



CONTENTS

1. Introduction

1.1 Message from Jeff Goldhagen. ISSOP President

2. Meetings and news

2.1 ISSOP position statement on protecting children in Israel and Gaza

2.2 ISSOP webinar series on climate change and child health

2.3 Stay at home activities from RCPCH

3. International Organisations

3.1 Union of Pediatricians of Russia

4. Current controversy

4.1 Transgender children: are there limits to consent to treatment?

5. CHIFA report – IPA report

5.1 IPA Report: IPA Declaration

5.2 CHIFA Report

6. Trainee report

6.1 Planetary Health Weekly

7.1 Publications

7.1 Child Mortality and social deprivation: new report from UK

7.2 Impact of lockdown and school closure on children's health and wellbeing

7.3 Genetic testing to restore the human right to identity in post dictatorship Argentina: Ethical, legal, and social issues

8. COVID and Social Pediatrics reflections

8.1 Young people speak out

8.2 Letter from past and present Presidents of RCPCH on the failure of UK government to address children on COVID 19

9. Climate change update

9.1 Impact of climate change on mental health

9.2. Glaciers melting twice as fast

9.3. World set to beat 1.5 degrees limit

9.4. China's population growth is dropping

9.5. Exploring Disaster Human Services for Children and Youths. From Hurricane Katrina to the Paradise Wildfires

10. Social Pediatrics around the world

10.1 COVID-19 and humanitarian crisis in India.

10.2 Where is Hebrides?

1. Introduction

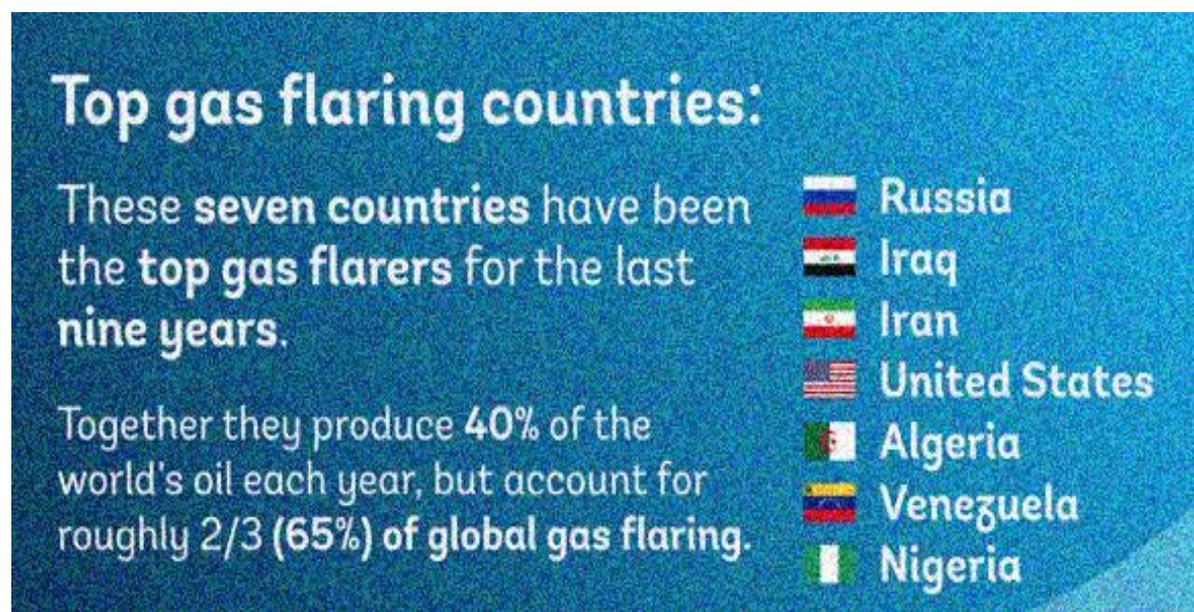
May sounds very like spring so we truly hope that our readers are emerging from a really difficult winter when most of the planet has been locked in away from the nature that so refreshes and energises us all. However we fully recognize that many countries will not emerge fully from the dreadful pandemic for many months and we full support the policy of assisting low income countries with adequate supplies of vaccine for their whole population – who could oppose this?

This month we continue our ongoing theme of climate change with short pieces from the young people who spoke so strongly at last month's ISSOP webinar. The series goes from strength to strength, please don't miss the remaining talks and breakout groups in the series in June, July, August and September.

We are seeking feedback on the newsletter in a small survey, please complete this at the following link:

https://ufl.qualtrics.com/jfe/form/SV_ezdDKw4yIL0qJMy

Tony Waterston, Raul Mercer, Rita Nathawad, Natalia Ustinova, Gonca Yilmaz



Credit: The World Bank

Once again, we are confronted with the realities of yet another conflict in the Middle East, while others continue unabated in all regions of the world. And, once again children are being killed, wounded and traumatized.

The political realities at the root of these conflicts are complex, and in particular those in the Middle East. How should ISSOP address these complexities? Should we “take sides” in situations that we may or may not fully understand? How do we consider and address our personal and national biases? With a primarily White, Northern membership, can we even begin to suggest we represent a global view of social pediatricians? Is it our role to become immersed in politics? How do we decide which regions deserve our attention—is the trauma endured by children in the Middle East more important than that of Rohingya children?

These are obviously rhetorical questions for which there are no easy answers—but they remain critical ones for us to consider as we mature as a global organization. We are confronting them once again as we craft a statement on the Israel-Palestine conflict.

What is clear, is that these conflicts result in profound violations of children’s rights. As an organization grounded in the principles, standards, and norms of child rights—it is critically important that the path we take is guided by these principles, and that we remain a global voice in support of children and their rights to optimal survival and development. Ultimately, this is the distillation of our Mission—*To advance the rights of all children to optimal survival and development.*

How we fulfill this Mission is an ongoing challenge. At a minimum, we can continue to be a voice on behalf of children and their rights —through statements, declarations, petitions, webinars, manuscripts—and other forms of communication. Toward this end, we will continue to comment on issues related to the impact of armed conflict on children—including a Statement that will be released this week on the Israeli-Palestinian conflict.

And we need you to be the eyes and ears of our organization—where there are violations of children’s rights that demand our attention—we need to respond, regardless of the political complexities. If not us, then who?

Jeff

2. Meetings and news

2.1 ISSOP statement on protecting children in Israel and Gaza

The following statement was issued during the recent serious and very concerning outbreak of violence between Israel and Gaza.

As pediatricians we watch in horror recent attacks in Israel and Gaza. Thus far, over 1000 civilians have been injured and more than 200 killed—including dozens of children—the vast majority in the blockaded Palestinian territory.

Children are physically and mentally vulnerable in times of armed conflict, being both more likely than adults to sustain severe head trauma and more vulnerable to potentially traumatic events.

It is critically important that the following be implemented immediately:

- **Both** Israel and Palestinian armed groups must refrain from the ongoing indiscriminate attacks that have taken the lives of children. The large number of civilians that have died as a result of attacks, particularly on the Palestinian side, raise suspicion that attacks are carried out against civilian targets, in violation of international law.
- **Ensure** access to appropriate medical care, including the most sophisticated trauma care and evacuation protocols for injured children to nearby level one trauma facilities.
- **When appropriate** medical treatment is not available in Gaza, children should be evacuated as soon as possible and permitted safe and speedy access by the Israeli authorities to trauma facilities in Israel and the West Bank, including East Jerusalem.
- **Children evacuated** from Gaza to the West Bank or Israel must be permitted to be accompanied by their parents.
- **Allow humanitarian aid**, including fuel necessary for powering hospitals and homes, and the running of sanitation infrastructure, to enter Gaza.
- **Ensure all injured children** have access to long-term physical and mental health care, and their families are supported after the current escalation conflict to ensure receipt of these services.
- **Stop all attacks** on healthcare workers, and health facilities and health infrastructures—a clear violation of the principle of medical neutrality.
- **Ensure all relevant duty bearers** in the region prioritize the needs of children and reach a ceasefire immediately.
- **Respect** the neutrality of medical teams and medical facilities.
- **National medical associations** representing healthcare workers must act according to medical ethics and speak out about government action that results in harm to the life, health, and well-being of children, both Palestinian and Israeli.

We call attention to the ISSOP Beirut Declaration

(<https://www.issop.org/cmdownloads/beirut-declaration-on-prohibition-of-harm-to-children-in-armed-conflict/>), a framework for mitigating the impact of armed conflict on children. Enough is enough. Thank you for your consideration.

Respectfully,

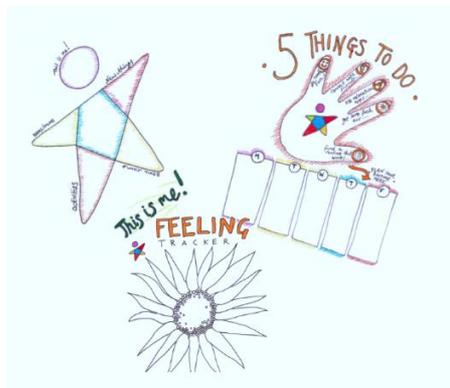
Jeffrey Goldhagen, M.D., MPH, President
ISSOP Committee to End Violence Against Children

A further statement is in preparation on the political aspects of the Israeli-Palestinian conflict.

2.2 ISSOP webinar series on climate change and child health

The fourth webinar in the series, on Greening Practices and Health Systems, was held on 24th-25th of June and took the form of a dialogue between UK expert Dr David Pencheon and a US expert Dr Todd Sack the founder of My Green Doctor. This was a fascinating discussion and if you missed it, do please check out the recording at the ISSOP youtube site <https://www.youtube.com/watch?v=KvvH5c9Z8RA>. You will also find the recording of the April webinar given by four remarkable young people on the ISSOP website and you can read their comments and ideas in this e-bulletin at 8.1 below.

2.3 Stay at home activities for children from RCPCH



RCPCH & Us have made fun things to do while you are staying home – a health diary to write or draw your questions or feelings between appointments, and an activity pack so you can help the NHS and entertained (plus get a certificate!)

<https://www.rcpch.ac.uk/resources/stay-home-activities-children-young-people>

3. International Organisations

3.1 Union of Pediatricians of Russia

Nataliya Ustinova writes about the work of the Union of Pediatricians in providing information to professionals and parents during the pandemic

The Union of Pediatricians of Russia: what to do to survive the pandemic?

Now life in Russia is almost as normal as it was before the pandemic. It is worth remembering how it all began, how the professional society of Russian pediatricians responded to new challenges. We remember the widespread fear, uncertainty, school closures, calls to stop vaccinations and routine medical care.

It is very important for society to have access to verified information, such a source is the website and social media of the Russian Union of Pediatricians. The Union issued very important documents that allowed to preserve the provision of medical care for children, including vaccinations, proper treatment of children with different diseases during the pandemic. In the first months of the pandemic in Russia, the [statements](#) of the Union of Pediatricians appeared in relation to 1) the continuation of vaccination 2) the problem of child abuse and neglect during the COVID-19 period 3) using of fabric masks, etc.

Information on Covid-19 was regularly updated in accordance with the latest scientific data, translated into Russian. The main international documents (ISSOP declaration “Advancing health equity and social justice in respond to COVID-19”, safe schools during the COVID-19 pandemic (WHO)) and other useful international resources are presented. The information is presented not only for specialists, but also for parents. Thus, complete information was provided for parents on what to do if there is a suspicion of COVID-19 in a child; breastfeeding during the pandemic, etc.

Thus, the activities of the Union of Pediatricians of Russia made it possible for both specialists and families with children to feel more confident even on the most difficult days of the pandemic. These activities supported sustainable development of young children and adolescents during the pandemic:

- **Keep children learning, expand internet access for families and children, and provide the support and technological capacity to do so.**
- **Closing schools only as a last resort.**
- **Pediatric care, including vaccinations, is not interrupted**

4. Current Controversy

4.1 Transgender children: are there limits to consent to treatment?

<https://blogs.bmj.com/medical-ethics/2020/01/16/transgender-children-limits-on-consent-to-permanent-interventions/>

Heather Brunskill Evans

In the UK at least, the questions of young people who wish to change their gender identity are leading to major debates as well as concerns over physical health, mental health and education. Parents have anxieties over their children who may show strong and opposing opinions and don't know where to go for help. In this country and much of western Europe and the USA, there is extensive political and social discussion among young people and the authorities are struggling to respond appropriately. Sometimes intolerant views are expressed which are met with wide condemnation from the transgender movement and open discussion of options for management become fraught.

This valuable blog from the Journal of Medical Ethics looks at consent by young people to gender change. The author is a philosopher who writes extensively on this subject and describes herself as having ‘a particular interest in feminist philosophy and the bio-politics of the female and male body. I work at national and international levels driving women and girls’ rights in the face of their erosion by identity politics, queer theory, and Big Parma. My latest book is Transgender Body Politics (2020)’.

Brunskill-Evans examines three criteria for safe consent used by the Gender Identity Development Service (GIDS) at the Tavistock Clinic in London: mental capacity, the availability of alternative treatments and whether the child has been influenced by others in decision making.

ISSOP e-Bulletin N° 51

May 2021

The author's conclusions are as follows and I must say that I am in full agreement – Given the disputed 'truths' about the aetiology of transgenderism, the experimental nature of the treatment, the significance of the intervention, and the potential irreversibility of the consequences, as well as the young person's emotional and psychological immaturity, I conclude that children and young people cannot be deemed capable of properly informed consent. A substantive number of anonymous whistleblowing clinicians and psychotherapists also have profound concerns but aren't publicly speak out (other than anonymously), a fear symptomatic of the power-knowledge relations which construct what we understand as 'the transgender child'. It would be interesting to hear if similar debates are going on in the countries known to ISSOP members – let us know about this as well as your own views.

TW

5. CHIFA Report – IPA Report

5.1 IPA report: The IPA Declaration



International Pediatric Association
Every Child · Every Age · Everywhere

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[The International Pediatric Association \(IPA\)](#) expresses deep concern regarding the impact of the ongoing crisis in Myanmar, Syria, and Yemen on children's wellbeing. Children are the future of every country and it's each and everyone's responsibility to protect them and help them to nourish for the betterment of tomorrow.

Social research findings show that children's earliest experiences significantly influence their future development. The course of their development determines their contribution, or cost, to society over the course of their lives.

Despite much progress in recent decades, millions of children are still living without their basic rights. Now more than ever, children's lives are being touched by violence, conflict, and the impacts of climate change.

IPA believes that every child regardless of their age, race, gender, wealth, or birthplace deserves all the basic fundamental rights. These rights are enshrined in international law in the [Convention on the Rights of the Child \(CRC\)](#). It recognizes all children must be treated fairly, equally, and with dignity. The child rights convention laws are non-discriminatory and are always in the best interests of the child.

Looking at the current situation which the children are facing in Myanmar, Syria, and Yemen, IPA calls for/advocates its member societies, governments and parents to take action to ensure child rights are protected, respected, and fulfilled.

IPA: working for Every Child, Every Age, Everywhere

Errol R Alden
Dr. Errol Alden
President, IPA

NThacker
Dr. Naveen Thacker
Executive Director, IPA

On behalf of
Standing Committee, IPA

5.2 CHIFA report

At the recent meeting of the CHIFA steering group, Tom Hutchison (one of the CHIFA co-moderators) reported that he has started work on identifying outcomes of posts on CHIFA seeking information, to determine whether the person making the request received the information desired. This will be a valuable outcome measure of one aspect of CHIFA's work. A 'CHIFA catalyst' is being sought to join the CHIFA moderation team, whose role will be to identify and post relevant articles and news to stimulate discussion on CHIFA.

6. Trainee Report

6.1 Planetary Health Weekly

As places start to open up and travel becomes feasible, we will start to see global health experiences for trainees also resume. Planning an overseas experience requires careful planning and preparation on the part of the trainee and also the program coordinating and sponsoring the opportunity. **Dr. Jay D. Kravitz***, MD, MPH has written an excellent summary, "Global Health Student and Professional Preparation Guide for Overseas Electives", which is worth review. It can be found at [Global Health Student and Professional Preparation Guide For Overseas Electives | PLANETARY HEALTH WEEKLY](https://planetaryhealthweekly.com/current-edition/).

Some key points from the article as follows:

- Ensure the chosen destination and activity is substantive, **safe** and worthy of consideration
- There should be **mutual benefit** to the host site and stakeholders and the traveler. It is critical that such activities pose no harm to the local community and are not in the vein of medical tourism.
- The trainee should receive appropriate **mentorship** during preparation, throughout the experience and post trip to ensure learning goals and objectives are met and to support potential careers in global health.
- **Ethical considerations** are paramount and it should be clear the level of training and type of services that may be offered while at the host site.



At the end of the article there are also excellent general information and logistics check lists to guide planning. I encourage all trainees and mentors alike to reference this article as we return to global health offerings at our respective institutions.

<https://planetaryhealthweekly.com/current-edition/>

*** Jay Kravitz, was an excellent public health professional, environmental advocate and close friend. He unexpectedly passed away peacefully, resting at his home in the middle of the woods in Portland, Oregon. Gonna miss you Jay! Raul Mercer**

7. Publications

7.1 Child mortality and social deprivation in UK: new report

<https://www.ncmd.info/2021/05/13/dep-report-2021/>

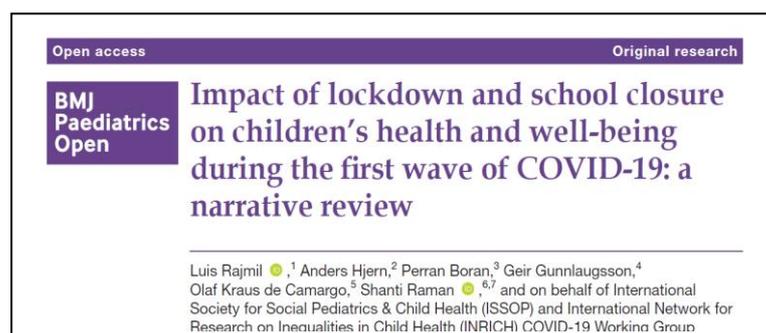
This report from the National Child Mortality Database, which is based on data for children who died between April 2019 and March 2020 in England, finds a clear association between the risk of child death and the level of deprivation (for all categories of death except cancer). More specifically, *Child Mortality and Social Deprivation* states that over a fifth of all child deaths might be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived – which translates to over 700 fewer children dying per year in England. The newly appointed President of the RCPCH Dr Camilla Kingdon comments on the report in her recent e-bulletin:

‘The 2021 report helped me see that there are things we can all do to try and shift the depressing link between child death and deprivation. The report shows that there is a strong link between child death and ‘modifiable contributory factors’ in the most deprived communities – factors like homelessness, poor parental mental health, difficulties accessing health and social care services, and so on. This gives us an opportunity to do things to make a difference, and there is a whole chapter of examples of potential interventions which are fascinating and inspiring to read.’

TW

7.2 Impact of lockdown and school closures on children’s health and wellbeing <https://bmjpaedsopen.bmj.com/content/5/1/e001043>

A valuable literature review by ISSOP members Luis Rajmil, Anders Hjern, Perran Boran, Geir Gunnlaugsson, Olaf Klaus de Camargo and Shanti Raman, covers 22 countries across the world from different



income ranges and examines the impact of recent pandemic measures on children’s health and wellbeing. The main findings of the study are as follows:

Studies from Australia, Spain and China showed an increase in depressive symptoms and decrease in life satisfaction. A decrease in physical activity and increase in unhealthy food consumption were shown in studies from two countries. There was a decrease in the number of visits to the emergency department in four countries, an increase in child mortality in Cameroon and a decrease by over 50% of immunisations

administered in Pakistan. A significant drop of 39% in child protection medical examination referrals during 2020 compared with the previous years was found in the UK, a decrease in allegations of child abuse and neglect by almost one-third due to school closures in Florida, and an increase in the number of children with physical child abuse trauma was found in one centre in the USA.

The authors' conclusions are as follows: This narrative review attempted to provide the best available evidence on the impact of pandemic-related restrictive measures on child's and adolescent's health. The findings call for the attention of decision-makers to take into account the risks and benefits for children's health, with respect to public health measures that are adopted. Policymakers and researchers should look into other much less disruptive social distancing interventions given that lockdown measures greatly affect children and with more negative effects than benefits in the short and probably also in the long term. As other public health experts are urging,⁴⁷ we suggest that a comprehensive public health approach is needed in response to this pandemic with particular attention given to children. Social determinants and medical requirements should be addressed simultaneously, with equity and human rights as overarching principles.

TW

7.3 Genetic testing to restore the human right to identity in post dictatorship Argentina: Ethical, legal, and social issues

The last military dictatorship in Argentina (1976–1983), committed egregious violations of human rights, including torture assassinations and disappearance of 30,000 political dissidents as well as friends and relatives. This included hundreds of pregnant women who were kept in clandestine detention



centers and killed after delivering their babies in abject conditions. The succeeding democratic governments applied forensic genetics at the National Bank of Genetic Data to identify the estimated 500 children stolen at birth and being reared by military families with suppression of their identity. The first genetic identification was in 1984 of a 6 years old, while the latest was in 2019 of a 44 years old, completing so far 130 identifications along 35 years of post-dictatorship. The ethical, legal, and psycho-social complexities of restoration of genetic identity after years of appropriation and suppression of identity in the Argentine context, is discussed at length. Evidence indicates that after initial psychological distress, most individuals that had their true genetic identity restored experienced relief by learning the truth and reuniting with their biological families. Many "recovered grandchildren" are socially and politically involved in progressive causes and express pride for the social activism of their disappeared parents. The role played by genetics in support of the right to identity in Argentina has set an example of social responsibility of science in defence of human rights.

RM

8.COVID and Social Pediatrics reflections

8.1 Young people speak out

Mira Madsen, Denmark

My name is Mira Kjær Madsen. I am 18 years old and am currently finishing my last year of high school in Odense, Denmark. I have been an active organizer and activist in Fridays For Future (Local group: Odense, National group: Denmark and FFF International) for approx. a year.

Fridays For Future is an international organization founded by Greta Thunberg in 2018 with more than 14 million members, representing nearly every country worldwide.

During this year there has been done more than just the notorious FFF school strikes, such as meetings with politicians, proposal-writing alongside other student organizations, presentations to educate students about the climate crisis,

participating in TV and radio debates, and having written op-eds published in newspapers.



I first joined the movement last summer after having attended local strikes regularly throughout my high school years. A friend of mine invited me to restart the local group, which had somewhat burned out during the first covid-lockdown. However, my concern about the climate originated when my geography and science teachers in 8th grade decided to have my class do a project on climate change after showing us documentaries and carbon emission statistics, contrary to the usual curriculum.

I believe that any adult, including anyone from the ISSOP community, can stand by youth in the climate movement, just like my middle school teachers did. Truthfully, we need you to. Fighting for climate justice is hard. You can make a difference. Whether it is by having children's books on the topic in your waiting room, "prescribing" time spent in nature to develop a family's fondness of it, attending strikes, donating, or signing petitions. You too can be a climate activist, and I sincerely hope you will.

Caterina B, Germany



Plant-for-the-Planet is an international youth organisation with the goal of planting 1.000 billion trees to save our future. We are planting trees worldwide and developed an app to make it even easier to plant trees. In this Trillion Tree App are not just our planting projects registered, instead hundreds of projects worldwide are becoming visible and people from all over the world can support them with their donation. Here you can see how many trees were planted and learn more: www1.plant-for-the-planet.org

However, Plant-for-the-Planet does more than planting trees: We are educating children worldwide in so-called academies to become climate justice ambassadors and spread our vision - Stop talking. Start planting!

Nowadays, there are more than 80.000 ambassadors worldwide who fight for climate justice and against the climate crisis.

I became an ambassadress when I was 11 years old. I found Plant-for-the-Planet online and was fascinated and also found out that there will be an academy 1 hour away from my home. Then, I begged my mum to let me participate there and she finally agreed. So, I went to the academy. Afterwards I started to give speeches or presentations, to organise other events and so on. Since that day, I kind of grew into Plant-for-the-Planet and the network of us ambassadors.

Everyone can help to save the world, even little ones. And you as a global network and experts for child health can raise awareness for this important topic, explain what (health) risks we are or will face and make this also understandable for young ones, e.g. you could explain the importance of our diet (less meat, regional, ...) and of playing outside and learning about nature because it is important for our health and furthermore, you will not destroy anything that you love.

Karolina Fabianová, Project & Communications Manager (Youth and Environment Europe)

I am a young sustainability professional experienced in project management, digital communications, advocacy, climate change communication, and environmental policies. After finishing my MSc in International Development Studies, I spent one year in Brussels, completing traineeships for the Bratislava Region's Brussels Office and Commission for Natural Resources in the European Committee of the Regions. I also supported the implementation of the Ghana WASH Project in the capital of Ghana, Accra. Currently, I work as a Project & Communications Manager for Youth and Environment Europe (YEE), the largest independent network of European youth-led



ISSOP e-Bulletin N° 51

May 2021

environmental organisations, where I am leading several EU-funded projects and digital campaigns, engaging with multiple stakeholders and empowering young people to take climate action.

What led me to the climate movement was my close relationship with nature from early childhood. The connection with nature has been an important part of my whole life, from spending time with my family in the beautiful Slovak mountains to growing older and realising how the human relationship with the rest of nature matters for our well-being. Especially during my studies, I found out not only about the urgency of the climate and biodiversity crisis but also about the related inequalities transforming our daily lives. There is way more behind the climate emergency than we often tend to think. What really made me join the climate movement was the intersectionality as a response to climate change. An intersection of inequalities evolving from the environmental crisis, such as gender and environment nexus, but mostly the intergenerational equity and climate justice for future generations, can't be overlooked anymore. We are nature and we should start acting as one, that's why today I am proud to be advocating for the voices of young people and raising awareness about what needs to be done.

On behalf of young Europeans, I would like to ask the ISSOP and pediatricians to incorporate the intersectionality of climate change into their lives and into their daily practice. It is crucial to stop seeing the climate emergency as an environmental issue only and truly start understanding the links between the current state of the environment and the rest of what's there. Particularly when it comes to our health, the truth is that we won't have healthy humans if we don't have a healthy planet. At the same time, I believe that all health professionals working with children and young people have the power to raise understanding and awareness among future generations on the intersectionality of our actions as well as to help them better reconnect with nature. In the aftermath of the pandemic, many young people face mental health issues including eco-anxiety. The pediatricians can play an essential role in supporting youth by keeping this conversation going.

Julia Lazzarini, Brazil



I am an administrator from UFMG (Federal University of Minas Gerais, Brazil) and also certified in political studies by Sciences Po Lille. With a plural and multidisciplinary trajectory, I participated in projects in companies and socio-environmental associations in Brazil and Europe in the themes of immigration, climate changes, and ocean protection. Today I work with the management of cultural transformation projects at Nexo and I am an active member of the YCL network.

Bio Youth Climate Leaders:

YCL is tackling youth unemployment while increasing the number of skilled climate professionals capable of solving one of humanity's most pressing challenges. We aim to empower 1 million Young Leaders to lead climate projects as a global network.

What led you into the climate movement

Consciousness brings responsibility. After appropriating themes of climate change at Sciences Po Lille, I felt the responsibility of pulling climate agendas in Brazil. This was the reason why I started working at Waycarbon, a pioneer company in Brazil that acts on climate issues, then took a course "Leadership for the 21st century" and today I am an active member of the YCL network. In addition, I bring the climate agenda in the projects I work at Nexo - a specialized consulting in cultural transforming projects for organizations.

What you would ask of ISSOP + paediatricians in relation to climate emergency activism

I would ask ISSOP to:

- Keep learning with associations and people specialized or people that are in front of the thematic.
- Partnering with schools, NGOs, communities to educate and aware people of climate crises.
- Empower and involve children and younger people to be more participative in the decision-making processes that will impact their future - ex: new construction of a port, deforestation of forests, primary forest, etc.
- Partnering with schools, NGOs, communities to work on how the crisis is affecting the emotions of the children and youngsters when they think about their future.
- Supporting centres that help immigrants - climate migrants.
- Partner with schools, NGOs, and communities to educate and aware people of climate crises.
- Associate the climate agenda with the public health agenda
- Share data and collaborate with the climate scientist community, incidence in government relations, judicial, academic.
- Education and awareness. Ex: Publishing Awareness about CLIMATE Crises, Promoting Vegetarian Diets - To Parents and Children.
- Taking care of children's well-being and emotional issues associated with climate crises and increment of challenges due to that.

Julia Lazzarini

8.2 Past and present Presidents of RCPCH write to the Times about the failure of the UK government to directly address children and young people in relation to COVID 19

Sir, As the outgoing and incoming presidents of the Royal College of Paediatrics and Child Health, we are hugely disappointed that throughout the pandemic the UK government has never taken the opportunity to directly address children and young people. The young have borne a huge indirect cost of this virus and will continue to do so in the years to come. We closed their wards and cancelled their operations; we told them to wait while we treated adults. We borrowed money to shore up the economy — a debt our children will spend much of their future repaying.

When we closed their schools and their playgrounds, we didn't just interrupt their education and play. We stopped them from seeing friends and having fun, from gaining social skills, from being looked out for if they came from a home that wasn't a safe place. The effects of this are seen in the poor mental health and stalled social development of so many, and the huge rise in referrals to specialist services which were struggling to cope even before Covid.

The government had to act decisively in the face of the pandemic, and we recognise this was necessary. Many young people do too. But across the world and in our devolved nations, ministers talked, and listened, to their young people in specially convened briefings. Despite repeated requests and opportunities, the UK government's message to the young has been clear: you may be seen but you will not be heard.

Professor Russell Viner, current president of the RCPCH and professor in adolescent health at the UCL Great Ormond Street Institute of Child Health; **Dr Camilla Kingdon**, incoming president of the RCPCH and consultant neonatologist at Guy's and St Thomas' NHS Foundation Trust

9. Climate Change Upgrade

These studies are not intended to intensify your anxieties but to spur you on to action, which is the best way of preventing eco-anxiety!

9.1 Impact of climate change on mental health

<https://www.imperial.ac.uk/grantham/publications/all-publications/the-impact-of-climate-change-on-mental-health-and-emotional-wellbeing-current-evidence-and-implications-for-policy-and-practice.php>

The authors of this paper from the Grantham Institute in UK examine the impact of climate change on the mental health of young people, writing as follows:

'This briefing, and accompanying animation, shows how climate change is negatively affecting the mental health and emotional wellbeing of people around the world. It proposes a detailed set of recommendations to stimulate greater knowledge, awareness

and action for all sectors including policy makers, research institutions and mental health practitioners.'

The following article appeared in the Guardian in relation to the above report <https://www.theguardian.com/environment/2021/may/26/climate-crisis-inflicting-huge-hidden-costs-mental-health>

'Even for those not yet directly affected, so-called eco-anxiety about the future has an impact, Lawrance [who led the report] said. "Anecdotally there are rising rates of distress, and it is going to affect a huge number of people. The grief and fear that comes with that, and especially for young people who see inaction on climate, can really exacerbate distress." Even in the midst of the pandemic in 2020, young people in the UK reported significantly more stress about climate change than Covid-19, she said.'

9.2 Glaciers melting twice as fast

<https://www.theguardian.com/environment/2021/apr/28/speed-at-which-worlds-glaciers-are-melting-has-doubled-in-20-years>

This Guardian article reports a paper in Nature which looks at the dramatic rate of melting of the world's glaciers –

'The melting of the world's glaciers has nearly doubled in speed over the past 20 years and contributes more to sea-level rise than either the Greenland or Antarctic ice sheets, according to the most comprehensive global study of ice rivers ever undertaken.

Scientists say human-driven global heating is behind the accelerating loss of high-altitude and high-latitude glaciers, which will affect coastal regions across the planet and create boom-and-bust flows of meltwater for the hundreds of millions of people who live downstream of these "natural water towers".

Between 2000 and 2019, glaciers lost 267 gigatonnes (Gt) of ice per year, equivalent to 21% of sea-level rise, **reveals a paper published in Nature**. The authors said the mass loss was equivalent to submerging the surface of England under 2 metres of water every year.'

9.3 World set to beat 1.5 degrees limit

<https://www.bbc.co.uk/news/science-environment-57261670>

Reported by the BBC, a major study says by 2025 there's a 40% chance of at least one year being 1.5C hotter than the pre-industrial level.

That's the lower of two temperature limits set by the Paris Agreement on climate change.

The conclusion comes in a report published by the World Meteorological Organization (WMO).

9.4 China's population growth is dropping Is this a good or a bad thing? For the climate, it is definitely good!

<https://www.bbc.co.uk/news/world-asia-china-57067180>

The BBC reports that in China the average annual growth rate was 0.53% over the past 10 years, down from a rate of 0.57% between 2000 and 2010 - bringing the population to 1.41bn.

The Chinese government is concerned that this will impact on the care of the elderly. However it is important to note that to reduce the impact of the climate change, the single biggest change that an individual can make is to have one less child. Maybe all countries should be trying to reduce their population growth rate!

TW

9.5 Exploring Disaster Human Services for Children and Youths From Hurricane Katrina to the Paradise Wildfires Proceeding of a Workshop

<https://www.nap.edu/catalog/26158/exploring-disaster-human-services-for-children-and-youth-from-hurricane>

Large-scale disasters continue to strike the United States with escalating frequency, greater magnitude, and substantial costs to the health, social, and economic welfare of affected communities. From Hurricane Katrina in 2005 to the Paradise wildfires of 2018, recent disasters have exposed gaps in the capacity of the nation's critical child infrastructure (i.e., the existing systems and networks of social and human services that serve children and youth) to fully support children and youth throughout the disaster response and recovery process. Experiencing a disaster can affect the physical and emotional health of children and youth in myriad ways that extend beyond the immediate danger of physical hazards.

The objectives of the workshop were the following:

- Understand the critical child infrastructure (i.e., the existing systems and networks of social and human services that serve children and youth) and how it functions (i.e., how services are delivered) before, during, and after a major federally declared natural or environmental disaster.
- Understand the negative effects of disasters on children and youth that can be mitigated by the provision of social and human services.
- Understand the current gaps and future opportunities for supporting coordinated delivery during, and restoration of services following, a major federally declared natural disaster.
- Explore potential matrices for evaluating response and recovery efforts related to social and human services.

RM

10. Social Pediatrics around the world

10.1. COVID-19 and humanitarian crisis in India.

Dear Jeffrey, colleagues and ISSOP Family.

Thanks for your outreach, care and concern. We are overloaded and overwhelmed; hardly have had time to respond to your mail till today!

ISSOP e-Bulletin N° 51

May 2021

COVID is a disastrous disease. COVID wave 2 is a huge humanitarian crisis in India. Our health systems are breaking down now due to the scale of the crisis, with shortages of hospital beds, oxygen and emergency medicines. People are struggling. Even we have lost friends and relations. It is heartbreaking. The Indian Government has finally started getting support from multiple friendly countries, including US, Canada, UK and many others. Lots of civil society, and non profit charitable institutions are contributing their bit. We pray they succeed quickly.

Due to the lock down, the poor and the marginalized are particularly affected. They have lost jobs, and are sick and hungry. Through our non profit organization, BUDS (<https://budsngo.org/>), we stand committed to support these vulnerable families and their children in the slums of Delhi NCR. We have started serving through our mobile health van services in three large urban slum communities in the NCT region of Delhi (population over 1500, 000 each) . We are conducting medical screenings, triage through pulse-oximetry, tele-health and distributing medicines, supportive rations and connecting the people to government Covid schemes, designated hospitals, provisions of oxygen supplies and concentrators. Have never witnessed such a major public health challenge in my life time.

Have a look at our brief write up our integrated health care response and our website <https://budsngo.org/>

<https://budsngo.org/our-projects/health-and-nutrition/covid-19-relief-awareness/>
Please circulate with in your networks for help and much needed support

Warm regards

Rajeev
Dr Rajeev Seth MD, FAAP

10.2. Where is Hebrides?



Hebrides is the place where Tony is just now to get into the inspiration process of this and coming issues of the ISSOP e-bulletin.