High Commission on Human Rights – CCIMUN

Dear Delegates,

My name is Ivana Komendic and I will be co-chairing the high commission on human rights. I would like to welcome you to CCIMUN and tell you about myself. I am a grade eleven student at Cedarbrae C.I; I enjoy reading, writing and partaking in school sports and activities/clubs. This is my first year as a member of the Model UN club. I am eager to co-chairing this committee! Hope you all enjoy CCIMUN, looking forward to meeting all the delegates as well as hearing their insightful views about human rights!

My name is Hamdi Ali and I am very ecstatic to be one of the co-chairs at this conference. I am currently in the eleventh grade at CCI and this is also the first time I have been a part of the Model UN program. In my free time, I enjoy trying new things, and spending time with loved ones. I am also very into film production so I must say I spend more time than I’d like to admit on watching movies, and Youtube videos. Although I have very little experience with co-chairing a comitte or speaking infront of crowds, I am very excited to participate in this as I am sure it will be something I will have very fond memories of. I definitly see Model UN a educational and engaging experience and I look forward to spending time with you all.

“Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.”

The three topics up for debate are rights of refugees, gender base violence, and LGBT. Wishing you the best of luck on your research! We look forward to meeting you!

Sincerly,

Ivana Komendic,

Hamdi Ali

Topic 1 - Rights of refugees

Introduction

Article 1 of the *1951 Convention relating to the Status of Refugees*, states that a refugee is someone who fled his/her country “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion.” Canada has been viewed as a global leader with respect to refugee protection.  It has signed the 1951 Convention Relating to the Status of Refugees other human rights instruments which protect refugees.

There are currently forty three million refugees across the globe. Fifteen million of the forty three have fled their country; the other twenty seven million remain in their motherland. UNHCR (UN high Commission for Refugees) and UNRWA (UN Relief and Works Agency) have been working together to safeguard the refugees in Palestine. They care for 15.2 million refuges collectively; the 15.2 million refugees are from Palestine, Jordan, Somalia, Lebanon, Syria and the occupied Palestinian region. As more countries seek the aide of UNHCR and UNRWA such as Darfur, Somalia, Colombia and the Democratic Republic of the Congo it is becoming increasingly difficult to give the resources they require as these refugees are situated in dangerous and anti-humanitarian locations. How are we to get to these refugees and provide them with the protection and resources they need – is it safe or right to take people from their country?

Present humanitarian assistance to internally displaced refuges

 Palestinian refugees and internally displaced Palestinians (IDPs) represent the largest and longest-standing case of forced displacement in the world today. Providing humanitarian aid has proven difficult as humanitarians cannot enter said country and remove its people and children from their land. An internally displaced refuge is someone who is forced to flee their home but stay within the border of their country. Countries with a large number of refuges (Palestine, Somalia, Syria) are also dangerous for humanitarians to enter as countries such as Somalia do not welcome them and respond with violence. This not only exposes the humanitarians to possible danger, but the refuges as well. Providing humanitarian workers are traditionally neutral and unarmed. In one six-month period, three UNHCR staff members were killed and another kidnapped. More recently, a UNHCR staff member was shot and killed in Sudan. Without a resolution, the refugee numbers grow and the duration of their exile lengthens. At the same time, an increasingly disproportionate burden is placed on the many developing countries that already host four-fifths of the world’s refugees. In industrialized countries trying to cope with so-called “mixed movements” in which migrants, asylum-seekers, refugees and victims of trafficking travel alongside each other. These groups have different profiles and motivations for moving, and may thus have a very different status under international law. Migrants, especially economic migrants, choose to move in order to improve their lives. Refugees are forced to flee to save their lives or preserve their freedom.

Emergency response for refugees affected by conflict or natural disaster

 Emergency response for refuges affected by conflict (war) or natural disaster is crucial. Access to countries that have under gone a natural disaster is difficult and financially straining, as well as getting to the refugees. Providing emergency response to places of conflict poses its own threats to humanitarians as they may be injured by accident (or purposefully) during attacks. There is however no denying the importance of providing aid to refugees who cannot help themselves, victim of conflict or natural disaster. Refugees due to flooding are not easily given aid as they cannot be located with ease and are in areas of disaster. It is not only flood victims, but tsunami, earthquake and eruption victims that need aid too; it is dangerous to send humanitarian workers to lands that have had such scenarios take place. Refugees found in countries of conflict or natural disaster often times are in need of medical attention which creates convolution.

Improving public health for refugees

 The health of refugees and other forcibly displaced people is a key component of the protection of refugees. The 1951 Refugee Convention states that refugees should enjoy access to health services equivalent to that of the host population. Among forcibly displaced populations in developing countries, the top five killers of children under the age of five are malaria, malnutrition, measles, diarrhoea and respiratory tract infections. Providing such aid to refugees is costly, as is manufacturing the medicine needed. It is increasingly difficult for humanitarians to access refugees in countries with conflict, countries with refugees that need medical assistance. Humanitarians may also need to stay within a camp site to look after refugees in need of medium to long-term care; it is not safe for either to stay in a country of conflict or natural disaster. Transporting refugees and relocating them is also costly, and there are limitations to health care to refugees depending on the country they are relocated to (with the exception of new born babies).

Map of countries in need of UNHCR and UNRWA:

Focus Questions:

1. Are there benefits to countries who accept refugees? If so, what are they?
2. Why are refugees an international concern?
3. Who is an internally displaced person? Who takes responsibility to protect and assist internally displaced persons?
4. Who finances it? (the protection of refugees)

Sources:

<http://www.ampalestine.org/index.php/key-topics/refugees/325-brief-history-of-the-palestinian-refugee-internally-displaced-persons-issue>

<http://www.un.org/en/globalissues/briefingpapers/refugees/overviewofforceddisplacement.html>

<http://www.unhcr.org/cgi-bin/texis/vtx/home>

<http://www.unhcr.org/pages/49c3646cbf.html>

Resourceful links

<http://www1.umn.edu/humanrts/edumat/studyguides/refugees.htm>

<http://www.unhcr.org/pages/49c3646cbf.html>

<http://www.un.org/en/globalissues/briefingpapers/refugees/overviewofforceddisplacement.html>

<http://www.un.org/ha/general.htm>

<http://www.unhcr.org/pages/49c3646c146.html>

Topic 2: Gender - based Violence

Introduction

Gender-based violence is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, and dignity, equality between women and men, non-discrimination and physical and mental integrity.

Although it is difficult to distinguish between different types of violence since they are not mutually exclusive, gender-based violence includes:

* Domestic violence, sexual harassment, rape, sexual violence during conflict and harmful customary or traditional practices such as female genital mutilation, forced marriages and honour crimes.
* Trafficking in women, forced prostitution and violations of human rights in armed conflict (in particular murder, systematic rape, sexual slavery and forced pregnancy).
* Forced sterilization, forced abortion, coercive use of contraceptives, female infanticide and prenatal sex selection.

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

These procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. In Africa, more than three million girls have been estimated to be at risk for FGM annually.

Mutilation of the female genitalia has no health benefits, and is harmful to girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.

Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

Long-term consequences can include:

* recurrent bladder and urinary tract infections;
* cysts;
* infertility;
* an increased risk of childbirth complications and newborn deaths

FGM has been a crime under federal law in most of North America and is punishable by up to five years in prison. However, in many states where FGM is a crime, the sentencing provisions are quite weak. For example, in New York, a person convicted of FGM may avoid a prison sentence and receive only a sentence of probation.

 In January 2013, the federal FGM law was amended by the Transport for Female Genital Mutilation Act, which prohibits knowingly transporting a girl out of the country for the purpose of undergoing FGM. The Act was designed to address the problem of “vacation cutting”, in which girls living in the United States are taken to their parents’ country of origin (typically during school breaks) to undergo the procedure.  Under the new federal law, anyone found guilty of doing so may be sentenced to up to five years in prison.

Domestic Violence

Domestic violence is a national health concern and is a primary cause of injury to women in the United States. The Center for Disease Control also reports that approximately 1.3 million women are physically abused each year in the United States.

These disputes are some of the most common calls for police service. Harm levels vary from simple assault to homicide, with secondary harms to child witnesses. Domestic violence calls can be quite challenging for police as they are likely to observe repetitive abuse against the same victims, who may not be able to or may not want to part from their abusers. Police typically view these calls as dangerous, partly because old research exaggerated the risks to police

Violence against women in India is an issue rooted in societal norms and economic dependence. Discriminatory practices are underlined by laws favoring men. Inadequate policing and judicial practices deny female victims proper protection and justice. Although female participation in public life is increasing and laws have been amended, there is still very much to do in order to make Indian women equal citizens in their own country.

Effects of Gender-based Violence

Children in homes where domestic violence occurs may be witnesses to abuse, may themselves be abused, and may suffer harm “incidental” to the domestic abuse. Understanding the effect of domestic violence on children, and particularly the correlation between spouse and child abuse, is a critical part of an effective community response to violence. Without this basis, programs designed to help children may have unintended and negative effects on battered women, and may not be effective in helping children deal with and recover from witnessing and experiencing abuse.

Victims must psychologically deal with it so that it does not harm them irretrievably preferably through psychiatric help. Women have not learned to accept violence as their male counterparts tend to perceive. They may have learnt to perceive. They have only learnt to rationalize that theirs is violence prone life and therefore they must tolerate violence for their survival and that of their children. Women invest much time dealing with gender based violence which time could be used productively. Women who have been subjected to violence are always fearful, insecure and always have an enduring sense of inequality in comparison to the male gender. The threat of violence alone is violence since it keeps them suspended in fear, unsure of themselves and vulnerable. Eradication of politically and economically motivated violence should forever be agitated for. Robbing of half of the population in the society their sense of well being and confidence to perform their best in societal affairs and exposing them perennially to violence makes the society poorer.

Organizations Again Gender-Based Violence

Since its founding in 1989, the Women's Refugee Commission has been a leading proponent of efforts to promote women's empowerment, gender equality and protection against GBV. Efforts to prevent and respond to gender based violence have been mainstreamed throughout every area of our work. They address GBV in detention centers (or facilities) through our Migrant Rights and Justice Program, GBV against women leaving refugee camps to gather cooking fuel in our Fuel and Firewood Program, GBV against young girls in our Adolescent Girls and Children and Youth Programs, against women with disabilities in our Disabilities Program and against women in our Sexual and Reproductive Health Program.

Focus Questions

* What would be the most effective approach for solving the problem with cultural decisions of female mutilation?
* What can be done to stop the desensitization of inequality to women?
* Why is this hierarchy of women being less than men even considered the “norm” to begin with?
* Should/would it be appropriate for these types of controversial topics around gender based violence be taught and discussed in school to children at younger age?

Sources

"Violence Against Women." *CARE*. 12 Sept. 2013. Web. 13 Jan. 2015. <http://www.care.org/work/womens-empowerment/violence-against-women>.

"Female Genital Mutilation." *WHO*. Web. 13 Jan. 2015. <http://www.who.int/mediacentre/factsheets/fs241/en/>.

"What Is Gender-based Violence?" *EIGE*. Web. 13 Jan. 2015. <http://eige.europa.eu/content/what-is-gender-based-violence>.

"Female Genital Mutilation." *The AHA Foundation*. Web. 13 Jan. 2015. <http://theahafoundation.org/issues/female-genital-mutilation/>.

"Understanding Abuse." *About Domestic Violence:*. Web. 13 Jan. 2015. <http://hr.umich.edu/stopabuse/about/understanding.html>.

"Domestic Violence Issues." *Domestic Violence Issues*. Web. 13 Jan. 2015. <http://www.fresno.courts.ca.gov/family/domestic\_violence\_issues.php>.

"Navigation." *Aktuelle Berichte*. Web. 14 Jan. 2015. <http://www.freiheit.org/Aktuelle-Berichte/1804c27055i1p/index.html>.

Other Useful Links

* <http://plancanada.ca/page.aspx?pid=5119>
* <http://www.care.org/work/womens-empowerment/violence-against-women>
* <http://womensrefugeecommission.org/programs/gender-based-violence>
* <http://eige.europa.eu/content/what-is-gender-based-violence>