ISSOP e-Bulletin Nº 46
July 2020 – COVID Mode

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1. Introduction

As we write this e-bulletin we are soon to enter the 6th month of the pandemic – and the 8th for those living in China. Many of us are emerging from this extraordinary period, but in some countries – notably USA, Brazil, Mexico, India, South America – the peak has not been reached. There cannot be a single person in the world who has not been affected by the virus in some way and for most, the impact has not been happy – with loss of loved ones, loss of income, social isolation, loss of children's education and mental ill health being highly prevalent. For children, the experience has also been life changing and ISSOP is carrying out a remarkable research project globally to investigate the impact on children. More on this in this month's e-bulletin at 3.1. In section 8, we offer the comments from ISSOP members around the world on how their country tackled the pandemic and how they view the outcomes so far.

In controversy, we cover two of the serious problems which are affecting health care in the US under President Trump. It is devastating to see the dreadful situation affecting that great country as COVID sweeps the country as a results of faults made by the leadership in recent months. As ever we are grateful to all those who have written this month and we are always ready for your future articles.

T. Waterston (UK) R. Mercer (ARG) R. Nathawad (US), G. Yilmaz (TR) N. Ustinova (RU)

1.1. Message from Jeff Goldhagen - President of ISSOP

Dear colleagues and friends, every day new information arises about the impact of COVID-19. Now we know that older children carry the virus and may be as infectious as adults. New data indicates that younger children may have 10 times the amount of viral RNA isolated in their nasal passages compared to adults. As we learn more, the message becomes increasingly clear—children are impacted by COVID-19—both directly and as importantly, indirectly. A recent paper in Lancet CAH models the severe impact on child health of health systems changes caused by the response of communities to COVID 19. Children's units and even hospitals are being taken over to attend to adult patients.

While some of these responses are understandable, we must be ever diligent about the violations to children's rights resulting from the response to the pandemic. The best interests of children (CRC, Article 3) are not being considered in most decisions being made. Decisions to open schools are primarily being made to support economic expansion—not to ensure social and educational development (CRC, Articles 28, 29). Distribution of vaccine will ultimately discriminate against LMICs (CRC, Articles 6, 24). Lack of access to food, shelter and other basic needs are differentially affecting children (CRC, Article 27)—time will reveal the long-term effects on children.

In an effort to frame the impact of the pandemic in the context of child rights, our African colleagues, led by Rosie Kyerematenge, have developed a child rights matrix that provides deep insight into our understanding of the pandemic as a fundamental child rights issue. It is critically important that we apply the principles, standards, and norms of child rights to our assessments and response to the impact of COVID-19 on children, and use the parlance of rights, equity and social justice in all communications about the Pandemic. You can view the child rights matrix on our website, and we invite you to share your work applying a CRBA to COVID-19 (elgoldhagen@gmail.com).

As always, thank-you for all you are doing to respond to the Pandemic. There are few examples in the histories of our lifetimes that have tested the importance of Social Pediatrics to the global health and well-being of children. The Pandemic is serving as a lens to magnify and clarify the importance of ISSOP as a global voice for children.

2. Meetings and news

2.1. ISSOP Annual Meeting 2020

Unfortunately, due to COVID-19, we will be forced to cancel our in-person annual meeting for 2020. We are most disappointed as our intent was to launch a renewed focus on the Impact of Climate Change on Children, and to do so in collaboration with our hosts, the Indonesia Pediatric Society. In addition, we were looking forward to learning how to structure future meetings using a virtual platform.

We are committed to schedule our next annual meeting in Indonesia, and will be planning to do so in 2021. In the meantime, we will be scheduling a virtual meeting at the end of November to focus on climate change—so hope you will be able to join us. Our Declaration on Climate Change will be released in the near future, and will serve as a focus of dialog and discussion leading up to our virtual annual meeting.

We need to thank our Indonesian colleagues for their passion, leadership and commitment to make our 2020 meeting a dramatic success. Am sure we will be even more successful in 2021! Stay tuned, more to come.

Jeff Goldhagen

3. International Organisations

3.1 The ISSOP response to COVID

ISSOP/INRICH Covid-19 research

Jointly with the International Network for Research in Inequalities in Child Health (INRICH), ISSOP has established a research group bringing together projects on the impact of the pandemic on children. We have held a series of meetings and assembled an inventory of research projects being conducted by group members. To build collaboration across the projects, we have identified a series of themes and formed thematic groups to take collaboration forward.

Overall summary of projects:

- 34 discrete studies
- 13 studies on Children's voices including street children:
  - Countries: Japan; Nigeria (x3); Guinea Bissau; India; Sweden; Iceland; UK; Spain; USA; Ecuador; Senegal
- 5 studies of Children with disabilities:
  - Countries: Germany; Canada; Russia; Australia with Indonesia; USA
- 5 Surveys of children and population-based cohorts:
  - Countries: UK; Italy; France; Australia; Canada
- 4 studies of Impact on routine vaccination:
  - Countries: whole group (1); Bangladesh; Japan; Fiji
- 5 Clinical studies:
  - Countries: Nigeria; Turkey (x2); Columbia; Senegal
- 5 studies of parental and children's stress/psychological impact:

- Countries: Turkey; France; Indonesia; Nigeria; Canada
- 2 Policy studies:
  - Countries: Latin America (6 country consortium); Italy
- Violence against children in Indonesia & the possibility of other studies on this

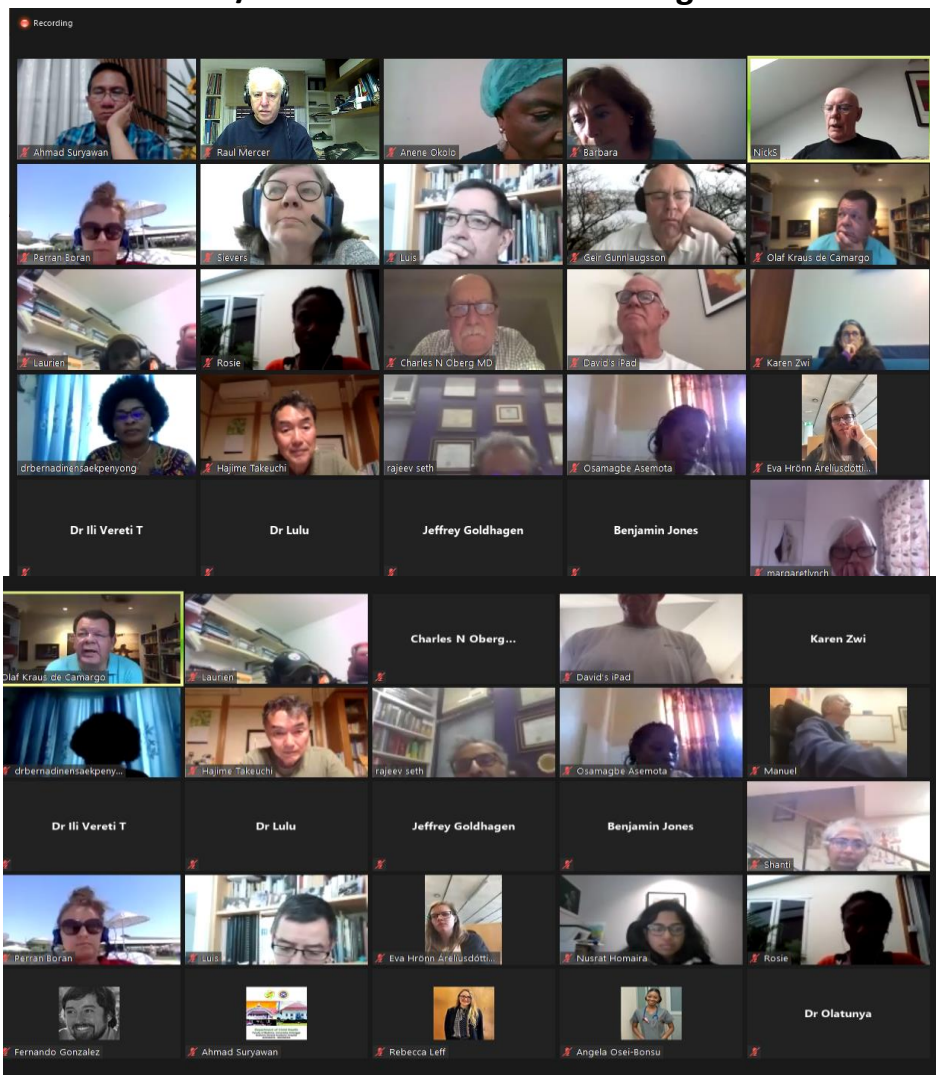
Plans for reports & publication:

The aim is to generate a series of reports and publications arising from the above studies. A funding bid is being prepared to support work on the voices of children in low resource settings.

Project summaries can be viewed on google drive:
https://drive.google.com/drive/folders/1mPZkFX30GLBZU-VSpOJLp48sWteXTrx4

Nick Spencer

Part of the ISSOP/INRICH research tribe during a ZOOM meeting

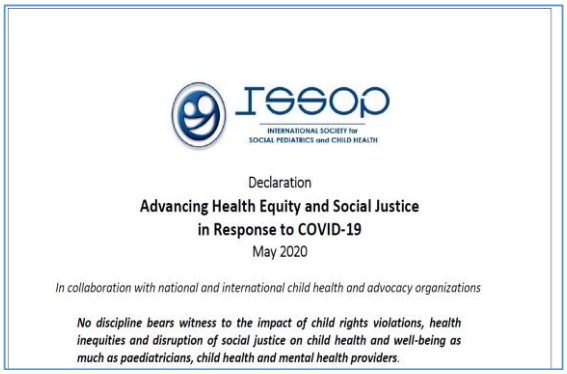


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3.2 ISSOP Declaration
The ISSOP response to COVID

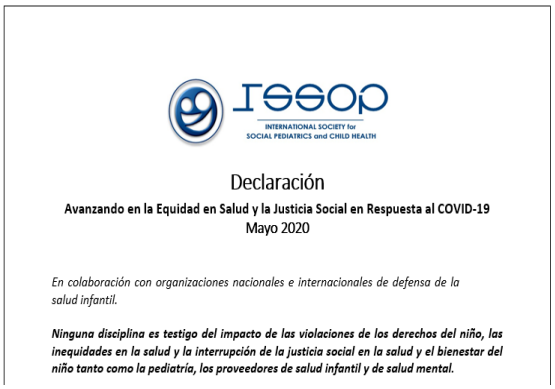
The ISSOP Declaration in the context of ISSOP is a call to attention to the international community, political decision-makers, academia and professionals on the need to provide a collective response to the current threat generated by the pandemic.

Children are our concern not only in the present but in the future in consequences that the pandemic will have on their lives. The issue is not restricted to flattening the spread of the virus, on the contrary, it is about flattening, reducing and mitigating the devastating consequences of the pandemic on the social, family and political contexts in which children grow and develop.

The ISSOP Community responds in various ways to this challenge where Social Pediatrics has much to say and much more to do. The following statement is an expression of our will to assume a voice that is heard in every corner of the planet. The clamour is eloquent: guarantee and protect the rights of children. We share the ISSOP Declaration in 4 languages (English, Spanish, Russian and Japanese). Our thanks to the colleagues who have made the respective translations.









English Russian Spanish Japanese

The information about Declaration with link in Russian: (https://www.pediatr-russia.ru/news/My_translation_Declaration.pdf.) is posted on the Union of Pediatricians of Russia website. The Union of Pediatricians of Russia endorses the goals and objectives proclaimed in the Declaration

English: ISSOP Community
Russian: Natalya Ustinova, Dmitriy Kratko, Stella Sher (Russia)
Spanish: José Francisco and Vanessa (Venezuela)
Japanese: Hajime Takeuchi (Japan)

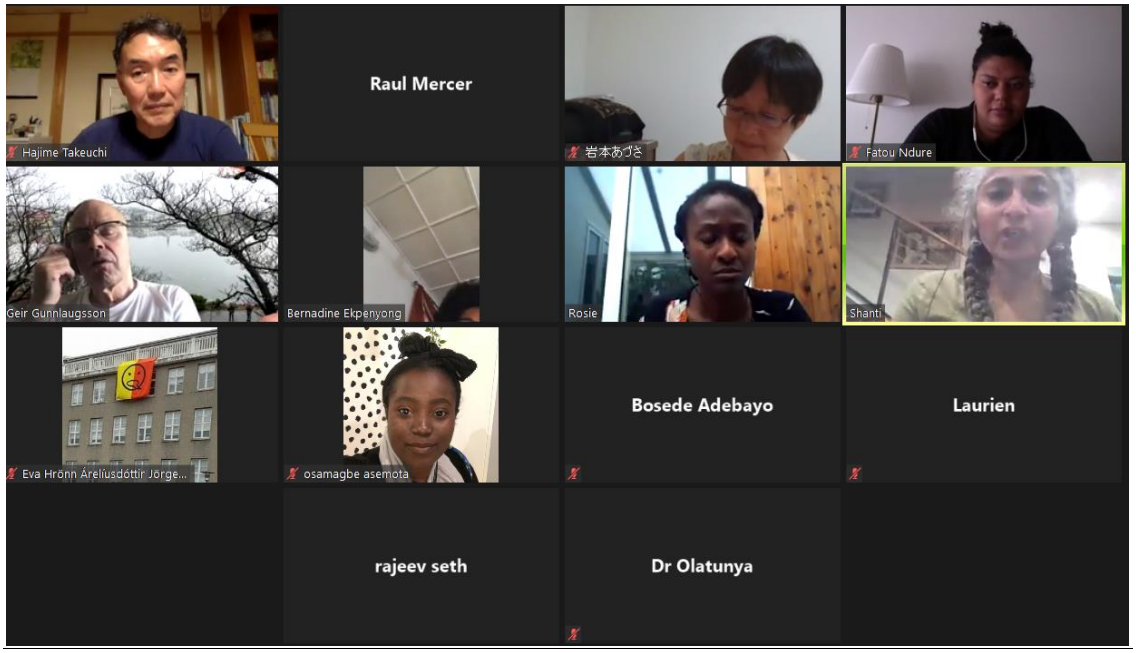
3.3 Voices of Children
The ISSOP response to COVID

ISSOP has formed a subgroup working on developing research and programs giving voice to children during the COVID-19 pandemic. We are working on a proposal to the Oak Foundation to support hubs in multiple regions of the world. We are proposing the development of a platform to connect Hubs in the different regions of the world, to enable ISSOP to engage with researchers and community activists, support their efforts to gather the voices of children and understand their needs and the impact of the pandemic on their health and welfare, and analyze the policy implications for marginalized children. We would look to fund a research coordinator in each region.

We are also developing collaborations across regions to do cross-cutting research that builds on the prior work in this area. We are soliciting any prior work that directly collected the voices of marginalized children using the Convention of the Rights of the Child as a framework. We are in the process of identifying and coordinating existing work with specific groups of marginalized children including working children, street children, children with disabilities, teen mothers and other child groups. Please email Dr. David Wood at wooddl@etsu.edu or
Dr. Rosie Kyerematen at health_activist@yahoo.co.uk
If you are interested in joining our group or want to contribute past or present studies in this area.

Warmest Regards,

David Wood, MD, MPH



4. Current Controversy

4.1 Physicians for Human Rights (PHR): Trump's Order to Bypass CDC on COVID-19 Data Could Lead to Flawed, Distorted Health Records

The Trump administration issued an order instructing hospitals to send all coronavirus information directly to the Department of Health and Human Services (HHS), bypassing the Centers for Disease Control and Prevention (CDC). The order concerns public health experts who fear this will enable the administration to distort and politicize scientific data. Ranit Mishori, MD, MHS, senior medical advisor at **Physicians for Human Rights**, said the following in response to the order:

"Requiring medical facilities to bypass the Centers for Disease Control and Prevention when reporting coronavirus patient data could allow the Trump administration to manipulate and misrepresent data in a way that fits a political agenda rather than science. This administration has shown again and again that its coronavirus crisis response and public statements about the severity of the pandemic in the United States have not been grounded in science and medical evidence. The politicization of science has contributed to an overall failure to respond quickly and adequately to the pandemic, leading to devastating cases of illness and death.

"If there are deficiencies in the way the CDC collects and manages public health data, they should be addressed. But bypassing what used to be the premier public health agency in the U.S. with the necessary expertise and experience to lead a federal outbreak response will only weaken health crisis planning and response. This administration must stop marginalizing the CDC and allow its trained public health experts to continue to analyze data and information independently in order to ensure proper management of the resources necessary to track, test, treat, and manage this lethal virus, as they have been doing since early in the pandemic."

Physicians for Human Rights (PHR) is a New York-based advocacy organization that uses science and medicine to prevent mass atrocities and severe human rights violations. https://phr.org/about/

4.2 Statement Concerning the United States Government's Decision to Terminate Relations with the World Health Organization (WHO)

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We, the undersigned organisations, note with grave concern the United States Government's decision to terminate relations with the World Health Organization (WHO) in the midst of a global pandemic. WHO is the only organization with the global mandate to coordinate the public health response to COVID-19 during this perilous time?

WHO plays a vital role in supporting countries to protect their citizens from public health threats, through coordination, developing vaccines, treatments and tests, training of health

workers, and securing critical supplies particularly in humanitarian settings? This is as true for the current COVID-19 pandemic as it is for the many other health issues, which continue to affect people throughout the world. Challenging WHO's mandate in these difficult times will cost lives. The current pandemic affects every one of us, and does not respect borders. No one is safe until everyone is safe. The only way to end the pandemic is to bring us closer together.

At this critical moment in the global response, we call for collaboration, constructive criticism and redoubling our efforts to fight this disease. We welcome Resolution WHA73.1 from the recent World Health Assembly, and in particular the call for an impartial, independent and comprehensive evaluation of WHO's response to COVID-19. Equally, we encourage all governments to evaluate their national responses to the epidemic.

Amidst the horror that the pandemic brings is a chance, through partnership and multilateralism, to create a world that is better than the one we had before; a world more equitable and able to serve the health needs of all people.

In September 2019, at the UN High-Level Meeting on Universal Health Coverage, world leaders endorsed the most ambitious and comprehensive political declaration on health history and committed to providing the opportunity for health to every person by 2030. It is now time that those world leaders back up their words with meaningful action
https://globalhealth.org/wp-content/uploads/2020/06/COVID-19-WHO-CSEM-Response.pdf

4.2 Back to School
By Rita Nathawad

Here in North America and likely in other countries across the world, parents are debating a critical question, "Is it safe for my child to return to school?" Over the past few weeks, as I am the person amongst my "mom" group who has training in pediatrics and pediatric infectious disease I have received numerous calls, texts and emails asking me what I think is the right thing to do. Will my twelve-year-old son return to school or will he continue with online courses when the school year begins. This has been a challenge, as in medicine we are often taught to face questions by first looking to the literature, identifying an evidence base and then answer according to currently guidelines. As we struggle to understand the coronavirus, how exactly it spreads, who it affects and how to prevent and treat it, providing evidence-based guidelines is difficult. What we are left with is best practices that we hope will minimize harm as much as possible.

I will start by stating, for me it is a luxury that I may choose what we will do for my son with regards to school and for that I am grateful. For many, there is no school option, perhaps even before the pandemic, infrastructure for children and youth to learn was not well developed, or due to the pandemic whatever schooling was offered is no longer available. For many, sending their child to school is the only option as there is no available caregiver in the home. Many may not have the option of or access to the home technology needed to school their children from home. In addition, for those who need more support and coaching to grasp the material, home may not be the optimal environment to help them succeed.

It is important to recognize that we utilize the school system as a safety net for many of the ills that face children and youth in their communities. For example, school breakfast and lunch programs ensure that children have the nourishment they need to learn. Teachers, counsellors, and other school staff are often the ones who identify safety issues in the homes of their students and report suspicions of neglect or abuse. Students faced with mental health conditions work with counsellors in the schools to cope with these issues and not going to school creates gaps in those services. Finally, schools provide before and after school programs such that children and youth are engaged in structured, supervised, and safe activities that build character and skills.
The American Academy of Pediatrics recently wrote a statement advocating for the re-opening of schools for the reasons listed above. However, knowing that we rely so heavily on the school system to mitigate poor health on so many levels, should we not be investing more into our schools and our teachers? Maybe this is also a time for us to reconsider how we have been addressing many of the risks that children and youth face, should schools be the only community sites to bear all these burdens? Where else in the community could we build infrastructure to respond to food insecurity, neglect and abuse prevention and mental health supports? Closing schools has highlighted major areas of policy change needed in our communities.

Circling back to the risks of the infection itself. We know that some children may become infected and become severely ill, however this seems to be rare and for the most part children are less likely to bear the burden of this illness. We do not know however the potential long-term consequences of an asymptomatic or mild infection with regards to activation of inflammatory cascades or other immune responses. We also know that there are certain high-risk groups in the community and children serve as vectors bringing the virus to these groups. Mask wearing and physical distancing have been shown to decrease spread and therefore this is a strategy many schools are using, the feasibility of all children and school staff wearing masks correctly and for a full school day has frequently been brought into question. Others are implementing temperature checks and hand sanitizing stations, both offering a slight extra level of protection. Some are advocating that classrooms are fit with plexiglass around the desks to minimize exposures, this requires funding and resources that many schools and communities will not have. Finally, protocols are being developed in the case of a positive contact in the classroom or outside of school, again all based on what we think we know so far, with a hope that the protocol will be appropriate and enough to control the spread.

So, what have I decided for my son? I decided that there is no right or wrong answer in this unfortunately. I decided that dealing with coronavirus is likely going to be our norm for some time. He has decided he wants to return to school. As a twelve-year-old he has capacity, can weigh the pros and cons, and has a right to have a voice in this decision. So, he will go back, I will be worried every day about him (as I would have been with or without coronavirus, just because I am his mother), and I will hope that enough has been put in place in his school to keep him safe. This is not the choice I am advocating for all to choose; it is just the choice that we have made as a family. The choice needs to be balanced by one's comfort and their child's needs as unfortunately there truly are no right or wrong choices in this debate.

5.1 CHIFA Report

CHIFA has continued at is high level of activity in recent weeks. Most of the general postings on COVID have been covered in HIFA (Health Information For All, www.hifa.org) and there is a mine of information available on the website. A recent stream on CHIFA covered the use of face masks in children during the pandemic, following a question from Amira Shaheen in Palestine on measures to be recommended for children at school. The extensive correspondence showed a multitude of opinions with no clear evidence of the benefits to children of wearing masks. Here are two contrasting posts:

Dear readers:
There are three reasons why children should wear masks until all danger from this virus is over:
1. If any of the children is or becomes a carrier, the mask will lower the chances of that child infecting others... whether other children or family
2. Wearing a mask discourages touching the face, thus providing some protection against infection
3. Everyone should be wearing masks when with other than family members. Making exceptions undermines this habit...just as when the President of the United States leaves off his mask!

Nicholas Cunningham

Dear Amira and friends on the group,

Many of the issues you discussed are pertinent and applicable to most of the LMICs. We are finding that slum settlement colonies in the heart of metropolitan cities in India also have similar stories to tell.

Inequities provide the additional dimension. Online schooling is successful only for the students of schools in rich neighbourhoods. Without smart phones and PCs , for many , online schooling becomes a cruel joke. .

The problems of lack of transportation and shortage of space exist here too. Schools are closed now but when they reopen, they may consider a shorter school day . Attendance in multiple shifts may become necessary for both children and the teachers to comply with the distancing guidelines as well as to reduce the time one has to wear a mask. The masks also make lipreading difficult for those used to that form of communication.

Many of the children with special needs require one - to - one caregiving or have high support needs that may necessitate regular interventions from rehabilitation personnel. Even the routine services such as medicines, orthotic aids, adaptive equipment have become more difficult to access.

Repairs of simple aids such as spectacles/ glasses or hearing aids, and the like are also not happening since services are skeletal or non-existent in the poor Community settings. Rehabilitation has not been designated. Essential services in our state and Public Hospitals are

entirely focused on symptomatic COVID cases. Children with disabilities and families are bearing the brunt more than ever.

Many families are experiencing income loss and the Disability benefits of children are going into feeding the family. The nutrition support for preschool children under the Integrated child development program also got affected in this phase of restricted services, thereby adding to the vulnerabilities.

These are troubled times, indeed, for children, teachers and all families involved in their care. Let us hope that things will change for the better soon.

Best wishes

Sunanda

In the absence of clear evidence of the benefits or other wise of mask wearing in children, it would seem that countries will have to take their own decision on the basis of what is most practical.

Tony Waterston

5. 2 IPA Report

Taking a closer look at unique challenges of this 21 century pandemic

Dr. Mychelle Farmer



In this article, Dr. Mychelle Farmer refers that the World Health Organization established an Interagency Standing Committee on Mental Health and Psychosocial Support in Emergency Settings, and they have developed guidance specifically for the COVID-19 pandemic. This group offers several important considerations for those providing clinical care and social support for children and their families. The following recommendations are included below for your consideration:

1. Prioritize vulnerable families, particularly those families with children living with a non-communicable disease or a disability, or those families including an adult member living with a disability or other vulnerability.
2. Where possible, address barriers to care and support, applicable to your country and your community context.
3. Integrate positive mental health messages into discussions about child health during the pandemic.
4. Providers should support dissemination of accurate information about COVID-19 through national and local public awareness campaigns
5. Develop plans for stress reduction for children living with mental health disorders, to improve overall functioning.
6. Families with members that experience mental health disorders will benefit from an emergency contact plan.

7. Plans for home-based care during this pandemic are preferred for children living with a noncommunicable disease including those with a mental health disorder.
8. Providers may benefit from identifying specialized psychosocial support for vulnerable families who are not adequately supported by routine care.
9. Families living with individuals infected by COVID-19 may experience stigma, discrimination, and prolonged isolation.

https://ipa-world.org/society-resources/code/images/1466-IPA-Newletter-Vol-14-Issue-2-2020.pdf

Raul Mercer (ISSOP representative at IPA)

6. Trainee report

6.1 The ISSOP collaboration with IPPNW

By Franca Brüggen,
Co-International Student Representative of IPPNW, Member of ICAN Germany

These days, discussions in the medical community are dominated by the Covid-19 pandemic. International debates and exchanges around best practices in prevention of infections, treatment and how to mitigate the impacts of the pandemic on peoples physical, social and mental well-being require immediate attention.

However, we should not lose track of other urgent dangers to our well-being. The upcoming 75th anniversary of the Hiroshima and Nagasaki bombing at the 6th and 9th of August is a sad reminder that humanity has been exposed to the threat of nuclear weapons for a long period of time - and this danger has been increasing in recent years.

According to the famous Bulletin of the Atomic Scientists' doomsday clock, we are only 100 seconds away from midnight – closer to disaster than ever(1). This is not only due to the termination of international disarmament treaties or to the ongoing modernisation of the global nuclear arsenals(2), but also to the increasing potential for conflict around the globe. Impacts of climate change and militaristic foreign policies are some forces driving these increased risks(1). The future of the young generation is more hazardous than ever.

Consequently, ISSOP has not only become a partner organisation of ICAN (International Campaign to Abolish Nuclear Weapons, awarded the Nobel Peace Prize 2017) but also started a close collaboration with IPPNW (International Physicians for the Prevention of Nuclear War, winner of the 1985 Nobel Peace Prize). The aim of the collaboration is to encourage paediatricians around the world to rise their voice against nuclear weapons and advocate for a safe and peaceful future.

By conducting different workshops with ISSOP and IPPNW members, we want to establish a campaigner's toolkit, that recognises the specific viewpoints of paediatricians. The voice of paediatricians is urgently needed to pressure governments to sign the Treaty on Prohibition of Nuclear Weapons (TPNW)(3). The nuclear ban treaty, accepted by the UN in 2017, is expected to enter into force soon and already is serving as a tool to change the debate around nuclear weapons. The TPNW, similar to chemical weapons, biological weapons, land mines, and cluster munitions - which are banned, stigmatises any activities related to the most destructive weapons of mass destruction. By collaborating with IPPNW and ICAN, ISSOP members can get involve themselves in this stigmatisation process and contribute their valuable voices.

1. Spinazze G. Press Release—IT IS NOW 100 SECONDS TO MIDNIGHT [Internet]. Bulletin of the Atomic Scientists. 2020 [cited 2020 Jul 28]. Available from: https://thebulletin.org/2020/01/press-release-it-is-now-100-seconds-to-midnight/
2. Stockholm international peace research institut. Modernization of world nuclear forces continues despite overall decrease in number of warheads: New SIPRI Yearbook out now | SIPRI [Internet]. 2019 [cited 2020 Jul 29]. Available from: https://www.sipri.org/media/press-release/2019/modernization-world-nuclear-forces-continues-despite-overall-decrease-number-warheads-new-sipri
3. International Campaign to Abolisch Nuclear Weapons (ICAN). The Treaty [Internet]. ICAN. [cited 2020 Jul 29]. Available from: https://www.icanw.org/the_treaty

6.2. Judge Rules ICE Must Free Migrant Children But What About Their Parents?

In the United States, approximately 5,500 migrant children were separated from their parents by the Trump Administration. And these are just the children of which we are aware. Long before the Trump administration instigated the Zero Tolerance immigration policy in 2018, officials had already begun separating children from their parents as part of a so named pilot program conducted in the El Paso, Texas region, which then extended along the border. As late as May 29, 2020, a review conducted by the U.S. Customs and Border Protection (CBP) Office of Field Operations (OFO) in response to congressional requests, identified an additional 60 asylum-seeking families separated at 11 ports of entry between May and June 2018, far greater than the seven separation locations originally claimed. Reunification is complex, hinging on such determinants as when a child was separated, if they are labelled as plaintiffs in a class action lawsuit against the Trump Administration, and where the children's parents are currently located. We are only beginning to understand the extent of the devastating toll separation has taken on immigrants and asylum seekers families.

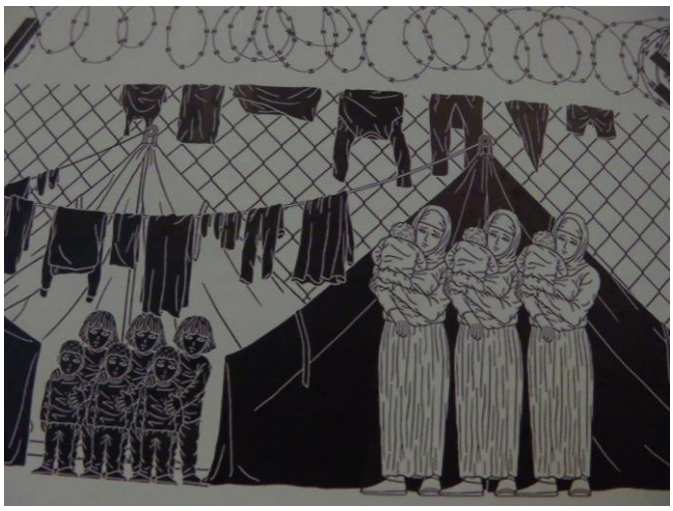
Amid this chaos, a global pandemic struck. Despite a binding 2009 internal directive to do so, ICE refused to release children from detention centers. Not only are families in these centers unable to practice the evidence based social distancing that states and federal government agencies have promoted throughout this pandemic, but often lack access to masks as well as hand washing and cleaning supplies — basic necessities that are critical in the face of an unprecedented viral pandemic. The crime for which they are paying with their lives: having nowhere else to go.

Perhaps even worse, the United States' currently refuses to permit almost all asylum seekers to enter the United States let alone to request asylum: a ruling devised under the false pretence that closing the borders to this specific population will somehow decrease rates of COVID-19, despite the fact that international border crossings have been permitted through those ports related to trade, education, or commerce where COVID-19 is undoubtable spreading. For children denied entry, contracting COVID-19 is almost inevitable. Coronavirus cases have already been identified at the crowded migrant camp in Matamoros, Mexico, where more than 2,000 asylum-seekers remain in limbo, waiting to attend delayed court hearings in the United States. Reports of children being denied entry with such conditions as congenital hydrocephalus have already been reported.

This leads us to June 26, 2020, when Judge Dolly M. Gee of the U.S. District Court for the Central District of California ordered the release of all children who have been held for more than 20 days in detention centers run by Immigration and Customs Enforcement. According to the ruling, as of June 8, there were 124 children in ICE custody. All children are meant to be released

by the new extended deadline of July 27th. Though the Trump administration tried repeatedly to delay the children's release, the July 27th deadline stands. Enforcement of this ruling is still unknown.

As a medical trainee in my final year of medical school who works with immigrant and asylee children and families, I was encouraged by the order to release these children. I recognized how critical this order is to protect the health and wellbeing of children. While children are less likely to become severely ill than older adults, there are sub-populations of children with increased risk, among them children with asthma or other underlying health conditions. For children in detention centers this risk is not theoretical. Children and parents have already tested positive for the coronavirus at a family detention center in Karnes City, Texas, and others have known exposure to COVID-19 at a family facility in Dilley, Texas.



Artist: Ai Weiwei – Museum: PROA- Buenos Aires Argentina .Photo: RM

But there is a catch. ICE may be required to release the children, but the parents' release is up to their discretion. A federal judge ruled on July 22, 2020 that ICE does not need to release parents detained in their family jails with their children to comply with Judge Gee's order. This is unacceptable. Such a policy would ignore the overwhelming evidence of harm from separating children from their parents that has been articulated by multiple American medical societies including the *American Academy of Pediatrics*. Family separation can affect irreparable harm to children and is an act from which many families may never convalesce. Multiple courts have even ruled the practice unconstitutional. Parents should not have to make the choice between separating from their children and protecting them from COVID-19. Such a policy consciously forces children into hazardous environments with limited access to adequate nutrition, routine immunizations, housing, and education crucial to their development. All these critical health factors are even more essential in the context of a global pandemic.

We, as pediatricians and pediatric trainees, have a role to play. We collect evidence, we research, we testify, and we advocate. Practicing medicine without comprehending the context within which it is practiced is not enough. While we advocate for all children in this crisis, we must realize that these children are disproportionately vulnerable. As child advocates, we must implore ICE to release children in conjunction with the June 26, 2020 ruling by Judge Gee responsibly with their parents or to a suitable guardian. I implore you to raise your voice to affect a positive change in these children's lives. Children should be released from ICE detention with their parents immediately. Families belong together.

Rebecca Leff
MD Candidate Ben Gurion University, Israel

7. Publications

7.1. Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review, by Luis Rajmil

The COVID-19 pandemic started unexpectedly and changed the lives of families and children. One of the first measures taken by governments in several countries to control the epidemic included school closure, and even in some countries, children were confined to the home. These measures were based on the experiences of previous epidemics (i.e., influenza) where children were the main transmitters. A systematic scoping review was carried out to try to update on the following questions: are children more contagious than adults are? Are they proportionally more asymptomatic?

The results suggest that children are not transmitters to a greater extent than adults. Many of the reported cases in children were from family transmission, and the percentage of asymptomatic children was variable (15%–60%). The review highlights the need to improve the validity of epidemiological surveillance to solve current uncertainties.

It is also important that measures taken should balance the potential benefits and avoid other potential adverse effects such as increasing social inequalities in children and families.

Rajmil L. Role of children in the transmission of the COVID-19 pandemic: a rapid scoping review. BMJ Paediatrics Open 2020;4:e000722. doi:10.1136/bmjpo-2020-000722. http://dx.doi.org/10.1136/bmjpo-2020-000722

7.2 Breastfeeding during COVID 19

Gökçay, G , Keskindemirci, G . Breastmilk and COVID-19. Journal of Istanbul Faculty of Medicine 2020;83(3):286-90 https://dergipark.org.tr/tr/download/article-file/1018309

The pandemic of COVID-19 or SARS-CoV-2 infection reminds us the importance of prevention and public health. In the article “Breastmilk and Covid 19” written by two Social Pediatricians (Gökçay G and Keskindemirci G) , the authors dealt with questions related to breast feeding during an epidemic, especially with reference to COVID-19 and emphasized that breast milk with its anti-infective and immunomodulatory properties is very important for child health. They also pointed out that the effectiveness of these properties increase with exclusive breast feeding in the first 6 months of life and with duration of breast feeding. After discussing the epidemiology of SARS-CoV-2 and the unique characteristics of human milk, the authors summarized the related recommendations of WHO and many National Pediatric Societies as follows:

- Mothers who are thinking of ending breast-feeding should postpone this decision during epidemics. Thus, the infant will continue to receive the immunologic components present in human milk.

- Breast feeding should not be discontinued due to the mother's contact with a person with a diagnosis of COVID-19 infection.
- A breast-feeding mother receiving treatment at home should not be separated from her infant and breast-feeding should be continued along with observation of hygienic measures.
- Measures to ensure breast-feeding in infants whose COVID-19 (+) mothers are hospitalized: The decision to offer rooming in of the mothers and their infants should be left to the hospital team. If the team decides to leave the COVID-19 (+) mother and her baby in the same room, the mother should be advised not to kiss her baby and to adhere strictly to hygienic rules. If there is a need for the mother and infant to be separated temporarily, the infant should continue to receive expressed breast milk.

For details: https://jmed.istanbul.edu.tr/

7.3 Hitting Children is Wrong
By Tony Waterston

Corporal Punishment of children is again in the news as British Medical Journal Paediatrics Open has published a paper by two ISSOP members, Staffan Janson and TW. It is of interest that the paper came out of a posting on CHIFA initially by our colleague Hajime Takeuchi from Japan who wrote about the corporal punishment ban in Japan. Staffan and I were then approached to write the paper and I should note that Staffan is an international expert on corporal punishment and has advised parliaments across the world on achieving a ban.

The paper is a call to action for paediatricians and others in countries which have not yet achieved abolition of violence against children, to support the case with their government. Japan became the 59th country to enact a ban and since then, Seychelles became the 60th.

The paper examines the rationale for ending the hitting of children by parents and describes the experience of Sweden, the first country to legislate, in reducing violence in the home in the 40 years since that time. The importance of widespread education of parents on parenting practice alongside legislation is emphasised. The paper ends with a call to action including the following steps:

- Talk to parents about parenting without violence, its benefits and techniques.
- Make contact with local and global advocacy organisations such as International Society for Prevention of Child Abuse and Neglect, Save the Children, End Corporal Punishment of Children
- Find out your national paediatric association stance on corporal punishment and work with others to influence this
- Write to your MP or other government representative to ask for national legislation against corporal punishment, possibly with anonymised examples from your practice.

This paper is open access

https://bmjpaedsopen.bmj.com/content/bmjpo/4/1/e000675.full.pdf

7.4 Where do we go from here?

Shanti Raman, Maria Harries, Rita Nathawad, Rosina Kyerematenng, Rajeev Seth, Bob Lonne, on behalf of International Society for Social Pediatrics & Child Health (ISSOP) COVID-19 Working Group

Citation: Raman S, Harries M, Nathawad R, et al. Where do we go from here? A child rights- based response to COVID-19. BMJ Paediatrics Open 2020;4:e000714. doi:10.1136/ bmjpo-2020-000714

This article outlines the children and young people (CYP) most at risk globally and calls for a rights- based agenda for action to alleviate potential and real harms to children, acknowledging that the long- term impacts of the COVID-19 response, especially the economic downturn, are likely to increase inequities on a national and international basis. While all children across the globe are likely to be impacted by COVID-19 in some way there are certain high-risk groups for whom the stakes are much higher. As child advocates, we must set forth an agenda for action that ensures appropriate policy and protections are in place to mitigate the damage caused by the pandemic. Below is a table from the article outlining priorities for child-rights based action in response to COVID-19.

Table 2 Priorities for child-rightsbased action in response to COVID-19

Strategies	CRC articles
Keep children and young people (CYP) visible and participating during this pandemic; encourage, privilege and listen to their voices and their representatives.	2, 3, 12
Ensure universal access to quality maternal, newborn, child and adolescent healthcare and maintain preventive health measures including immunisation to keep CYP healthy, while also responding to meet the needs posed by COVID-19.	3, 24
Support CYP by proactively and assertively aiding and assisting their families and communities.	3, 6, 9, 18
Use the wisdom and intelligence of frontline workers, community leaders and organisations across diverse regions and localities to understand and reach families and enable them to care for their children.	3, 6
Recognise the fragility of CYP who have been either removed from their families, who have been orphaned or who are in various forms of care or detention by listening and responding with additional supports.	19, 20, 21, 34
Identify and reach vulnerable children in communities where their health is already compromised by inadequate or no housing, deficient sanitation and poor hygiene.	6, 27
Enhance the focus on and support for, indigenous children, refugee and migrant children, those with a disability, those with chronic health conditions.	2, 22, 23, 34
Mitigate the threat of compromised safety nets during the pandemic response by ensuring CYP continue to be protected within their families and communities.	3, 18, 20
Respond to the additional threats and risks of violence, exploitation and abuse to children from perpetrators capitalising on reduced school attendance and surveillance by authorities.	19, 28, 34
Keep CYP learning, expand internet access for families and children, and provide the support and technological capacity to do so.	3, 28

CRC, Convention on the Rights of the Child.

8 Global opinions on COVID-19

8.1. From around the world



(Photo: Global Health News from IHME)

In the May e-bulletin we presented responses from around the world on how the pandemic was affecting paediatricians in their daily work. This month after COVID 19 has been sweeping the world for nearly 6 months, with no end in sight, we have invited responses from ISSOP members to the following questions, so that we can learn lessons for the future:

Q1. Do you agree with the way your country has managed COVID19? Describe any lessons learned.

Q2. Do you agree with the way your hospital/health system are responding to COVID19? Please describe why or why not.

Q3. What personally have you learned from the crisis that you may put into practice in the future?

From Japan: Prof. Hajime Takeuchi,MD (Paediatrician)
School of Social Welfare Graduate School of Social Welfare
BUKKYO University 96, Kitahananobo-cho, Murasakino, Kita-ku, Kyoto 603-8301, Japan
TEL +81-75-366-5595 (dial-in) – E-mail: takechanespid@gmail.com

Q1- I don't agree with it. The first wave went away by the people's self-discipline against the pandemic. The government didn't do well. The unenforceable lockdown statement was delayed. It was given after the peak of the wave. However, the school lockout (kindergartens~high schools) was done immediately in March and continued for three months. The main victims of this policy were children.-q	Q2-I agree. Because each hospital or clinic did its best. The medical crisis did not happen. However, the financial management of hospitals is terrible. A medical corporation which I concern fell into the red. The deficit of one month (May) was more than 70,000,000JPY (654,000USD). It is not enough the subsidy by the government. There are the negative attitudes of child care centres or local societies toward the children or their families of the parents working at hospitals or care institutions where the cases occurred or not.	Q3- Japanese society has been coping with this infection relatively well. Because the Japanese have been wearing masks, keeping social distancing and washing hands seriously. Society has been working as a self-check system with each other. However, this atmosphere seems a symbolic episode of totalitarianism. Even if it works well under COVID-19, it is not a democratic way of thinking. For me, it's a little scary.

From Hungary:
Zsuzsanna Kovacs

Q1 – Fortunately in Hungary similarly to the other post-Soviet counties the epidemic was quite moderate. There are some possible reasons e.g. tourism is not affordable for many people, the immunisation policy is very strict, the BCG is still compulsory. There were a lot of controversial opinion and action at the beginning of the epidemic; e.g. wearing masks, closing schools. In the end a state of emergency was ordered and an operational staff was set up in which the police played a significant role. I agree with curfew, closing schools, obligation to wear a mask on public places. Now I also agree with a careful, controlled normalization of life. I partly agree that health workers over the age of 65 have been excluded from acute patient care and that outpatient care has been reduced and referred to online counselling. I disagree that due to exaggerated forecasts, 60% of hospital beds were ordered to be emptied and reserved for COVID patients. In my opinion, the official data do not correspond to reality, based on the mortality data (> 13%) there are probably many more infected. They do not perform enough tests. It is outrageous that political decisions have been taken on the pretext of a state of emergency that are completely independent of the epidemic.	Q2 - I agree that in primary paediatric care the on-line counselling was very useful and due to good organization, vaccinations and check-ups were not missed either. I think that the drastic reduction of hospital beds required many human tragedies. The reduction of ambulatory care worsened the care of chronic patients. The withdrawal of health workers over the age of 65 has exacerbated the existing staff shortage.	Q3- I believe that keeping online counselling at the same level can reduce congestion in outpatient care, leaving more time for really sick patients. We must do everything we can to ensure that hygiene habits are maintained even after the epidemic.

From Colombia
María Camila Pinzón Segura
MD Pediatrician, PhD Public Health
Colombian National University

Trying to respond to all the questions at the same time, particularly from the Colombian context but at the same time having a dialogue with other experiences around the world, I think is mandatory to interpreted the COVID-19 pandemic as the reflect of a modern civilization crisis, from which different kinds of dominating relationships (among humans, and between humans and other species) has been established and reproduced. These relationships seek to satisfy their own interests, pleasures and desires at the expense of other's wellbeing and lives.	In terms of health, it is not possible to understand a biological fact outside the context of the society-nature relationship. However, our public health policies and systems, embedded in a biomedical and control discourse as well as a financial industrial medical complex, have responded to the COVID19 from an individualist, biologistic and mercantilist ways. In the case of Colombia, we face the COVID-19 –and what is worse its socio-economical impacts- with a health system based on structured pluralism with regulated competition insurance markets and subsidies to the demand. A system that has neglected of public hospitals, privatizing them; health workers, imposing conditions of exploitation; and patients and their families, conditioning them to be clients instead of subjects of rights as well as being treated (just in some few cases to be cared for) based on their payments.	I'm not too much optimistic, but I'm not pessimist either. I think it is a good moment to be aware of the need to re-think and re-signify the way we interact with others (including nonhuman species). To try to construct a new discourse where there would be place for a genuine recognition of the shared fallibility, vulnerability and finite condition of all life forms, whose existence rely on a interdependent desire, and therefore, on the development of subjectivities that could determine when it is time to die to one way of being where we receive benefits from others, to re-exist with one another. COVID pandemic opens an opportunity to pay attention to situations that have been coming along decades ago but just until now are tangible for everyone. Particularly, in the case of our competence as social 20aediatricians, it is time for contributing to changes in the children and adolescents concept as pre-social, immature and incomplete beings, who just reproduce the social order without interpellation; subjects exclusively linked to adults needs and realities. It is time to listen to the voices of children and adolescents, in the present, not as future adults, understanding them as active political and social agents of the paradigm transformation that is highly demanded by the actual civilization crisis.

From Canada
Dr. Olaf Kraus de Camargo, MD, PhD, FRCPC
Associate Professor – McMaster University – Ron Joyce Children's Health Centre
325 Wellington St. N – PO Box 2000 – Hamilton, ON, L8N 3Z5 – Canada

Q1- Answering for Ontario: initial response was good, reopening strategy, not as priority is given to business instead to schools, childcare and long term care.	Q2 – Agree, but the move to virtual care could have happened faster, every step takes a long time to be approved by administration.	Q3 – Virtual care provides a range of opportunities that we did not use before to reach families and see children in their home environment. This will definitively continue to be offered in the future as an option besides face-to-face consults.

Fromo the Netherlands

Hans Jansen, kinderarts-sociale pediatrie Netherlands

Q1 – Yes, I sure do. So far it is going better than expected and I hope it will not go worse. There's only one point that bothers me: we've been isolating our elderly people in carecenters too long and too fierce: it has resulted in suffering due to not seeing important relatives.	Q2 – I'm working in a child and youth mental health centre and we've practically worked almost unaltered besides the 1,5 m distancing (which was and is reasonably well to do). So luckily our clients had the support they needed especially also during this hard times.	Q3 –Well, I'm walking much more and also more often with my wife and I'm using the "Seek"app on my iPhone: I'm learning a lot of plant names and I'm enjoying my surroundings much more. Using videoconferencing is something to stay in our work and also in our private lives.

From Turkey

Gulbin Gokcay

Q1. YES Describe any lessons learned. SCIENTIFIC COMMITTEE IS NECESSARY	Q2 – YES Please describe why or why not. SCIENTIFIC DATA WAS GATHERED AND EVALUATED ACCORDING TO THE CONDITIONS OF OUR COUNTRY	Q3 –INCREASE MY COMPETENCY ABOUT VIRTUAL MEETINGS.

From UK

Tony Waterston

Q1. The UK has performed very badly and our case figures and fatalities are among the worst in Europe. This is because the government acted too late (several weeks later than most European countries) and because we dithered over the approach to be used, eg we did not initiate contact tracing until many weeks later. There have also been inconsistent messaging by the government and across the UK with Scotland and Wales taking a different (and more effective) approach. The government has also involved the private sector in contact tracing which has not been successful. The lesson is to use the local public services, react early and use consistent messaging. The NHS also suffered from cuts in funding in recent years.	Q2 - The NHS responded as well as it was possible but there were serious shortages in PPE and also in testing materials. There was a top-down approach with too much involvement of the private sector which is a legacy of the NHS so-called reforms of recent years. Local directors of public health were not able to lead the testing process and were not given sufficient information on case numbers. The result is that many NHS staff suffered from the disease and many died. The general management by NHS staff in hospital was magnificent.	Q3 – More use of virtual meetings locally and internationally & their value in promoting inclusion; more appreciation of nature, and a return of many insects and plants in the city; car-free roads, less pollution and the joy of cycling in that environment, with many more families out on bikes than usual; strong community volunteer responses to help out the elderly and vulnerable. We must maintain these benefits afterwards if at all possible.

From Switzerland
Yvon Heller

Q1. Yes until now .The Swiss government functions as a college and it is the college who takes the decisions and not an individual. During this first period it was a good approach. The politicians were on the front, not the administration or scientists. Progressively the scientific community (not only the medical) needs to take more importance. Until now it was a top down approach, which was a good thing. During this calmer period it would be important to put into place a bottom up approach to hear and listen better and respond better today and in the future to the needs of the population.	Q2 - Yes, and one needs to underline the personal investment, the human and scientific quality of the entire health professionals. Except that it was too much of a medical/technological approach. Why is not possible to have all these means in "normal" times to responds to the social determinants of health.	Q3 – COVID-19 has shown the importance of health inequities and how systemic issues of access and resources in health care impact patient outcome. It has made more evident the importance of social determinants of heath. Doctors in the future will be more mindful of the interplay of medicine and politics and understand better the importance of advocacy. There have been important local differences concerning the epidemiology and medical impact of COVID-19 but also the social repercussion. One will have to be more careful about universal recommendation and more respectful of local solutions. To have a successful sanitary approach and do the best choice possible in this period of uncertainty, there is one fundamental condition: **denial** of reality from the politicians should not exist; politicians need to see the reality as it is and not as it should be.The importance of a human rights based approach to heath will become more obvious and important.

From Spain
Barbara Rubio

Q1 – Spain, ranking third in the list of countries with most deaths from COVID 19 per 100,000 habitants (60,76) according to John Hopkins University and the World Bank, obviously did not do well in handling the pandemic crisis. In late February, when cases started to rise, the government minimized the seriousness and severity of the pandemic despite the warnings they were getting. By the time the State of Emergency was declared, 14th of March, the number of cases had exploded and the National Health System was overburdened and collapsed. At the same time the lack of adequate diagnostic testing and contact tracing contributed to this	Q2 - The hospital where I work in Madrid did its best under the circumstances. Despite lacking adequate protective equipment for the health professionals in the initial stages, not having enough ICU beds eventhough its capacity was tripled, having to triage which patient had more chances of surving in order to enter the ICU … Despite all this, there was a feeling camaraderie amongst all health professionals. Doctors from all specialties (22 aediatricians, surgeons, traumatologists, ophtalmologists…) volunteered to help their fellow internists, intensivists and	Q3 - · A pandemic can challenge even the most robust and advanced health system resulting in the need to entirely reconfigure health sectors in order to build up their capacity in preventive measures (diagnosting testing and contact tracing) as well as treatment measures. · We have to look beyond COVID 19 and rethink our lives and the world we want. The heroes of this pandemic were not the people in the government, the heroes were and still are the citizens, those who looked after the others. Not only the health professionals but those who made sure there was food in the

"perfect storm". On the positive side and despite the controversies, the strict lockdown and quarantine measures that the government adopted, did help to lower the epdemic curve in a steadily manner and was proven to be very effective. Nevertheless the damage had been done and many lives were lost, more so in the most vulnerable population, the elderly and those with underlying medical or socio-economical conditions.	family physicians and joined forces with nurses and technicians with one common goal: save as many lives as possible! During a press briefing on COVID-19, Dr Bruce Aylward, Special Adviser to WHO's Director, after visiting Spain, mentioned the heroism of frontline workers who were working to curb one of the most challenging public health issues of our time.	markets (truck drivers, field workers, farmers…) as well as those who stayed home complying with the lockdown measures. Covid 19 has shown us that we can have a greener world, that we don't need much to find happiness. That helping and caring for others can bring more happiness than caring for oneself and that it is up to us, you and me, to take a step forward and start making a change.

From Argentina
Claudio Pedra

Q1. In Argentina today we are going through a process that began on March 20 when the government decreed social, preventive and compulsory isolation. Personally, I absolutely agree with the measures taken, since although at first it was uniform for the entire territory, according to the progress in the number of cases, the measures were adapted according to the situation of each district. This allowed, on the one hand, a staging of the contagion curve, giving time for the health system in the most densely populated area to adapt to face the situation. This is reflected in the availability of places in critical hospital areas, which is currently at 65% occupancy. Although compulsory isolation generates collateral consequences in economic, social, psychological, educational and cultural aspects, it is understandable that life has been prioritized over the other variables. Among these collateral damages are the situations that our children and adolescents are going through in various measures. In the worst scenarios are those who were already suffering, prior to the pandemic, a situation of poverty and its impact on all social and health dimensions. This forces us to take urgent action in the face of the deepening, pandemic through, of that previous crisis. Food assistance, the guarantee of access to the health system and social containment are measures that are being carried out both by government actions and by solidarity community and religious organizations. Despite society in general, the time has not yet been given to listen to what is happening to them in these situations. We don't know yet what they think, what they feel or what they expect. We are indebted to them.	Q2 - I work in a government sector of the area with the greatest impact of COVID 19 in Argentina which is the Buenos Aires Metropolitan Area (AMBA). All the measures that have been taken have been in accordance with the national guidelines in this regard. At first there were some difficulties regarding the provision of personal protective equipment that were quickly rectified and today there is sufficient availability of them. Protocols are underway at several centers that encourage hope for disease treatment, including phase trials with vaccines. Several out-of-hospital isolation centers have been implemented for suspicious and minor cases, which greatly alleviates the hospital sector. In general, I agree with the measures that have been taken and the timeliness of their application.	Q3 – Several things can be learned from this situation. 1- Do not underestimate the situations that may occur in distant points of the planet, since sooner or later they will have very close direct consequences. 2- Reaffirm my commitment to strengthening the public health system, especially in its ability to face extreme situations such as the one we have to face today, and which can occur at any time. 3- The management of communication tools at a distance as a meeting alternative to learn, teach and exchange. 4- Biosecurity as a daily lifestyle. 5- Although boys, girls and adolescents have not been affected by the disease in a direct biological aspect, they deserve our full attention and empathy for the multiple consequences that the quarantine situation may have caused them.

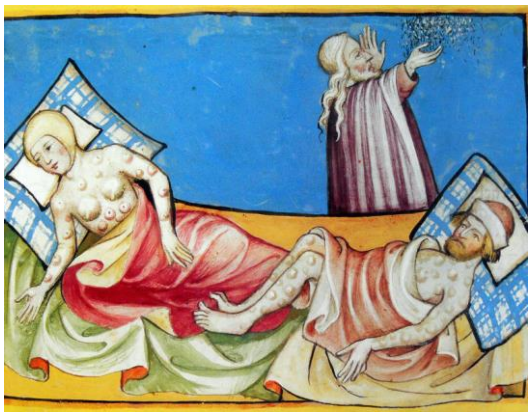
From Russia
Natalia Ustinova

Q1. I agree that managing COVID 19 is managing uncertainty (https://blogs.bmj.com/bmj/2020/07/22/managing-uncertainty-in-the-covid-19-era/). it is not easy now to assess what was done right and what was not. In any case, I agree that my country tried (trying, we are not at finish now) to do all the best during the pandemic. I also agree that similarly to the other post-Soviet counties the epidemic was quite moderate in Russia. I agree with Hungarian colleague (Zsuzsanna Kovacs) that possible reasons are: tourism is not affordable for many people and the strict immunisation policy. I can add that the relatively calm passage of the pandemic has been associated with the preservation of some features of the Soviet health care system (many hospital beds, long hospitalizations, state health care system). Although there are suggestions that the mortality rate is higher than the official statistics show, but the calculations made by the specialists in opposition still show a low mortality rate compared to other countries. The very important lesson for Russian that such high prestige of doctors as during the pandemic has never been before here (I mean Soviet and post-Soviet period). A doctor in Russia (from Soviet period) is a profession formally respected but not adequately paid. I would like to hope that after the pandemic, the prestige of the profession will increase, and the state financing of health care will increase as well.	Q2 - I agree. Our outpatient department worked throughout the entire period, never stop (of course, observing the rules of protection and distance).	Q3 – I guess the online format will not go away, as for many people this is the only access to information. During the pandemic, we all have gained such experience. I also realized that I would not want the online meeting to completely replace the face-to-face meeting. What else I want to say: for many years I have been vacationing abroad. This year my family and I are exploring the Moscow country region, before there was not enough time, and this is a great experience.

8.2 Pandemics, conspiracy theories, misconceptions, scapegoating, fake news

Zsuzsanna Kovacs dr, György Harmat dr

We have known many descriptions and works of art about epidemics, from the Old Testament to the descriptions of ancient Greek and Roman chroniclers and physicians, to the descriptions of medieval and modern historians and writers. We are all familiar with the fears, beliefs and misconceptions caused by the epidemics, the rites that dispel the fears, and the aggressive tempers which in many cases led to murders. The ancient Greek and Roman population saw the cause of the Plague in the heavens and sought ways to placate the gods. Blaming other people was exceptional e.g. Thucydides claimed that the Peloponnesians had put poison in the cisterns of the city of Athens.



Bubonic plague (Toggenburg Bible 1411)

In the Bible laws of Moses governs the diagnosis of leprosy and the treatment of leprosy patients.

In the Middle Ages, attempts were made to alleviate fearsome epidemics through ritual ceremonies. Since the Middle Ages, great epidemics have amplified fears, and this has provoked scapegoating, hatred, violence and pogroms against minorities. Europe's most deadly and devastating disease, the Black Death of 1347–51, unleashed mass violence: Catalans were killed in Sicily, priests and beggars in Narbonne, doctors, gravediggers, plague cleaners, 25aedia in other regions. Jews in particular were accused of poisoning wells and food and pogroms broke out across Europe, destroying more than a thousand communities (1).



Flagellant (Weltchronik - Nürnberg 1493)

Other outbreaks later followed this same script. In 1916, a mayor outbreak of polio in New York City lead misguided doctors and medical vigilantes to blame on Italian immigrants as the cause. New Yorkers desperately avoided Italians, believing that they carried the disease (2).

Also the names given to the diseases are the evidence of blaming others e.g. syphilis was French disease outside France, Polish disease in Germany and German disease in Poland or disease of the Turks in Persia (1). Today the COVID virus is named "Chinese virus/ Wuhan virus" or just simply a "foreign virus" by US politicians (3).

The diseases of our own times e.g. H.I.V.-A.I.D.S. was plagued by conspiracy theories, rumours, and misinformation for many years. E.g. instead of the antivirals recommended by the government, many people used home remedies including garlic, beets and lemon juice to treat

AIDS (4). And it also engendered fear and hatred against homosexuals, heroin addicts, Haitians, haemophiliacs, prostitutes and the underclass in general (1).

Today, we also face conspiracy theories, misconceptions and scapegoating in the context of the COVID epidemic. Inside China, people from Wuhan have been treated like lepers (2). In a number of countries that have faced outbreaks of the coronavirus, political leaders have verbally lashed out against certain religious minorities, using hateful language in their speeches, official statements, and social media posts that has widened social divisions and fuelled bigotry among their supporters. E.g. in India PM has demonized the country's Muslim community, which they hold responsible for spreading the coronavirus. In some areas of Pakistan, authorities have reportedly refused to give food aid to Christians and Hindus, stating that assistance is reserved for Muslims (5, 6). We can also experience the usual stereotype; conspiracy theories linking Jews in COVID epidemic (7).

As the Covid-19 virus spreads around the world, so does the fake news. E.g.:

- That it's a kind of flu, you don't have to worry about and the whole pandemic is being oversized.
- The virus was artificially created in a Sino/American laboratory as a biological weapon.
- China is blamed for the whole epidemic migrants and Chinese or other Asian origin are blamed and already been attacked for importing the corona virus.
- False cures like taking vitamin C and eating garlic or taking bleaching agent or chloroquine phosphate were advised
- Bill Gates is planning to use a future COVID-19 vaccine to implant microchips in billions of people in order to monitor their movements (8).

The problem is that people start believing in false news. E.g. a representative survey of 1,640 US adults found that half of respondent, who say Fox News is their primary television news source, believe the conspiracy theory on COVID vaccine (9).

It is a cause for concern that many governments were not transparent with what they knew about the virus; government officials changed their minds several times. So no surprise that people have a hard time believing what they hear. This precarious situation provides an opportunity for some politicians to take advantage of the crisis to achieve their political goals. It is especially problematic that well-known personalities, politicians, "celebrities" also spread these misconceptions, and the World Wide Web reaches the audience with orders of magnitude better efficiency than the old techniques. Although social media giants like Facebook, Twitter and Instagram have developed stricter policies on censoring and removing fake news, private Facebook groups and messages, undetected by algorithms, can still live on and spread (4,8).

What is the solution?

Although giving correct information on a pandemic can be dangerous for politicians, public confusion leaves citizens unprepared for combating a public health crisis. It is important for governments to be transparent and relay clear, honest information to the public. The message from government leaders needs to be consistent so that the public can regain trust in civil servants (4, 8).

Nationalism should have no place in medical discourse; medical language should never be applied to politics. Coronavirus isn't Chinese; it is global. It is the responsibility of professionals, including those working in children's health, to provide continuous and correct information and to combat false news on an ongoing basis and to teach people to check all information over and over again. Blaming "aliens" either in the name of God, or science or simple prejudice makes things a great deal worse (3). This pandemic offers an occasion to open a fresh discussion on whether we now need to learn how to do science in a different way through communicating with the public as well. The whole world becomes an extended peer community, as the appropriate behaviour and attitudes of individuals and masses become crucial for a successful response to the virus (10).

Useful links:

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters
https://en.unesco.org/news/how-spot-fake-news-and-counter-their-spread-during-covid-19
https://www.youtube.com/watch?v=wT2m3kljcSU
https://news.un.org/en/story/2020/04/1061592
https://europa.eu/european-union/index_en
https://www.europol.europa.eu/covid-19/covid-19-fake-news

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2. Mihm S.: The Ugly History of Blaming Ethnic Groups for Outbreaks, Bloomberg Feb 16 2020. https://www.bloomberg.com/opinion/articles/2020-02-16/coronavirus-fear-and-racism-reawaken-an-ugly-history
3. Buruma I.: Virus as Metaphor New York Times March 28, 2020 https://www.nytimes.com/2020/03/28/opinion/coronavirus-racism-covid.html
4. Mian and Khan: Coronavirus: the spread of misinformation BMC Medicine (2020) 18:89 https://doi.org/10.1186/s12916-020-01556-3
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9. Sherr I.: Bill Gates calls COVID-19 vaccine conspiracy theories 'stupid,' but many believe them Cnet 2020 jun. 4. https://www.cnet.com/news/bill-gates-calls-wrongful-covid-19-vaccine-conspiracy-theories-stupid-but-many-people-believe-them/
10. Waltner-Toews D. et al.: Post-normal pandemics: Why COVID-19 requires a new approach to science STEPS centre March 25, 2020 https://steps-centre.org/blog/postnormal-pandemics-why-covid-19-requires-a-new-approach-to-science/
11. https://www.medrxiv.org/content/10.1101/2020.05.19.20106278v3.full.pdf+html Routine vaccination and COVID clinic visits, cost benefit

8.2 Experience of the Chilean Social Pediatrics Committee during COVID-19 pandemic

Iván Silva López MD, Calama, Chile
President Committee of Social Pediatrics Chilean Society of Pediatrics

The ideas of social paediatrics have become accepted by many paediatricians at recent Congresses, that Social Pediatrics focuses on the child as a subject of rights, both in health and disease, and takes into account the determinants of health along with attention to their needs for optimal development.

We propose that health inequality is the key ingredient in the disease-health process and that there must be a social, not just a medical, response to problems. This year 2020 the COVID 19 pandemic appears on the planet, disrupting the life of the whole world.

Social Pediatrics, could not help but extend their gaze on what the CoVid pandemic is signifying in the life of children and adolescents. Created in 2014, the Social Pediatrics Committee of the Chilean Society of Pediatrics is one of the newest organizations that are part of the almost centennial SOCHIPE [Sociedad Chilena de Pediatría or Chilean Pediatric Society] . in 2015, the committee made its debut in the National Pediatric Society holding its First Chilean Congress of Social Pediatrics,

The Congress was spectacular. Hundreds of attendees in the historic former Parliament of Chile, the presence at the opening ceremony of President Bachelet, her Minister of Health, Carmen Castillo, along with prominent foreign and national professors, the Congress served as a foundation for the concepts of Social Pediatrics to re-emerge in our country with strength and vigour.

In the history of National Pediatrics, the founders of the Chilean Society of Pediatrics, where Luis Calvo Mackenna, Oscar Muñoz Gaínza, Francisco Lara, Alfredo Commentz, Baeza Goñi, among others, highlighted in that history since 1922, the ideas of Social Pediatrics were describing the situation in which our population found itself during the 1930s. Analysis covered causes of death in infancy, measures to combat malnutrition, lack of hygiene and other scourges.

We now see that there are a significant number of children who live in poverty and who lack the essential assets that make up personal and family well-being, such as decent housing, adequate food, decent work for their parents or caregivers, care for health, healthy environment, family and territorial coexistence, leisure possibilities, among others.
Since the arrival of COVID 19, three Webinars were organized first with a macro perspective on the Pandemic, with presentations by Colleagues Ernesto Durán (Colombia), Raúl Mercer (Argentina) and José Antonio Díaz Huertas from Spain, to then continue with specific views in the health and educational fields. Each of these virtual meetings were followed by more than 300 attendees, a number never achieved before.

Talks have also been given by several of the members of the Committee, in meetings organized by the University of Talca (Meeting on Rights and Children's Health in a Pandemic), University of Valparaíso (Migrants, Poverty and Pandemic), the Observatory for Children and Adolescents

(CoVid-19 and Children: making visible the structural barriers to face the pandemic and its effects), and international meetings.

Other members have contributed towards the development of the protocols and recommendations that must be carried out to face the pandemic in terms of the direct impacts on children.

We have created our first logo and initiated our website, as well as collaborating with other releant branches and committees of SOCHIPE, who have common interests: I refer to the Committees of Pediatrics and the Environment, of Children and Adolescents with Special Health Needs, NANEAS, of Adolescence, of Ambulatory Pediatrics and an external Society, such as the Society for Psychiatry and Neurology of Childhood and Adolescence, SOPNIA.



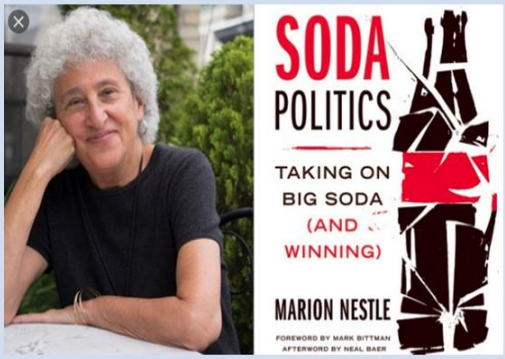
Atacama desert, Chile

The organization in our Latin America of the Latin American Group of ISSOP, led by Dr. Ernesto Durán, Coordinator Committee of Social Pediatrics and Rights of the Latin American Association of Pediatrics, has come to join this intense activity, ALAPE and Dr. Raúl Mercer, Coordinator of FLACSO Social Sciences Programs and member of ISSOP, both great Latin American social paediatricians and examples to follow for who we are advancing in our formations and dreams and that with their Global Action against the Pandemic , has made us join Chile's social 29aediatricians with great enthusiasm.

The design of a plan to be developed in the aforementioned Global Action, based on research, case studies, declarations and the interesting fortnightly meetings we carry out, allow us to visualize a splendid future to continue to hold high the clear ideas originating from our teachers of the past. Eternal ideas that in our dark America were synthesized by Gabriela Mistral and José Martí when they expressed the first, "the future of children is today" and the second, "children are the hope of the world".

It is a pride for our Committee to count on them contributing the knowledge for the direct confrontation of the condition with the social outlook that being part of the group brings them.

World Breastfeeding Week: PROS & CONS (By RM)

PROS	CONS
WHO Webinar: Achieving health equity: providing skilled breastfeeding support universally: Wednesday, 5th August 2020. The link to the announcement is at: https://www.who.int/news-room/events/detail/2020/08/05/default-calendar/webinar-achieving-health-equity-providing-skilled-breastfeeding-support-universally It will be simultaneous interpretation in Arabic, Russian, French & Spanish.	
	Multinational baby formula companies, such as Nestlé and Danone, are using social media to market to consumers in South East Asia in ways that raise serious concerns they may violate World Health Organization (WHO) guidelines. The companies have changed their advertising tactics during the coronavirus outbreak and are also using mothers to create online marketing material, the Bureau of Investigative Journalism can reveal... Interesting article from the Bureau of Investigative Journalism. Extract below. Full text here: https://www.thebureauinvestigates.com/stories/2020-07-30/the-baby-brands-turning-indonesian-instagram-into-free-formula-milk-ads
GOOD NESTLE 	**BAD NESTLE** Nestlé

IMAGINE

"The New Normality"
This is how will look the world after COVID
(Personal view, by RM)

