

# The United States of America

## Position for the World Health Organization

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### I. Improving Public Education on Preventive Medicine

The United States of America considers preventive medicine to be most effective in those Member States where there is little to no access to quality health services or where there are not enough health workers to assist the population. The USA considers conflict zones and refugees, children, women, and isolated communities as those that would benefit the most from preventive medicine education. The United States wishes to address as many sides of the subject in discussion in order to show our global support to improving public education on preventive medicine.

**Nationally**, the United States has prioritized during the past decade the use of preventive medicine, and has placed significant focus on educating the public about its availability. Since 2005, over ninety percent of infants in the United States have been provided immunization vaccines.<sup>1</sup> Starting on September 2010, any person who received new insurance had access to many new preventive services that became covered under the Affordable Care Act. Health insurance marketplaces were made available for people to find insurance and made it easier for people to understand the benefits they would receive. Shifting to the internet and educating the population on the process of choosing insurance has allowed for Americans to understand better their options, allowed for expansion, and made people more aware of the services. Americans' insurance coverage includes screenings, counseling for mental illnesses, tobacco addiction, and diet, and immunization vaccines for people of all ages, especially infants.

**Internationally**, the United States has created many medical education programs with other Member States, focused on universal vaccination and research on new vaccines, and on reaching out to children and women who are not receiving proper, early medical care. In conflict zones, health services and workers are lacking, and preventive medicine is the only way for people to survive. Additionally, refugees migrating from conflict zones into Europe are only provided necessary medical services, while mental illnesses and early disease detection services are ignored. Even after they are given asylum and provided with counseling, there are not enough health workers to provide assistance, or that even speak the language. As the migrant crisis worsens, over half of the refugees suffer from PTSD and other diseases, and they usually go unchecked, which just worsens the situation.<sup>2</sup> As the President of the German Chamber of Psychotherapists said, "only 4% of refugees are receiving help in refugee shelters."<sup>3</sup> Another topic of concern is that isolated communities demonstrate cultural resistance that prevents the use of adequate health practices such as immunization vaccines and general preventive medicine education. Children are not provided with basic immunization vaccines, especially in the African and Middle Eastern regions. Birth rates are the highest in developing Member States where there also is the most absence of maternal health services, not only due to lack of infrastructure and resources, but also cultural resistance.

**The United States proposes** that the World Health Organization focus on the lack of health workers and their distribution, preventive medicine awareness, and provide education on preventive medicine where it is difficult to reach, but could be of greatest use. We encourage the European Union and NGOs involved to provide the influx of migrants with a wider scope of medical services which would include counseling services for those suffering from PTSD and other mental illnesses. The United States Department of Education wishes to work with the European Member States by implementing more National Resource Center (NRC) programs which would allow to establish international studies centers that will be national resources for teaching any modern foreign language, more specifically, to health workers working directly with refugees in the region. The United States calls for more attention from Member States, and the United Nations Office of the High Commissioner for Refugees (UNHCR), on providing preventive medicine education in conflict zones. The United States recommends for the Department of Health and Human Services to serve as a central organization that would support the WHO by reevaluating current

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<sup>1</sup> "Immunization – Children," *www.americashealthrankings.org*, last modified August 2, 2015, <http://www.americashealthrankings.org/ALL/Immunize>

<sup>2</sup> "Therapists Complain "shameful poor" Care of Refugees," *www.sueddeutsche.de*, last modified September 16, 2015, <http://www.sueddeutsche.de/gesundheit/traumatisierte-schutzsuchende-therapeuten-beklagen-beschaemend-schlechte-versorgung-von-fluechtlingen-1.2650063>

<sup>3</sup> "Migrant crisis: Half of refugees in Germany 'have a psychological illness'," *www.ibtimes.co.uk*, last modified September 16, 2015, <http://www.ibtimes.co.uk/migrant-crisis-half-refugees-germany-have-psychological-illness-1520018>

NGO programs and Member State preventive medical services in order to provide recommendations about clinical preventive services such as screenings, counseling services, or preventive medications. The United States of America wishes to handle the issue through multilateral cooperation which emphasizes the use of international agencies that are already put into place.

## **II. Promoting Health Policy Reform for the International Aging Population**

The United States of America calls upon all the Member States to act upon an issue that is an oncoming reality. The international population of people over the age of 65 is rapidly increasing. By 2020, the number of people aged 65 and older will outnumber children under age 5, and the number of people aged 65 or over is projected to triple to nearly 1.5 billion by 2050, with most of the increase in developing countries. Therefore, it is imperative that we find a solution to address and care for our elderly citizens in all countries.

**Regionally,** In the 1930s Former President Franklin Delano Roosevelt advocated for a solution to this ongoing problem. A significant number of Americans did not have many health care options, if they had any at all. Through the Social Security Act of 1935, Roosevelt created a security net for many Americans of old age along with many other underprivileged Americans. In 2015, over 59 million Americans receive almost \$870 billion in Social Security benefits, which serves as a major source of income for most—nine out of ten Americans 65 and older receive Social Security benefits. Similarly, the number of elderly people that depend on Social Security has nearly doubled since 1970 due to medical advances that are allowing people to live longer. Therefore, it is vital that we address this issue of longer life expectancy due to modern medicine and an increase in healthier living. President Barack Obama passed the Affordable Care Act (ACA) in March of 2010; under the ACA more Americans were eligible for affordable healthcare subsidized by the federal government. The ACA also expanded the benefits of Social Security, and eliminated the policy of denying insurance due to preexisting conditions. The American Association of Retired Persons (AARP), formed in 1958, represents the interests of the American elder population, and is considered the biggest interest group in the United States with over 40 million members. The AARP is an affirmed supporter of the ACA due to the expanded protection of the elderly under its new laws.

**Internationally,** global aging statistics are alarming. The percentage of the global population over the age of 65 in 2010 was approximately 8 percent, and this percentage is expected to double by 2050. Statistics also show that the global population over 80 will increase at an even larger rate. This distribution is not evenly spread around the world either. Between 2010 and 2050, the number of older people in less developed countries is projected to increase more than 250 percent, compared with a 71 percent increase in developed countries. Some 40 percent of the elderly population lives independently worldwide, and that number is expected to increase over time as well. Finally, 31 percent of the workforce in developing countries, and eight percent in developed countries, are over the age of 65. This is an issue that obviously affects every Member State, regardless of level of development. Therefore, health policy reform should be addressed to ensure the quality of living of our elderly population. As these numbers continue to climb globally and regionally it is important for Member States to reform policy to adapt to the care and quality of life of all their citizens.

**The United States strongly urges** for these issues to be addressed globally, regionally, and locally, with developing nations as the primary target given the rapidly-aging populations in these countries. The United States also suggest that other developed nations work to ensure that the quality of living of the elderly continues to be at an acceptable standard. Given the varied systems around the world, the United States acknowledges that this is a difficult problem to tackle. The United States suggests the creation of a foundation that would provide models for countries to set up adequate welfare and systems do deal with this imminent issue. This foundation would be operated at a regional, or even a community, level which would allow it to address specific needs of a varied population. The United States asks other Member States to consider a locally-driven initiative, with the assistance of domestic governments, non-governmental organizations, and UN bodies such as UNDP, UNEP, and WHO, to address these issues. There are always opportunities to continuously improve and reform our collective systems to ensure the best quality for all of our citizens.