TB’s Tragic Loss
It was a joy to see many directors again after our long absence, but we also experienced personal sorrow and deep loss caused by the tragedy of TB. The director of Hwangju TB Rest Home, Dr. Kim Ha, died on March 4th after a long battle with TB, and then MDR-TB. He was 59. He was an exemplary person, deeply respected by his community and peers, fully dedicated to the wellbeing of his patients, and a long-time visionary partner with CFK. As we walked the grounds of his rest home, the cries of pheasants echoing in the surrounding hills brought to mind many good visits with him – including one long ago when times were especially difficult. At that time he had prepared a table in his very cramped former office to welcome us, and when we asked about the beautiful blue/green eggs on the table, he told us he had spent four days gathering pheasant eggs from the reeds in the nearby hills to welcome us and show us his appreciation for our visit.

He presented us with a full box of these beautiful eggs as we departed – precious protein that he and his patients needed at that time far more than we did. It was bittersweet to visit this rebuilt rest home and the new MDR-TB ward that was his final visible achievement, built in partnership with CFK. It is a place of tremendous hope, and also one of great loss. His legacy of sacrificial love and service to others lives on and inspires us, but he is someone we will deeply miss.

Return Visits Planned for 2015
We are preparing for return visits to DPRK in August/September, and again in November. The August/September visit will primarily focus on completing solar-powered gravity-fed water system installations at two care centers that have newly drilled wells. We may also include agricultural training and/or hepatitis-related work at that time. In November, we hope to make our final confirming visit for the year, checking on progress made in well drilling over the summer, ongoing renovation projects, and confirming new shipments, while also continuing our TB lab and hepatitis projects.

As we look back on the challenges of the past year, we are so grateful to you for your faithfulness in supporting this ongoing work, and your faith that God would make a way for i: to continue despite the political, diplomatic and internal challenges.

We are working now to respond to some of the many needs expressed to us on this visit. While some renovation work has been done at a dozen or more care centers, many more are just beginning this work. Water well drilling and solar/gravity installations remain a significant need and priority. Our solar lighting pilot project has proven to be very successful, and we hope to roll it out to all care centers as soon as possible. The hepatitis initiative will require our help in developing smaller scale laboratories at care centers to support and monitor antiviral therapy, and we hope to raise generous support for the long-term medicine costs for each patient enrolled in life-giving antiviral therapy – estimated to be about $1500/patient for a ten year treatment period. Certainly we walk a fine line – perhaps especially now as things remain very tense in many ways, yet, like the story of Joseph (which we studied curing our morning devotions on the recent visit), we know that God is already there ahead of us, preparing the way for the saving of many lives.

Thank you so much for your faithful prayers and partnership. The four page multi-column donor list that we shared at every place is a lasting reminder to the staff of these facilities that so many people are praying for them and reaching out: to them with God’s love, grace and practical help. We were thanked in many places for our sincere, life-impacting and lasting efforts.
that bring real healing and change to many communities and individual lives. Our name and logo remain highly sensitive – yet discussions are moving forward to open up new places for our work to expand. Despite the many challenges, we are reminded in surprising ways that God is very much present there – through the whistled tune of an old hymn in a rural place, a leading question, a “happenstance”/providential meeting, an unexpected kindness. May we rest in the assurance of faith as Joseph did that despite our circumstances, God is sovereign, good and faithful. May His name be honored in us and through this work.

CFK Black Mountain Office News

This Spring has been eventful at the CFK Office as well. Volunteer groups have joined us from many places including Buncombe Alternatives, Asheville Youth Mission, Trinity Presbyterian Church Women’s Bible Study, Cove Presbyterian Church in Charlotte, and Christ Community Church of Montrcat. We are tremendously grateful for the huge amount of work, prayer, and fellowship that has occurred over the past few months. Projects completed have included knitted goods shipping preparation, office landscaping projects, warehouse organization, office organization, container loading and shipping preparation (including materials for water projects, seed packets for greenhouses, nearly 100 Doctor’s Kits, and 66 nurse’s kits). It takes the work of many hands to prepare for the work the team does in North Korea and we couldn’t do it without the support of our many volunteers! Additionally, our knitted goods volunteers from all over the country have donated over 975 warm items to be handed out to the patients in our supported facilities.

New ways to support CFK

• Are you a federal employee? CFK has been included in the 2015 Combined Federal Campaign (CFC) Charity List for Federal Employees! If you are a federal employee and wish to bless CFK, our (CFC) code is 30037. Visit us at www.cfk.org for more information.

• Want to donate with your mobile phone? Text “North Korea” to 31996 to download our mobile app, set up your profile, and begin to donate and share CFK with your family and friends with just the click of a button.

CFK 20th Anniversary Planned

CFK plans to celebrate our 20th anniversary at our Black Mountain, NC headquarters in October 2015! Look for a “Save the Date” post card in your mail later this summer for more details!
"...And God sent me before you to preserve for you a remnant on earth, and to keep alive for you many survivors. So it was not you who sent me here, but God." Genesis 45:7-8a

**CFK Teams Return to DPRK**

After a 7-month-long interruption in visits to DPRK caused by the Ebola quarantine, our team of 13 people returned to North Korea on May 19th to resume ongoing work and begin new initiatives. The primary purpose of our visit was to confirm the arrival and distribution of shipments that had arrived in DPRK since our last confirming visit in May 2014, but much more was accomplished during our stay.

**New Hepatitis Initiative**

From May 19 – 25th, our initial team of 3 people focused on making further safety improvements at the National TB Reference Lab, and beginning a hepatitis B survey and vaccination project among health care workers at our supported facilities. We were invited several years ago to provide general support for hepatitis care centers, and initial support has included greenhouses, water systems, supplemental food and medicine, tractors, blankets and the like – but this would be our first real engagement in assessing and addressing the more clinical aspects of hepatitis B prevention and treatment. Dr. Alice Lee, a gastroenterologist and hematologist from Australia led our efforts by initiating testing, followed by vaccinating health care workers at our supported hepatitis facilities. Hepatitis B is a highly infectious disease that is transmitted through body fluids. It cannot be completely cured, but the vaccine to prevent it is safe and highly effective. Many at risk people in DPRK have yet to be vaccinated, including health care workers. Safe and effective antiviral medication has been available worldwide over the past two decades saving lives and reducing complications (including liver failure and liver cancer) in those with hepatitis B. Recent changes in costing of these medications and treatment guidelines (WHO, 2015) means that it is now finally within the reach of DPRK. The limited data collected on the visit suggests that hepatitis B is a very serious problem in North Korea, causing great suffering and premature death across all strata of the society.

Dr. Alice Lee (Hepatitis B Free) and Dr. Marcia Kihby (Global Care Partners), meet with staff at a hepatitis hospital.

Sue Humley vaccinates health care workers at the Central #2 Hepatitis Hospital in Pyongyang.
In the near term, we hope to start a pilot project to support anti-viral therapy, while also strengthening diagnostic and treatment capability by expanding emergency intervention, nutritional support and palliative care to people already suffering from more advanced liver disease. A proposal and negotiations for a new hepatitis prevention and care plan was approved and signed by the Ministry of Public Health. This is a long-awaited and urgent priority that promises to bring hope and healing to many lives. From this beginning, we will negotiate a fuller Memorandum of Understanding on a future visit that will guide our efforts going forward.

**National TB Reference Lab (NRL) Progress Quickens**

From May 26 – June 6, we were joined by 8 incoming team members. During this time we were primarily focused on confirming activities at TB facilities, but much else was accomplished as well. Ongoing training activities in TB diagnostics as well as clinical chemistry and haematology continued at the National TB Reference Laboratory (NRL), where we were very pleased to find that they have made strong and rapid progress towards international accreditation goals while expanding patients’ access to quality diagnostics. A TB lab expert from the Hong Kong Supranational TB Reference Laboratory made an assessment visit that began a couple of weeks prior to our team’s arrival, so our time overlapped briefly with his. The Hong Kong lab has an established supervisory/mentoring relationship with the DPRK laboratory, and this was their first extended technical assistance visit to the lab by one of their representatives. The results of his assessment regarding the progress NRL staff have made on a whole range of skills was most affirming and encouraging. We also were asked to participate in a full day meeting with the Ministry of Public Health, the

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**In Her Own Words….Dr. Alice Lee’s Reflection**

Gastroenterologist and Hepatologist, Australia

Although hepatitis B is not curable, antiviral medicine reverses cirrhosis, reduces cancer rates and improves survival. I use these medications on a regular basis in my practice and marvel at the healing they bring. Introducing antiviral therapy for DPRK was not my idea. It was something that I had not even dreamt of or imagined could be possible. Now that we are on the verge of starting this programme, I wonder why it is that it seemed so impossible? Why should those with very little have no chance of accessing drugs that save lives? The complexity, cost and commitment for this programme was seemingly impossible, but now, with steps taken, and further ones outlined, it seems so natural and so overdue! Every clinician that I have met in DPRK working in hepatitis had one request: “Antiviral therapy, please!”

Saving lives and giving hope - this is what I see happening. As we embark on this extraordinary journey, not only is the programme itself rewarding, but the journey and those we travel with is what fills my heart with overflowing joy.
World Health Organization, UNICEF, and the National TB Reference Lab staff to map out the strategy for the lab’s continued development. Our efforts with Stanford University and other experts thus far to rebuild the lab and train the staff were acknowledged with appreciation by all present. After several years of challenge and struggle, it seems clear that our work is now gaining real traction towards the realization of quality diagnostics. With ever-rising TB and multi-drug resistance TB (MDR-TB) rates, there is no time to waste in bringing this lab to full capacity and functionality.

CFK Expands Agricultural Technical Assistance

Traveling with us was a technical agricultural expert from Norway, Ketil Fuglestad, who has spent nearly two decades working in Ethiopia, helping restore sustainable agriculture to entire communities after persistent droughts and related economic hardship. As we traveled to many different places, he discussed with greenhouse keepers and care center directors how to make their greenhouses more productive. He also provided seed and very helpful technical guidance. More important, he also discussed and demonstrated how building simple water catchments by reshaping the land and planting trees can help restore underground water tables and bring denuded landscapes to health and productivity. It was a very timely message since throughout our travels we saw the effects of a very severe and prolonged water shortage in DPRK. This is the second growing season in a row with very little rain, and in our 2,000 km of travel throughout the countryside, most riverbeds were bone dry, the roads billowed with dust as we passed, and countless rice fields, were being “dry planted” or converted to corn fields due to the lack of water. Everywhere we went people of all ages were carrying buckets of water—and we heard much concern expressed regarding how the lack of rain would impact this year’s crops. The overall food situation at many places is still very precarious, so a successful harvest is critical to maintaining even the most modest gains in nutritional status made in recent years.

Clean Water Brings Life

We were grateful to find that the majority of the wells drilled in partnership with Wellspring /DPRK’s Office of Groundwater Management are producing abundant, clean water. One place that cares for more than 400 resident patients every year, said, “If we didn’t have the well and hand pump, staff members would have to walk 1.5 km many times a day carrying buckets to get water for patients because the path to the closest water source isn’t wide enough for an oxcart or a tractor.” It is hard to imagine the severe hardships faced by places that do not yet have adequate water as staff members struggle to care for very sick patients.

During our visit to Sariwon TB Rest Home, a place where we had installed a water system last Fall, they noted to us that the water system worked very well for several months, but then the water supply suddenly dropped. We did not have the necessary tools with us on our initial visit, but we received special permission to go back to the site a second time to try to find the problem. We pulled the pump from the well and re-measured the depth of the well—it had gone from 78 meters to 39 meters, with the pump previously installed just a
few meters above this point. We suspected that something had gone wrong in the well, so after long discussions, our local colleagues arranged for the drilling team to return to the site while we continued with travel/visits to more care centers. They found in going back into the well that a rock had dislodged and become stuck in the well at 39 meters blocking part of the well. Once they punched through that, they were able to reopen the well easily down to 80 meters. Again, we were given special permission to return to the site – now for a third time, to reinstall the pump deeper in the well so that they could again have abundant clean water. What a blessing it was to be shown favor and flexibility to be able to do this work, and to know that this place – which cares for nearly 500 resident patients throughout the year – would again have abundant, clean water. We also arranged for new wells to be drilled and hand pumps installed at several more care centers this summer.

“"In the old buildings where the patients lived, we had to burn wood or coal 3-4 times a day to keep it warm in the winter. After replacing the windows and doors, they only need to burn fuel once in the morning and evening to keep the temperature warm all day.””

- Tosan #3 TB Rest Home Director

We hope to continue supporting renovation improvements at care centers as funds allow.

Renovations Bring Lasting Change

During the visit we were able to confirm the completion of several new renovation projects, and assess many more. Several places replaced windows and doors, installed new ceilings, rebuilt bath houses or kitchens, or installed roofing materials. One of the largest projects was the re-roofing of the Pyongyang #2 (Hepatitis) Prevention Hospital. We supplied the materials, and the local facility supplied the labor. They reported that it took 50-60 people working daily for 2 months to complete the task last fall! First, the slate roofing had to be removed, then the roofing structure repaired, and finally the new roofing installed – all atop a multi-wing 2+ story building. It was a major project, and the director reported that around the time they were completing the re-roofing, a major windstorm arose. Several other buildings in the neighborhood that were also in the process of re-doing their roofs incurred major damage because they had not installed their roofing materials well enough. Yet, the new roof on this hospital stood fast with no damage. The director was so grateful and thankful for our help, and relieved that they had taken the care to install it correctly. He also noted that the rooms stayed at least 5-10 degrees warmer last winter (and cooler this summer) because of the significantly improved insulation provided by the new roofing.

Another location that replaced windows and doors last fall said, “In the old buildings where the patients lived, we had to burn wood or coal 3-4 times a day to keep it warm in the winter. After replacing the windows and doors, they only need to burn fuel once in the morning and evening to keep the temperature warm all day.” These improvements provide better care for TB and hepatitis patients. We hope to continue supporting renovation improvements at care centers as funds allow.