

April 2019



CHRISTIAN FRIENDS OF KOREA

조선의 그리스도인 벗들

Bringing Hope and Healing to the People of North Korea in the Name of Christ Since 1995

"The salvation of the righteous comes from the LORD; He is their stronghold in time of trouble. The LORD helps them and delivers them...because they take refuge in Him."

Psalm 37: 39-40

CFK TEAM RETURNS TO DPRK FOR 3-WEEK HUMANITARIAN VISIT

After a season of steep challenges last fall and through the winter due to the impact of sanctions and "maximum pressure," we were grateful to receive travel approval from both the US and DPRK governments to resume our travel and humanitarian work in the DPRK among TB and hepatitis patients. Our team of 11, including US, Australian and Norwegian citizens, spent a total of 3 weeks in the DPRK, from March 18 – April 8.

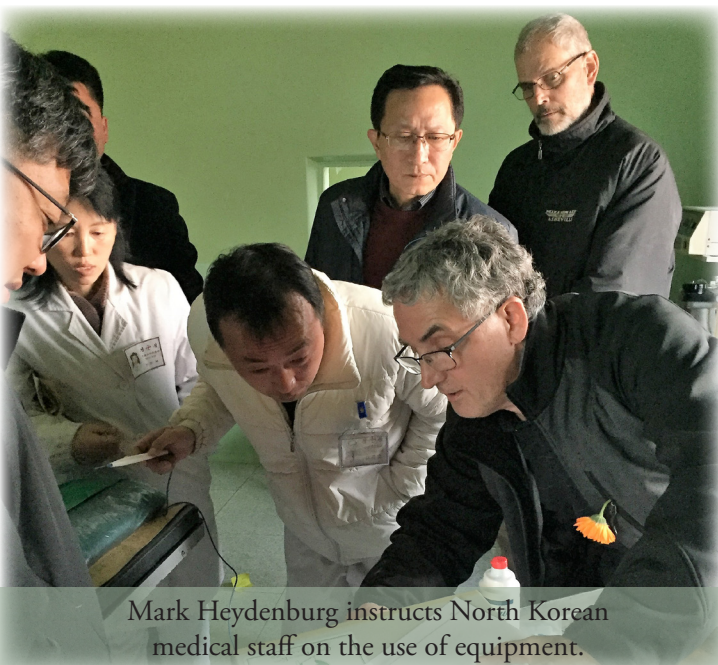
During our time in country, we traveled more than 4,000 kilometers, visiting 27 TB, hepatitis or pediatric care centers to check on the arrival and distribution of our goods, bring support and encouragement from our donors and partners,

and learn of new needs. Training and equipment repair also took place at the National TB Reference Lab and in the hepatitis labs, and minor repairs were made to several water systems at various care centers.

We also cared for well over 600 hepatitis patients who came to our HOPE diagnostic and treatment clinics. We collected and processed blood samples from 669 patients, and started 295 onto hepatitis B antiviral treatment. We now have screened over 4,000 patients and have nearly 1,600 on treatment thus far. Sadly, we also learned that 11 patients in the HOPE program died from hepatitis-related complications (advanced cirrhosis, liver cancer or hemorrhage) over the winter months, and a TB surgeon with whom we had worked for many years is very sick with liver cancer and is not expected to recover. For some, despite our best efforts, this medicine simply comes too late and the damage caused by their disease process cannot be healed.

We did follow-up exams on many patients who have been on treatment now for some time. Some are dramatically better, others are maintaining. Access to treatment brings real hope into this context, and many are seeking treatment.

Winter maintained its grip until just the last couple of days of our stay, when the forsythia and early spring flowering trees began to open their blooms, brightening the drab landscape with color and hope. Pyongyang has been planted with many flowering trees, so the coming days will be particularly beautiful as they come into full flower.



Mark Heydenburg instructs North Korean medical staff on the use of equipment.



Together, CFK team members & North Korean doctors spend long days with patients and staff at clinic.

HEPATITIS B TREATMENT OPENS IN SOUTH PYONGAN PROVINCE

In addition to the usual clinics held in Pyongyang, Kaesong and Heaju, we also opened hepatitis treatment capacity this time into a new region – Pyongsong City in South Pyongan Province. This is a crossroads city located about 45 minutes north of Pyongyang – there is considerable industrial and commercial activity here with a significant and thriving transportation network and less stringent internal security measures – making it easier for people to come here from more remote areas than it is for them to come to Pyongyang. Thus, this opens up treatment capacity to more of the northern areas of the country.

The clinic was well attended, and we put in a long day providing some initial training for the staff and seeing patients side-by-side with them until well after the sun had set. It was a bright, but cold and windy day outside, so we were very grateful for the heated rooms that the director had worked hard to arrange. Heated hospitals rooms are the rare exception rather than the rule, and we were very grateful for his efforts for his patients and for us. His gratitude that HOPE clinics could finally be extended to his region was evident. We have much work to do here to help make improvements to this hospital—beginning with clean water – but we are still waiting for approval of a necessary OFAC (US Treasury) license (application pending since June 2018) before we can begin this work.

TRAVEL AND NEWS FROM THE COUNTRYSIDE

In our extensive travels to care centers in the countryside, we saw very good distribution and accountability of all our goods. This is the beginning of the lean season in DPRK just as the worst harvest reported in 10 years (see <https://reliefweb.int/sites/reliefweb.int/files/resources/Statement%20UN%20Resident%20Coordinator%20in%20DPRK%20-%202006Feb2019.pdf>) begins to run out, and months before much can be harvested from the fields now being plowed and planted. Throughout our travels we heard from many care centers that the 2018 corn crop sustained heavy losses (40-50% reduction) due to the drought and prolonged high temperatures last summer. While the winter was fairly mild, it also lacked in snowfall, so drought conditions are continuing into the spring planting season. Riverbeds for the most part were dry or very low through the region where we traveled.

It is very clear that the food we are providing through partnerships with Christian Aid Ministries, the Mennonite Central Committee and Rise Against Hunger is critically important to these care centers. This food provides calories, vitamins, and protein needed by patients in their recovery. It is easy for the care centers to prepare this food for the patients, and the patients greatly benefit from food that is tasty, nutritious, and easy for them to digest. Directors reported that most patients gain 2-5 kg during their treatment thanks to the additional food and the availability of clean water. Some even gain as much as 10kg during their treatment.



Food provided by CFK partners provides much needed nutrition for patients.



Kumchon BEFORE



Kumchon AFTER

FLASH FLOOD DAMAGES TB CARE CENTER

Late last August a typhoon swept through several counties in our supported area, dropping more than half of DPR Korea's annual rainfall in just 24 hours. Many homes and facilities are located on the edges of narrow mountain valleys, so sudden torrential rains can cause landslides and quickly turn small streams into rushing torrents that sweep away anything in their path. Kumchon TB Rest Home was inundated and one of their two buildings was partially washed away. They also lost trusses from their greenhouses and the plastic covering them. This was the first contact we were able to have with them since the flood. They hope to rebuild the facility, but so far have not been able to do so. They had an immediate need for more blankets, so on a later drive down the highway to another facility we brought more, and the director and a colleague rode their bicycles several kilometers, despite the late winter chill, to meet us along the highway so we could offload the blankets and other necessary goods.

We visited several new (to us) TB facilities this time – places where the Ministry of Public Health has asked us to start providing support – including Jungwha, Sinpyong, Jaeryong, and Pyongsan. All of these places need clean water, small tractors, greenhouses, renovations and ongoing support in terms of food, hygiene kits, blankets and similar goods. We hope very much that our OFAC license that would permit us to send these humanitarian goods will soon be approved. What a privilege it is to come alongside these end-of-the-road places. At one place, we were met by the Chairman of the County People's Committee – equivalent to the Mayor of the town – who welcomed us, offered his assistance, and thanked us for our help to the people of his county.

Our days were packed from the time of our early morning devotions (we studied 1st Thessalonians, and also spent time in the Psalms) to days that ended at 9 or 10 at night that were filled with travel, repair work, teaching, care center visits, diagnostic testing, preparing data for clinics, and seeing patients.

HOPE DAWNING IN THE TB SPACE?

We heard this time at multiple tuberculosis (TB) care centers in our supported area that intensified early-case detection efforts for TB (mass screening at work places, schools, etc.) in place now for 4 years may be starting to pay off in terms of reductions in new TB cases. This information is yet to be verified and confirmed by the World Health Organization (WHO), but we are encouraged by what may be the start of truly turning back the tide on drug susceptible forms of this disease. Multi-drug resistant TB (MDR-TB), however, remains a significant and growing challenge as there is not enough diagnostic or treatment capacity to care for the suspected numbers of current MDR-TB cases. Meanwhile, sanctions also continue to significantly impact the delivery of critical lab and other supplies needed for TB diagnosis and treatment.

While we are grateful for any glimmer of good news, the current incidence rate in DPRK (641:100,000) remains among the highest in the world. If existing drug stocks are allowed to run out, these important gains can be quickly reversed and the disease could resurge again. We hope that international resources, including Global Fund, can be re-instituted such that all forms of TB can be brought under control. Care center directors also noted CFK's longstanding support to provide clean water, food, greenhouses and other needed supplies for TB patients and thanked us for the meaningful partnership that has contributed to this progress.



CFK volunteer & rest home director in a homemade greenhouse growing spinach from seed, provided by Evangelisk Orientmisjon, at Jaeryong TB Rest Home.

MOMENTS OF GRACE IN THE MIDST OF HARDSHIP

It was a joy to travel and work again with our colleagues - to know that we had been missed when we could not come in November as was planned. We were encouraged that they stepped up and proceeded to hold hepatitis diagnostic clinics in our absence, and we were able to see most of the patients identified in those clinics and start many of them on treatment this time.

There were other moments of joy – like the one at the diagnostic clinic in Pyongsong when we realized it was the 60th birthday of a patient who had come to our clinic for diagnosis and treatment. Realizing what a special day this was for him, we congratulated him and spontaneously sang happy birthday to him as he stood at the registration table. He left with a big smile and returned the next week for clinic, when he was started onto treatment.

On our own team, Dr. David Hilmer and Dr. Alice Lee fittingly celebrated their first wedding anniversary in Kaesong on this visit. They met several years ago on one of our earlier trips to the DPRK, so it was a joy for our team to celebrate with them. After a long day of travel and seeing patients in clinic, we returned to a dinner table in Kaesong beautifully decorated with special linens and fresh flowers to mark their anniversary.



Dr. David Hilmer & Dr. Alice Lee celebrate their first wedding anniversary.

LOOKING FORWARD: WATER FILTERS, HEPATITIS C, AND PROGRAM EXPANSION

This time we also had many discussions about the impact of water filter buckets on patients' health, and how best to roll out a larger program to supply water filter buckets to TB or hepatitis patients who suffer from poor water quality at home. A much larger shipment (3,500 sets) is currently enroute, and we are looking forward to continuing training on the use of these water filters, and tracking the health impact on patients and their families.

The most recent UN report (<https://reliefweb.int/report/democratic-peoples-republic-korea/2019-dpr-korea-needs-and-priorities>) notes that clean water is most lacking in the very rural areas of DPRK, including North and South Hwanghae provinces – so we hope to begin to address this need in part through the provision of water filter buckets at the household level.

We are also working to bring more advanced diagnostics into the DPRK so that we can do viral load testing that will enable Hepatitis C treatment to begin. So far we have identified nearly 100 cases of Hepatitis C (or Hepatitis B and C co-infections) and hope to provide drug treatment that can provide a complete cure for Hepatitis C for these patients. We remain ever grateful for the partnership of a faithful donor that is making critical medicine shipments possible, and for the very careful management of these precious medicines by our clinical partners.

We also had discussions with the Ministry of Public Health this time regarding the need for hepatitis testing of health care workers, and treatment or vaccination for them, as appropriate. Health care workers are at particular risk for contracting the disease in the hospital setting. We also discussed the need for a maternal child program to prevent the transmission of Hepatitis B from an infected mother to child during child birth. There is no shortage of good work to be done – just limited time and resources.



Staff being introduced to a water filter bucket at Jaeryong TB Rest Home.

REFLECTIONS ON THE HOPE CLINICS

By Dr. Alice Unah Lee, HOPE Program Medical Director

This was my 15th trip to North Korea, and I felt at ease returning. It had been almost a full year since my last visit and I needed to be back. Our failed attempt to return in November left us disappointed and sad, but I don't think it compared to how the locals must have felt. They were so glad and relieved to see us. I am not sure if they knew why we could not come, or was it that we had given up on them? I wanted to ask but...

The welcome we received was genuinely heart-warming, expressed in so many ways. Setting up rooms for our clinics, finding additional fuel to keep the generator running, heated rooms in one place, moving the kerosene heater from room to room during the day to take the edge off the cold at another place, blankets to cushion our wooden benches where we would sit all day seeing patients, and even rebuilding the toilets. With each visit, the sense of familiarity grew and clinics were set up quickly: unpacking all of our gear, connecting power, setting up multiple stations (reception, Fibroscan, ultrasound, consultation, pharmacy) smoothly transiting so that the busy clinics ran with a quiet hum. Our team, including 4 doctors, huddled in corners of the large room in teams of two or three (a local doctor, a visiting doctor, and a translator - when needed), talking to patients, consulting with each other and agreeing on the best way forward. Notes scribbled, results explained, languages learnt, prescriptions written and counselling done. Every now and then, there was laughter as we shared a quiet joke. Chocolates shared, coffee topped up, we often sat working for hours at a time glued to the chair, only to get up and stretch our legs, thaw out in the sun for a minute or two and then rush back in. No one complained.



Dr. Alice Lee teaches about hepatitis at Haeju Hepatitis Hospital.

I teach, I learn and I share. I guess that is why I come. Perhaps a more accurate order should be that I learn, I share and I teach. Diligent, persistent, caring, devoted, unassuming in their work, the local doctors remind me of what it really means to be a doctor. Their intimate knowledge of their patients, the trust that I see between them, sharing mobile numbers, calling them in to clinic, explaining, reassuring them. Doing home visits weekly for those who cannot come to them. One special incident among many: Hospital doctors ask us to meet with a doctor who traveled far to come to clinic in place of his patient, who waited in line in the cold, explaining that his patient needs treatment but is too ill to attend, not wanting the patient to miss out. Then, happy that he was able to convince us to trust him with the patient's medicine, returned back to the patient, on a bike over a 43 km dirt road.

Could I do that? For our team, it is a battle balancing the need to see many patients, but needing each exchange to be meaningful - that each patient is heard and acknowledged. Not always successful, but moments during the day when we do this well, captured with a smile, a simple word or phrase, the twinkle of an eye, the nod of the head when connections are made. Words are scarce, even dangerous. Every now and then, a confession is made. "I am less tired," "my appetite and indigestion is improved"...and then I am caught off guard when I hear, "I feel like I am floating..." ("I am so much better") as this lady walks away from me. I am so glad!

Not everyone is satisfied. Hundreds of patients are seen, some are turned away from treatment disappointed, but we remind them it is because they do not need it. Relief often replacing their disappointment when we tell them they are ok. They need to hear this. But then there are the others, where the disease is not something we can help with right now. This is hard. Telling them that they are sick, often very sick, but we are not sure of why and we have little to help them. I feel hopeless but they are accepting that this is it, and grateful that we tried.

Our program is without doubt a miracle or many miracles come to life. I am not sure how far we can push this - is there a limit to what we can realistically achieve? We have nearly 1,600 patients on treatment, 4 treatment sites so far, adding hepatitis C treatment and a 5th treatment site this year, two labs rebuilt so far and expanding laboratory systems, promoting prevention programs and care of patients with late stage liver disease. Well beyond any dream or wish, this has taken on a life of its own. I am reminded that greed for the needy is good greed and hence we will remain very very greedy.

MORTGAGE RETIREMENT IN BLACK MOUNTAIN

In April, we made our final mortgage payment on our Black Mountain office and warehouse property purchased in 2010. God continues to faithfully provide for the needs of CFK through your generous support and partnership! We are working now to prepare advance customs clearance paperwork and to pack/load a container of construction supplies needed for renovation work that we hope to do later this year, pending OFAC license approval. We already have the necessary export and UN sanctions exemption approvals to send the goods – but we are waiting on the OFAC license that will enable us to actually do the work.

Will you please continue to pray that there might be a breakthrough in the relations between the US and the DPRK? It is hard to see the people continue to suffer so significantly – the hardships and workload most face on a daily basis is very heavy. They have no choice but to toil and suffer without complaint, yet the toll on their bodies and loved ones is high. We hear many stories of patients who have lost parents at a young age, siblings, children or spouses – all to a preventable disease, robbing them of life, joy, and hope. One patient seen this time was very sick with hepatitis, his wife was too sick with hepatitis complications to return to clinic, and they have a 12-year old daughter at home. It is unclear if the medicine dispensed to them can make much of a difference – it may simply be too late, but we pray and hope that it may give more time, and allow for real healing. There is much hidden suffering in the DPRK – lives cut short too soon by disease.

CFK TEAM PLANS TO RETURN IN MAY

We have already applied to return in May to continue our hepatitis B clinics. Thankfully we have already received US Government approval for our travel for May and expect that DPRK approval will come through as well. If our pending OFAC license is approved in time, we hope to begin renovations of the Haeju Hepatitis Hospital lab, and install a solar/gravity system at another one of our care centers. If the license is not approved in time, our team will work to repair some existing water systems, and will continue some additional monitoring visits, activities which are currently permitted under our existing licenses. As soon as customs clearance and banking issues are fully worked out, and our OFAC license comes through, we hope to resume shipments of greenhouses, small tractors and renovation materials for care centers – such as windows, doors, ceiling materials, insulation, tile and similar goods.

Now that we have started working at new care centers, this kind of support is crucial to improving the capacity to care for patients long term. We hope to also resume clean water projects, well drilling activities, and perhaps even consider small bio-gas and sanitation projects once additional licensing is in place. We continue to need skilled, qualified volunteers who have a heart for humble and committed service to God among the people of the DPRK to assist

with the hepatitis clinics, or to engage in technical work. Specialties that are especially welcome include internal medicine, family practice, gastroenterology, laboratory science, data management and various construction trades. Korean speakers are especially needed. Please contact our office for more information.

Thank you again for your faithful support and partnership despite all the challenges and setbacks in the external context. Your support is making a very significant difference for thousands of people every year – in the name of Jesus Christ. Thank you for your faith, encouragement and prayers, and for making it possible for this work to continue. May His name be honored and glorified in North Korea through our work and witness, and may many be drawn into a saving knowledge of His grace.



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