Many nations around the world face growing pains as they industrialize into major world powers. These problems can be exacerbated by corruption, ill-written public policy, and unchecked immigration. The three stories of the UAE, Brazil, and nations in Southeast Asia tell a cautionary tale of hasty development.

The first section of our panel discusses democracy and its relationship to corruption. Developing countries have always faced the problem of an increase in illegal activities during the initial stages of democratization. If not properly combated, corruption has proven to greatly hinder the economic development of a nation. Past research has identified the variable of democracy as an effective corruption combatant, however, democracy alone has shown to fall short. This is apparent when analyzing the Southeast Asian regions of Thailand and the Philippines. Although the two countries are largely democratic, they both exude rather pervasive forms of corruption and rank high across several corruption indexes.

The second section of the panel deals with labor in the middle east. In the 1960s, the Gulf Cooperation Council (GCC) countries implemented a policy of unchecked immigration. While this contributed to rapid development, this same policy became detrimental in the long-term. As GCC citizens became more numerous and better educated, they were employed in high-paying public sector positions. By the 1990s, these government jobs were saturated, leaving citizens to compete in the private sector. This led to GCC countries instituting affirmative action programs to force the employment of nationals. Within the United Arab Emirates, this policy is known as Emirization. This panel section will explore the problems contributing to the labor crisis, current government action, and possible steps to improve the situation.

The third panel section discusses healthcare in Brazil. Access to healthcare in Brazil has proven to be difficult for many of its citizens. The Brazilian health system is run through a universal system called the Sistema de Saúde (SUS). The main goal of this government program is to make healthcare accessible to all. However, it was initiated during a time of economic instability in Brazil, leading to chronic budget shortages and poor results. The SUS is funded from taxes and social contributions. Due to rampant corruption, a social contribution towards the SUS is not guaranteed to fund the SUS. This has led to a lower quality of care that an individual can receive publicly. There are also regional disparities making it harder for certain areas of Brazil to access health care at all. This final section will evaluate the issues contributing to the failure of the SUS and their impact on Brazilian citizens.