HOFSTRA UNIVERSITY
MODEL UNITED NATIONS CONFERENCE

WORLD HEALTH ORGANIZATION

Chair
Rebecca Gleeson

Welcoming Letter

Dear Delegates,

It is with great pleasure that I welcome you to Hofstra's 2015 Model UN Conference. My name is Rebecca Gleeson and I will be your chair for the World Health Organization Committee. I am a sophomore here at Hofstra University and I am an Early Childhood/Childhood Education and History major.

I am from Plainview, NY. There I was involved in the largest Model UN club in all of Long Island for three years. I travelled to many different conferences in Long Island and have one two honorable mentions as a delegate. During the conference held in my senior year of high school, I was the chair of the UNICEF Committee. I take great pride in the fact that my committee received the award for Best Committee during this conference. The most incredible experience I had in Model UN in high school was when I attended a conference at the actual UN through Global Classrooms Initiative and met many people from other countries who attended this conference.

One of the significant reasons I chose Hofstra University included the fact that it has a Model UN club. I enjoyed meeting all the members of this club at Hofstra. It was an incredible experience to attend the University of Pennsylvania's Conference in Philadelphia. I was able to meet so many people from other colleges and universities and learn more about model UN in college. I also was able to teach 5th and 6th graders about public speaking, which was particularly exciting for me as an education major. I also enjoyed being an assistant to a Chair last year. This inspired me to want to be a Chair this year.

I chose the topics of genetically modified organisms and healthcare for refugees for the WHO Committee because I believe that these are very prevalent issues within society. It's important to know what is in the food we eat every day and to learn about what happens to food when it is genetically modified. It is possible for genetically modified foods to be toxic and they often cause allergic reactions. Access to healthcare for refugees is an extremely important topic because most refugees have very limited access to healthcare and hospitable environments. The refugees are displaced and are not able to care for themselves.

I hope you all learn a lot about current issues in this conference. I hope you all also learn public speaking skills as well as how to resolve conflicts with others. Mainly, I want you to enjoy being a part of Model UN as much as I do. There are numerous skills you can learn in this club that can help you throughout your lifetime. Let's try to make this the best conference Hofstra has ever seen!

Sincerely,

Your Chair,

Rebecca Gleeson

Introduction to the Committee

The World Health Organization's main goal is to oversee international health on behalf the United Nations. The World Health Organization (WHO) works globally on health systems, promoting health, disease control, and preparedness for possible health threats. It is a vital component of the international community that has worked to effectively promote a better quality of life for people around the world.

When diplomats set out to create the United Nations in 1945, they decided to create a global health organization as there was a clear need for an organization to help maintain and improve global health. The World Health Organization's constitution was established on April 7th, 1948, know ever since as World Health Day. For over sixty years, WHO has accomplished many things. Recently, WHO has helped make countries such as Liberia Ebola free, worked to curb hepatitis outbreaks, promoted vaccination programs around the world that have prevented the death of millions, and many other accomplishments. Recent important efforts also include a WHO a campaign to promote healthy lifestyles for people of all ages.

Introduction to the Topics

The 2016 Hofstra University Model United Nations Conference WHO committee will address two important topics: genetically modified foods and healthcare for refugees. Both are pressing issues that the international community must address, and the WHO must take the lead as the most important global health organization.

Genetically modified foods are made from organisms whose genetic material was modified in a way that does not occur naturally. Current genetically modified foods come from

plants, created mostly to improve crop yield. But here also is a possibility of altering the nutrient content of food. Moreover, it is thought genetically modified organisms can often cause allergic reactions. Thus, there is worry that transferred genetic material can negatively affect human health. The World Health Organization works to assist national authorities in identifying foods that are subject to risk assessment, as well as recommends approaches to the safety assessment of food. Thus, this is an issue that the WHO should address with more scrutiny to ensure the safety of food supplies around the world.

A refugee is someone who is afraid of being persecuted because of their race, religion, political disposition, and many other factors. A refugee is not in the country of his or her nationality because of potential persecution and must receive protection from the host state. Currently, Syria presents the biggest refugee problem in the world. After Syria's Civil War, 11 million people were displaced. Most of the refugees are now living in Jordan and Lebanon, but with many also fleeing to Europe. The countries around Syria that have absorbed most of the refugees have weak infrastructure and limited resources, creating a potential healthcare disaster. Every refugee should have access to a hospitable environment and high quality healthcare without discrimination, and thus the international community through the WHO must work to provide this humanitarian relief.

Topic A: Genetically Modified Organisms

Genetically modified organisms are foods that were genetically altered in an unnatural way. Genetically modified foods are produced because they can be sold at a lower price and benefit consumers. That is, because genetically modified foods can be made to be resistant to pests and can boost production, they can increase food supply around the world.

However, there are potential issues with GMOs. Genetically modified organisms are typically assessed more heavily than conventional foods ("Food, Genetically Modified"). An assessment of genetically modified organisms typically includes an evaluation of toxicity, allergenic potential, and the specific components of the food. The main issues with genetically modified organisms are allergenicity, gene transfer, and outcrossing. They could also adversely affect the environment because the engineered genes could be introduced to wild populations. There are also positive aspects to GMO crops in that they could boost food production in developing countries. Whether these foods are safe depends on the case and in some countries genetically modified foods are not regulated. People around the world are concerned because they don't know if their food has been genetically modified ("Frequently Asked Questions").

The World Health Organization takes an active role in the regulation of genetically modified organisms. It has worked with the Food and Agricultural Organization (FAO) and made consultations regarding the evaluation of genetically modified foods. It also created the Codex guidelines, which is a safety assessment of genetically modified foods. WHO mainly wants to improve the evaluation of genetically modified foods because they believe biotechnology could benefit public health but that modern food production techniques should be evaluated comprehensively ("Frequently Asked Questions").

Background

Genetically modified foods have been created and perfected for the past few decades. The first genetically modified DNA organism was created in 1974 ("A Brief History"). In the 1980s, scientists learned that DNA could be transferred from one organism to another. This became the genetic modification process. The first GMO patent was issued in 1980 for genetically modified bacteria. The United States Food and Drug Administration (FDA) approved the first GMO in 1982. This GMO was insulin created by a genetically engineered E. coli bacteria (Woolsey). In 1983, four groups of scientists began to create genetically modified plants ("A Brief History"). A tobacco plant that was resistant to antibiotics was then created that year. Later, genetically engineered cotton was field tested in 1990. Products using GMOs eventually hit grocery stores in 1994. In 1997, the European Union began to support mandatory labeling of GMO crops (Woolsey), and EU labeling rules were introduced in 1998. China was the first country to sell genetically modified crops, but genetically modified foods really became more common during the year 2000. During this time, scientists discovered that nutrients and vitamins could be added to foods. By 2004, genetically modified crops were grown by millions of farmers in 17 countries. This includes countries such as the United States, Canada and Brazil.

One of the main issues of concern for genetically modified organisms is its allergenic effect on individuals. Genetically modified organisms have a lot of potential to create an allergic reaction. It's imperative that the protein product from the transferred gene is not allergenic. As genetically modified organisms become more prevalent on the market, the more people will begin to consume new types of proteins. Genetically modified organisms do not automatically cause allergic reactions. Anytime there is a new protein in a GMO it is checked to see if it has

allergic potential. Even though tests for allergenicity have become more reliable, it is still not certain ("Frequently Asked Questions").

Gene transfer from genetically modified foods to cells in the body or bacteria in the gastrointestinal tract could adversely affect human health. If these genes caused an infection, it would be very difficult to treat. It is more of a problem if the genes transferred are antibiotic resistant. They do not always pose a great threat. If antibiotic resistance genes from GMOs were transferred to bacteria, the number of bacteria in our environment would still be small. However, it's encouraged that the gene transfer does not involve antibiotic resistance genes ("Frequently Asked Questions").

Another issue is outcrossing. Outcrossing is when genes migrate from a genetically modified plant and into a regular crop or species in the wild. This may affect food safety and security. Cases were reported involving GM crops that were approved for animal feed or industrial use had low levels in the products meant for human consumption. Interbreeding is constantly happening. A gene from a genetically modified plant interacting with regular plants could possibly put the regular plant at a disadvantage ("Do GMOs Mean More Allergies?").

GM crops could also adversely affect the environment. There is potential for a GMO to escape and the engineered species would be introduced to the wild population. Scientists are also concerned about the persistence of the gene after it has been harvested. One of the issues is cross pollination. The pollen emitted from genetically modified crops can contaminate the crops nearby that are of the same type. Another issue is toxicity. Crops that produce pesticide can contaminate nearby streams and possibly harm aquatic life. The toxin produced in these crops is often stronger than any other toxin found in nature. This toxin can harm beneficial insects. Insignificant insects can turn into pests because of genetically modified plants. If pesticide

spraying resumes on top of this, there would be more toxins in the soil, something that has happened in China, India and the U.S. Because of these reasons, it is thought to be imperative to keep GM crops separate from regular crops ("Frequently Asked Questions").

The safety of GM foods has to be assessed on a case by case basis, making it a costly process. Each food would need to be assessed before it is sold on the market. There are some risks associated with introducing new toxins and allergens in genetically modified foods. Genetic modification involves allowing a new protein into the organism. Some of these proteins have the potential to impair human health, which is why an assessment of the toxicity is important. The introduction of new toxins is certainly an important thing to analyze, and it is also important to know whether certain proteins have been changed ("Frequently Asked Questions").

Technology should be regulated based on a risk assessment of that technology. Decisions on how to regulate technology are based on a societies' approach in regards to technology and nature. The most important question to ask is to what extent a society believes that certain technology, for example, biotechnology, is useful and appropriate. For over half a century, scientists and the general public believed that the discovery of deoxyribonucleic acid (DNA) and further developments in genetics and genetic engineering are the keys to understanding genetically modified foods. It's important to remember that this conviction may change. Mainstream science convictions can change over time.

Some scientists disagree with this conviction. They believe that an organism cannot only be expressed by its genes, but also by its environment. The focus on DNA is a cultural as well as scientific phenomenon. Societies must question whether it is morally right or wrong to use a certain technology such as those that can alter DNA of organisms in the food supply. This

concern is the basis for how many countries decide if they want to use biotechnology and other techniques in the production of GMOs.

Some argue that genetic engineering is no more than just an extension of selective plant breeding, which is already a form of genetic manipulation. Proponents claim that genetic engineering introduces desirable traits into many of the foods we eat. But not all states embrace this idea, believing that using biotechnology is similar to "playing God." Moreover, critics claim that modern biotechnology is done in isolation and can cross with other species. This creates new genetic makeup that is normally not developed in nature. When this happens, it could possibly be hazardous for biodiversity ("Safety Assessments").

WHO and other International Organizations on GMOs

The Codex Alimentarius Commission was created by FAO and WHO. The Codex Alimentarius project (Latin for "Book of Food") develops the standards, practice, guidelines and recommendations for genetically modified foods. In other words, the international food code. The so-called Codex principles for the human health risk were developed in 2003. The principles involve a premarket assessment that is performed on a case by case basis. This includes an evaluation of the direct effects of the inserted gene and the unintended effects that may be a consequence of the inserted gene.

The Codex principles do not create a binding effect on national legislation. However, they are referred to in the Agreement on the Application of Sanitary and Phytosanitary Measures of the World Trade Organization. World Trade Organization members are encouraged to combine these standards with Codex standards. If countries that are trading partners had the

same or similar assessment for genetically modified foods, it would be less likely that a product would be approved in one country and rejected in another ("Food, Genetically Modified").

WHO has been taking an active role regarding genetically modified foods. The World Health Organization believes that public health could benefit from the use of biotechnology. If there is an increase of nutrient content in foods, there would be a decreased allergenicity and more sustainable food production. The World Health Organization is also involved due to the need to examine the possible negative effects on the consumption of food made through genetic modification to protect public health. WHO believes that modern technologies should be thoroughly evaluated before they can be considered and improvement in the way food is developed ("Food, Genetically Modified").

EU and US Approaches to GMOs

The European Union has focused on regulation that controls industry and protects the consumer from environmental and health hazards. The European Union supports biotechnology, as it wants countries that use biotechnology to grow and become competitive. But it also believes that it is important to provide protection from the hazards that agricultural biotechnology might bring.

These regulatory choices depend on the economic importance of agriculture within a country. For instance, the largest genetically modified food producer in Europe is Spain. However, Spain represents 0.1% of all the genetically modified food produced globally. Revenue from genetically modified foods, such as maize and soy beans, are more important to North America and South America than for European countries. The EU produces a significantly smaller amount of soy beans than the U.S. The EU believes that the process in which genetically

modified foods are produced should indicate how they are evaluated. The rules for genetically modified foods follow two types of authorization. There is legislation that covers the deliberate release of GM foods into the environment as well as legislation regarding the specific products in genetically modified foods.

The EU is cautious when it comes to genetic engineering and strictly regulates all GM foods. The regulatory regime is extremely specific to agricultural biotechnology. The EU views many GM products with scientific uncertainty and assumes that GM foods are hazardous. Thus, they have put in place a strict labelling system. This ensures that consumers are informed and could choose whether they want to take the risk of consuming GM foods (Ramjoué).

In contrast to the EU, the U.S. puts regulatory emphasis on the end product. The U.S. wants GM products to be regulated like any other food. This is the product-based approach where GM products are regulated by existing statutes since 1984, when the U.S. Office of Science and Technology Policy devised a unit of existing federal agencies and laws to regulate biotechnology. The U.S. has many different organizations that regulate genetically modified foods. For instance, the Animal and Plant Health Inspection Service protects agriculture from pests and diseases. This was established under the Plant Protection Act of 2000. In addition, the Food and Drug Administration makes sure that food and food additives are properly labelled and safe for human consumption. This agency follows the Food, Drug, and Cosmetic Act, which was established in 1938. Lastly, the Environmental Protection Agency ensures that pesticides used for plants are also safe for the environment. All of these agencies make sure that genetically modified foods are safe.

The United States believes in the ‘sound-science principle.’ This means having a strong belief that science can establish clear answers. Thus, genetically modified foods are deemed safe,

unless they can be proved otherwise. The United States' philosophy on genetically modified foods is that the federal government should be as uninvolved as possible. The government should not intervene as long as the market is performing well. If a market does fail, the U.S. judicial system becomes involved. A civil court can then award compensation and punitive damages. In regards to biotechnology, the U.S. wants all biotechnology companies to agree to the existing regulatory procedures in an effort to discourage damage claims. This is very important because biotechnology developers have had difficulty finding companies to insure GM food liability (Ramjoué).

These differing approaches to GMOs in the EU and U.S. demonstrate that there is not a consensus approach to dealing with this potentially powerful technology in the international community. The WHO and related intergovernmental organizations must help to formulate an approach to ensure the safe production of global agriculture and also the health and well being of people around the globe.

Potential Questions for the Committee

1. What standards does your state have on genetically modified foods?
2. Does your state grow or consume genetically modified foods?
3. Does your country have trade restrictions on genetically modified foods?
4. What can WHO do to make assessment of genetically modified foods more thorough?
5. How can we ensure that genetically modified foods are safe?
6. Should there be more guidelines in regards to labelling genetically modified foods?
7. Do we need universal standards for genetically modified foods?

Additional Resources

"Frequently Asked Questions on Genetically Modified Foods." The World Health Organization, http://www.who.int/foodsafety/areas_work/food-technology/faq-genetically-modified-food/en/.

"Food, Genetically Modified." Health Topics, The World Health Organization, http://www.who.int/topics/food_genetically_modified/en/.

Celina Ramjoue, "A Review of Regulatory Issues by Genetically Modified Organism." *CAB Reviews: Perspectives in Agriculture, Veterinary Science, Nutrition and Natural Resources* 2008 Volume 3, No. 096, http://www.princeton.edu/morefoodlesscarbon/reading/files/Ramjoue-Review-of-Reg-Issues.pdf.

Topic B: Healthcare for Refugees

Introduction

As a result of the civil unrest in Syria, many refugees have been scattered across the Middle East and are now making their way to Europe. Many of these refugees lack health care and are living in terrible conditions. Multiple countries have been welcoming to the refugees, but this welcoming often comes with a large price tag. For instance, in May of 2013, Turkey spent $1.5 billion to provide care for refugees ("Syria: The Story of the Conflict"). The price to care for them keeps rising and many states have been trying to set quotas for the amount of refugees they take in so that they are not overwhelmed. The UN and the rest of the international community clearly worries that this mass migration could increase the spread of disease in addition to the fear that migrant health needs are not met.

While a very difficult task given the conflict situation and the mass migration of so many people, one of the many goals of the WHO is to support policy development to make sure migrants have access to health care. This is indeed an important goal as lack of healthcare for refugees could impact regions accepting refugees and migrants, and could even have wider effects. Related to this first goal, WHO also wants to improve the health information systems in countries, which may help to improve conditions for residents and refugees alike ("Overcoming Migrants'"). But a lack of resources for the WHO and lack of coordination of policy among states involved with the crisis has thus far led to less than satisfactory outcomes. The UN and the WHO must devise a better approach to dealing with this massive humanitarian catastrophe.

History

The refugee crisis began in Syria with pro-democracy protests in March of 2011. The protesters demanded that President Bashar al-Assad resign. After the government used force to suppress the movement, the protests only got stronger. As the violence increased, the country began to descend into civil war. From the start of the conflict until June 2013, the UN claimed 90,000 people had been killed. By 2015, this number increased to a total of over 250,000 killed.

Today, the conflict is now largely a battle between the Sunnis and Shias internally, but also now involves neighboring countries and includes Jihadist groups such as the Islamic State (ISIS or ISIL). The Assad regime is accused of killing most civilians, but the UN has determined that all sides have exhibited war crimes including, rape, torture, and murder. The conflicting parties were also accused of denying access to water, food and health services ("Syria Profile"). This is a clear violation of international humanitarian law.

Because of these terrible conditions related to the conflict in Syria, more than 4 million people have fled the state. This is one of the largest exoduses in history. Most of these refugees have fled to neighboring countries such as Jordan, Lebanon, and Turkey, but many have also attempted to make the dangerous trip across the Mediterranean Sea to Europe. There are man internally displaced refugees as well, who have been forced to leave their homes in Syria but have not left the country. Including those individuals that have been internally displace because of the conflict, more than 11 million have been forced to leave their homes and 12.2 million need humanitarian assistance ("Syria: The Story of the Conflict").

Most of the Syrian refugees are now living in Jordan and Lebanon. These countries have weak infrastructure and limited resources. Starting in August of 2013, Syrian refugees began

escaping to Iraq as well but have since been caught in the ISIS-related conflict there. Since this point in time, in addition to struggling against ISIS violence Iraq has also been struggling to meet the needs of the refugees.

Beyond the immediate neighbors of Syria, today many refugees hope they can escape to Europe for a better future. Thousands of refugees escape each day. There are often many risks that go along with the escape such as being shot by snipers on the route out of Syria as well as the treacherous ocean journey. After arriving to a safe destination, some of the refugees live inside camps that are partly run by the U.N. For the refugees that live outside the camps, life can be very difficult. They could live with host families with small incomes, but often refugees live in rooms without heat or running water. Some of them don't even live in rooms, but abandoned chicken coops.

Refugees often have difficulty finding jobs in places like Jordan and Lebanon. More problematically, the lack of clean water and sanitation is very concerning to the health of refugees and others in the area. The lack of proper conditions can allow diseases such as cholera and polio to spread. This is even more life threatening without medical services, of which there is a critical gap in places such as Lebanon and Jordan. In December of 2014, the U.N. issued its largest appeal for one crisis – 8.4 billion U.S. dollars was needed to provide sufficient aid to meet the needs of those affected by the crisis. While the need to great, less than fifty percent was funded. Humanitarian organizations, such as the Mercy Corps for example, has partnered with the U.N. to address the needs of the Syrians caught in this horrible disaster ("Quick Facts").

Funds from the United Nations High Commissioner for Refugees (UNHCR) are limited and health services have become increasingly overstretched as a result. The United Nations refugee agency has reported the health care situation of Syrian refugees in Lebanon, Jordan and

Iraq, is putting great strain on these health systems and refugees have difficulty getting the necessary care. The UNHCR report showed specifically that refugees need treatment for chronic diseases like diabetes and hypertension, among other chronic health concerns. They also have injuries, communicable diseases and psychological illnesses. The illnesses they are suffering from are different from the illnesses refugees in Somalia, for example, are suffering from. Generally, they are not suffering from malnutrition and related issues although some more recent reports suggest that especially some internally displaced refugees are experiencing such issues.

The UNHCR report also states that many Syrians are suffering from mental health illnesses. Twenty-two percent of the refugees in Avatar camp in Jordan have anxiety disorders. In addition, nine percent have post-traumatic stress disorder and sixteen percent have schizophrenia. Paul Spiegel, a UNHCR Chief Medical expert claims that there are many Syrian people with chronic diseases that need medications but may have no access to them. He also claims that the burden of disease is very high. The lack of funding has forced agencies to make extremely hard choices. Patients with health care diseases and life-threatening cases are priority over sick patients. Very hard decisions have to be made because some things cannot be funded (UN: Health Services for Syrian Refugees Overstretched).

The World Health Organization has taken initiative to support the displaced refugees. The WHO staff has tried to send life-saving medicines and medical supplies to Syrians in host populations. Health care workers are also being trained. WHO has also supported the idea of setting up mass vaccination campaigns. WHO has hoped that their ability to monitor outbreaks of diseases. Dr. Nada Al Ward, coordinator of WHO's Emergency Support Team claims that the need is escalating. The urgent need is the same as it was in 2011, but more drastic. There are

more needs WHO should respond to such as reproductive health, communicable and non-communicable diseases, mental health needs and trauma cases.

The intense fighting and constantly changing zones of conflict in Syria have made it difficult for health workers to reach those areas most affected and in need of health care. Even so, WHO has helped more than 13.8 million people in Syria this year alone. This includes sending supplies and life-saving equipment to challenging places to reach. WHO has provided many different services to Syrians in need, including x-ray and lab service, heart catheterization, eye surgeries and labor deliveries mostly through mobile clinics.

The World Health Organization also has cross-border activities with places like Turkey and Jordan. These countries have helped increased the organization's aid to Syria. The cross border activities help vulnerable countries around Syria and thus result in more Syrians obtaining their needs. WHO has supported health ministries in Jordan and Lebanon to make sure they get enough and reasonable health care provisions for Syrian refugees as well as their host country. More than 700,000 Syrians in Lebanon have gained health care. The plan has continued to be successful in that 34,000 Syrian children in Jordan were vaccinated to fight polio and measles. In addition, over 46,000 Syrians have received consultations on health care. WHO is still supporting the provision of medications that treat diseases like cancer, diabetes and hypertension. These diseases are a huge burden for Syrians. In Jordan and Turkey, WHO helps with the gaps in areas like reproductive health, health worker technical capacity and disease surveillance ("As Syria's armed conflict grows, WHO aid to the region is unrelenting."

With no end to the conflict in Syria in sight, WHO does not know how long the Middle East will need this emergency response. The health sector is extremely underfunded and it is possible that the health systems in the region could collapse. The health section of the Syria

response plan is only funded at thirty percent of need and the refugee resilience plan is only funded at seventeen percent of need. To avoid an even greater humanitarian catastrophe, these programs need to be adequately funded to make sure the Syrians get proper care.

Guiding Questions for the Committee

1. Does your state accept Syrian refugees?
2. Does your state provide health care for refugees?
3. How can the international community ensure that refugees have access to health care?
4. How can the United Nations provide more resources for nongovernmental organizations (NGOs) providing vaccines and other critical health care to Syrian refugees?
5. How can the international community determine whether one needs access to health care?
6. How can the WHO get access to the required resources to fund emergency operations such as the Syria refugee crisis as well as its other operations around the world?

Additional resources:

"Overcoming Migrants Barriers to Health." Bulletin of the Worth Health Organization, http://www.who.int/bulletin/volumes/86/8/08-020808/en/.

"Quick Facts: What You Need to Know about the Syria Crisis," Mercy Corps, https://www.mercycorps.org/articles/turkey-iraq-jordan-lebanon-syria/quick-facts-what-you-need-know-about-syria-crisis.

"Syria: The Story Behind the Conflcit." BBC, http://www.bbc.com/news/world-middle-east-26116868.

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