



# WORLD HEALTH ORGANIZATION



## TOPIC A: THE BIOETHICS, REGULATION, AND FUTURE OF GENOMIC MODIFICATION

We are in the midst of what many have come to think of as perhaps the most dramatic shift in modern healthcare's history. The future of medicine and international healthcare may very well lie in genomics, the interdisciplinary field of science that has to do with the human genetic code and the very blueprint of who we are. Since the characterization of CRISPR-cas9 in 2012, to its first - and highly controversial - use in human embryonic research in China in 2015, to the efficient modification of human embryos to repair genetic defects in the United States in 2017, the world has come an astonishingly long way in the progression of genetic technology in a short 6 years. We are now moving into an age where genetic modification is becoming a reality, and the implications are both far and wide and everything possible in between - how we approach medicine, how we define health; we see today that already, genetic engineering and genomic principles are making their way into modern medicine and healthcare. But there's also the potential for change in ways that are quite frightening, where geneticists are capable of doing the impossible - playing God and defining humanity. And as we enter this new age, we enter with the understanding that there are going to be new rules - which ultimately poses the question: what will they be, and who will be the first to break them?

I'm particularly excited for this topic because in my opinion, advances in genomics has the potential to be one of the most revolutionary and historical developments in our lifetime, and as we grapple with the momentous implications, remarkable potential, and grave ethical questions, we must consider the holistic picture. One of the themes that I wanted to emphasize with this topic was the future and what that entails; it's incredibly interesting to think about how different the future will look - after all, just 65 years ago, we didn't even know that DNA was a thing. And chances are, 65 years from now, we'll still be around to witness how the future looks. In order to emphasize this theme, this topic will adopt a new procedure that you can imagine as a unique hybrid of a chronological crisis storyline blended into traditional parliamentary procedure. Some of the avenues that we will explore and the discourse that we will share will inevitably touch upon an incredibly diverse and interdisciplinary intersection of healthcare, science, politics, regulation, ethics, technology, social issues, and of course, international relations. As you begin your research, I encourage you to keep the following questions in the back of your mind, since there is no doubt that many of these questions will come to define both our committee in a few months and the very essence of healthcare in a few years. How does genomic medicine and genetic engineering exist today? What's the difference between genomic medicine and modification? How might this change? What are the challenges that still exist before making human genetic modification a reality? What can you anticipate happening in the future, and how may the future of medicine and healthcare come to be defined by genetic principles? What ethical implications exist, and what are the inevitable social byproducts of these implications? How can we regulate this technology?

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## TOPIC B: ADDRESSING MENTAL HEALTH IN CONFLICT AND POST CONFLICT REGIONS

Armed conflicts resulting from interstate, intrastate, or state-formation disputes are often highly contentious and have been well documented to be detrimental toward state institutions, infrastructures, and governance by resulting in a host of political, economic, and social issues, as well as destructive towards the wellbeing and security of the local civilian population. An issue that is oftentimes overlooked, however, is the effect that armed conflict can have on mental health, and the pervasiveness of mental health issues that are often both the direct and indirect byproduct of armed conflict and post-conflict rehabilitation. With this topic, we will more closely examine characteristics of active conflict and post-conflict zones - what defines them and what lingering issues remain - and then shift the conversation to their correlation to the incidence and prevalence of mental health disorders in these regions. A significant amount of epidemiological research suggests that civilian populations affected by war and conflict suffer from PTSD, depression, and anxiety, among other disorders, at a significantly higher rate than other populations. We will be taking a human rights based approach to examine an intersection of themes that include mental health in conflict/post-conflict zones, rehabilitation of societies following conflict, lingering psychological wounds, refugee displacement, and direct and secondary consequences of conflict on mental health.

One of the reasons why I chose this topic and why I think this topic is so important is because mental health frequently gets overlooked, especially in the context of areas affected by conflict or areas recovering from conflict. Physical health problems are easily apparent and clearly noticeable, but mental health is not only more difficult to identify, but also results in longer lasting communal wounds. Additionally, international bodies and health workers are generally inadequately equipped to deal with these issues. One of the key themes that I would like you to think about is the difficulty of addressing mental health issues, and why rehabilitation for many of these regions is so challenging. Issues pertaining to mental health oftentimes extend beyond just individual impact; in many cases, the collective psychological functioning of communities are torn down by trauma, resulting in a host of problems that include impediment of economic growth and breakdown of post-conflict peace. Because children are among the most vulnerable demographic groups, entire generations are often crippled by mental health issues that are resultant from conflict. As you begin your research, I recommend considering a holistic view of how mental health is related to conflict. Just because the two are correlated doesn't mean that it's straightforward, so consider the causes and effects of each. In my opinion, one of the best ways to research this topic is to read up extensively on case studies. Apart from the ones in the topic synopsis, there is a large host of epidemiological research that specifically examines mental health in many of the conflict and post-conflict regions within the last few decades. Try to see how each situation is unique, as well as what common themes exist.