The Public Health Crisis in the Democratic People's Republic of Korea: *An Obligation to Help?*

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Table of Contents

List of Figures, Tables and Appendixes

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“I learned that the only way you are going to get anywhere in life is to work hard at it. Whether you're a musician, a writer, an athlete or a businessman, there is no getting around it.

If you do, you'll win - if you don't you won't”

Bruce Jenner

I take much solace and inspiration from the above quote by Bruce. Since embarking on a journey to Korea to propel my academic career, it has been a personal testimony of perseverance and fulfillment. This remarkable experience was made possible by Professor Sohn Myongsei who first invited me here in 2006 to undertake this MPH program in Bioethics and Health Law. The process of adapting to the rich Korean culture, gaining academic knowledge in the public health area and breaking intellectual and emotional limits never known to myself, can only serve to bring me further in the near future.

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Abstract

The Democratic People's Republic of Korea (DPRK or North Korea), is a country that is predominately isolated with a healthcare system that remains widely unknown to most of the western world. Before the 1990s, it was already evident the North require international assistance urgently. In the 1970s, a severe oil crisis and negative economic growth for years suggested the beginning of the decline of North Korea. To precipitate matters worse, the Soviet Union collapse in 1989, which was at that time, North Korea's strongest ally and donor made matters worse. It was inevitable that the public health system would be thrown into disarray. Soon came the disastrous floods in 1995 and 1996 followed by 4 hard years of famine from 1996-1999. The consecutive flood damage forced the government to finally open her arms for assistance and aid, however under the regime's strict conditions. This self-reliance policy dictate the North Korean administration from receiving international aid under conditions largely tilted to favor by severely limiting accountability and monitoring of humanitarian aid from donor agencies from the United States, European Union, South Korea and Japan. It is inevitable that such compelling conditions might make one

shrink away from the ethical obligation to assist the suffering North Korean people. The lack of transparency and authoritative nature of the DPRK administration makes the influx of humanitarian aid difficult and raise the question of why these donor stakeholders still have an interest or obligation to help North Korea. Therefore, the presentation of a case study of how North Korea responds to a public health crisis such as the tuberculosis resurgence and the discussion of the paradoxical donor-recipient relationship should provide a basis of discussion to see if ethical principals such as Historical Equity, Self-Interest, Social Utility and Duty to Assist, can serve as a possible framework for an obligation to help North Korea.

Key Words: North Korea, Public Health, Ethical Obligation, Tuberculosis

Chapter 1

Introduction

a) Background:

The floods and famine in the mid 1990s served as the tumbling block for the Democratic People's Republic of Korea's already deteriorating public health infrastructure. The evidence of famine are everywhere; from campaigns imitated by the Ministry of Public Health to encourage 2 meals a day, to surging malnutrition related mortality rates and the establishment of a defunct Flood Damage Rehabilitation Committee to specifically address this issues. Inevitably, infectious diseases such as tuberculosis witness a resurgence in the authoritarian state. The public health system unable to cope with the rapid transmission of endemic infectious diseases led to staggering 100,000 new TB cases reported yearly.[1] The number of malaria cases in 1999 is about 100,000 cases and increasing with many preventive efforts such as primaquine treatment being hindered due to the severe lack of funding.[2] Diarrhea diseases and pneumonia remains high and is the major cause of

[1] Davies J. *North Korea's public health tragedy*. Lancet 2000;357:628-30.

[2] World Health Organization. Health Briefing DPRK November 2000.

childhood death and illness. The state of tuberculosis in North Korea is discussed as a case study in this paper to understand how the authorities are able to respond to a public health disaster such as a tuberculosis epidemic with their current diagnosis and treatment system.

Eventually, the rapid degenerating healthcare system and faltering economy compelled the DPRK to deviate from their self-reliance system and ideology to make an unprecedented request for foreign assistance. However, it was a culture shock for NGOs and donor countries in terms of their receptivity by the North Korean government, the strict conditions imposed on their movements and unfair bargaining chip tiled to the DPRK's favor. This rhetoric relationship between both parties would encompass the challenges and impediments faced the donor agencies especially US NGOs. Ironically, the US NGOs being the largest contributor of aid to North Korea. However, the effectiveness and penetration rate of their activities is constantly linked to the official US-DPRK relations. This is likewise for donor agencies from Japan, South Korea and the European Union. Nevertheless, there will be certain agencies who overcome these obstacles through different negotiating tactics ("give first, ask

www.who.int/disasters/repo/6001.doc

later" approach) and be successful in their humanitarian mission objectives such as the Eugene Bell Foundation and 'InterAction' (Coalition of US NGOs in North Korea). International entities and U.N organizations including the World Health Organization, World Food Programme, GFATM (Global Fight Against Tuberculosis and Malaria) have also proven to have a useful presence in the DPRK.

It is often or not that the ethical obligation of these donor agencies to provide aid to North Korea are muddied in the conditions imposed by the totalitarian state. One may have a political motive or compassionate intention to alleviate the dire conditions in North Korea but these two objectives may be viewed by the North Korean administration as one negative motivation to destabilize the DPRK state. No doubt, many high level agencies have pulled out due to the unfavorable conditions imposed on them, but does that mean the North Korean people are left to suffer? If an donor agency is taking fire from the North Korean authorities for requesting accountability and monitoring of their aid, should they withdraw and move on to deal with the lesser restricted African countries? The ethical obligations of these donor agencies varied much accordingly to their host country. Thus, is it possible that a set

of humanitarian principals is sufficient to guide humanitarian efforts towards an authoritarian state, when nearly all conditions are tilted to the latter's favor?

With the abundant political stigma shrouding the hermit state and the oscillating denuclearization issue tied to economic conditions that will inadvertently affect the influx of humanitarian aid, I find it compelling at the end of this paper to present several socio-ethical arguments that might justify humanitarian aid towards North Korea.

b) Objective:

1. The thesis seeks to examine the public health crisis and how the North Korean government responds to these crises such as the resurgence of tuberculosis with their current state of public health infrastructure or by opening up to external foreign aid.
2. This paper will also describe the donor agencies experience in North Korea especially US NGOs which are the most significant contributor of aid to North Korean to understand the challenges put forth.
3. Finally, the ethical obligation of developed nations donor agencies (especially US, EU, South Korea and Japan) to help the North Korea state and the North Korean people would be examined from a social-ethical pathway, that would perhaps justify the influx of humanitarian aid into North Korea.

c) Methods:

The methodology of this thesis involves the review of technical reports of Non-Governmental Organization involvement and work with the DPRK officials, healthcare personnel, tuberculosis and other diseases affected patients and the North Korean people. This will provide a first-hand observation viewpoint which is vital for academic discussion. Interviews were also conducted with personnel who have and are able to gain access to 'difficult' (Not released to the public) information from the Ministry of Public Health (MoPH) in North Korea and other entities such as the World Health Organization SEARO in DPRK (South East Asia Regional Office) who have extensive experience interacting with the DPRK administration. This is to gain a current perspective into the current North Korea foreign relations and tuberculosis situation rather than relying on secondary date only.

The most basic data on the 1990s crisis and its human dimensions are difficult and largely impossible to obtain or verify with any degree of reliability. It is often that DPRK government officials remains insistent that aid agencies accept the government's assessments (questionable validity on given statistics) that the country

is facing a crisis and not pushed for details. Moreover, although reliable sources and observers have reported starvation and death on a massive scale, this famine from 1997-1999 was largely invisible to outsiders caused by limited contact with the affected population in the country.

Thus it is inevitable that most reported global epidemiological figures tend to be inconsistent with the findings and observations during the resurgence period of tuberculosis from 1995 to 1999 and recent years which is due to the restriction of epidemiological surveys in North Korea to aid agencies, thus, I attempted my best to consistently verify reported data from the respective ministries of health and WHO with their counterparts. Data was also retrieved from Eugene Bell Foundation personnel bringing aid to the DPRK which contributes directly to the tuberculosis discussion portion of this thesis.

Chapter 2:

Public Health Crisis in North Korea

This main bulk of this chapter discusses how the public health crisis in the 1990s floods and famine led to the rapid deterioration of the public healthcare system in North Korea and made her turn away from decades of self-reliance policy to seek international aid. Thus, 1995 mark the turning point of the North Korean regime policy changes and attitude towards the arrival of Non-Governmental Organizations, United Nations Organizations and even South Korean humanitarian agencies. Since knowledge and literature on North Korea may be limited and to further provide better understanding of this chapter, it would be ideal to briefly examine Hazel Smith's [3] concise and unbiased summary on how the international assistance community entities has overcome humanitarian dilemmas in the Democratic People's Republic of Korea.

[3] Smith H. Overcoming humanitarian dilemmas in the DPRK (North Korea). *United States Institute of peace*, report 90, p. 1-25.

Source: Hazel Smith. Overcoming humanitarian dilemmas in the DPRK (North Korea). [26]

- In 1995 the DPRK (North Korean government appealed to the international community for assistance to cope with gross food shortages, which threatened starvation for its people.
- UN humanitarian agencies that has some relationship with DPRK since the 1980s- the United Nations Development Program (UNDP) and the World Food Program (WFP) [4]- responded to these appeals and became fully operational and resident in the country after 1995.
- Prior to the crisis of the mid-1990s, the DPRK has no experience of working with Non-Governmental Organizations (NGOs) except for periodic links with the Red Cross and through its hosting of small delegations such as the American Friends Service Committee.

[4] The World Food Program has been instrumental in distributing food via the PDS (Public Distribution System) in North Korea which taken a severe hit during the 1995 Floods. It is vital to note that in response to the severe food shortage, the government resorted to campaigns that called for only 2 meals to be consumed a day. Inevitably, during the 90s decade, child and maternal mortality rates and malnutrition related mortality surged.

- The UN agencies and the NGOs had little knowledge of politics, economy, culture, or society of the DPRK prior to their involvement in emergency assistance to the country. [5]
- The DPRK government had a parallel lack of knowledge and understanding of the conventional requirements for international humanitarian assistance.
- Humanitarian agencies found common difficulties in the constrains placed by the government on monitoring, assessment and evaluation and faced a dilemma about whether or on what terms to continue.
- Agency responses varied considerably, according to a multiplicity of factors, including country of origin, mandate, and type of donor. [6]
- The majority perspective was that confidence building and a process of mutual comprehension had taken place and continues to evolve between the DPRK government and the humanitarian agencies.

[5] Such compelling factors combined with the DPRK regime at that time of only interested in retrieving aid without much questions asked in return led to withdrawal of several NGOs such as Oxfam and Medecins Sans Frontieres.

[6] The Eugene Bell Foundation (EBF) (a US and South Korean NGO) focus on distributing tuberculosis aid in North Korea whose activities will be discussed in detail. It is important to note as years gone by, donor activities start to specialize and are better co-ordinate so as not to replicate efforts as what has happened previously. For example, InterAction (coalition of US NGOs in North Korea) was asked by the North Korean government to facilitate humanitarian assistance. They specialized in agricultural and food security; disaster and emergency relief; education and training; environmental protection; healthcare; human rights; peace and conflict resolution organizational capacity building; rural development and water and sanitation.

- Although difficulties remain, the process of dialogue has facilitated an improvement in humanitarian agency working conditions.
- Humanitarian assistance continues to save lives and therefore multilateral and bilateral humanitarian agencies should continue to supply much needed assistance.
- Donor governments should build on channels opened by humanitarian assistance to further develop policies of constructive engagement, confidence building and the slow but essential formation of trust that is crucial for bringing human and international security to the Korean peninsula.

a) Public Healthcare System in North Korea

Since 1948, North Korea has managed to maintain a successful Soviet model designed state-funded and state-managed public health system. [7] This healthcare system was once considered exceptional for a developing country and has ranked highly on many United Nations' health assessments in the mid 1980s to early 90s. As

[7] Eberstadt N, Banister J. *The population of North Korea.* University of California: Berkeley; 1992, p. 38-62.

WHO has said in 2000, North Korea still has a good medical infrastructure with 616 general hospitals, 13 tuberculosis institutes, 60 sanatoria and more than 10 000 beds to cater for just over 22 million people living in 212 counties and 47090 Ri (local districts).

Based on the principals of state ownership and a universal healthcare system with the provision of care delivered at no cost, this basic healthcare infrastructure has continued to exist today. However, being developed in the 1950s, the available medical services and quality of care is uncertain and questionable. The 1990s led to a rapid decline of economic and health indicators which created a considerable strain on the healthcare system. With the demise of the Soviet Union and socialist states of Eastern Europe, along with economic policy changes in China, the 1995 floods exacerbated a situation which was already fast becoming serious. A lack of locally produced inputs and resources also gave rise to nationwide deterioration in the socio-economic infrastructure, including transportation, emergency, health, education and welfare sectors. Furthermore, deforestation, soil erosion and overall land degradation caused the food delivery system via the PDS (Public Distribution System) to plunge.

Even potable water was hard to come by due to poor environmental policies and heavy water pollution.

Inevitably, the public health sector took a direct hit. Before 1994, North Korea's vaccination coverage was claimed to be at 100%. [8] By 2001, vaccination coverage for children under the age of 1 year was 37% for combined pertussis, diphtheria, and tetanus, 77% for polio, and 5% for a two-dose tetanus toxoid. [9] To precipitate matters worse, North Korea witness a resurgence of tuberculosis and malaria.

b) Health Profile

As this thesis pertains directly to public health issues, it is ideal to briefly examine the health profile of North Korea. The Democratic People's Republic of Korea (DPRK) is located in the far easy of the Asian continent. Separating the Korean peninsula lies the much publicized demilitarized zone (DMZ) in Panmunjeom. Its territory extends southward and there are 4,198 islands around it.

[8] Ahmad K. North Korean government admits that health of children is very poor. Lancet 2001; 257:1682.
[9] World Health Organization. Country Health System Profile: DPRK. See: http://www.searo.who.int/EN/Section313/Section1518.htm

The area of DPR Korea is 120,538 sq. km. Mountains account for almost 80 percent of the whole territory and the cultivated area is only 17 percent. [10]

The main element of the health services in North Korea is centered on preventive medicine around its universal healthcare system. During the Kim II Sung era in the 1930s, the policy of socialistic medicine was formulate in order to provide healthcare at no or minimal costs to the North Korean people. However, this system has taken many setbacks in recent years since the early 1990s with the Soviet Union collapse and the negative change of China's foreign policy towards the DPRK.

The Ministry of Public Health (MoPH, being one of the ministries under the cabinet is responsible for the overall health status in the country which are done through the provincial health department, central hospitals, specialized hospitals such as TB sanitariums and hospitals, and hygiene and epidemic surveillance establishment at the central level. The MoPH thus has administrative control of the health sector which oversees other health departments and sections of the provincial city and county people's committees.

[10] World Health Organization. Country Health System Profile: DPRK. See: http://www.searo.who.int/EN/Section313/Section1518.htm

The Ministry of Public Health in North Korea has been impressive in dealing with the resurgence of tuberculosis, malaria and hepatitis B despite having limited resources and funds. As discussed later, the tuberculosis diagnosis and treatment system established in the 1950s by the MoPH and the Flood Rehabilitation Program still provides extensive medical coverage throughout the country, despite the severely limited positive clinical outcome. Pilot programs such as the Hepatitis B program to screen and vaccine children have also been effective. From 2004-2008, the MoPH have also set National Health priorities [11] for the next 5 years in areas such as Control and prevention of communicable diseases, immunizations and vaccine, bloody safety and tobacco control. As shown in Appendix 1.0 (brief health profile of the DPRK as reported by the WHO SEARO in North Korea), it is vital to realize the dire standard of living and quality of life as reflected by these statistics.

c) Public Health crisis in the late 1990s

Account by a North Korean observer: Lying on a makeshift bed in a freezing

[11] World Health Organization. WHO DPR Korea 2007 Country Profile. See http://www.dprk.searo.who.int/EN/Section11.htm

hospital wards with cracked windows in a central area of North Korea, a frail middle aged woman whispers to an international humanitarian worker: "You can see for yourself. Tell people outside what is happening here."

The reality of the public health crisis in North Korea since the flooding and famine is alarming and yet unknown mostly to the 'outside' world. Interviews conduced with NGOs personnel from the Eugene Bell Foundation to North Korea has provided accounts of a young boy with 2nd and 3rd degree burns undergoing skin grafting in a Spartan theatre devoid of modern equipment. 'Skin' to be grafted was then provided from the community, simply by excising 4cm wide skin on volunteers (many will come forward due to nationalistic and communitarian mentality) to be placed on the patient with surgical staples or stitching. Rejection will indefinitely occur.

Another account reported by John Owen Davies [12] recollects accounts of volunteer nurses who have worked in Africa and Iraq, who mentioned the vast lack of basic medical equipment that led to most operations with local anesthetics or

[12] Former Reuter foreign correspondent and bureau chief visited North Korea in February 2000 for the World Disasters Report. John Owen Davis. North Korea's public health tragedy. *Reportage. Lancet* 2000; 357: 628-30.

morphine and pethadine only. It is also noted dealing with the African famine is a contrast with the North Korean situation, in terms of aid co-ordination and delivery (explain later). Operating equipment, diagnostic equipment, x-ray machine, EEG (electrocardiography equipment) and drugs for cardiovascular medicine, ambulances and transport are the most commonly requested items by hospital directors. Beds in the hospitals are also not fully occupied, in fact in most hospitals, only up to 25% are occupied due to the lack of drugs, transport and food and thus patients are force to stay at home. To deal with the cold winters, coal smoke pieces were gathered from local chimneys to warm wards but this basic necessity slowly vanished when the floods hit the coal mines causing an energy crisis.

Food is another major problem. Many North Koreans supplement their daily diets with noodles and hard cakes, made from a mix of nutritional plants and brasses such as soybeans and sweet potatoes, combined with indigestible fillers including grasses and corn husks. [13] Average amount of food consumed by a person in year 2000 as claimed by an official is around 600g to be rationed out by North Korea's

[13] Katona-Apte J., Makdad A. Malnutrition of children in the Democratic People's Republic of North Korea. J Nutri 1998; 128: 1315-19.

public distribution system. Ensuring stomach aches and diarrhea are seen as the side-effects of prolonged hunger. [14] As mentioned earlier, in response to the severe food shortage, the government resorted to campaigns that called for only 2 meals to be consumed a day. Inevitably, during the 90s decade, child and maternal mortality rates and malnutrition related mortality surged (See 'Statistics' and Table 2.0).

Tuberculosis, Hepatitis B and Malaria

Tuberculosis, hepatitis B and malaria are the major infectious diseases causing the most public health problems in North Korea, especially tuberculosis which will be discussed in detail later. According to North Korean health officials, hepatitis B is the second most serious public health problem in North Korea. Using Wonsan as a case example of the Hepatitis B situation, Eugene Bell observers have claimed according to Wonsan health officials, the prevalence of hepatitis B in Wonsan to be approximately 6-7% in a population of around 310 000, with the elderly being the most vulnerable group. Around 700 new cases are reported (presumed to be much higher) with 7-8% pregnant mothers testing positive for hepatitis B surface antigen

[14] L Gordon Flake. Maureen and Mike Mansfield Foundation Report. April 28, 2004.

(Hbs-Ag). Public health efforts in vaccinating newborns born to HBS-AG+ mothers is far from sufficient due to the lack of resources and restriction placed on NGOs' activities. However it must be noted the MoPH (Ministry of Public Health) in North Korea have been relentless in their efforts to establish a pilot program in 2005 to screen and vaccinate school children.

Malaria was eradicated in North Korea 30 years ago but re-emerged as a serious problem in 1997. It is a serious problem which must be addressed as the worst affected areas are in the southern provinces and thus are able to be transmitted to South Korea. [15] *Plasmodium vivax* is identified as the only form of malaria species in North Korea. According to WHO SEARO country report on North Korea, it is possible that the lesser usage of pesticides and the change in agriculture practice to adapt to the energy crisis in 1998, led to increased vector breeding. [16] In 2001, the number of reported malaria cases was more than 300,000 reaching epidemic proportions, however in 2003, WHO reported a drastic decrease to approximately 16

[15] In 1993, a soldier was infected with Plasmodium vivax malaria in the Demilitarized Zone (DMZ; the border area between North and South Korea), and since then, the number of cases has been steadily increasing year after year. In 1998, 3,932 vivax malaria cases were microscopically confirmed, affecting 2,784 (70.8%) soldiers (including discharged soldiers) and 1,148 (29.2%) civilians.
Jong Soo Lee et al. Outbreak of vivax malaria in areas adjacent to the demilitarized zone, South Korea, 1998. Am J. Trop. Med. Hyg. 66(1) 2002, pp 13-17.

[16] World Health Organization. Democractic People's Republic of Korea country profile 2007. WHO DPR. See http://www.dprk.searo.who.int/EN/Section11.htm

000 cases. This could be largely attributed to WHO extensive technical support for malaria emphasizes early diagnosis, prompt and effective treatment, and mass chemoprophylaxis

Nevertheless, although the public health system is stretched alarmingly, experts with first hand experience do not believe the situation is desperate as yet. With a high literacy level and available access to healthcare even in remote areas, supporting the current system rather than replacing it is preferred.

Statistics

In 1998, UNICEF, WFP (World Food Programme), European Union and North Korea did a nutritional survey found that 15.6% of children to be wasted, 62.3% stunted and 60.6% faced with moderate to severe underweight. The sample population involved 1762 children from 3600 households in 30 counties. [17] In 1997, the WFP undertook a nutritional assessment and found that 16.5% prevalence of wasting and 38.2% of stunting in a non-random sample of 3695 children younger than

[17] World Food Programme. On the knife-edge of a major famine. Rome: WFP, April 18, 1997.

7 years. [18]

It is clear these studies displayed the presence of a nutritional and famine crisis. However, it is vital to note the information reflected by these surveys may not be entirely accurate as complete demographic data particularly on mortality have been largely hindered by the North Korean government, especially in the late 1990s. Table 1.0 and Table 2.0 provide certain information on affected population in North Korea and their vulnerabilities and a brief epidemiological profile respectively.

Table 1.0 (Affected population in North Korea and their vulnerabilities) *Source: WHO* [19]

Total Population 22, 963,000 (as of 2000)

Population	Number	Vulnerabilities
Severely malnourished children	**70,000**	High risk of malnutrition requiring special medical care for survival.
Pregnant and lactating women	**980,00012**	Poor nutritional status, high risk of iron deficiency and anaemia, maternal mortality rate of 97/100,000 per live births13, heavy workload /

[18] Katona-Apte J., Makdad A. Malnutrition of children in the Democractic People's Republic of North Korea. J Nutri 1998; 128: 1315-19.
[19] World Health Organization. Emergency and Humanitarian Action. Country Emergency Situational Profiles: DPRK. See: http://www.searo.who.int/en/Section1257/Section2263/Section2301_12188.htm

		stress, reduced ability to breastfeed, poor RH services.
Children below two years	**2.3 million**	High risk of malnutrition and mortality, high disease burden, inadequate growth and development, babies with low birth-weight, partly caused by poor water and sanitation quality in children institutions, low caregiver infant ratios in nurseries and kindergartens.
Orphaned children	**3,400**	Higher risk to malnutrition and mortality. Reduced quality of care in institutions thus leading to reduced development and growth
School aged children	**4.3 million**	Poor health and nutritional status. Reduced learning capacity and decreased quality of education. Outdated curriculum. High risk of iron deficiency and anaemia among adolescent girls.
Elderly	**2.6 million**	Poor health and nutritional status. Physically less able to seek food. Inadequate health services. Little know-how about state nursing facilities. Dependent on one or two pensions, heavy reliance on families, state shops and consumer's markets. Some have limited or no kin support,

		increased risk of food insecurity during lean season.
Others e.g. physically and mentally disabled, people suffering from chronic diseases	**665,000**	Poor and inadequate rehabilitation services. Inadequate health services compounded by difficulties integrating disabled people into mainstream society.
People suffering from tuberculosis	**100,000 (45,000 new cases yearly)**	Poor health and nutritional status. Often institutionalised treatment. Inadequate community-based epidemiological prevention and control.

Table 2.0 (Epidemiological Profile of the DPRK) *Source: WHO* [20]

Crude Birth Rate	17.5 per 1000 population (1999 figures
Crude Birth Rate	8.8 per 1000 population (1999 figures
Maternal Mortality rate	97/100,000
Infant Mortality Rate	21.8 per 1000 population (2000 figures)
Under 5 mortality rate	134 per 1000 population (1996 figures
Immunisation Coverage	DPT3 37.4 %, BCG 63.9%, OPV3 76.5%, measles vaccine 34.4%. All vaccines are produced within the country. (1995 figures)
HIV/AIDS	Not currently a problem although risk

[20] World Health Organization. WHO DPR Korea 2007 Country Profile. See http://www.dprk.searo.who.int/EN/Section11.htm

	factors are present : poor awareness, increasing travel into and out of the country, rapidly increasing HIV infection rates in neighboring countries; unsafe blood and injection practices

d) North Koreans Migrating into China

The influx of North Koreans migrants into China, whether legally or illegally was heightened by the floods and famine disasters. Migration of the North Koreans into China is evident after the death of North Korea's leader Kim II Sung in July 1994, and his son Kim Jong II inherited a country whose economy have been decline since the Soviet Union collapse and change in China's foreign policy.

Currently in China there are approximately 2 million ethnic Koreans, mostly concentrated in the Yanbian Korean Autonomous Prefecture. Since the mid 1990s, Chinese officials have claimed that between 150,000 to 200,000 people are crossing the border each year. Approximately 20,000 North Koreans cross illegally into China each year, according to Kenneth Quinones, a former U.S. State Department official

who has traveled extensively along the Chinese side of the Yalu River. [21] It is also estimated that around 100,000 North Koreans live illegally in China. As this refugee situation still exist today, Chinese officials have displayed leniency to North Korean prisoners which clearly display the daily reality of life in North Korea. As commonly reported in the media, in this case, the International Herald Tribune, the refugee situation is ever present; *the refugees, who slip across the Yalu River — by boat in its lower reaches and by foot as it winds through the mountains upstream — often slip through the police guards and disappear into a Korean-Chinese community of more than 2 million people*. [22]

The inclusion of this chapter would provoke the ethical question to see if there is a shared responsibility to assist the North Korean people. With denuclearization being the main issue in the six- party talks linked to economic sanctions and aid delivery, it is not in the liberty of this thesis to discuss the political aspects of North Korea-International relations and official North Korea-US relations, rather it might be interesting and prerogative to examine arguments to see if the world

[21] Famine driving North Koreans to China. *International herald Tribune*, December 23, 1998.
[22] Don Kirk. More Refugees Are Crossing the Yalu, Risking Capture and Jail Terms: Famine Driving North Koreans to China. International Herald Tribune. December 23, 1998.

has a responsibility to help the North Korean people either to prevent a public health crisis backlashing or simply out of compassionate means despite the boundaries involved. This will be discussed via a public health and socio-ethical perspective in the final chapter of this paper.

Chapter 3:

Responding to a Public Health Crisis:

A Case Study on Tuberculosis Resurgence in North Korea

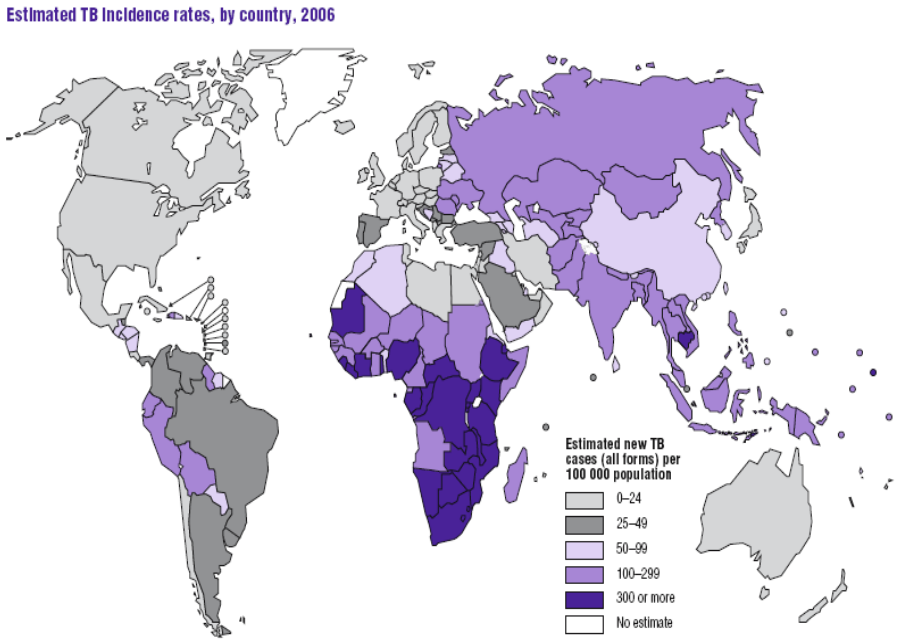
a) Global Prevalence of Disease

Tuberculosis is a major cause of death worldwide associated with infection especially in Asia, Africa and developing nations. Despite seeing decreasing trends of the global prevalence of TB, the incidence of TB is still increasing at 1% per year.[23] As seen in Figure 1.0, the estimated TB incidence is highly concentrated in the developing regions of the world. Among the 15 countries with the highest estimated incidence rate, 12 are in Africa where HIV infection is high.[24] South-East Asian countries with high TB prevalence (more than 100/100,000 population) such as Bangladesh, Bhutan, Democratic People's Republic of Korea and India are also facing problems associated with influx of international funding, surveillance and planning. It is worth to note that these though there is substantial increase of funding

[23] World Health Organization. WHO Report 2005; Global Tuberculosis Control. Surveillance, Planning, Financing 2005. Available from URL: http://www.who.int/tb.
[24] World Health Organization. WHO Report 2005; Global Tuberculosis Control. Surveillance, Planning, Financing 2008. Available from URL: http://www.who.int/tb.

for TB programs in the last decade, there is still a US$ 1 billion gap to meet funding requirements in the Global Plan, according to the World Health Organization. It is no doubt, that countries with sufficient funding will cope relatively well with TB while those suffering from the lack of resources associated with poor socio-economic status or external aid will find it hard to cope with a resurgence of TB.

Figure 1.0 Estimated TB Incidence rates, by country 2006.



Source: World Health Organization

Nevertheless, the prevalence of TB can also be reduced rapidly in a poorly functioning TB control programme, a ratio of incidence to prevalence as high as 1:3.5

has been documented. [25] The rapid reduction of TB prevalence is possible as long a small proportion of prevalent cases are treated each year which may lead to global targets for TB control met. This is also proven by Friden's model [26], 'dynamics of smear-positive tuberculosis if global targets are met' which assumes that if 70% of newly arising smear-positive cases are detected each year and treated, 85% treatment success is achieved and there will be a 5% decrease in incidence per year. Of course, in this thesis, which puts North Korea as a focal point for discussion, this model will be faced with impediments due to the restriction of case reporting and epidemiological surveys. However, the implementation of the WHO DOTS (Short, direct observed treatment) in North Korea has contributed to treatment success and a more extensive case detection profile which will be discussed later.

b) Why developing countries suffer from Tuberculosis?

Tuberculosis is prevalent in most developing countries. It is a disease associated with overcrowding, poverty, debilitating disease, drug abuse, alcoholism,

[25] Tuberculosis Research Centre, Chennai. Trends in the prevalence and incidence of tuberculosis in South India. *Int J Tuberc Lung Dis* 20012; 5:142-57.
[26] Frieden R T. Can Tuberculosis be Controlled? *International Journal of Epidemiology* 2002;31:894-899.

homelessness and immunodeficiency. Coupled with the lack of medical resources and trained medical personnel, the barriers to the early diagnosis and treatment of TB will just keep augmenting. Moreover, it has become more important with the advent of the HIV epidemic (especially in the African regions), TB has presented in less familiar ways and pursued a fiercer and relentless course. [27]

Tuberculosis is a disease with protean manifestation and it is not surprising that diagnosis can elude even the most astute physician. In a resource poor setting of a developing nation where trained medical personnel are few in numbers who often rely on external medical assistance, it is often TB goes undiagnosed and untreated. On a clinical level, diagnostic complacency can also occur when tuberculosis co-exist with another disease (e.g. malignancy) or the finding of a normal chest x-ray in the presence of disseminated disease, occurring in HIV patients or elderly patients with miliary tuberculosis. [28] Unusual sites may also be involved, especially in patients with HIV infection such as brain abscess, meningitis and brain tuberculoma which has to

[27] Snider DE, Rper WL. The New Tuberculosis. *N Eng J Med* 1992; 326:703-5.
[28] Rowinska-Zakrzewska et al. Tuberculosis in the autopsy material: analysis of 1500 autopsies performed between 1972 and 1991 in the Institute of Tuberculosis and Chest Diseases, Warsaw, Poland. *Tubercle Lung Dis* 1995; 76:349-54.

be diagnosed via invasive procedures. [29] The vulnerability of a poor country facing a tuberculosis epidemic is very high especially with the high tendency of delayed diagnosis and thus delayed treatment. This prolongs the transmission of infection in the community. This is why the Stop TB initiative by the WHO is recognized as a key instrument to combat TB globally in developing regions.

c) The Serious State of Tuberculosis in North Korea

Tuberculosis is the most major public health problem in North Korea. The presence of malnutrition only serve to precipitate matters worse with its direct linkage to causing tuberculosis patients to be further immunocompromised thus increasing tuberculosis mortality. WHO SEARO (World Health Organization South-East Asia Regional Office) country report indicates that nearly 100,000 North Koreans are infected with Tuberculosis in 2007. Tuberculosis is seeing a serious resurgence in the DPRK with an estimated incidence rate increasing five-fold. [30] Estimates suggest

[29] Katz I, Rosental MD, Michaeli D. Undiagnosed tuberculosis in hospitalized patients. *Chest* 1985; 87:770-74.
[30] World Health Organization. WHO Report 2005; Global Tuberculosis Control. Surveillance, Planning, Financing 2005. Available from URL: http://www.who.int/tb.

40,000 new cases each year. [31] However even DPRK public health officials acknowledge that this figure is several years out of date and the current figure is probably much higher. There has been a sharp increase in incidence from 38 per 100,000 persons in the early 1990s to the Ministry of Public Health estimated figure of 100-200 per 100,000 persons. However, I believe in high risked populations, this figure could be as high as 1000 per 100,000 persons, reaffirmed by Eugene Bell observers. 2 notable cause of this high incidence are largely due to malnutrition (precipitated by famine from 1996-1999 and presently in 2008) and shortage of medical supplies. In fact, the national tuberculosis diagnosis infrastructure (discussed later) remains largely intact countrywide and is operational which a huge factor in combating tuberculosis. The main impediment in effective diagnosis and timely treatment is the lack of medical supplies such as X-ray machines, microscopy equipment, tuberculosis first line drugs etc. Now then, malnutrition which is always present in North Korea presents as the main obstacle in tuberculosis control. The consecutive years of famine, fluctuation of influx of external food aid and the lack of governmental actions to address this issue via domestic or international means even

[31] Davis J. North Korea's public health tragedy. Lancet 2000;357:628-30.

till presently; will be the main reason why tuberculosis cannot be controlled in DPRK unless mindsets are changed.

Malnutrition is already one of the leading endemic diseases in the DPRK. UN reports have estimated death due to starvation would be around the 2 million mark from 1995-19958. Observations from EBF suggest a tuberculosis epidemic comparable to South Korea during the 1960s where 5% of the population screened had active tuberculosis infection. The situation will only get worse as the malnourished young and aged becomes more susceptible to tuberculosis infections. As reported, nearly 25% of children have low birth rate which is highlighted by the fact that around 60% of the population less than 7-years-old has stunted growth with little nutritional opportunities and follow-ups. [32] It is observed that half of the people with tuberculosis will self-recuperate. The other half would either die without proper treatment or develop chronic tuberculosis, thus going on to infect their family members. What we are seeing in North Korea is an inability to treat the disease, which makes people reluctant to come in for treatment, thus increasing the disease infectivity rate. And when people do come in for treatment, there is a lack of

[32] Ahmad K. North Korea government admits that health of children is very poor. Lancet 2001; 357:1684.

resources to treat them.

d) Tuberculosis Diagnosis and Treatment System in North Korea

The DPRK has an operational and extensive national tuberculosis control system which was once envied by most developing countries in the 1970s. With approximately 67 tuberculosis care facilities and 13 tuberculosis specialized hospitals, this extensive network of providing tuberculosis treatment and diagnosis remains much applauded by observers. The basic structure of tuberculosis prevention, diagnosis and treatment in the DPRK consists of prophylactic hospitals, sanitariums, and special tuberculosis hospitals specifically designed for tuberculosis treatment. (See Appendix 2.0 Distribution of TB hospitals and Care Centers in North Korea). This system provides extensive coverage throughout the country mainly according to district or special clinical presentations of tuberculosis. Surprisingly, this system is very systematic, structured and efficient to manage within its own means of limited medical and logistical resources.

The DPRK is a socialist country with 9 provinces, about 200 counties, and 3

special cities. In general, the medical care system in the DPRK consists of a house doctor or family physician and a county clinic known as the People's County Hospital. This primary care system provides general medical services which includes the diagnosis and/or referral of tuberculosis patients. (See Appendix 3.0 Democratic People's Republic of Korea Tuberculosis Infrastructure.) Patients diagnosed or suspected of tuberculosis in this system are referred to a prophylactic hospital which specializes in tuberculosis management. This hospital will confirm the diagnosis and isolates the patients to its own sanitariums for quarantine. (It is by law that any one suspected for tuberculosis in the DPRK must seek treatment and undergo quarantine measures.) Each sanitarium is duly responsible for the medical treatment of tuberculosis. The treatment is a WHO (World Health Organization) endorsed DOTS (Short, Direct Observed Treatment) program which the Eugene Bell Foundation follow suit. Each patient is given enough medication for the full course of treatment and outcome evaluations have shown a cure rate of 85-90% for North Korea tuberculosis patients using this method. 84% of smear positive cases treated under this program attained *cured* status, 5% *completed treatment* status and 3% *defaulted.* [33]

[33] World Health Organization. Treatment of Tuberculosis: Guidelines for National Programs. Geneva,

The treatment outcomes are defined according to the International Union against Tuberculosis and Lung Disease. [34] Patients stay in sanitariums under medical treatment until their sputum smear test shows negative conversion. If a tuberculosis patient needs surgical intervention, a prophylactic hospital or sanitarium must refer the patient to a specially designed hospital. It is rather impressive that some prophylactic hospitals have also manage to develop their own surgical facilities and are able to perform their own operations. After the completion of the treatment, a patient is dispensed from this system to his/her own primary family physician. The family physician is then responsible for follow-up and provides further care.

Each province and special city has a tuberculosis prophylactic hospital. There are 12 of these hospitals strategically located in high density population areas to represent the 9 provinces and the 3 special cities of Kaeseong, Nampo and the capital Pyongyang. The prophylactic hospitals are specialized and responsible for 3 areas: 1) diagnose patients referred by family physicians or country hospitals, 2) to visit and screen the general population sing mobile x-ray units, and 3) to treat tuberculosis

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Switzerland: Global Tuberculosis Programmes; 2nd Ed. 1997.

[34] Management of Tuberculosis. A Guide for Low Income Countries; 5th Ed. 2000, International Union Against Tuberculosis and Lung Disease.

patients at its own sanitariums.

There are a total of 62 sanitariums in the DPRK. In these sanitariums, tuberculosis patients are quarantined and administered proper treatment until negative sputum conversion is seen. These facilities are designed only for medical treatment and refer to patients to specially designed surgical hospitals if necessary. The number of doctors and nurses caries according to the size of the sanitarium with a rouge estimated average of 5-15 doctors and similar number of nurses per sanitarium. All sanitaria have microscopes and basic AFB staining equipment. There are approximately 50-250 admitted patients in a single sanitarium. It is vital to note that some sanitariums have chest X-ray capabilities or direct fluoroscopy capabilities for independent diagnosis, treatment, and follow-up. However, with the resurgence of tuberculosis recently and in the mid 1990s, the amount of diagnostic equipment is far from sufficient. Moreover, most areas outside Pyongyang may be facing an energy crisis with the lack of coal causing most hospitals to suffer low temperatures during the winter season. Interestingly, fields of cultivations averaging 2-4 hectors are also attached to each sanitarium to help in meal preparations of admitted patients. These

fields are agricultural fields used for poultry and vegetable farming.

There are four known special tuberculosis hospitals. The most prominent one, the Suncheon Central Hospital is a 800 bed surgery-oriented tuberculosis facility. Most, if not all tuberculosis patients who require surgical intervention such as lung resection etc should be transferred to this hospital. The other 3 hospitals are built as accordingly to cater to geographical and population distribution demands. Two of these other 3 hospitals are also equipped with surgical facilities to help spread the workload of surgical cases. All these special tuberculosis hospitals are able to provide in-patient care and medical treatment.

e) WHO and Tuberculosis in North Korea: A Short Success Story

WHO (World Health Organization) have been present in the DPRK since 1997 as a WHO Emergency and Humanitarian Action office initially and in 2001, a permanent office was established in Pyongyang. Since then, the WHO must be applauded for making much progress in aiding the DPRK improve in key public health areas such as sanitation, tuberculosis, malaria, hepatitis B etc. The mentioning

of is a crucial consideration pertaining to the establishment of the DOTS program. Although it is largely true that most large organizations such as the World Health Organization requires surveys and assessment before committing an investment, which is a compelling factor in the DPRK's political environment, the establishment and implementation of the DOTS program by the WHO help paved the way for tuberculosis control in the DPRK. Moreover, another reason why most organizations are not involved in tuberculosis because it is a slow-developing disease or telegenic which makes it difficult to raise funds for TB programs as it does not get immediate attention from the media. In fact, the WHO has displayed persistence since the disasters in the mid 1995s despite much impediments and merited achievement and progress in combating tuberculosis in the DPRK.

In 1998, the DPRK government adopted DOTS as the national TB control strategy. WHO help supported the expansion of DOTS and by the end of 2003, claimed that the DOTS program reached 100% coverage of the country. [35] The introduction and expansion of DOTS is regarded as one of the success stories of

[35] World Health Organization. WHO DPR Korea: Summary of WHO's major achievements in DPRK 2001-2005. See http://www.searo.who.int/EN/Section2_6.htm

international engagement in North Korea. It was estimated that without the presence of DOTS countrywide, 30% of the approximate 53,000 tuberculosis cases would have died within 5 years in 2003. [36] WHO has also provided technical assistance to the national control programme from its earliest stage via a small group of consultants from SEARO for training national staff and for follow-up and review of the programme. The main reasons for success have been the strong commitment for TB control by the government, good technical support and ability to mobilize adequate resources programme by the WHO.

This rare achievement by an UN Organization and one of the few success stories of a US NGO in North Korea such as the Eugene Bell Foundation serves as a reminder that despite the political climate in the DPRK and the rapid fluctuation of international-DPRK diplomatic relations affecting the influx of aid, there is still room to work with to improve the humanitarian conditions in North Korea.

f) A Global Responsibility? (such as the Stop TB Partnership)

[36] World Health Organization. WHO DPR Korea: Summary of WHO's major achievements in DPRK 2001-2005. See http://www.searo.who.int/EN/Section2_6.htm

It is vital that there is a global commitment to fight against infectious diseases such as tuberculosis, especially in a developing country setting like the DPRK.

In 1991, all countries adopted a World Health Assembly (WHA) resolution, setting 2 tuberculosis control targets for the year 2000- to detect at least 70% of new infectious cases and to cure at least 85% of those detected. [37] The achievement of an 85% cure rate and 60% case-detection rate would definitely reduce both the prevalence of infectious cases and the number of infected contracts by approximately 40%. [38] The choice of these targets in 1991 indicated the need to achieve a greater epidemiological effect by reaching targets shown feasible in countries which the incidence of tuberculosis was high.

The establishment of the Stop TB partnership established in 2000 comprising of a network of international organizations, countries and donors from the public and private sector, pooled together to achieving the targets set by these

[37] World Health Organization. 44th World Health Assembly: resolutions and decisions- resoluation WHA 44.8 (WHA44/1991/REC/1). Geneva, 1991.
[38] Syblo K, Bumgarner JR. Tuberculosis can be controlled with existing technologies: evidence. The Hague: *Tuberculosis Surveillance Research Unit*, 1991: 60-72.

initiative. [39] It is the most significant collaborative effort to date which was further improved by the launch of the Stop TB Strategy launched by WHO in 2006, which describes the interventions that should be implemented to achieve the 2015 targets, and the Global Plan to Stop TB details the scale at which many of these interventions should be provided. [40] However the most recent report by the *WHO Global Tuberculosis Control- Surveillance, Planning and Financing*, despite good progress made towards achieving indicators slated in the STOP TB strategy goals by 2015, much still have to be done in developing regions such as South East Asia, India, China, African nations and places where rates of case detection are currently underestimated. [41] More actions against tuberculosis are highlighted by establishment of the Global Drug Facility, [42] to provide quality drugs against tuberculosis to countries facing the lack of such resources, a global alliance called the Stop TB Partnership, a Ministerial Conference in Amsterdam 2000 to call for renewed political

[39] World Health Organization. Stop TB Partnership: annual report 2001 (WHO/CDS/STB/2002.17). Geneva, 2001.
[40] Raviglione MC, Uplekar MW. WHO's new Stop TB Strategy. *Lancet*, 2006, 367:952-955
[41] World Health Organization. WHO Global Tuberculosis Control- Surveillance, Planning and Financing Report 2008. Geneva, 2008.
[42] World Health Organization. Stop TB Initiative: global TB drug facility-prospectus (WHO/CDS/STB/2001.10z). Geneva, 2001.

commitment, [43] and strategic moves to focus on the countries with the highest burden of tuberculosis. Take the Democratic Republic of Korea a.k.a North Korea for example. The resurgence of TB in the mid 1990s has prompted the World Health Organization, GDF (Global Drug Facility), GFATM (Global Fight Against Tuberculosis and Malaria) and other US NGOs such as the Eugene Bell Foundation to initiate humanitarian efforts towards combating TB. This collective efforts are considerable significant especially when the DPRK regime is a 'closed-off' nation to external aid and influence for decades which is to be discussed in detail in coming chapters.

[43] World Health Organization. Stop TB Intiative. Amsterdam March 22-24, 2000: tuberculosis and sustainable development-conference report (WHO/CDS/STB/2000.6). Geneva 2000.

Chapter 4:

A Paradoxical Donor-Recipient Relationship

Humanitarian work in North Korea (or the Democratic People's Republic of Korea) constantly faces challenging ethical and humanitarian dilemmas which also give rise to a paradoxical donor-recipient relationship. The presence of decades of *juche* ideology which provides a protective shell around the reclusive nation that make aid receptivity and delivery only 'possible' with lesser accountability and monitoring is one of the many compelling factors confronting aid agencies. However, despite the antipathy of the North Korean towards external religious and cultural influence, US, EU, South Korean and small numbers of Japanese NGOs primarily have been maintaining and engaging development with the Democratic People's Republic of Korea.

a) Floods in 1990s: An Unprecedented Call for Humanitarian Aid

From 1995 to 1997, North Korea suffered once of the worst natural

disasters since the end the Korean War. The reclusive nation still recovering from the death of their nation's founder, Kim II-sung, only served to exacerbate the morale of the already demoralized population. Between 30 July and 18 August 1995, torrential rains devastated the DPRK. 877m of rain was recorded in slightly more than 7 hours which was unheard of in this region. The Amnok River (Yalu River) which runs along the Korea-China border was bursting with approximately 4.8 billion tons of water over accumulated in just over 3 days. [44] Railroads, hospitals, irrigation networks, and hundreds of dams took a direct hit. From here, it is clear that the 'public distribution system' which North Korea heavily relied on to distribute food will be critically disabled. Following this flood, from June to August 1997, drought hit the fertile west coast. At that time, the country suffered the worst and most unimaginable humanitarian disaster precipitated by long years of famine, which soon gave rise to a period known as the 'arduous march', as stated in official North Korean propaganda.

However, it is not till 1995 that North Korea suffered only from natural disasters. The perfect storm that supposedly was thought to ruin the country was not entirely at fault. It is largely true that the government may have failed to prevent,

[44] See Reliefweb website: www.reliefweb.int/ocha_ol/pub/appeals/96appeals/dprk/prk_app.html.

response and mitigate the disasters and its consequences, however given the political uncertainty over the coma of the top leadership, the near cessation of economic and social progress and the fixation on decades of ideological dogmas including the *juche* system may have encompass the actuality of the perfect storm.

In fact, prior to the entry of UN Organizations and international NGOs in 1995, international humanitarian aid to North Korea has already begun as early as 1990. South Korean religious community launched a campaign to send rice and flour in July 1990 which was supplemented by another delivery of medical supplies towards the end of 1991. [45] UNICEF (United Nations International Children's Emergency Fund) provided 1 million dollars in aid even after UNICEF observers noticed a high rate of stunting and maternal mortality with no real statistical proof. In fact before 1995, the DPRK regime has been facing massive shortages of food and basic medical supplies. Following the end of the Korean War, North Korea was still capable of feeding its growing population and yet maintained one of the world largest active conscript military. Medical care as portrayed by its tuberculosis diagnosis and

[45] Hong Yang-ho Humanitarian Aid Toward North Korea: A Global Peace Building Process. East Asian Review. 2000; 13: 21-40.

treatment infrastructure was impressive for a developing country in the 1980s. Housing, education, employment was also guaranteed in some form or another in varying quality depending on one's political status and qualification. Nevertheless, the quality of life was said to be reasonable by developing country standards. However by the mid 1980s, North Korea economy was shocked to its edge initially by the end of special subsidized trade arrangements with the Soviet Union and China, exacerbated by the Soviet Union collapse. An oil crisis followed suit when oil imports fell to one-fourth of needed supply, which led to widespread closing of agricultural industries. Even before the flooding in 1995, the DPRK have been suffering from the lack of arable land, inefficiencies in its agricultural system and public distribution system accompanied with its aging physical infrastructure which led to the overall decline of its economy.[46] Thus with the growing food shortages, the North Korean government was reported to launch a campaign to encourage its citizens to eat only 2 meals a day. Floods and droughts in 1995-1997 only add one to what was only a degenerating situation, but that also paved the way for a politically viable reason for requesting

[46] Noland, Marcus. Avoiding the Apocalypse: The Future of Two Koreas. 2000. Washington, D.C: Institute of International Economics.

international assistance.

It is vital to mention that the biggest problem faced in DPRK till today is food shortage throughout the country other than the capital Pyongyang and major cities such as Kaeseong which are better off significantly in terms of quality of life. A proverb commonly heard in Pyongyang during the 1990s is *"Sano-pi sala-ya non-gopi sand-a"* translated into "Industry must love for agriculture to live".[47] In other words, the agricultural system was largely dependent on the economy and thus with the decline of economy, agricultural output and production decreases as well. This resulted in hunger, malnutrition and famine-related deaths which Noland (2000) [48] reported that such deaths range from 220000 to 3.5million. UN put their estimate at around 2 million deaths.

The key difference between the 1995 floods and previous floods was the North Korean response. Though flooding is a traditional problem on the Korean peninsula, the floods of 1995 was made worse by denuded forest and poor agricultural practices. Thus, the swift change in political response to receive aid had to happen.

[47] Synder Scott, L Gordon Flake. Paved with Good Intentions: The NGO Experience in North Korea, Westport, 2003.
[48] Noland, Marcus. Avoiding the Apocalypse: The Future of Two Koreas. 2000. Washington, D.C: Institute of International Economics.

Kim II Sung died the previous July in 1994 and in October 1994, North Korea signed the vague Nuclear Geneva Agreed Framework with the United States. Although this agreement was not explicit and slightly ambiguous in nature, it was the first step towards normalizing North Korea-US official relations. On September 1995, North Korea made a formal appeal to the United Nations) and in 2 months, the World Food Programme established an office in Pyongyang and NGOs followed suit.

Flood Damage Rehabilitation Committee (FDRC)

The North Korean government response to this disaster can be categorized into 4 groups in order of priority whose objectives and achievements remains unclear and fluctuates- disaster relief, damage recovery, sector rehabilitation and sustainability. [49] In 1998, as DPRK began to expand her engagement with the international community and further collaborations with WFP, FAO, WHO, UNICEF, UNDP and international NGOs, the Ministry of Foreign Affairs in North Korea reorganized the Flood Damage Measures Committee into the Flood Damage Rehabilitation

[49] Alexandre Y Mansourov. *Disaster Management and Institutional Changes in the DPRK: Trends in the Songun Era*. KEI academic paper series. September 200, Vol 2:9.

Committee (FDRC) as a host to liaise and handle relations with non-Korean aid agencies. The FDRC was a stand-alone government agency responsible for screening and interaction with external aid agencies. This also includes the procurement of aid overseas via the media and co-ordination of humanitarian actors efforts and movements within the country. The FDRC whose name is still retained till today has been the hosting unit for all UN and bilateral agencies and even most NGOs. In the 1990s, direct contact with the ministries are near impossible which thus impairs the efficiency of feedback and thus complicate further assessments, planning and coordination. The FDRC in 2003 has also made public appeals for international aid via the media. [50] The FDRC's role was the political arm of the government which was aimed at receiving the maximum amount of external aid with least amount of foreign intrusion. Inevitably, this way of doing things came under intense criticism as most humanitarian organizations are not able to work with minimal accountability and

[50] North Korea is appealing to the outside world for assistance as aid workers and diplomats in Pyongyang warn that this impoverished state is on the brink of a humanitarian catastrophe. In a rare direct entreaty to international public opinion, the top government official responsible for disaster prevention urged donors not to cut support because of the country's ongoing nuclear stand-off with the US. 'Please let the world know of the needs of our country,' said Yun Su-chang, head of the Flood Damage Rehabilitation Committee. 'Some countries, such as the United States, are trying to link food with politics. That is a flagrant violation of humanitarian principles. 'Our people are trying to overcome their problems, but we face a shortage of food. I sincerely hope that international humanitarian assistance will continue.' See: http://www.nkhealth.net/open_board/read.php?uid=3&mc=data_eng&page=6&block=0&key=&keyfield=

monitoring of their aid at that time. Some have even suggested that it is ideal that this system undergoes changes to pave the way for a new agency which work towards the mandate of solving the country's problems first.

b) Types of NGO Actors Involved

From 1995, multilateral, bilateral, and non-governmental aid agencies responded for the provision of this large scale assistance. In terms of UN resident agencies, most of them were consolidated and transformed into resident mission. UNDP, have established an office 1980 followed suit by World Food Programme (WFP) in 1995 and World Health Organization (WHO) in late 1997. [51] The European Union responded with the Swiss Disaster Relief Unit, the EU's Commission Food Unit and European Community Humanitarian Aid Office. Today, they are still present but the scope of humanitarian projects has shifted from short term relief to long term development with sustainable solutions.

Non-governmental organizations have varying relationships with the DPRK

[51] Hazel Smith. Overcoming Humanitarian Dilemmas in the DPRK. United States Institute of Peace. Special Report 2002.

government. Some range from very close to distant and even antagonistic. Again, this does fluctuates with the official US-NGO relations. Some NGOs are derived from funding sources, organizational missions or even denomination-specific religious NGOs. The resident NGO community can be divided into 4 groups. [52]

- South Korean NGOs: South Korean NGOs did not have a solid presence till 1998 onwards due to fluid relations between the two Koreas. However, when the time for them to emerge arrived, some South Korean NGOs as part of a coalition (Interaction) or individual entity such as Red Cross Korea (South Korean government aid arm), have been relentless in their efforts. Nevertheless, the bottleneck in aid delivery by these South Korea organizations was that either the South Korean government require aid to be delivered via an international entity (Red Cross Korea through International Federation of the Red Cross) or with a political agenda (most perceive that by providing aid, they are

[52] Synder Scott, L Gordon Flake. Paved with Good Intentions: The NGO Experience in North Korea, Westport, 2003.

contributing to peace on the Korean peninsula) which might limit their movement outside the North Korean capital especially in the latter case. Still, the possibility of a resident presence of a South Korea NGOs relies largely on the political relations between the two Koreas.

- Public Campaigns: Some NGOs utilized media or public campaigns to solicit international assistance by portraying the dire need of the North Korean people.
- Conveyance NGOs: Conveyance NGOs are those that more or less represent the US government or often rely on the US government funding and supplies. Food aid is often link to the official US-North Korea relations thus seen as a negotiating leverage. Inevitably, numerous problems are seen with such NGOs.
- Religious NGOs: Certain humanitarian organizations whose roots are tied to the religious beliefs have in fact been successful in North Korea despite the DPRK showing dissent any influx of new

ideology and new culture. The Eugene Bell Foundation, Christian Friends of Korea, American Friends Service Committee (Quaker organization) that have maintained good personal relations with the North Korean community and officials. A vital consideration in their success is that they are able to implement their programs without political considerations and make the delivery of compassionate assistance as their main objective.

Thus so far the number of resident NGO community has expanded and fluctuate over the years with several leaving and arriving. However, most international NGOs such as the Eugene Bell Foundation (EBF), Christian Friends of Korea (CFK), Global resources services (GRS) accepted the restrictions and maintained amicable relations with North Korea. The EBF for example have developed fantastic personal relations with the DPRK government with their tuberculosis programs and citied as a model for humanitarian agencies working in North Korea by setting aside political considerations and be humanitarian in objective.

These NGOs have developed their specialty in healthcare, agriculture, education that outlasted the efforts of other NGOs that focused on immediate humanitarian demands. Nonetheless, they are faced with similar challenges and worked with the same North Korea counterparts from the Flood Damage Rehabilitation Committee; their programs have been sustainable in North Korea. The American Friends Service Committee, an arm of the Religious Society of Friends (Quakers) has been a resident agency in North Korea since the late 1980s. [53] Their ability to be focus in 2 aid delivery objectives have been extremely successful. (1) support immediate and long term production gains at selected farms, (2) assist farms to increase production with current resources and (3) develop synergistic relations with North Korea Agricultural entities only such as North Korean Academy of Agricultural Science (AAS), The Organix Agricultural Development Association (OADA) and the Research Center for Compound Microorganisms (CM Center). [54]

The Christian Friends of Korea was established in 1995 aimed to have a continued presence in North Korea under the Eugene Bell centennial Foundation at

[53] Scott Synder. American Religious NGOs in North Korea: a Paradoixical Relationship. Ethicas & International Affairs, Vol 21.4. 2007.
[54] American Friends Service Committee website, www.afsc.org/asia/nkorea.htm; accessed May 2, 2008.

that time. CFK specialized in agriculture and health which also covers supply tuberculosis drugs and supplies mainly in the North and South Hwanghae province and Kaeseong area. My interviews with their observers have stated enjoying good personal relations with the Ministry of Public Health in North Korea and have now need not go through as much hassles previously to implement similar programs. [55]

Despite the political hostilities, the question is why some of these particular NGOs have survived while some have left as a result of financial constrains imposed by poor DPRK bilateral or multilateral relations.

NGOs Pullout/Departure

As mentioned earlier, 3 leading International NGOs Oxfam, MSF and ACF pulled out. On April 4, 2000, CARE, on of the leading members of the PVOC consortium, announced through Peter Bell, Care President, that it was withdrawing from the consortium and will ceased all activities in North Korea. Bell also states that " For Care programs to be effectively and efficiently implemented, however it is necessary for CARE to have significantly higher levels of access to people in need

[55] See Christian Friends of Korea website, www.cfk.org; accessed March 30, 2008.

than it does currently." [56] He also mentioned that during the four year spell in North Korea has not progress to a point where the rehabilitative programs can be implemented effectively.

It is strange or even ironic that the smaller, religious affiliated NGOs which have stay away from political entanglements, to become more successful. It is also true that these successful NGOs who did not strongly pursue a resident presence during the late disastrous late 1990s period in North Korea, to be 'happy enough' with a slower if not at times unprogressive pace of engagement to build strong trust with the community at central and local levels.

c) A Crisis Different From Others, A Different Kind of Famine?

NGOs in the 1990s were accustomed and typically require accountability and monitoring of their programs or activities in the recipient country. Thus to deal with North Korean on their terms and conditions of aid delivery would simply be going against their missions. However, in fact this was not the first time international NGOs were faced with such a humanitarian dilemma. Hereby, I examined other

[56] Http://www.careusa.org/newsroom/pressreleases/2000/apr/northkorea0404.asp.

similar cases where agencies have to negotiate the terms of assistance with a politically unfavorable state for effective aid delivery.

The humanitarian crisis in North Korea has posed many humanitarian dilemmas. As most North Korean observers have commented, human rights abuses are not unique to the DPRK regime which may involved torture for political crimes or disloyalty and the biased distribution of food according to state's priority and political loyalty. Thus the very fact of collaborating with the North Korean government by the aid agencies posed a serious moral dilemma involving even the *prima facie* ethical principals of beneficence, non maleficence and distributive justice (equal distribution of resources).

Yet there have been other humanitarian crisis in the past that have posed similar challenges to NGOs. As Reed (2004) have reiterated these similarities such as the 1991 Gulf War and the 2003 invasion led by the United States and her allies may have attempted to alleviate the suffering of the Iraqi people after decades long of trade embargo on the regime of Saddam Hussein. In this case, aid agencies assisting the Iraqi people may be prolonging their suffering which would easily go against the acts

of beneficence and non-maleficence of doing good and to do no harm. Moreover, under the US TWEA (United States Trading with Enemy Act), it prohibits any form of trade, goods exchange which also includes NGOs activities with the nations listed under this act. Nonetheless, in this case, the perceptions of humanitarian aid may be political, military humanitarianism, religious and cultural. The difficulty faced by NGOs operating in this environment is clear. The presence of risk factors such as political interests, blurred roles (not sure if aid is helping the people or the regime), and limited political access makes its vital to maintain medical neutrality to provide medical care equally, to uphold medical ethics and to prevent the participation in hostile activities. However, the 'simplicity' of the reality of this situation and other similar cases like in Rwanda (see footnote) [57] makes it so easy to breach these medical neutrality which includes inhumane treatment of medical personnel, harassment, punishment of medical personnel for the provision of medical care consistent with medical ethics, refusing sick access to relief personnel or even using

[57] In April 1994, about more than 1 million people were killed during the genocide in Rwanda. Soon Hutu refugees were force to return to Rwanda. Being accused as mass murderers, they were incarcerated beyond imagination. International aid agencies such as Red Cross, this time led by Dr Richard Munz arrived to deliver aid to civilian victims of the rebel and imprisoned Hutus. However., he soon discovered his medical personnel were inhumane treatments from other groups. His judgments became blurred when practicing impartiality becomes so difficult, on whether to attend to the needs of people from both warring groups.

medical personnel for military purposes. Yet, if we were to draw a fine line through a set of binding principals, can aid still be delivered effectively or will the reception by the recipient country's authoritative administration be open? It is vital to note that the humanitarian principals drawn up in 1998 for NGOs operating in North Korea *(discussed under Impediments and Challenges)* may provide an ethical foundation of not doing harm to the aid recipients even if it means withholding aid. This would be the case of the Iraqi war. However, then again, should the people suffer due to the authoritative nature of the regime receding over them which again raised a question of the act of 'unintentional maleficence'. Another case example would be 1979 Cambodia , at that time was under the Vietnam backed government in which agencies such as Red Cross and World Vision International were compelled to make conflicting decisions whether to help the main population under the authoritative control of the government or the refugees residing on the border separating Thailand and Vietnam which was already infiltrated by the Khmer Rouge. The Ethiopia famine in 1982 and Somalia crisis in 1992 was a wake up call to aid agencies that their aid have been manipulated and siphoned off for political purposes. Now, what is unique is that in the

case of North Korea, all these challenges combined to possibly form a paradoxical cube for the aid agencies first entering in the mid 1990s. The pre-arrival perception that dealing with the DPRK regime would be similar as dealing with the African famine would be a costly ideological and administrative mistake as this collection of challenges have proved to be too much for some agencies as discussed earlier under *NGOs Pullout/Departure*. However, I would presume and still think that aid delivery to North Korea would still be justifiable. If the community, aid agencies and the DPRK administration help contribute with certain commitment to establish an environment that provides constructive and effective international engagement, the meticulous usage of this opening may help provide aid with integrity with little political intervention.

Therefore, the biggest notion that certain experienced aid agencies would take dealing with North Korea or even the current Myanmar crisis would be that you are not dealing with 'Africa'. Gordon Flake (2003) has very constructively examined how mistakes are made if agencies were to be 'suck' into dealing with an African famine mindset. Note that the major problems suffered by North Korea are food

shortages and infectious diseases (tuberculosis and malaria). The significant difference between is that when dealing with the African famine and the North Korean crisis is that the political infrastructure remains intact in the DPRK unlike the former where political struggle and constant uprising is commonplace. During the food crisis, the DPRK still have strict controls over travel and access despite the influx of refugees into Northwestern China. It was a different kind of famine and crisis. Survivability was dependent on the geographical location (food was more easily available in the capital Pyongyang) as one may die if he becomes too low on the priority list. To exacerbate matters worse, the strict controls extended by the government meant that NGOs have little leeway to work with. Now, a notable difference between the famines and human rights issues in Africa which have picked up global wide-scale movements that even led to the formation of international agencies such as Amnesty International, allowed media coverage and NGOs to penetrate more easily. In North Korea, the continuous and perpetual cover-ups by the DPRK administration made signs of even displaced populations, widespread famine and infectious disease related mortality harder to pick up. It is vital to note that the

demographic distribution of North Korea is rather even throughout the country which was commented by an observer that this was due to the regime's wariness of possible future US led bombings targeted at big cities. So, Pyongyang being the largest city and huge contrast from the other parts of Korea would be also the place of mainstay and observation for unfamiliar NGOs observers, international agencies or even visiting political delegates and diplomats. Until today, delegates from new or unfamiliar NGOs are constantly taken to similar and repetitive site visits in the capital which is nearly if not entirely shielding the harsher reality of life in North Korea. It would be in most opinion's that Pyongyang would not be an ideal place to gauge the humanitarian crisis in the DPRK. In the following subchapter, these dilemmas would be further illustrated though a more technical viewpoint. The impediments and challenges faced by NGOs are many, but is there a solution or even a way to perhaps reduce the intensity of these obstacles shall be discussed later.

d) Impediments and Challenges Faced

In 1998, UN organizations drawn up a set of guidelines for aid agencies to

ensure the motive behind the humanitarian aid and North Korean's attitude remains in line with the humanitarian principals. However, given the hostile political climate and one way conditions stamped on aid delivery, the implementation of these principals may have render certain NGOs dealings ineffective despite the positive agenda behind them. These humanitarian principals provide the following guidelines for humanitarian actions: [58]

a) The overall humanitarian crisis shall be assessed according to required standards of appraisal; (b) It shall be guaranteed that humanitarian aid will go to the most vulnerable and needy; (c) The humanitarian assistants shall have access to the prospective beneficiary area for appraisal, monitoring, and analysis of humanitarian crisis ;(d) Humanitarian aid shall be distributed only to areas where access for appraisal is granted ;(e) Human rights of the residents of the beneficiary area must be guaranteed and protected; (f) Organization of local-level feedback shall be supported ;(g) Beneficiaries' participation in the planning and deliver of aid shall be guaranteed; (h) Means to solidify the capacity of international humanitarian assistants

[58] Hong Yang-ho Humanitarian Aid Toward North Korea: A Global Peace Building Process. East Asian Review. 2000; 13: 21-40.

shall be sought ;(i) Requests for preservation of health and personal safety of international humanitarian organizations shall be accommodated; etc.

The DPRK regime deemed these principals as an intrusion on their sovereignty and even their way of life. It is evident that these guidelines do not go well with the *juche* culture as they require accountability, monitoring, feedback and worse, the requisite of 'sensitive' health information. The rigidity of the North Korean government towards aid agencies is evident especially in the initial entry in the 1990s. Most donor organizations especially US NGOs were viewed as Trojan horses aimed at toppling the DPRK regime. Even till today, this rigidity is clear as the movements of visiting delegates especially those who speak Korean fluently are highly restricted.

To examine the challenges faced by NGOs, we must first understand that United States and North Korea have been archenemies for decades. It is natural that the DPRK bureaucracy has nurtured a deep caution and wariness towards the US. Thus, most NGOs whose origins are tied to the US are given very little information for their missions. Information in North Korea is very tightly lid. Even health statistics including epidemiological figures are regarded as states secrets which was

why sometimes there is inconsistency in these epidemiological findings released by UN organizations and the administration in North Korea. Therefore, the first biggest challenge met by US and South Korean NGOs is that, they may have step into North Korea with the a positive intention to help, but the hostility thrown to them would have put them onto the moral track of whether to stay on or not.

Paradoxical Donor-Recipient Relationship

North Korea has proved to be a rather different and unique environment from that of most complex humanitarian emergencies. Note that the North Korea's political system remains intact and the leadership is still committed to feeding its people while minimizing external harmful political influences and exposure especially at the grassroots level. For example, food aid is being channeled via the PDS (Public Distribution System) but no or minimal monitoring is allowed to see if the food reaches the end user. Common monitoring devices such as morbidity tracking, nutritional surveys, interviews with primary healthcare personnel and price surveys

are forbidden [59] An interview with NGO observers (unnamed source) stated that the initial stages of aid delivery was so regulated that they adopted the 'give first, ask later' attitude, which in fact have turned out to be a very successful means of gaining trust. As for other and most agencies, conditions are imposed by the DPRK authorities includes a 1 week notification process prior to site visits and the requirement that agencies send non-Korean monitors. Now, with little accountability of where the aid is going combined with the lack of statistical information for agencies to prove to their primary funder, it is natural international and UN aid agencies chafed at the restrictions under which they operated. These monitoring are vital as it provides assurances on an institutional level. Thus, until an aid agency reaches a level of trust to have certain level of monitoring, the sustainability of these organizations on the long run might not be possible.

Another difficulty for US NGOs is the challenge of acquiring a North Korea visa, which must be done in Beijing at the DPRK embassy which can take months or half a year depending on the NGO relationship with the DPRK administration and if

[59] Synder Scott, L Gordon Flake. Paved with Good Intentions: The NGO Experience in North Korea, Westport, 2003.

their work is high on the North Korea priority list of needs. Now there is a unique situation here. It is often that visiting delegates with their agencies bring along them token donations or even timed their visits with the arrival of aid being shipped in. [60] In other words, paying for visits into North Korea. To further illustrate the one sided terms and conditions negotiated tiled to the North Korea's favor, donations from humanitarian agencies are not viewed as 'donations'. What is meant here is that, these donations are viewed or 'labeled' as gifts, which is aimed at preventing the outside world from viewing this nation as needy. Thus, the DPRK officials are being portrayed as recipients of entreaties and it would be a privilege to help the North Korean community rather than solving a humanitarian crisis. Interestingly, NGOs from the European Union, South Korea and United States operate differently to deal with these circumstances.

An interview with former Director of WorldVision North Korea Program from 1991 to 1998, Dr Edward Reed who had extensive experience on food distribution stated:

"South Korean NGOs tend to be more tolerant of ambiguity compared to

[60] Synder Scott, L Gordon Flake. Paved with Good Intentions: The NGO Experience in North Korea, Westport, 2003.

US NGOs, EU NGOs and UN organizations. (Most probably due to the Korean kinship factor that their own needs help). However, at that time, South Korean NGOs have not entered until the late 1990s. Monitoring visits also varies amongst agencies. WorldVision International was given privilege access to nearly the entire country after years of trust building missions. Again, depending on tolerant ability of agencies, some have succeeded and some have failed even within a mother agency such as WorldVision who operates as WorldVision International and WorldVision Korea who both delivered aid to North Korea."

Receptivity of US NGOs.

Interactions between the US NGOs representatives and DPRK officials have always been difficult especially those agencies tied to the US government administration. Independent ones such as the Eugene Bell Foundation and Christian Friends of Korea are different, in that they have gained a deep personal relationship and trust with the DPRK officials and people by steering away from political agendas and making their work as objective as possible. The receptivity of US NGOs by varies

from time to time and is still highly reliant on official US-DPRK relations. It is not in the liberty of this paper to discuss the political aspects of international relations, but it should be recognize that the impact this relationship has on aid delivery. A classic picture would be submarine incidents (*'Pablo' abduction incident)*, tensions along the Demilitarized Zone between the North and South, refusal to let in IAEA inspectors to inspect nuclear sites and even suspect underground nuclear facility would create much friction between the US-DPRK relationship. Thus, it is often that even successful NGOs already establishing a base in North Korea and somewhat effectively reaching out to the people may easily fall victim to periodic tensions between the US and DPRK.

In fact, the peak of receptivity was from 1996 to 1998 according to Dr Edward Reed, Director of the WorldVision North Korean program at that time. Visits to the entire country were allowed and certain monitoring missions were supported even by the DPRK administration. However, after 1998 until recently, the openness of the DPRK depends largely on the denuclearization issues and official US-DPRK relations. An example would be in 2002 when North Korea broke off the Geneva

Nuclear Agreed Framework. From then on, receptivity took a nose dive and some resident agencies (unnamed) had to pull out as their funding were linked to the US administration.

In the end, most agency monitors spent so much time fighting with the FDRC over bureaucratic details that they hardly learn much about understanding how North Korea actually worked. A comment by Andrew Natsios [61] stated that *'No humanitarian worker had ever worked in a country whose population had lived under 50 years of Orwellian control of every aspect of their lives, overseen by a secret police apparatus nearly unmatched in its pervasive control.'* It is in my opinion that the ability of the humanitarian NGOs lies not in their maneuvers to negotiate with the DPRK official to come to eventual even terms on both sides but rather on their ability to compromise as much and focus on relieving human suffering. In the following chapter, I examine arguments on whether should we (outside world) help North Korea despite facing the numerous hurdles in front of us as it is a global responsibility for developed nations to tend to the needs of developing countries or it is only rightful to

[61] Andrew S Natsios, The Great North Korean Famine: Famine Politics, and Foreign Policy (Washington, D.C: US Institute of Peace Press, 2001) p. 40.

ignore a country with an authoritative regime unacceptable to the western cultural standards and thinking.

Chapter 5:

An Obligation to Help North Korea?

In this chapter, we examine 4 socio-ethical arguments that may justify an obligation or need to help North Korea. The most fundamental question that aid agencies faced when providing aid for North Korea is whether the influx of their aid is prolonging the people's suffering under the life of a authoritative and repressive regime. It is no doubt that the administrative policies and ideals have led to their current state of humanitarian crisis. Arguably, it is not a coma of the top leadership but rather the insistence of issuing a bureaucracy that encourage being a 'hermit-state' with totalitarian control that has become a political and humanitarian setback. The absolute control over people's lives, the accusations of human rights abuses of political prisoners and uneven distribution of food or benefits according to political loyalty, have caused dissent among their own and external observers. Thus the dilemma of realizing or speculating that delivered resources especially in monetary terms have been channeled into establishing military programs or monuments that

embodies the top leadership, may offer little evidence for the provision of aid. In that case, should we stand by and let nature take its course on this regime?

One may assume that authoritarian regimes under totalitarian control may eventually take its own course of self-destruction especially under famine conditions. However, modern history has proven otherwise. Look at the regimes in modern day Myanmar. With a population of 50 million people under the military rule of *junta* who have suffered at least 2 decades of poverty and economic decline and was recently devastated in 2008 by Cyclone Nargis. Still, the country has continued to thrive with an intact leadership and administration, except for the fact that the people are suffering. Sue Lautze (1997) noted: “History teaches us that famine may threaten the survival of the people of a communist nation but it will not threaten the dominant political regime.” It is possible to speculate that with the complete indoctrination infused with the absolute political and social control, it may still be possible that Kim Jong-il regime survived through the floods in the 1990s or even under harsher conditions. Well then, perhaps the most likely scenario if North Korea was left alone or isolated at time, we would be faced with mass immigration towards the northern

Chinese border and vector borne diseases outbreak such as malaria across the North-South Korean border on Panmunjom in the Demilitarized Zone as proven before. If this were to occur, the human and public goods costs of such massive human movement would cause political destabilizations in the region and the resources needed to address regional outbreaks would be staggering. Now this will have manifested into a global issue rather a national one. Perhaps another extremely realistic scenario would be terrorism. Not to accuse North Korea of any acts of terrorism as their leader have showed sympathy and disapproval to recent terror acts in the United States and Spain, but very notion that 'Poverty breeds Terrorism' as studies in war-torn countries in former Soviet Union countries and Afghanistan have shown that the threat of the well-being of one's family growing up in an environment of constant violence and poverty, can give birth to malicious mindsets and anger aimed towards the unequal distribution of wealth and standards of life in the world. The sense of total helplessness coupled with anger and jealousy in a militaristic environment may always present as a dangerous possibility. However, this may not be directly applicable to North Korea as current social and political control is still tight

with international dialogue remaining open for economic and political discussions.

In fact, it is proven that aid has not gone to waste in North Korea. Official statements released by the regime (Weingartner and Weingartner 1999) warned the North Korean people that international aid is part and parcel of the imperialist plot, aim at undermining the regime through reform and that aid comes mixed with capitalist poison. Yet, according to NGOs workers, they have witness the willingness of the North Korean counterparts to engage more with them. Many of the North Korean grassroots leaders have valued the exchange of new ideas to improve their agricultural systems, medical diagnosis and treatment system and even provide them with a better picture of their problems and solutions. Thus, the debate of whether to help or not continues, but the predominant perception in the international humanitarian community is that even under unfavorable conditions for aid delivery or the nature of the regime should not be a barrier to providing humanitarian assistance (Delaunay 2002). Whereas some others may disagree and state that channeling aid through the regime responsible for human suffering will become part of the system of

oppression and thus goes against the principal of saving lives. [62] Before, I start examine the arguments that might justify the influx of aid in North Korea, it is vital that we perceive the DPRK as a developing nation and the delivery of humanitarian efforts as part of a North-South partnership (Developed nation-Developing nation) with a larger focus on addressing the public health conditions rather than economic revitalization efforts. As we are aware, there is extraordinary suffering caused by the burden of diseases in developing countries. Many of these diseases are horrifically painful and treatment or chances of cure remote, thus having to endure the psychological trauma of anticipating imminent death. This also includes the shortage of food which leads to suffering of material deprivation, empathic suffering and a sense of helplessness, despite being under an intact leadership with tight political and social control. Definitely, the suffering of this magnitude is appalling. Thus, why is it incumbent upon developed countries to alleviate these prevailing conditions in North Korea?

[62] Delaunay Sophie 2002. *The Humanitarian Situation and Refugees: Testimony presented to the U.S. House of Representatives Committee on International Relations, Subcommittee on East Asia and the Pacific*. 2 May.
See http://wwwc.house.gov/international_relations/107/dela0502.htm.

An ethical framework for humanitarian obligation towards North Korea: *Self-Interest, Social Utility, Duty to Assist and Historical Equity.*

As discussed under Chapter 4: A Paradoxical-Donor Relationship, the US, EU, South Korean and even Japanese NGOS have responded to North Korea's call for help. Everyone of them in their own will, have their own objectives for assisting North Korea, whether as part of bilateral trade-political agreement or to prevent the proliferation of nuclear weapons, or out of compassionate means. Therefore, this discussion will be centered on these 4 major developed regions in the world who have contributed the most humanitarian aid towards North Korea. Donor agencies associated with these 4 regions have long established themselves within the DPRK regimes with political, religious, economical or humanitarian objectives, which have faced much ethical dilemmas in their dealings with the North. Though Russia and China also key players in the DPRK's trade and social system, their exclusion is due to their developing country status in the past decade. If we maintain a specific perspective on the developed-developing country ethical obligation, it would form a

stronger basis and validity for this discussion.

Prior to this discussion, we must set aside the morality of individual choice and the impediments of an authoritative regime. The ideality of this discussion would be to focus on the responsibilities of institutions (governments), according to the 4 socio-ethical normative principals considered here: Self-Interest (National), Social Utility, Duty to Assist and Historical Equity. The selection of these 4 principals would in my opinion served best to argue the influx of aid according to the nature of the donor and their objectives, which can be extremely varied in the form of the US, EU, South Korean or Japanese agencies. *See Table 4.0 for the possible application of the 4 principals towards the 4 major developed regions- US, EU, South Korea and Japan* who are contributing significant aid to North Korea in the last decade. There are currently no ethical principals to guide humanitarian actions towards an authoritarian and totalitarian regime. However, I find most ideal to consider the set of principals used to previously justify the global justice in healthcare such as whether to develop drug for developing countries or to increase the delivery of humanitarian aid. There are indeed many debatable theories and principals that can be easily utilized in this

context such as National self-interest, Social utility, Egalitarianism, Historical equity, Deontological theories, Teleological theories, International distributive justice and etc. It would be impossible to apply all of the above or a universal set of principals to an authoritarian regime because the geographical location, history of relations with donor parties and social system are as varied from a Somalian system to a North Korean one. For example, the international distributive justice would provide a stronger basis for increased healthcare support to a African nation in poverty whereas, it would be non-applicable to a closed-off society like the DPRK Again, this is highly subjective and debatable as this would be the first of its kind to attempt an possible ethical framework to provide assistance to the North Korean state.

The selection of self-interest strongly reflects the intentions of the donor countries attempting to provide aid to North Korea such as the US, South Korean and Japanese agencies. With the accusation of being a terrorist state and a deteriorating public health system causing a possibility of inter-border epidemics, the self-interest of neighboring states and adversarial states would be inevitably at risk. The inclusion of social utility as a precursor to egalitarianism as its main justification is also

discussed. As the number of North-South partnerships increases, the justification for redistributing wealth highlighted by the 'rich man-poor man' principal must be highlighted. In this case, it is especially important as the application of utility curves and potential are implicated in the paradoxical donor-recipient relationship. The principal of Duty to assist is utilized here to recognize the suffering of the common North Korean people and not the regime itself. The compassionate ideals behind the motivation of having an ethical obligation to assist despite the difficulties posed by the regime towards donor agencies, remains to be tested (compassionate ideals) under this discussion. Can one remain compassionate towards helping the ill fated North Korean people while being spit at? This would be answered here.

Finally, the selection of an historical equity perspective is rooted in the history of relations between the developed world and developing world. This viewpoint states the duty of developed country residents to help developing country residents do not come from global social welfare, distributive justices or a duty to assist, but also from the fact that the present impoverishment o the developing world is partly due to the history of relations with developed countries.

Table 3.0. Possible ethical framework for humanitarian obligation of 4 major developed regions contributing significant aid towards North Korea.

Ethical Principals/ Agencies	**National Self-Interest**	**Social Utility**	**Duty to Assist**	**Historical Equity**
US	✓✓✓	✓	✓✓✓	NA
EU	✓	✓	✓✓✓	NA
SK	✓✓✓	✓✓	✓✓✓	NA
JP	✓✓✓	NA	✓✓✓	✓✓✓

Symbol:

US-United States donor agencies EU-European Union donor agencies SK-South Korea donor agencies JP-Japanese donor agencies

✓✓✓- Highly applicable ✓✓- Mildly applicable ✓-Might be applicable

The assigned value to the ticks in Table 3.0 corresponds to the value of the ethical obligation of each developed region/country's donor agencies under the specific principal. For example, if the US agencies objectives of delivering aid to North Korea are strongly motivated by protecting her self interest from supposedly acts of terror, it would earn her 3 ticks under the national self-interest. On the contrary, 1 tick would be given to EU whose stake in North Korea is little and would stand to gain little or minimal trade benefits in the long term with their humanitarian assistance. 2 ticks would be awarded if the principal is mildly applicable to the stakeholder as reflected under social utility, South Korea has earned 2 ticks as the South Korean agencies have a higher ability to enable their aid to achieve a higher utility value, thus increasing her obligation to continue providing humanitarian assistance. In this case, the value of the ticks corresponds to the ability of the donor country to adapt to various levels of accountability of their aid and the effectiveness of enabling their aid to reach the end user in its intended state.

a) Self-Interest (National)

We should first begin considering the concern that developing countries have for their own health, community, institutions and way of life. The obvious implication of these ideals would be epidemics from developing countries, which stems from the fact that most developing region diseases are infectious diseases. An increase incidence of such diseases such as tuberculosis not only harms the afflicted individuals but presents an ongoing danger to anyone in contact with the individual. Inevitably, regional and international outbreaks will easily occur with the high frequency of international travel. In this context, vector borne diseases such as falciparum malaria which is endemic in North Korea has proven to spread across the DMZ over the last decade. Now then, if we translate the harm of these outbreaks beyond the public health perspective into economics, it would precede to 'negative externality'. [63] This refers to a public goods problem because not only the afflicted individual is affected but everyone else to a certain degree faces an increase probability of contracting the disease. This issue usually requires collective action to

[63] See Working Group 2 of the Commission on Macroeconomics and Health, WHO. Global Public Goods For Health 4-11, 47-57 (2002); Global Public Goods for Health: Health Economic and Public Health Perspective 3-93 (Richard Smith et al., 2003)

address in the form of supra-national collective action such as Action against Aids when dealing the HIV crisis in Africa. On a similar scale, individual agencies such as the EBF and CFK together with the WHO have been dealing with the resurgence of tuberculosis in North Korea. This could possibly be seen as a collective effort. Presumably, this argument would provide valid grounds to increase medical aid to the DPRK as such actions does directly translate into the prevention of regional and international epidemics. In this case, it would be obvious that South Korea and Japan has a higher stake to protect their self-interest from inter-border outbreaks resulting from epidemics in North Korea.

Another way to solve the public health crisis would be to help the developing nation increase their trade and economic development. No doubt, this pretext would be hardly applicable to North Korea which suffered either trade embargos largely depending on official North Korea-US relations or the lack of transparency in the country's economic infrastructure. For the sake of argument, it would be justifiable to say that the static efficacy gains from trade will facilitate the dynamic development of the South, which will not only benefit citizens in the South

but will also be economically beneficial to those in the North, by providing them more productive trading partners and affluent consumer markets. [64] Perhaps, the establishment and operations of the Rajin-Sonbong Economic Special Zone and Kaeseong industrial complex (개성 공업 지구), as a form of bilateral trade agreement between China and North Korea and; South Korea and North Korea respectively be good examples? I am not one to judge, but despite the fluctuating trade outputs from the Kaeseong industrial zone, it has noticeably benefited North Korea significantly more than South Korea. Park Suhk Sam, senior economist at the Bank of Korea, figures that the industrial zone could create 725,000 jobs and generate $500 million in annual wage income for the North Korean economy by 2012. Another $1.78 billion (5 years later) would come in from annual corporate taxes levied on South Korean companies participating in the industrial project. [65] Surely, it could be a political gesture of goodwill by the South Korea government to help the North, but the underlying benefits have no doubt been translated into solid financial terms for Pyongyang. Whether the latter uses this avenue to improve the basic health of the

[64] Vivek Arora and Athanasios Vamvakidis. *How much do trading partners matter for economic Growth?* See http://www.imf.org/external/pubs/ft/wp/2004/wp0426.pdf.
[65] Bridging the Korean Economic Divide, Business Week, March 8, 2006. Retrieved 2008-01-19

people and its developmental prospects is largely unknown. But at least, a certain level of trade liberalization is vital for North Korea to have certain self-sustaining channels. In this case, the self-interest of all 4 stakeholders providing assistance to North Korea would easily be implicated.

The third argument in the same family would be the issue of immigration. As mentioned earlier in chapter 2, immigration of North Koreans into China and South Korea not only stems from the famine conditions but also from the totalitarian control exerted by the DPRK regime. Increasing the economic prosperity in the South has economic benefits in the North by easing the immigration pressures on the countries of the North. In this case, it would be difficult to address this social issue as it would be currently impossible to reform the DPRK regime. Moreover, current measures taken by the US government such as pre-emptive strikes against presumed threats to America, may have inevitably question the sovereignty of the DPRK regime, which can only exacerbate this situation further by compromising security in this region. However, if by any means the influx of medical aid can help address basic health conditions such as sanitary, clean water and availability of food, the number of

North Korean refugees might just decrease.

Finally, the threat of terrorism faced by Northerner's countries caused by regional instabilities in the South remains a great concern. As mentioned earlier, if "resentment breeds terrorism," then we must be concerned with impoverishment which may breed resentment, as according to Branko Milanovic. [66] Consider this: Current US President Bush labeled North Korea, together with Iran as the axis of evil, which indicates a breeding ground of terrorists and a direct threat to US soil. Perhaps, on a level of understanding, it is natural that the sense of total helplessness and desolation caused by an environment of impoverishment and violence may precede these sentiments to ultimately act as a trigger for developing resentment towards the developed nations who enjoy uneven distribution of wealth, as perceive by them. Moreover, such situations are made worse by trade sanctions imposed on North Korea, perhaps justified by the denuclearization issue. However, taking aside the politics, is not this a vicious cycle? Still, this debate shall always be featured in global health policies and foreign relations studies. Some Northerners would argue that taking

[66] Larry Eilliot and Charlotte Denny. *Top 1% Earn as Much as the Poorest 57%. Guardian*, London, Jan 18, 2003. Milanovic's complete statement was: "Should rising global inequality be a concern to the rich? Perhaps, if we believe that wide income gaps lead to immigration and resentment breeds terrorism. For ultimately, the rich may have lived in gated communities while the poor roam the world outside."

quarantine measures and military or economic pre-emptive actions would benefit them most which I feel would defy the principals of distributive justice and ‘Duty’ as recognized in tort law, which is to rescue a person whose peril one has caused. Perhaps, the current state of suffering undergone by the North Korean people is not to be blame upon them? Historical equity (historical relations), forceful separation between the Korean peninsulas, and ill fate of living under this regime provides little cause of abandonment. It would be similar to the act of the obligation to repatriate works of art wrongfully taken by the original owners. Perhaps, there would be certain moral arguments or theories that support obligations that are incline towards mutual well-wishing such as the principal of ‘Social Utility’.

It would be wise to conclude that under the principal of self-interest would largely be applicable to donor countries such as the United States, South Korean and Japanese. As mentioned previously, the likelihood of inter-border outbreaks which can easily translate into regional and s international epidemics would which concern South Korea and Japan directly. The looming threat of terrorism by North Korea as declared already by the US administration would be mostly pertaining to the US-NK

relations. The direct political application of this would be the six-party nuclear talks which served to protect the self-interest of the stakeholders in terms of trade, security and regional stability. From this perspective, it would be premature to state that these countries are not helping North Korea out of compassionate means. But the pure justification of national self-interest would be easily reflected by the activities of these countries towards the DPRK regime. *See Table 3.0 for the possible application of the 4 principals towards the 4 major developed regions- US, EU, South Korea and Japan*. The fluctuation of aid caused by demands met by the donor side is one clear example of the lack of neutrality and pure humanitarian purposes in its objectives. If compared to a more neutral entity with a lower level of self-interest (such as infectious disease outbreaks) such as the European Union, perhaps, the influx of aid would not be based so much on political relations. Worldvision EU discussed previously is an example, on how their operations have been distinctly different from Worldvision South Korea with both sides accountable to their host nations. The former requires lesser accountability and is more willing whereas the latter seem to be more rigid and depedent on the bilateral relations. Still, this does not diminish the possibility that

trade liberalization in North Korea will benefit all donor parities including the EU, thus enabling the latter to earn a tick in table 3.0.

b) Social Utility

One of the application of this principal is utilitarianism which give rise to policies that selects the course of action to most likely produce the 'greatest happiness over the greatest number'. However, in this case, when distributive justice (derivative of utilitarianism) is combined with diminishing marginal utility (utility value), it tend to move towards egalitarianism [67] especially in respect to the distribution of basic goods and resources. The immediate implication is that developed countries have a higher tendency and consistency to enjoy an uneven distribution of the world's wealth, social welfare and health goods which should be channeled into the creation and distribution of drugs to manage and cure infectious diseases in developing nations. However, if say, once the developing country has received aid (North Korea in this case) from NGOs, and yet this aid would be unevenly distributed (e.g. according to

[67] Egalitarianism is a trend of thought in political philosophy. An egalitarian favors equality of some sort: People should get the same, or be treated the same, or be treated as equals, in some respect. Egalitarian doctrines tend to express the idea that all human persons are equal in fundamental worth or moral status. (Stanford Encyclopedia of Philosophy. Fri 16 Aug, 2002)

one's political loyalty to the DPRK regime) within the developing nation, would this not defy the egalitarianism principal on the whole? In this case where would the equality be? Though, It would not be in the liberty or knowledge of this thesis to dwell into the varieties of egalitarianism and equality of condition (equality of what?) but it might be worth considering the argument that every individual or institution vary in also their utility curves or 'potential'. In other words, it does not mean the transfer of money from a rich man to a poor one is likely to increase the sum of two men's utilities. Still, Bentham stated that if we could further assume that all individuals have the same utility function, then we could assume wealth transfers from the rich to the poor would equate aggregate utility, *ceteria paribus*. [68] On the contrary, Bentham did also consider that certain redistributions of goods may have potential future damaging effects by eroding people's security' and incentives to produce, which is not entirely applicable in this sense.

The focal point of debate here would be whether the value of the intended aid to reach the North Korean people suffering would remain as its intended value. Or

[68] Jeremy Bentham. The Theory of Legislation 102-09.

will this aid diminish in its utility value once manipulated by the regime, and thus, we should seek avenues to ensure that the value remains as authentic as slated originally until it reaches the end-user. This will be especially difficult with minimal monitoring and accountability, but still possible with humanitarian organizations that already have a stronghold in North Korea. Thus, it may be justifiable to withdraw aid or assistance if the deemed utility potential of the aid would be largely diminished upon entry into the DPRK. In this case, it would be better justified to provide aid towards African countries where accountability and monitoring are nearly 100% possible. In this case, the utility potential of the delivered aid would be maximized even upon arrival. This would then be an outright defense against assisting North Korea under this principal. However, if say the donor parities are able to compromise their position and live with delivering aid that will end up with lower levels of ‘utility potential’ it started out with, then this would still be a viable argument. Since, by contributing resources from the donor countries would be also a means of redistributing their wealth and knowledge, it would still be consider as a form of egalitarian action. No doubt, the poor justification of sending unmonitored aid to North Korea would

certainly make them a lesser priority than the African countries. However, if say applied into the models of successful donor agencies where the delivered aid reaches the end user effectively, it would be arguable that the transfer of wealth in this case would still be justifiable. Then again, this would be debatable depending on the conditions under which the agencies operate. South Korean agencies have always had a higher tolerance for lesser accountability and monitoring, perhaps due to kinship, self-interest and commerce, and thus would still be obligated in this sense to continue their assistance. This justification would earn South Korean agencies 2 ticks in table 3.0 under the social utility principal. US and EU agencies on the hand, who have experience pullouts from North Korea are seldom tolerant of the one-sided negotiations tilted to the DPRK administration's favor. Moreover, as illustrated under the chapter *'NGOs pullout/departure'*, they would usually suffer the possibility of not having their aid reach the end-user in its intended package. In this context, the lack of social utility might be in their favor of withdrawing aid or sending what is necessary at their own discretion.

Nevertheless, successful agencies that have the ability to operate under

similar conditions but ensures their aid reaches the end-user with feedback should persists and even magnify this potential for others to follow suit. I believe it would be difficult to apply a moral framework for aid delivery especially under the circumstances of an authoritarian regime where medical neutrality is difficult to maintain. Still, if we are able to meet lower levels of equal distribution through humanitarian efforts with moralistic intentions of compassion and a duty to assist, I do not see why not.

c) Duty to Assist

Everyone has a duty to assist those in dire need, regardless of the cause of that need. In general terms, this moral obligation may be seen as a component of justice, fairness and reciprocity. This positive moral duty to prevent harm or alleviate suffering is always within one's influence which can also be derived from the ethical obligation of beneficence. The view that some would take are a) We recognized that each of us are in a position to be able to meet the severe needs of distant strangers at a moderate personal costs b) We recognize that we are being part of a system in a global

political and economic system with a fluctuating record on alleviating poverty which, would put us in a comfort zone that this system has generated knowledge, technical capacities and wealth to address the poverty needs of the world. At the same time, this system would also give rise to opportunities of exploitation, oppression of common people and serious environmental degradation. So, clear cut as it may be, if through the act of beneficence, we have a dire duty to significantly alleviate suffering without having to sacrifice anything of comparable moral significance, we must do so.

Peter Singer has attempted 2 plausible arguments to justify the transfer of sources from the affluent to the impoverished. (1) suffering and death from lack of food, shelter, and medical care are bad and (2) if we can prevent something bad without sacrificing something of comparable moral significance then we should do it. Thus, we should prevent ourselves from providing aid only a) if in doing so, would cause something else of comparable moral value to happen; b) the nature of our act would constitute a wrong in itself; or c) we would thereby fail to promote some other good, comparable in significance to the bad thing we can avoid. [69] Basically, if we see a drowning child in a river, we have a moral obligation to do something to save that

[69] Peter Singer, *Famine, Affluence, and Morality.* 1 PHIL. & PUB. AFF. 229, 231 (1972)

child. Perhaps, I would add on to say that the ability of our actions to save that child, whether to throw a rope, shout for help, or jump into the river to save that child, should have a significant value proportional to our physical and intellectual state. If I have a billion dollars and would only give 30 dollars a month to 'Save the Children' Foundation, would I still be consider charitable or a miser? Then again, this would be largely disputed by one's perception of his material goods. Nevertheless, the above argument serves as a viable guideline to provide at least certain amount of assistance to address impoverishment. People have the rights to minimum levels of basic good, regardless of the situation they are in or the regimes they lived under (as in North Korea, Iraq and Myanmar), including the opportunity to indulge in a decent life.

So, why is it that we have the duty to assist? First, let us move away from moral standpoints to composite arguments already happening. Look at the international trade agreements established by WTO such as GATT (General Agreements on Tariffs and Trade) and even the TRIPS agreement (*thus leading to the DOHA agreement to address intellectual property and public health issues in developing countries)* which has provided protectionist measures pertaining to

agriculture, textile and medicine. The measures in place have evidently become a clear disadvantage for developing countries resulting in poverty and the deaths of millions. Poggee have stated that the estimated magnitude of the effect of such protectionist measures is $700 billion in lost export sales for developing countries, amounting to 11% of the developing world's total annual GNI, a gargantuan amount against the drop of hundreds of millions undernourished and barely surviving. [70] Moreover, these effects have already been foreseen by developing countries but the sheer discrepancy of bargaining power and expertise is tilted to developed nations' advantage.

Secondly, the incompetence, corruption, tyranny imbued in many developing countries bears linkage to the international system. It is without a doubt that authoritarian regimes are often encouraged by the ability of these regimes to 'sell the country's natural resources and to borrow funds with future promises to repay' which are phrased by Pogg as 'international privileges'. A classic example would be international arms dealing whereby countries such as Former Soviet Union, US, China have played distinctive roles in the violent installations of oppressive rules in

[70] Thomas Pogge, World Poverty and Human Rights. Ethics and International Affairs 19, 1; 4-5. (2005)

the developing world for them to stay in power. As mentioned earlier, North Korea was highly dependent on former Soviet Union and China for subsidized trade agreements involving medicine, arms and food. These sort of' international privileges' I feel serve as an encouragement for such regimes to thrive, regardless of how they come to power, it exercise its authority and the level of support or opposition it may get. Thus, it is justifiable in this context, that despite what regime North Korea operates under, the suffering of the people should not be easily overlooked as the Northerner's obligation to help derives not just from a duty to help the needy but from a duty to address injustices arising from a global system of interdependence.

Now, consider that whether a person is remediably badly off due to his own well-informed, uncoerced choices, for example, he is in a situation due to forceful separation caused by armed conflict, may actually make a difference to the strength of his 'claims' for our aid. It provides the individual or group with the right to have access to this principal as it is not their fault to be in their current predicament. Like in North Korea's case where the people may be remediably badly off due to someone else's action or bad luck such as to under partial administration control of the

declining Soviet Union and economically weak China during the 1980s that also led to the deterioration of the DPRK economy, it would be unfair to withhold aid from the civilians. Moreover, knowing that civilian North Koreans are not to be blamed for their plight would make it a stronger stance to provide aid as highlighted in previous point. On the contrary, what if the duty of not to harm present itself as an allowance for regimes or groups to harm others through oppression. For example, taxes paid on shoes made in China may go towards supporting an oppressive communistic dictatorship in the past or purchasing flour from Myanmar that will provide financial benefits for the junta. This would be the common moral conflict faced by NGOs dealing with North Korea. As mentioned earlier, the restriction of monitoring and accountability imposed on aid delivery may lead many aid agencies to speculate or proof that the delivered aid are being used for supporting the DPRK regime instead of addressing the intended objectives, reiterates the above point. Nevertheless, faced with such a moral choice, it is still not distinctively clear that withdrawal is morally preferable.

In this context, all four developed regions and stakeholders, the US, EU,

South Korea and Japan may have a dire compassionate obligation to provide assistance to North Korea thus earning them 3 ticks. Disregarding the authoritative DPRK regime and the compelling conditions faced by all donor agencies, it must be considered that the North Korean people are innocent victims of their ill-fate as mentioned previously. This would strongly justify the influx of compassionate aid by these donor parties. The unfairness caused by the global system of interdependence may serve as little defense for the duty to assist North Korea, and is largely more applicable to Africa, Indonesia, Vietnam and countries whose economic infrastructure are implicated in this system. North Korea, being a hermit state for many decades and only maintaining a certain level of trade relations with Soviet Union and China would only enjoy justification of an obligation of receiving assistance, through compassionate means. So far, many NGOs linked to the above 4 four developed regions have been active in providing medical, agricultural, logistical and sustainable aid. This should continue as long as their objective remains as humanitarian as possible to ensure aid is delivered effectively to the North Korean people to alleviate their suffering. It would be very plausible to use the phrase of ‘giving back to society

when one is successful in wealth, resources and knowledge'. In this case, 'society', would be referred to as poor societies in developing nations such as North Korea and African countries alike. Similarly, in religious terms, charitable aid would also translate into 'alms-giving' which is defined as *'Any material favor done to assist the needy, and prompted by charity'*. (Merriam-Webster Dictionary)

d) Historical Equity

Arguably, the developed world has obligations to the developing world from a historical equity perspective or history of relations between the two regions. This perspective provides an understanding not just based on the considerations of distributive justice, duty to assist or national self-interest to address the health issues in developing countries, but also from the fact that the present impoverished state of the developing world is partly due to its history of interactions with developed countries.

From a philosophical viewpoint, the normative principal that underlies this

argument may come from Robert Nozick's "principal of rectification," [71] which ambiguously states that the remedy of injustices done in the past is traceable to the effects presently. Now, consider most of the today's poverty in Southern countries is traceable to certain periods of modern history: periods of coerced trade, conquest, imperial rule and post World War II era in which Western dominance primarily rests in the power of the United States. In this case, the division of the Korean peninsula into North and South Korea stems from the Allied victory in World World II in 1945 which marked the end of Japan's 35 year occupation of Korea. However, in highly opposed proposal initiated by the United States and Soviet Union, it was agreed to temporarily occupy the entire Korean peninsula as a trusteeship with the zone of control demarcated along the 38th Parallel. [72] Thereafter, the Korean War (1950-1953) left the two Koreans separated by the Demilitarized Zone, remaining technically at war through the Cold War to the present day. The Democratic People's Republic of Korea is a communist state who enjoyed initial substantial growth until the early 1980s, where the Soviet Union's shows signs of collapse and China's stagnant

[71] Robert Nozick. Anarchy, State and Utopia 152-153 (1974)
[72] Cumings, Bruce. *The Origins of the Korean War: Liberation and the Emergence of Separate Regimes, 1945-1947*. Princeton University Press, 1981, 607 pages, ISBN 0691093830.

economy in the 1990s, leading to the end of subsidized trade agreements. On the other hand, South Korea become a capitalist liberal democracy and is currently one of the largest economies in the World.

With this historical background, it is clear the North Korean people are not to be blame for their current plight. It was due to politically driven separation caused by the developed nations at that time and the ill fate of becoming under a 'Stalinist' state. This clear cut explanation would immediately justify the obligation of developed nations to alleviate the health conditions in North Korea. Under the line of historical equity, the direct application of this argument can also be favorably used towards the interactions of former colonizers and former colonies. If we examine historical relationships of colonizers-colonies in the world, we can easily conclude that Spain and the United States owe strong obligations to Latin American countries and Philippines; Portugal owes strong duties to Brazil and Japan's obligations are towards China, Korea and other southeast Asian countries. This would be because during post-colonial relations of power, several underlying factors leading to the impoverished state of the above colonies during the era of imperial relations are

attributed; to the extraction of wealth in the form of resources and cheap labor (India to United Kingdom); the intended motive to retard the local industry to prevent competition with the dominant country for international markets; and perhaps military intervention to sustain the presence of the colonizer. In this case, it would be possible to say that Japan, as a developed nation owes strong obligations towards North Korea. The backdrop of this justification traces back to the era when Korea came under Japanese rule between 1920 and 1945, and Korea was forcibly occupied by the Japanese Empire. Japan's involvement began with the Treaty of Ganghwa in 1876 during the Joseong Dynasty of Korea and increased their stronghold with the assassination of Empress Myeongseong by Japanese agents in 1895. [73] In this period, the Japanese Army (imperial army) often engaged all sorts of inhumane acts violating human rights without any valid reason. The abolishment of the Korean language and religion, complete censorship of the media, confiscation of state land, food and cultural artifacts are just a few acts of crimes against mankind to name. In Korea, this period is called the Japanese Forcible Occupation Period (일제 강점기; *Ilje*

[73] Duus, Peter (1995). *The Abacus and the Sword: The Japanese Penetration of Korea, 1895–1910*. Berkeley: University of California Press. ISBN 0-520-0861F7.

gangjeomg.[74,75]

The usage of history of relations may served as a viable justification only for certain developed nations to provide aid to certain developing nations, and may not be convincing enough to support a collective obligation by all developing countries. Still, the debate here continues, as the simple analogy of returning stolen original works of art to the rightful owner. But what if the current possessors of this art pieces are innocent and ignorant of their wrongdoing? What if this art pieces are to be used for other malicious intentions? Do we still return this works of art then? Perhaps, under a volatile environment as discussed earlier under the duty to assist, if monitoring and accountability are not possible at all, it would not be justifiable to continue providing aid to North Korea. However, if certain terms and conditions are met, and perhaps encouraging the aid agencies to compromise and tolerate more, I do not see why this obligation should not persist. The 4 arguments presented: Self-interest, Social Utility, Duty to Assist and Historical Equity have their justifications and considerations. It would not be feasible to have a moral framework at the policy

[74] Matsumura, Yuko. "Cultural Genocide" and the Japanese Occupation of Korea. Retrieved on 2007-02-19
[75] Cohen, Nicole. Japanese Periodicals in Colonial Korea. Retrieved on 2007-02-19.

or foreign relations level when dealing with North Korea, especially with the monumental impediments faced, as mentioned in earlier chapters. Instead, it might be morally and administratively possible to utilize these as guidelines as a justification for aid delivery to continue the DPRK. Of course, with a pinch of salt.

Conclusion

The public health crisis since the mid 1990s in North Korea still persists until today. The only difference is its magnitude and severity. The 1990s floods and famine dealt a devastating blow to the already deteriorating North Korea economy and medical infrastructure. However, it was a ground breaking experience that led to the influx of aid from donor agencies from the United States, European Union, South Korean and Japan. Despite the adversarial role that North Korea plays in international relations or being constantly portrayed as a ‘rogue nation’, it is always vital to consider that the North Korean people are facing a daily crisis of shortage of food, medicine and poor quality of life. The authoritarian nature of the DPRK regime does not diminish the suffering of its civilians, nor does it shadow the need to provide assistance to North Korea. The current public health infrastructure of North Korea does not require an overhaul, but instead, a rehabilitation of its current system. As reflected in the case study of the tuberculosis resurgence in North Korea, the advantage of dealing with them is that there is still tight political and social control

that ensures that the population continues striving under dire conditions. The tuberculosis diagnosis systems reflect the deterioration of health services due to lack of resources, rather than the lack of a system itself. Thus, the main impediment in assisting North Korea would the unfavorable conditions imposed on aid delivery and the political relationship with the donor agencies host country.

The obligation to help suffering populations in developing countries shall always be present. So is this obligation to help the North Korean people. No doubt, the political climate shrouding the hermit state shall always remain tense and volatile unless complete denuclearization and transparency is achieved, this would still be impossible at least for the next decade. The six party nuclear party talks have always fluctuated in their objectivity and achievements which have a huge bearing on US-NK relations, South Korea-NK relations, EU-NK relations and even Japan-NK relations. This would in turn affect the influx of aid from these developed regions into North Korea. Thus, with a set of principals to justify humanitarian assistance, perhaps, it might be possible to adjust the mentality and social obligation towards North Korea, as a developing nation in need. The possible application of national self-interest,

social utility, duty to assist and historical equity may serve to help promote awareness, academic discussion, and perhaps a change in foreign policy towards the North Korean people, and not just North Korea.

Appendix 1.0 Health Profile of the Democratic People's Republic of Korea

Source: World Health Organization

General Indicators	
Population (2004)	23,612,000
Refugees	NA
Internally Displaced Persons	NA
Healthy life expectancy at birth m/f (years)	64/67
GNI (Gross National Income) per capita (US $, 2003)	NA
Infant Mortality rate (deaths/1000 live births)	21
Under-five mortality rate (deaths/1000 live births)	46
Total adult literacy by % m/f (2000)	100/100
Population using improved drinking water sources	100%
Population using adequate sanitation facilities	99%
UNDP's Human Development Index ranking	N/A

Health Systems Profile	
Total expenditure on health as % of GDP (2002)	6.3
Total per capita health expenditure (US $) (2001)	34
Nurses rate per 100,000 population	370
Physicians rate per 100,000 population	320
Hospital Beds per 1000 population	13.63

Tuberculosis	
Prevalence (per 100,000)	220
Mortality rate (per 100,000)	930
Sputum Conversion Rate	90%
Cure Rate	87%

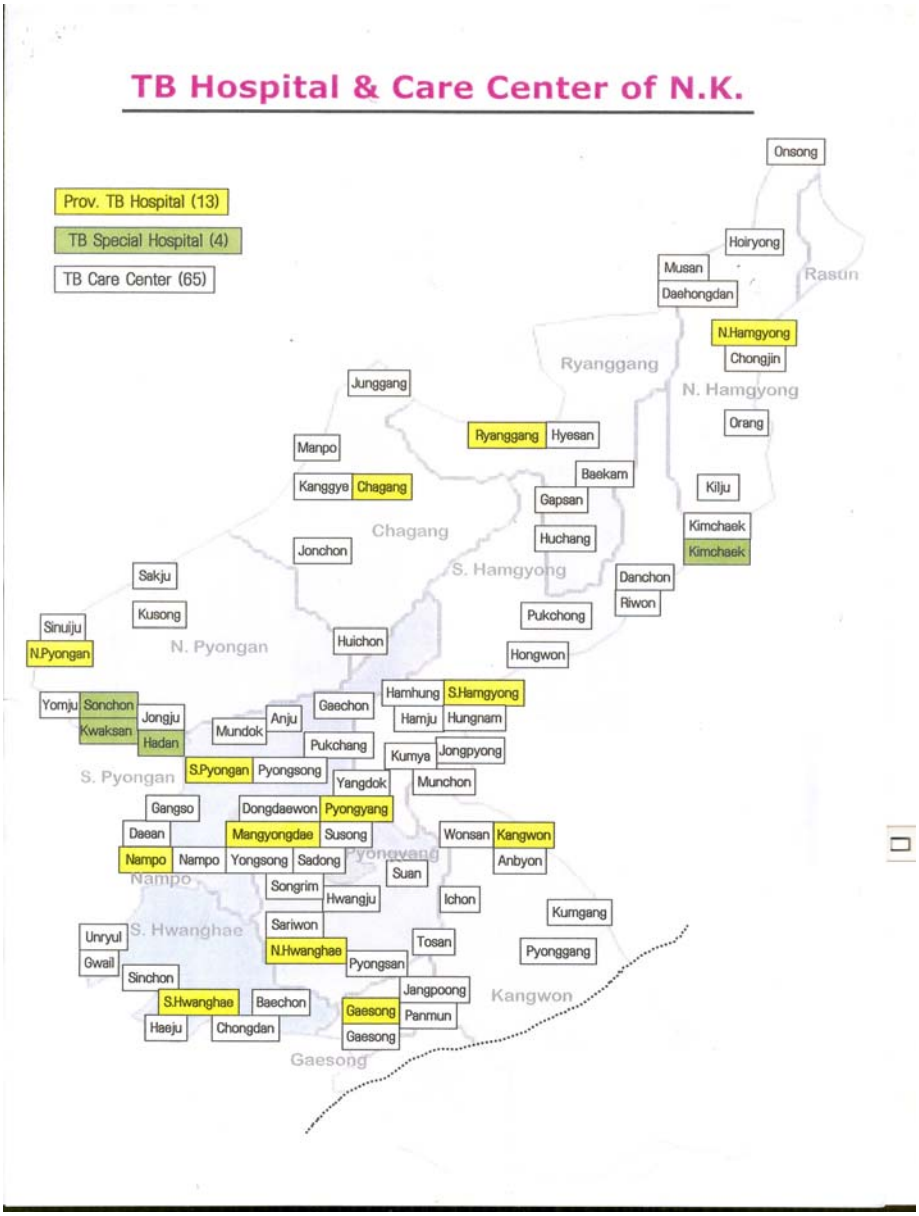
HIV/AIDS	
Estimated number of adults living with HIV/AIDS	0
Estimated number of women living with HIV/AIDS	NA
Adult prevalence of HIV/AIDS (15-49 years)	NA
Orphans due to AIDS	NA

Malaria	
Mortality rate per 100,000	0

Immunization (2002)[2]	
BCG	96.30%
DPT3	87%
Measles	95.80%
Polio3	98.20%
Hepatitis B	95.60%
Pregnant women receiving tetanus vaccine	95.30%

Women's Health	
Total fertility rate	2.0
% of antenatal care coverage	98
%of skilled attendant at delivery	97.10
Maternal mortality ratio (deaths/100,000 live births)	97

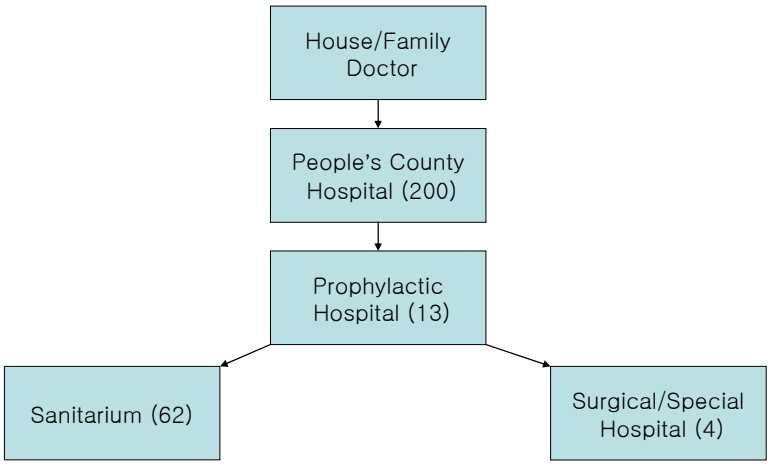
Appendix 2.0 Distribution of Tuberculosis Hospitals and Care Centers in North Korea. (Source: Eugene Bell Foundation)



Appendix 3.0 Democratic People's Republic of Korea TB Infrastructure.

Figure 2: DPRK's TB Infrastructure

(Approximate Number of Facilities)



Reference:

Ahmad K. *North Korean government admits that health of children is very poor*. Lancet 2001; 257:1682.

American Friends Service Committee. See website: www.afsc.org/asia/nkorea.htm; accessed May 2, 2008.

Andrew SN, *The Great North Korean Famine: Famine Politics, and Foreign Policy* (Washington, D.C: US Institute of Peace Press, 2001) p. 40.

Alexandre YM. *Disaster Management and Institutional Changes in the DPRK: Trends in the Songun Era*. KEI academic paper series. September 200, Vol 2:9.

Bentham J. *The Theory of Legislation.* An Introduction to the principals of Morals and Legislation 102-109.

Bridging the Korean Economic Divide. Business Week, March 8, 2006. Retrieved 2008-01-19

*CareUSA.*Seewebsite:http://www.careusa.org/newsroom/pressreleases/2000/apr/northkorea0404.asp; accessed March 2, 2008.

Christian Friends of Korea. See website: www.cfk.org; accessed March 30, 2008.

Cohen N. *Japanese Periodicals in Colonial Korea.* See website: http://www.columbia.edu/~hds2/BIB95/00korea_cohen.htm Retrieved on 2007-02-19.

Cumings B. *The Origins of the Korean War: Liberation and the Emergence of Separate Regimes, 1945-1947.* Princeton University Press, 1981, 607 pages, ISBN 0691093830.

Davies J. *North Korea's public health tragedy*. Lancet 2000;357:628-30.

Delaunay S. *The Humanitarian Situation and Refugees: Testimony presented to the U.S. House of Representatives Committee on International Relations, Subcommittee on East Asia and the Pacific*. 2 May 2002. See http://wwwc.house.gov/international_relations/107/dela0502.htm.

Don Kirk. *More Refugrees Are Corssing the Yalu, Risking Capture and Jail Terms: Famine Driving North Koreans to China.* International Herald Tribune. December 23, 1998.

Duss P. *The Abacus and the Sword: The Japanese Penetration of Korea,* 1895-1910. Berkeley: University of California Press 1995. ISBN 0-520-0861F7.

Eberstadt N, Banister J. *The population of North Korea.* University of California: Berkeley; 1992, p. 38-62.

Famine driving North Koreans to China. International herald Tribune, December 23, 1998.

Frieden RT. *Can Tuberculosis be Controlled?* Int J Epidemiology 2002;31:894-899.

Gordon FL. Maureen and Mike Mansfield Foundation Report. April 28, 2004.

Hazel S. *Overcoming Humanitarian Dilemmas in the DPRK.* United States Institute of Peace. Special Report 2002.

Hong Y. *Humanitarian Aid Toward North Korea: A Global Peace Building Process*. East Asian Review. 2000; 13: 21-40.

Jong SL et al. *Outbreak of vivax malaria in areas adjacent to the demilitarized zone,* South Korea, 1998. Am J. Trop. Med. Hyg. 66(1) 2002, pp 13-17.

Katz I, Rosental MD, Michaeli D. *Undiagnosed tuberculosis in hospitalized patients.* Chest 1985; 87:770-74.

Katona-Apte J, Makdad A. *Malnutrition of children in the Democratic People's Republic of North Korea*.
J Nutri 1998; 128: 1315-19.

Management of Tuberculosis: A Guide for Low Income Countries. 5th Ed. 2000, International Union Against Tuberculosis and Lung Disease.

Matsumura Y. *"Cultural Genocide" and the Japanese Occupation of Korea.* See website: http://www.cgs.c.u-tokyo.ac.jp/workshops_e/w_2004_02_23_e.html Retrieved on 2007-02-19

Noland M. *Avoiding the Apocalypse: The Future of Two Koreas. 2000*. Washington, D.C: Institute of International Economics.

Nozick R. *Anarchy, State and Utopia. 1974.* 152-153

Larry E, Charlotte D. *Top 1% Earn as Much as the Poorest 57%. Guardian*, London, Jan 18, 2003

Lee CJ. China's Korean minority: the politics of ethnic education. Boulder, CO: Westview Press, 1986.

Pogge T, *World Poverty and Human Rights.* Ethics and International Affairs. 2005. 19, 1; 4-5.

Raviglione MC, Uplekar MW. *WHO's new Stop TB Strategy*. *Lancet*, 2006, 367:952-955

Reliefweb, See website: www.reliefweb.int/ocha_ol/pub/appeals/96appeals/dprk/prk_app.html accessed March 24,

Rowinska-Zakrzewska et al. *Tuberculosis in the autopsy material: analysis of 1500 autopsies performed between 1972 and 1991 in the Institute of Tuberculosis and Chest Diseases, Warsaw, Poland*. Tubercle Lung Dis 1995; 76:349-54.

Scott S. *American Religious NGOs in North Korea: a Paradoxical Relationship*. Ethics & International Affairs, Vol 21.4. 2007.

Singer P, *Famine, Affluence, and Morality.* 1 PHIL. & PUB. AFF. 1972. 229, 231

Smith H. *Overcoming humanitarian dilemmas in the DPRK (North Korea).* United States Institute of peace, report 90, p. 1-25.

Snider DE, Rper WL. *The New Tuberculosis*. N Eng J Med 1992; 326:703-5.

Styblo K, Bumgarner JR. *Tuberculosis can be controlled with existing technologies: evidence.* Tuberculosis Surveillance Research Unit, Progress Report, 19991, pp. 60-72.

Synder S, Gordon FL. *Paved with Good Intentions: The NGO Experience in North Korea*, Westport, 2003.

Tuberculosis Research Centre, Chennai. *Trends in the prevalence and incidence of tuberculosis in South India.* Int J Tuberc Lung Dis 20012; 5:142-57.

World Health Organization. Health Briefing DPRK November 2000. See:www.who.int/disasters/repo/6001.doc.

World Health Organization. *Country Health System Profile: DPRK*. See: http://www.searo.who.int/EN/Section313/Section1518.htm

World Health Organization. *WHO DPR Korea 2007 Country Profile*. See http://www.dprk.searo.who.int/EN/Section11.htm

World Health Organization. *Democratic People's Republic of Korea country profile 2007*. WHO DPR. See http://www.dprk.searo.who.int/EN/Section11.htm

World Food Programme. *On the knife-edge of a major famine.* Rome: WFP, April 18, 1997.

World Health Organization. WHO Report 2005; *Global Tuberculosis Control. Surveillance, Planning, Financing 2005.* Available from URL: http://www.who.int/tb.

World Health Organization. WHO Report 2005; *Global Tuberculosis Control. Surveillance, Planning, Financing 2008.* Available from URL: http://www.who.int/tb.

World Health Organization. *Treatment of Tuberculosis: Guidelines for National Programs.* Geneva,
Switzerland: Global Tuberculosis Programmes; 2nd Ed. 1997.

World Health Organization. WHO DPR Korea: *Summary of WHO's major achievements in DPRK 2001-2005.* See http://www.searo.who.int/EN/Section2_6.htm

World Health Organization. *44th World Health Assembly: resolutions and decisions-resolution* WHA 44.8 (WHA44/1991/REC/1). Geneva, 1991.

World Health Organization. *Stop TB Initiative: global TB drug facility-prospectus* (WHO/CDS/STB/2001.10z). Geneva, 2001.

World Health Organization. *Stop TB Partnership: annual report 2001* (WHO/CDS/STB/2002.17). Geneva, 2001.

World Health Organization. *Stop TB Initiative*. Amsterdam March 22-24, 2000: tuberculosis and sustainable development-conference report (WHO/CDS/STB/2000.6). Geneva 2000.

World Health Organization. *WHO Global Tuberculosis Control- Surveillance, Planning and Financing Report 2008*. Geneva, 2008.

World Health Organization. (Richard Smith et al., 2003) W*orking Group 2 of the Commission on Macroeconomics and Health, WHO. Global Public Goods For Health.* 4-11, 47-57 (2002); Global Public Goods for Health: Health Economic and Public Health Perspective 3-93

World Health Organization. Emergency and Humanitarian Action. *Country Emergency Situational Profiles: DPRK*. See: http://www.searo.who.int/en/Section1257/Section2263/Section2301_12188.htm

Vivek A, Athanasios V. *How much do trading partners matter for economic Growth?* See http://www.imf.org/external/pubs/ft/wp/2004/wp0426.pdf.

국문 요약

공산주의 국가인 북한은 그 의료체계가 대단히 고립된 국가이며, 대부분의 서양국가에 일반적으로 알려지지 않고 있다. 이러한 사실은 1990년 이전에 이미 북한이 국제지원을 절실하게 필요로 하였다는 것으로 증명되었다. 1970년대, 몇 년 동안의 심각한 석유위기와 경제부진은 북한이 쇠퇴의 일로로 들어서게 하였다. 북한의 상황을 더욱 악화시켰던 것은 북한의 가장 큰 동맹국의 하나였던 소비에트 연방이 1989년에 무너지게 된 것이 이었으며, 이로 인하여 북한의 경제적 상황은 더욱 악화되었고, 그 결과 북한의 보건의료체제도 혼란에 빠지게 되었다.

피해가 막심한 홍수가 1995년에 일어났으며, 그 다음해인 1996년부터 1999년까지 4년 동안 북한은 물자의 결핍과 기아에 시달렸다. 연이은 홍수 피해는 북한 정부로 하여금 마침내 대외원조를 요청할 수 밖에 없는 상황으로 내 몰았지만, 이 모든 것 또한 정부주도의 강한 통제 아래 이루어졌다. 이 폐쇄적인 독립 정책은 북한 당국이 미국, 유럽 연합국, 한국과 일본과 같은 인도주의의 원조를 지원하는 국가로부터의 국제 원조 조차도 엄격한 감시 하에 이루어 지도록 하였다. 이러한 북한의 통제일변도의 상황에서, 재해로 인해 고통 받고 있는 북한 사람들을 도와주는 데 있어서의 도덕적인 책임은 한계가 있을 수 밖에 없었다. 공산주의 국가인 북한 당국의 불투명성 또한 인도주의적 대외원조 지원을 어렵게 만들었으며, 북한에게 원조를 제공하려고 하는 국제원조체제의 주요국가들에게 원조에 대한 의문이 들도록 만들었다..

따라서 본 논문에서는, 결핵 확산(부활)과 같은 보건의료 위기에 대해 북한이 어떻게 반응하는지에 대한 사례연구를 통하여, 상식적으로 납득하기 힘든 원조국들과의 관계 속에서 역사적인 정당성, 이기주의, 사회적 효용과 원조에 대한 의무와 같은 도덕적 주요사항들이 북한에게 원조를 제공해야 하는 의무를 갖게 할 수 있는 실제적인 구조를 제공할 수 있는지에 대한 논의를 제시해보고자 한다.

핵심어: 북한, 공중 보건, 윤리적 책무, 결핵