

Detailed Report ③
(2023)



• Detention Facilities



• Right to Food



In the **Kim Jong Un** Era

Are North Koreans Living a Healthy Life?



• Vulnerable Groups



• Right to Health

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The content of this report is based on the opinion's of
the authors and do not necessarily reflect of the official
opinion of the Korea Institute for National Unification.

CONTENTS



Index

I. Introduction	7
II. Collapse of the Public Health Care System	15
1. The Operation and Accessibility of Public Medical Institutions ..	17
2. Widening Economic and Political-Social Gap in Accessibility to Public Health Care Services	22
3. Accessibility to Medicine and Medical Supplies	27
III. Self-reliance (<i>Charkyok Kaengsaeng</i>) in Health Care Sector	29
1. Deterioration in the Quality of Public Health Care and Increasingly Common Private Medical Practices	31
2. Increasing Trend of Self-Reliance among North Koreans	36
3. Serious Drug Misuse and Abuse	39
IV. Disaster and North Korean Residents' Right to Health	45
1. Impact of Disaster on People's Lives	47
2. The Impact of COVID-19 on right to health	54
V. Conclusion	63



Tables

Table II-1 North Korea’s Medical Institutions (As of 2014) 20

Table III-1 Education & Training Institutions and Periods for
Medical Personnel 35

Table III-2 A Testimony on Opium 40

Table III-3 Comparison of Drug Crime Articles in North Korea’s
Criminal Law 42

Table IV-1 Death Penalty Provisions under the Emergency
Quarantine Law of North Korea 53

Table IV-2 A Testimony on Covid-19 and Opium 57

CONTENTS



Figures

Figure I-1	Connective Features of the Right to Health	9
Figure I-2	Changes North Korea's Health Care-related Legislations ..	12
Figure II-1	North Korea's Medical Facilities and Medical Service Delivery System	19
Figure II-2	North Korea's Primary Medical Institutions	21
Figure II-3	General Clinics of Chollima Steelworks	21
Figure II-4	North Korea's Tertiary Hospital Effectively Served Only for the Privileged Class	23
Figure III-1	Gap in Accessibility for Health Care Facilities (General Hospital vs. Private Hospital)	32
Figure III-2	Quarantine Education in Gyeongju General Clinics, Central District, Pyongyang	38
Figure III-3	North Korean Residents Inhaling Opium	41
Figure IV-1	North Korea's Crisis Management Indicator in 2022	48
Figure IV-2	Global Health Security Index in 2021	49
Figure IV-3	Kim Jong un Inspecting Flood-damaged Areas	51
Figure IV-4	North Korea's COVID-19 Quarantine Poster	55
Figure IV-5	Daily Outbreak of COVID-19 Analyzed through North Korea's Media Reporting	56



Figures

Figure IV-6	North Kora's Folk Remedies for COVID-19	58
Figure IV-7	Changes in Child Vaccination Rates after COVID-19	61
Figure V-1	Reality of the Right to Health	67

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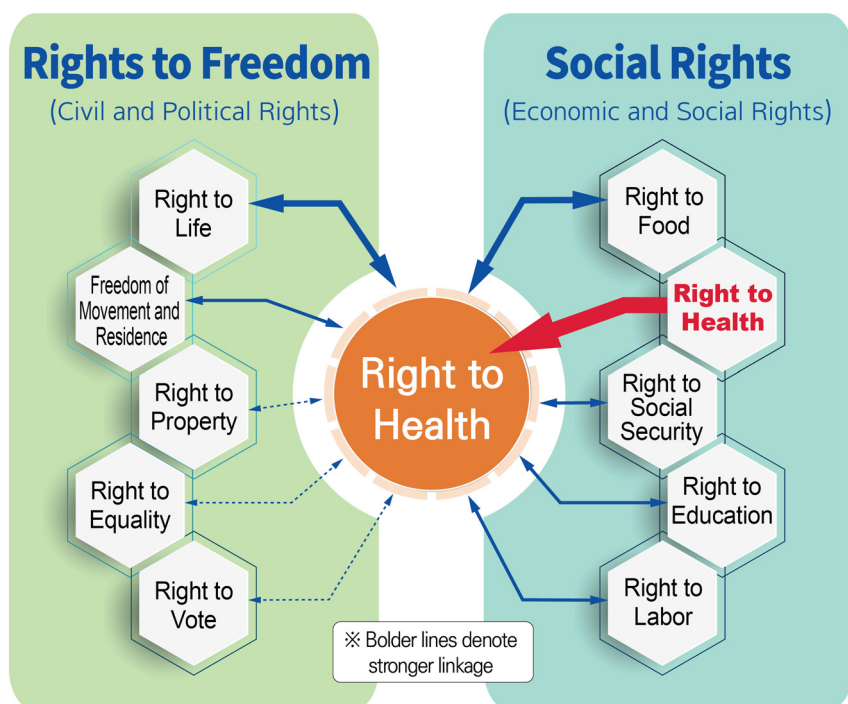
Introduction



I. Introduction

The Right to health, which is an indispensable and fundamental right to lead a human life, is very important not only as a right closely related to all other basic human rights such as the rights to food, housing, education, life and non-discrimination, but also as a prerequisite to enjoy these rights in society. In particular, enjoying a healthy life is essential as it has an impact not only on individuals' employment and education, but also on their socioeconomic status across generations.

Figure I-1 Connective Features of the Right to Health



The international community, bearing in mind the significance of the right to health, has stressed the rights to life and health. In more detail, Article 12 of International Covenant on Economic, Social and Cultural Rights (referred to as ‘ICESCR’) stipulates the right to health as follows. North Korea acceded to the International Covenant on Civil and Political Rights (ICCPR) and ICESCR in 1981.

The ICESCR defines that “The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.” The steps to be taken by the States Parties to the present Covenant include “(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; and (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”

The international community defined the right to health as that stipulated in Article 25(1) of the Universal Declaration of Human Rights (UDHR)¹⁾ adopted in 1948, (“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”). The concept of the right to health, however, was limited in terms of its coverage, as evidenced by the following phrase: “the right to a standard of living adequate for the health and well-being of...” Hence, the ICESCR arose to define the right to health in a

1) “Universal Declaration of Human Rights,” September 21, 2017, <<http://www.un.org/en/universal-declaration-human-rights/>>.

more comprehensive manner and to stipulate states' obligations as party to the convention to ensure the right to health.

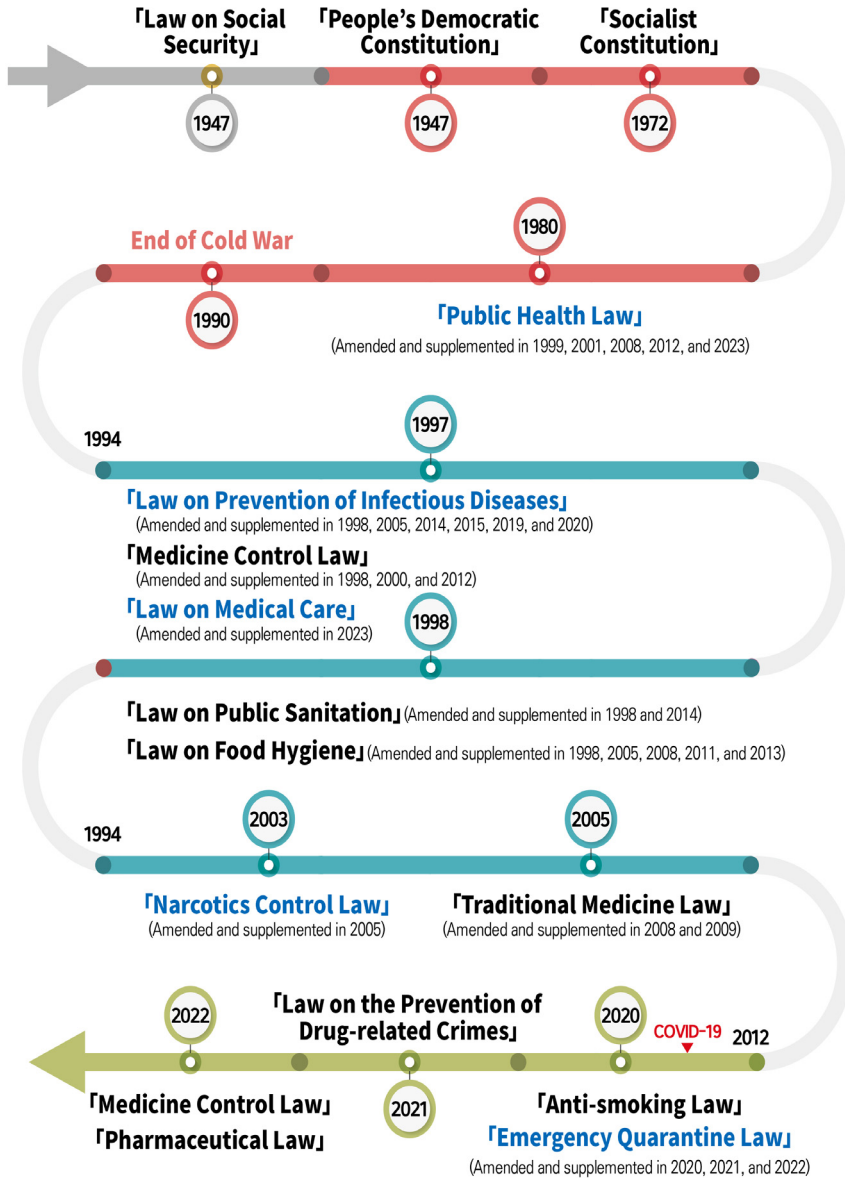
The Socialist Constitution of the Democratic People's Republic of Korea and the Public Health Law stipulate the legal protection of the right to health for people in North Korea. Article 56 of Chapter 3 of its Constitution states "The State shall protect the people's lives and improve the working people's health by consolidating and developing the system of universal free medical care service, strengthening the district doctor system and the system of preventive medicine and improving the supply of materials to the public health sector."²⁾ Article 1 of the Public Health Law, amended and supplemented five times since it was adopted in 1980, emphasizes the importance of the right to health with phrases such as "a public health care project is ... a project to safeguard the life and promote health of people who are the masters of nature and society and are the most precious being."³⁾

As such legislation suggests, the North Korean health care system is largely divided into a free medical care system, preventive medicine and the District Doctor System, with a view to guaranteeing the right to health. In particular, the free medical care system is a socialist welfare system the DPRK is proud of, and North Korea emphasizes preventive medicine in consideration of its health and medical infrastructure. Its health care system, however, was severely hit by the economic crisis of the 1990s. The public health care service stopped functioning as North Korea suffered from a lack of medical supplies and medicine and failed to properly train medical personnel.

2) "The Socialist Constitution of the Democratic People's Republic of Korea," *Collection of Current Acts and Regulations of North Korea* 上, (Seoul: NIS, 2022), p. 39.

3) "North Korean Public Health Law," *Collection of Current Acts and Regulations of North Korea* 下, (Seoul: NIS, 2022), p. 853.

Figure I-2 Changes North Korea's Health Care-related Legislations



<Figure I-2> shows the adoption and revision (amendment and supplement) of major pieces of legislation relating to North Korea's health care. Existing relevant legislation has been revised to address health-related issues while other legislation has been newly adopted to cope with changes in the external environment after Kim Jong Un took power. Only after the Kim Jong Un era has North Korea bolstered its efforts to ensure the right to health at an institutional level by amending and supplementing health care legislation. Since 2020, in particular, North Korea has revised legislation to guarantee more thorough quarantine measures in response to the global COVID-19 pandemic. The Law on Prevention of Infectious Diseases was amended and supplemented twice in 2020 alone. Emergency quarantine, stipulated in the Law on Prevention of Infectious Diseases, was enacted into a separate law called the Emergency Quarantine Law in 2020. To date, the Emergency Quarantine Law has been amended and supplemented a total of four times.

North Korea has sought to restore its health care system by emphasizing the modernization of medical institutions, the improvement of the quality of medical service, and the establishment of a far-away medical care system (telemedicine)⁴⁾ after Kim Jong Un came into power. However, the medical care provided to residents has not substantially improved, as the North Korean regime has turned a blind eye to people's plight by refusing to accept external assistance amid worsening economic conditions caused by ongoing international sanctions. As a consequence, the North Korean people have been unable to enjoy the right to a healthy life.

Testimonies from North Korean defectors suggest that the right to health has not been sufficiently guaranteed, although the North Korean regime has

4) Kim Jong Un ordered the completion of the far-away medical care system (telemedicine) at the 8th Party Congress in January 2021. "Benefits of Socialist Health Care System and Far-away Medical Care System," *Rodong Sinmun*, October 18, 2021.

implemented related policies to protect the right to health at the legal institutional level.

This paper aims to examine the current status of the North Korean people's right to health in the Kim Jong Un era. The paper will mainly refer to KINU's in-depth interviews of North Korean defectors to assess changes to the current status, but also to official health care-related documents published by domestic and international organizations for analysis.

Chapter II examines the current status of the public health care system, specifically, whether free medical treatment—the core of North Korea's health care system—and preventive medicine have been functioning. Chapter III investigates the current status of 'self-reliance' (*Charkyok Kaengsaeng*) in the health care sector, which has been emerging along with the marketization trends. Alongside such analysis, the chapter looks into whether the regime has fulfilled its duties to its residents. Chapter IV delves into the impact that COVID-19 has on daily life, especially the right to health, as an inflection point, as disasters occurring every year negatively affect every aspect of North Korean society.

II

Collapse of the Public Health Care System



II. Collapse of the Public Health Care System

The state is obligated to ensure the health of its people. In that sense, one of the most essential elements to guarantee the right to health is easy access to public health care facilities and services. The key factors that determine the accessibility include whether public health and basic medical facilities are properly provided, a sufficient number of medical staff are secured, and the smooth supply and purchase of medicines are ensured.

North Korea boasts about its free medical care system through instructions of the Supreme Leader and legislations, such as Public Health Law. Everyone is supposed to enjoy public medical facilities and services free of charge under this free medical care system. However, North Korean defectors' testimonies suggest that the public health care system provided by the regime collapsed after the 1990s, so the right to health has not been sufficiently guaranteed.

This chapter analyzes the current status of people's right to health by examining the operation of public medical institutions, the accessibility of medical facilities, the deepening discrimination in the access to medical services, and the accessibility of medical supplies.

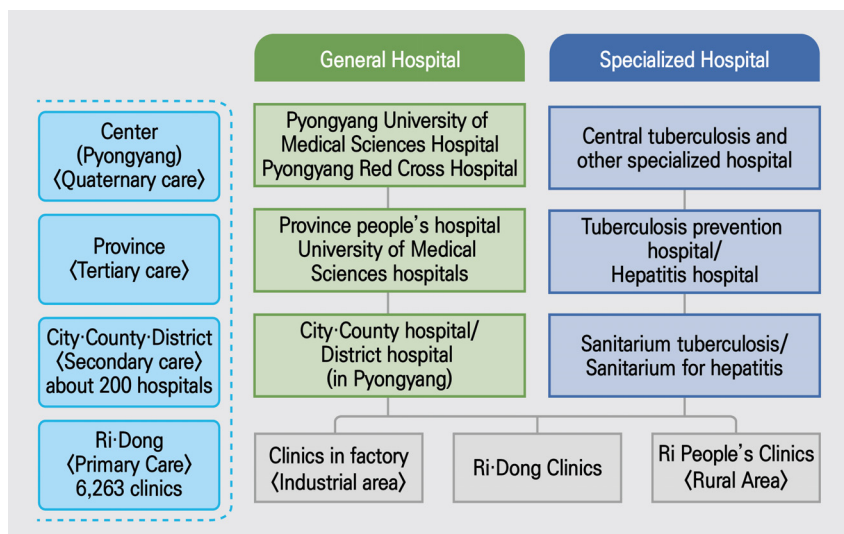
1. The Operation and Accessibility of Public Medical Institutions

North Korea has attempted to modernize its medical facilities and infrastructure and construct factories that manufacture medicine, medical supplies, and medical equipment, but to no avail, due to the effects of sanctions. Although hospitals equipped with modernized facilities can be found in

Pyongyang and some county/direct-controlled municipalities, many hospitals in cities/counties are ill-equipped and unable to provide proper health care services to people. Primary care providers, which in North Korea are clinics and hospitals located in rural villages (*ri*), only serve the function of making a diagnosis and referring patients to secondary or tertiary hospitals rather than providing treatment, as these facilities are not equipped with the proper medicine, medical equipment, and supplies.

The DPRK's public health care institutions consist of four levels—at the neighborhood and village level, and the city and county level, the provincial and direct-controlled municipality level and the central level. Hence, a patient can visit a nearby clinic or higher-level medical institutions if necessary. A North Korean defector, who had worked as a doctor in Pyongyang until 2018, testified that medical institutions range from general clinics to district hospitals, city hospitals, university hospitals and general hospitals under the North Korean health care system.

Figure II-1

North Korea's Medical Facilities and Medical Service Delivery System⁵⁾

Medical facilities and services seem to be at least somewhat physically accessible for North Korean residents. In particular, primary medical institutions, which are clinics in neighborhoods and villages, are relatively small in size but easily accessible by North Korean residents as they are set up in most regions. However, secondary and tertiary medical institutions are more difficult to use depending on regions and living standards. In particular, residents living in rural or mountainous areas have very limited access to central tertiary hospitals. In particular, the North Korean authorities still use the policy of forcibly relocating residents to remote mountainous areas based on their background (*songbun*) or for political purposes. Such restrictions on the right to freedom of movement violate the right of residents to lead a healthy life.

5) Ministry of Public Health (2014); Na-mi Hwang, "The status and recent trend of health care in the DPRK," (August 31, 2018), as cited in: Min-joo Lee, "The status of health care system in the DPRK," *Bio Economy Brief*, Issue 51, (Seongnam: Korea Bio-economy Research Center, 2018), p. 1.

Table II-1 North Korea's Medical Institutions (As of 2014)⁶⁾

Health facility	Number
Central and provincial hospital (tertiary care)	133
County/Ri-hospital (secondary care)	1,608
Polyclinics/Clinics (primary care)	6,263
Hygienic and anti-epidemic station	235
Preventive station	55
Sanatorium	682
Blood centre	12
Total	8,988

Source: Ministry of Public Health, 2014, The figures do not include health facilities under other Ministries, for example, Mining, Industries, Railways or Defence.

One North Korean defector who defected in 2018 testified that there were clinics in each neighborhood and village, and another North Korean defector who defected in 2018 also said that there were clinics in their neighborhood where they went to see doctors. The testifier added that if one was in a serious condition, he/she was given a referral letter to be sent to a higher-level hospital. However, the quality of clinics appears to be quite mediocre. One North Korean defector who defected in 2018 testified, “Clinics were in each village, but doctors’ skills and medical services were poor.”

6) WHO, *WHO Country Cooperation Strategy Democratic People's Republic of Korea: 2014-2019*, p. 21, <<https://apps.who.int/iris/bitstream/handle/10665/250298/9789290224716-eng.pdf?sequence=1&isAllowed=y>> (Accessed March 9, 2023).

Figure II-2 North Korea's Primary Medical Institutions⁷⁾

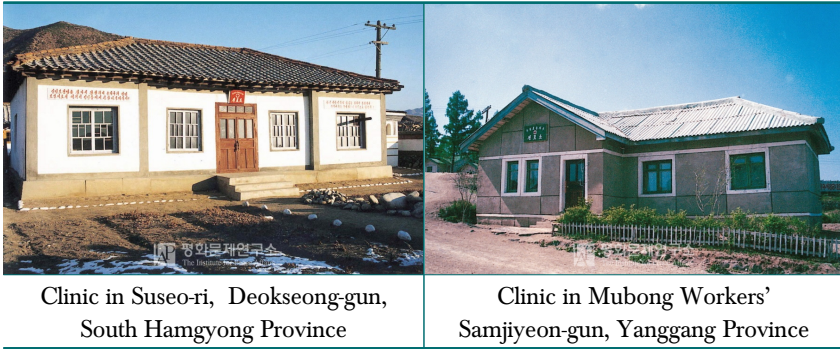


Figure II-3 General Clinics of Chollima Steelworks⁸⁾



7) The Institute for Peace Affairs Homepage, <<https://www.ipa.re.kr/service/selectBoard?mId=51&tId=135&Id=735&mode=view&lang=kr&theme=ipa&bNo=138&aCate=%EB%B3%B4%EA%B1%B4%C2%B7%EC%9D%98%EB%A3%8C&aType=&aKey=&aPage=1&blId=25905&type=contents&bApp=>>> (Accessed March 9, 2023).

8) Although it may appear to be a clinic, it does not have any medical equipment. Rodong Sinmun, February 11, 2020. (Photo=News1)

2. Widening Economic and Political-Social Gap in Accessibility to Public Health Care Services

One thing worth noting regarding the accessibility of North Korea's public medical services is that the gap in quality has been widening depending on individuals' economic power. This indicates that the free medical care system, a core tenet of North Korea's health care system, is not functioning properly and that the accessibility of medical services has worsened.

Although the North Korean regime claims to provide free medical treatment, in reality economic power determines who can access medical institutions. In other words, gap in quality of medical services is occurring depending on one's economic power. It is usually the case that individuals, rather than the state, pay for expenses incurred from medical services in the process of treatment, hospitalization, surgery, and the purchase of medicine and medical supplies.⁹⁾ People pay in cigarettes for simple medical treatments or ultrasounds, but pay in cash, such as the yuan or the dollar, for surgeries. Thus, the fact that the accessibility of medical services is determined by a household's or individual's economic conditions and level is important to note in terms of the right to health. Those unable to pay are often denied proper treatment and medical benefits, which causes health care service gap to widen.

9) Wootae Lee *et al.*, *White Paper on Human Rights in North Korea 2022*, (Seoul: Korea Institute for National Institution, 2022), p. 271.

Figure II-4

North Korea's Tertiary Hospital Effectively Served Only for the Privileged Class¹⁰⁾



Although rudimentary medicine and medical supplies are provided free of charge in hospitals, patients usually pay for the majority of specialized medicine and medical supplies necessary for surgeries. When being admitted to a hospital, a patient is required to bring their own food and sleeping gear and pay for heating bills.¹¹⁾ One North Korean defector who defected in 2017 said that when he/she was treated in Pyongyang Medical University Hospital (central hospital) in 2015, he/she paid for medical expenses. Another North Korean defector who defected in 2019 stated that patients were told to go and buy medicine because the hospital did not have medicine in stock. The defector also said that ordinary people were usually told to buy antibiotics after the surgery while some high-ranking officials were given medicine provided from the UN. One North Korean defector who defected in 2020 testified that patients were

10) *Rodong Sinmun*, November 6, 2021. (Photo=*News1*)

11) Wootae Lee *et al.*, *White Paper on Human Rights in North Korea 2022*, p. 272.

told by hospitals to buy medicine themselves, and when they brought medicine purchased at the marketplace (*Jangmadang*) to a hospital, the doctor then administered it to the patient. Another North Korean defector who worked as a dentist up until 2018 testified that patients paid \$10 for a tooth extraction and \$20-\$100 for dental prosthetic treatment, and that for those unable to pay cash, they paid in cigarettes or bean sprouts for their treatment.

North Koreans consider material payment for medical services as a token of gratitude, a show of appreciation and etiquette rather than “bribery.” However, this payment is mandatory to some extent because North Koreans believe they would not receive quality medical services if they do not pay doctors. Due to the largely expanded marketization in the Kim Jong Un era, individual burden on medical services has further increased. For example, it is common practice to provide medical staff with some cash or treat them with meals for their trouble during treatment or surgery.)

One North Korean defector who defected in 2018 said that he/she paid 200 yuan to have his/her daughter hospitalized for an appendectomy in April 2018 and, additionally, he/she personally had to buy the gauze and medical gloves to be used in the hospital and provide firewood for heating. Another North Korean defector who defected in the same year testified that when he/she received an appendectomy in OO hospital located in Hyesan, he/she paid 50 yuan for the surgery and paid for all medicine, heating, and food expenses. Another North Korean defector who defected in 2019 testified that he/she visited an otolaryngologist twice for ear and head pain sometime in July and August 2019 and did not pay for the treatment on his/her first visit, but paid 3,000 North Korean won as a token of gratitude on his/her second visit. According to the testifier, the doctor told him/her first that he/she must show some appreciation. A North Korean defector who defected in 2018 said that even though hospital treatment is free of charge, one needs to give cigarettes or

5~10 yuan to the doctor for quicker treatment. Another North Korean defector who defected in 2019 testified that county-level hospitals are ill-equipped with medical facilities and people are forced to go to hospitals in other counties and cities or Pyongyang. The defector also said that people without money cannot receive medical treatment. One North Korean defector who defected in 2019 said that one needed to pay the surgeon 50 yuan for an appendicitis surgery, a common disease among children, and 100~200 yuan for big surgeries, like enterobrosia.

It can be viewed that individuals inevitably bear these costs as the state's support for medical institutions is insufficient, and medical personnel do not receive proper wages or rations. The absence of a medical insurance system, requiring individuals to fully bear the cost of medical services would inevitably lead to a decrease in vulnerable groups' access to medical services. In fact, it has been confirmed from defector testimonies that patients without money would suffer more and even die in the absence of medical services. Because of this, North Korean people tend to rely on private doctors for medical services due to the relatively lower economic burden compared to hospitals.

In fact, it has been confirmed from defector testimonies that patients without money would suffer more and even die as they do not receive medical services. One North Korean defector in his/her late 40s who defected in 2018 testified that a woman in her 40s who belonged to the same People's Unit (*inminban*) as they did, suffered from uterine cancer and died because she could not afford the medical cost of 300 yuan. One North Korean defector who defected in 2018 testified that one of his/her neighbors was a breast cancer patient, and she suffered and died as she could not visit the hospital or use medicines due to economic difficulties.¹²⁾

12) *Ibid.*, p. 274.

The accessibility of medical services significantly varies depending not only on economic ability but also on political and social status. The primary and secondary health care systems, which are used by ordinary residents, have largely collapsed, but medical treatment departments used by officials are operating relatively well. In fact, many testimonies mentioned that military hospitals and city/county hospitals have separate medical facilities reserved only for party officials and their family members. Mid- and high-ranking party officials, in particular, appear to have fairly easy access to tertiary and quaternary hospitals. A testifier who defected in 2018 claimed that there are medical treatment departments dedicated to Party officials, and doctors and nurses working there are selected based on their competency, looks and physique. Another North Korean defector who defected in 2019 testified that there are special inpatient rooms only for officials in city and provincial hospitals. North Korean who defected in 2019 testified that there were “medical care departments” called first medical care department, second medical care department, etc. in large hospitals such as city hospitals and provincial hospitals, where officials were treated. Another North Korean defector who defected in 2019 said that party officials who came to medical care departments personally brought high-quality North Korean medicines with them and received treatment. One North Korean defector who defected in 2019 testified that even hospital rooms were distributed depending on the class and status of patients and that medication from hospitals is administered to party officials or people with money free of charge but not to ordinary people who were told to buy medicine from the pharmacy themselves.

3. Accessibility to Medicine and Medical Supplies

Medical care institutions are meant to provide medicine and medical supplies to the North Korean people. The state system of providing these services, however, stopped functioning after the economic crisis of the 1990s. As a result, it has become commonplace for people to buy medicine and medical supplies on their own from private homes, private pharmacies, or *Jangmadang*:

Buying medicine and medical supplies privately is not difficult due to the prevalence of private doctors and pharmacies. Testimonies mentioned that rudimentary medicine and medical supplies, such as physiological salt solution and penicillin, were provided by hospitals. However, as stated above, it is not uncommon for hospitals to tell patients to buy medicine and medical supplies necessary for their treatment themselves. Many testimonies have reported that people were able to obtain not only North Korean-made medication but also foreign medicine made in China and South Korea through *Jangmadang*:

Such testimonies suggest that North Korea's health care authority has properly managed neither the official distribution network for medicine and medical supplies nor their safety and that as a result, medication is instead bought and sold through private homes and private pharmacies. Medicine and medical supplies were traded in markets up until the early 2000s but have been sold in markets and private pharmacies from the mid-2000s onwards.

One North Korean defector who defected in 2019 stated that medicine and medical supplies were lacking in hospitals but abundant in *Jangmadang* and that mostly cold medicine and digestive medicine were available, while Chinese-made or UN-provided medications were abundant. By contrast, another North Korean defector who defected the same year testified that one could buy medication in *Jangmadang* but pharmacies have a larger number of medicines in stock. The defector also said that medicines can be bought not

only in *Jangmadang* but also in private pharmacies. One North Korean nurse who defected in 2019 stated that private pharmacies are more frequently used due to their expertise and unreliability of the medication sold at *Jangmadang* and that people have easy access to private pharmacies as they are mostly located near hospitals.

The situation remains fairly precarious, as selling medicine and medical supplies through private pharmacies and *Jangmadang*, outside the safety controls and management of the health care authority, can pose a lethal risk to ordinary people's health.

III

Self-reliance (*Charkyok Kaengsaeng*) in Health Care Sector



III. Self-reliance (*Charkyok Kaengsaeng*) in Health Care Sector

1. Deterioration in the Quality of Public Health Care and Increasingly Common Private Medical Practices

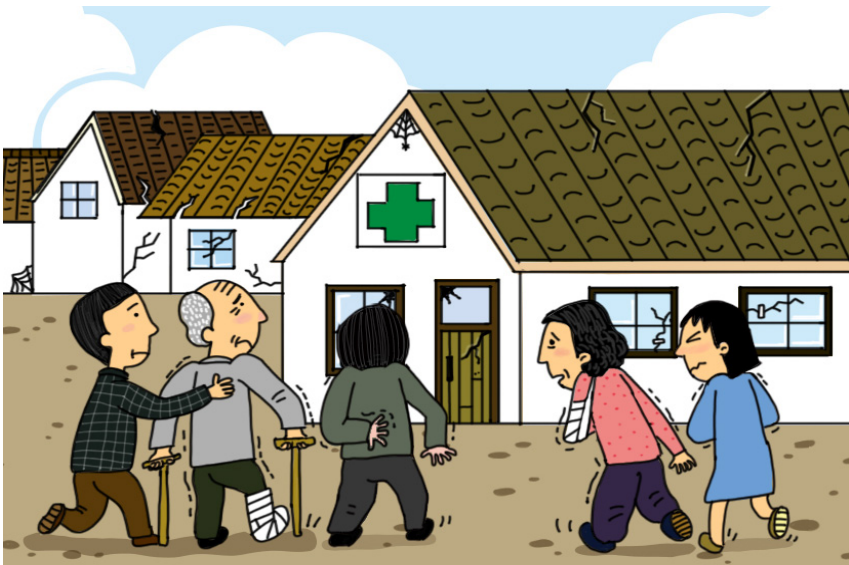
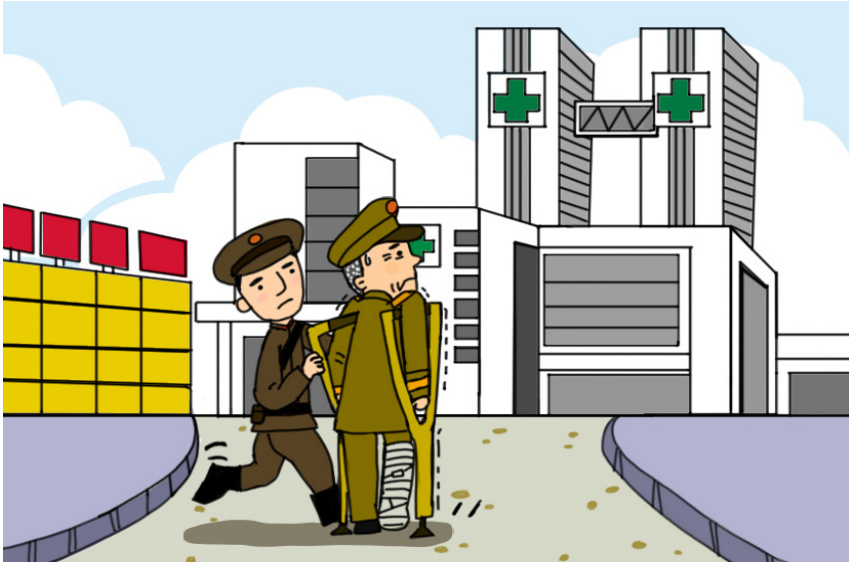
Despite the free medical care system in place, it appears from defector testimonies that North Koreans do not receive sufficient medical services at public medical facilities. The quality of medical services provided by medical personnel in public medical institutions is very poor. Medical workers in medical institutions are incompetent, and most medical facilities are either outdated or ill-equipped. Persistent economic woes since Kim Jong Un's reign have led to the collapse of the public health care system. Given the situation in medical institutions, North Korean people prefer to use private health care services. If it is not a serious condition that requires surgery, patients prefer to visit private doctors or pharmacies, which are more affordable and accessible in their neighborhood. When people are sick, need treatment or to buy medicine, they also commonly visit private doctors or retired doctors.

A North Korean defector who defected in 2019 testified that North Koreans do not go to the hospital unless they need surgery, and another North Korean defector who defected in 2019 also said he/she visited a private doctor for treatment when he/she was sick, and received a checkup, and purchased medicine from the private doctor. One North Korean defector who defected the same year said that highly skilled doctors open their own private clinics after retirement and that many women seek private doctors as contraceptive procedures are banned in official ob/gyns. Meanwhile, one North Korean defector who defected in 2018 testified that although private doctors are subject to a crackdowns by the North Korean regime, doctors with connections to the

Prosecutor's Offices and state safety agency can avoid such issues.

Figure III-1

Gap in Accessibility for Health Care Facilities
(General Hospital vs. Private Hospital)



North Koreans prefer to see private doctors because they distrust public medical institutions due to their ineptness or outdated medical equipment. One North Korean defector who used to work as a doctor in Pyongyang testified that North Korean doctors' arbitrary diagnoses, not based on science, have led to misdiagnoses and improper treatment, which in turn worsened patients' conditions. This is indicative of a widespread mistrust of doctors. In reality, there have been many instances of misdiagnosis or incorrect treatment in hospitals that have jeopardized patients' health. One North Korean defector who defected in 2019 said that one of his/her neighbors was diagnosed with tuberculosis when in fact the neighbor actually suffered from liver disease. The neighbor died after having been on the wrong medication for a month. One North Korean defector who defected in 2019 said that a teenage girl in his/her neighborhood with bad eyesight lost her sight after having been wrongfully diagnosed and receiving treatment and surgery from the city-hospital. Situations like this prompt North Korean people to seek private doctors, outside of the hospital system, to receive treatment and go to pharmacies to buy medication that doctors request. Sometimes, they go to *Jangmadang* or private pharmacies to buy medicine without resorting to a doctor.¹³⁾ Private doctors refer to those who illegally provide medical services at home. North Korean people tend to seek private doctors for medical treatment as they deem them to be more skilled in treating patients than hospital doctors.

A North Korean defector who defected in 2019 testified that his/her father ran a private clinic, and he was so skilled that sometimes he cured illnesses that could not have been treated even at hospitals. The testifier said that people in the neighborhood came to his/her father instead of visiting a hospital. A North Korean defector who defected in 2019 testified that she went to a maternity hospital due to bloody vaginal discharge around 2015, and was diagnosed with

13) Wootae Lee *et al.*, *White Paper on Human Rights in North Korea 2022*, pp. 273-274.

pregnancy and prescribed antibiotics even though she had menstruated several days prior. The testifier said that she lost trust in hospitals and rarely visited them after that. As such, there have been many instances of misdiagnosis or incorrect treatment in hospitals that jeopardize patients' health.

A North Korean who worked as a nurse and defected in 2019 testified that doctors a lot of clinical experience leave their title at the hospital and treat patients at home, where they were paid for their services. Patients came to them via word of mouth.

In particular, residents do not have much trust in North Korea's medical personnel. In the Kim Jong Un era, the North Korean government's failure to systematically train and educate medical personnel seems to be a factor. The North Korean regime has claimed to have a free medical care system and stressed that medical personnel should provide 'sincere care.'¹⁴⁾ As medical personnel are not properly rewarded for their medical practice by the state, many doctors demand financial rewards from patients. This is a primary reason for the prevalence of bribes.

14) Kim Jong Un gave the instruction that "Sincerity is the spiritual and moral appearance that medical workers should have who are responsible for people's life and health." "Sincerity is the best medicine," *Rodong Sinmun*, January 24, 2018.

Table III-1 Education & Training Institutions and Periods for Medical Personnel¹⁵⁾

Classification	Medical Personnel	Training Institutions	Training Periods
First Class Medical Workers	Doctor	Clinical Medicine Department, Medical School	5 Years, 6 Months
		Specialized Department, Medical School	7 Years
		Telecommunications Department, Medical School	6 Years
	Dentist	Dentistry Department, Medical School	5 Years, 6 Months
	Koryo Doctor (Oriental Medicine doctor)	Koryo Medicine (Oriental Medicine) Department, Medical School	5 Years, 6 Months
	Hygiene Doctor	Department of Hygiene, Medical School	5 Years
	Sports Doctor	Sports Medicine Department, Medical School	5 Years, 6 Months
Mid-Level Medical Workers	Pharmacist	Department of Pharmacy, Medical School & Pharmaceutical College	5~6 Years
	Physician Assistant	Department of Preclinical Medicine, Specialized Medical School	3 Years
	Prosthetist	Oral Department, Specialized Medical School	2~3 Years
	Midwife	OB/GYN Department, Specialized Medical School	3 Years
Assistant-Level Medical Workers	Dispenser	Department of Pharmaceutical Sciences, Specialized Medical School	3 Years
		Nurses' Training School, Medical School	6 Months
	Nurse	Nursing School, Medical School	2 Years

15) The North Korea Information Portal, Ministry of Unification, "Training medical and health care personnel," <<https://nkinfo.unikorea.go.kr/nkp/overview/nkOverview.do>> (Accessed March 9, 2023).

A North Korean defector who defected in 2019 testified that hospital doctors are poorly skilled as there is nothing given to them by the state and that many people go to private doctors because they have better skills. The testifier also said he/she believes nurses working at hospitals are also poorly skilled. Another North Korean defector who defected in 2019 testified that people's confidence in doctors' skills is low in North Korea, saying that even if one goes to medical school, he/she is often mobilized for weeding, so they think that education at medical school is provided as a mere formality to the extent that some people even purchase medical degrees. Indeed, one North Korean defector who defected in 2019 after working as a nurse testified that nursing schools are usually two years, but since the number of nurses is insufficient, a six-month short-term course is provided, and the testifier also became a nurse through this course.

2. Increasing Trend of Self-Reliance among North Koreans

As the official North Korean medical system is disorganized, North Korean residents tend to seek self-reliance, such as relying heavily on private medical services, as previously discussed. Under the free medical care system, medical institutions are supposed to provide medicine free of charge, but the drug supply system has not functioned properly since the economic crisis. Thus, it has become commonplace for North Koreans to buy medicine from private homes and pharmacies. Given the situation in medical institutions, North Korean people prefer to take care of their illness with their own methods rather than visit hospitals. These methods include visiting private doctors to receive treatment and purchasing and taking medicine from pharmacies referred to by those doctors, or conducting self-diagnosis and purchasing and taking medicine

from marketplaces (*jangmadang*) or private pharmacies. This trend is closely linked to the phenomenon of income stratification as marketization in North Korea spreads in the Kim Jong Un era.

A North Korean defector who defected in 2019 testified that since he/she could not afford to go to the clinic, he/she would visit a quack doctor and a pharmacy with the doctor's diagnosis to buy medicine or would treat himself/herself by buying medicine at a private pharmacy. Another North Korean defector who defected in the same year testified that he/she usually went to a hospital when he/she was sick, but only received the diagnosis from the hospital and went to a pharmacy to buy medicine and treat himself/herself. One North Korean defector who defected in 2019 testified that his/her father operated a private clinic and cured patients misdiagnosed with incurable diseases by a hospital and that many villagers came to his/her father for medical treatment instead of going to a hospital. Another North Korean defector who defected in the same year said that his/her uncle was a doctor working in a mining village so people didn't go to a hospital and instead received the diagnosis and treatment from him directly.¹⁶⁾

The North Korean regime has continued to engage in pro-hygiene propaganda (see Figure), but folk remedies and medicine sellers are relied upon more widely for general knowledge and information on diseases rather than medical care institutions. Taking medicine based on a self-diagnosis incurs a high medical risk. One North Korean defector who defected in 2019 said that he/she made his/her own medicines, such as digestive medicine, and that he/she bought and prescribed his/her mother musk for her brain hemorrhage.

16) Wootae Lee *et al.*, *White Paper on Human Rights in North Korea 2022*, pp. 278-280.

Figure III-2

Quarantine Education in Gyeongju General Clinics,
Central District, Pyongyang¹⁷⁾



However, private medical services could pose a threat to people's health, especially when an unlicensed person is involved in illegal medical practices, such as treating patients or selling medicine and medical supplies. A defector in his/her 50s who had lived in Hyesan and defected in 2019 testified that his/her daughter, who did not graduate from medical school, treated patients at home after learning skills from another person for 700,000 won. One North Korean defector who defected in 2015 testified that private pharmacies were run by those with money rather than those with expertise. The testifier also reported that in 2014, a person received a prescription from the 2nd People's Hospital in Hyesan, and a pharmacy run by an MPS officer's wife accidentally gave out the wrong medicine, which ended up killing the person. There were testimonies that crackdown on medical practices and medicine sales by unqualified persons have increased or strengthened in recent years. It remains doubtful how effective such crack-down measures will be when the discrimination exists over the accessibility to public health care facilities and medical services.

17) *Rodong Sinmun*, August 23, 2022. (Photo=News1).

3. Serious Drug Misuse and Abuse

In addition, it seems that North Korean people continuously tend to misuse and abuse drugs, such as crystal meth, typically referred to as “*bingdu*” and opium for treatment purposes based on incorrect medical knowledge. A number of North Korean defectors who have recently defected testified that drug use is prevalent in North Korean society. Possessing drugs is prohibited by the North Korean regime as stipulated in related legislation, such as the Medicine Control Law and the Law on the Management of Drugs, but as misinformation about how drugs (*bingdu*-crystal meth) and opium are effective for treating diseases becomes widespread among the public, those drugs are frequently used.

A North Korean defector in his/her 20s who defected in 2019 testified that his/her father had kidney disease, and he used opium once or twice a month when the pain was too severe. The testifier said drugs (*bingdu*) are used not only as painkillers but also for skincare purposes. One North Korean defector who defected in 2018 said that her spouse was suffering from bronchiectasis and used opium as medicine. One North Korean defector who defected in 2019 testified that her spouse used drugs (*bingdu*) because her husband showed the symptoms of cerebral thrombosis.

A North Korean defector who defected in 2019 testified that North Koreans use drugs (*bingdu*) as antibiotics and opium as painkillers without thinking that they could be addicted to these drugs. Another North Korean defector who defected in 2019 testified that many families grow a small amount of poppy as a substitute for medicine, and that many people in their 50s or older believe that it is good for them to use opium once a month to prevent brain diseases. The testifier also said that in his/her neighborhood, drug (*bingdu*) use was so common that 70~80% of people had experienced drug (*bingdu*) at least once.

Drugs (*bingdu*) are also being used not for treatment purpose but as a stimulant or for recreational purposes. One North Korean defector who defected in 2017 testified that drivers who often work at night or police officers use drugs (*bingdu*) as a stimulant and that they once witnessed children doing drugs (*bingdu*) with their parents.

Table III-2 A Testimony on Opium¹⁸⁾

I took too many opium shots at that time and became so addicted that I stopped caring if there was no food at home or fuel for the stove. The addiction was so bad that I even decided to sell my iron pot to pay for opium.

Due to my severe opium addiction, I went insane. My opium lenders were lining up at my house, demanding cash. Scenes like this are not unusual at all.

Now that crystal meth (*bingdu*) is costly, not many people are able to afford it. Opium is more affordable so there are mostly opium addicts.

If you think about it, it's extremely difficult for people to function when sober, which is why they turn to drugs for comfort. The world we live in is incredibly miserable.

The use of drugs is encouraged not only by ordinary residents but also by some private doctors. One North Korean defector who defected in 2018 testified that his/her heart was failing so badly to the extent that he/she couldn't breathe normally after he/she came out of a reeducation camp, and that a private doctor catharized his/her skin with moxa saying that an opium injection would cure the symptoms.

18) Testimony of North Korean defector, February 2023.

Figure III-3 North Korean Residents Inhaling Opium



One North Korean defector who defected in 2016 testified that opium was planted without state permission in 2016 and used by the elderly to treat cerebral thrombosis or strokes. The defector also stated that the Prosecutors Office cracked down on opium plantations in 2015 and ordered a punishment of one-month labor training camp for those operating them. One North Korean defector who defected in 2019 said that opium, not *bingdu*, was more widely used in their residential area and that some households sold opium in secret and that the punishment was harsh for those caught, but bribes would allow them to avoid punishment.

As such, the severity of drug abuse in North Korea is also manifested in recently adopted legislation. Four provisions in North Korea's criminal law defined narcotic crimes in 2015, two of which can lead to the death penalty. A

revised criminal law of 2022, however, increases the substances subject to narcotic crimes to eight, three of which can lead to the death penalty. Prior to that revision, North Korea adopted the ‘Law on the Prevention of Drug-Related Crimes’ in July 2021. This law defines criminal liability for narcotic crimes in 20 provisions, four of which can lead to the death penalty, marking the toughening punishment for drug use.¹⁹⁾

Table III-3

Comparison of Drug Crime Articles in North Korea’s Criminal Law²⁰⁾

Criminal law (Jul. 22, 2015)	Criminal law (May 17, 2022)
Article 130 (Violation of Order of Storage and Supply of Drugs, Poisons and Explosives) In severe cases, he/she shall be sentenced to correctional labor punishment less than 3 years.	Article 231 (Loss of drugs) In severe cases, he/she shall be sentenced to correctional labor punishment from 3 to 5 years.
	Article 232 (Illegal Supply of Drugs) A person who illegally supplies a large quantity of drugs shall be sentenced to correctional labor punishment from 5 to 10 years.
	Article 236 (Illegal Storage of Drugs) In severe cases, he/she shall be sentenced to correctional labor punishment from 5 to 10 years.
Article 206 (Illegal Opium Cultivation and Manufacture of Drugs) In severe cases, he/she shall be sentenced to unlimited-term correctional labor punishment or the death penalty	Article 233 (Illegal Cultivation of Poppy plants) A person who illegally cultivates a large number of poppy plants shall be sentenced to correctional labor punishment less than 5 years.

19) Kyu-Chang Lee, “Analysis and Evaluation of DPRK Human Rights Trends around 2020 - Focused on law enactment -,” KINU Online Series CO23-06 (February 22, 2023), pp. 5-6.

20) Kyu-Chang Lee, “Analysis and Evaluation of DPRK Human Rights Trends around 2020 - Focused on law enactment -,” recited from p. 5. Colored-block and bold font mark a highlight by the author.

Criminal law (Jul. 22, 2015)	Criminal law (May 17, 2022)
	<p>Article 234 (Illegal Gathering of Opium) A person who illegally gathers an extremely large amount of opium shall be sentenced to unlimited-term correctional labor punishment or the death penalty and confiscation of property.</p> <p>Article 235 (Illegal Manufacture of Drug) A person who illegally manufactures an extremely large amount of opium shall be sentenced to unlimited-term correctional labor punishment or death penalty and confiscation of property.</p>
Article 207 (Illegal Drug Use) In severe cases, he/she shall be sentenced to correctional labor punishment less than 5 years.	Article 238 (Illegal Use of Drug) In grave cases, he/she shall be sentenced to correctional labor punishment less than 5 years.
Article 208 (Smuggling and Trade of Drugs) In particularly severe cases, he/she shall be sentenced to unlimited-term correctional labor punishment or death penalty	Article 237 (Smuggling and Trade of Drugs) A person who illegally smuggles or trades an extremely large amount of opium shall be sentenced to unlimited-term correctional labor punishment or the death penalty and confiscation of property.

IV

Disaster and North Korean Residents' Right to Health



IV. Disaster and North Korean Residents' Right to Health

1. Impact of Disaster on People's Lives

North Korea views disasters as a major impediment to national growth and development. Kim Jong Un, after he came into power, appeared determined to lessen disaster-related damage by emphasizing scientific and technological development.²¹⁾ These efforts have led to the adoption of relevant legislation. North Korea adopted the Disaster Prevention and Rescue and Recovery Act in June 27, 2014. Before the adoption of this law, the authority over and liability for disasters was decentralized to relevant organizations depending on the type of disaster. This legislation not only incorporated the decentralized aspects but also reflected an understanding and concept of disasters drawn from the international community.

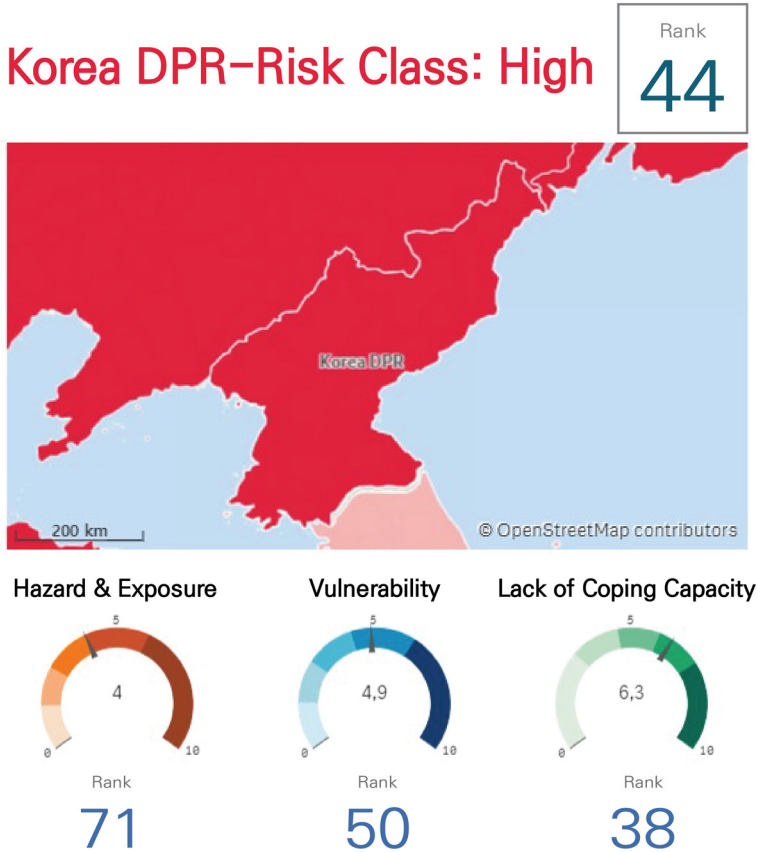
After coming into power, Kim Jong Un has called on the international community for support and cooperation while acknowledging the regime's lack of disaster response capabilities. North Korea submitted 'National Strategy for Disaster Risk Reduction 2019-2030'²²⁾ and presented yearly disasters as a hindrance to North Korea's sustainable development in July 2021 through the Voluntary National Review.²³⁾

Although the North Korean regime has underscored the importance of effective response to disasters, a lack of sufficient response capabilities has negatively affected various basic human rights including the right to health.

21) "Proud Achievements Earned through Realizing the Scientific Weather Forecast," *Rodong Sinmun*, May 23, 2016.

22) DPRK, *National Strategy for Disaster Risk Reduction 2019-2030* (2019).

23) DPRK, *Democratic People's Republic of Korea Voluntary National Review on the Implication of the 2030 Agenda for the Sustainable Development* (2021), p. 6, p. 13, p. 15.

Figure IV-1 North Korea's Crisis Management Indicator in 2022²⁴⁾

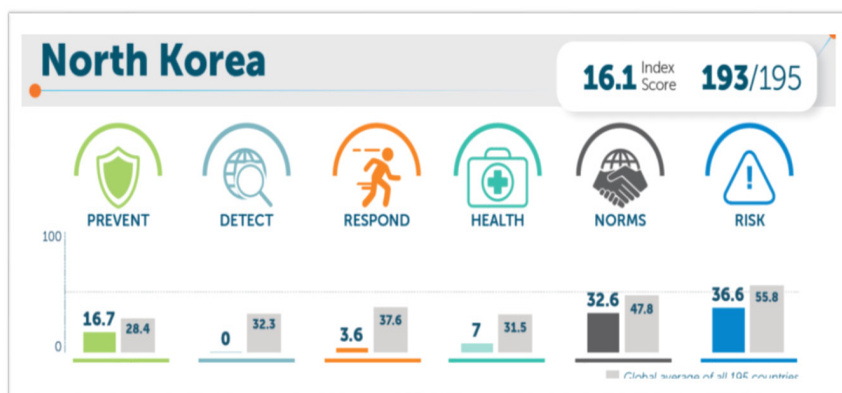
North Korea's Crisis Management Indicator in 2022 suggested that its crisis management capabilities are extremely vulnerable. The Crisis Management Indicator provides indices for humanitarian crises and the coping capacity for disasters in each country. North Korea is ranked 44th out of a total of 191 countries. A 'Lack of Coping Capacity', in particular, scored 6.3, marking 38th

24) INFORM, *INFORM RISK COUNTRY PROFILE 2022 SCORES: North Korea*, <<https://web.jrc.ec.europa.eu/dashboard/INFORMRISK/?no-header=1&v-vISO3=AFG&no-scroll=1>> (Accessed March 11, 2023).

from bottom. Although this score was an improvement from the pre-2019 era, the coping capacity for disasters remains poor.

North Korea's coping capacity for infectious diseases and social disasters also indicates that the regime has not sufficiently protected people's right to health and right to life. The Global Health Security Index compiled by NTI ranks North Korea 193rd out of 195 countries²⁵⁾ with six measurement indicators — Prevent, Detect, Respond, Health, Norms, and Risk — all falling short of the global average. It also shows that the coping capacity of North Korea's health care sector has become increasingly fragile after the COVID-19 pandemic.

Figure IV-2 Global Health Security Index in 2021²⁶⁾



The North Korean regime provided relief measures to residents in case of disaster outbreak, but a dearth of sufficient resources has prevented the state from properly responding to these disasters. North Korea's low resilience for disasters makes it hard for its people to enjoy a healthy and safe life as well as basic human rights, such as the right to food and the right to labor.

25) The rankings stayed the same compared to 2019, but the evaluation score decreased from 17.5 to 16.1 point. NTI, *GHS INDEX: Global Health Security Index* (NTI, 2019), p. 245.

26) NTI, *GHS INDEX: Global Health Security Index* (NTI, 2021), p. 193.

When disasters break out in North Korea, the regime provides some level of emergency relief, such as providing shelters and relief goods to victims. However, the regime also mobilizes residents into labor for damage restoration or forces people to give out their own resources and goods for disaster relief. Varying degrees of state relief measures, depending on the types of disaster and damaged areas, has significantly impacted people's life. Insufficient countermeasures of the state appear to force residents into coping with disasters on their own.

One North Korean defector who defected in 2019 said that prolonged droughts had caused damage but the regime did not do anything and that children were forced to finish school early in the morning to bring water to farming villages in the afternoon. One North Korean defector who defected in 2018 said that there were organizational mobilizations of labor to support the farming village if droughts or the rainy season caused damage. Even students were mobilized into supporting farming villages, such as watering when droughts hit the village or scraping weeds when they grew out of control. As these testimonies confirm, children, by being mobilized for disaster recovery, have been unable to enjoy the right to education.

The regime, nevertheless, provides relief measures, such as offering shelters, food, and basic necessities for the damaged areas if the exact damaged area is confirmed and the scale of the flood damage requires urgent aid. One North Korean defector who defected in 2018 testified that when flood damage broke out in 2017 in Wonsan, the state provided residential buildings (*Salimjip*) free of charge. Another North Korean defector who defected in 2017 said that they were given a ration of 5kg of noodles and rice when massive-scale flood damage occurred in July 2012. One North Korean defector who defected in 2019 also said that he/she had heard that the regime constructed *Salimjips*, rationed food, and provided living tools to people when flood damage struck North

Hamgyeong Province in 2016. A North Korean defector who defected in 2019 testified that the head of the People's Unit (*inminban*) mobilized people and made an individual appeal to people to chip in for flood damage and that the list of contributors' name was written and carried over to the neighborhood (*dong*-administrative division) after the voluntary contributions (or assistance), such as cash, were collected.

Meanwhile, the Kim Jong Un regime has increasingly utilized disaster outbreaks as an opportunity to secure people's support for the regime after it took power. The regime rolling up its sleeves to respond to damages caused by disasters has been used as a political tool to enhance Kim Jong Un's public image as a 'people-loving leader.'

Figure IV-3 Kim Jong un Inspecting Flood-damaged Areas²⁷⁾



27) Korean Central Television KCTV, August 7, 2020.

As North Korea, confronted with a lack of resources, has forced its residents into non-voluntary participation, such as labor mobilization for damage recovery, North Korean people's right to property and labor rights have been infringed upon. One North Korean defector who defected in 2019 reported that when flood damage occurred in Musan-gun, North Hamgyong province, the military was mobilized and that the defector participated in flood damage recovery activities. One North Korean defector who defected in 2020 testified that South and North Hamgyong province are the most flood-prone areas and that whenever such floods occurred, enterprises selected and dispatched people for recovery activities who helped build houses when houses were demolished.

Disasters have negatively affected people's freedom of movement and residence. The North Korean regime bans resident's free movement in case of important social disaster, such as the outbreak of infectious diseases. After the confirmed cases of COVID-19, North Korea promptly shut down its borders in January 2020 and imposed a thorough control on human and material exchanges. In April the same year, North Korea revised the 'Law on Prevention of Infectious Diseases' classifying the emergency quarantine levels into the first degree, special degree, and super degree. The regime adopted the Emergency Quarantine Law in August 22 by separating emergency quarantine for infectious disease management. Article 69 of the 'Law on Prevention of Infectious Diseases' stipulates that those who committed extreme violations of orders, directives, decisions, directions and implementation for emergency quarantine projects, could face sentences up to the death penalty,²⁸⁾ demonstrating the regime's thorough control on people's right to movement.

28) The Emergency Quarantine Law had been amended and supplemented four times up until May 31, 2022 after its adoption in August 22, 2020. Article 69, *The Emergency Quarantine Law*, Collection of Current Acts and Regulations of North Korea 下, (National Intelligence Service, 2022), p.822.

Table IV-1

Death Penalty Provisions under the Emergency Quarantine Law of North Korea

Emergency Quarantine Law (newly enacted on 22 Aug. 2020)		Emergency Quarantine Law (revised on 19 Oct. 2021)	
Neglect of execution of any order, ordinance, decision or direction on emergency quarantine measures (Article 65)	Unlimited-term correctional labor punishment or death penalty for any extremely serious violation	Neglect of execution of any order, ordinance, decision or direction on emergency quarantine measures (Article 69)	Unlimited-term correctional labor punishment or death penalty for any extremely serious violation
Neglect of execution of national, land, sea and air border closures (Article 68)	Unlimited-term correctional labor punishment or death penalty for any extremely serious violation	Neglect of execution of national, land, sea and air border closures (Article 72)	
		Obstruction of emergency quarantine measures (Article 73)	

One North Korean defector who defected in 2021 testified that the North Korean regime closed customs and blocked incoming movement in response to the corona virus. He/she heard that the regime imposed a strict crackdown and controls to stem the spread of COVID-19 and that all North Korean companies based in China withdrew their operations to North Korea and that people who had been close to China were quarantined for 45 days.

Economic difficulties have been aggravated by state control measures to block the spread of the pandemic, but neither the state nor the Party has appeared to provide any kind of support to people in dire need of help. One North Korean defector who defected in 2021 testified that they endured economic difficulties after COVID-19 and lived off of their savings while the price of rice went from 3,500 to 4,000 North Korean won and the price of goods

imported from China doubled or tripled. The testifier said that the price of pork doubled, battery prices went up five-fold, and the price of domestic red pepper powder and imported condiments also increased.²⁹⁾

2. The Impact of COVID-19 on right to health

While COVID-19 had an impact on society as a whole, including North Korea's politics, society, and culture, it has had a particularly significant impact on North Koreans in terms of their right to health. One of the key pillars of North Korea's health care system is the preventive medical system. The authorities protect citizens' lives by preventing diseases before they break out, and carry out various health care projects such as quarantine and hygiene education, prioritizing the prevention of diseases rather than treatment afterwards. However, preventive medicine is not working properly in North Korean society due to the collapse of the medical system driven by deepening economic woes and the unexpected outbreak of the COVID-19 pandemic in 2020. As part of its disease control efforts inside the country, the DPRK revised the Law on Prevention of Infectious Diseases (22 August 2020) and enacted the Emergency Quarantine Law (22 August 2020) to restrict citizens' movements and take quarantine measures. Such measures have not only had detrimental effects on North Korean citizens' right to life, right to liberty and security of persons, and freedom of movement and residence but also deteriorated their humanitarian situation regarding their rights to health and food, as well as the human rights of vulnerable groups.

The risks posed by COVID-19 have prompted North Korea to codify effective counter-measures to infectious diseases in more targeted legislation. Article 27 of Public Health Law, adopted in April 1980, was the only provision

29) Wootae Lee et al., *White Paper on Human Rights in North Korea 2022*, pp. 565-566.

that covered the prevention of infectious diseases. However, the Unwritten Law stipulating projects around infectious disease prevention was codified with the adoption of the Law on Prevention of Infectious Diseases in November 1997. Initially, this law addressed stated emergency quarantine measures in multiple scattered provisions, but after the outbreak of COVID-19, the Law on Prevention of Infectious Diseases was amended and supplemented by adding a separate chapter on emergency quarantine in March 2020. In August 2020, the Emergency Quarantine Law was adopted with provisions that imposed a duty on citizens to adhere to quarantine regulations.

Figure IV-4 North Korea's COVID-19 Quarantine Poster³⁰⁾



Although North Korea imposed a strict border closure after the outbreak of COVID-19, it reported confirmed cases of COVID-19 infection in May 12, 2022.³¹⁾ It remains unclear, however, whether those confirmed cases were actually

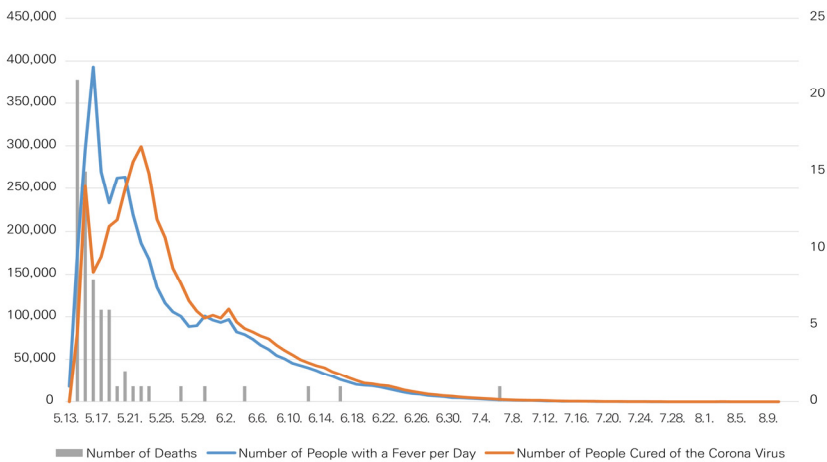
30) *Rodong Sinmun*, May 23, 2022.

31) One North Korean defector who came to Korea in 2020 said that before the official announcement of confirmed cases, there were people who already died or were infected with the corona virus in his/her residential areas.

patients diagnosed with COVID-19 infections. Kim Jong Un defined the corona virus outbreak as a ‘turmoil unprecedented in history’ and established the maximum emergency epidemic prevention system. North Korea announced at an Emergency Quarantine Conference on August 10 that the country had won the fight against COVID-19 through quarantine. North Korea reported that only a total of 74 people had died due to the corona virus, but this number can hardly be taken at face value. The reality of the health care situation in North Korea indicates that there is a possibility of the second- and third-wave spread of COVID-19. Chairman Kim Jong Un's administrative speech at the seventh session of the 14th Supreme People's Assembly in September 8, the same year, emphasized the importance of responsibly administering the vaccination, which was deemed to be necessary to prepare for the possible resurgence of the corona virus pandemic when border closures were no longer viable.

Figure IV-5

Daily Outbreak of COVID-19 Analyzed through North Korea's Media Reporting³²⁾



32) Written by the author based on materials from the website of the Korea Institute for National Unification (“The Current Status of COVID-19 in North Korea”), <<https://kinu.or.kr/cms/content/view/938>>, (Accessed September 17, 2022).

However, there was a testimony that corona virus cases occurred before the official announcement by state media. One North Korean defector who used to work as a nurse said that there were COVID-19 patients long before the regime's official announcement. The defector testified that their family members were sick from the virus and many villagers suffered from high fevers. The testifier also heard that one of the kids in his/her neighborhood died from a high fever. Despite this reality, the North Korean regime adamantly refused outside assistance in response to COVID-19.

Table IV-2 A Testimony on Covid-19 and Opium³³⁾

Now, the corona virus is everywhere. When a test is performed, everyone tests positive.

Even if people catch the virus, the majority of households cannot afford to purchase medication. Antibiotics themselves are so expensive that people don't even think about taking medicine and instead bear the brunt of the pain. Opium is frequently used as medication due to the dire circumstances. Both adults and children resort to opium.

In the Hyesan region, a person that had starved to death was discovered in January. I no longer find it shocking when I see a dead body.

Now that so many people are dying from disease, starvation, or freezing, I have grown accustomed to witnessing countless people die.

The regime's refusal for outside support and insistence on imposing border closures have made it increasingly difficult to procure the vaccines necessary to treat various infectious diseases prevalent in North Korea, making residents' health conditions much more vulnerable.

COVID-19 has affected the right to health of North Korean citizens. The North Korean regime, immediately after the COVID-19 outbreak, announced that it is important to apply 'Koryo Medicine (Oriental Medicine)' to treat

33) Testimony of North Korean defector, January 2023.

September 2022, North Korean leader Kim Jong Un, who had declared victory in the country's quarantine battle against COVID-19 on August 10, 2022, announced through an administrative speech that the authorities would administer vaccination with a sense of responsibility. This actually hints at the possibility of the further spread of the virus in North Korea. RFA reported that on September 23, North Korean authorities started vaccinating those living near border regions with Chinese-made vaccines. Following the announcement, the National Intelligence Service of Korea reported to the National Assembly Intelligence Committee on 28 September 2022 that North Korea had conducted large-scale vaccinations in some parts of border areas.³⁵⁾ However, the spokesperson for GAVI has reportedly said that there has been no official request for the supply of COVID-19 vaccines to the COVID-19 Vaccines Global Access (hereinafter COVAX). Considering these conflicting statements, the vaccination rate is presumed to remain very low even though North Korea did implement vaccinations.

In addition to COVID-19, the North Korean authorities are also to blame for the deteriorating humanitarian situation in the DPRK. They refused the vaccine and other humanitarian support offers from international humanitarian groups and organizations. In their resolutions on human rights in North Korea adopted after the outbreak of COVID-19, the UN Human Rights Council and the General Assembly recommended that North Korea allow humanitarian organizations to resume their activities by reopening its national borders and cooperate with COVAX.³⁶⁾

Of note upon the outbreak of the pandemic is that the number of vaccinations for children has significantly decreased. Insufficient vaccination in

35) "North Korea used to "refuse the help from the Red Cross," but...in reality, it has vaccinated people with Chinese-made vaccines?" *Money Today*, October 18, 2022. <https://news.mt.co.kr/mtview.php?no=2022101813502841708> (Accessed March 6, 2023).

36) UN Doc. A/HRC/RES/49/22 (11 April 2022), para. 2; UN Doc. A/RES/76/177 (January 10, 2022), para. 18.

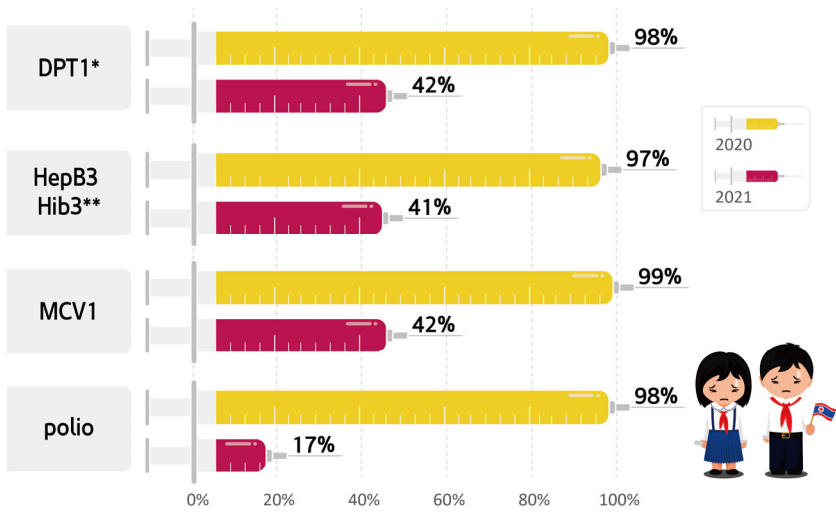
childhood due to the COVID-19 border closure would expose children to various diseases in the process of growth, adversely affecting their health going forward.

It appears that the vaccination of young children went relatively well in North Korea before the COVID-19 pandemic broke out. One North Korean defector who defected in 2019 testified that his/her child was vaccinated in 2018–2019 against diseases such as polio, tuberculosis, hepatitis, measles and typhoid at a local clinic. The WHO also reported that the vaccination rate for children in North Korea was 96–98% as of 2019.³⁷⁾ However, as the border closure continued upon the outbreak of COVID-19, it has become more difficult for the North to procure vaccines, which led to a decrease in the vaccination rate of children. According to the WHO and UNICEF in 2022, North Korea's DPT1 vaccination rate to prevent diphtheria, whooping cough and tetanus plunged from 98% in 2020 to 42% in 2021, while the hepatitis B (HepB3) and *Haemophilus influenzae* type b (Hib3) immunization coverage also saw a sharp decrease from 97% to 41%, and the combined diphtheria, tetanus toxoid and pertussis (DTP3) coverage from 99% to 42%. The inactivated polio vaccination (IPV1) rate, which was 98% in 2020, drastically declined to 17% during the same period. The BCG vaccination for tuberculosis in children alone slightly went down from 99% to 95% during the same period.³⁸⁾

37) WHO, "WHO Vaccine-preventable Diseases: Monitoring System. 2020 Global Summary," 2020, <http://apps.who.int/immunization_monitoring/globalsummary> (Accessed January 15, 2020).

38) WHO, "Democratic People's Republic of Korea: WHO and UNICEF estimates of immunization coverage: 2021 revision," <https://cdn.who.int/media/docs/default-source/country-profiles/immunization/2022-country-profiles/immunization_prk_2022.pdf?sfvrsn=fb196045_3&download=true> (Accessed September 4, 2022).

Figure IV-7 Changes in Child Vaccination Rates after COVID-19



*DPT1: Diphtheria, Whooping cough, Tetanus

**HepB3: Hepatitis B, Hib3: Haemophilus influenzae type b

V

Conclusion



V. Conclusion

The right to health is significant because it is not only closely related to other basic human rights, such as the rights to food, housing, education, life and non-discrimination, but it is a prerequisite to enjoy those rights.

The North Korean health care system is largely based on the principles of free medical care, preventive medicine, and the District Doctor System, with a view to guaranteeing the right to health. The free medical care system, in particular, is a socialist welfare principle that North Korea takes pride in. North Korea emphasizes preventive medicine considering the conditions of health and medical infrastructure. Its health care system, however, was severely hit by the economic crisis of the 1990s. The public health care service stopped functioning as North Korea faced a lack of medical supplies and medicine and failed to properly train their medical personnel.

Existing legislation has been revised to address health-related issues, and other legislation has been newly adopted to counter changes in the external environment, such as COVID-19, after Kim Jong Un took power. Only after the Kim Jong Un era has North Korea bolstered its efforts to ensure the right to health at the institutional level through various measures.

North Korea has sought to restore its health care system by emphasizing the modernization of medical institutions, the improvement of medical service quality, and the establishment of a far-away medical care system (telemedicine) after Kim Jong Un came into power. However, the medical care services provided to residents have not substantially improved as the North Korean regime has turned a blind eye to people's suffering by refusing to accept external assistance amid worsening economic conditions caused by ongoing international sanctions. As a consequence, North Korean people have been

unable to enjoy the right to a healthy life.

One of the essential elements of the right to health is easy access to public health care facilities and services. The physical accessibility of medical care institutions in North Korea appears to be relatively sound when considering health care facilities and services. Although the number of clinics at the neighborhood (*dong*) and rural village (*ri*) level, which are the primary care providers in North Korea, is relatively low, they are usually located in regions that allow easy access for residents. However, people's ability to access secondary and tertiary hospitals is limited depending on their economic status. Although the North Korean regime claims to provide free medical treatment, in reality economic status determines who gets access to the medical institutions. In other words, a gap in the quality of medical services has emerged depending on an individual's economic power.

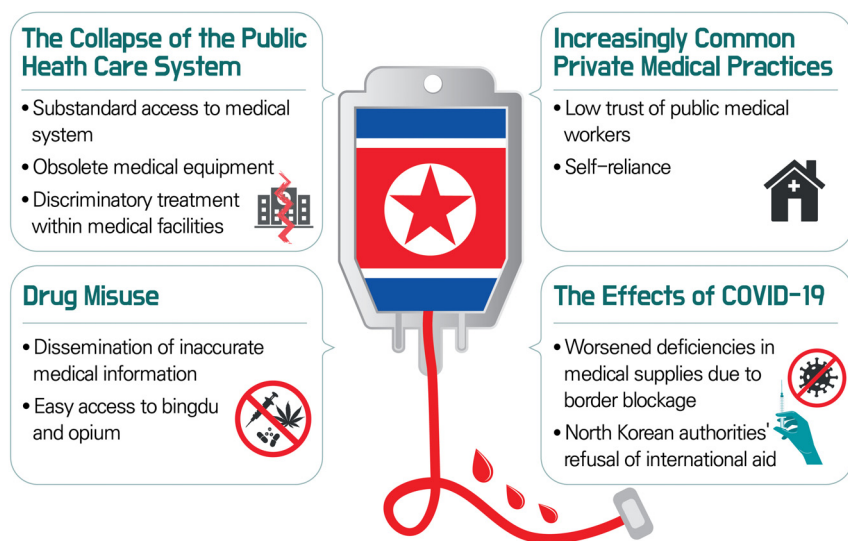
A lack of support for medical care institutions and insufficient rewards for medical personnel have forced North Korean residents to pay their own medical expenses. Forcing individuals to bear medical expenses will inevitably lead to lower accessibility, especially for vulnerable populations. Because of this, North Korean people tend to rely on private doctors for medical services due to their relatively lower economic burden compared to hospitals. North Korean residents also prefer private doctors over hospital doctors because they do not trust the public health care system due to a fundamental lack of skill of medical personnel and poor quality medical equipment.

As such, mistrust in the public health care system has pushed the residents into resorting to so-called 'self-reliance' or 'self-help' (*Charkyok Kaengsaeng*) characterized by a reliance on private medical services. This dependence has further deepened amid increasingly widespread marketization within North Korea, leading to a division along lines of income and class. In addition, the

private medical service, and in particular illegal medical practices such as unlicensed individuals performing medical procedures or selling medicine and medical supplies, pose a threat to public health.

Another serious issue is that North Korean residents misuse drugs, such as *bingdu* (crystal meth) and opium, due to improper medical knowledge. Although the North Korean regime has established legislation that stipulates strong punishments for the drug use that has deeply infiltrated North Korean society, drug use has become even more commonplace as misinformation has spread that *drug* (*bingdu*) and opium are effective for treating diseases.

Figure V-1 Reality of the Right to Health



The effect of COVID-19 on North Korea is far-reaching, encompassing politics, society, and culture, but its effect on the right to health is especially significant. North Korea, despite its inability to cope with the pandemic, has refused to accept humanitarian aid. Border shutdowns have worsened an

existing shortage of medical supplies, stripping people of their right to a healthy life. In particular, North Korea restricted movement and took quarantine measures by revising the Law on Prevention of Infectious Diseases and by enacting and revising the Emergency Quarantine Law. Such measures not only have detrimental effects on North Korean residents' right to life, right to liberty and security, and freedom of movement and residence, but have also deteriorated the humanitarian situation regarding the rights to health and food, as well as the human rights of vulnerable groups as a whole.