Introduction

This report has been motivated primarily by an impression gained from the public media prior to October 2002 that the leadership in North Korea may have changed or is changing its regard for the outside world. It has also been recognized within the MSF H Amsterdam HQ while North Korea remains a significant humanitarian crisis in which one should be at least fully informed if not operationally active, that a generation had past in the office of those who dealt directly with the aborted mission in 1997-1998 and no one had any direct insight into this unusual country. With both these points in mind, a research explo was deemed worthwhile to examine, again, if a MSF mission may be feasible inside North Korea.

Since international mission of MSF stopped activities and withdrew from operations in September 1998, there has been no substantial effort to pursue renewed operations inside North Korea. This has been mainly due the lack of respect by the North Korean regime for standard humanitarian operating principles.

The offended principles of humanitarian action which prompted the departure of MSF from North Korea were: little or no basic information on health infrastructure and population numbers, zero direct access to beneficiaries and no capacity for benchmarks, monitoring and evaluation. As such a proper humanitarian mission to answer morbidity and mortality was not possible.

And so the question that lies at the heart of this research explo: has operational humanitarian environment changed in a meaningful way such that a MSF mission is feasible?

To that end, this research explo’s objectives are:
1. To review and summarize the situation that led to the MSF withdrawal from DPRK in 1998.
2. To make an inventory of the organizations currently working inside DPRK and consider the constraints upon their operationality.
3. To establish a plan to approach the GoDPRK for possible in-country explo / intervention.

Recommendations and annexes will follow each objective taken in turn.
CHAPTER 1

To review and summarize the situation that led to the MSF withdrawal from DPRK in 1998.

(1.1 Programme summary)

(911 to be completed)

drug distribution

nutritional programme

Primary Documents from the MSF H mission that should be read:

   by Corien Swaan

1.2 Early Lessons Learned

Lessons as defined immediately at the end of the 1998 mission.

1. In general MSF’s Country Policy and objectives were not clear. Added to this the MSF F section after the visit of their Board President Bieberson were convinced that a famine was happening and did everything to prove this.

   (Other sections were not on-line with this thinking or action. Based on field experiences and according to Corien Swaan, senior MSF H person on mission. MSF had proof of only one group being vulnerable: the socially deprived people of Pyongsongit. There was no direct field experience to confirm whether there was a famine or not. Nonetheless, they thought it likely that there were pockets of malnutrition. One must hasten to add that MSF was prevented from using its normal methodology to explore this question by the North Korean’s severe restrictions on movements and normal humanitarian action)

2. The MoU was your work permit and defined everything that you can do. Given the above, it was poorly defined at the outset.
For example: Does x appear to be a problem? why not? what do you if y and z happen? should we think about this more...?

This kind of engagement may afford further opportunities. However one must recognize that it may take years to achieve dialogue and to get answers and to move forward on identified problems.

This kind of temoignage may be of greater value and effect for North Koreans than the current tone taken with MSF’s articles of outrage and testimonials that one currently finds on the web.

**How to approach this?**

Firstly one will want to examine the MSF H Burma example... One should explore if the early years of effort in Burma has instructive lessons for what could be a similar effort in North Korea.

Then important and very real questions in Amsterdam HQ need to answered and all in the affirmative.

<<Internal questions>>

More immediately and bearing in mind the 1998 lessons learned as well as the more recent lessons learned ...

1. Can MSF H get the MSF F on line? and Can MSF H get MSF F to keep quiet for the duration of a new effort?

2. Human resources >
Likely not an expat intensive programme but can Amsterdam identify an experienced medical line manager, preferably someone well above the average MSF age who has a sharp political antenna and good negotiation skills?

3. Amsterdam
Can Amsterdam allow a long term time line before judgement on success or failure

!! Each of these is a killer pre condition. If any one of these is not feasible, then the effort should not move forward!!
Would the most important donor be interested to support MSF?
To approach ECHO, ideally Paul Filler
Sort out if as a donor would he be interested to fund a distribution programme, stimulate
the govt to invite us to meet and discuss “programmes”

Would the United Nations be interested to support MSF?
Then approach WHO / OCHA rep of Pyonyang and Geneva to discuss their impressions
and reaction to such a programme and most importantly to gain insight on how to achieve
the Ministry of Public Health as a counter part: specifically how to avoid the FDRC as a
counter part.

Then to approach the UN Special Envoy in New York or Geneva who would speak
informally on our behalf;
Possibly to simultaneously circulate rumours through Concern or SCF in North Korea on
our behalf.
Possibly to approach 2 NK embassies in Europe to express formally our desire to meet
officials (2 embassies by the same people so that pyonyang gets the same message twice)
although this may be over doing it ...

What to do when meeting the North Koreans

- No pre conditions by MSF on the meeting agenda with the North Koreans (forego the
  MSF F requirement to discuss the shortcomings of the operational environment)

- Promise by MSF of no public statements if discussions should not move forward.

- An expressed desire before the meeting to hear at the meeting where / how the MoPH
  would best appreciate support (a la GAA), and an expressed desire to find areas in which
  both the GoDPRK and MSF can agree on a cooperation.

- To meet at their convenience at a place of their choosing.

- The ED (not the American DOP)(sorry) to attend meeting and to be prepared to answer
  questions on the departure of MSF in 1998 that neither offend past positions nor alienate
  this new approach

- To consider if the meeting should be chaired by the WHO; as an easier way to get the
  MoPh to attend rather than the FRDC (?)
And so secondarily, if we are to adjust the premise of the question, there may be an affirmative answer to the core question.

To find an answer yes, one would need to accept that the real objective of a programme was outside the normal measurement of success for a MSF programme. In one sense the required shift may be away from humanitarian objectives, where the MSF doctor would relieve directly the suffering of a particular group or individual. The recalibrated objective would have to be more developmental more

What kind of programme?

Medical equipment distribution
Training (although packaged in a more ‘orientation’/refresher course fashion)

One can look upon such a programme pragmatically in the following way.

1. Firstly material from a distribution programme may actually help a under-resourced and antiquated health system provide some benefit for the North Korean people. Not even the harshest critics of the North Korean regime would argue that all the medical staff are corrupt in their treatment of their patients. In such a programme MSF would have to design a distribution list of items that would have minimal opportunity for misapplication given the poor quality of medical education and that MSF would not be able to follow the items in implementation.

There are precedents for this kind of programme in MSF; though admittedly these were in locations where more of course was known about the health system and the level of competence of the people who would utilize the material. Likely the level of sophistication of material for distribution in North Korea would be very low in order to be comfortable for MSF. This could be a deal-breaking point for the North Koreans. Further consideration of this point with medical staff is required.

2. Secondly, one can pragmatically note that such a programme would afford a presence in North Korea which would at least give the possibility of further (recognizably very limited) investigation of the health and humanitarian circumstances.

Bearing in mind that other organizations have found unexpected opportunities for conversations and anecdotal insight, a distribution programme if partnered with the MoPH and supported in part by the WHO, would necessitate contact amongst medical professionals and afford opportunity to ask medical questions, of some sort.

3. In such contacts, and even in contact with FDRC representatives, a kind of testimonial could take place in the form of politely but sharply phrased questions. Rather than simply making statements about how bad a practice is, once could pose Socratic questions that have the North Koreans come to understand that there is another way.
CHAPTER 3

To establish a plan to approach the GoDPRK for possible in-country explo / intervention.

In July of 2003 sufficient research has been concluded to formulate answers to the core question at hand.

On the first page of this report the question was put rather sharply:

Has operational humanitarian environment in North Korea changed in a meaningful way such that a MSF mission is feasible?

> The short and simple answer is no.
> However, if one is to change the premise of the question, the answer may be yes.

Firstly to review why the short and simple answer is no.

Since the departure of MSF in 1998 the GoDPRK has not permitted freedom of movement, not allowed independent assessments; in the main, has not permitted contact with ordinary North Koreans or beneficiaries (with the exception of ICRC who necessarily meet the people who require the prosthetic) and has not permitted agencies to evaluate their programmes. From this one can see that standard humanitarian programmes with measurable humanitarian objectives are not possible.

One may bear in mind at this point that this is especially so for an organization like MSF which highly prizes the direct contact between patient and doctor, diagnosis and follow up. Nonetheless, agencies that pursue other programmes which structurally or ethically do not necessitate such intimacy with the local populations, while sympathetic to MSF concerns, seem to have less of a moral problem with their own work in North Korea.

Agricultural reform, Food delivery, developmental projects that target infrastructure are programmes that seem to have a less bumpy road. Indeed, within the Juche ideology, humanitarian assistance is difficult to reconcile while developmental assistance is easier to hide from the local population and also propoganda-wise easier to explain.