This is a brief review of the activities carried out by MSF in general and MSF France in particular in DPRK which is followed by the evaluation of the undersigned of the MSF function and his recommendations for the future:

Overview

The country is the last and in the other words the tightest sanctuary of communism. The government was headed by one of the smartest dictators of the world; President Kim Il Sung. The author believes it is the deadliest dictatorship human being is experiencing in the world nowadays. The people are having the most dreadful life possible but believe in the system and worship the mummified body of their leader (that reminds Pharaohs and ancient Egypt) as a result of the overwhelming training and systematic brainwash they receive. The country has been so closed during decades and the public communication network monopolized that people scarcely if any have any idea what is going on in the world. All everyday movements of the people are traced and registered and the government is more successful than the former Chinese counterpart because of much smaller population.

The children are separated from the family when they are toddlers to be trained systematically to serve the purposes of the government in the governmental kindergartens; where their spirit is impulsively impregnated by the trainings of their immortal leader.

The economy has been depending on the former Soviet Union, China and Eastern Block in general. After disruption of the Soviet Union and subsequent breakdown of the Eastern Block and the widespread pragmatism in Chinese politics; the wise president could not find any replacement support for the leaning body of their economy. They strongly refused to take even one step back from their deadly principles frightened to be swallowed by the voraciously opened mouth of the western opponents.

The consequence is their undermining economy and everything else as a result. But the selfsufficiency tower is still fully erect!!!!

Like everywhere else the people are paying the price. The government has drawn a red line between the people who are and who are not useful for the government. It takes reasonably good care of the former group but the latter are absolutely deprived of everything. In the authors opinion there is no tendency from the side of authorities to change the system or open the gates like in China. The Expat movements in the country to them is just a tactical maneuver to milk the UN/NGO as much as possible and to kick them out as soon as the main emergency is over.

MSF F Activities

1) Distribution: We have carried out our second distribution of medical/surgical materials in Kangwon Province. We monitored the distribution and to date there has not been any sign of diversion of our materials. We have received some morbidity/consumption reports that is clear like the past reports are all falsified. I believe we can insist but we will not get more. The amount of drugs left at the end of each month taking in to account the underestimation we did as a result of availability of Koryo Medicine obviates the fear from overconsumption.

There is an enormous need for disposable materials like gloves, sponge etc.... also some machines to refine infusion fluids that is of course beyond MSF scope.

A good question which probably should have been raised earlier is Why and till when is MSF going to distribute Aspirin and Paracetamol in several hundreds of clinics????!! When we withdraw who will provide these clinics with medicine? We begin a big distribution program and create needs to palliative/curative medicine in vast areas and we don't have any substitute for future.
Stranger is the story of ketamine. I was briefed in HQs that we should introduce Ketamine for general anesthesia. I prepare myself for training, my translator translated several papers about Ketamine to Korean; we invite the anesthesiologists from far counties to join us. Suddenly William arrives and announces that Ketamine is dangerous we should collect the distributed Ketamine back to stores and suspend the training till an anesthesiologist arrives in DPRK from Europe. This is coincident with dispatch of large amounts of Ketamine from Europe.

They were in need of surgical instruments in the hospitals and by the end of the first presumable period (6 months) they will receive a reasonable amount of hardware to carry out their operations. As a result of the sharp blows of the winter and inaccessibility of the some counties it is quite advisable to plan for a 3 month distribution in Kangwon.

2) Training: We had several meetings with the Doctors from all counties during which the following topics were covered: MSF guideline serving the role of the base:
- Respiratory tract infections: common cold, laryngitis, pharyngitis, otitis, epiglottitis, pneumonia, sinusitis, bronchiolitis.
- Diarrhea: Etiology, types, treatment, oral vs. parenteral therapy.
- Skin infections
- Pharmacology of the medicine included in the basic kit
- Practical training for use of transfusion/HIV kit

Wound infection is very prevalent in the surgical wards and is clearly the result of improper practice of sterile disciplinary (prep, drape, gloves, antiseptics and disinfectants).

William was asking us for data to prove these are the cause of wound infections. I am sorry I couldn’t convince him but we don’t reexamine the basic principles of medicine in every country. I don’t need to collect data to recommend the use of surgical gloves or to do a sterile prep.

William recommended to send some European surgeons to do some study on the causes of wound infection as well as training of the Korean surgeons. We have more than 150 surgeons in the field. To train them we need a postgraduate university; if you want to do this; good job; go ahead!! For refreshment of the knowledge of surgical staff about sterile disciplinary all what we need is a nurse with operation theater experience.

3) Malnutrition Management: There are several questions in the mind of people about this interesting issue. The response of the author is the fruit of his stay in the field, several visits paid to the hospitals and discussion with food experts and different Embassy staff members who had stayed in the country for longer time. I don’t have solid proof for what I claim but I feel strongly in favor of the followings:
- Is there a natural disaster occurring in DPRK, the Famine and malnutrition catastrophe the result? NO, the yield has been theoretically much less than optimal but not to the degree you can call it a natural disaster or Famine.
- Is there a malnutrition catastrophe in DPRK? YES, there was a malnutrition catastrophe in Kangwon Province. This is evidenced by the occupation of more than half of the pediatric beds of the county hospitals by seriously malnourished cases in different visits I and my colleague paid in the a/m Province. More than 50% of cases were categorised as Kwashiorkor (Fiona’s report).
- There is a profound discrimination in the distribution of food between people who are actively serving the government and those from low socioeconomical level who are not of primary importance for the government. As the authorities explicitly claim the military is their absolute priority; I credibly believe they store the new food provided but not well monitored by the food aide organisations and they consume the replenished old food they have in their buffer stock.

I have been credibly told that the situation is much worse in the 6 counties in Kangwon that we are not allowed to visit. We have been negotiating on inauguration of a TFC at the border of these counties to receive referred cases of serious malnutrition. I recommend this to be followed.
We have been arranging for activation of one TFC in each county. Fiona is following this with the support of Brigitte. I believe meeting the needs of malnutrition emergency should be our priority objective.

Representation

I believe our representation is very weak in a ceremony based country like DPRK. The HOM in particular has hidden himself indoors most of the time. We have got a diplomatic/gameliike relationship that further complicates the situation. This is the main reason Koreans are playing a dominant game of bureaucracy with us. In DPRK we should NOT be diplomatic!!! We should just be polite, patient but very straight forward. Otherwise they are much better than us in games and role playing.

Expat Paranoia

All expatriates are paranoid about the DPRK intelligence system, and their microphones, jails, etc.... Please tell expatriates that DPRK is the safest country in the world for an expat IF you are neither spying nor insulting Kim Il Sung. Everybody is worried about his shadows, drivers, translators, waitresses...... cool down nothing is really threatening us.

Approach toward Authorities

As a result of the a/m paranoia most expats have a very naive approach toward Koreans. We should not forget that dictators speak two languages: passive and aggressive and they do it equally well. We should not be naive in our every day rights and as we are their first experiences we should open our space as much as possible. This is quite possible, I did this it worked well. Peter was very straight forward and tough at the same time and I believe he was successful in his relationship with them.

Expatriates

Dominique has been assigned as the medical reference by William. He is a nice guy. Very organised and disciplined. First mission but as he is doing his job systematically. he will be able to cope with his job. His main problem is English because as a medical coordinator he can not defend his position in internal and external meetings. He plans to extend and he will be able to manage.

Brigitte: She has good experience and knowledge about her program. She plans to extend, it is her choice but I would like to recommend her as a friend not to do so because she is already very much stressed.

Fiona: She is lovely, little public health experience but full of humanitarian incentives. She is being supported by Brigitte.

Herbert: a real Dutch. Doing his job well. A bit upset by the atmosphere. I miss him!!

Inge: The only real nutritionist theoretically!! an asset for her post.

Peter: A noble log/admin. MSF should be proud of him!!!

Jacques: ?!?!?!?!?!?!?!?!?!?!?!?!??

MSF International

It is a mess!! We are far from this dream. It is costly, interfering, chaotic. We should first agree on our plans, policies, financial system, then we should mix. One desk decides, two desks nag and threaten to divorce, visitors from three desks to the field, each
one will give some noble ideas; poor expats are confused to which groom do they belong!! a lot of money spent for what??
To be honest the only thing the sections have in common in our name: MSF !!!!!

Recommendations

I mention briefly and straight:
1) I believe it is extremely inadvertent to expand either horizontally or vertically more than this. If anybody wishes to expand more he should nominate himself to be the Minister of Health in the next cabinet of Kim Jung Il.
In the time that most NGOs are taking the responsibility of few counties MSF has spread its wings over three Provinces and extending his leg nosily to the fourth province to dig. The excuse to explore in the Northern province is to see what is going on inside!! We should make up our mind are we MSF or Intelligence Service?! ACF and CZESVI are arriving in MSF along with some other NGOs; let's give way to somebody else to be blessed by Jesus Christ by humanitarian work!! Americans are begging for some room in DPRK let them take over and open the way for McDonald and KFC.
2) I believe the Koreans would kick us out as soon as they receive the materials for the next 6 months.
3) I believe MSF should withdraw as soon as the emergency needs of are malnutrition are met.
4) I believe all expats leaving DPRK need psychological (or possibly psychosexual!!) rehabilitation.

Amities
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