Field visit report DPRK
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Country information
Population: 23.9 millions, 60% urbanised, ethnically homogenous.
Capital: Pyongyang, 2.7 millions inhabitants.
9 provinces and 3 municipalities that are sub-divided in counties.
Adult Literacy rate: 99%
GNP/Capita (1995) = US$ 920
Land size: 122.762 km2 with about 20% suitable for farming.
A huge army of 1 million soldiers (21% of the GNP)

General

The DPRK is the last and the tightest sanctuary of communism in the world, with a political regime at least as rigid and repressive as the old soviet system was. Citizens have been indoctrinated for decades to consider the Kims (Kim Il Sung and his son, Kim Jung Il) as gods. The population remains rigidly isolated from the rest of the world and is under very strict rules. People cannot leave their village unless they have written permission... and it is clear that the entire population is traced, registered and controlled. Some outsiders who know about the system talk about several «categories» in the population with different rights/obligations... The children seem to be separated from their families when they are toddlers to be «trained» systematically to serve the purposes of the Great Leader and the «Juche» ideology in governmental kindergartens...

Today, the legitimacy of Kim Jung II’s regime depends on preserving the system which is running the economy into the ground.

In fact, the economic situation in the DPRK has been deteriorating for a long time (since 1990) and long before the recent floods in 1995 and 1996. In fact, the infrastructure has gone into a downward spiral. Where there were 10 cement factories operating five years ago, now there is only one. Power supplies have also been severely curtailed. It’s a strange atmosphere to see Pyongyang, a city of 2 M inhabitants, without any lights at night. Only the Great Leader monuments are lighted.

Today indications are that the infrastructure is failing at the same rate as the population’s health is failing.

Remark: The visit corresponded with nation-wide military exercises which began on March 12th all over the country. This gave us a strong and strange feeling of «virtual war mobilisation» during all our stay in the country. Some of our field visits were cancelled at the last minute, and it was possible to see people in so-called «military uniform» all over the 3 provinces we visited.

1 All foreigners must give their tribute to the Great Leader Kim Il Sung by visiting a monument in the centre of Pyongyang when they arrive in the country.
2 The core class (those loyal to the Workers’ Party: 28% of the population); the unstable class (ordinary workers: 45% of the population); and the hostile class (families of defectors to South Korea and those classified as dissidents: 27% of the population).
3 End of USSR support to the country.
Food

North Korea’s food production peaked in 89/90 and has been falling since. Policy of food self-sufficiency, collectivisation and attempt to rapidly increase production brought about an environmental disaster. Trying to expand the land under collectivisation, authorities cut down trees on the hills and planted corn. This deforestation led to massive flooding which destroyed so much cropland. Fuel shortages also led people to cut down more trees, while massive use of chemical fertiliser led to lower soil fertility. All North Korea is now desperate but the process seems to be going on. The country has now reached a point where it just cannot feed itself.

In principle, the domestic food production is largely carried out on co-operative farms involving an estimated 37 percent of the population. Families receive an annual quota of food from the harvest and the surplus is bought by the state and sold back to the non-farm population at heavily subsidised prices through an entitlement programme called the Public Distribution System.

Current food situation (WFP/FAO sources):

- Increased food shortages and malnutrition developing in «vulnerable groups».
- Large dependence on food imports and aid all over the country (at least until the next harvest in September / October 98);
- Food stock and rations falling; around 200/250 gr./per day/per inhabitant (official DPRK sources).
- Grain stock near depletion by late April, early May (official DPRK sources).
- Some commercial imports of grain and informal cross-border trade especially in provinces neighbouring China.
- Next crop in May will depend on availability of irrigation water on which key land preparation and planting operations depend heavily.
- Productivity and output in agriculture seriously affected by deep seated economic difficulties that limit supplies of essential inputs to the sector. Little prospect of a significant recovery in food production in 98.
- Dramatic reduction in food rations and intake. These in turn have resulted in severe hardship and rapidly declining nutritional standards.
- Unprecedented level of food into the country.
- Considerable anecdotes, evidence of nutritional deficiencies in the country, no reliable estimates on the extent of the problem exist.

FAO/WFP’s conclusions:

- In the short term, continued need for food aid to «vulnerable groups» (7.470.000 people, including 5.520.000 children).
- Urgent need to undertake a random, representative assessment of the nutritional situation in the country.

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5 Recent natural disasters in the DPRK (official DPRK sources): Hailstorms in 1994 (1.000.000 tons of cereal destroyed); floods in 1995 (145 counties affected, 5.200.000 people affected, 1.900.000 tons of grain lost); floods in 1996 (117 counties affected, 3.370.000 people affected, 300.000 tons of grains lost); drought in 1997 (1.250.000 tons of maize lost, 630.000 tons of rice lost).
6 Production 97= 2.685.000 MT; Total food needs = 6 M MT ; Shortage = 3,4 M MT (source: North Korean authorities).
Importance of medium term international assistance to the DPRK to help stabilise its food and agriculture situation (assistance for agricultural rehabilitation, and provision of essential input such as seeds, fertilisers and appropriate farm technology).

Future food security will depend heavily on solutions that address the major economic difficulties.

In absence of these, the food supply situation will remain precarious as productivity in agriculture falls, the ability of the country to finance food imports to cover shortfalls recedes further and tradable resources for barter become scarcer.

**UNDP will organise a conference in Geneva at the end of April on Agriculture Rehabilitation in the DPRK.**

### Health

People are not just running out of food, but also medicine, endangering the lives of sick children and adults.

<table>
<thead>
<tr>
<th>Some medical statistics</th>
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<tbody>
<tr>
<td>Life expectancy: 70.3 years.</td>
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<td>Infant mortality rate: 25.9/1000</td>
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<td>Physicians per 1000 population: 3</td>
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<tr>
<td>Households per physicians: 950</td>
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<tr>
<td>Nurses per 1000 population: 1.1</td>
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<tr>
<td>Midwives per 1000 population: 0.6</td>
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<td>Hospitals: 8.177</td>
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<td>Hospital beds: 200,000</td>
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Access to health care is free and is made up of a sophisticated hierarchy of facilities (5 levels with Provincial hospitals, Ri hospitals, polyclinics, clinics, county hospitals, plus mining hospitals).

Child care is seen as «a state responsibility allowing women to be economically active». The State provides optional day care for children from the age of three months to four years in nurseries. Children aged 5 to 7 years attend kindergartens where registration is compulsory. In each provincial capital, there is a children’s centre which houses orphans and other children who cannot be looked after by their families.

The health care structure is in a state of virtual collapse (NGOs/WHO/UNICEF sources):

- Many basic public health programmes suspended or drastically curtailed.
- Decrease in immunisation activities (lack of power supplies has severely effected the immunisation programmes which are dependent on a reliable cold chain for the delivery of effective vaccines; replacement vaccines are available but, because of a lack of fuel for transport, distribution is still a problem). WHO has given emergency priority to ensure continued routine immunisation against the six major childhood diseases - diphtheria, measles⁷, polio, tetanus, tuberculosis and whooping cough (pertussis).
- «Increase» in child malnutrition (including anaemia and Vitamin A deficiency).
- Danger that tuberculosis is much more widespread than previously thought. DPRK reports 10,000 tuberculosis cases per year. However, as there is no tuberculosis control programme

¹ UNICEF team has shipped into the DPRK around 1.6 M doses of measles vaccine, syringes, ice packs and vaccine carriers to support the government in a measles campaign to take place between 15th and 20th of March.
and the country lacks most tuberculosis drugs, WHO estimates the mortality among these cases could reach as high as 50%. WHO estimates that an additional 20,000 cases of tuberculosis have not been reported (currently, no outsiders have access to the TB centres in the country).

- The country's surveillance, prevention and control systems are no longer functioning.
- Acute shortage of the most common drugs in hospitals and clinics (except traditional medicine). The patients no longer come to most of the hospitals as there is no cure to be given (no medicine, no running water, no hygiene, no heating).

Analysis

It is hard to have an overview of the exact humanitarian situation since outsiders cannot have direct contact with the population, and in fact, have so little access to North Korea.

- More and more NGOs are working in DPRK and can now have access to nearly all North Korea's provinces (only a few counties remain inaccessible for << security reasons >>); but contact with the population is practically impossible/limited by the authorities, and the lack of reliable, empirical data has made it difficult/impossible to measure accurately the extent and severity of the crisis.
- The only contacts we have are with the medical staff and patients in the health structures that we are allowed to visit. But the North Korean authorities supervise visitors tightly and official guides seem to keep them away from regions, structures and <<vulnerable>> populations suffering most from the food deficit. Outsiders have still no direct access to centres for the mentally retarded, psychiatric wards, TB sanatoriums, or orphanages for elder children.

Needless to say the magnitude and severity of the malnutrition problem is impossible to assess.

- Some NGOs talk about a << famine >> in North Korea. In particular, the Korean American Sharing Movement said in February 98 << the North Korean famine continues to claim a large number of victims, particularly in the tightly controlled north province of Jagang, bordered with the mountainous Chinese side and in the city of Hambung >>. << North Korean refugees interviewed in China said about 29% of their relatives, acquaintances and neighbours have died in the last two years of famine at home >>. Needless to say that at this stage, it is impossible to confirm these declarations. Journalists who went to the area of the survey say they could not find out the truth and are suspicious about the results of KASM's survey. However others feel it could be true... So, what is the truth?
- An MSF team is assessing currently the situation in this area.

As always in North Korea, the observations raise lots of questions:

Is this a country heading towards a real << famine >>?

- It is really difficult to say if there is currently a famine or not in North Korea. My feeling after the visit is that in the areas we visited there are no people dying of starvation. But who knows what the situation is in other areas? With more NGOs having access to more and more provinces, it is difficult to think people are currently dying, but it is also impossible to confirm without reliable data/direct access to the population. We cannot however confirm that people are not dying.
- One thing is sure, in the areas in which we are working, there are no bodies of children who have starved to death seen in the streets.
Anyway, the country has been confronting a general food deficit for a long time. There is definitely chronic and acute malnutrition in the country. The floods in 95 and 96 have only increased the problem.

- My feeling is also that there is a profound discrimination in the distribution of food. The policy, be it official or otherwise, dictates that food be given first to those who work and are actively serving the regime. What happens to the others?

- For now, Pyongyang appears to have bought itself some time by securing food aid at least for this year. It is not exaggerated to think that North Korea is at the same time using its few resources on what it considers the most important: the military for example.

Is there still an emergency in North Korea?

- As a UNDP representative said, "The country is facing an important structural/economic crisis which calls for structural and long term solutions. The population is suffering because of a general breakdown of all the system which started a long time ago. The assistance provided by NGOs last year was important and welcome. But now it is time for another approach."

- I have the same point of view.

Has North Korea exaggerated the severity of its plight - fabricating a famine in effect? And what are the objectives of foreign governments in exaggerating the situation?

- Authorities often speak of over 10-15% of malnourished children in certain areas. But without freedom to assess the situation, it is impossible to confirm.

- DPRK authorities could have exaggerated the situation to receive more humanitarian assistance.

- Foreign governments (such as USA, South Korea and China) did the same in the hope of bringing about a "soft landing" in one of the most closed countries in the world. By providing humanitarian aid, even without reliable government statistics, the theory is that North Korea could be encouraged to reform itself (it is the current position of UE and WFP representatives in Pyongyang).

- In fact, NGOs are used to achieve political goals. They are working in North Korea, even without being able to monitor what they are doing. However it is not really a problem for donors. "Even if programmes are far from perfect, it is better than not being present. It is the price to pay to stay in this country and to change the system" said the EU representative.

- The question for MSF is: do we want to be part of this "great humanitarian game"? We might not. But in fact we already are with a vast programme in 4 provinces (target population: 7 million people) financed by ECHO (70%) and other donors. Now, we have to decide under what conditions we want to continue our assistance.

What could be the role of MSF in this context? In the short term, even if there is a continued need to support the health care system by supplying drugs and medical material, must MSF continue to do it?

In the medium term, what should be done to support the population?

Current MSF activities:

Budget for 98 (6 months) = approx. US$ 5 M.

MSF is the biggest NGO working currently in North Korea in 4 provinces (59 counties) South Pyongan, N. Hwanghae, Kangwon (all with ECHO funds) and N. Hamgyong since February 98 (with MSF private funds and other donors).

Total target population: 7 million inhabitants.

13 expatriates (4 in co-ordination, and 4 teams of 2 expatriates in each province -except 3 in N. Hamgyong).
- **Current objectives:**
  - distribution of basic drugs and medical material at the provincial, county, and regional levels (around 300 structures in each province, around 1100 structures all together) and establishment of around 40 Feeding centres in county and paediatric hospitals (all children of less than 80% weight for height).
  - training on preparation of High Energy Milk and establishment of Weight for Height children follow-up;
  - training on the use of the drugs and medical equipment.

- **Comments:**
  - First of all, it is clear that « MSF has achieved a lot during the last 6 months. When MSF opened the mission almost one year ago, there were a lot of constraints to set up the mission, no liberty of movement, long procedures, no direct access to our counterparts. If we compare it to what we are doing now we have achieved already a lot and it could influence our building capacity for the future ».
    - Among all NGOs and UN agencies working in the DPRK, it seems MSF has one of the best accesses to the field. Teams can « freely » visit clinics. For hospitals, they need to schedule one week in advance.
    - Today, some hospital staff report that since the beginning of our programme, there have been significant improvements made in several health structures and that the severe cases of malnutrition have been treated (numbers attending the hospitals are currently reducing).
  - Anyway, it would be a mistake to underestimate the difficulties MSF teams are facing due the dimension of our programme in North Korea.
    - For most of the MSF expatriates in North Korea, the objectives and the strategy of the mission are still unclear. They don't know if they are doing something sustainable or if they are just in North Korea for distribution of « drug dumping ».
    - The way we work is creating major -technical/ethical- problems for MSF teams. It is impossible for the current teams to manage a vast distribution programme like this one. The time is shared between drug/milk monitoring and training. With long distances to travel, it is difficult to visit more than one county each day. This means it takes about 3/4 weeks to complete each training session and their is little time to train medical staff efficiently on meaningful topics. In fact, there is no time left (or not enough) to do clinical work. The quality of our action is not good.
    - Today, teams also agreed that our nutrition programme is losing effectiveness and if numbers in the feeding centres continue to fall, it may become difficult to justify continuing this way. Steps needs to be taken quickly to reach those children not being seen in our centres.
    - Another big problem is delay in the distribution because of the late arrival of drugs from Europe. IDA cannot handle NGOs' big orders (MSF, MDM, IFRC...) and shipment to North Korea takes time. Because of the hurry, the quality of the material supplied is not always good (« blankets for refugees »), broken surgical material such as scissors, poor quality of several items).
  - We must recognise that MSF is creating a dependence on curative medicine in vast areas and we don't have yet any substitute organisation for the future. I'm not sure we had a choice. But I am convinced MSF must not be involved anymore in this distribution programme in the future. The needs are too vast and appeal to another kind of long term answer which the international community might address with the authorities directly. As for the general food availability, the drugs availability should be addressed by international
multi or bilateral aid -reinforcing local production, imports and distribution capacities of this
country. An emergency supply of medical items is not appropriate for a medium term
solution. It is very expensive, creating dependence and it is disrupting national channels of
repartition. That is why, in the medium term, the international community needs to give
structural replies to the difficulties the health care system is facing. It is not a job for MSF,
but more for UN agencies and foreign governments through bi and multi lateral aid (under
conditions).

- **Conclusion:**

- Needless to say MSF must stop its distribution programme or, at least, must reduce
drastically the number of structures/provinces it is supporting. Stopping/reducing <<
drastically >> drugs supply, doesn't mean, MSF would leave the country : however certain
conditions must exist, which do not exist today. MSF cannot continue working without being
able to assess the real needs and having access to the population. Ethically, it is no longer
acceptable.

- That is why we need to (re)negotiate with the North Korean authorities the modalities of our
intervention in the country. We are in a position to do so, and we must accept to take risks.
After the talks we had with FDRC representatives during our visit, I am convinced that we
can work in agreement with our principles:
  - need to have direct access to the population/villages/houses/institutions;
  - need to organise nutritional/medical assessments;
  - necessity to focus on vulnerable groups (children, orphans ?), institutions
    (children's centres for example);
  - necessity to develop a medical approach close to the patients. MSF is a medical
    organisation and not a supply agency.

In case there is no space for negotiation, MSF will have to take decisions regarding its
involvement in this country. We must be clear (all MSF -B/F/H- and co-ordination in North
Korea) that our withdrawal could be an option. This should be explained again to the
FDRC. Negotiations are now open and a definitive decision must be taken before June 98
(our MOU ends in July 98).

Lastly, it is important to inform (in Europe/USA or on the field) all NGOs working in North
Korea of our position and see if it is possible to develop a common approach in relation to
the North Korean authorities. MSF must also address this issue with donors and foreign
governments involved in the current North Korea crisis.

For that purpose, there is a need to discuss the way the co-ordination between the sections
is currently working.

(end)
Annex I

International humanitarian assistance in DPRK

UN Appeal for 1998:
- WFP = US$ 376 M, for 657,972 MT of food aid.
  Current responses: US for 200,000 MT of food, South Korea for 50,000 MT of grain, the Czech Republic for 20,000 MT of food and Canada 17,000 MT of food.
- FAO = US$ 23 M (food security)
- UNICEF = US$ 6 M
- Total = US$ 415 M

IFRC appeal for 98 (Health - drugs- and Nutritional support):
- Total = US$ 20 M (N. Pyongyang and Chagang provinces)

Total humanitarian assistance as of 13 January 97:
- EU = US$ 63 M
- USA = US$57M
- China = US$ 37 M
- Japan = US$ 27 M
- Korea = US$25M
- Others (Norway, Australia, Germany, Switzerland, Canada)
- Total = US$ 286 M

Other NGOs:
- MDM (Budget = around ECU 2.7 M for 6 months, province of S. Hamgyong, 3 expatriates; same programme as MSF).
- ACF (Budget = around ECU 3 M for 6 months, province of N. Hamgyong, 3 expatriates. Programme target population: 200,000 children in more than 2,000 institutions; supplementary feeding for children between six months and two years, distribution of hygiene kits and 40,000 sets of winter clothes).
- CESVI (Health and water interventions and distribution of BP5 in S. Hwanghae province and Kaesong area 2,4 million persons; 3 expatriates)
- CAD (Food assistance for children, seeds, tools and greenhouse programme in Suchon city aiming to increase the food security in nurseries and Kindergartens; 3 expatriates). Currently, problem with ECHO and could stop their projects.
- Swiss disaster relief unit (Food assistance, food security, clothes for children, therapeutic baby food and drugs).
- Concern Worldwide (Supply of winter jackets in the rural areas of Pyongsong city, plastic sheeting for greenhouses, hospitals and kindergartens, food security programme planned for 98).
- German Agro Action (Food distribution programme to schoolchildren and elderly people in S. Hwanghae province, barley seeds and fertiliser)

Remark:
There is a co-ordination between the humanitarian actors working in NK; but they are facing a serious problem;
- Due to the amount of aid/assistance entering in the country (UN, NGO's, Red cross, Bilateral), it's difficult to know (1) what is exactly given directly to FDRC without co-ordination with UN/NGOs working on the field and (2) if this assistance reach really and correctly the population and especially the most vulnerable groups.
- Last point, "all (humanitarian actors) have the same practical and ethical problems and this is something which is frequent and openly discussed". But I'm not sure they all share the same analysis of the situation and the conditions under which we (NGOs) might work.
Annex 2

Programme from 10 of March till 21 of March 98

10 : Arrival in Pyongyang of Pierre S and Philippe B.
     Homage of the monument of the Great Leader.
11 : Visit Taedong county in South Pyongyang: County and Jangsan Mining Hospital.
     Departure to Kangwon province.
12 : Visit of Hoeryang county, Kangwon province: County and Ri hospitals.
13 : Visit of Chonnae county, Kangwon province: Hospital and clinics.
     Reception offered by the administrative provincial committee.
14 : Visit Paediatric hospital in Wonson, Kangwon province.
     Return to Pyongyang.
15 : Meetings with FDRC.
     Lunch with FDRC.
     Meeting with MSF teams.
16 : Visit of Sariwon, North Hwanghae province: Paediatric and People Provincial hospitals.
     Reception offered by the administrative provincial committee.
     Circus spectacle.
17 : Meetings with FDRC.
     Departure Philippe B.
18 : Arrival Pim de Graef.
     Visit of Rinsan county, North Hwanghae province: County hospital.
     Visit FDRC warehouse in Pyongyang.
19 : Visit of Pyongsong city, South Pyongyang province: County hospital, clinics and Children centre.
     Reception offered by the administrative provincial committee.
     Spectacle of music and dances.
20 : Visit of Yonson, North Hwanghae province: Hospital and clinic.
     Meetings with UNDP.
21 : Meetings with WFP, EU.
     Departure Pierre S (Pim staying few more days).
     Meetings with French Embassy in Beijing (China).