World Health Organization

Chair: Emma Jaeger

Committee Introduction

Hi, my name is Emma Jaeger, and I am currently a Sophomore at Stanford. I'm majoring in biology with a concentration in neuroscience but am very interested in public health and health policy as well. I'm planning on minoring in philosophy, and love movies, hiking, and running. I am always happy to discuss my major or minor, or my college experience, so don't hesitate to message me.

Thank you so much for joining me for this virtual conference. While these are very unusual times, I am confident that we will still have a weekend full of exciting debate, interesting discourse and, of course, fun!

In committee, we will be discussing the current COVID-19 pandemic. While you may be tired of hearing about this pertinent political, economic, public health and social issue, it is crucial to debate and form resolutions to protect global citizens from this pandemic.

As the World Health Organization (WHO), we strive to uphold public health and support the most vulnerable communities. WHO delegates are always respectful, thoughtful, and considerate of our fellow delegates and the communities that we serve.

There will be no tolerance for hate speech, bullying, cyber bullying, offensive language or curse words. As you all know, this is a tech friendly conference, but let's try and stay off cell phones and other non-committee related devices as much as possible.

Welcome to the World Health Organization committee, I am so excited to work with all of you!

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Introduction to the Topic:

COVID-19 has affected the world on a global scale. This public health crisis has devastated communities across the globe. Not only has COVID-19 impacted a multitude of daily activities, disrupted education, and curtailed community activities, it has cost the lives of over 900 thousand people and counting. In the United States alone, close to 200 thousand have tragically succumbed to the disease (Sheposh 2020).

COVID-19 originated in China's Hubei province in late 2019. In the following months, the virus spread globally. Officially called SARS-CoV-2, the virus is able to spread easily from host to host.

> *"Symptoms of COVID-19 are similar to, with patients commonly reporting fever, dry cough, shortness of breath (difficulty breathing), and fatigue. Additional symptoms may include aches, muscle pain, nausea or vomiting, diarrhea, nasal congestion, runny nose, sore throat, chills, repeated shaking with chills, headache, or loss of taste or smell. The symptoms typically occur between two and fourteen days after exposure to the virus. According to the CDC, it is believed that people are most contagious when they are fully showing signs of the illness. In most cases, symptoms are mild, with as many as half of infected people not even noticing they have the illness, according to early observations and studies. In severe cases, COVID-19 can cause pneumonia, kidney failure, and death" (Sheposh 2020).*

COVID-19 has spread especially easily due to the long incubation period and the ease with which the virus is transmitted from person to person.

History:

The WHO officially declared COVID-19 a pandemic and issued a public health emergency on March 11, 2020. On March 13th, the WHO launched the Solidarity Response Fund in order to provide support to countries battling the virus (WHO/UN). In middle and late March, schools began converting to online formats as learning institutions across the world shut their doors. In late March the WHO began sharing information on how the impact of COVID-19 is "felt by different groups in different ways," giving the global community an important lens into the plight of disabled and vulnerable communities.

On April 2nd, the WHO launched the #HealthyAtHome campaign urging families to stay at home and avoid risk of COVID-19 contamination. On the 15th, the WHO updated the COVID-19 preparedness strategy. (https://t.co/08xlv7HLC4?amp=1) In late April, the WHO began detailing the process for countries to begin lifting stay at home orders.

On May 4th, the WHO launches the COVID-19 supply portal where nations can go to find and request crucial supplies. On May 10th, the WHO began discussing plans for school and workplace related public health measures. Later in May, the U.N. approved $6.7 Billion to support “millions in fragile countries,” (WHO UN 2020). May also saw discussion of mental health issues arising from the isolation that many across the globe were facing. On the 21st of May, the WHO and the UNHCR (United Nation High commission for Refugees) joined forces to improve health options for refugees and stateless persons.

In June, the United States Center for Disease Control announced that “COVID-19 infection or recovery can be linked to a hyperinflammatory response in children. In late June 2020, the CDC

reported that "children who are medically complex, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease are at higher risk for severe illness from COVID-19 than other children." (Sheposh via CDC 2020). On June 7th, the WHO updates mask guidelines. On the 17th, the Hydroxychloroquine arm of the Solidarity trial stops as "Data from Solidarity (including the French Discovery trial data) and the recently announced results from the UK's Recovery trial both showed that hydroxychloroquine does not result in the reduction of mortality of hospitalized COVID-19 patients, when compared with standard of care" (WHO UN).

In July, "The 2020 edition of the UN's 'State of Food Security and Nutrition in the World' was published, which forecasted that the COVID-19 pandemic could tip over 130 million more people into chronic hunger by the end of the year" (WHO UN).

Looking forward, the International Labor Organization predicts that the "recovery modelling for the second half of 2020, even the most optimistic scenario assumes that global loss of working hours would fall by 1.2 per cent (equivalent to 34 million full-time jobs), compared with the last three months of 2019" (ILO)

***Discussion of the Topic*:**

While COVID-19 has affected communities across the world, the effect on marginalized groups has been distinctive for a number of reasons. Underserved and under-resourced communities affected by financial insecurity, decreased access to health care, malnutrition, unemployment,

housing insecurity, increased population density and higher rates of underlying conditions are increasingly vulnerable to COVID-19 due to systemic inequalities deeply rooted in global society.

In this committee, we will be discussing how COVID-19 specifically affects marginalized ethnic and racial minorities, impoverished communities and LGBTQ+ groups. We will be working towards resolutions that support these underserved communities, and seek to lessen the pandemic's intense and diverse impacts on vulnerable groups.

In China, "COVID-19 has affected vulnerable populations disproportionately across China and the world. Solid social and scientific evidence to tackle health inequity in the current COVID-19 pandemic is in urgent need" (Wang 2020). Whether its preexisting conditions or economic vulnerability, COVID-19 has clearly devastated some groups to a greater extent.

The United States is another notable example of how the pandemic is affecting racial and ethnic minorities to a far greater extent. Evidently, "Black and Latino people have been disproportionately affected by the coronavirus in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups" (Oppel 2020). Black and Latino individuals have been 3 times more likely to contract the virus than their white counterparts, and "And Black and Latino people have been nearly twice as likely to die from the virus as white people" (Oppel 2020). The systemic racism that plagues many countries, including the United States, penetrates deep into the healthcare system and other crucial institutions. It has been documented that,

> *"biases held by health care workers when treating COVID-19 patients can determine things like who gets admitted into the hospital versus getting sent home to rest, who gets*

rushed into testing versus sitting around in the waiting room, and who is put on the next available ventilator. "Reports show that even when controlling for insurance status, income, age, and condition severity, people of color tend to receive lower-quality healthcare than white people do"" (Bridges 2018 via MHS 2020).

Prior to the pandemic, health care inequalities were already significant. The COVID-19 pandemic has highlighted and exacerbated the deep seated inequities within the United States and global health care systems. As of early September, "Black & Indigenous Americans experience the highest death tolls from COVID-19" in the United States (APM). Similarly, racial and ethnic minorities in the United Kingdom have been disproportionately affected by COVID-19. In the U.K., "National Health Service (NHS) health-care staff from ethnic minority groups seem to have died in disproportionate numbers from COVID-19, even when accounting for the high proportion of people from these groups who are employed in the NHS and work on the front line" (Bhala 2020). Evidently front line health care workers who are members of minority groups are impacted more significantly, have higher mortality rates, than their white peers who work in similar settings.

Due to systemic economic inequalities, BIPOC (Black, Indigenous, and Persons of Color) are more likely to have to work through the pandemic to maintain their positions and a steady income, leaving them more vulnerable to the virus. Women and racial and ethnic minorities and also more likely work 'essential' jobs during the pandemic. In Los Angeles California, U.S., "more than 85% of warehouse and delivery workers… are people of color and 53% are foreign-born" (CBS).

Underinsured and economically vulnerable populations are also more likely to have underlying conditions that can leave them less able to fight off the COVID-19 virus.

Another complication that arises from underlying conditions affects HIV and AIDS patients (Sevelius 2020). HIV/AIDS patients are severely immunocompromised and require significant medical care to suppress the HIV virus, and manage their fragile immune systems, “COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV” (WHO UN).

Block Positions:

All countries have handled the global COVID-19 pandemic differently. There are many considerations that go into creating health policy to combat an emergency situation like this pandemic. Consider your country’s priorities: is the economy a major issue for your country, has this affected how lockdown orders have been issued? Does your country prioritize individual freedom, or communal responsibility more? How have these distinct governing philosophies informed COVID-19 policy?

Please align your positions and research with the actions taken by the government of your country. There may be large opinion groups within your country that wield certain types of social and economic power, and these different opinions can and should be discussed, but make sure that your main policy research is focused on your government’s response and that in committee you are acting in alignment with the main ruling body of your respective countries.

Questions to consider for your country’s research:

Basic/Background questions:

1. How has the pandemic affected your delegation's nation as a whole? What are your case and mortality rate statistics generally and among minority populations?
2. Have there been resource and supply shortages in your country as a whole, or in parts of your country?
3. What has your country done to address the pandemic? How prepared were you, how did your government respond?
4. How do your citizens perceive your governmental response? Positively? negatively?
5. How has the pandemic affected unemployment rates in your country?

Position Based Questions:

1. To what extent has your government prioritized public health through lockdown measures, business restrictions, distancing guidelines etc. over economic policy that supports employment and continued functioning of the economy? Has one been favored over the other? Has your country managed to do both?
2. What is your country's support policy towards minority ethnic or racial groups? Have these communities received extra support?
3. What is your country's support policy towards socio-economically vulnerable individuals? Have these communities received extra support?

4. Has the pandemic changed your country's approach to health care, health care access, or health insurance coverage?

5. How has your country handled worker's rights during the pandemic? Any changes?

Sources:

Bhala. " Why Are Ethnic/Racial Minority Groups, Seemingly, Being Disproportionately Affected by COVID-19?" *The Lancet*, Elsevier, 2020.

Bridges, K.M. (2018, August). Implicit Bias and Racial Disparities in Health Care. Human Rights Magazine. Retrieved from https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/

CBS. "Pandemic's Front-Line Work Falls on Women, Minorities." *CBS News*, CBS Interactive, 2020, www.cbsnews.com/news/fontline-work-women-minorities-pandemic/.

ILO. "Hard Times Forecast for Global Job Recovery in 2020, Warns UN Labour Agency Chief | | UN News." *United Nations*, United Nations, 2020, news.un.org/en/story/2020/06/1067432.

Oppel, Richard A., et al. "The Fullest Look Yet at the Racial Inequity of Coronavirus." *The New York Times*, The New York Times, 5 July 2020, www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html.

Sevelius, Jae M. “Research with Marginalized Communities: Challenges to Continuity During the COVID-19 Pandemic.” *Shibboleth Authentication Request*, 2020, link-springer-com.stanford.idm.oclc.org/article/10.1007/s10461-020-02920-3.

Sheposh, Richard. “Coronavirus 2019 (COVID-19).” *Salem Press Encyclopedia of Health*, 2020.

Wang, Zhicheng, and Kun Tang. “Combating COVID-19: Health Equity Matters.” *Nature News*, Nature Publishing Group, 26 Mar. 2020, www.nature.com/articles/s41591-020-0823-6.

WHO UN. “Coronavirus Disease (COVID-19) - Events as They Happen.” *World Health Organization*, World Health Organization, 2020, www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen.