

MMUN Jr 2021

World Health Organization

Committee Overview

This committee will be run Harvard Style, meaning that resolutions are not to be written until the date of the conference itself. Additionally, it is highly suggested that every delegate write at least one position paper on a topic, as doing so will be necessary to be considered for an award. Position papers must be emailed to the chairs through personal emails two days prior to the start of the committee.

All delegates are expected to come to the conference with a working knowledge of all or most of the topics, as well as the policies of the countries that they represent. As United Nations Women, it is imperative that delegates keep in mind that their purpose is to promote and protect the rights of women around the world without infringing upon national sovereignty. Above all, remember that Model UN is not a competition, so get to researching and try to have a little fun!

Committee Description

Impact of COVID-19 on Teacher Mental Health

Healthcare Tensions Between Western Practices and Indigenous Communities

Chairs

Annie Guo | annie.guo1185@gmail.com

Hello delegates! My name is Annie Guo, and I'm a junior at Brighton High School. I've been in Model UN for five years, and this is my second time chairing. In addition to Model UN, I am also the Opinion Editor for my school newspaper, a violinist of the Rochester Philharmonic Youth Orchestra, as well as a captain of our Speech and Debate team. I also love playing volleyball and frisbee and traveling with my family! I'm looking forward to meeting all of you and I can't wait for MMUNJr 2021!

Please don't hesitate to contact Angel or me with any questions or concerns you may have.

Angel Tang | angelzixuantang@gmail.com

Hello! I am Angel Tang, a junior at Mendon High School. This is my first time chairing, and my third year in Model UN. I am the co-founder of ROC Code, a Rochester-based, youth led organization whose goal is to spread programming knowledge. Furthermore, I am also the co-editor of Mendon's newspaper, Runestone, and I also play tennis! In my free time, I love to knit and read psych books. I'm very excited for an enjoyable and productive committee! Don't hesitate to reach out to me or Annie with any questions or concerns.

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Impact of COVID-19 on Teacher Mental Health



Many new stressors for teachers have arisen as a result of COVID-19, including adjusting to teaching from home, assisting their own children in adjusting to remote schooling, worrying about their well-being and their families', and the newfound challenge in connecting with their students via online platforms such as Zoom. According to a survey, 34% of teachers are concerned about their mental health and well-being, as well as those of their families, and 46% are concerned about the continued uncertainty about what will happen in the following school year. As COVID-19 forced many people to work from home, teachers especially suffered a higher toll compared to others. The usual

classroom setting was gone and connecting with students over online platforms became extremely challenging. Additional technical difficulties and distractions in the house also meant teachers had to double as technical assistants, and work even harder to keep the class engaged.

Furthermore, it has been demonstrated that the high levels of stress experienced by many teachers can induce symptoms of anxiety and depression, with women being more susceptible to both. In the female-dominated teaching profession, we can already witness the long-term repercussions of this stress, as research revealed that rates of depression nearly doubled during COVID-19, with more than a third of those educators displaying depressive symptoms.

Benefits and initiatives designed to assist teachers' psychological well-being have been proposed by districts and teachers' unions. This year, the American Federation of Teachers established a "trauma benefit," which includes counseling for teachers who have been affected by events such as "contagious illness infection" or "severe disaster." Mental health webinars, wellness town halls, and even online yoga are all available.

But in practice, it's all just scraping the surface. Some teachers have utilized the trauma benefit, but not as often as anticipated, due to stigma around mental health issues and a lack of knowledge about the resource. Many educators say their psychological well-being is suffering in ways they've never experienced before, and the limited mental health help available to them feels insufficient. Still, there is little data on teacher depression or anxiety, especially in recent months, so it's difficult to get a full picture of how teachers are faring.

How can the UN help bring more mental health aid to these teachers? How can the UN get a clearer picture of just how greatly COVID-19 has influenced the mental health of teachers, to better provide resources for them? How can the UN keep teachers from leaving their positions due to this high stress and potential depression?

Sources:

<https://www.usatoday.com/story/news/education/2021/01/04/covid-19-teachers-mental-health-suffering-during-pandemic/4091864001/>

<https://www.edweek.org/leadership/teachers-mental-health-has-suffered-in-the-pandemic-heres-how-districts-can-help/2021/05>

<https://teaching.blog.gov.uk/2020/06/12/the-impact-of-covid-19-on-staff-mental-health-and-wellbeing-what-support-is-available/>

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Healthcare Tensions Between Western Practices and Indigenous Communities



Indigenous communities worldwide have consistently advocated for the right to retain their traditional medicinal practices against western healthcare customs. While access to healthcare is a fundamental human right, barriers and tensions between cultural and western healthcare systems have become problematic towards Indigenous people who prefer to preserve their conventional healthcare customs.

The practice of medicine and the management of healthcare systems differ significantly between countries, peoples, and cultures. Particularly, tension has developed overtime between Western medicine and traditional medicine based on their respective conceptions of health and disease.

Western society has adopted a medical framework oriented around the germ theory of disease, advanced by scientifically proven

treatments that have led to practices of treatment and cure now accepted as "conventional." However, indigenous communities have often for centuries developed more traditional health practices focused on a holistic approach to health and disease that would involve treatments now seen as "alternatives." While both practices involve health promotion, prevention of illness, treatment, and rehabilitation as well, they differ, often significantly, in their practice and method. Extending from these differences, conflicts between the two health paradigms have encroached into consideration of human rights for Indigenous individuals.

Western nations have constantly tried to provide Western medicine within indigenous communities. For instance, around a total of five million Indigenous people live within the United States and Canada, many of whom refuse to seek western healthcare. Sometimes western nations even reach the point of coercion for indigenous people to adopt their vaccines, medications, and health philosophy. However, among indigenous peoples who have carried their traditional practices for centuries, western practices are not always culturally accepted.

Of all the barriers faced by indigenous peoples to adequate and appropriate health care, it is perhaps the cultural barriers that present the most complicated challenges to Western governments and indigenous community leaders as they try to navigate differences in attitudes toward their respective medical practices.

To mitigate the issue, the United Nations established the UN Declaration on the Rights of Indigenous Peoples. Article 24 provides Indigenous individuals the right to access all traditional health services and medicines. While this declaration stands as a reminder towards western nations to allow Indigenous communities to uphold their traditional healthcare values, western countries still push and urge Indigenous people to seek their medical assistance.

How can the UN work to seek a balanced set of policies that will ensure both the incorporation of indigenous perspectives while also promoting scientifically supported western practices of healthcare and treating disease? Should the UN allow western nations to provide their healthcare customs within Indigenous communities? What can the UN do to diminish the tensions between both healthcare customs without sterilizing any region of either side's culture?

Sources:

<https://www.nccih.ca/docs/context/RPT-At-the-Interface-Halseth-EN.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6055798/>

<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-016-0450-5>