



CHRISTIAN FRIENDS OF KOREA

조선의 그리스도인 벗들

December 2016

*“Rejoice always, pray without ceasing; in everything give thanks:
for this is the will of God in Christ Jesus for you.” 1 Thessalonians 5:16–18*

CFK Team Completes Fourth Visit for 2016

A team of 17 people from the United States, Norway, Australia, and New Zealand completed a 27-day visit to the DPRK with CFK on November 22nd. The purpose of this visit was wide-ranging, including flood relief confirming visits to the far northernmost cities of Musan and Yonsa; confirming visits to 18 CFK supported hospitals and rest homes; the completion of renovations at the Kaesong #2 Hepatitis Hospital Lab; the extension of a water distribution system at Kaesong #3 TB Hospital; presentation of advanced TB diagnostics training workshops at the National TB Reference Lab; running over 10,000 diagnostic lab tests at the newly renovated Pyongyang #2 Hepatitis Hospital Laboratory on blood samples from nearly 500 hepatitis patients; and starting 385 more patients on hepatitis B antiviral treatment.

Observation of Emergency Flood Activities

From October 28–November 1, a small team including representatives from CFK, the Mennonite Central Committee, and Evangelisk Orientmisjon, traveled the narrow mountain roads from Chongjin to the northeastern cities of Musan and Yonsa; both cities were among the hardest hit areas during the late August flooding from Typhoon Lionrock.

Our team flew on a domestic flight from Pyongyang to Orang, near Chongjin. The following day, we spent 6 hours in the car traveling the bone-jarring mountainous road to



*Øyvind Dovland overlooking temporary shelters
in the flood ravaged town of Musan*

Musan. Beginning near the top of the high pass and winding down to Musan, there was clear evidence along the way of the devastation caused by the torrential rains that poured into these narrow mountain valleys. The road we traveled down hugs the mountains and largely parallels a small stream that had swelled enormously from the downpour in late August into a raging torrent, sweeping away homes, trees, the road, and all in its path. The base of the mountain valleys, where tiny streams joined the main channel, were turned into huge river deltas, washing away or burying the homes nestled in these smaller valleys, depositing tons of sand and rocks. In many places, we could see that the road had been completely buried or washed away and houses in many villages along the way were inundated, torn in two, or completely swept away.

We spent eight hours the following day on the winding, largely single-lane mountain road to Yonsa. After the flood, 9,869 households out of 10,020 were reported damaged or destroyed. Many homes were undergoing various repairs, and 3,875 dwellings were under complete reconstruction at the time of our visit. Rocks, sand, and debris 4 to 5 meters deep buried many areas where homes previously stood. Also, swept away was the topsoil from many river valleys, crops nearly ready to harvest in fields, and household belongings of tens of thousands of families.



Flood relief team confirming deliveries at the hospital in Musan

Our meeting in Yonsa took place at the County People's Hospital – which appeared to be at the eye of a whirlwind of rebuilding activity. We were told that 5,000 workers were there to help with the rebuilding effort. Literally, thousands of people were laboring in a thousand different tasks simultaneously – it is impossible to describe the level of activity that we witnessed. Small, low shelters sharing common walls made of wood, plastic, and tarps lined the edge of the street on both sides; people were coming and going, preparing food while others ate, rested, worked, walked, or carried things to and fro; large, heavily-laden trucks were moving constantly through narrow, muddy, and deeply-rutted streets; dust and smoke swirled in the air; logs were being turned into lumber; courtyards were filled with neatly stacked building materials; new dwellings were being constructed before our very eyes – from houses big enough for four families, up to large apartment buildings that would house 24 to 36 families. We drove slowly through the area under reconstruction, dodging workers engaged in various tasks: hauling water, cutting wood, surveying, climbing scaffolding, mixing cement, spreading cement, taking a rest, shoveling, installing roofing, fabricating doors, or giving first aid. The work was going on around the clock, as the biting wind and snow at the top of the passes reminded everyone of the relentless march of the oncoming bitterly cold winter.



Nearly finished housing (cleared of workers for the photo) in Yonsa in late October

As we drove on the mountain roads, we passed countless vehicles, including many big trucks coming and going, bearing license plates from all parts of the country involved in the supply, cleanup, and rehabilitation work. At many places, crews were repairing roads, gathering timber from the mountainsides, and cutting it into wood that could be used in the reconstruction effort. Temporary housing was evident in many places with the reconstruction effort significantly underway in many villages. New houses and apartment buildings were in various stages of construction, and in many places, very near to completion. Tens of thousands of square meters of metal roofing (red, blue, green, orange, gray, and brown), provided by multiple international organizations,

topped the newly painted buildings brightening the drab early winter landscape. Signboards with bold lettering urged on the collective effort, large graphs showed the level of goal completion, and red flags snapped briskly in the early winter wind. It appeared that an effort was being made to build back better, yet it was unclear how much could be finished prior to winter's onset, or the quality of the rushed work.



Former site of a TB rest home in Yonsa destroyed by flooding

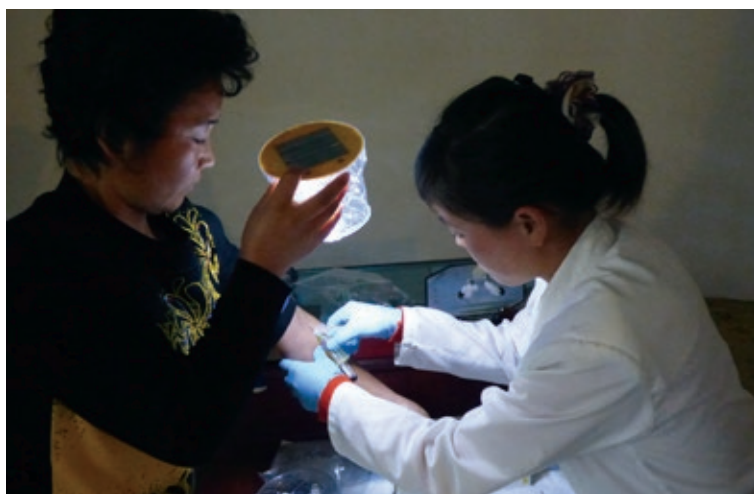
The first priority for rebuilding was the homes that were lost entirely. But many schools, clinics, and other buildings were also lost, so reconstruction efforts will need to continue next year. We were taken to the site of a TB rest home where none of the original buildings remained standing. Thankfully, it was reportedly evacuated of patients before it was fully engulfed in the flooding and completely swept away. The site now is just a barren, rock and sand-strewn landscape with the patients being cared for at another hospital. The new facility will be built on higher ground up from the valley floor, and we will continue discussions with our partners about possible future steps. However, for the next few months, snow and impassible roads will preclude travel in the region.

In both places, we met with county health officials and confirmed the arrival of the materials we sent soon after the flooding, including canned chicken, blankets, hand-made hats, scarves and sweaters, hand sanitizer, hygiene bucket kits, water filters, and other goods. We were given a detailed distribution report showing that 27 care centers in the flood affected areas received our support, and we heard the sincere thanks of local officials. With the frenzy of effort currently underway and the many responsibilities that these officials face, it was hard for them to think too far into the future. The officials realize they have a herculean task to help their communities complete reconstruction before the full onset of winter. They noted that their communities are receiving good support from the government and many international agencies. We also donated 14 greenhouses that crossed the border in the far north at Namyang on October 31st.

An unexpected discovery on this visit was that Painted Mountain Corn Seed, which we had sent to another part of

this region 12 years ago, seemed to have made its way to Yonsa, where it is reported to be under cultivation. We mentioned this project briefly when describing some of CFK's work in the country and this region, and one of the local officials said he knew about the seed and its cultivation in the region. We did not have time to explore this subject further, but we hope to learn more about how this seed has impacted the people of the region on a future visit.

We expect to return to this area in late spring of 2017, once the roads are cleared of snow and travel is possible again, to confirm the arrival and distribution of the greenhouses. For now, it is clear that our emergency support was greatly appreciated. It will be helpful to them in the rebuilding process and during the coming long winter.



A CFK-supplied Luci light illuminates a blood draw

We distributed more water filters and Luci inflatable solar lights which were very well received. We gave our donor list to local officials and shared with them that many people around the world are praying for them and want to help. There continues to be real sensitivities about our name and logo, particularly the Christian cross, especially in this region.

Despite this, they expressed their gratitude for the sincere help, and one official said, ***“Normally our people think American people are not good, but if American people have sincere support and aid for our people, we could be good friends.”*** We pray that our support will be well used and early steps made will help rebuild trust and hope between nations and people long estranged from one another.

Confirmation, Construction, and Lab Diagnostics Continue

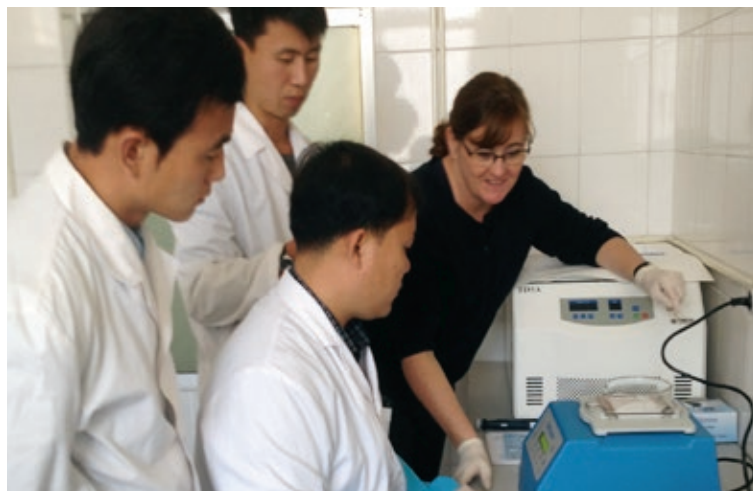
On November 3rd, we were joined in Pyongyang by other members of our incoming team. We transitioned from flood relief work to our usual TB and hepatitis work facilitated by the Ministry of Public Health. Flooring was installed at the Pyongyang #2 Hepatitis Hospital Lab and bloods were drawn over several clinic days. Under the direction of longtime volunteer, Dr. Marcia Kilsby, diagnostic tests were run nonstop at the Pyongyang #2 Hepatitis Hospital Lab on patients from



Hepatitis B patients meeting with international and local doctors at the Pyongyang #2 Hepatitis Hospital

both Kaesong and Pyongyang who had been waiting to start Hepatitis B treatment. We were saddened to learn that several patients died while waiting for treatment – underscoring the urgent need to expand antiviral therapy.

Our construction team then headed to Kaesong to continue reconstruction of the lab. Meanwhile, the confirming team made visits to 18 TB and hepatitis care centers to confirm the arrival and distribution of multiple shipments that had arrived as early as March.



Dr. Kathleen England engaged in training at the National TB Reference Lab

Dr. Kathleen England, a TB microbiologist and consultant to CFK, continued advanced TB diagnostics training at the National TB Reference Lab (NTRL), including delivering training workshops on GeneXpert equipment for new care centers receiving these instruments from WHO/Global Fund and on Hain Line Probe Assay testing now available at the NTRL. Routine maintenance of the facility was also supported by the team working with local staff. We also met with UNICEF and WHO representatives during the visit to update them on our ongoing activities and coordinate efforts.

We had many good discussions with care center directors about how clean water is making a real impact in patient's lives. Greenhouses are producing tons of produce each year and are often the sole source of fresh vegetables during the winter

months. Tractors are in constant use, and motorcycles/cargo tricycles already have odometer readings upwards of 14,000 km – showing how critical they are to the daily operations of these centers and the care of patients. New roofs, windows, and doors are providing much improved shelter for patients, and many care centers have other improvement projects underway that need our support. Solar lighting systems are working very well and are greatly appreciated. The Ministry of Public Health has asked us to begin supporting five more care centers in 2017, which we are considering.

Hepatitis B Treatment Expands to 457 Patients

On November 12th, the Hepatitis B treatment team including doctors Alice Lee, Sissel Topple, David Hilmers, Joseph Chung, and others assisting with the program, arrived to work with local doctors to assess patients for

possible initiation of hepatitis B therapy. For several days, we ran clinics in Kaesong and Pyongyang, including ultrasound and fibroscan review, physical exams, patient histories, photos, and blood results. Nearly 500 patients were seen in these clinics, most of them with advanced disease, and 385 were started on antiviral therapy after being informed of the parameters of the program and signing a consent for treatment – bringing the total number of patients now on treatment to 457 patients. An information booklet printed in Korean was provided to patients to read while they waited, so they could be better informed about hepatitis B. There were many moments of joy, relief, and hope as patients visited with the doctors and pharmacists and took their first dose of medicine.

With treatment rolled out for the very first time in September of this year – made possible through *(continued on page 5)*

Stories from the Journey

Dr. Alice Unah Lee, *Co-Founder Hepatitis B Free (Australia) and Director of the CFK Hepatitis B Project*

I cannot even begin to imagine what it must be like to live in North Korea. Over 10 visits, two have been in November – the most difficult trip of the year for me. It's not even winter yet, but anticipating the cold makes me shudder even in the warmth of the Sydney summer.

The bitter cold – from which the buildings provide little protection – set a heavy feeling in my heart when thinking about the long cold winter ahead. All coated up, gloves and beanie on; we had work to get done. This is also the trip with the longest interval until the next one – at least 4 months away – a long, long time in my time frame. I miss Korea even before we leave and worry about those who will not make it until the next trip, those we have already met, and then lost. The faces that come to the clinic now are familiar, and their stories are becoming mine.

Reluctantly or freely, they have started to share their life with me, and for this, I feel so extraordinarily privileged. The local doctors, the Ministry, and patients have been waiting. They are always waiting for us. And, as much as we miss them, I am sure we are missed just as much, perhaps more so. Our trip in September gave us a good start, but now it was time to crank up the gear. I am still struggling to come to terms with the number of patients who kept coming and how sick they were. In some naïve way, I thought we had seen the sickest already. I am now greeted by familiar faces, even at immigration on entry or exit, staff recall my name and their faces light up, lighting up mine. These faces, their stories are hard to hear, yet they must bear the burden. For now, we can bring some small joy. The joy was two sided, and I am so impressed by the resilience; so happy to see some faces that I had worried

would not be here. Others, who have since passed, bring a sense of urgency to this small contribution we are making.

We started a single mother on treatment in September, amongst a cohort of the sickest. She returned with her 14 year old son, her eyes full of hope and anticipation. The boy was small, perhaps not too small for a local, but way too small in my mind. He lost his father when he was 6 from liver disease, the same disease that preys upon him and his future every day of his life, and we started him on treatment. I hope it will save him, I hope that his mother will live just long enough. They were happy.

I wish I could step inside the mind of a patient, whose eyes initially look into mine with menace and uncertainty, wondering what evil deed I have in store for them. And

then, at some point in our conversation, whilst listening to this Australian woman, whose Korean is not quite right, there is a moment, a moment that I can almost touch where their eyes light up, followed by a smile and a physical change in the entire person. Not only in the receiving of the medicines, but often in the simple things. No, you do not have liver cirrhosis, you do not have hepatitis B, it is not your fault that your loved one has hepatitis and is sick. Some walk away poised and calm, only to cry with relief just as they step outside, a lifetime of burden lifted.

I will no longer take for granted the simple things. We have so much to do, but what we have done to date will never ever cease to amaze me. Through the grace of God, we move forward and continue to love and touch the lives of many, including those we have yet to meet.



Drs. Sissel Topple, Alice Lee, and David Hilmers consult on a complex case

Scattering Seeds

by Sissel Topple, M.D.

The ground varies, we are told in Jesus' parable, but it is not for us to know which seed will flourish or where it will take root and grow. It is hard to describe the joy of being entrusted with the privilege of being out in the fields scattering. And, it is hard to describe the joy of being able to care for people of a nation enshrouded in isolation.

The immense burden of the disease of hepatitis can overwhelm one who steps back and looks at the current situation in North Korea. How can we help? How can we make a difference? By caring for one person at a time, by looking into their eyes as they share their grief and fears, and by doing our best to communicate the bottom line: we care.

Somehow, I pray in the caring that they will have a sense of God's love. I pray that the Spirit can move beyond our touch, our voice, and our words to say, "God loves you."

I want to thank everyone who has been praying for this hepatitis project. The miracles abound just in the execution of this enormous endeavor to try to begin to help just a sampling of many dying with this illness.

Please keep praying, as there is so much to be done in this area. God is blessing CFK mightily even as He is blessing those whom we are able to reach and touch in DPRK. This is so clearly snatching people from the jaws of death. May God continue to go ahead of us and pave the way through these uncharted waters.

(continued from page 4) generous donations of medicine from two pharmaceutical companies – there is much to do in terms of patient and staff education and many programmatic details continue to be worked out. The local and international lab staff supporting the program worked long hours into the night at the newly finished Pyongyang #2 Hepatitis Hospital Lab for



The November construction team included David Syren, John Crane, Rob Robinson, Bjørn Voreland, and Øyvind Dovland

many days straight in order to complete the necessary testing and data entry needed to prepare the diagnostic reports for the physicians required for treatment decisions. The new lab space is beautiful, fully functional, and well supported with power through a combination of grid/solar/battery installation with generator backup. Over 10,000 individually pipetted test results were produced and confirmed by the lab in a two-week time frame – truly a herculean effort. Meanwhile, the treatment team spent long days seeing patients, and then worked late hours into the evenings scanning patient records and preparing for the next day's clinic.

Giving Thanks

During our morning devotions while visiting the flooded areas, we spent time in the book of Nehemiah. We were encouraged and strengthened by Nehemiah's faith and action in the midst of danger, difficulty, and opposition. During the hepatitis treatment clinic, we spent time in the Gospels of Luke and John focusing on Jesus and his ministry of healing and restoration; meanwhile, our construction team continued their study in the book of Acts. What a privilege it is to read the Word of God in North Korea together as a team, to pray together at the start of each day and over meals, and to see God's hand at work in countless ways.

There were many challenging times on this visit, as on every visit to the DPRK, but God is faithful. We trust that God is working even now in many hearts and lives, for His glory and purposes. Please remember the North Korean people in your prayers because despite obvious development in Pyongyang and other places in recent years, they continue to face many daily challenges impacting every area of life. Many continue to suffer from very difficult living conditions, including food shortages, lack of clean water and sanitation, inadequate shelter, poor heating in winter, and limited medical care. We are so grateful to be able to engage in some of these areas, and we pray that in doing so many are introduced to the grace and love of Jesus Christ – whose name we seek to honor in action and word.

In one of the local church services, the pastor delivered a thanksgiving message based on 1 Thessalonians 5:18. The pastor said:

"This is the Sunday that we celebrate thanksgiving together. As we read from the verse in Thessalonians, it encourages us to give thanks in all circumstances because this is God's will in Christ Jesus for you. I give thanks today that we can worship together with our Christian friends from overseas. You have been coming here in all seasons, continuing to work and sweat, serving the people. We know that you endure a lot of challenges and pray that God will bless all your efforts to 100 fold. As we join together today, I hope that we can be reminded what it is to truly give thanks. To give thanks from the heart, in a way that is pleasing to our Father."

We know that there may be challenges and divisions in our own lives, our family, and even our country, but we must believe that God's will is unity, peace, and blessing. It doesn't matter if you are rich and living in a mansion or if you are poor and living in a tent, what matters is whether or not you can truly live with gratitude. What matters is if you're letting God's grace change your heart and mind and prepare you to receive God's good blessings.

The point is not how much I have done for God this year, this month, or week. The point is whether or not I will live before Him with gratitude through all circumstances. We also know that we have fallen short and must first search our hearts and truly repent. When our hearts are prepared before God, and we remember that God has provided the ultimate sacrifice for us, then we will truly be thankful and be in God's will, ready to receive His blessings of grace, peace, and unity."

At the close of the service, the pastor said, *"I thank God for all of CFK's work for the sick and hurting people and pray that God continues to give grace and blessing in all your efforts."* His words encouraged us and seemed a fitting closure to our 2016 work, and we hope his words also bring you encouragement.

Loss and Sadness in the CFK Family

On November 13th, Gale Champie, our external accountant, died unexpectedly after a short illness. Gale helped set up CFK's finances, provided sound and helpful advice, and served faithfully as our external accountant for 21 years. She will be greatly missed.

We also greatly miss long-time Korea missionaries and CFK supporters, Dr. John Wilson, Betty Boyer, and Ruth Nieuwsma who went to be with our Lord this year. We are thankful for their lives of faithful service and the inspiration they are to us and many others.



Jennifer Diebert of the Mennonite Central Committee observes preparation of food donations for patients at Kaesong #3 TB Rest Home

Upcoming Work for 2017

Looking ahead, we have much work to return to in 2017, including water projects at care centers, more hepatitis training to deliver and patients to help care for, setting up of the lab in Kaesong and new diagnostic instruments to install, as well as ongoing work related to general patient support at 30 or more care centers. We give thanks for the many volunteers who continue to generously give of themselves and their time and talents to participate with us in this work – celebrated and featured especially this year in our 2017 desk calendar. And, we continue to give thanks to God for each and every person who prays for this work and who gives generously of their resources so these efforts can continue. What a privilege it is to share your names with our North Korean friends, telling them of your love for God that reaches across oceans, and the barriers that divide to build bridges of God's love and grace to them. You encourage them more than you know, and we join with them in thanking you for your generosity and faithfulness. None of this is possible without your support.



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