DOCTORS WITHOUT BORDERS CALLS ON DONORS TO REVIEW THEIR POLICY IN DPRK
Urgent needs in North Korea but Doctors Without Borders forced to pull out

Hong Kong, September 30, 1998 - The international medical relief agency Doctors Without Borders/Médecins Sans Frontières (MSF) today announced that it has been forced to pull out of North Korea (DPRK) this week, despite urgent medical and nutritional needs throughout the country. Doctors Without Borders was the largest medical organization working in North Korea and had tried to negotiate to continue to work in North Korea, to have free access, to assess the needs, to bring humanitarian assistance to those most in need and to monitor its aid. The government, on the other hand, refuses to acknowledge that there is still an emergency and only wants structural support to rebuild the national pharmaceutical industry.

"We are sorry to be forced to pull out when there are serious medical, nutritional and sanitation problems which need to be addressed" said Dr Eric Goemaere, Director General of Doctors Without Borders. "The new policy of 'normalization' has nothing to do with the reality of life in North Korea and will cost the lives of thousands. What these people urgently need is more effective accountable humanitarian assistance while structural solutions are found to the underlying crisis" he added.

Since early June, there has been a clear high level policy change to further restrict and limit effective humanitarian aid, which makes it impossible to deliver aid in a principled and accountable manner. Doctors Without Borders is today calling on all donor governments to review their aid policies towards DPRK to ensure it is more accountable, so that humanitarian agencies can freely and impartially assess needs, deliver aid, have direct access to the population and assess the effectiveness of their programs.

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Urgent medical needs

- Since the national DPRK production of pharmaceutical supplies collapsed in the early 90's, most of the hospitals and health centers Doctors Without Borders visited had not had any antibiotics or fresh medical supplies for years. Doctors on a local level estimate that without outside assistance, they were/are around 75% reliant on herbals or traditional medicine.
- There is an unusually high level of hospital admissions among normally young and healthy age groups: around 50% of the patients admitted as in-patients in the internal medicine and surgical wards are between 20 and 40 years old.
- The majority of the admissions to the in patient departments (IPD) are gastrointestinal (gastro-enteritis, typhoid, diarrhea), mainly caused by deteriorating sanitary conditions: lack of fresh water supplies; people washing in and drinking from the rivers etc. *
- To counter these infections and to prevent the spread of cholera and other diseases, the government runs mass forced vaccination campaigns against cholera and other diseases. The national cold-chain is not reliable, so people are often only vaccinated in the winter. *
- Among patients hospitalised for gynecological reasons, around 50% are for abortions. Before Doctors Without Borders distributed standard gynecological supplies, hospitals were performing cesareans, abortions and other surgical interventions with rusty instruments and without little or no anesthetic, sterilization equipment, antibiotics or anti-hemorrhaging drugs. *

"There are serious risks of outbreaks of diseases and death from terrible health and nutritional conditions, but there is a problem with the way needs and solutions are prioritized." said Doctors Without Borders' field doctor Dr Dominique Lafontaine.

"While there is an urgent need to restructure the water and sanitation system, the government responds with mass vaccination campaigns against cholera and while there are urgent day to day medical and nutritional needs, the government refuses to allow humanitarian agencies to assist and only focuses on rebuilding the pharmaceutical industry."

Refugee reports of famine

In addition to the medical problems, there are worrying reports about widespread famine in North Korea. Refugees interviewed by Doctors Without Borders in April and August and who recently arrived in China from North Korea, speak of widespread famine, of relatives, friends and neighbors dying of long term and recent lack of food. They also describe discriminatory food distribution systems according to social position and to party loyalty and speak of large numbers of homeless children roaming the countryside looking for food.

Giving further cause for concern about the real nutritional status of the population, Doctors Without Borders has been systematically prevented from having full and free access to conduct surveys inside the country. Doctors Without Borders has been negotiating since 1996 with the authorities to conduct reliable and representative nutritional surveys inside the country, but no permission has been given.
Vulnerable populations

Because of the harsh living conditions, bad sanitation and poor nutrition, there are thousands of orphan children, most of whom are homeless or street-children. Doctors Without Borders is concerned that too many are not being taken care of by the existing health and institutional structures. The local authorities recognize that there is a problem and that they can't deal with it, but on a central level, the authorities insist that there are no homeless or street children.

In ten months, Doctors Without Borders worked in sixty-four feeding centers in four provinces, taking care of around 14,000 children. It was difficult to get information about where the children came from and where they went after treatment. However in one province, South Pyongan, Doctors Without Borders was able to get more information and estimates that about a quarter of the children, in nutritional programs which Doctors Without Borders was able to visit, were orphans or abandoned. Many of them were homeless and were picked up starving from the streets. Doctors Without Borders is convinced that there are certain institutions or places where these children are collected, which are discreetly mentioned by local staff, but to which international teams had no access.

Humanitarian needs Vs Government priorities

The change of policy in North Korea follows two years during which the government had started to open up and international relief agencies were allowed to address the urgent need for food and humanitarian assistance. However, after considerable financial commitment to the crisis by the international community, priorities seem to have changed. "It is clear that the priority in North Korea is now more to preserve the self-sufficient ideology than to provide effective and accountable assistance to those who need it most," said Dr Eric Goemaere.

Negotiations broke down this month between Doctors Without Borders and the DPRK over the renewal of the Memorandum of Understanding (working contract), which defines what sort of assistance is needed and how it will be implemented. Over the past year Doctors Without Borders had managed to expand its medical assistance programs to support around 1,400 health centers and hospitals assisting seven million people in four provinces with medicines, equipment and training.

Doctors Without Borders was negotiating to continue this assistance and to target particularly vulnerable groups such as homeless and orphan children. Instead the authorities insist that the most effective type of medical and nutritional assistance for DPRK be for "Doctors Without Borders to pay deep attention to provide pharmaceutical raw materials".

Doctors Without Borders is convinced there are serious medical and humanitarian needs in DPRK which need to be addressed, but adheres to the international humanitarian principles of impartiality and of freedom to assess needs, to assist the most vulnerable, and to assess the effectiveness of that assistance.

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Dr Eric Goemaere said: "It is not easy as doctors to pull-out when so many people have died and when the health and lives of so many people are still in danger. But in the end, humanitarian assistance can only help those who need it when it is impartial and accountable. This is not the case in North Korea." He concluded: "Now it is time for the North Korean government to take responsible for the health of its people and to allow direct humanitarian assistance. It is time for the donor governments to ensure that the humanitarian aid that they fund aid is implemented in a principled and effective manner".

The last of the international Doctors Without Borders teams will leave North Korea tomorrow morning, Thursday, Oct 1, 1998, after working continuously for 16 months running drug distribution programs, training programs and supporting therapeutic feeding centers and health structures.

* Doctors Without Borders team members also caught typhoid from food or water
* There are no internationally recognized effective vaccines against cholera on the market anywhere in the world. In DPRK, UNICEF and WHO vaccinate people against polio, measles and tetanus. The DPRK government runs mass vaccination campaigns against: diphtheria, whooping cough and cholera. The origin and content of these vaccines is difficult to ascertain
* Standard obstetrics supplies include Dilatation and Curettage equipment with sterilized instruments, antibiotics to prevent infection and homeostasis to prevent heavy bleeding
* Taken from letter sent to Doctors Without Borders Head of Mission by Mr Ri Si Hong, Acting Director, Department of External Affairs of the Flood Damage Rehabilitation Committee DPRK, dated Pyongyang Aug. 24, 1998

Video footage is also available. For further information please contact: Kris Torgeson in New York, Tel (212) 655-3764, or Samantha Bolton in Hong Kong Tel: (852) 2338 8277 or mobile Tel: (852) 945 26172

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