

McKennaMUN VIII Background Guide



World Health Organization (WHO)

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Claremont McKenna
College**



**McKENNA
MUN**

DIRECTOR'S LETTER

Dear Delegates,

Welcome to McKenna MUN 2020! My name is Gemma Sykes and I am so excited to meet all of you as your director for The World Health Organization! During this committee and throughout the conference, I hope that as delegates you will all grow, honing your diplomacy skills and immersing yourself in pressing issues.

A little bit about me—I am from Shanghai, China and am a senior studying Politics, Philosophy, and Economics (all one major!). Besides Model UN, I am a board member of Claremont Women in Business, a tour guide, and work in the admissions office. My passion for Model United Nations, and the World Health Organization comes from my belief that concerted international effort has a unique ability to bring people together will improve the quality of life worldwide. The World Health Organization in particular has great potential: cures and policy solutions exist, yet millions still suffer. I believe this is a failure of diplomacy and international cooperation—a failure we have the opportunity to correct I hope that every delegate will leave this committee more informed and passionate about the urgent matters facing international health. Please feel free to reach out before the conference if you have any questions, and I look forward to meeting all of you!

INTRODUCTION

The World Health Organization (WHO) is the preeminent international body set up to address the wide range of issues concerning human health. Founded in 1948, a mere three years after the creation of the United Nations, WHO was established with the guiding principle that “all people should enjoy the highest standard of health, regardless of race, religion, political belief, economic or social condition.” WHO’s focus can be boiled down into three umbrella categories: universal health coverage, health emergencies, and health and well-being.

By addressing all three categories, WHO’s work is quite in scope, ranging from disease prevention and elimination to emergency response to antimicrobial resistance. Guided by the United Nations Sustainable Development Goals, WHO works with NGOs, governmental agencies, and local non-profits to coordinate a worldwide health effort. WHO has had numerous successes during its time, notably its leadership in eradicating smallpox and its Framework Convention on Tobacco Control, two serious worldwide health hazards. But it has also faced its share of struggles, most notably its slow response to the Ebola epidemic in West Africa a few years ago. Currently, a slew of pressing issues face WHO; two of the most pressing are the topics this committee will consider: mental health and climate change.

Committee Introduction

Our committee will run much like the real World Health Organization—it will be considered a specialized agency of the United Nations under the organ of the Economic and Social Council. Headquartered in Geneva, Switzerland, WHO was founded by 61 states in 1948 and is now composed of 193 member states. Similarly, our committee will be made up of a diversity of countries—both in terms of geography and traditional political alliances.

WHO has three distinct bodies—the World Health Assembly, the Executive Board, and the Secretariat. The World Health Assembly is akin to the General Assembly of the United Nations—it is a body founded on the ideal of equality: each country has one member, all with voting power and WHO legislation is drafted and adopted in The World Health Assembly. This committee will take place within The World Health Assembly. Thus, all countries are expected to have the same voice and the field is wide open for any coalition of countries to chart a new path forward for mental healthcare or climate change. Furthermore, each delegate will have one vote for all voting matters. I would encourage each delegate to endeavor to establish new coalitions, for there is no need to rely on historical partnerships. After all, the point of Model United Nations is to use diplomatic skills to forge new partnerships based on policy.

TOPIC A: MENTAL HEALTH

Introduction

Mental health is an often neglected, yet vital, aspect of health. The World Health Organization defines mental health as: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental health is understood to include our emotional, psychological, and social well-being. Recently, the medical field has started to assert that mental health is an incredibly important aspect of a person's overall health.

Mental health influences many aspects of daily life, including how people “handle stress, relate to others, and make healthy choices.” Furthermore, mental health affects physical health—in fact medical professionals are just now discovering that there is a strong link between the two: poor mental health often leads to poor physical health and vice versa.

Despite the growing alarm over the importance of mental health, the international community has taken little action to address this problem. In much of the world mental health resources are greatly underfunded, insufficient, or completely lacking. It will be the job of this committee to pave a way forward for the international community to comprehensively institute a better mental health system.

Topic History

Before WHO began to advocate for the importance of mental healthcare to the international community, a small but influential mental health advocacy movement had begun in America called the mental hygiene movement. Clifford Beers is generally credited with beginning the mental hygiene movement after he published his influential book, *A Mind that Found Itself*, chronicling his struggles with mental illness and his time in and out of mental hospitals. That same year, Beers and some colleagues established the American Mental Hygiene Society. The Society started with a simple goal: to improve the care mentally ill people received. As Beers stated, "When the National Committee was organized, in 1909, its chief concern was to humanize the care of the insane: to eradicate the abuses, brutalities and neglect from which the mentally sick have traditionally suffered." A decade later the Mental Hygiene Society went international, establishing chapters across much of the western world.

As the Mental Hygiene Society grew, so too did its mandate. It pushed the bill on mental health, advocating not only for better and earlier care, but for research, public education campaigns, and government support. While the founding of WHO and the subsequent International Congress on Mental Health replaced the Mental Hygiene Society as the preeminent international mental health organization, it is credited with bringing mental health to the attention of the public and international medical community. In fact, up until the 1960's, the French (an official

UN language) translation of “mental health” was “Hygiène Mentale,” which clearly reflects the impact of the Mental Hygiene Society.

While mental health has always existed, it was not widely used as a term in the medical field until the mid-20th century, around the same that WHO was founded. Since its founding in 1948, WHO has had an administrative section devoted to mental health. This section was set up to fulfill WHO’s declaration in its preamble that “health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”

While mental health is often thought of as simply a lack of mental illness, WHO has very clearly stated that “mental health” is far more complex and difficult to attain. In an early meeting of WHO’s commission on mental health, international experts defined mental health as a “condition subject to fluctuations due to biological and social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others; and to participate in constructive changes in his social and physical environment.” This 1948 definition of mental health as a fluctuating condition, not merely an absence of debilitating mental illnesses, is one of the most progressive definitions of mental health to be codified by the international community.

For a time WHO wasn’t the only international body concerned with mental health. The same year WHO was founded, the First International Congress on Mental Health convened in London.

The Internal Congress on Mental Health was a meeting of mental health experts, and over the course of the session the delegates worked together to create innovative policies, descriptions, and prescriptions of mental health. But ultimately, The Congress fell victim to international politics, as countries splintered over whether to use the terms “mental health” or “mental hygiene.” Furthermore, because The Congress was convened by the international community so soon after World War II, discussions tended to fall back towards what international cooperation should look like in a post-war world. While The Congress was successful because it codified mental health policy, it also was hampered by the great challenge of international cooperation: politics. While international politics certainly influences WHO’s work, because it is part of The United Nations, the largest international institution, politics do not pose the same threat they did to The Congress.

Yet WHO still faces several large problems it has been unable to solve. In the 70 years since WHO’s founding one important agreement continues to be missing: a definition of mental health. Furthermore, while the international community has more insight than ever before into how to treat mental illness and promote mental health, most of the world continues to lack adequate access to mental health services. Let us now turn to a more detailed look at the state of mental healthcare today.

The Issue

Mental health is an integral component of overall health. Not only does mental health account for an individual's thoughts and emotions, mental health can affect almost every other component of a person's life, from physical ailments to social happiness. Furthermore, many individuals suffering from poor mental health face a myriad of human rights violations and discrimination. While it is easy to make the case for the importance of adequate mental health care, it is much harder to create impactful solutions. Because mental health is individual and often invisible, it is very difficult to locate its causes and address its consequences.

The causes of poor mental health are very broad—they range from the chemistry makeup of a specific person's brain to wider social-cultural factors. As WHO stated in its 2013 Mental Health Action Plan, "Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviors and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders." Because the causes are so wide-ranging, comprehensive mental health action is extremely difficult. For example it is easy enough to fund and staff a mental health clinic in a rural, impoverished community in a developing country. But if that community is also war-torn,

has a stigma against mental health, or is malnourished, mental healthcare will have little effect, for the causes of poor mental health all linger.

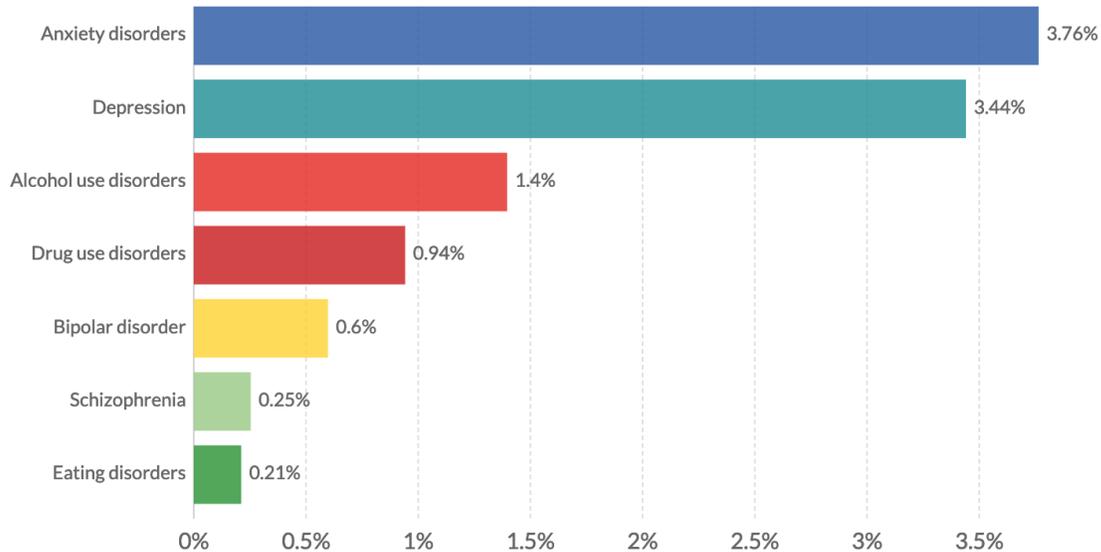
Furthermore, there are often specific individuals that are often at risk for poor mental health due to societal or cultural factors. For example, gay, lesbian, and bisexual people who live in countries that stigmatize, criminalize, or otherwise shame people of those sexual orientations are more vulnerable to poor mental health due to negative societal policies or culture. Even in the United States, a country where gay marriage is legalized, “lesbian, gay, and bisexual youth are four times more likely to attempt suicide than straight youth. The important lesson is that mental health can be largely influenced by society.

While mental health is a condition which, as noted earlier, can fluctuate and is a spectrum, more permanent mental disorders are also a common problem within the larger realm of mental health. Just as important as addressing and alleviating the conditions that lead to poor mental health, so too is expanding and innovating care for people with mental disorders.

Prevalence by mental and substance use disorder, World, 2017

Share of the total population with a given mental health or substance use disorder. Figures attempt to provide a true estimate (going beyond reported diagnosis) of disorder prevalence based on medical, epidemiological data, surveys and meta-regression modelling.

Our World
in Data



Source: IHME, Global Burden of Disease

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Well known mental disorders include depression, bipolar disorder, schizophrenia, and attention deficit disorder, the full list of mental disorders is actually quite long; it numbers 200 different disorders and includes disorders such as anorexia and seasonal affective disorder. Just like for mental health, the international community’s understanding of mental disorders is still rapidly evolving. For example, while depression used to be stigmatized almost universally and people with schizophrenia were written off as “crazy,” more and more people are starting to agree that these disorders are just like any other illness. But the world still has a long way to go—even some of the most progressive thoughts on mental illness may be overturned decades from now.

Currently, much of the language surrounding mental disorders casts people suffering from these disorders as “not normal.” I would urge this committee to adopt a progressive stance towards how to think of those with mental disorders. There is no normal—every person is different and ought to be met where they are. This is a sensitive topic, and I urge all delegates to use compassion and empathy when discussing these issues in committee.

Horrible consequences still exist for those with mental disorders. Individuals with mental disorders experience much higher figures of disability, and are likelier to die at a younger age than individuals without mental disorders. Furthermore, mental disorders frequently have a two-way relationship with physical diseases, as each illness strengthens the other. There is also a strong, documented link between homelessness and extreme poverty and mental illnesses, as mental disorders often cause and are caused by both homelessness and high poverty. Having just summarized the high level importance of, and difference between, adequate mental health and mental disorders, let us examine the state of mental health care worldwide.

Today, there exists a large gap between those who need treatment and those who receive care. According to WHO, “Between 76% and 85% of people with severe mental disorders receive no treatment for their disorder in low-income and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50%.” Furthermore, “The number of specialized and general health workers dealing with mental health in low-income and middle-income countries is grossly insufficient.” The number of psychiatrists worldwide is

nowhere near large enough to cover all cases of mental illness. Not only are medical professionals scared, so too is medicine: the availability of basic medicines for mental disorders in primary health care is notably low in comparison to medicines available for infectious diseases and even other non-communicable diseases.” The last major problem WHO has identified with current mental healthcare is the “lack of civil society movements for mental health in low-income and middle-income communities.” Civil society movements are critical for promoting improved and expanded access to adequate mental healthcare. These three problems: lack of medical professionals, scarcity of medicine, and underdeveloped civil society movements are the main causes for the large gap between those seeking treatment and those obtaining treatment.

Recently, WHO has launched several initiatives in order to change the landscape of mental healthcare. Prior to 2013, WHO created two notable smaller-scale initiatives: the Mental Health Atlas to track and share mental health data and the Mental Health Gap Action Programme, a training program for impoverished communities. But in 2013 WHO passed its most comprehensive action on mental health to date: the 2013-2020 Mental Health Action Plan, which will henceforth be referred to as the Mental Health Action Plan.

The Mental Health Action Plan laid out four objectives: to strengthen effective leadership and governance for mental health; to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; to implement strategies for the promotion and prevention of mental health; and to strengthen information systems, evidence,

and research for mental health. Through these four objectives, WHO hopes to tackle the underlying causes of poor mental health and provide care to those in need. The Mental Health Action Plan serves as an example of what international cooperation around mental health may look like.

Key Actors

Global mental health cooperation is a fairly new phenomenon because it emerged onto the world stage relatively recently. As a new issue being increasingly considered by the international community, mental health policy has an exciting advantage over other common issues because there are few pre-established bloc and country positions.

Most countries today agree that mental health is a serious problem that must be addressed, even if stigmas around mental health still persist worldwide. Yet the state of mental health care varies drastically across the world. These differences may play out in committee, as countries with less mental health care infrastructure could push for more ambitious resolutions while countries that already have extensive mental health care may advocate for more limited action. However, I would like to stress that delegates should feel free to advocate for their positions freely—within reason of country position—especially given the limited history of bloc positions.

Western European countries have some of the best mental health systems in the world, and

many of these countries have universal healthcare with mental health services included.

However, these countries do not have to deal with a lot of the systemic factors of poor mental health—Western Europe has some of the lowest rates of poverty and homelessness of anywhere in the world. While these countries can serve as a model, and have provided funding and training to mental health workers worldwide, it is also important to consider the differences between these successful systems and what would be needed to create successful systems in other countries.

Looking Ahead

Any mental health solution must take into consideration the role of WHO in creating long-lasting institutions to create and sustain systems of mental healthcare. Furthermore, solutions must address both the underlying causes of poor mental health and provide treatment for those suffering from mental disorders and substandard mental health.

Solutions intended to grapple with the underlying causes of poor mental health are very broad because so there are so many factors that influence poor mental health. While delegates should collaboratively come up with a myriad of solutions, I will briefly outline a few solutions intended to alleviate poor mental health factors. Three of the leading causes of bad mental health are: childhood abuse, trauma, or neglect, poverty and homelessness, and drug or alcohol misuse. Thus, addressing these areas has a high potential for impact. Solutions that address childhood abuse, such as implementing greater childcare support or child advocacy centers, have the

ability to make an important and early impact on children’s mental health. Poverty and homelessness are problems that are often entrenched in a number of societal policies and thus very difficult to address, but there are still attainable solutions that WHO could implement, such as creating international standards on homeless care or providing funding and support to increase the number of homeless shelters. School programming on the effects of drug and alcohol abuse, community intervention, or creating and proliferating internet-based programs.

Solutions should also focus on providing care to those who already suffer from poor mental health or mental disorders. Solutions here include expanding mental health clinics, therapists, and psychiatrists. Furthermore, subsidizing costs of medicine would allow those unable to pay high medicinal prices to access vital medicine. Creating community and family educational programming would allow those suffering to seek support from a more empathetic and understanding group of family and friends. As is apparent, mental healthcare is a multifaceted issue that requires educational, medical, cultural, and institutional solutions.

Questions to Consider

1. What is the right balance between addressing the underlying causes of mental disorders and poor mental health and providing help to those who already suffer from mental

disorders or poor mental health, especially considering the limited resources at the international community's disposal?

2. Given different cultural stigmas, how can the international community craft a plan that destigmatizes mental health while respecting cultural differences?
3. How can the international community best help countries and local communities with such broad differences from each other? Is a one-size-fits all plan, which is easier to create and execute, better than a larger, more varied plan?
4. How should countries that have very different levels of mental healthcare cooperate and help each other?

TOPIC B: CLIMATE CHANGE

Introduction

Climate change poses one of the greatest—if not the greatest—threats to human health that humanity has ever seen. The implications for humanity's future are profound and universal, but the consequences of climate change are already here: temperatures, droughts, heatwaves, higher precipitation, and extreme weather patterns are all at record highs.

While climate change is somewhat difficult to conceptualize as a health hazard because it is not a contractible disease or treatable by a medical professional, the effects of climate change have

enormous effects on human health. As WHO states, “continuing climate change will affect, in profoundly adverse ways, some of the social and environmental determinants of health such as food, air and water.” While WHO may seem like an odd place to consider and debate climate action, it is actually imperative to view climate change from a health-based perspective. Viewing climate change from this perspective has the potential to unite an international community that has only managed fractured past climate action.

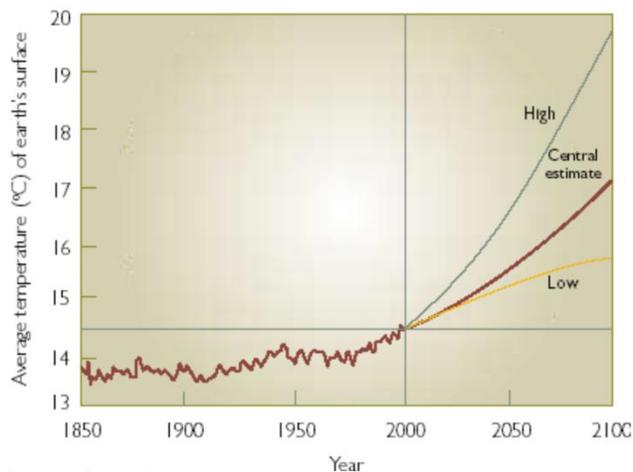
Topic History

Climate change, which is defined as the gradual warming of the Earth’s atmosphere, is human-caused. In the 19th century, as much of the West started industrializing, humans began to burn fossil fuels. As industrialization spread across the world and economies globalized, fossil fuels were burnt at previously unimaginable levels as they helped provide energy for factories, homes, and transportation. Up until the late 20th century, most research and political action for climate change occurred in the West, specifically America, which is not surprising given that America and Europe were the world’s largest emitters of greenhouse gases for over a century.

As fossil fuels are burned they release carbon dioxide into the atmosphere. In turn, the carbon dioxide increases the Earth’s temperature, and lingers, creating a layering effect as carbon dioxide continues to build. But it took over a century from the beginning of the industrial revolution for a scientist to hypothesize that emissions from fossil fuels raise temperatures. In

1896, Svante Arrhenius, a Swedish scientist, put forth this idea, which is now known as “the greenhouse effect.” But he was dismissed by many of his contemporaries and climate change did not receive substantial attention from the scientific community for another 30 years.

Figure 1.2 Global temperature record, since instrumental recording began in 1860, and projection to 2100, according to the IPCC



By the 1930's, it was evident that the planet was warming, especially in North America and Europe. But it still took another 20 years for scientists to begin to pinpoint the culprit: fossil fuel emissions. Driven by an increase in American government funding during the cold war, scientists begin to produce studies showing that carbon dioxide did cause atmospheric temperatures to rise. From there, research only grew as scientists used archeological records to access previous temperature levels, took larger measurements of carbon dioxide levels, and created mathematical climate models.

By the 1970's the American public became more engaged on climate change as the environmental movement began to gather support. But as the book, *The Discovery of Global Warming* notes, "the response [to the environmental movement] was vehement." Fossil fuel corporations such as Exxon, Mobil, and Shell became increasingly worried about the severe threat climate change posed to their business models. They began to fund their own scientific teams to research how fossil fuels were affecting the environment. In 1989, the world's major fossil fuel companies founded the Global Climate Coalition, which opposed governmental regulations around carbon emissions and began producing its own "scientific papers" which claimed that climate research was inconclusive.

In America, the business interests largely won out. But concern for rising temperatures began to spread worldwide, and in 1988 The United Nations Intergovernmental Panel on Climate Change (IPCC) was formed. According to their mission statement, "the objective of the IPCC is to provide government at all levels with scientific information that they can use to develop climate policies." With the development of IPCC, the international community had a body of objective scientific knowledge. Armed with evidence that climate change posed a serious threat to humanity, the next decade saw a rush of international cooperation to combat climate change.

In 1992, the first large-scale international climate agreement was adopted. One hundred and fifty-four countries signed on to the United Nations Framework Convention on Climate Change (UNFCCC), which "agreed to stabilize greenhouse gas concentrations in the atmosphere at a

level that would prevent dangerous interference with the climate system.” Notably, the UNFCCC was not legally binding because it set no mandatory limits on greenhouse gas emissions. And by only a few years later, it was clear that the non-mandatory nature of UNFCCC was not sufficient to reign in emissions.

The Kyoto Protocol, held in 1997, updated the UNFCCC and “included legally binding emissions targets for developed countries.” Furthermore, the treaty mandated that developed countries emissions be closely monitored by an international body. Notably, The Kyoto Protocol only called on developed countries—which at the time did not include China or India—to reduce their emissions. As will be detailed later in this background guide, how to divide responsibility between developed and developing countries is a major tension in climate negotiations. While more than 150 countries signed the treaty, including the United States, The United States Congress never ratified the agreement, withdrawing The U.S. from the treaty. With the world’s largest emissions producer (at the time), effectively disregarding the treaty, other countries felt like they had little incentive to keep to the terms of the treaty. In a few short years, the Kyoto Protocol fell apart.

Until 2009 large-scale international action was limited. Recent action will be detailed later in this background guide, but the history of international climate action shows the numerous difficulties faced by anyone attempting to implement a world-wide climate policy. Not only do countries around the world need to sign on—a difficult task to accomplish given that many countries are in

different periods of industrialization—countries need to have strong incentives to uphold the terms of any international deal.

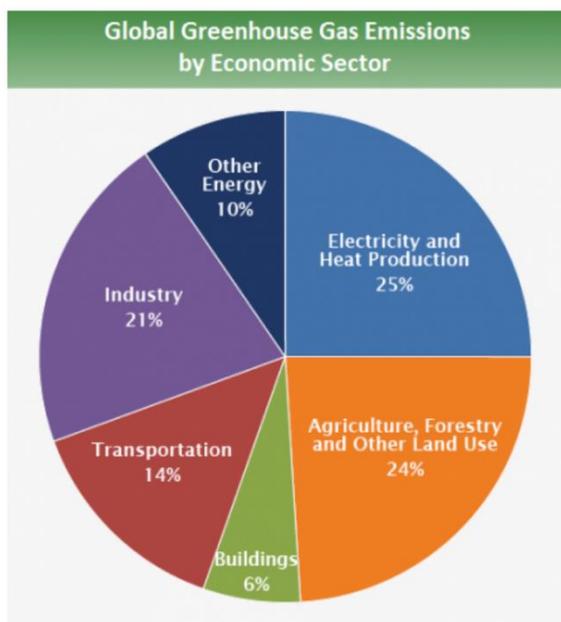
The Issue

The World Health Organization is still very clear about the risks posed by climate change:

“Populations of all animal species depend on supplies of food and water, freedom from excess infectious disease, and the physical safety and comfort conferred by climatic stability. The world’s climate system is fundamental to this life-support.” Because the risks posed by climate change are so broad, it is important to consider the different faces international climate action would have to address.

First and foremost, continual research is needed in order to monitor and predict the effects of climate change or any policy intended to reduce global temperatures. The IPCC is largely the group responsible for monitoring and research, but WHO also has their own “monitoring science and evidence” branch. One of the most important variables is the worldwide temperature, which is currently predicted to rise as many as five degrees Celsius by the end of the century. Most scientists consider a global rise in temperature by this level to be catastrophic and potentially irreversible. Nevertheless, continual research is vital in order to inform the international community of the state of climate change.

Of course, in order to reduce climate change, there must be effective policies in place. In order to understand effective policies, it is important to know where exactly greenhouse gas emissions come from. The top three sectors responsible for global emissions are: electricity and heat production, agriculture, forestry, and other land use, and industry. Each of these sectors is responsible for over 20% of greenhouse gas emission. While more detailed policies will be discussed later in this background guide—and left to delegates to research on their own—it is important to note that recent climate action has tended to focus on reforms in these areas.



Source: The Environmental Protection Agency

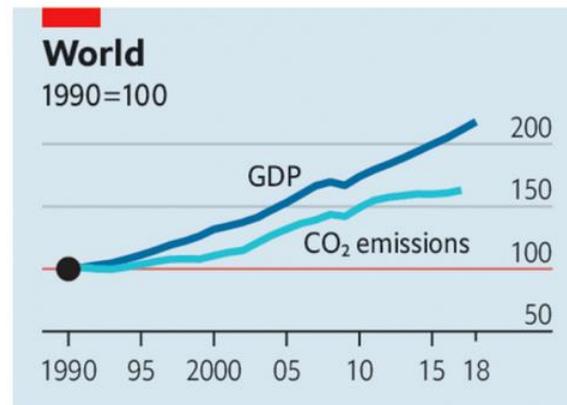
There are two main tensions that make international cooperation on climate change so difficult. The first has to do with disagreement over whether reduction targets should be equal—whereby all countries would be expected to reduce their emissions at the same weight—or country-

specific—whereby developed countries, having already industrialized, would be required to reduce emissions at a faster clip than developing countries. The second large tension is more a byproduct of the human condition: people are very comfortable with their current way of life. Things that have contributed to climate change, such as cars, planes, meat, and electricity, have also made modern lifestyle incredibly comfortable, pleasurable, and convenient. Thus, combating climate change often involves giving up certain lifestyle choices, such as not eating meat that many people are often unwilling to make.

Which countries should combat climate change most aggressively and quickly? Given that countries are in vastly different places in terms of industrialization and development, should all countries, regardless of their level of development, institute the same climate policies? These questions are one of the largest tensions within international climate negotiation. Countries with large economies, like The United States and China, have reaped the rewards of industrialization, yet the entire world will share the negative impacts of a warmer planet caused by this industrialization.

It is even predicted that developing countries might be disproportionately impacted by climate change because their economies are more reliant “on climate sensitive sectors such as agriculture, forestry, and tourism.” Thus, developing countries have argued that developed countries should have more ambitious emissions-reduction goals, not only to pay their fair share, but because applying the same emissions standards to countries still that are industrializing

would hamstring their economies. Yet developed countries respond that without unified international action, no country will have an incentive to meet their goals. If countries are held to different standards, those with higher targets may balk, asserting that it is an unfair agreement. Figuring out a way to find an answer to this debate will be a central component of any global climate agreement.



The Economist

The modern, globalized economy has brought materials and services that have made life more convenient than ever before. Airplanes, cars, microwaves, electric lights, mobile phones, grocery stores stocked with produce from around the world, washers and dryers, or cheap clothes, are now staples of everyday life in many countries. They are widely used because of their convenience and benefits—they allow humans to travel faster, communicate easier, and eat a wide array of foods.

Yet all these things all produce greenhouse gasses and indirectly contribute to climate change.

Thus, reducing emissions likely means making lifestyle changes, or at least transforming the

economies of these sectors as we know them. For example, to reduce greenhouse gasses someone could stop driving a car or they could help develop electric cars. Likely, some mix of the two approaches are needed—lifestyle changes and investment in renewable replacements.

Let us turn back to international agreements. The Paris Agreement, ratified in 2016, is the latest and most ambitious international agreement to date. The Paris Agreement attempted to walk the line on both of these tensions—it created a system of nationally determined contributions (NDCs) that specified what each country’s emissions targets should be by “taking into account its domestic circumstances and capabilities.” The Paris agreement also advocated for both lifestyle changes and investment in sustainable replacements. It serves as a guide for how the international community can navigate their internal disagreements.

Key Actors

As the world’s largest per capita emissions producer and biggest economy, The United States has an outsized influence on international climate action. Without the United States on board, any international treaty would have little effect. In the past, The United States has been incredibly difficult to please when it comes to international agreements. The United States famously rejected the Kyoto Protocol and more recently, under President Donald Trump, pulled out of The Paris Agreement. With much of the worldwide fossil fuel industry based in The United States, the country is often recalcitrant to commit to ambitious emissions reductions. Likely, The United States will seek a resolution that does not completely disregard the fossil fuel industry, but one

that carves a slow path from our current worldwide reliance on fossil fuels to new sources of energy.

China is the world's highest polluting country, responsible for almost 30% of worldwide emissions. With an economy that has, until very recently, been based on manufacturing, densely populated urban areas filled with cars, and a serious smog problem, China's cooperation for international climate action has become vital. China has recently shown a desire to reduce its emissions and to cooperate on international agreements. In 2011, China launched a "massive national action plan: halting the growth of coal consumption, improving air quality, and helping the country limit emissions overall." Furthermore, China has invested heavily in electric vehicles and renewable energy—it is now "the world's largest producer, exporter, and installer of solar panels, wind turbines, batteries and electric vehicles." China is striving to set itself up as the world leader in these new energy sources.

There are several other high-polluting states who may seek a longer path to climate sustainability so that their economies can continue to grow. These states include: India, Saudi Arabia, and Russia, among others. And while many countries in Europe are large polluters, The European Union has been a global leader on climate action. In the 1990's, The European Union adopted a two degree Celsius limit, 20 years before The Paris Climate Accord was ratified with the same limit. Furthermore, several European countries have long been proponents of

renewable energy—for example Norway currently generates 97% of their energy from renewable sources and Sweden has committed to becoming 100% renewable by 2040. The European Union has emerged as global advocate for ambitious climate change policies, especially as America’s stature on this issue has receded. But, The European Union contends that emission cuts must be a global effort—a position that some developing countries find unfair.

Developed countries' economies have benefited greatly from climate-burning fossil fuels. Their large economies often correlate with large amounts of greenhouse gas emissions, a point not lost on developing countries, who often argue that they also ought to have an opportunity to reap the economic benefits of industrialization.

Looking Ahead

As stated earlier, policies in the heaviest-emitting sectors have the greatest potential for immediate and long-lasting change. The highest emitting sector, energy and heat production, has perhaps the most well-known and controversial solution: renewable and nuclear energy.

Renewable energy includes biomass, hydropower, geothermal, wind, and solar—"energy sources that are naturally replenishing but flow limited." "Flow limited" means that these sources are limited in the amount of energy that is available per unit of time. These energy sources also produce little to no greenhouse emissions, as, unlike with fossil fuels, harvesting energy from

these sources does not produce carbon dioxide as a byproduct. Any comprehensive resolution should include detailed policy on investment and implantation of renewable energy. If the world is to continue to live in a similar level of comfort as it does today, it will still need to produce massive amounts of energy. Renewable energy is one of the best ways to do so in a climate-friendly matter.

Similarly, nuclear energy promises an energy source with little carbon emissions. However, nuclear energy is a highly controversial issue, with many countries decommissioning nuclear plants or refusing to build new ones. Nuclear waste, which is a byproduct of the nuclear energy process, can take hundreds of years to decompose and must be buried deep underground. Additionally, there have been several high profile nuclear reactor meltdowns which have had catastrophic, long-lasting health effects on the surrounding area. Any policy which incorporates nuclear energy must balance the pros and cons of this controversial, but powerful, energy source.

The second emitting highest sector is agriculture, forestry and other land use. Within this sector, agriculture—the cultivation of crops and livestock—and deforestation account for the majority of emissions. Modern agriculture relies heavily on fertilizers and complex irrigation systems. But both processes increase nitrogen in the soil, which in turn produces nitrous oxide, a greenhouse gas. Better soil management policies are extremely important to consider. These include more obvious solutions such as a reduction in fertilizers in pesticides or research into ones that would

not pollute the soil. But soil management policies include progressive solutions such as lab-grown plants or hydroponic chambers. Livestock is also an enormous greenhouse gas emitter—specifically cows, who release large amounts of methane. Solutions here could take the form of public education campaigns to encourage people to eat less meat or research into the creation of lab-grown meats.

While these are only a few potential solutions, they illustrate the vast array of policy options delegates have at their disposal when crafting a resolution on climate change. My hope is that further research and collaboration will produce a variety of detailed, substantive resolutions whose particular merits will be scrutinized and debated.

Questions to Consider

1. How should a climate action resolution reduce emissions worldwide while still allowing industrializing countries a chance to industrialize? Is this even possible?
2. What incentives are needed to ensure that countries follow through on an international climate commitment?
3. What sorts of investments and research is needed to ensure that humans can continue to live lives of similar comfort to today while still greatly reducing their emissions?
4. What specific policies are needed to ensure emissions come down to a sustainable level and never rise again?

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