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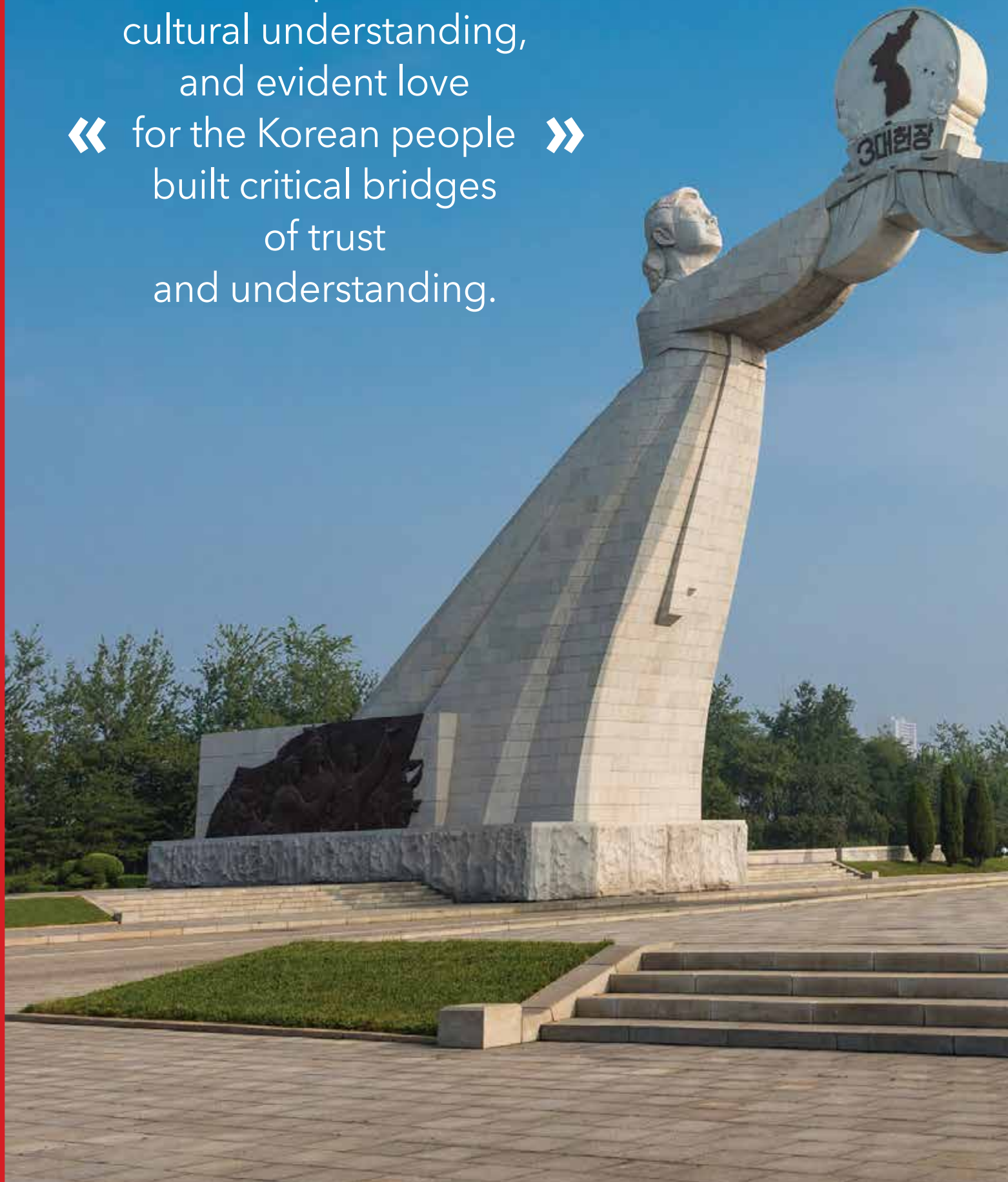




Photo By Kanokratnok, on Shutterstock.com  
The Unified Korea Gate portrays two women  
representing the reunification of North and South Korea.



# A Living Witness: Finding Pathways to Hope and Healing in North Korea

(The Democratic People's Republic of Korea, DPRK)

BY HEIDI S. LINTON

Executive Director, Christian Friends of Korea

Heidi is the Executive Director of Christian Friends of Korea (CFK), a non-profit humanitarian organization actively working in the DPRK since 1995. Articles on CFK's work have appeared in *Science*, *Time*, *Christianity Today*, *World*, *On Korea*, and other publications. She can be contacted by email ([hlinton@cfk.org](mailto:hlinton@cfk.org)). For more information, please visit [www.cfk.org](http://www.cfk.org).

*“Just as a body, though one,  
has many parts, but all its many parts  
form one body, so it is with Christ...  
If one part suffers, every part suffers with it;  
if one part is honored,  
every part rejoices with it.  
Now you are the body of Christ,  
and each one of you is a part of it.”*

1 Corinthians 12:12, 26-27 (NIV)

For the last 22 years, Christian Friends of Korea (CFK), a small North Carolina-based NGO, has been quietly working in the Democratic People’s Republic of Korea (DPRK—North Korea). They have been sharing hope and healing in the name of Jesus Christ with the North Korean people by walking with them in their difficulty, hearing their stories and sharing their burdens. This is a remarkable story of God’s grace working through individuals from disparate communities, organizations, denominations, countries and backgrounds coming together—many over repeated visits—to serve as part of the body of Christ and demonstrate His love while impacting hearts on many sides of this great divide.

## Backstory

In the early 1990s, the evangelist Dr. Billy Graham was seeking ways to engage former Soviet bloc countries including the DPRK. His wife Ruth, the daughter of China missionaries, had attended a missionary boarding school called the Pyongyang Foreign School. Through the network of the school, Dr. Graham was introduced to DPRK diplomats in New York which then opened doors for him to visit the DPRK. Following multiple advance visits to negotiate the terms of his visit, Dr. Graham traveled to the DPRK in 1992 and 1994. On both visits he and those with him met with then “Great Leader” Kim Il Sung. Dr. Billy Graham was declared “a friend” of the DPRK.

## Early History of CFK

It soon became apparent through the very limited glimpses gleaned from these visits that the country was struggling deeply. Here was an opportunity for Christians to reach out to the country with humanitarian help, but this was not the traditional work of the Billy Graham Evangelistic Association (BGEA) so another avenue was needed. It was decided that a new organization, not related to BGEA but made up of different people (many of whom had strong

ties to missionary efforts in Korea) would form to engage in religious, educational and humanitarian projects and exchanges. In April of 1995, the Eugene Bell Centennial Foundation (to be renamed in 1998, Christian Friends of Korea) was formed to specifically engage with the DPRK. In July 1995, North Korea was devastated by catastrophic flooding that wiped out homes, destroyed crops, inundated coal mines and plunged the country into a severe and protracted famine that would last for most of the rest of the decade. During what is known in North Korea as “the arduous march,” at least one million people died of starvation and millions more were left severely weakened by disease and malnutrition. For the first time since the Korean War, North Korea appealed for help to the outside world.

The newly formed organization sprang into action, raising funds to send nutritious, unpolished brown rice from Louisiana to North Korea in sea containers. They insisted on monitoring the arrival and distribution of the food to provide accountability and transparency for donors and to build relationships and trust among the Korean people. During the first year of operation, over 250 metric tons of brown rice were sent to the DPRK, and through this work and that of other NGOs who also reached out to help, the world began to glimpse the tragedy unfolding there.

During that dark and especially difficult time, the country faced an unspeakable slow motion tragedy. People who had relied on the public distribution system all their lives waited too long for it to come through, only to realize too late that the rumors and promises were empty—no food was coming. The elderly and the young often died first. Entire families disappeared. People with blackened faces and bundles wandered the countryside in search of food, many lying by roadsides in their weakness and hunger. Loudspeakers mounted on some of the very few vehicles would travel through cities in the mornings, telling people who had collapsed by the roadside from hunger to move away from the streets where foreigners were to pass.

## Work in Tuberculosis Opens

Tuberculosis (TB), an airborne communicable disease<sup>1</sup>, resurged in the population that was weakened by malnutrition. By late 1996 the North Korean government, learning of tuberculosis work done in South Korea by those within the Korea missionary network, asked for help with their tuberculosis problem. Our young organization hand carried medicine for a few hundred patients, and our visiting team was taken to a few TB treatment facilities, many of them surrounded by graveyards.

They found very sick patients in extremely basic conditions, with few resources to care for them. The needs were overwhelming—for food, for medicine, for microscopes and lab supplies needed for basic diagnostics, for blankets and medical supplies and for shelter. So we began to reach out to donors seeking help of any kind. Donors reached back, and CFK began to form partnerships with groups who had resources to share, but who did not have the capacity to directly engage their own work in the DPRK. Some gave in-kind donations of food, medicine and blankets. Others gave funds that we used to purchase lab supplies, basic equipment and medicine. And we continued to travel to North Korea to visit the receiving care centers, to make sure they received what we sent, to talk with them, to share donor lists (and tell them about so many people who cared enough to help) and to better understand their situation so we could better respond to their needs.

### Elders Contribute to Critical Trust-Building Efforts

In the early days, our team often included retired missionaries to Korea—many of whom were born in Korea, who grew up there, spoke the language and understood the historical context and challenges of Korea. At the time they were in their 70s and 80s and travel to and in the DPRK was difficult, yet their presence was critical in breaking down early barriers of mistrust between DPRK officials and the American “foreign devils.” These were people who had shared their lives among the Korean people, including some who had attended the Pyongyang Foreign School as teenagers. They shared memories of ice skating on the Taedong River and climbing Peony Point in Pyongyang before Korea was partitioned into North and South. Many had served their entire lives in Korea working in education, medicine, agriculture and evangelism. Their experience, cultural understanding, and evident love for the Korean people built critical bridges of trust and understanding. They came from different denominational backgrounds, different mission sending agencies and even different countries, but they shared the same heart for Jesus Christ and for making Him known through action (and word, when possible) among people who had largely been cut off from the rest of the world for decades. North Korean diplomats also visited North Carolina during this time, and they were shown warm hospitality by many of these people in their homes. They heard stories from their early days in Korea and experienced first-hand their life-long love for the Korean people that in many cases spanned multiple generations of their families.

In 1998, Christian Friends of Korea changed its name from the Eugene Bell Centennial Foundation to better represent



the organization’s identity and purpose in the DPRK. At the same time, we asked the North Korean government to assign us specific places where we could work and visit repeatedly, allowing us to establish relationships and deeper levels of trust which we hoped would lead to more effective engagement and impact. We were assigned to work in two provinces (N/S Hwanghae) and the city regions of Kaesong and Pyongyang—while focusing our efforts largely on helping address the growing tuberculosis burden.

We were a tiny organization—only 1.5 paid staff, a handful of volunteers, a few key partners and some very faithful donors and prayer partners. But it was enough to launch us into a routine of 2–3 visits a year, to check on the arrival and distribution of shipments and to assess new needs while continuing to build trust and understanding.

### Post-Famine Years Open New Opportunities

By the early 2000s, North Korea was beginning to emerge from the worst part of the famine. Even so, the needs were still overwhelming and life remained extremely difficult for most North Koreans. Grid electricity in the countryside was largely seasonal and extremely limited. Even in the capital city of Pyongyang the darkness was palpable, the streets empty of cars and bicycles, and life difficult for most. We continued sending shipments of food, medicine, and blankets, while also sending greenhouse kits, walking tractors, seeds and other goods to help local facilities grow more food on site for their patients. The greenhouses and tractors proved to be a great help to each facility. Each greenhouse can produce one



to three tons of food each year (usually three separate crops), and they are especially beneficial when winter temperatures outside remain well below freezing. Inside the greenhouses it is warm, and fresh greens—lettuce, spinach, crown daisy and onions—can be grown and harvested throughout much of the winter. Spring crops, including tomatoes and cucumbers, are also grown in the greenhouse, and other vegetables can be started inside as seedlings for transplanting outside, thus speeding the harvest.

We were working at three TB hospitals at the time and they needed generators to provide critical power. We sourced and sent generators to each one and also sent a team of technical volunteers to help install the generators at each facility. We faced a steep learning curve and many challenges, but these marked our first significant technical projects. Many more were to follow.

As we reached out to different ministries and groups for help with the needs that we were finding, the Christian Friends of Korea “family” began to grow. Our visits continued and more and more needs were identified, including many that required greater skills and more in-depth engagement to accomplish. Multiple organizations and churches partnered with CFK sending personnel and goods, ranging from food and medicine to medical equipment and supplies.

In 2006, we were asked to renovate the operating rooms of several hospitals where we were working. Renovation needs included lighting, heating/AC, walls, ceilings, floors, windows, doors, plumbing, electrical, medical equipment

and all the tools and supplies needed for the installation of all these things. Rob Robinson, a general contractor raised in Korea by career missionary parents, visited the DPRK with CFK and soon began to oversee and organize these projects. Every nut, bolt and screw had to be ordered, shipped and sent since it was next to impossible at that time to find construction materials on the local market. We had never done projects like this in North Korea, so there was a steep learning curve, not only for us but also for our DPRK counterparts. We assembled teams of skilled volunteers who worked together with North Korean counterparts side by side over many weeks, solving many problems, while bringing lasting change to each care center. Over the space of two years, five operating room renovation projects were completed at four hospitals, resulting in reductions in post-operative infection rates and significantly improved care for patients. Along the way, relationships between the external team and our DPRK nationals once marked by mistrust, misunderstanding and division began to give way to friendship, true partnership and hope.

In 2008, the U.S. Government offered large-scale food aid to North Korea in response to demonstrated humanitarian need. This aid was to be provided through two channels—a consortium of U.S. NGOs working together, and the UN’s World Food Program. At the request of both the U.S. and the DPRK governments, CFK joined a consortium of NGOs (also including Global Resource Services, Mercy Corps, Samaritan’s Purse, and World Vision) to deliver significant food aid to needy beneficiaries in Chagang and N. Pyongan Provinces. During the program, which lasted from the summer of 2008 until the spring of 2009, U.S. NGOs had 16 people living and working in the DPRK for most of the program (including many Korean speakers.) These people made over 1,500 visits to North Korean homes, food distribution centers, warehouses, baby homes, kindergartens and orphanages. Many food recipients had never encountered an American before. Seventy-one thousand metric tons of food were delivered and distributed to over 900,000 beneficiaries. It was a herculean effort under very difficult circumstances with many pressures arising out of the charged political context that stretched every organization and person involved, but it also taught us valuable lessons and strengthened the credibility of our work and relationships in the DPRK.

### **CFK Invited to Help Address Core Needs**

In late 2008, we were asked to visit the National Tuberculosis (TB) Reference Lab; a lab whose purpose is to provide the highest level of diagnostics in the country for TB/MDR-TB, downstream training and to help guide policy, quality

standards, diagnostic protocols and disease control efforts for the country. We found a facility that was largely non-functional; it lacked for running water, electricity, lighting, heating/AC, functional cabinets/countertops, key pieces of equipment and critical supplies. The Ministry of Public Health had overseen our renovation projects at hospital operating theaters, and now they were inviting our help to renovate and equip this lab. With us that day was a general contractor, a biomedical engineer, a clinical lab expert, a plumber and our administrator. They represented three different organizations and were all people necessary to assess the project and help decide if it was feasible.

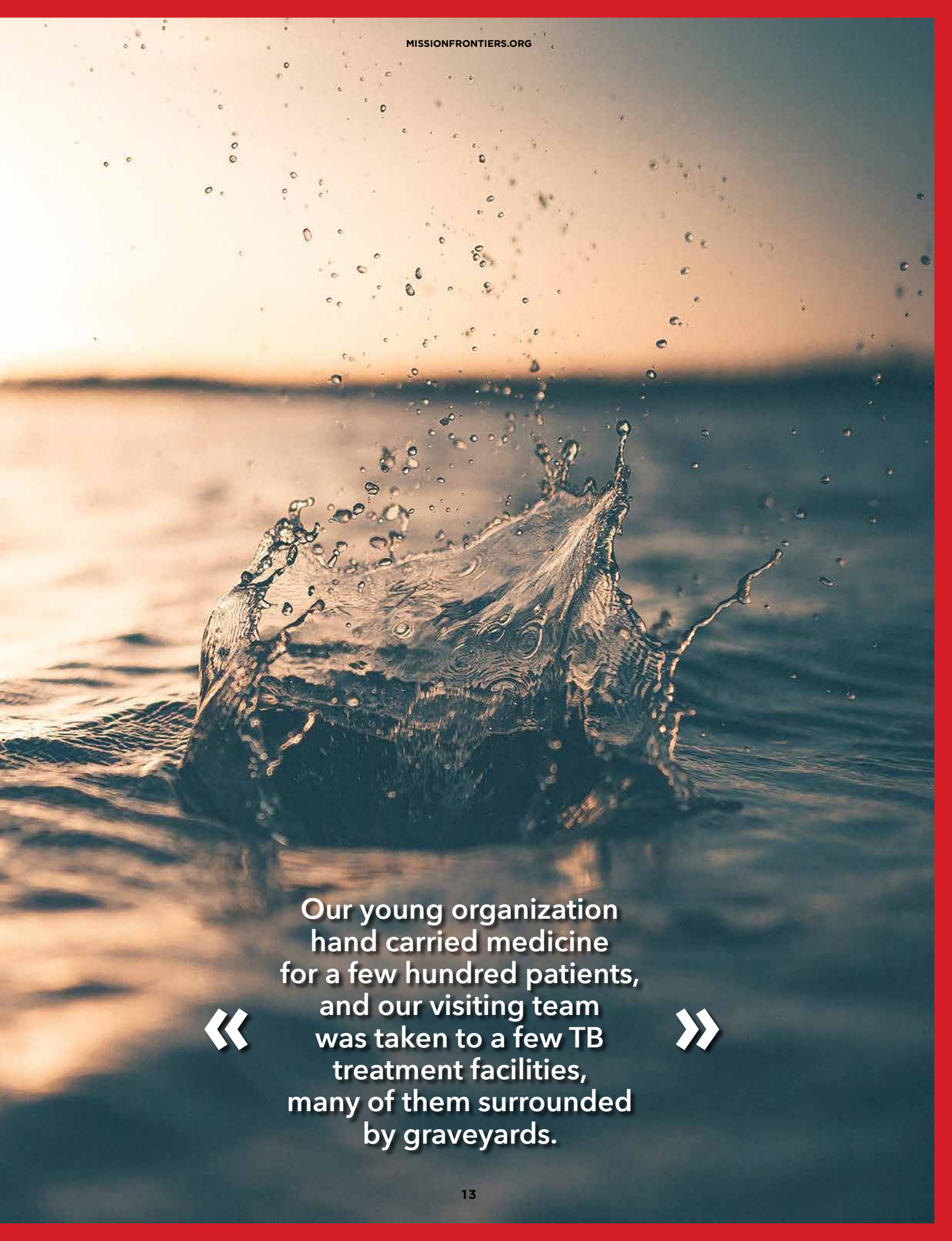
We knew we lacked the TB lab-specific technical expertise required to create a state-of-the-art reference lab, and we had no dedicated funding for what we knew would be an expensive renovation project, but we had learned that Stanford University's School of Medicine had also been approached by the Ministry of Public Health to help with this lab. They applied for and received a grant for the equipment and initial training. CFK had strong logistical capability, export licenses, renovation expertise, volunteers, and established relationships and trust with the North Korean Ministry of Public Health. So, after prayer, many discussions and the negotiation/signing of a Memorandum of Understanding between us, in late 2008 we joined forces to do the project. We simultaneously began both the planning and our own fundraising efforts (for significant renovations) and after making several joint planning visits (together with Stanford partners) materials were ordered and shipped and renovations began in the fall of 2009 over a nearly month-long visit. We faced countless challenges, but step-by-step, we worked our way through them. By October 2010, after four more visits, major renovations were largely complete and we held a grand opening for the lab that was attended by the (then Vice) Minister of Public Health, UN agency officials and other dignitaries. The lab currently supports not only advanced TB diagnostics but also clinical diagnostics for integrated patient care. Since 2009, we have provided ongoing high-level training at the lab, bringing TB lab experts and clinical lab experts to build the knowledge and expertise needed for quality diagnostics. In 2011, we worked with our local colleagues to renovate the operating room at this hospital, and in 2013–14 we also jointly built a Training Center that is now in constant use supporting regular training for more than 50 doctors and nurses at a time. While the lab has truly been transformed from a rudimentary space to a state-of-the-art laboratory, it still faces many challenges. These challenges largely arise out of the external political context that greatly complicates the establishment of a reliable and

secure supply chain; a chain needed for ongoing diagnostic activities and ready access to global developments and research. With North Korea facing an ever-expanding epidemic and one of the highest rates of TB in the world<sup>2</sup>, it is critical that this lab and two regional labs also in the process of development be able to function fully to address the urgency of this epidemic.

### **Clean Water Identified as a Critical Need**

In the mid-2000s, care centers began to express a need for clean water. Upon further investigation, we found that many care centers were using shallow, hand-dug wells, nearby streams or unprotected springs for their source of water. With poorly-composted night soil (fecal sludge) widely used as fertilizer on agricultural fields, this led to gastro-intestinal illness. We began exploring ways to address the need for clean water at many care centers. Working with another U.S. NGO, Wellspring for Life (who has worked to establish an indigenous water well drilling industry in the DPRK through the delivery of cable tool drilling rigs and training), we began to arrange for the drilling of deep water wells at our supported care centers and began researching sustainable ways of distributing the clean water within hospital complexes that had no central heating where temperatures drop well below freezing in winter. Working with dedicated, experienced volunteers and partnering ministries, we developed solar-powered, gravity-fed water systems. These systems use solar energy during the day to power a pump installed in a protected deep water well to move water up to a large tank placed at a high point on the property (or on a tank platform). The water then flows by gravity from the tank through underground pipes to frost-free hydrants<sup>3</sup>. We installed our first such system in 2008, and have installed 17 more systems at different TB, hepatitis and pediatric care centers, all of which continue to supply clean water year round to their staff and patients with very little maintenance or trouble. Once a well has been drilled or a reliable (protected) spring source identified, these systems can be installed over the course of two to five days by skilled volunteers who join our team from places as far flung as Norway, the U.S., Poland, the UK, Australia, Canada and New Zealand.

The transformation that takes place through the provision of clean, protected water is immediate and lasting. Staff are freed up from the daily time-consuming chore of collecting water, often from contaminated and unprotected sources several hundred meters away. In new self-contained systems, the water is clean and protected, leading immediately to health improvements for staff and



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patients alike. With an abundant, sustainable water supply, we also see improvements in sanitation and cleanliness of the facility, and often the care center can expand their production of food because they now have ample water for irrigation of greenhouses and vegetable fields. The joy on faces when water comes out of the hydrants for the first time is a beautiful sight. We watch hearts and minds open as locals begin to wonder why people would come from so far away, at great personal expense and risk, to work so hard to help their “enemies.” As of 2017, 18 care centers now have clean, protected, solar-powered water systems that are impacting the lives and health of the staff and tens of thousands of patients each and every year.

Our team members meet in Beijing just prior to going into North Korea. Each brings various skills and a heart for loving and serving Christ among the North Korean people. During our time in the country together, through our morning devotions and long days of working together and despite cultural and language differences, our hearts are knit together by a shared love for Jesus and for serving Him among the North Korean people. Together, by God’s grace, we seek to model how faith and daily life intersect as we work in community through sickness and health, hardship and challenge, danger and stress. Many volunteers return on successive trips, sharing their time, expertise, and friendship while living out their faith among our North Korean hosts and colleagues.

### **Tensions and Sanctions Pose Significant Challenges**

The challenges, now more than ever before, are extreme. With the significant rise in tensions during 2017, sanctions and fear sharply increased, creating a whole cascade of new and more formidable barriers for ongoing humanitarian efforts. As of September 1, 2017, each U.S. passport holder can only visit the DPRK under “special validation passports”—that must be secured for every humanitarian visit—adding further administration, time and cost burdens. While BIS (Commerce) export licenses have been required for all US-sourced goods for some time, OFAC (Treasury) licenses must also be in place for any non-U.S. sourced goods. A wide array of materials is needed to complete renovation projects, clean water installations and TB/hepatitis diagnostics and while humanitarian exemptions legally remain they are buried in complex legal language. The perceived risks of violating sanctions have grown so significantly for third-party businesses engaged in the supportive work required by NGOs to deliver humanitarian aid (shipping, banking, supplying, etc.) that longstanding activities are teetering on the edge of

stopping entirely. Now every purchase, every transaction and every shipment faces intense scrutiny. Much more restrictive customs procedures in China have also raised administrative burdens significantly and have stopped some critical goods from transit through China—the main port of entry. Despite all the heightened risks, common grace is evident in the courage of our North Korean counterparts who have faithfully continued work on their side to facilitate ongoing efforts. Meanwhile, faith in the sovereignty and providence of God gives inexplicable peace and steadfastness to volunteers, partner organizations, prayer warriors and family members and donors, despite extreme tensions. We have been privileged to witness many miracles, big and small, in our work—including some that even our counterparts cannot help but admit.

Jesus’ final words on earth compel all who love him to “go into all the world and preach the gospel to all creation.” (Mark 16:15) No place and no people group is exempted from this commission. We are called to pray, to engage, to love, to serve and to honor our Lord’s name in the DPRK. May we, as the diverse body of Christ, be found faithful to be His hands and feet, to see with His eyes, to feel with His heart, to bear witness to His grace among the people of North Korea, and thereby to honor His name.

*“As each one has received a gift,  
minister it to one another, as good stewards  
of the manifold grace of God.”*


1 Peter 4:10 (NKJV)

### **CFK’s Medical Engagement by the numbers (as of Dec 2017):**

- Visits since 1995: 83
- Years of engagement: 22+
- US volunteers/staff who have participated on DPRK visits: 156<sup>4</sup>
- International volunteers who have participated on DPRK visits: 45
- Days spent in DPRK by CFK teams: 1,041
- Value of aid delivered: \$89.5<sup>5</sup> Million USD (\$14.7 million cash, \$74.6 million in-kind)
- TB, hepatitis and pediatric hospitals and rest homes regularly served: 30+
- Lives impacted directly/indirectly: hundreds of thousands/millions

## Aid Delivered:

- Laboratories renovated: 36<sup>6</sup>
- Wells drilled: 27
- Solar/gravity water systems installed: 18
- Operating rooms renovated: 6
- Training Center constructed: 1
- Hepatitis B patients screened: 1500+
- Hepatitis B patients started on treatment: 800+
- Cans of meat: 1,138,256
- Blankets: 35,972
- Patient mat sets: 695
- Medicine pallets: 169
- Fortified meals: 332,316
- Soup mix: 50,760
- Hygiene kits: 23,839
- Solar lighting systems: 47
- Greenhouses: 500 (small); 114 (large)
- Seed packets: 25,000
- Motorcycles: 17 / Cargo tricycles: 12
- Vehicles: 8
- Small Tractors: 89
- Water filter buckets: 963

Other support sent includes replacement plastic for greenhouses, spare parts for tractors, doctor and nurse kits, solar rechargeable lights, hospital furnishings and equipment, major renovations at multiple care centers, a roofing tile-making machine and many other smaller projects. 

- 1 For every year a TB patient goes without treatment, they can infect 10–15 others.
- 2 North Korea was added to the WHO “high burden country” lists in 2016 for TB, and multi-drug resistant (MDR) TB. The 2016 World TB Report indicates that North Korea’s TB rate is now the highest in the world outside of HIV-co-infected countries in sub-Saharan Africa.
- 3 The base of each hydrant is buried a meter underground in gravel, and there is a valve at the base of the hydrant that allows water to drain from the hydrant once the spigot is turned off. Since no water remains in the upright pipe to freeze, the hydrant can be used even in the cold of winter without fear of freezing.
- 4 Number includes separate individual participants. Many among this number have participated on 10, 20 or more visits; one staff member has made 54 visits thus far.
- 5 Only includes value of shipments, does not include the value of donated volunteer service hours.
- 6 Includes the National TB Reference Laboratory and 2 solar-powered clinical (hepatitis) labs.

## A Lesson from the Dump

On the outskirts of Kaesong, just beyond the thousand-year-old stone wall that rims the ancient city, is the dump. Fill dirt and refuse piles from the city are carried there by ox carts, small trucks, even bicycles—and dumped. Nothing is wasted in this country, so what finds its way here is truly trash. Small heaps of rocks, rubble, broken pottery, broken glass, rags and bits of refuse line both sides of the deeply potholed road. Here and there small fires smolder, wafting smoke and the smell of burning plastic into the air.

Our work takes us through this wasteland frequently on our way to and from two adjoining care centers (one for tuberculosis (TB) patients, and another for hepatitis patients) so we see a lot of life outside the windows of our vehicle as we come and go on this road.

Last spring, I watched as a small family carefully and painstakingly transplanted three-inch-tall corn seedlings into a patch of this unlikely ground. For us, it was the start of a long day of seeing patients, and

as I watched, a mix of feelings welled up in me including curiosity for this family and deep sadness at the circumstances that would motivate struggling people to invest precious time and effort to plant fragile seedlings into ground such as this—holding such little promise for a harvest.

The summer passed, and the rains were sparing. In our widespread travels in August we saw many corn fields stunted and unproductive, with stalks and leaves prematurely brown and small withered cobs on the stalks bearing out reports by UN agricultural experts of at least a 30% reduction in yield countrywide for the season.

In late August we returned, and drove again through the dump area on the way to our care centers. But now my eyes witnessed something completely unexpected. There, standing robustly out of that seemingly unproductive ground planted by that hopeful family earlier in the spring were strong healthy corn stalks, with long, fat and fully filled out ears ripe and waiting for harvest.

Here in the middle of a wasteland was production far beyond expectation.

In my spirit, I felt a gentle, loving rebuke: *You look on the outside, but I look on the inside. You see the wasteland, but I see the promise. Only I know the ground that is being planted—you must only faithfully sow. I am the LORD of the harvest.*

Praise be to God! May we plant with eyes of faith into the soil He provides, trusting that He will bring about an abundant harvest if only we remain faithful and don’ give up. 