

Conference on the Next Big One: Preparing for a Global Pandemic
Columbia Prep Geneva-Based
The Democratic Republic of the Congo
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A. Introduction: We, The Democratic Republic of the Congo, have made significant strides since gaining our independence from Belgium in 1960. We have formed a structural governmental system consisting of an executive, legislative, and judicial branch, and elections for the presidency are held every five years. Despite recent incidents involving voting irregularities, our governmental system continues to have a major presence in our nation. While conflict due to warring factions and rebel groups has been a negative presence in our country, we are not letting this get in the way of our aspirations of a functioning medical infrastructure. We aim to eradicate diseases such as HIV/AIDS, Malaria, Cholera, Ebola, and Tuberculosis, and eventually reach our goal of achieving a successful medical infrastructure. Until we can reach that goal, we are reliant on aid from organizations such as the World Health Organization and Doctors Without Borders as well as other nations that are willing to provide us with aid. We do recognize that the DRC is a potential target for a large-scale health epidemic, but we are confident that the combination of the foreign aid we are currently receiving and the medical infrastructure we are building will eradicate will successfully put a stop to any medical disaster that strikes.

B. Key Points:

- We lack a solid medical infrastructure, and therefore cannot afford to provide all of our citizens with basic care, and have difficulty with

combating issues such as maternal mortality and under-five mortality, as well as other diseases.

- We experience high levels of violence, especially sexual, due to refugee displacement and numerous rebel groups.
- Diseases such as HIV/AIDS, Malaria, Cholera, Ebola, and Tuberculosis are prevalent in the nation and cause high death rates.
- Many of the Congolese citizens live in poor living conditions, meaning high levels of poverty, poor education, and a lack of clean water.
- An abundance of natural resources and minerals causes competition, which leads to internal and external violence and a large amount of refugee displacement. Also, these items are sold illegally through a sort of “black market” which negatively affects the nation’s economy.
- We lack an effective government, which leads to flawed elections, corruption, and warring factions.
- Due to our lack of a functioning medical infrastructure, we must rely heavily on aid from international organizations and other nations.

C. Background: Located in central Africa, The Democratic Republic of the Congo is the second largest country in Africa by area and the eleventh largest in the world. We are the fourth most populous nation in Africa and the nineteenth most populous nation in the world with a population of over 71 million. We are home to over 200 African ethnic groups, the majority of which are Bantu. The four largest tribes, Mongo, Luba, Kongo, and the Mangbetu-Azande, make up roughly 45% of our

population. The official language is French, but other native languages include Lingala, Kingwana, Kikongo, and Tshiluba.

Our nation was established as a Belgian colony in 1908 and gained its independence in 1960. Our early years were marked by social and political instability. Through a coup in November 1965, Col. Joseph Mobutu seized power and declared himself president. He also renamed the then-Republic of the Congo to Zaire. Through a series of sham elections and brutal force, Mobutu was able to retain his position for 32 years. Ethnic strife and civil war plus a massive amount of incoming refugees from fighting in Rwanda and Burundi in 1994 helped to end his regime. Led by Laurent Kabila, a rebellion backed by Rwanda and Uganda finally ended Mobutu's rule in May 1997. Laurent then renamed the nation the Democratic Republic of the Congo. However, in August 1998, yet another rebellion backed by Uganda and Rwanda challenged Kabila's regime. Despite a ceasefire being signed in 1999 by all feuding participants, sporadic fighting continued. Kabila was assassinated in January 2001 and his son, Joseph Kabila, became head of state. By October 2002, all warring parties agreed to end fighting and establish a governmental unity: a transitional government was set up in July 2003 and elections for the presidency, National Assembly, and provincial legislatures took place in 2006. Joseph Kabila still maintains his position currently, but elections are marred by serious voting irregularities. Our nation consists of an executive branch, which includes the chief of state, the head of government, and a cabinet; a legislative branch, which includes a senate and a house of representatives; and a judicial

branch. There are many political parties that exist in our nation. 278 parties are registered with the Ministry of Internal Affairs.

Environmentally, we have a tropical climate with a wet season from April to October and a dry season from December to February north of the Equator and a wet season from November to March and a dry season from April to October south of the Equator. We experience periodic droughts in the south, seasonal Congo River floods, and we must be weary of active volcanoes in the east along the Great Rift Valley. Our nation currently is dealing with environmental issues including poaching, water pollution, deforestation, and the mining of minerals causing environmental damage, but we are working to maintain peace in our environment.

In terms of conflict, our nation has been known to experience both domestic and international issues. This is due to our ongoing conflict with armed outside groups and rebel organizations that lead to violence, illegal trafficking, and economic hardships. However, international organizations are working hard to collaborate with us to put an end to the fear that has stricken our great nation. Our abundance of important resources and minerals such as diamonds has caused great reason for many refugees to enter our country. However, the competition to obtain these precious resources has also caused many to become displaced from our nation. The UN has sent over 16,500 peacekeepers in attempts to assist us with this unfortunate dilemma, and we hope to see an end to this violence very soon.

Much like other nations in Africa, we have struggled with diseases such as HIV/AIDS, Tuberculosis, Malaria, and cholera, as well as both maternal mortality and under-five mortality. While we are in the process of establishing our

comprehensive medical infrastructure, we are relying on a high degree of foreign aid when dealing with these diseases. For example, the World Health Organization and United Nations were a great help to us when we were struck by a recent wave of Cholera. With our citizens' best interests at hand, we are also working towards providing basic healthcare needs, such as primary care and the availability of doctors to provide care to the sick. We have been working towards fixing all of these issues, and have set the goal of solving many of them by 2015. Yes, we currently require a significant amount of foreign aid, but we have optimistic goals and are confident we will reach them in the near future.

D. Issues:

Committee on Governance: In the past few years, we have reached relative political stability. We have managed to take steps towards stabilizing our government after ratifying our constitution on February 18th 2006. The constitution created an executive, legislative, and judicial branch and established a legal system based on the Belgian version of French civil law.

The executive branch consists of the Chief of State, the Prime Minister, and the Cabinet. The Chief of State, currently President Joseph Kabila, appoints the cabinet members as well as the Prime Minister, currently Augustin Matata Ponyo Mapon, who is the head of the government. Presidential elections are held every five years, as are the Senate and National Assembly's elections. The Senate and National Assembly make up the legislative branch with 108 Senate seats and 500 National Assembly seats, both of which represent a multitude of political parties. Lastly, the

judicial branch consists of a Constitutional Court, Appeals Court, Council of State, High Military Court, and civil and military courts and tribunals.

Our government accepts compulsory International Court of Justice jurisdiction with reservations, and International Criminal Court jurisdiction. Our government also relies on international assistance and collaboration when it comes to dealing with national crises, such as health issues. Cholera has been an issue in our nation and during the most recent outbreak, the government relied on aid from the WHO and the UN to work in conjunction with the government to stop the endemic.

International assistance is vital to us, because ever since we gained independence from Belgium in 1960, we have been trying to tame the internal conflict within our borders, but with a relatively new government, we need outside forces to supplement our power as we continue developing a solid standing. We also need more standing regarding our natural resources; we have the infrastructure needed to protect them, but we are still in the process of acquiring the power to do so. We are incredibly rich in natural resources, and mineral exports provide the main source of export revenue and thus of foreign exchange, but according to Dominic Johnson, a researcher for the Pole Institute,

“Research, by the UN Group of Experts amongst others, has shown up close links between individual traders and specific armed groups. It is thus assumed that armed groups derive their strength from these links and that ending the trade or bringing it under government control will deprive armed groups of their livelihoods and thus contribute to ending conflict.”

The Congo's resources continue to fuel the conflict as internal and external forces try to gain access to them, but with more power in the hands of the government we will be able to prevent conflicts from continuing and worsening. Nine other countries border us so external forces pose a threat as well, but according to Johnson "ending or re-organising the mineral trade does not end conflict. Conflict is ended by addressing the root causes: competing claims to nationality and to the right of use of land and trade routes. This is a political issue, not an economic one." So, with more political control we will be able to conquer the mineral trade and use its wealth to help our citizens.

International aid is also critical when it comes to providing public health, which suffered due to the amount of people who fled to refugee camps because of conflict, but our government has set ambitious goals to provide health to our people. According to *The Global Health Initiative: Democratic Republic of Congo Strategy*, by 2015 we aim to achieve

- “1) The reduction of maternal mortality from 549/100,000 to 322/100,000;
 - 2) Reduction of under-five mortality from 92/1000 to 40/1000 live births;
 - 3) Mitigate the spread of HIV/AIDS and reverse the current trends in malaria;
- and
- 4) Reduce by 2/3 the mortality and morbidity related to non-communicable diseases. The GDRC aims to achieve these goals by improving the primary health care system through human resource development, strengthening the national pharmaceutical system, reforming the health care finance system,

strengthening leadership and governance of the health system, and improving collaboration within the health sector and other sectors.”

While the Congo’s constitution put its government on the right path it’s still in need of outside assistance as it continues to prevent and recover from conflict, stop corruption, provide health care, and secure its borders.

Committee on Global Public Health: Over the last two decades our country has been struggling with internal conflict. Four months of negotiation with the M23 rebel forces have finally culminated on the 15th of March and our government has been able to refocus on our health infrastructure. We’re working to revitalize our public health system, putting new money into the health zones that have been an inspiration to the region. Each health zone has a reference hospital, a team of doctors and nurses, a pharmacist, and a midwife and they cover roughly 10,000 people in rural areas and 30,000 in urban situations. With national health coverage like this the public health situation in the DRC is highly combatable.

As we are coming out of inhospitable times the financial burden of such a health system is not yet able to be supported fully by our government. We therefore rely on foreign aid for a portion of the health of our people. Recently there has been a shift towards co-management of health zones, in part funded by the IMA World Health organization, that has increased the standard of care in rural regions. These great achievements for public health stem from a partnership between our government and international non-government organizations and we look towards the future with our thoughts on global cooperation. Our reinvigorated public health

partnership system is ready to take arms against a sea of vectors and preserve the health of the Congolese people.

A nationwide system of health surveillance has in recent times, due to the conflict, fallen by the wayside. That is not to say, however, that we have neglected to pay attention to health issues inside our borders. An Ebola issue in the Bandundu region was recently dealt with quite effectively by educating our physicians in rapid diagnosis to catch the disease before it goes ultra-virulent. The health system of the DRC is back on its feet and capable of working with our global partners to treat our people; the world's people.

Committee on Law: Since we gained our independence from Belgium in 1960, the Democratic Republic of the Congo has developed a detailed system of government. In 2003, a transitional government was set up, in 2005 we held a successful constitutional referendum, and elections for the presidency, National Assembly, and provincial legislatures took place in 2006. Currently, our nation works with a civil legal system based on the Belgian version of French civil law, and is divided into executive, legislative, and judicial branches. The executive branch houses the Chief of State, currently President Joseph Kabila, the Head of Government, and the cabinet. The legislative branch houses the Senate (108 seats, members elected by provincial assemblies to serve five-year terms) and a National Assembly (500 seats; 61 members elected by majority vote in single-member constituencies, 439 members elected by open list proportional representation in multi-member constituencies to serve five-year terms). Though our elections have been criticized for being flawed and even corrupt, we believe that our system of government is

proper and legitimate. We are working towards making it more stable and effective than ever.

It is no secret that our nation has been heavily reliant on foreign aid from international organizations and other nations. For example, we have dealt greatly with the UNHCR (United Nations High Commissioner for Refugees) to assist us in helping the high numbers of incoming refugees. These numbers are primarily due to rebel forces committing acts of violence throughout the nation, and the organizations previously mentioned are doing us a great service of preventing these acts while we strengthen our own infrastructures and systems. One organization, Doctors Without Borders, is a major component in assisting us with our current healthcare and violence issues. The organization has emergency teams set up across the country that have been trained to respond to various types of outbreaks that could lead to a national disaster. Additionally, it has built camps and hospitals in areas that experience violent refugee activity. This has proven to have helped our nation greatly, and we value its assistance as we build our nation to be able to eventually handle these conflicts ourselves.

We have considered the possibility of a health epidemic in our nation. While it is not something we anticipate needing, the imposition of martial law is a possibility. We recognize that due to our current situation we will need a great deal of assistance combating a disease of this caliber. While we expect that the nations and organizations already offering us aid will continue to assist us through this time of need, in the event that it is not enough, we are prepared to take that step.

The continuation of aid from international organizations as well as other nations is vital to achieve our goal of a completely functioning form of healthcare—a goal that grows closer each day. While this aid continues, we will continue to build up our nation to be as successful, both politically and in terms of healthcare, as possible. Until these goals are reached, however, we realize that we do require a significant amount of aid to remain a functioning country.

Committee on Human Rights and Ethics: While the United Nation claims that “at least 200,000 cases of sexual violence have been recorded in the country in the past decade,” that there is “a tense situation following fighting between national troops and an armed group,” and “urged the Security Council to provide the necessary support and authorization for an additional military brigade force within the current UN peacekeeping force.” However things are different when you are actually in a situation and need to act. Under the circumstances we are doing the best that we can do.

We have been working towards the Millennium Development Goals and according to the World Health Organization, we allocated a total of 7.9% of our Gross Domestic Product to health in 2010. While this number might seem low, times have been difficult in the DRC, and we have been forced to focus on other issues, such as our declining economic system, raised inflation rates, and lowered total GDP. All of these factors have shrunk the amount of money we have available to allocate to the health sector. In 2006 we declared that the Government should be responsible for our state of health and should be able to guarantee access to health facilities that meet the needs of our people and provide quality health care. The

Democratic Republic of Congo uses a zone based health care system, in which all sectors, public or private and national or international, not only know their roles, but the roles of other sectors. As Emile Bongeli, our 2006 Minister of Health said, “too many resources are devoted to attaining short-term goals. The population's health situation continues to worsen because people have very limited access to essential quality health care and there is a shortage of medium and long-term funding.”

Committee on Medicine and Science: As a result of years of armed conflict and various natural disasters over the past few decades, the Democratic Republic of Congo (DRC) has borne witness to serious hardship and disease. 7.9% of our national income is devoted to health concerns, yet over a third of the population still lacks access to health care, and outbreaks of diseases such as cholera, Ebola hemorrhagic fever, and malaria have become increasingly prevalent. It is the goal of the DRC Ministry of Health to lessen the prevalence of these diseases, not only through preventative measures before they are contracted but also through careful procedures to prevent their spread. Unfortunately, the Democratic Republic of Congo's Ministry of Health often cannot attempt to improve health standards on its own because it is majorly reliant on international health agencies in order to provide adequate care to our citizens and to help prevent the spread of infectious disease. Thus, much of the following discussion circles around the foreign organizations which work in tandem with our government to detect and prevent health threats.

One of the organizations most involved in health studies in the DRC is Health Systems 20/20, which works with the DRC Ministry of Health in an effort to create a National Health Accounts assessment (NHA). The NHA tracks health spending within the Congo and identifies gaps within our health system. By addressing these gaps, money can be distributed more effectively so as to provide better health care to our citizens and to prevent the outbreak/spread of disease. In addition to Health Systems 20/20, the DRC Ministry of Health works jointly with the World Health Organization, the GAVI-Health Ministry, and the Center for Disease Control and Prevention (CDC) to conduct various reports concerning health issues in the Democratic Republic of Congo and to identify emerging health threats.

The efforts that have been made to improve the efficacy of our health system have been accompanied by an effort to provide greater surveillance of diseases common to the Democratic Republic of Congo. The reason for this increase in surveillance is to prevent the spread of epidemics throughout both our nation and surrounding nations. Over the past few decades, multiple outbreaks of cholera and Ebola hemorrhagic fever (EHF) have branched out and killed hundreds of people within our country. In order to determine the procedure our health organizations should follow to deal with these outbreaks in the future, it is important to look at how we dealt with them in the past. In 1995 (after a large-scale outbreak of EHF broke out in the DRC's Bandundu region), new techniques to prevent the spread of disease were developed by the DRC Ministry of Health, in collaboration with the CDC, Medecins sans Frontieres, and the World Health Organization. The first step in preventing the spread of EHF was the establishment of a long-term surveillance

system in Bandundu which was simple and sustainable. This system was achieved by distributing handbooks to physicians so that they could recognize the symptoms of EHF before it reached its later, more virulent stages. In addition, isolation precautions were taken in order to prevent health workers from contracting the disease if it ever became more prevalent. By taking these measures, the Democratic Republic of Congo's Ministry of Health was able to prepare our nation for future outbreaks of EHF and to respond to these outbreaks more quickly.

It is the sort of simple and sustainable health infrastructure utilized in the Bandundu region which can be implemented in the other regions of the Congo, not just for diseases like Ebola hemorrhagic fever but also for other emerging health threats. With the implementation of a simple, minimal-cost surveillance system, great improvements can be made in preventing the outbreak of an epidemic in the Democratic Republic of Congo. What is important to note is that this surveillance system, once it is established, can be run without a large amount of support from international health agencies, allowing our nation to become less reliant on other organizations. This would represent a significant step forward in our health care system; having a system which allows our nation to take care of its citizens independently of foreign health agencies and NGOs would greatly prepare it for a situation in which these organizations would not be able to supply us with aid. A situation such as this is likely to occur soon: if a pandemic is indeed on the horizon, international health agencies and NGOs might soon have a lot more to worry about than providing aid to the Democratic Republic of Congo. Thus, it is in the best interest of both our nation and international health agencies to establish sustainable

health infrastructure in the DRC at the most basic level, so as to improve the long-term health of our nation.

Committee on Security: According to the Security Council, the security situation in the Democratic Republic of the Congo has improved in recent years. It acknowledges the results of the actions we have taken to address the threat of foreign and national armed groups. We as a nation have realized the need for further improvement in the area of security, and plan on continuing our efforts towards making the Democratic Republic of the Congo a safer nation. The Security Council also however, acknowledges and reiterates its increasing concern about the high levels of violence (particularly sexual violence), human rights abuses against women and children, and the availability, of proper medical care and prevention of diseases. We are trying our best to collaborate with certain organizations such as the WHO and Amnesty International to combat the issue of internal violence, but find the progress to be slow. Because of many factors, including violence, the size of our nation, still developing cultures, and many other factors, we as a nation suffer greatly from illnesses such as HIV, Malaria, and Tuberculosis. As with the issue of violence, we are working with many NGOs and organizations to combat the vertical issues listed above, but in order for us to become a self-sustaining nation, we need help fixing the horizontal issues that are ultimately the root of the problem.

In The Democratic Republic of the Congo The Ministry of Health (MoH) works with local health authorities and international partners in surveillance and tracing of probable and confirmed diseases. They also work on infection prevention and control in health care settings, management of patients, social mobilization, and

anthropological analysis to support the control of the disease outbreak. In Isiro and neighboring areas such as Nakwapongo and Bedhe, surveillance activities are being strengthened. Health care workers here are being trained to control health care settings and infection prevention. And through the Global Outbreak Alert and Response Network (GOARN), the Public Health Agency of Canada (PHAC) has set up a field laboratory. Our country is receiving a lot of outside help from other nations as it pertains to surveillance and prevention of diseases. As a global world, our health problems are everyone's health problems and because they are everyone's health problems many nations are doing their part to help better the security in the Democratic Republic of the Congo.

Medical security is closely related to the other factors like trade, economics and international politics. In such a global world, if health security is not constantly monitoring confirmed and potential diseases, then the disease that is striking a particular area (like the Democratic Republic of the Congo) can easily be transported to other areas around the world through trade. The monitoring of these diseases is also expensive. If we are to continue our progression towards increasing our security in regards to this issue, then we are going to need a lot of financing in order to become a self-sufficient, stable program. Surveillance in the Democratic Republic of the Congo is a relatively new concept we they are trying to implement right now with the help of other outside nations. It is going to take a few years for the surveillance and security to gain a stronger foothold and to be able to maintain that position on our own.

One of the major challengers in addressing the need for health surveillance in our nation has been the lack of adequate information and data concerning the health status of the population. The size of the country is so large that it is hard to get sufficient data from every single part of it. The hard to get to places, without proper roads or transportation poses an even greater challenge when it comes to collecting information about the health status of that region. Another concern in regards to the security and surveillance of the health of the Democratic Republic of the Congo is scarcity of medical resources that are available. The resources that would be required to maintain such a close watch on the medical condition of the country is more than is currently available. And then, if we ever did detect the beginning of an outbreak, the resources that would be required to combat such an epidemic also greatly exceeds what we currently have. How can we be expected to be able to face an epidemic that has the potential to turn into a pandemic without the proper medical supplies to stop it? These resources include things like the proper drugs, antibiotics, sanitary medical supplies, and competent health care workers. Without these resources securely in place, it is difficult for international security cooperation to take place.

If a deadly or threatening disease outbreak occurs, without the proper medical infrastructure to combat it, we might have to go so far as to impose Martial law in a desperate attempt to contain whatever disease now poses a threat to the region. It is important that if disease outbreak were to occur, that the Democratic Republic of the Congo be ready for it, and have the proper program in place to be able to combat it effectively.

Committee on Resources and Economics: The Democratic Republic of the Congo, the second largest country in Africa, is located in the center of the continent. Although we have a wealth of natural resources and wide range of biodiversity, unfortunately, our citizens are amongst the poorest in the world. Over history, the combination of tapped resources, terrorist groups, war, and epidemics (that could potentially develop into pandemics) have our country and our people in a state with deficits. We are determined to strengthen our policies across the spectrum, including security, economic, and social. In doing so, it is an aspiration to improve and stabilize economy and contribute to world's economy.

One of the major threats to our economy is the legacy of the Second Congo War, commonly referred to as the Great War of Africa. The war began in August 1998 and officially ended July 2003. The issues largely revolved around the Rwandan government and the Congolese government, as they provided training, arms, and supplies to the terrorist organization Army for the Liberation of Rwanda. This terrorist organization later involved into the Democratic Front for the Liberation of Rwanda. Although the war officially ended in 2003, the conflict and its legacy have continued to effect different areas of the country, particularly areas in the east, largely over trade in conflict minerals. Our current state and economy is unfortunately, largely the result of private control over the military, exploitation, and illegal wealth accumulation. Though the war has ended, its legacy in combination with the continued presence of several powerful terrorists' organization is hurting our economy, large scale wars, including buying weapons, cost money that the state could better allocate. Additionally, with more than 70% of

the youth unemployed, the state must also promote youth employment as unemployment is one of the most prevalent issues in everyday life and could help to stabilize the economy.

Another aspect that could potentially hurt the national and international economy stems from ebola, cholera, malaria, and HIV/AIDS epidemic. In September 2012, ebola, a flesh eating virus, killed 31 people out of 69 cases in the Congo; there is no cure for the virus and 40%-90% of all cases are deadly. The virus is contracted through direct contact with an infected person or their bodily fluids, so the virus can easily be spread. Both malaria and HIV/AIDS are prominent issues to examine within the country. Though currently an epidemic within the DRC, both viruses have the capability to spread worldwide and transform into a pandemic. Providing vaccinations and conducting research is extremely costly and in such a globalized world, such a pandemic would increase the costs for everyone. In order to control the viruses and treat the patients, it is imperative to better educate our people on measures to protect themselves, to strengthen an affordable health care system, to treat patients, and examine living conditions. Additionally, we currently do not have the resources necessary to combat the diseases, such as enough money for research; it is extremely difficult to successfully combat them. However, if we gain better access to such resources, it would become possible to save millions of lives.

The DRC is rich in rainforests and natural resources, particularly minerals. Our economy relies heavily on mining, particularly on minerals such as cobalt, often used in technology, and diamonds. Although the mining business is very prevalent, much of the business occurs in the informal sector; this means that the revenue is

not seen in GDP, the minerals are not taxed and most importantly, it is not controlled by any form of government. This has resulted in the state and its people not receiving the money they deserve for the work. Large scale mining comes with air and water pollution, radioactive contamination and deterioration of social welfare. Additionally, since most developed nations get their diamonds from African mines, it is imperative for this economy to exist in a fashion that gets revenue for the workers and the supplier. However, in the risk of a potential pandemic, it would be important to protect these resources since it is such a large source of revenue for the economy, which could provide us with the funds to protect the citizens and do research for immunizations.

Another extremely important natural resource is water. Water is inherently necessary for survival, but within our country, clean water is not readily available for a large portion of the population. Although it seems simple to just distribute filters to clean the water, it cannot be readily done since having access to water resource is one of the biggest obstacles. In the case of a pandemic, it could be a possibility to invest into hydropower opportunities. Though most people don't have access to clean water, the DRC contains plentiful freshwater resources, largely from the Congo River. However, in order to protect this precious resource, it must be used efficiently in a manner that could provide more people with water.

E. Five Issues to be Addressed:

1. The lack of a medical infrastructure leads to a heavy reliance on foreign aid, which could prove to be difficult to maintain in the future.

2. Recent government inefficiency leads to corruption, voting fraud, warring factions, difficulty with imposing new and helpful laws, and overall violence.
3. The need to improve our education, high levels of poverty, lack of clean water, and overall living conditions.
4. Our high levels of violence due to rebel groups, high refugee numbers, and competition over natural minerals and other resources.
5. The prevalence of diseases such as HIV/AIDS, Malaria, Ebola, Cholera, and Tuberculosis leading to high death rates, which leads to an even greater reliance on foreign aid.

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