

Hilton 2022 Chair Letter

UNICEF — United Nations International Children's Emergency Fund

Committee Overview

Forced Child Labor in North Korea
Covid 19 Effects on Children's Mental Health
Childhood Immunizations in Developing Countries
Indigenous Children's Rights in Bolivia

Committee Description:

UNICEF will be run Harvard Style, meaning that resolutions are not to be written until the date of the conference itself. Any delegates found to be possessing resolutions written beforehand will not be considered for an award and the resolution will not be accepted. 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 should be turned in at the beginning of the conference or electronically to either chair by Friday at midnight.

All delegates are expected to come to the first day of the conference with a working knowledge of all or most of the topics as well as the policies of the countries that they represent. The purpose of the United Nations UNICEF Committee is to provide aid to people who face human rights violations as a result of cultural reasons. Delegates should work together in committee in order to prevent these issues and to help aid these Children in need.

ABOUT US:

My name is Muhammad Mbowe, I am a Senior at Pittsford-Mendon High School, and this is my fourth year doing Model UN and my second time chairing. Outside of MUN, I am one of the directors of my school's American Statesmen Initiative, which I really enjoy. I am also the treasurer of my class's student council, among other things. I am so hyped to be chairing at Hilton 2022! If you have any questions, feel free to email me.

Hi delegates! My name is Lilah Harvey and I am a senior at Penfield High School. This is my fourth year in Model UN and I am so excited to be chairing for the first time! Outside of committee, I am president of my school's NHS and an executive officer for my class council. I also love reading and traveling! Feel free to email me with any questions!

Email: Mbowe297@gmail.com

Email: lharvey2345@gmail.com

Forced child labor in North Korea

North Korea divides its jails according to the offense committed. Those guilty of treason are shipped off to "kwan-li-so." Kwan-li-sos are concentration camps primarily for political prisoners. Barbed wire and electric fences surround them. Each of these camps may house up to 120,000 people. Children are treated especially cruelly, yet those in charge of the camp keep them barely alive since they are essential as the next generation of workers. Despite the fact that the North Korean government denies the existence of kwan-li-sos, there are five recognized concentration camps. Children struggle from all forms of child labor that exist in North Korean culture, as well as additional labor required in the camp. Despite their horrible conditions, children are required to spend the majority of their time laboring to satisfy quotas. The children within, like the children outside the kwan-li-sos, are expected to gather scrap objects. Children in the kwan-li-sos, on the other hand, generally gather far more since the authorities punish them harshly. In addition, children are forced to do manual work.

Each kwan-li-so is big enough to support many schools. Yet, the level of education at the kwan-li-sos is significantly lower than in regular society's schools. A student in the traditional education system graduates after three years of middle school and three years of high school. The camp only provides education up to middle school, where fundamental Korean language and arithmetic are taught by prison guards rather than certified teachers. As soon as the children have a basic education, they are declared ready and dispatched to the coal mine or industry.

What can the UN do to help the children forced into these conditions? How can the UN help change the systems in place that are harming these children? What can be done to aid in the education of these children? How can the UN help reform North Korea without infringing on national sovereignty?

Sources:

<https://www.hrw.org/news/2017/02/13/north-korea-end-rampant-forced-child-labor>

<https://www.bbc.com/news/world-asia-57293167>

<https://www.wallstwatchdog.com/money-career/disturbing-ways-north-korean-kids-are-forced-into-child-labor/>

Covid 19 Effects on Children's Mental Health

During the COVID-19 pandemic, children faced significant disruptions due to public health safety measures such as closing schools, isolation, financial challenges, and gaps in health care availability. Numerous parents have confirmed poor mental health in their children all through the pandemic. May 2020, fairly soon after the Covid pandemic began, 29% stated that their children's emotional or mental health had already been harmed; new studies from October 2020 found that 31% of parents said their child's mental or emotional health was worse now than before the pandemic started. Some children have also displayed increased volatility, emotional neediness, and anxiety, as well as sleeping and eating problems. Access to care difficulties may be rising as mental health disorders among children become more prevalent.

Studies show that social distance and stay-at-home orders may have a severe impact on children's mental health, leading to loneliness and isolation, which are established risk factors for poor mental health outcomes. During the epidemic, about a quarter of high school students reported feeling isolated from their classmates. Loneliness has been linked to anxiety and despair in children, according to research. Furthermore, the duration of a child's loneliness is connected to mental health difficulties later in life. Pandemic-related isolation and quarantines may also cause some children to experience separation anxiety from their parents or caretakers, as well as dread of being infected themselves or with family members. Also, suicidal thoughts and suicides among teenagers may have increased in response to the epidemic, according to media accounts and a study of a pediatric emergency room. Prior to the pandemic, significant suicidal ideation were on the rise among high school students (from 14 percent in 2009 to 19 percent in 2019). In 2019, suicide was the second largest cause of mortality among teenagers (ages 12-17), accounting for 1,580 fatalities. The mental health crisis is predicted to continue and increase because of a lack of access to necessary mental health facilities and if policy makers do not step up could cause serious problems now and in the future.

How can the UN aid people who suffer from mental illness? What institutions or facilities can be put in place to assist in this crisis? How can the UN increase education about mental health? What solutions can be given to countries without impeding on national sovereignty?

Sources:

<https://www.unicef.org/press-releases/impact-covid-19-poor-mental-health-children-and-young-people-tip-iceberg>

<https://www.apa.org/monitor/2022/01/special-childrens-mental-health>

<https://news.harvard.edu/gazette/story/2022/04/early-snapshot-of-pandemics-impact-on-childrens-mental-health/>

Childhood Immunizations in Developing Countries

With 23 million children not receiving basic childhood vaccinations in 2020, a 3.7 million increase from the previous year, there is an increasing level of concern on what low immunization coverage will mean for children in high risk areas.

Childhood immunizations have been proven to decrease child mortality and morbidity, preventing 2-3 million child deaths each year. With vaccination percentages decreasing, children, especially children living in developing countries. The World Health Organization recommends a 95% measles vaccination rate to prevent outbreaks, yet the current vaccination rate is only at 86%. This low percentage has already shown its negative effects as in only the first two months of 2022, 17,338 cases of measles were reported, compared to 9665 in 2021. Vaccine preventable diseases like measles weaken children's immune systems, leaving them more susceptible to other serious diseases such as pneumonia. Most of these cases were recorded in nations already facing social and economic hardships with weak health care systems.

Despite clear improvements in vaccine rollout, Sub-Saharan Africa is still behind on childhood vaccine distribution. Rural and remote communities often lack proper health infrastructure and face vaccine shortages in clinics. These health centers are understaffed and underfunded and without the ability to create mobile vaccination programs to reach families that do not have transportation available. Political instability in developing countries contributes greatly to low immunization rates as health centers often close or are destroyed as a result of violence, forcing vaccination programs to cease. In Libya, fighting by militia groups such as the Mai Mai have caused vaccination programs and centers to close, leaving thousands of children at risk of vaccine-preventable diseases. In areas of conflict, these diseases spread quickly due to close proximity and lack of clean water and sanitation.

Cultural norms and vaccine misinformation have contributed greatly to the low vaccination rates in developing countries. Many parents in developing nations are greatly uneducated on the benefits of vaccinations and believe that vaccines are unsafe for their children and opt to not vaccinate their children.

What can be done to encourage parents to vaccinate their children that are hesitant of vaccines? How can vaccine access be made more equitable? How can access to vaccines be protected in times of conflict?

<https://www.who.int/news-room/fact-sheets/detail/immunization-coverage>

<https://www.unicef.org/press-releases/covid-19-pandemic-leads-major-backsliding-childhood-vaccinations-new-who-unicef-data>

<https://www.joghr.org/article/26312-childhood-vaccine-uptake-in-africa-threats-challenges-and-opportunities>

Indigenous Children's Rights in Bolivia

Despite 60% of Bolivia's population identifying as indigenous, indigenous people are often stigmatized and live in rural areas, where 3 out of 4 people live in poverty. Despite having the largest indigenous population of any country in Latin America, little has been done to protect the rights of indigenous people and their children.

The ever prevalent mining industry often uses mercury to extract gold and precious metals. Mercury contamination has been shown to cause cognitive developmental delays in children and in many cases, babies have been born sick and with disabilities from the contaminated water supply. With few hospitals and unqualified nurses and doctors staffing the few rural hospitals that may be hours away and require the crossing of multiple rivers, many indigenous children do not receive the medical attention they need.

Indigenous children often live in remote, rural areas where education infrastructure is rare. These children do not have the supplies needed to receive an adequate education and qualified teachers are a luxury not afforded to these rural communities. The few teachers in these underfunded schools will often strike for higher pay, leaving indigenous children without education opportunities. The average indigenous girl will only complete two years of schooling while her counterpart living in a city will complete nine. The Bolivian government has recognized the equity issues in regards to education and passed subsequent laws in 2006 and 2010 to allocate funds for education resources and transportation. Many children that do attend school are often unable to understand the material being taught as it is taught entirely in Spanish despite many indigenous children only knowing Quechua or Aymara.

The lack of proper education infrastructure is only furthered by the tradition of child labor in rural communities. Indigenous people, already facing a cultural stigma, are forced to take dangerous, low paying jobs. Their children, in turn, often are forced to undertake dangerous mining and agricultural work, such as sugarcane harvestation, for minimal pay. Despite the compulsory education age being 17, the legal age to work is 14, meaning that children often drop out of school to support their families. Understanding the limitations rural communities can offer their children, some indigenous families participate in the cultural practice of *padrinazgo*, sending their children to cities for a "better life". With the Bolivian government not having an effective way to track forced labor, these children that had been sent in hopes of better education, social services, and food are often forced into labor and sex trafficked.

What actions can the committee take to address the lack of appropriate education infrastructure in indigenous communities? How can the exploitation of minors be rectified? What can be done to improve the living conditions of indigenous children?

<https://www.dol.gov/agencies/ilab/resources/reports/child-labor/bolivia>

<https://www.humanium.org/en/bolivia/>

<https://pdba.georgetown.edu/CLAS%20RESEARCH/Working%20Papers/WP17.pdf>