“And it is my prayer that your love may abound more and more, with knowledge and all discernment, so that you may approve what is excellent, and so be pure and blameless for the day of Christ, filled with the fruit of righteousness that comes through Jesus Christ, to the glory and praise of God.” Philippians 1:9-11

CFK Team Completes First Visit for 2017

A CFK team including 16 people from the United States, Norway, and Australia visited the DPRK from March 18–April 8. The agenda included visits to Kaesong Provincial Pediatric Hospital, 14 TB hospitals and rest homes, and four hepatitis care centers to check on the arrival and distribution of recently arrived shipments, and assessment visits to two new potential places. We also installed and configured a new automated blood chemistry analyzer at the Pyongyang #2 Hepatitis Hospital, resulting in greatly increased efficiency and testing capacity, and installed new lab equipment and faucets at the Kaesong #2 Hepatitis Hospital, including initial staff orientation. In addition, we made various improvements at the National TB Reference Lab (NRL) in Pyongyang and the Pyongyang #2 Hepatitis Hospital. In the hepatitis program, patients who started on treatment last September came in for their bi-annual checkups, and we started more patients on treatment, bringing the current total of patients to around 500 who have started on hepatitis B therapy through the HOPE program (Hepatitis B Overview and Program to trEat). During the visit, we also spent many hours on the road covering more than 3700km during our three weeks in country. Despite the extreme tensions arising in the external context and receiving very late approval for our visit (less than a week before our scheduled departure), our experience in the DPRK was not significantly different from previous visits. Life appeared to go on as normal. The external tensions did not unduly affect our work.

In addition to making usual bi-annual confirming visits to verify the arrival and distribution of shipments at our supported care centers, encourage local staff, and learn of new needs, our teams also focused on strengthening the diagnostic foundations for both TB and hepatitis.
and desire to share His love with the Korean people. Many places expressed their sincere gratitude for your help and shared their hospitality, warmth, and kindness with us. During our morning devotional time together as a team, we worked through the book of Philippians, and towards the end of the trip, we studied the fruits of the Spirit. This time together as a team is critical because it helps us to focus on our Lord in worship, prayer, and praise before starting long days of travel and work that often bring many challenges. And it is always a privilege to worship on Sunday mornings with local believers at the Chilgol or Bongsu Church in Pyongyang.

**Work Helped Strengthen Hepatitis B Treatment Program Foundation**

During this visit, Dr. Marcia Kilsby and Mark Heydenburg brought online a new chemistry auto-analyzer. This instrument accurately diagnoses blood chemistries far more quickly than what was previously possible – greatly increasing the program’s diagnostic efficiency and testing capacity. Marcia also worked with her long-time local counterpart, Dr. Kim, to introduce completely new equipment and diagnostics to the staff at the newly rebuilt clinical lab in Kaesong. It was a privilege for Marcia to work side by side with her local colleague – someone with whom she has invested hundreds of hours of training since 2009 – to expand diagnostic expertise into a completely new location.

On this visit, in anticipation of expanding the scope of the treatment program, we also introduced bar code scanning in connection with patient records and samples to help automate administrative functions for the treatment program and help facilitate increasing numbers of patients in the future.

Due to our focus on strengthening and consolidating these foundational aspects of the program, we limited the number of new patients for treatment consideration this time, mainly focusing our efforts on doing the required six month checkups for those who started on treatment in September – the first time medicine was made available. That said, we added over 40 new patients onto treatment, bringing our total patients on

Our work at the National TB Reference Lab has continued since reconstruction efforts began at the lab in 2009. The NRL continues to face many challenges including very limited resources, impacts from sanctions on supply chain, limited transportation and communications networks, staffing challenges, and overall coordination issues, even while the case load they are trying to address continues to rise significantly. We have worked hard to help resolve many issues, but many difficult challenges remain, including some that may be insurmountable in the near term.

**CFK’s Support Strengthens Care Centers**

It is always a privilege to visit the rural TB and hepatitis care centers where our very basic support (clean water, greenhouses, tractors, food, hygiene kits, etc.) is making such a significant difference in many lives. We were very warmly received everywhere we went, and it is very clear that your support is greatly appreciated and needed.

As we traveled the rural roads during the first 10 days of the visit, the early spring work was underway. Out in the fields, manure piles were being spread with shovels and Chig-ges (A-frame backpacks used by farmers), plowing was underway, potatoes were being planted by hand, seed beds for corn and rice transplants were being covered with plastic and surrounded by rice mat wind-breaking “fences”. Winter wheat and barley were emerging in strips of green, and the red flags flapping at the edges of fully planted seedbeds provided the only color against the monochromatic brown tones of early spring. Many people were engaged in all this work and responded with smiles and waves as we passed. This is also the time of year for road repairs and general tidying up after winter, and all these activities were in full swing. As we moved into the beginning of April, the drab colors of late winter began to give way to the brighter colors of spring as forsythia, early plum, mountain azalea, and weeping willow began to bloom or open their leaves.

It is an honor to share the donor list at every place and speak with the directors and local officials about your love for God and desire to share His love with the Korean people. Many places expressed their sincere gratitude for your help and shared their hospitality, warmth, and kindness with us. During our morning devotional time together as a team, we worked through the book of Philippians, and towards the end of the trip, we studied the fruits of the Spirit. This time together as a team is critical because it helps us to focus on our Lord in worship, prayer, and praise before starting long days of travel and work that often bring many challenges. And it is always a privilege to worship on Sunday mornings with local believers at the Chilgol or Bongsu Church in Pyongyang.

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antiviral therapy to around 500. Sadly, five patients died among those who had started treatment. For some, this medicine is arriving too late in the progression of their disease. However, we know that many others are benefitting, bringing true hope into the lives of many patients and their families.

In the Way of Barnabas
Stone Johnston, Consultant and CFK Volunteer

In the book of Acts, “a great many people were added to their number” is repeated often throughout the story. There was great activity in those days. Part of the mark of a great work is that it happens among many people with speed and numbers.

During one of the strategy meetings on the last visit, it was reasoned by one of the local officials how “we can’t be concerned about the individual person; we have to think about the greatest need for the largest number of people.” I am sure there is sensible logic in evaluating need on a larger scale and making right decisions in order to have the greatest effectiveness, but his comment got me thinking about the last few days working on this program.

The impressions that remain most vivid in my mind on each trip are not the great collective needs or the strategies of the program or the amount of medicine distributed or tasks completed, rather it is the individuals that I meet. Even though we spend several full days seeing patients, time always seems limited. There is often the urge to rush through things. With all the paperwork, data entry, and medicine box counting (all necessary for good patient care and program integrity), the faces can blur, the Kims and Parks can seem to run together, and even similarities in patient stories can blend together. Still, the individual stories and faces most valuable are: a mother of children who has peace that her health is stable and now has the renewed strength to care for her home; a man too weak to work for a few years now has an appetite and can get ready to start working again; and a man who lost his parents to liver cancer now has medicine to help protect him from following in their footsteps.

A number of patients passed away a few days before making it to the follow-up clinic. I remember their faces from a few months ago. They were generally older and their disease was at a much more advanced stage. It is common to encounter sad stories, but the theme more and more as people returned and began to see their progress is one of hope – assurance that they have access to medicine and clarity that they are actually improving instead of getting worse.

In the midst of challenges, differences, and setbacks, it is easy to be frustrated and focus on the problems. Seeing that tendency within myself, I remembered Barnabas, whose name means “son of encouragement” (Acts 4:36), and how he gave sacrificially to the Lord’s work. When we come, we ought to always be looking for the grace of God and tuning our hearts to it. It was a good reminder that no matter how large the program or how effective the strategy, whenever you look just below the surface, there are individuals – each one has a story and a family.

The smiles that greet us in North Korea are not the outcome of an effective program, but it’s the familiar faces of people who now have hope and encouragement. In the words of one local official, “I want to tell you that we are thankful. Not only the patients, but also the families of the patients are relieved to see them having safe treatment that does not run out, and they can receive it every month. The local officials, staff, and patients are very grateful for all the help you have given to the patients here. You come back frequently, and the patients count the days on their fingers until they can see you again.”

God’s Mighty Hand
Dr. David Hilmers, MD, EE, MPH (Internal Medicine, Pediatrics) at Baylor College of Medicine, CFK Volunteer

It was already well past dark as I recorded the values for my last patient of the day at the hepatitis clinic in Pyongyang. The hectic activities of the day had not permitted time for much reflection, but the magnitude of the work accomplished suddenly struck me. It has been my privilege to serve as a physician in settings throughout the world – from tents pitched under a blazing African sun, to modern hospitals in a sophisticated medical center in America. Yet, what I was witnessing here in the DPRK was truly unique, in essence a miracle – the delivery of state-of-the-art medical care to patients with a deadly disease in a country with extremely limited resources.

The day ended smoothly as the last patients received their medications, the physicians finalized their notes, and equipment was packed up for the next trip. The clinic
This marked my tenth visit to the DPRK. Now more than ever, I realize how little I know and what little insight I have into the lives of those we hope to help in some small way. This is the third visit for the hepatitis treatment (HOPE) program, and we now have close to 500 patients on therapy. The focus of this trip was skill transfer to increase capacity and focusing on establishing deeper relationships with the partners with whom we work. The other goal of this trip, or rather privilege, was to visit a new site for possible addition to our hepatitis program. I spent the longest time in country on this trip than any to date, but it was still under 10 days. Nevertheless, in some strange way, it was both extremely long, and yet, as I sit on the plane to reflect, I am not sure what happened to the time. I am sure it was the time thief at work again.

The first cohort of patients started on treatment last September were by sheer need the sickest. There was the expected mixture of responses to treatment, including patients who we could not salvage from the inevitable ending despite our heart praying for otherwise. Even so, a sense of hope had returned. For many, this was associated with a physical well-being that I felt in their spirits – an unmeasurable transformation in laboratory parameters and physical signs; for this, I was so grateful. We continue to work tirelessly both in country and from outside with all of the partners and friends to ensure the expansion of both the depth and breadth of this program.

Many continue to express intense gratitude – for which I am always humbled – because I know that this is not of my doing alone. Word spread that we are doing something quite remarkable and people clung to this and came from distant places. One patient was so unwell that I expressed concern that we may be too late. The response (continued on page 5)
(continued from page 4) was quite simple; they had witnessed others who had responded to medicines in similar dire situations – even the hope of some chance was enough. Others made their way to our clinic, some traveling over half a day and negotiating transport and time off work. Amongst the joys of the day, the inevitable heartache of having to tell patients that they likely have liver cancer for which treatment is all but impossible, these continued to cloud our days. Seeing the same faces repeatedly is such an extraordinary heartfelt experience. “We count the days till your team returns,” they said to us. The waiting is not only for the medicines, it is for us. I wish for much more despite knowing that we should be grateful for what we are doing. The greed to want to do more is hard to contain.

Training in the DPRK is always such a joy, but opportunities are limited for local staff. Despite the lack of language skills, the local health care providers patiently put up with my mixture of basic Korean (interspersed with some English phrases) and successfully undertook a bilateral educational exercise. I even served as translator for Dr. David Hilmers – I will confess no more on this except to say that I need to learn more. Time is always too short. We trained well into the dark in Kaesong at the end of a long day of clinic – I worry about them going home late at night with little to light their way, some not so close.

Pyongyang training seemed much more generous with an entire day available, but when we got to the end, there was still more time needed. Late and tired from an entire day of training, if offered further training, they would answer yes in a heartbeat. The day was long and all went home well after dark. We followed with further meetings, but despite the fatigue of the day, we felt content that the minds of local doctors were completely filled with new and exciting information. You could hear, “Please, we want more.”

We achieved much, despite the many challenges. There is a real sense of partnership and deepening love for our counterparts, and more than anywhere else, we must remain vigilant in nurturing these relationships.

Many small details fill my head and heart. There are images imprinted in my eyes that I cannot describe. Much of what I thought I knew about the DPRK remains true, but life is more complex than I can imagine. Despite having been in country, talking to them, seeing it and feeling it, there is so much that I do not know. Perhaps in witnessing a little more each time, what I see is the complexity. Nevertheless, there is some absolute clarity in all of this – we are loved, wanted, and perhaps even needed. I count the days until our next trip.
Looking Ahead

As I write this on the plane home from the DPRK, I have seen enough of my email in-box to know that we will be facing deepening challenges in this work in the days to come due to continuing tensions and increasing sanctions on North Korea. Already this work is very difficult on so many fronts, and it is hard to imagine how it can get more difficult. Not only are things tightening further in the US, but our Chinese suppliers are also facing significantly increasing restrictions. Meanwhile, our colleagues in the DPRK reassured us that they expect CFK’s ongoing visits to be approved on their side.

Please pray with us that God will continue to provide the means on every front for this work to go forward. We visited two new places in addition to the facilities where we have worked for a long time. We had seen much good progress but also heard of many other needs for ongoing general support, such as replacement tractors (many are now 6-10 years old and completely worn out), more greenhouses, building material, well drilling, food and medicine, etc. The needs are so significant, and the impact our help is having on many lives is truly meaningful. We look forward to our return to the DPRK in late May to install water systems at more care centers and see many more patients in the hepatitis B treatment program. Thank you so much for your faithfulness in praying for, supporting, and encouraging this work. May our Lord’s name be honored and glorified in and through these efforts.