Deepening Partnership and Critical Need

Two main themes marked our most recent 12-day visit to North Korea (May 17-29, 2008). The first is partnership, and it permeated our entire visit with unprecedented friendship and cooperation between our team and our North Korean hosts. From the warm welcome at the airport, until our farewell – and in the long months between our visits - we seem to have moved beyond the days of resistance, mistrust, and skepticism, and into a new relationship marked by true friendship, advocacy on our behalf, ownership of our joint efforts, understanding, mutual respect, and appreciation not only for what we are doing, but also for who we are. The entire visit was filled with many joys – the fruit of relationship building and trust on both sides that enabled the successful completion of two complicated operating room upgrades so far, and two more to come later this year. The joy and humble pride on the faces of the local hospital directors, and the real and lasting change and hope that these projects bring to the patients served by these places was priceless – and shared in equally by our counterparts – dear colleagues whose hard work on the ground when we are not there made possible these remarkable successes.

Yet, while we are still warmly reflecting on our time spent with friends and colleagues who share a joint purpose, we are sobered and greatly alarmed by the 2nd ever-present theme that is the stark reality of North Korea – the overwhelming needs that we heard and saw. The overall situation currently in North Korea is extremely difficult for many. While our team was generously well fed and cared for, as we visited 14 of our rural rest homes and hospitals, we heard how vitally important our food contributions were to these TB care facilities, especially following the floods last year. Nearly every place quietly noted that while TB patients received priority rations (of rice) from the government, nearly all other supplemental food (70-80% of their total need) was provided through CFK – either through fresh food grown in our greenhouses, or through direct food distributions such as canned meat, soybeans, and soup mix. They were especially grateful for shipments of food provided by Christian Aid Ministries and the Mennonite Central Committee – which have been particularly invaluable to them this year in caring for their patients.

And there are many other alarming needs that we learned of on this visit. The steeply rising numbers of registered TB cases indicates a heightened level of stress on the population. Registered tuberculosis (TB) cases have nearly doubled in the past months – from 52,000 last year to now over 100,000 this year, and they expect these numbers to rise even more as they do more active case finding. Many places were already caring for many more new patients and several were building new structures to house the increased load. Local health officials attributed the cause of this dramatic rise in part to a measles outbreak 2 years ago, as well as to the health impact and food shortages stemming from flooding that took place last August and September.

With the near doubling in registered TB cases, there is now a critical shortage of the basic TB medicines needed to treat these patients. While the World Health Organization is working with the DPRK to secure continuation funding for their TB program, the earliest this funding will be available (if approved) is sometime in 2009 – and until then, there is a shortfall of over 50,000 patients worth of medicine since current stocks only planned on a case load of 52,000. This means that there is no medicine to treat the over 50,000 people who have new confirmed cases of TB infection. Many of these patients will remain contagious to their families and others and get sicker while they wait for medicine to come. It is truly an alarming situation, and we have been asked to provide all the basic TB medicine needed to treat the patients in our regions (N/S Hwanghae and Kaesong) – about 12,000 patients total. We have an order of TB medicine processing currently for 5,000 patients – but we need to raise an additional $245,000 to purchase the additional 7,000 patients worth of medicine needed for our supported region. We ask you to prayerfully consider this great need and to give as generously as you can.
We were humbled to visit one of our rural rest homes to find that they had begun an ambitious building project—trusting that we would help them finish it. They had lost buildings in the recent flooding, and rather than just replace the barely adequate shelters, they have a vision for real change. The quiet and gentle-mannered rest home director overseeing this place is particularly capable, deeply dedicated to the welfare of his patients, and well respected in his region. Many people have rallied to support him in his efforts. He said to us, “The plan is to make this rest home a model for the rest of the country. If you supply roofing materials, windows and doors, and electrical wire, the project can be complete.” They already had the foundation and walls built—(with bricks made on site entirely by hand) and they appealed to us to help them with only the few things that they could not do for themselves. They showed us two architectural drawings that they had completed, and gave us a list of all the materials needed for the job. After doing some preliminary figuring, we would expect our portion of the project to cost in the range of $35,000 - $50,000, and result in an entirely new facility to care for over 150 patients at a time. We hope to send roofing materials within the coming days so as to enable them to get the buildings under cover before the rainy season hits in July in full force. Then as we are able to raise further funds, we hope to send the balance of the materials needed to complete the project, hopefully by year end.

We remain ever grateful to you for your faithful prayer and financial support for these many years. Your gifts are making a real difference in the lives of many people, and helping to initiate slow but necessary practical and relational changes in North Korea. As one local official said, “Treatment should be accompanied by a clean and safe environment for TB patients. Everyone wants new windows and doors. Leaders have had a taste of what is better. They want that for all their facilities to better care for their patients.”

As another rest home director said, “I highly appreciate your visit and sincerity showing concern for TB patients. When you return home, please send my best regards to your friends and donors.” Or another, “You have been so kind to understand the needs of individual rest homes and we appreciate that you never promise, but you always deliver. We are very grateful.”

We return with deeply thankful hearts, for God’s overwhelming goodness, for the faithfulness of you, our prayer partners and supporters, for the firm foundation built over many years by many different people who have led and participated on our visits, and above all for grace at work in North Korea in part through Christian Friends of Korea. The relationships we have established with our counterparts at all levels of work are bonds not easily broken. Each day of our stay was marked by joy, true kindness and friendship, gratitude and many natural opportunities to share openly of God’s love and mercy. We are now seeing the fruit of multiple years of visits blossoming into much more of a true partnership—with both sides working hard to facilitate, to understand, to solve problems. We saw great progress in the delivery of all our goods, and we expect that this will only continue to get better, despite the persistent challenges in transportation, communication, and shortages that remain quite severe. Our hearts overflow with gratitude to God for his faithfulness, and also ache with the needs that we see.

We urge you to pray for the people of North Korea, and to respond as generously as you can—to provide medicine for those who are sick, to provide housing for those who need a place to recover, to provide food and relief to those who are hungry. Thank you for your faithfulness. Thank you for loving these people with the compassion of Christ and for bringing them hope and a vision for a better future.

A CFK Board Member’s Perspective

CFK Board member, Bill Moore, offers impressions from the May 14-29 Confirming visit to North Korea

N orth Korea is a beautiful place in May. Everything had greened up nicely. The Cottonwood trees were depositing wind-blown piles of downy fluff in the roadways, blanketing the bushes and spider webs. The guest house on the banks of the Taedong River near Pyongyang where our Christian Friends of Korea team stayed for most of the visit had a dense backdrop of vegetation, populated by Ring Neck Pheasants, which appeared unfazed by the foreigners nearby, and sounded off regularly. The Acacia trees were in full bloom.

As we moved through the countryside, the workers on the collective farms were transplanting rice plants into the paddy fields. This is a critical phase of life in the north, and everyone is expected to take part. Backs bent, barefooted workers move slowly across the fields. On the mud dikes of the water-filled paddies there are often patriotic slogans on placards, revolutionary red flags flying, and even sound trucks playing inspirational songs. This idyllic picture of a worker’s paradise belies a truth that is not readily apparent. The coming fall harvest, which is vital to a nation where one third of the 23 million people suffer from malnutrition, is already in jeopardy. Previous large shipments of fertilizer from South Korea have been withheld this year for political reasons. Aid workers from other countries told us that the potato crop is already stunted, and predicted that the rice crop will be twenty-five percent less this year. For those still receiving rations, the daily government ration of grain per person will be reduced from 250 grams to 150 grams in June. The US government announced while we were there that they would provide 500,000 metric tons of food aid—but it will take time for this to arrive and be delivered.

Uncertain food aid, coupled with poor food security (effective agricultural production) means an increase among the populace in susceptibility to disease, particularly tuberculosis, which affects an estimated five percent of the North Korean people.

This was the backdrop for our journey to the Democratic People’s Republic of Korea as an NGO (non-government organization) working to provide medicine (particularly tuberculosis treatment drugs), medical equipment, farm machinery, vehicles, construction materials and food for the people of the DPRK. “The needs are real, and the urgency is intensifying. The Chinese character for “crisis” is composed of two other characters: “danger” and “opportunity”. As we traveled to fourteen different medical facilities, we could
see that there is a “dangerous opportunity” to make a difference in this land, and bring hope to many lives.

Our team was a diverse mix of six people. Our Executive Director, Heidi Linton, grew up in Alaska, married into a famous Presbyterian missionary family, and has effectively immersed herself in the work of CFK for the last 13 years. By her indomitable spirit, genuine integrity and meticulous attention to detail for providing aid and assistance she has endeared herself to the North Korean leaders assigned to us through the Ministry of Public Health and forged working relationships that are highly effective. Dr. John Somerville, retired Presbyterian missionary, was our official Korean speaker on the trip. A Harvard graduate in Asian studies, Dr. Somerville spent many years teaching in South Korea, and has visited the north on 10 previous visits. Paul Moffett, a pastor at Lighthouse Christian Center in Puyallup, WA, is the great grandson of pioneer Presbyterian missionary, Samuel Moffett, who came to Pyongyang in 1905. Lee Wheeler is an agricultural engineer from Hesston, Kansas, representing the Mennonite Central Committee, a CFK partner. He is a greenhouse expert who has made 11 trips to the DPRK. Terry Smith, Heidi’s able assistant, came from Memphis, TN and now lives in Black Mountain (headquarters of CFK). I rounded out the team and am the son of Methodist missionaries, James and Margaret Moore. My grandfather, Dr. Stanley Martin, was a Canadian Presbyterian medical missionary in China and Korea. I grew up in Seoul and am now the pastor of Southern Hills United Methodist Church in Lexington, KY.

Our purpose in traveling to North Korea was to make a “confirming” visit, checking to make sure that the supplies and equipment (more than three million dollars worth sent since January) had been properly received, inventoried and distributed, to present lists of donors to the facility directors, and to build relationships and trust with everyone with whom we had contact. Part of this work was to visit two warehouse locations to make sure supplies were moving out to the facilities. This is important also to make way for incoming shipping containers. It is noteworthy that our North Korean counterparts value the aid assistance of CFK and a similar NGO so much that they actually built a spacious warehouse just for receiving shipments to be distributed to CFK ministry sites. A forklift sent by CFK donors was in use there. The other main task of confirming was to visit the actual facilities, interview directors, staff, and patients, and assess the priorities and needs of each place. These visits were the heart of our schedule.

A typical trip to one of the hospitals or TB rest homes began with a convoy of vehicles traveling to the locations scheduled for the day. The road surface usually began with paved roads of varying quality, that soon gave way to a washboard gravel road, a muddy track snaking up into the hills, or even a rocky stream bed that had to be forded. Once we arrived, we were greeted by the director, doctors, nurses, and various local officials. We would be seated around a table with refreshments provided for the visitors (strawberries, peanuts, tea), introductions would be made, the donor list presented in Korean with an explanation, and Heidi would begin the process of inquiry. What is the current situation in this place? How did the devastating floods of 2007 affect the facility and patients? How many TB patients are there? What are your priorities here? Questions would be asked about the arrival of vitamins, health kits, bedding, laundry soap, doctor's kits, hospital beds, medicine, and other things. Food shipments of canned meat, soy beans and dry vegetable soup mix were checked on. New equipment was sometimes delivered, including new microscopes. Some sites had cargo tri-motorcycles to transport supplies slated for delivery. A new kind of greenhouse, which does not require an additional heat source even in frigid temperatures, was discussed and offered at each place. A tour of the facilities meant a chance to see delivered goods, meet the patients, to inquire about their health, and to offer best wishes and prayers for swift recovery. Outside, the greenhouses, which are so important for supplementing meager government rations, would be inspected. Walking tractors and bicycles provided by CFK were noted.

One of the highlights of the journey was to see the wonderful progress that has been made in the construction of modern surgical facilities at both the North Hwangae TB Hospital in Sariwon and the South Hwangae TB Hospital in Haeju. The surgical suites feature new anti-microbial ceiling tile, non-skid floor tiles, power conditioners and new electrical wiring, heating/AC, lighting, and new surgical equipment and supplies enabling more complicated procedures and greatly improved surgical outcomes. One patient, who had been brought to Sariwon for an operation from a TB rest home, remarked when he saw the gleaming facility, “I feel like I am cured already!” The result of the renovations are stronger confidence among patients that healing will occur and an increased willingness to undergo surgery. (“The number of patients willing to undergo surgery has tripled.”) Because of the sterile conditions, post-operative infection has been greatly reduced. Eighty percent of the patients used to have post-op infections. Now it is down to 1 in 5 patients. We also saw the preparations for a similar renovation to be completed in early June by the CFK technical team at the Kaesong Provincial Pediatric Hospital where the surgery area has been stripped to the bare stones in preparation for the $200,000 make-over made possible by a CFK donor.

Everywhere the CFK Team went on this confirming visit there were expressions of gratitude. When one director was asked what further assistance he needed for his facility, he exclaimed, “You have already sent a lot!” Heidi responded that God in His love had provided these things. The director’s response: “Please send thanks to our Christian friends.”

Combined CFK team

Confirming arrival of blankets and other goods at TB hospital

Discussions at TB rest home

Warm farewell from rest home staff
“You have been so kind to understand the needs of individual rest homes and we appreciate that you never promise, but you always deliver. We are very grateful.”

TB Hospital director

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.”

Jeremiah 29:11

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“Architectural drawings for Hwangju TB Rest Home”

“Vision for future of Hwangju TB Rest Home”

Christian Friends of Korea is a tax-exempt, non-profit organization founded in 1995 to share the Gospel of Jesus Christ through humanitarian, educational, and religious programs. Contributions to CFK are tax-deductible to the extent allowed by law. CFK also accepts stock or in-kind donations. Please make all checks payable to “Christian Friends of Korea.”

If you are interested in supporting the work of CFK or to request information or materials, please contact us.