments to take more urgent action to combat the climate crisis, about whether individual action is of any use. My personal view has always been that doctors should set a good example, as we have done in relation to tobacco. This view is confirmed in a useful article from the BBC

<https://www.bbc.co.uk/news/science-environment-49756280>

Please let us know your own views on the value of personal action!

Tony Waterston

4.3 The role of the global arms trade in fuelling conflict

As someone who is more interested in prevention than in treatment or rehabilitation (important though they are), I would have liked to see more creative input on how to prevent conflict at the Beirut conference. I had hoped that Prince Hassan would cover this vital field but he had little to say about the determinants of war in the Middle East. I'm glad to say that this topic was covered in the comprehensive lecture by Sam Perlo-Freeman from the UK based Campaign against the Arms Trade (www.caat.org.uk) who presented remarkable and shocking data on how the big powers are fuelling war.

The top six arms suppliers are all UN Security council members: the P5 permanent members, namely the USA, Russia, France, China and the UK, and current temporary member Germany. In addition, who are the biggest buyers? The Middle East and North Africa, to the tune of 41% of major conventional weapons transfers between 2014-2018. This international arms trade is a key enabler of conflict worldwide, especially in the Middle East where most states are highly dependent on imported arms.

Sam focused firmly on Yemen as a victim of first world weapons.

- In Yemen, 2/3 of civilian casualties caused by Coalition air strikes.
- Governments of Saudi Arabia, Syria, Iraq, depend on major weapons systems imported from US, Russia, Western Europe.
- Rebel groups acquire arms through smuggling, capture or purchase of government stocks, supply by foreign backers, craft production (e.g. Houthi drones & missiles).
<https://sites.tufts.edu/reinventingpeace/2019/03/19/who-is-arming-the-yemen-war-an-update/>

The death toll in Yemen has reached 100,000 and the main supplier of arms to the coalition led by Saudi Arabia are the USA and UK, followed by France, Russia and the Netherlands.

CAAT believes that the main motivation for the arms trade on the part of exporting governments is not profits, but more geopolitical interests, maintaining the domestic arms industry and the dominance of militaristic thinking and interests (belief that military power is key to global status)

As a result of a court case against the UK government brought by CAAT,

<https://www.caat.org.uk/campaigns/stop-arming-saudi/judicial-review>

On 20 June 2019 the Court of Appeal ruled that UK arms sales to Saudi Arabia for use in Yemen are unlawful!

The Court of Appeal concluded that it was 'irrational and therefore unlawful' for the Secretary of State for International Trade to have granted licences without making any assessment as to whether violations of international humanitarian law had taken place.

As a result of this landmark decision, the government must retake all decisions to export arms to Saudi in accordance with the law. It has stopped issuing new arms exports licences to Saudi Arabia and its coalition partners, UAE, Bahrain, Kuwait and Egypt, for use in Yemen

Sam has the following recommendations for ISSOP and its members in highlighting the menace of the arms trade in relation to children in conflict situations:

For members in the US, Canada, and Western Europe: write to your legislators calling for an immediate end to all arms sales to members of the Saudi-led Coalition involved in the war in Yemen. Highlight the devastating effect of the war and blockade of Yemen on the lives and health of children in particular, and the essential role-played by western arms in enabling the war.

For the organization as a whole, call for an end to all arms sales to states and armed groups involved in the wars in Yemen, Syria, and Israel/Palestine, along with stronger coordinated international action to prevent arms transfers to conflict parties, building on but going beyond the provisions of the ATT.

Tony Waterston

5. CHIFA Report – IPA Report

5.1 CHIFA report

CHIFA continues to be part of global conversations on health and human rights issues that affect children all over the world. It would interest you to know that the discussions that have featured on CHIFA platform continue to highlight that both developed and developing countries have common challenges and still have work to do in order to secure the rights and health of children. As an illustration, in the past few weeks and months, CHIFA members from all parts of the world have debated and argued the legal ramifications of corporal punishment, and some have linked the lack of law enforcement and significant progress with poor psychosocial outcomes in children. Likewise, CHIFA members continue to highlight the unmet needs of children with disabilities and as well as the dangers and proliferation of vaccine hesitancy on social media. This shows that regardless of where a health worker is practising, CHIFA offers an avenue for cross-pollination of ideas that can assist in the achievement of outcomes that have both national and international impact. With members sharing their expertise and local realities of issues, it is becoming clearer that CHIFA members have unique opportunities to proffer solutions that have local and global relevance.

Tosin Popoola is an Assistant Moderator on the CHIFA forum PhD in Nursing and he is currently a Nursing Lecturer in New Zealand

5.2 IPA words and greetings from Beirut: Joseph Haddad

“Issop made a great job in Beirut. Beside the highly and rich scientific program , we acknowledge the super enthusiastic input of all the speakers , the attendees and the organisers in advocating for the rights of children in conflicts . What would be better than Beirut to be the perfect forum for such a cause. IPA is grateful to ISSOP for its participation to this distinguished meeting as well as the Lebanese Pediatric Society.”



**Prof Joseph Haddad IPA executive Committee
President of the Union of Arab Pediatric Societies (UAPS)
President Elect Lebanese Pediatric Society LPS**

6. Trainee report

6.1 Vaping. Expedition to the world of e-cigarettes

A pediatric trainee in Jacksonville, Florida writes the article below. We are interested to hear if **vaping** is an issue in your country. What has been your experience? What has the impact been to child and adolescent health? What measures are being taken where you are from?

Vaping has become increasingly common among high school and middle school students across the nation. In Duval County in Jacksonville, Florida, 33% of 11 to 17-year old reported using **vaping** products, which makes it the most commonly used tobacco product among youth in Jacksonville.



Vaping is performed with e-cigarettes. E-cigarettes are devices that heat a liquid containing nicotine, marijuana (THC) and/or other flavored chemicals for inhalation. E-cigarettes were introduced to the US market in 2007, since then, a variety of brands and flavors have been introduced. Recent data shows 3.6 million youth across the US are e-cigarette users.

The most popular form of **vaping** among teenagers is JUUL, a **vaping** device that contains a very high concentration of liquid nicotine made from tobacco leaves and other organic acids. JUUL labs directly market their devices to youth through television, magazines, social media and many other aggressive marketing platforms. JUUL is shaped like a small USB flash drive and is therefore convenient for youth to store and carry. JUUL pods are available in more than 16,000 appealing flavors similar to candy flavors.

Many youths are not aware of the health impacts of **vaping**. Thus, far, 18 deaths and approximately 1000 cases of severe illness related to **vaping** have been reported, more than one third of the cases were younger than 21 years old. The concentration of nicotine in one JUUL pod (2ml of liquid nicotine) is equal to one pack of cigarettes. Youth may smoke 2-3 pods daily leading to severe lung disease. The lithium batteries of JUUL may explode resulting in fires and severe burns. The liquid flavors in JUUL may also contain other toxic chemicals, which can cause seizures in addition to severe lung damage.

There has been a recent outbreak of **vaping** related respiratory illnesses throughout the US, affecting all age groups especially the teenagers. According to the CDC, THC plays a role in lung illnesses, but no specific chemical exposure(s) is linked to all lung injury cases as of yet. CDC recommends people to consider staying away from using e-cigarette or **vaping** products specifically those including THC. Most of the THC that our teens use comes from the black market and it is available to buy online. “Dank vapes” which can contain up to 95% of THC- are the most common illegal THC **vaping** brands used by our teens. CDC had analyzed 12 samples of the black-market THC **vaping** products. All contained pesticides, some even contained heavy metals or lead.

Vaping poses a significant health risk to our community including death unfortunately. It is our duty as a community to increase awareness about this issue. We must educate youth and parents on the potential dangers, to advocate against the use of THC **vaping** products and to ensure tighter regulation and monitoring of the manufacture and marketing of e-cigarettes and JUUL in particular.

Issa Hanna, MD - Pediatrician in Jacksonville

7. Publications

7.1 A manifesto for children

The UK Children’s Commissioner has recently published a Manifesto for Children to be used in the soon to come general election.

‘The manifesto sets out some of the key issues that children have told the Children’s Commissioner’s Office are affecting their lives, and reflects many of the subjects the Children’s Commissioner has been shining a light on in recent years – children growing up in chaotic families, inadequate children’s mental health services, children’s safety and children living in poor quality housing such as B&Bs, converted office blocks or shipping containers.

The Children’s Commissioner’s manifesto focuses on six key themes: supporting stronger families, providing decent places for children to live, helping children to have healthy minds, keeping children active, providing SEND support for those who need it, and creating safer streets and play areas. It also sets out some of the likely costs involved alongside the policy proposals, including the Children’s Commissioner’s argument that existing statutory services must be put on a sustainable financial footing.’

Read more here:

<https://www.childrenscommissioner.gov.uk/publication/a-manifesto-for-children/>

8. Correspondence

8. 1. ISSOP conference through video streaming (from Lebanon to Argentina)

The inability to attend the ISSOP conference in Beirut was not an impediment to access the classes through video streaming. In my case, the invitation to participate in the Argentine Congress of Pediatrics was an impediment to being in both coincident events. I had to choose. At 4 am (given the different time zone), I could access the conferences without any technological barriers. The quality of the images and the sound were excellent. I could see faces of friendly people, their gestures, and reactions. Symbolically joining Rosario (Argentina) and Beirut (Lebanon) was not easy.

Despite the distances, the intensity of the presentations, the warmth of the environment, the climate of solidarity and commitment of the participants could be felt.



Perhaps it's time has come to think about the generation of virtual "hubs" during conferences in different latitudes so that professional groups from the countries can convene and form spaces for debate and interactive exchanges. In this way, we could generate greater resonance of what happens in each conference through a greater arrival in number and territorial extension.

As an anecdote, while a group of ISSOP professionals met in Beirut, at the same time, at another end of the world a group of social pediatricians was meeting in Argentina. This world of coincidences was possible thanks to the technology and the human quality of Barbara Rubio, a colleague and friend present at all times.

Raul Mercer, Argentina

8.2 Learning from the ISSOP Annual Meeting

Our annual meeting was in Beirut. We had a very productive meeting with qualified speakers. It was about 'Children in Armed Conflict'. Beirut was a good localisation in this regard because of years of civil war.

Beirut amazed me because when you are thinking Middle East Countries and Cities, one of the first assumptions you would make, everyone would be Muslim. When I was walking in the streets of Beirut, I come across a mosque and a church, side by side. It was really cosmopolitan and cultural capital. Our meeting venue, American University Campus was like a heaven with its lush gardens and beautiful architecture.

I would like to conclude shortly what I learned from this meeting:

1. One in six children live in conflict affected areas. In Middle East, the numbers are higher.
2. Recently, there are some changes in the conflicts.

Fragmentation and proliferation of conflicting parties (Non-State actors)

The duration of conflicts and displacement are more **protracted**.

Conflicts are increasingly **urbanised**. They are happening more and more in high density urban areas.

There is a decent **lower level of morality**. Humanitarian blockades to starve children, school and hospital bombings.

3. We need a better data about the impacts of conflicts on children. Yes, we have UN (United Nations) reporting and monitoring system but this mechanism is very partial and can be political. As paediatricians, as associations, as NGO's; we all have responsibility to get better at documenting and capturing the scale and the nature of the impacts on children.
4. Educational, mental and psycho-social health emergencies are the most important but also least funded sectors in national humanitarian response plans.
5. Approximately 40 percent of all children in war affected countries, have high degrees of distress ranging posttraumatic distress disorder to depression or anxiety. Despite the extensive evidence of the adverse effects of armed conflict on the mental health of children and adolescents, there has been far less research on interventions to try and minimise the long-term effects on mental health. In this meeting, we have seen a lot of examples of what is really working for mental health of children in war affected areas but still, more evidence is needed in this area.
6. NGO's who works for children in conflict affected areas, are dealing with fragile vastly different humanitarian context. A lot of their understanding comes from developed context. When they are trying move away from embedded dangerous practices (Early child marriage, female genital mutilation...), sometimes changes they are suggesting can be Western concepts or Northern Hemisphere mindsets. And in conflict situations, conditions may be even more difficult because their countries can be party to the conflict. Here they should think about **community driven child protection response**. Rather than imposing from outside, they should try to promote existing child protection structure. So, religious leaders, clerics, some community champions would be so important to see a change in community attitudes.
7. ISSOP, NGO's and other advocates should develop a strategic plan together to define their responsibilities and opportunities to address the impact of armed conflict on children.

Gonca Yilmaz MD, PhD, Turkey

8. 3. Moving from disappointment to emotion: more about ISSOP video streaming.

I was disappointed to have to miss the ISSOP conference this year and was delighted when I received the email about a live stream option. Excited I pulled up the conference agenda and planned which sessions I would attend, aware of the time zone difference from here in Florida to Beirut. I was thrilled at the quality of streaming and truly felt like I was sitting there with all of my friends and colleagues. I had my notebook and pen in hand, as I took notes and I learned the stories of nonprofit leaders, pediatricians working in conflict zones and youth advocacy initiatives. I felt inspired as I always do after attending ISSOP sessions. It was nice to see video shots of the conference participants and see familiar faces, which served as a personal reminder to send a catch up email or hello. I was able to use WhatsApp, Facebook and Twitter to get other glimpses of the conference as my friends would post or send me a pic or two. I would retweet content with my own reflections and feel engaged in this amazing event! Despite not being physically present, I was still able to make new contacts and network in a way I had never done before. Live streaming is truly the way of the future in order to expand our reach and minimize climate impact of conference travel. Congratulations on a successful and innovative conference – experienced virtually!

**Rita Nathawad
Jacksonville, Florida**

8.4 Report by Sharanya Napier-Raman, University of Sydney Student (International & Global Studies)

Living in a wealthy, stable Western country, it is easy to be detached from the violence and tumult that is a daily reality for vast proportions of the world's population. For me, ISSOP's conference was a vital opportunity to engage with highly significant global issues.

The pre-conference workshop *Child Protection and Promotion in Armed Conflicts*, held in St Joseph University in collaboration with the Lebanese Pediatric Society, was particularly enlightening in contextualising paediatric impacts of conflict and emphasising the growing urgency of medical care and solutions. Being *in* Lebanon and seeing pictures and hearing stories of their refugee populations – the disturbing images of rat-bitten babies, children being abandoned in garbage dumps – was a confronting, but effective, way of framing the conference and introducing issues that were continually returned to over the following days. The presentations on paediatric healthcare in Lebanon revealed the strain of humanitarian crises on host countries. These emphasised crucial questions of how necessary medical care can be delivered to the growing numbers of displaced child and youth refugees in countries which are already struggling with strained infrastructures and over-burdened medical systems. With an 80% increase in the number of people displaced due to conflict since 2000, these questions are becoming more urgent.

Significant takeaways from the conference involved recurring issues of inadequate and limited data on health, in conflict zones. I found the concerns over what kinds of treatment approaches and health issues are prioritised in conflict care extremely interesting, particularly questions of resource allocation and service provision. The conference emphasised the complex, multifarious, intersecting ways in which conflict impacts child-health. To fully understand the consequences of conflict a holistic view – comprising mental and physical health, communicable and non-communicable diseases, environmental hazards, social disruptions and disorder – must be taken, what Ayesha Kadir termed “seeing the forest *and* the trees”.

The session on conducting research in conflict zones was essential in addressing the dearth of evidence and information on child health in conflict, the difficulties of remedying this but the necessity of doing so regardless. Dima Bteddini's presentation on early marriage among Syrian refugees in Lebanon was a great addition to the more theoretical presentations on issues surrounding conducting research in conflict situations, providing analysis of these issues in practice. Fouad M Fouad's conclusion was a vital take-away from this session: that it is not enough for conflict research to do no harm, it must also strive to *do good*.

There was a strong emphasis on using children's rights in advocating for optimum healthcare for children in conflict situations. I particularly appreciated the session involving Palestinian Youth Peer Educators who used art and performance to build resilience. The conference ended with a panel discussion on what ISSOP, in partnership with global agencies could and should do to advance the wellbeing of children affected by conflict.

The ISSOP conference was an enlightening opportunity for me to engage with ideas and issues that are underrepresented in the media, social and political discourses around me but are deeply significant and exigent.

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8.5 More than words (images from Beirut)





Middle Eastern Explorers

We see in this image a group of ISSOP members who decided to explore the Middle East with local means of transportation. The image is eloquent in the sense of expressing the importance of combining nature, culture, passion to know new places and cultivate friendship. All this as part of the effort and commitment demonstrated during the ISSOP conference held in Beirut. (RM)