June 2018

“For the sake of his great name the LORD will not reject his people, because the LORD was pleased to make you his own...but be sure to fear the LORD and serve him faithfully with all your heart; consider what great things he has done for you.” 1 Samuel 12: 22, 24b.

CFK Teams Return to DPRK from May 26 – June 16, 2018

As North Korea continued to fill the headlines with news about summits, a CFK team of fourteen people returned to DPRK for a 3 week visit to continue clean water repair, TB lab training, and hepatitis B diagnostics and treatment through the HOPE (Hepatitis B) program. Our activities in the context of a severely tightened sanctions environment were carefully limited to only those things covered by a newly approved OFAC (Treasury) license enabling limited aspects of our work to legally continue.

Due to the complications to our work caused by recent sanctions, we had to bring in many of the needed clinic supplies this time as luggage, and our incoming team of eight had to manage 46 separate pieces of luggage, including 37 boxes of lab supplies needed for diagnostics for the HOPE program. We each had a piled-high luggage cart to manage, in addition to our own personal luggage. Thankfully everything arrived safely and without incident. We hope we can soon fully navigate all the additional restrictions and requirements caused by the sanctions so that we don’t have to hand-carry so much with us. It would be even better if they can soon be lifted, in connection with improved bilateral and international relationships based on verifiable trust-building efforts.

During our morning devotional time, we worked our way through 1 Samuel, where we found multiple examples of leadership – righteous and unrighteous. We were reminded in our studies that God looks on the heart, not on the outward appearances, and that he seeks our obedience more
than our sacrifice. We were also reminded that He works in miraculous and unexpected ways as we wait on Him in faith and humility and seek His glory.

**HOPE Program Expands to South Hwanghae Province**

During the first part of the visit, the team focused on mentoring activities at the National TB Reference Lab, repairing existing water systems at 8 locations, and collecting blood samples from more than a thousand hepatitis patients in Kaesong, Pyongyang, and, for the first time, in Haeju, the capital of South Hwanghae Province. These samples were then processed in the labs (in Pyongyang and Kaesong), the data was input to a database, and patient results were printed in preparation for the treatment clinics attended by 894 patients that took place over the last 9 days of the visit. Our doctors did follow-up visits with patients that have been on treatment for 1-2 years as well as many others that have been on treatment for several months. Most are feeling better, with marked improvement in their color, appearance and general health. Since the start of the HOPE program in 2015, we have evaluated 3,669 patients and started 1,114 onto treatment, including 198 during the recent trip.

Sadly, since the start of the program, 62 patients in our program have died (due to liver cancer, advanced cirrhosis or other complications). For them, treatment came too late in the progression of their disease. But we are catching many more who are responding really well to treatment, and for them, this has completely changed the trajectory of their lives. Our patients range in age from 13 to 71, and many now have hope for a healthy future and a full life ahead, and a reprieve from certain suffering and death caused by the natural disease progression that this medicine interrupts so effectively if caught in time. Many patients, the Ministry of Public Health and the staff at the facilities expressed sincere appreciation for the work that we are doing in this area. They hope that diagnostics and treatment can soon be expanded to include Hepatitis C patients, and that we also can expand the program in terms of both patient numbers and geographical coverage. We are continuing to look carefully at ways to streamline the program while maintaining critical integrity and transparency.

The HOPE program offers our doctors the opportunity to speak into patient’s lives in other ways as well. Smoking and alcohol are a part of everyday life for most men in DPRK, yet when patients begin treatment, they are counseled (and they sign an informed-consent in connection with treatment) to stop smoking and drinking alcohol. Some have, in fact, cut back or given up these habits out of concern for their health. It also gives our doctors the opportunity to enhance the skills and mentor local doctors – as they work side by side caring for patients together and discussing treatment plans.

**Hopes Raised by Summits**

Like most of our visits, we covered many miles on long and rough roads in our travels to rural TB and hepatitis care centers, observing life and the transition from spring to summer through the windows of our vehicles. The landscape had already been transformed from the earth tones of early spring (observed in March) to the more vibrant greens and yellows of early summer as rice paddies were being planted, corn, potato and cabbage starts took root,
trees leafed out, and winter wheat and barley ripened from green to gold prior to harvest. Thankfully the rains have been plentiful this spring, and there is hope that this year will bring a better harvest.

But hope is growing in other contexts as well – the virulent posters threatening death and destruction to North America that were ubiquitous last Fall had been taken down, and instead the news was filled with photos and reports about rapid-fire summit diplomacy efforts – with South Korea, China, and the long-awaited June 12 summit between the US and DPRK leaders. The morning of the summit, we opened our day with a special time of prayer for the summit, and then continued on with our clinical work for the day.

Later in the afternoon, we traveled from Kaesong to Haeju in South Hwanghae Province. Just last October, in that same city we had experienced a rare civil defense drill, where the streets were emptied of all cars and people. At that time in our travel from the hotel to our work site we were repeatedly stopped at every intersection by a succession of police officers patrolling each and every block. Our guides at the time had to get out and explain to each officer why we needed exceptional permission to travel on the empty roads that morning in order to get to our worksite that day. It was therefore somewhat surreal to again be in that same city and to be able to make a brief phone call and hear a report the following morning that the summit had been successfully held and a new relationship between the US and the DPRK was opening. Four pages of the Rodong Shinmun (national newspaper) were devoted to coverage of the summit, including many full color photographs and the full text of the signed declaration. This shift has been long awaited, and to see it unfold before us was truly unbelievable and miraculous from both our perspective and the North Korean perspective. On our drive this time from the hotel to the hospital, instead of being stopped every block by police officers for violating a civil defense drill, our CFK team members sang the doxology a capella out of thanksgiving for God’s work on the Korean Peninsula.

On our final night in country, a nearly-hour-long special was aired on national television featuring the summit meeting in Singapore. We watched as high resolution footage showed the North Korean leader being sent off by a lineup of the
We were delighted to learn on this trip that the lab that we renovated and helped establish in 2016 at the Pyongyang #2 Hepatitis Hospital has been recently designated as the National Hepatitis Reference Laboratory for the DPRK. This is a great honor and responsibility, as this lab will now serve as the top reference lab for hepatitis samples in the country, and will set standards and policies for other labs. We are grateful and amazed at the transformation and progress made by this lab over the last two years, and we look forward to continuing our support and mentoring of the staff as they continue to develop their skills and capabilities in support of the HOPE program and other hepatitis-related care.

TB Medicine Situation Uncertain

We have continued to closely watch developments related to the unexpected pullout of the Global Fund to Fight Tuberculosis, AIDS and Malaria from the DPRK TB and Malaria programs. In meetings in Geneva earlier this Spring, and again this time in DPRK, we were able to confirm that there are sufficient supplies of first line TB medicines to meet the anticipated needs of the country at least through the second quarter of 2019, and talks are currently underway with countries/large donors regarding extending that supply. In our discussions with MoPH this time we agreed to continue to monitor the situation very closely and will revisit this again during our September visit. If alternative support has not been found by then to prevent full depletion of critical first line drugs, we will likely need to step up and support at least one shipment. Hopefully other government-to-government or major donor resources can be found to fill this need, however, so that we can focus CFK’s efforts and resources in other areas where we have more unique strengths and capabilities.

Unexpected Challenges and Honors

Like many of our visits, we were faced with unexpected challenges – including problems with wells at two care centers that will need further resolution since they are not producing as hoped, mechanical problems with one of our vehicles, and the breakdown of an automated chemistry analyzer that then required samples to be run one-by-one (and entered manually into our database) rather than more efficiently in larger automated batches. This created a huge workload for our team, the local staff and Dr. Marcia Kilsby who helped set up these labs and has continued to mentor the staff. To their credit, everyone rose to the challenge and completed several thousand tests so that critical lab results needed to guide patient care would be available on all patients being seen by the doctors.

Dr. Alice Lee conducts hepatitis training for the Haeju doctors in June 2018.
Each trip I look forward to seeing my laboratory colleague friends, including one with whom I have been working for 9 years. I was anxious to see how they had been and how their laboratories and instruments had fared since my last visit six months ago. The planned hepatitis B clinic, scheduled for March, regrettably had to be cancelled because the more restrictive sanctions made it impossible to get the necessary blood collection supplies and reagents needed to perform laboratory diagnostics. Without laboratory test results to help the physicians assess patients' health statuses, critical clinical decisions for the patients were not possible. What a wrenching decision the team had to make: to postpone seeing and caring for the hepatitis patients waiting for us to come. My anticipation was laced with considerable concern since the time had been so long.

Finally, with a new license in place, we were able to arrange for laboratory supplies ordered in October to be shipped. Additional reagents and blood collection supplies were also needed for the large number of new clinic patients expected to be seen on this trip. The last time we were able to provide supplies for the laboratories was August 2017. When we unpacked and distributed the supplies, the laboratory staff were so grateful and the supplies most welcome since both laboratories were either completely out of most items or close to it.

With the joy of reconnecting and getting updates, we also received the most wonderful news. We learned that the clinical laboratory built two years ago at the Pyongyang #2 Hepatitis Preventive Hospital by CFK volunteers and funded by the generosity of many CFK donors, was evaluated by Democratic People's Republic of Korea (DPRK) government officials and has now been designated as the National Hepatitis Reference Laboratory. Such an honor for them that also carries with it a great responsibility.

The laboratory staff have worked with determination to improve their techniques, master the use of new instrumentation, and establish a quality laboratory service for the health and well-being of the people of the DPRK. Patients have commented that they like having their tests done at that laboratory because they have confidence in the results of their blood work.

To demonstrate their capability to handle the testing needed to care for hepatitis patients, four of us handled the blood work for 1,079 patients in five long days despite not being able to use the chemistry autoanalyzer. Each patient had a complete blood count (CBC), three semi-automated chemistry tests, and immunology tests totaling more than 10,000 individually run tests. Needless to say, we were very busy. The autoanalyzer is scheduled to have the needed repair to its pressure system performed by a biomedical engineer during the upcoming August/September trip so it should be operational for the September clinic. What a blessing that will be and a huge savings in time.

Much work lies ahead with the transition from a local hospital laboratory to that of a National Hepatitis Reference Laboratory. Issues that must be addressed include new test protocols to increase the number and types of diagnostic tests available (this will involve focused training, mentoring, and acquiring new equipment). Also a data management system must be created for reporting results to distant locations and permanent archiving for future retrieval of results. I am confident, with the rapid progress evidenced over the last two years, the laboratory staff will successfully transition and be of great service to the country.
Fall Visits and New Care Centers

We have applied to return to DPRK in late August in order to confirm the arrival and distribution of multiple shipments of food, hygiene kits, blankets and water filter buckets sent since our October visit. During the visit we expect to travel to the majority of our currently-supported care centers, along with 7 new ones that we have been asked to begin supporting. We will be assessing the needs at these places and opening new relationships with the local staff. We also expect to continue our HOPE project diagnostic and treatment clinics, repair medical/lab equipment, and continue mentoring at the National TB Reference Lab. Later this Fall, if we are able to complete all necessary licensing and sanctions exemptions procedures now required under enhanced sanctions, we hope to make our final visit for 2018 to begin reconstruction of the Haeju Hepatitis Hospital laboratory – the first expansion site beyond Pyongyang and Kaesong under the HOPE program – while also continuing the HOPE program Hepatitis B clinics.

As our engagement grows more broadly into new places, and more deeply into the lives of the ordinary people of the DPRK, please pray that we will be faithful to lift up the name of Jesus Christ, to do our work in such a way that it brings Him honor, and to share His love despite heightened challenges and complex obstacles on many sides. Thank you for your faithful prayers and support that continue to sustain and grow the work of Christian Friends of Korea among tuberculosis and hepatitis patients and their communities. Together we are impacting many lives to the glory of God.

There are many items in the CFK warehouse ready for distribution to our supported facilities. Distribution will be confirmed in the fall.