



CHRISTIAN FRIENDS OF KOREA

조선의 그리스도인 벗들

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

*“... serve one another
humbly in love. For the
entire law is fulfilled in
keeping this one command:
‘Love your neighbor as
yourself.’”*

Galatians 5:13-14



*Our Norwegian team members with the Shinwon
TB Rest Home Director.*



*CFK volunteers take a break from water repairs to
smile for the camera.*

CFK Team Returns to DPRK to Confirm Shipments and Expand Treatment to Hepatitis B Patients

A CFK team of 14 people, including 3 from Norway, one from Poland, one from Australia and 8 Americans returned to DPRK from August 31 – September 22 to continue ongoing humanitarian efforts. During the visit, we studied the book of Galatians in our devotional time together. And we traveled long distances, visiting 22 care centers to confirm the arrival and distribution of multiple aid shipments that had arrived earlier this year, making repairs to water systems and critical diagnostic equipment, observing the impact of significant flooding in Hwanghae Province (including bridge washouts and other road damage) and continuing hepatitis B diagnostics, treatment and staff training activities in Pyongyang, Kaesong and Haeju. In total, the diagnostic team screened 293 patients (some for follow up, some for initial assessment) and started 173 new patients on treatment.

Other than a very intense rainstorm early in the trip that caused significant flood damage (especially in Haeju, Taetan, Sinwon, Pongchon, Chongdan, Pyongsan, Kumchon, and Jangpung counties), including reportedly 76 lives lost in these areas of Hwanghae Province and road/bridge damage that prevented us from visiting several care centers in this region, the weather was beautiful during our stay. The moderate temperatures were a welcome change from what we heard had been an unusually prolonged hot and dry summer.

During the first week of the visit, our teams focused on making confirming visits to rural care centers, and repairs to existing water systems at several TB care centers. It is very clear that the food, medicine, blankets and hygiene kits that we send are deeply appreciated and carefully used in the care and treatment of patients. These things are a lifeline to places that continue to struggle to care for patients under the most difficult circumstances. After the departure of some confirming team members, we traveled to our hepatitis B treatment sites to collect blood samples so they could be taken back to the National Hepatitis Reference Lab for immunology, chemistry and hematology diagnostics.

While these results were being generated and input by Terry into our database in preparation for treatment clinic, we continued with more of our confirming activities and water repairs. With the arrival of the treatment team on the 15th, we then transitioned entirely to hepatitis B treatment clinics – holding them in Kaesong, Haeju, and Pyongyang, and including training at each place for the local staff.

HOPE Program Enters 3rd Year of Treatment

September 2018 marked the end of the second full year since the arrival of hepatitis B medicine into the country, and the start of our treatment program developed jointly with Dr. Alice Lee and our Australian Hepatitis B Free colleagues, Dr. Marcia Kilsby of Global Care Partners, and the DPRK's Ministry of Public Health. We are grateful and amazed at the progress made in just two short years, with two solar-powered labs fully renovated and working in Pyongyang and Kaesong, and donations of medicine that are saving many lives. While increasingly restrictive US, UN and China sanctions have effectively stopped construction progress on the third lab planned for completion in South Hwanghae Province, we have still been able to initiate treatment at this site by doing the diagnostic work at the other labs. Staff training is well underway in three locations, and we had discussions this time about opening treatment in 2019 to patients in two more provinces.



(Above) Staff training is ongoing at three locations and is vital to accurate diagnostics. (Below) The treatment team getting ready to load up after another busy day.



Lab staff and volunteers analyze and record rapid test results at a CFK supported hepatitis B laboratory.

Not all the stories are ones of success – many patients are very sick when they come to us, and in some cases, their disease has progressed so far that the medicine cannot help much.

Out of 1,275 who have started treatment, we have lost 86 patients from the program so far – most to liver cancer or advanced liver disease despite being on the medicine. But in many more cases the medicine came in time so that the inflammation caused by the virus is subsiding, their livers are healing, and most will go on to live normal lives so long as they remain on treatment. What a privilege it is to bring great hope into otherwise bleak circumstances.

We see a wide range of people seeking treatment through this program – our youngest patient is currently 11 and our oldest is 71. Their occupations range from housewives, to laborers, to farmers, to students, to local officials, to health care workers. All come with their own unique stories and burdens. Our aim is to receive them with respect and in Christian love, to hear them, to support the best possible diagnostics for them, to help train their local doctors in how to care for them, and to start those who need treatment on lifesaving medicine. We also inform them of what they can do to help in their own recovery, prevent transmission to loved ones, as well as the risks and commitment of starting what for most will be life-long treatment.



Each patient who comes to the program for screening is photographed and issued a patient number that goes on all their records, blood draw tubes, etc. (Patient names and numbers altered for privacy purposes)

Patient Records Database Foundational to the Program

This program has required simultaneous development not only of the treatment protocol, building labs from scratch, training staff, and introducing new diagnostic technologies, but it has also required development of a robust patient database system, including real-time entering of doctors' notes, a variety of test results, patient vitals, photos and clinic attendance. With very limited computer/network options in DPRK due to security and a multitude of other concerns, we have had to put together a system that can work off the grid, with our international volunteer doctors using their own laptops to input data while local doctors use paper forms to simultaneously build their own patient records. Patients who come to the program for screening are photographed and issued a unique bar code that goes on all records, blood draw tubes, etc. These labels are then scanned by the lab staff, minimizing sample mixups and data reporting errors. The results can be pulled directly off the analyzers and imported directly into the database. Patient treatment agreements and ultrasound results are scanned and attached to each patient record. Prior to clinic, the patients' current and historical results are printed onto sheets of paper that are given to the patients at registration, and that go with the patients when they consult with the local/international doctor team. Each international doctor is also given a spreadsheet file with more detailed information on each patient, that populates fillable forms. The form with notes added by the doctor is saved and attached to the patient's permanent record. Those patients who are started on treatment are issued a unique ID card that includes photo, name and date of birth, along with a bar code for verification at the pharmacy, the lab and follow up visits. Keeping accurate records on all these patients in real time is a daunting challenge often fraught by glitches in technology. We are constantly working to improve and streamline these operations. As the program grows and local staff gain experience, we will need to responsibly hand off critical behind-the-scenes work to the local staff, although this will be most challenging in the more remote areas where access to computers and reliable power is extremely limited. The present intense sanctions environment prevents any hand off for now.

With some patients having been on medicine now for 1-2 years, many are seeing a real impact on their disease. What a joy it is for our doctors to go over their lab results with them and see in black and white how their liver function tests and other diagnostic results are improving over time. Patients are keenly interested in their health, and these results give objective reassurance beyond their feeling much better, looking healthier, and living with new hope.



CFK staff member, Terry Smith, enters patients into the database, one by one.

“But My Heart Wants to Treat Every Patient!”

In Her Own Words:

By CFK Board Member Sissel Topple, M.D.



“But my heart wants to treat every patient!” said my North Korean counterpart Dr. Chae as he clutched his right hand to his heart. A very surprising expression of emotion from this man who seemed distant and removed just a few hours before when we started seeing patients. So I carefully reviewed the patient’s labs with him, explaining again that even

though the young man before us indeed had hepatitis B and was having a flare with elevated liver enzymes, that currently his other tests of transient elasticity and his history did not indicate any sign of fibrosis or liver scarring and therefore it was best to wait and watch with this individual. He will likely need to be treated at some future time, but a lifetime of medicine with potential side effects is not something you want to throw onto someone who doesn’t need it just yet.

This exemplifies much of what we are doing as physicians in the HOPE project. It is not just about identifying who has hepatitis, but sorting through to find which ones are the sickest and which ones are at higher risk for developing cancer or decompensated liver failure. It is not all about formulas and numbers or even just family history. Sometimes one has to follow one’s “gut” feeling and make a decision, praying for wisdom in each and every case.

The challenge is to try to make sure each person feels loved and cared for as we process one after another. Stories of heartache and family deaths and other tragedies weigh on our hearts. We are all burdened as the clinic day closes. How can we share of eternal hope? How can we communicate God’s love in a nation where the Name we adore is offensive?

One touch at a time. Listening, listening to their stories. Has anyone cared before? Can we assure them that we do indeed care, especially for those from whom we withhold medicine for the time being? Waiting and watching is hard when you are tired and have abdominal pain (which might be from something other than hepatitis!).

We are encouraged in the Word each morning. This trip we focused mostly on Galatians. “Let us not become weary in doing good, for at the proper time we will reap a harvest if we do not give up.” Oh may we not give up! Thank you to each of you who through your prayers sustain and encourage those of us on the front lines. We feel your support and are strengthened to continue in the good work that our Father has given us to do. May we all carry on faithfully, whatever that role is: praying, giving, going, working. May His Kingdom come!



Dr. Sissel Topple and a North Korean doctor.

Global Fund Closure Brings Uncertainty to TB Treatment

On June 30, the Global Fund Against Aids, TB and Malaria closed their TB and malaria programs in DPRK, despite significant continuing need for this support and no alternative “Plan B” in place. Since 2010, Global Fund grants have been administered in DPRK through UNICEF and WHO, and they have been the primary and most significant funder in the fight against TB and malaria. While some cost savings from the prior grant were realized and invested in additional first line drug supply for the country that is now expected to last into mid-2019, the country still faces a looming drug shortfall when this supply runs out that could quickly reverse modest gains made over the past decade in the fight against TB.

Please pray that a long term solution can be quickly found to reinstate support for life-saving TB medicine and critical diagnostic supplies prior to the supply of medicine running out. Any break in supply risks further expansion of the existing TB epidemic, and multi-drug resistant TB which will impact not only the DPRK, but also risks the health of neighboring countries. Since it takes at least six months from the time of order until the time of delivery of drugs, there must be a plan in place by the end of 2018 in order to avoid a catastrophic drug stockout.

Sanctions Pressures Severely Restrict Humanitarian Activities

There is no question that enhanced sanctions are severely and negatively impacting humanitarian efforts in the DPRK, regardless of sanctions preambles that include statements noting that they are “not intended to harm the people of the DPRK or humanitarian activities in the DPRK.” Despite the significant time and attention that we, pro bono counsel, and our Board has had to spend over the past year to focus solely on these issues in order to be in legal compliance, we have only been able to defend a small segment of our work so far. Through newly updated BIS licenses, amended/expanded OFAC licenses, and State Department travel approvals, we have been able to legally engage in our hepatitis diagnostics and treatment work, including sending the materials that we need in order to do this narrow scope of work. But there are many things that we cannot send, and there is a large segment of our basic humanitarian engagement work that we are still struggling to get permission to continue. We still do not have approval: to put in clean water systems at TB and hepatitis care centers, send in renovation materials and bring work teams to do renovation work; to send anything to DPRK that includes metal (from nail clippers, to greenhouses, to parts for our vehicles, to diagnostic equipment – all of it includes metal); or to respond to acute humanitarian disasters such as flooding. We still face many very daunting challenges just to reinstate the full scope of purely humanitarian work we have been doing over the last 10-15 years.

Gratefully, the US State Department has granted special validation passports thus far, allowing 4 visits by CFK teams since the travel ban took effect on September 1, 2017. This has enabled critical water repair work, monitoring activities and hepatitis B diagnostics/treatment to continue as allowed by our current licenses. And we have been able to continue sending very basic shipments of food, medicine, hygiene kits (without nail clippers!), and blankets. We are very grateful to our longtime in-kind and financial donors, shipping agents, pro-bono lawyers, and others who have continued to make these shipments possible. But we have been challenged and discouraged by the unexpected seizure of water filters (intended for household use by TB and hepatitis patients) that have been held by customs officials since July, the ban on metals, and the cumbersome UN sanctions exemption process that effectively hamstring meaningful humanitarian engagement efforts that lead to lasting change. And we still have not been able to send outgoing wires to pay for purchases made in third countries. In the face of an expanding TB epidemic, and huge burdens of hepatitis B, malnutrition, and many other health challenges, these artificial barriers are inexplicable stumbling blocks that have stopped or significantly curtailed all but the most determined and basic humanitarian actions. The lives and future of many very ordinary North Korean citizens hang in the balance – please pray with us that these artificial barriers can be removed and a way forward can be found such that life-giving help and engagement can resume unhindered.

Progress and Hope Amidst Continuing Hardship

Our travels this time around the countryside were during a beautiful time of the year – with blooming pink and white cosmos along the roadsides, and corn and peppers ripening, being harvested, and laid out on rooftops or flat patches of ground to dry in the sun, bringing bright color to the green and gold landscape of late summer/early Fall. Most of the days were misty in the morning, with brilliant blue skies by mid-day, and fluffy clouds in the late afternoon giving way to



(Above) A typical North Korean countryside scene. It is clear that sanctions are affecting the lives of ordinary citizens.

(Below) Recent flash flooding damaged roads and bridges, and prevented travel to several care centers this time.



many beautiful sunsets at days end. The rice paddies turned from green to gold during the visit, and the first fields were being cut and laid out to dry by the end of our visit. Sadly, corn stalks in many places stood completely withered in the fields – with many stalks not bearing any ears, and others bearing only stunted and shriveled ones. How difficult it must be for farmers who spend so much time planting, hoeing and watering plants only to see entire fields unproductive or bringing only a small yield for all the work involved. Any impact on the corn crop affects the poorest most directly. It is clear that the drought and prolonged high summer temperatures will impact the corn harvest, and there was concern expressed that the timing of the drought is likely to affect seed production for next year.

It was also the time of year for repair of the roads, and in our travels we saw many teams of people working over billowing black clouds of smoke to remelt broken asphalt, old tires and gravel to make new asphalt and hand patch sections of road. In other places affected by the flooding, teams of people were removing the debris from mudslides, rebuilding retaining walls, and breaking up foot-thick slabs of concrete by hand from collapsed bridge sections that had shifted and fallen as a result of the sudden flooding.

DPRK also celebrated its 70th anniversary, and we attended the “Glorious Fatherland” mass games performance at the 150,000-person capacity May Day stadium in Pyongyang. Having seen mass games performances in years past, it was encouraging to see much less of a focus on the ravages of war and anti-American sentiment to a more hopeful future of economic development, peace and outreach to the world, including clips from the Panmunjom summit and the Singapore summit. A few days later, it was reported that the leaders of both North and South Korea attended a performance together, and President Moon Jae In of the Republic of Korea addressed the capacity-filled stadium with a seven minute speech – the first time a sitting South Korean president has ever directly addressed the people of the DPRK.

We noticed other subtle changes in messaging as well and there is clear hope in the hearts of many for a move towards greater peace and openness.

CFK Team Hopes to Return to DPRK in November

Our CFK team hopes to return to DPRK in November to continue Hepatitis B diagnostics/treatment, discuss ways to mitigate impact of the looming stockout of TB medicine/diagnostic supplies caused by the closure of the Global Fund grant with national staff, and plan for 2019 activities. Recent denial of travel permission by the US State Department, however, may allow for only a very small team of non-US passport holders to go or may result in the visit being cancelled entirely.

Please be praying as we participate in various meetings, and plan for 2019 activities and work.



(Above) A young North Korean girl waits for her mother who was newly admitted into the Hepatitis B program.

Please also be in prayer for the North Korean people – many of whom face severe health challenges, struggles and burdens beyond understanding as their country strives to modernize. We remain ever grateful for the opportunity to work alongside them, bear with them in a small way some of their heavy burdens, and point them to the hope and healing that we have in Christ Jesus. As we work side by side together, overcoming formidable challenges and sharing daily life through work and fellowship together, God is opening new pathways of understanding and grace. May it all be to the glory of His name and the building of His Kingdom.



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