Some questions after a short visit to DPRK

1. As we are obviously in a military dictatorship, with little space for individual freedom, how can we justify our presence?

No doubt: RDPK is not an advance form of democracy. The personality cult of the “Great Leader” followed by his son the “Dear leader” introducing the first ever family dynasty in a communist regime reaches here levels never competed with their portrait littering every single square and official building in the country. The obliged “tribute to the Great leader” on your arrival and to the mausoleum the next day does little to reduce this impression: a total delirium which history rewriting (by the way it is the heroic Kim II Sung who liberated Korea from the Japanese in 45 and no mention for any Russian or American support to the task...)

We are confronted with mankind exploitation by a military oligarchy, systematic brain wash of the individual, spoliation of the individual minimum savings for live which are delirium realisation like a 144 storey hotel never achieved together with empty roads (Tirana syndrome) and people walking in the streets - no bicycle allowed until recently- in search of the absurdity.

I will not develop more on that subject although it is worth long nights discussion as there is a lot already written on it.

3. For the MSF teams, it is important to keep in mind this totally unacceptable environment and origin of the disaster which is of course mainly man-made, whatever influence could have the natural disasters in recent years. The main principle in this kind of environment for humanitarian aid is to beware not to reinforce in any means the control and exploitation exerted by an oligarchy on the people (“the victims”) a principle usually referred to in our language as “first do not hurt”

In other words, MSF by essence most of the time does not work in what can be called a democracy: the question is not there! But I would rather put it in “are we trapped through our work in the concrete block or worse reinforcing it, or are we contributing to create cracks in it?” To be able to answer this question, they are several indicators like:

A: essential

- choice and direct access to the beneficiaries
- control of the aid distributed
- possibility of direct dialogue with local actors (doctors, nurse,...)

B: important (in the medium term)

- possibility to address the real roots of the problem
- possibility to change the organisation of the health care system and drug distribution system in coherence with the needs
2. Do we have now full access to the beneficiaries?

Access has improved dramatically in the last 6 months according to the team. Geographically in the province where we are: we can now access the village level and visit clinics and more and more counties are open. Still we cannot go in all counties in the province (for “security reasons”. Interesting to see that leaders of those counties are now complaining at provincial level not to receive aid like the others...

More and more provinces become accessible every month: we where able to travel in North Hamyong for the first time and Unicef received last week authorisation for international staff based in Ryangan and IFRC just received a green light for Changan.

No province is anymore inaccessible but still some districts in provinces.

The only barrier we still face is the access to household: no question for the moment to enter household so no possibility to make any randomised nutritional or morbidity survey.

3. Do we control the aid distributed or does it go to the army or party leaders?

This question is raised by every single journalist from Hong Kong to Brussels, to give the importance almost obsessionnal of it.

MSF since 95 and first intervention linked the aid with a totally new condition for them: presence of international staff on the field. This was then an enormous problem and seen has an arrogant attitude; it became normal today. MSF has done a pioneer job with a condition nowadays written in the “code of conduct” made between agencies in Pyongyang for aid distribution.

As our aid is therefore closely supervised by international staff, we can answer very clearly that NO aid is going to beneficiaries outside the plan. Although we are not responsible for food aid, the information’s collected with WFP and EEC (DG8) are all conclusive in the idea that food aid is fairly well distributed and that military have probably their own channel.

But this of course is indirect, not systematic and therefore much less reliable information than what concerns our medical aid.

To resume the general impression, I would quote the UNDP representative, present in the country since 2 ½ year: “one should not come to RDPK to look for massive leakage’s of aid; no system is totally waterproof but this one is probably the more in the area”

4. Are we perceived as politically independent?

At first, I would say that aid has in RDPK political links and consequences as in no other country in the world.

North Korea is the last unsolved victim of the post cold war era, and for some obvious political reasons will not be solve in the coming years.

It looks like the aid system is used to gain some political control on the country but definitively avoid any rehabilitation of the country.

To achieve those goals, aid is increased but systematically maintained in kind (cereals, drugs, coal...) like if one had to answer a conjectural problem due to natural
disasters like floods or drought.
Never cash neither any spare parts of credit that could restore this genuine capacity of production.
To use an image, the country is maintained tied by the hairs just above the water level.
No question to help to stand-up: nose just above water level (survival which means vulnerability that makes every little wave (floods, drought, epidemic, disease...)lethal for a great number.
To illustrate this point, the story of the IFAD micro-credit project is very illustrative: although it was designed to allow individual families to borrow money to start little poultry or goats, this project was strongly opposed by South Korea, Japan and the U.S.
Europe is perceived as less reluctant in a rehabilitation aid but still close to the "occidental" aid world.

In this environment, MSF should more than ever develop an image of independence. Independent as far as possible from the government at first (see above)
Independent from the donors for which aid is linked to political bargaining
The 97 program was financed at 95% by ECHO and 5% by the Norwegian government.
ECHO will most probably have again a big share in the 98 budget as MSF is their best medical "window".
ECHO already warned that they would be reluctant to finance North Hamyong and made it clear to the government..."if they did not choose ACF".
The opportunity should not be missed to show that we are not dependant from ECHO to start a new program...

5. Do we have a possibility of direct dialogue with the Korean "population"?
Fear is a very strong impression when entering the country Fear from the outside world but also from the neighbour.
When fear address the outside world, it becomes a real paranoia!
This paranoia is totally understandable, knowing that this little under-developed country is the only one in modern world surrounded at boundaries by 3 world major power: US in the South, China in the West and Russia in the North...

About fear from the neighbour, every Korean looks around before speaking even from common subjects: denunciation is a law and sanction goes from simple remark to re-education camps for years.
This fear is organised by the system and obliged every expat to be cautious about subjects addressed, not for own security but for THEIR security.
In an official visit like mine, there is no space for a dialogue "from doctor to doctor" but for the teams involved in the South, this seems to develop step by step with not prepared visits, and day-by-day visits for micro-problem solving.

6. Is there a famine in North Korea like suggested by some reports?
The food situation is year by year more precarious.
The FAO/WFP last report estimate the 98 total grain production at 3 million tons, coming from 7.5 in the “good year”. This constant reduction is due to a lack of fertilisers, pesticides, machinery for an agriculture much intensive at the end of the 80'.

RDPK plan to import 700,000 tons in 98 which means a need in food aid of 1,200,000 tons.
Total aid + importation comes to almost 2/3 of own production which signs the ever rowing level of dependency of the country and the precariousness in which they are for food security.

The 97 harvest (September) is estimated to cover the consumption for 7 months which means total dependency from April to September.
The coping mechanisms are weak: no market, no exchange between provinces, no free movement, no money available.
Mortality is impossible to evaluate at this stage (no household survey) and cemetery have not been investigated.

We have not seen in N Hamyong, supposed to be particularly affected by the draught as they cultivate maize only (more sensible to draught than irrigated rice).
We have no nutritional survey for the same reason and the one made by Unicef/SCF in November (17% < 80% W/H) was performed upon children selected by the government.
The only indirect “indicator” of malnutrition is the number of children who passed trough our therapeutic feedings: > 1,500 moderate and severe malnourished in 2 ½ month in 38 centres which is not dramatic figure.

But seen that TFC are new for the population, transport problems, the fact that figures doubled in the last month, are indicating a crisis situation for a country where malnutrition was unknown.

We have not seen a situation compatible with “millions of deaths” as described, neither “death bodies” in the rivers, neither infant cannibalism (rather stupid declaration knowing the Korean mentality for their 2 children/family).
I would speak about severe food scarcity with aggravating factors like weak coping mechanisms, but as long as there is no acute phenomenon (war, natural disaster…) they survive.

There is an indication of early warning system (first an indication to feed the people) but an EWS is not thinkable if no correct survey possible.

7. What are the key words for our medico-nutritional program?

Simplify: we are confronted with a typical in communist countries overextended health system with huge hospitals and much to many beds/inhabitant, much too many doctors (1/200 inhabitants), almost no nurses and no means to run the all system.

Decentralise: we should focus the intervention on clinics (to restore from the basis a link with the population) with one referral level: the county hospital.
Exceptionally we should provide aid at provincial hospital level except considering them as first reference for the city population (if city county hospital are dropped)

Integrate: the medical and nutritional action should be integrate as much as possible, using more polyvalent nurses (hygiene, aseptic, sterilisation, basic care) than real
8. Some additional remarks

we should consider an evaluation on the quality of water at peripheral level
why did we not provide seeds this year as the 97 intervention has been much
appreciated and needs are still there?
one team of 2 international staff for a province with 15 counties if far below our
criteria for good supervision and training
last but not least: the international spirit in the team is far from good, each section
giving sometimes more weight to their own representative than to the HOM.