

Special Report

The Right to Health in North Korea

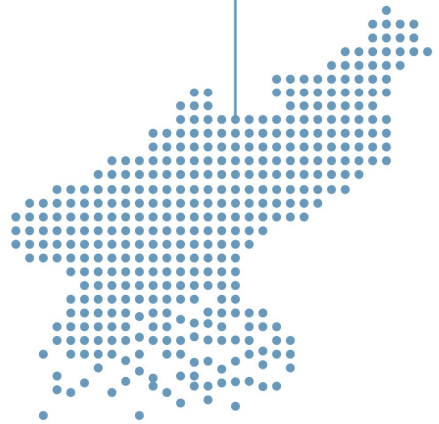


Special Report (2018.12.)

The Right to Health in North Korea

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I

Introduction

North Korean Socialist Constitution and the Public Health Law stipulate “a complete and comprehensive free health care.” North Korea has stressed the importance of public health programs as a means to “safeguard the life and promote the health of human beings, who are the master of nature and society and the most precious creatures in the world.”¹⁾ Along with free education, free healthcare has been considered evidence of its socialist regime’s superiority. The economic crisis that began in mid-90s, however, had a devastating effect on North Korea’s healthcare system. Free healthcare could no longer function when medicines and other supply shortages were coupled with a failure in the compensation system for health workers. As a response to the healthcare crisis, aid to North Korea has been continuously provided by the international community, including United Nations (UN) organizations. Today, North Korea faces various health-related challenges, from compromised immunization induced by chronic food supply and subpar drinking water and sanitary conditions to outdated medical facilities.

This study aims to find out the current condition of North Korea’s

1) Public Health Law, Article 1 (Nature of Public Health Programs), Public Health Law of the People’s Republic of Korea, adopted on April 3, 1980 by the Decision No. 5 of the Standing Meeting of the Supreme People’s Assembly. Amended in 1999, 2001, 2008 and 2012.

healthcare from the perspective of the right to health, followed by suggestions to enhance North Korean people's right to health. International organizations such as the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have released statistics on the country's health care situation in collaboration with North Korea's Central Bureau of Statistics. Also, the Korea Institute for National Unification (KINU) has surveyed North Korean defectors in South Korea on human right conditions in North Korea for its annual publication, the *White Paper on Human Rights in North Korea*. Concerning the right to health, the survey sought to reveal the medical services they experienced or witnessed in the North. In addition, this study analyzed healthcare-related articles that appeared in the *Rodong Sinmun* over the span of one year (October 2017~October 2018) to comprehend Pyongyang's latest healthcare-related policies.

Based on the above materials, this study investigates where the health rights of North Koreans stand. One of the main purposes of this study is how the country's healthcare-related statutes and institutions are implemented. To this end, This study looked at the reality of "comprehensive free healthcare." Also, it focused on maternal health and epidemic control, two areas under special attention concerning North Korea's healthcare. Admittedly, testimonies from a limited number of defectors alone are insufficient to conduct a methodical analysis of North Korea's healthcare system at large and its current situation. Defector interviews, however, are perhaps the most significant approach in terms of enabling outsiders to gain understanding of the reality of medical care inside the reclusive country in the current environment. It is a way to investigate areas that

have been missing in international institutions' reports on the subject. Given that 80% of North Korean defectors in the South are women, the survey might also be an appropriate means to explore the reality of maternal health. The study shed light on North Korea's medical care conditions because the right to health is one of the most crucial rights that should be promoted for North Korean residents. Being in good health is not just a key element in realizing each individual's happiness and dignity, but is also a critical factor in the society's productivity. In this context, this study will explore how the international community needs to cooperate with Pyongyang to enhance the right to health for the people in North Korea.



II

The Right to Health: Concept and Obligations of States



II

The Right to Health: Concept and Obligations of States

1. Concept of the Right to Health

Article 12 of the International Covenant on Economic, Social and Cultural Rights (hereinafter ICESCR) sets out the right to health as follows:

- “1. 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.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - (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;
 - (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.”

The ICESCR provides a more comprehensive definition of the right to health compared to the Universal Declaration of Human Rights

(UDHR), which only mentioned a standard of living adequate for the health. According to the Committee on Economic, Social and Cultural Rights (hereinafter CESCR), “highest attainable standard of physical and mental health” in Article 12, paragraph 1 of the ICESCR may not be limited to the right to health care.²⁾ In other words, the right to health mentioned in the ICESCR should be interpreted as a comprehensive right that embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and portable water and adequate sanitation, safe and healthy working conditions, and a healthy environment.³⁾

According to the CESCR’s suggestion, the right to health in all its forms and at all levels contains the following interrelated and essential elements: availability, accessibility, acceptability and quality.

〈Table II -1〉 Essential elements of the right to health⁴⁾

Availability	<p>Public health and health-care facilities, goods and services, as well as programmes, have to be available in sufficient quantity.</p> <ul style="list-style-type: none"> • This includes the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel and essential drugs.
Access-ability	<p>Health facilities, goods and services have to be accessible to everyone without discrimination.</p> <ul style="list-style-type: none"> • Non-discrimination: health facilities, goods and services must be accessible to all, especially the most vulnerable or marginalized sections of the population.

2) CESCR, General Comment No. 14 (2000), para. 4.

3) *Ibid.*

4) *Ibid.*, para. 12.

	<ul style="list-style-type: none"> • Physical accessibility: health facilities, goods and services must be within safe physical access for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. • Economic accessibility (affordability): health facilities, goods and services must be affordable for all. • Information accessibility: accessibility includes the right to seek, receive and impart information and ideas concerning health issues.
Acceptability	All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.
Quality	Health facilities, goods and services must also be scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation.

Meanwhile, Article 12.2 of the ICESCR provides guidance on what actions need to be taken by states to realize the right to health. From this provision, the CESCR drew the content of the right to health, which include the right to maternal, child and reproductive health⁵⁾; the right to healthy and natural workplace environments; the right to prevention, treatment and control of diseases; and the right to health facilities, goods and services.

⁵⁾ According to the Programme of Action adopted in the 1994 International Conference on Population and Development and the Beijing Declaration and Platform for Action adopted in the Fourth World Conference on Women in 1995, reproductive health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” Reproductive health concerns the capability to reproduce and the freedom to make informed free and responsible decision. It also includes access to a range of reproductive health information, goods, facilities and services.

〈Table II-2〉 Content of the right to health and required measures⁶⁾

Right	Measure
<p>The right to maternal, child and reproductive health</p>	<ul style="list-style-type: none"> • Measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information
<p>The right to healthy and natural workplace environments</p>	<ul style="list-style-type: none"> • Preventive measures in respect of occupational accidents and diseases; the requirement to ensure an adequate supply of safe and potable water and basic sanitation; the prevention and reduction of the population's exposure to harmful substances or other detrimental environmental conditions that directly or indirectly impact upon human health. • Minimization, so far as is reasonably practicable, of the causes of health hazards inherent in the working environment. • Adequate housing and safe and hygienic working conditions, an adequate supply of food and proper nutrition, and discourages the abuse of alcohol, and the use of tobacco, drugs and other harmful substances.
<p>The right to prevention, treatment and control of diseases</p>	<ul style="list-style-type: none"> • The establishment of prevention and education programmes for behaviour-related health concerns such as sexually transmitted diseases, in particular HIV/AIDS, and those adversely affecting sexual and reproductive health, and the promotion of social determinants of good health, such as environmental safety, education, economic development and gender equity. • The creation of a system of urgent medical care in cases of accidents, epidemics and similar health hazards, and the provision of disaster relief and humanitarian assistance in emergency situations.

⁶⁾ CESCR, General Comment No. 14 (2000), paras. 14-17.

The right to health facilities, goods and services

- The provision of equal and timely access to basic preventive, curative, rehabilitative health services and health education; regular screening programmes; appropriate treatment of prevalent diseases, illnesses, injuries and disabilities, preferably at community level; the provision of essential drugs; and appropriate mental health treatment and care.
- The improvement and furtherance of participation of the population in the provision of preventive and curative health services.

In addressing the right to health, the CESCR mentions a few subjects that require special attention, including women's right to health. The CESCR emphasized that realizing women's right to health requires the removal of all barriers interfering with their access to health services, education and information on sexual and reproductive health.⁷⁾ It is also important to undertake preventive, promotive and remedial action to shield women from the impact of harmful traditional cultural practices and norms that deny them their full reproductive rights.⁸⁾

2. Obligation of States

Article 2.1 of the ICESCR spells out obligations of State parties in implementing the Covenant as follows:

“Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization

7) *Ibid.*, para. 21.

8) *Ibid.*

of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.”

The ICESCR pursues a progressive realization and admits constraints posed by the limits of available resources. Still, the ICESCR also imposes obligations that take immediate effect. The immediate obligations in relation to the right to health include the guarantee that the right will be exercised without discrimination of any kind; the obligation to take steps towards the full realization of Article 12; and the obligation to prevent from taking retrogressive measures in relation to the right to health.⁹⁾

In analyzing each right, the CESCR have introduced three types or levels of obligations on States parties: the obligations to respect, protect and fulfil. The obligation to respect is to refrain from interfering with the enjoyment of the right. The obligation to protect is to prevent third parties from interfering with the enjoyment of the right. The obligation to fulfil is to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of economic, social and cultural rights.¹⁰⁾ The Committee clarified that the right to health, like all human rights covered by the Covenant, imposes the three types of obligations on States parties.¹¹⁾

According to the CESCR’s interpretation, State parties of the Covenant

9) *Ibid.*, paras. 30, 32.

10) Joo-Young Lee, “International Covenant on Economic, Social and Cultural Rights and North Korea’s Human Rights,” Center for North Korean Human Rights Research, KINU, ed., *North Korea’s Human Right from the Perspective of Economic, Social and Cultural Rights* (Seoul: KINU, 2017), p. 27. (in Korean)

11) CESCR, General Comment No. 14 (2000), para. 33.

have a minimum core obligation to ensure the satisfaction of, at the very least, minimum essential levels of rights in the Covenant. If a State Party claims it cannot fulfill the core obligation due to the limits of its available resources, the Party must prove that every effort has been made to use all resources at its disposition in order to satisfy those minimum obligations.¹²⁾ The following is the list of core and other priority obligations of equal importance regarding the right to health as suggested by the CESCR.

〈Table II -3〉 Core and priority obligations to the right to health¹³⁾

Core Obligations	<ul style="list-style-type: none"> • Ensure the right of access to health facilities, goods and services on a non-discriminatory basis; • Ensure access to the minimum essential food which is nutritionally adequate and safe to ensure freedom from hunger to everyone; • Ensure access to shelter, housing and sanitation and an adequate supply of safe drinking water; • Provide essential drugs; • Ensure equitable distribution of all health facilities, goods and services; • Adopt and implement a national public health strategy and plan of action that address health issues of the entire population based on evidence on epidemics.
Priority Obligations	<ul style="list-style-type: none"> • Ensure reproductive, maternal and child health care; • Provide immunization against major infectious diseases in the community; • Take measures to prevent, treat and control epidemic and endemic diseases; • Provide education and access to information on the main health problems; • Provide appropriate training for health personnel, including education on health and human rights.

¹²⁾ CESCR, General Comment No. 3 (1990), para. 10.

¹³⁾ CESCR, General Comment No. 14 (2000), paras. 43-44.

A state cannot justify its non-compliance with the core obligations.¹⁴⁾ If the realization of the right to health is completely left at the discretion of States, including how and under what priorities, the protection of the right may be may compromised. Thus, spelling out the core and priority obligations can contribute to the fulfillment of the right.¹⁵⁾

Meanwhile, Article 2.1 of the ICESCR includes “through international assistance and co-operation, especially economic and technical.” As the Covenant was adopted and entered into force without a clear consensus on “international assistance and co-operation,” discussions continued on the phrase’s nature and interpretation.¹⁶⁾ As a response, the CESCR gradually fleshed out the phrase “international assistance and co-operation” through its General Comments. The CESCR General Comment No. 3: the Nature of State Parties’ Obligations sets forth states’ obligation to seek international assistance and cooperation¹⁷⁾ and to provide international assistance and cooperation.¹⁸⁾ Later, other

14) *Ibid.*, para. 47.

15) Jin-a Park, “International Protection of the Right to Health and North Korea’s Implementation,” *North Korea’s Human Right from the Perspective of Economic, Social and Cultural Rights*, p. 117. (in Korean)

16) Kyung-ok Do, “The significance of ‘International Assistance and Cooperation’ under the International Covenant on Economic, Social and Cultural Rights: Implications regarding North Korea,” *The Journal of Multicultural Societies*, vol. 9, no. 2 (2016), pp. 99-100. (in Korean)

17) “A final element of article 2 (1), to which attention must be drawn, is that the undertaking given by all States parties is “to take steps, individually and through international assistance and cooperation, especially economic and technical ….” The Committee notes that the phrase “to the maximum of its available resources” was intended by the drafters of the Covenant to refer to both the resources existing within a State and those available from the international community through international cooperation and assistance. Moreover, the essential role of such cooperation in facilitating the full realization of the relevant rights is further underlined by the specific provisions contained in articles 11, 15, 22 and 23…” CESCR, General Comment No. 3 (1990), para. 13.

18) “The Committee wishes to emphasize that in accordance with Articles 55 and 56 of the Charter of the United Nations, with well-established principles of international law, and with the provisions of the Covenant itself, international…” *Ibid.*, para. 14.

General Comments on individual rights defined the concept of international obligations in a more concrete manner. The General Comment on the right to health stated that “in the spirit of Article 56 of the Charter of the United Nations, the specific provisions of the Covenant (articles 12, 2.1, 22 and 23) and the Alma-Ata Declaration on primary health care, States parties should recognize the essential role of international cooperation and comply with their commitment to take joint and separate action to achieve the full realization of the right to health.”¹⁹⁾ It also emphasized that State parties and other actors in a position to assist are required to provide international assistance and cooperation, especially economic and technological ones, so as to help developing countries in achieving the core and priority obligations.²⁰⁾

19) CESCR, General Comment No. 14 (2000), para. 38.

20) *Ibid.*, para. 45.



Reality of the Right to Health in North Korea



III

Reality of the Right to Health in North Korea

1. North Korea's Healthcare System

A. Institutional Status

In 1947, North Korea declared a free medical care system for all workers, government officers and their family dependent under the Social Insurance Law.²¹⁾ The system was stipulated in August 1948 as part of the Socialist Constitution. On November 13, 1952, North Korea announced “a Cabinet Decision on the commencement of a comprehensive free medical service system.”²²⁾ The North Korean Constitution emphasizes comprehensive and free healthcare and the right to receive medical treatment free of charge, while stressing the District Doctor System and preventive medicine.²³⁾ North Korea has also enacted and implemented related laws: the Public Health Law, the Public Sanitation

21) Heeyoung Shin *et al.*, *Unified Healthcare: Inter-Korean Cooperation and Integration of Healthcare* (Seoul: Seoul National University Publishing Council, 2017), p. 11.

22) Chol-myong Ko, “Cabinet Decision Announced in the Midst of War,” Hui-song Chae, *Modernized Medical Service Stations Bathed in Merciful Benevolence*, *Rodong Sinmun*, 13 January 2018.

23) Specific provisions are as follows:

Article 56 sets out that “the State shall consolidate and develop the system of universal free medical service, and consolidates the District Doctor System and the system of preventive medicine to protect people’s life and improve working people’s health.”

Article 72 also clarifies that “citizens are entitled to free medical care, and all persons who are no longer able to work because of old age, illness or a physical disability, the old and children who have no means of support are all entitled to material assistance. This right is ensured by free medical care, an expanding network of hospitals, sanatoria and other medical institutions, State social insurance and other social security systems.”

Law, the Border Sanitation and Quarantine Control Law, the Law on Food Hygiene, the Medical Care Law, the Medicine Control Law, the Law on the Prevention of Epidemics, the Law on the Nursing and Upbringing of Children, the Red Cross Law, the Law on the Protection and Promotion of the Rights of Women, the Law for the Protection of Children's Rights and the Law on the Protection of Persons with Disabilities.²⁴⁾

North Korea stresses its “complete, comprehensive and free health care system” guarantees healthcare-related rights of its residents at a high level.²⁵⁾ It also criticizes capitalist medical systems for seeking to turn medicine into a means of exploiting patients in pursuit of money while boasting socialism’s superior care system based on free care and preventive medicine.²⁶⁾ Kim Jong-un argued, “created by our magnificent Leaders, our country’s socialist healthcare system is the most people-centered medical system that allows everybody to work with a healthy body and lead a happy life without any woe or concern on treating diseases.”²⁷⁾ After assuming leadership, Kim Jong-un is deemed to be trying to rebuild the nation’s healthcare system, pushing for the modernization of hospitals, production of medical apparatus

24) These statutes also include provisions on free healthcare. For example, Article 9 of the Public Health Law dictates that the state shall give all citizens the benefit of free treatment; all citizens have the right to be treated without payment. Article 3 of the Medical Care Law also stipulates that medical care shall be based on a complete and comprehensive free treatment system. Article 25 of the Law on the Nursing and Upbringing of Children also sets out that any medical services aiming to protect and enhance the health of children shall be free of charge under the comprehensive and free of charge healthcare system.

25) “Healthcare-related rights refer to the provision of health services guaranteed to each citizen upon their request,” Suk-hyon Choi, “Our Socialist Healthcare System that Realized the People- and Mass-first Ideology,” *Rodong Sinmun*, 23 June 2018. (in Korean)

26) Ye-ok Song, “Crucial Demand for the Progress of People’s Healthcare,” *Rodong Sinmun*, 26 March 2018. (in Korean)

27) See, Suk-hyon Choi, “Our Socialist Care System that Realized People-and Mass-first First Ideology.” *Rodong Sinmun*. (in Korean)

and drugs, and introduction of advanced science and technology (dubbed as “scientification”)²⁸⁾ of the field.²⁹⁾ Since 2012, the North Korean regime has built the Lacteal Gland Research Institute of the Pyongyang Maternity Hospital, the Okryu Children’s Hospital, the Ryugyong Dental Hospital, Ryugyong General Ophthalmic Hospital and Munsu Rehabilitation Clinic. The science-based improvement and modernization of the healthcare sector was emphasized during the 7th Congress of the Korean Workers’ Party in a bid to establish a “powerful socialist civilization state.” Also, the regime appears to be encouraging the modernization of central hospitals at city and county levels, as observed in annual evaluation³⁰⁾ on the building of a people’s hospital.³¹⁾ Along with the modernization drive for provincial and maternity hospitals, North Korea’s other focus is on improving the facilities of

- 28) The regime emphasized that medical equipment factories are being used to realize achievements by taking advantage of science and technology in order to comply with the 2018 New Year’s Address. “Science- and Technology-based Innovation Every Day,” *Rodong Sinmun*, 14 January 2018; Ok-byol Kim, “Prioritizing Science and Technology and Achievement in Treatment Projects: from the Project of the Workers of Ryugyong Dental Hospital,” *Rodong Sinmun*, 30 January 2018. (in Korean)
- 29) Heeyoung Shin *et al.*, “North Korea’s Trends on Healthcare System in Kim Jong Un Era: Concentrated on Healthcare Delivery and Organizational System,” *Journal of Peace and Unification Studies*, vol. 8, no. 2, (2016).; Political News Team, “Our Beloved Supreme Leader, Comrade Kim Jong-un, Provided a Field Guidance to the Pyongyang Pharmaceutical Factory,” *Rodong Sinmun*, 25 January 2018; Political News Team, “Our Beloved Supreme Leader, Comrade Kim Jong-un, Provided Field Guidance to Mt. Myohyang Pharmaceutical Factory,” *Rodong Sinmun*, 21 August 2018. (in Korean)
- 30) Focusing on the rebuilding of outdated hospital facilities, the Kim Jong-un regime reportedly assessed and awarded the best examples across the country. Especially, from 2017, the regime has encouraged local hospital rebuilding projects on a massive scale; in 2017, the city of Shinpo received the top grade for organizing a construction command and mobilizing Women’s League Brigade and Health Workers’ Brigade to complete the construction in 6 months. Sung-min Kim, “Hold Responsible for Healthcare Projects As These Persons with Selfless Devotion to the People,” *Rodong Sinmun*, 5 August 2018. (in Korean)
- 31) Kim Jong-un stressed that “Military and people’s hospitals should be operated as the base of the region’s medical services, and material guarantee on neighborhood-level hospitals should be conducted well to ensure their responsible care for the health of residents.” Gyong-chol Kim, “From Shinpo: Remarkable Restoration of City Hospital,” *Rodong Sinmun*, 21 January 2018; Hyang-mi Jo, “From North Hwanghae Province: Great Momentum to Improvement of Healthcare Programs,” *Rodong Sinmun*, 28 February 2018. (in Korean)

medical colleges and their educational environment.³²⁾ In addition, there is emphasis on “telemedicine (far-away medical care system),”³³⁾ “hospital information system,”³⁴⁾ and capacity-building training (e.g. computer and foreign language lessons) for medical service providers. In an effort to address medicine shortages, there is also an emphasis on the production of ‘Korean traditional medicine’ made with local herbs by medical units.³⁵⁾ North Korean authorities also encourage Korean-medicine factories to ramp up production.³⁶⁾ To address malnutrition among inpatients, North Korea also recommends hospitals to start beekeeping, stock raising and vegetable farming. One notable feature is the emphasis on drinking water and tree-planting as a means to improve hospital environment. Such attention to healthcare by North Korean authorities indicates how healthcare facilities have been incapacitated after the economic crisis of the 1990s.

It is difficult to find official statistics on North Korea’s financial expenditure on healthcare.³⁷⁾ Reportedly, in 2014, the health sector accounted for 6.4% of total government expenditure.³⁸⁾ North Korea’s Medium Term Strategic Plan for the Health Sector (2016-2020) states

32) Sung-min Kim, “From the Gangwon Maternity Hospital: With an Awareness as the Master,” *Rodong Sinmun*, 23 July 2018. (in Korean)

33) Telemedicine refers to distance medical care system. It aims to provide access to the expertise and techniques of medical service providers in the Central Hospital for rural dwellers.

34) Hyang-mi Jo, “Force of Science and Technology Unfolded More Powerfully,” *Rodong Sinmun*, 28 February 2018. (in Korean)

35) “Putting the Protection of Residents’ Health First,” *Rodong Sinmun*, 31 July 2018

36) Sung-min Kim, “Productivity of Korean Medicine and Expansion: From the Department of Korean Medicine Production Management at the Ministry of Public Health,” *Rodong Sinmun*, 2 February 2018. (in Korean)

37) North Korea’s state health budget announced by the government includes education, environment, social security, welfare, housing, regional development and cultural budgets. UNICEF, “Situation Analysis of Children and Women in DPR Korea,” 2017.

38) *Ibid.*

its commitment to increase the share of the health budget to 7.1% of government budget, and to secure international finances in the area. North Korea announced that its healthcare budget went up by 113.3% in 2017 and by 106% in 2018 compared to the previous year, respectively.³⁹⁾ Restoration projects concerning North Korea's healthcare have been taking place since the Kim Jong-un regime. However, it appears that central authorities do not provide their finances or budget. A similar case occurred in 2014~2017, when North Korea saw modernization projects for orphanages and primary and secondary schools for orphans across the country. Regional governments were encouraged to follow the example of model facilities built by the central government and start their own modernization projects with their own finances. It was also observed that healthcare providers at regional facilities now have more opportunity to be trained at higher institutions. Since Kim Jong-un came to power, a massive number of people including military troops and the Shock Brigade were mobilized for state-level construction projects. As a result, health practitioners of central medical facilities were dispatched to construction sites for epidemic control and accident response.⁴⁰⁾ Also noticeable is that healthcare workers at central hospitals and clinics engage in volunteering at provincial and other regional hospitals on a regular basis. In sum, striving to rebuild the public healthcare system, the North Korean regime under Kim Jong-un stresses the devotion and capacity-building of health workers.⁴¹⁾

39) See, Suk-hyon Choi, "Our Socialist Care System that Realized People-and Mass-first First Ideology." *Rodong Sinmun*. (in Korean)

40) Local News Team, "Blossoming Flowers of Jungsung all over the Paekdu: Medical Workers at the Field Command of the 216th Division," *Rodong Sinmun*, 11 August 2018; Ok-byol Kim, "On-the-Spot Medical Services Active in Major Construction Sites," *Rodong Sinmun*, 5 February 2018. (in Korean)

B. Current Status

Despite being laid out in the Constitution and other statutes, North Korea's "complete, comprehensive and free health care" does not appear to function properly. Based on testimonies collected from interviews with North Korean defectors, this study aims to analyze the current condition of North Korea's healthcare under international standards on the right to health.

(1) Management of Medical Institutions

First, concerning the right to health, availability is an essential element. This refers to whether functioning public healthcare facilities and services are available in sufficient quantity. In assessing North Korea from this perspective, since Kim Jong-un came to power, there have been attempts to improve medical facilities and construction of medicine and medical supply factories. However, these attempts appear to fall short of providing sufficient services at functioning medical facilities outside Pyongyang or cities with provincial hospitals. While modernized hospitals are operating in some locations centered around Pyongyang, medical institutions located under provincial cities and counties fail to secure even essential medical apparatus. Clinics and hospitals at the village (Ri) level are evaluated to be in dire condition. Lacking diagnostic equipment and medicines, treatment is hardly available in these primary-level institutions; if needed, doctors would write referral letters to send patients to higher-level hospitals.⁴²⁾

41) Ok-byol Kim, "With a Burning Passion to Light Up the Socialist Healthcare System," *Rodong Sinmun*, 30 March 2018; Ok-byol Kim, "Admired Health Workers," *Rodong Sinmun*, 24 January 2018; Ok-byol Kim, "Thoroughly Materialize the People-first Spirit in Medical Volunteering Projects to Elevate the Superiority of the Socialist Healthcare System," *Rodong Sinmun*, 11 January 2018. (in Korean)

However, there have been cases where patients who need to be admitted to a hospital in Pyongyang, due to lack of treatment in provincial hospitals, were unable to receive treatment as a result of the challenges of receiving a travel permit and financial burden.⁴³⁾ In other instances shared by defectors, by contrast, patients who had been referred from a provincial hospital to one in Pyongyang did not pay for the treatment.⁴⁴⁾ Unequipped with adequate apparatus for diagnosis, doctors often diagnose patients with their hand, according to testimonies. In one account, a doctor diagnosed a patient with appendicitis without a blood test or CT scan, only by pressing the patient's stomach.⁴⁵⁾ Some defectors testified that the Hyesan Medical College Hospital and the North Hamgyeong Provincial Hospital introduced new medical equipment.⁴⁶⁾

〈Table III-1〉 Testimonies on the reality of North Korean medical institutions

Testimony	No.
From around 2012, forensic pathologists began to be dispatched to city and military hospitals. They investigated patient deaths or surgery or pharmaceutical malpractices so that there could be legal punishment, if necessary.	NKHR2017000059 2017-07-31
The testifier was diagnosed with cervical cancer in the South Hamgyeong Maternity Hospital in 2012 and was hospitalized for 3 months in the Pyongyang Radiology Research Institute. At that time, fewer than 50 patients	NKHR2018000088 2018-08-27

42) NKHR2018000017 2018-04-09; NKHR2018000072 2018-07-30.

43) NKHR2018000049 2018-06-04.

44) *Ibid.*

45) NKHR2018000029 2018-05-08; NKHR2018000033 2018-05-08.

46) A woman in her 40s who escaped the DPRK in 2017 testified that she received gastroscopy in the Hyesan Medical College Hospital in 2014 and 2016; in 2014, medical workers inserted a thick tube to her stomach, while in 2016 a thinner tube was provided, along with new computer equipment. NKHR2018000016 2018-04-09.

Testimony	No.
<p>were hospitalized in the institute. As she understood, the institute selected and hospitalized patients with research value and studied the progress of their treatment.</p>	
<p>When the testifier's child became sick in 2013 after the child's first birthday, she started to visit a children's hospital in Hyesan with her child. The hospital provided diagnosis and prescriptions, based on which the testifier bought drugs at private clinics or pharmacies.</p>	<p>NKHR2017000009 2017-04-10</p>
<p>In 2014, the testifier's older sister received an appendectomy from a treatment unit of a military hospital, and was subsequently hospitalized for 3~4 days. Although military hospitals do not accept civilians, she was admitted because of personal connections. She paid little for the operation.</p>	<p>NKHR2018000008 2018-03-12</p>
<p>In 2015, a health check vehicle came to the Musan mine to give lung examination for units whose members inhaled large amounts of dust.</p>	<p>NKHR2018000029 2018-03-12</p>
<p>After graduating nursing school in 2015, the testifier worked as a nurse in the external wound department of a provincial hospital. She saw numerous emergency patients with external wounds due to motorbike or other traffic accidents, many of which were hospitalized for 1~2 months. The hospital supplied some medications, but most were to be secured by the patient.</p>	<p>NKHR2018000097 2018-10-01</p>
<p>A group of medical workers from Pyongyang Preferential Hospital, where veteran soldiers were deployed to work in group at Daehongdan, provided OB/GYN ultrasound tests for women. The testifier received one in 2015.</p>	<p>NKHR2017000036 2017-06-05</p>
<p>The testifier underwent a gallstone operation in the Shinpo City Hospital in 2016. The testifier paid 100,000 North Korean won upon the hospital's demand for cash, and another 50,000 North Korean won to the surgeon. During the hospitalization, the testifier had to provide with the doctor's meal and buy drugs needed for the surgery at some store nearby the hospital.</p>	<p>NKHR2017000070 2017-08-28</p>

Testimony	No.
The testifier, then a worker at an unnamed construction machine factory, felt sick and received an examination at the on-site clinic of the factory. The doctor told him he had kidney problems. The testifier did not go to a big hospital; instead, he received a prescription and bought pills at a marketplace. He received shots at home from his mother, a former nurse.	NKHR2018000003 2018-03-12
The testifier's mother frequently visited Hyesan No. 1 Hospital for heart disease, and received treatment for 50~100 yuan. She took medications that the doctor prescribed and she bought herself.	NKHR2018000013 2018-03-12
Hospitals produce herbal drugs and gives them for free, while new drugs are to be bought by patients. If necessary, hospitals will operate on patients without a set price. But the patient needs to offer a token of gratitude to the doctor.	NKHR2018000037 2018-05-08
The testifier went to a clinic and received drugs. The testifier could not afford to visit a big hospital, which was far and expensive.	NKHR2018000052 2018-06-04
In fact, people without money cannot even have an appendectomy in a hospital. Operations have a price tag, an appendectomy is 50,000 North Korean won. In addition, the patient has to pay 30,000 North Korean won for the doctors' meal. After the patient gives cash, doctors will share and use the money as they wish.	NKHR2018000068 2018-07-11
The testifier's husband was admitted to the Hamheung City Hospital after a car accident, but died because of the negligence and mistakes of the doctor. She tried to sue the physician, but gave up because the hospital's head urged her not to do so.	NKHR2018000088 2018-08-27
The testifier went to a hospital whenever her children suffered from colitis or high fever, but she had to acquire medications from private pharmacies, not hospitals. Customers needed to be careful of fake drugs that are rampant at the marketplace. Hospitals did not have injections, so patients had to buy them at marketplaces and bring with them.	NKHR2017000001 2017-04-10

Testimony	No.
Due to indigestion, the testifier was treated in a hospital without bribes, but the condition did not get better after three or more visits. Bribing the doctor did not make much difference. A private doctor cured the condition in just one visit. Hospital doctors are incompetent; their attitude change when you do not bribe them.	NKHR2017000022 2017-05-08
Chief secretaries and other party cadres can receive medicines at the treatment department of a hospital.	NKHR2017000041 2017-07-03
The testifier underwent an external surgery and a thoracic surgery in the Clinical Medicine Institute in Hamheung. Patients bore the cost of medicine, treatment and hospitalization; it took around 100 dollars to be hospitalized for one surgery.	NKHR2017000049 2017-07-03

North Korea has emphasized “jungsung (devotion)” in medical services. However, North Korean doctors and nurses are deemed to be struggling to make ends meet for themselves and their families as the compensation system has been incapacitated. Many find it impossible to fulfil their duty unless their spouse or parents provide full financial support for their household by working in the market or through economic activities.⁴⁷⁾ Officially, North Korea’s free healthcare is still at work. In reality, ordinary residents mostly rely on informal doctors or pharmacies due to financial burdens, except for some emergency patients or those with external injuries. Under Article 24 of the North Korean Medical Care Law, even a qualified medical worker cannot provide medical services unless he or she is affiliated with a medical facility.⁴⁸⁾ Testimonies from numerous defectors revealed that retired

47) NKHR2018000072 2018-07-30, NKHR2018000097 2018-10-01, NKHR2018000098 2018-10-01, NKHR2018000102 2018-10-01.

48) Article 24 (Qualification of Medical Workers) of the Medical Care Law stipulates “even qualified, a medical worker unaffiliated to a medical facility shall not provide illegal medical services including the treatment of patients.”

doctors provide illegal medical services at home for money. According to defectors, their popularity is due to various reasons, from being more affordable than official institutions to their superior expertise from long clinical experience in comparison with younger doctors in official hospitals.⁴⁹⁾ However, there appears to be little punishment to those illegal doctors except in the case of fatal medical accidents.

Second, in terms of accessibility, another essential element of the right to health, North Korea lags behind in indiscriminate access as there are special hospitals reserved for high-ranking party officials and top class residents,⁵⁰⁾ and financial conditions are the biggest determinant to the quality of care a patient receives. As drugs are scarce in medical institutions, ordinary residents outside the privileged class have to bear the cost of medicines, heating and meals during their hospitalization.⁵¹⁾ In turn, many residents opt for private physicians who charge less.⁵²⁾ Some testimonies revealed that North Korean residents visit unofficial doctors because they offer diagnosis and sell reliable drugs.⁵³⁾ As for physical accessibility, there is a wide gap in the quality of medical services by region. Patients living in rural or mountainous regions may find it difficult to travel to higher level medical facilities that provide adequate care. North Korea established primary medical facilities at the village level, but their conditions are

49) NKHR2018000005 2018-03-12; NKHR2018000094 2018-08-11.

50) A female defector, who escaped North Korea in 2018, used to work at a research institute. She was provided with free treatment in a scientists' hospital as well as medications at a pharmacy inside the hospital. NKHR2018000044 2018-06-04.

51) NKHR2018000001 2018-03-12; NKHR2018000002 2018-03-12; NKHR2018000018 2018-04-09; NKHR2018000029 2018-05-08.

52) NKHR2018000007 2018-03-12; NKHR2018000033 2018-05-08; NKHR2018000058 2018-07-02; NKHR2018000074 2018-07-30; NKHR2018000081 2018-07-30.

53) NKHR2018000005 2018-03-12.

subpar. Emergency patients have to find their own means of transportation to travel to another hospital due to poor transport conditions. It appears all but impossible to send a patient to a bigger hospital in winter or the rainy season. Concerning information accessibility, North Korean authorities have stressed “sanitation propaganda projects.” North Koreans, however, tend to depend on folk remedies or medicine sellers’ opinion rather than official medical facilities for information and insight on disease treatment.⁵⁴⁾ In addition, although the possession of narcotics is banned under the Medicine Control Law and the Narcotics Control Law, misguided information abounds on the remedial value of methamphetamine (known as “*bingdu*” in the North Korea) or opium.⁵⁵⁾

Third, concerning acceptability, it is important to assess whether North Korea’s medical facilities or services respect medical ethics and are culturally appropriate. North Korea declared a “complete and comprehensive free health care system,” demanding “*jungsung* (devotion)” in medical services.⁵⁶⁾ Its healthcare system has focused on preventive and Korean traditional medicine. However, in an environment where the state or institution pays effectively no compensation to medical professionals, it might be natural for them to seek economic rewards from their patients. Also, physicians become drawn to ways that generate maximum financial gain.⁵⁷⁾ For example,

54) Seokju Kim *et al.*, *Illness Model and Illness Behavior of North Korean People* (Seoul: Seoul National University Press, 2015), pp. 136~145. (in Korean)

55) Many cases involve people who started to use *bingdu* or opium as a treatment but end up with addictions. NKHR2018000004 2018-03-12; NKHR2018000016 2018-04-09; NKHR 2018000128 2018-11-19.

56) Kim Jong-il instructed that “*jungsung* is the spiritual and mental appearance that healthcare workers in charge of people’s life and health should have.” “*Jungsung* Is the Best Medicine,” *Rodong Sinmun*, 24 January 2018. (in Korean)

57) NKHR2018000033 2018-05-08.

many hospitals offer a fast-track care for patients who provide them material or financial rewards. They also supply scarce medicines exclusively to the ruling class, expecting returns.

Fourth, North Korean health facilities and services fall short of achieving a high standard of scientific and medical quality. Although hospitals and clinics in Pyongyang are reported to have modernized diagnosis apparatus, rural hospitals lack adequate equipment. In those institutions, young doctors without clinical experience fail to provide adequate, high-quality medical services. It is also alarming that the state system fails to control the quality of illegally traded drugs.⁵⁸⁾

(2) Management of Medicines

One of the most severe problems concerning North Korea's healthcare is the lack of regular health check-up and drug abuse and misuse based on self-diagnosis. Many people in North Korea skip professional diagnosis due to economic burdens. As a result, many patients see a doctor only when their conditions become severe and tough to treat.⁵⁹⁾ While patients, by law, are supposed to receive treatment for free in medical institutions, the system was rendered useless by the economic crisis of the past decades. Today, most North Korean clinics and hospitals are unable to provide medical services further than issuing a diagnosis due to drug and other supply shortages.

⁵⁸⁾ Article 40 (Scope of the utilization of medicines) of the Medicine Control Law sets forth "medications manufactured by a medical prevention facility shall be used in confinement of the geographical unit the facility is located in. Should a medical prevention facility wish to exploit medication produced by another medical prevention facility, the facility shall gain permission from the relevant facility. Article 44 (Import approval of medicines) stipulates "institutions, enterprises and organizations wishing to bring and utilize medicines of another country shall obtain an approval from the central healthcare supervision authority."

⁵⁹⁾ NKHR2017000067 2017-08-28; NKHR2018000001 2018-03-12. Reportedly, such serious illnesses took the life of many patients as a result.

Worse, patients are now often expected to reward doctors with goods or money for a medical certificate. Against this backdrop, many North Koreans go straight to pharmacies if the symptoms are similar to past ones that were diagnosed by a doctor or treated with medicine. As state clinics and hospitals fail to supply medications in need, private sellers and unofficial pharmacies have become common. Even most of the pharmacies that are officially a subsidiary of a public agency now appear to be run by individuals.⁶⁰⁾ One testimony held that some pharmacies owned by public agencies are registered to the state system.⁶¹⁾ However, in actuality, it appears that healthcare authorities are unable to manage medicinal safety. Until 2002, medicines were traded mostly in marketplaces. From 2003 to 2009, they were available at both marketplaces and private pharmacies. Since 2010, pharmacy-purchased drugs have become increasingly common.⁶²⁾ Under the June 28 Policy Directives announced in 2012, the state commenced restoration projects for regional pharmaceutical factories, centering on those in Pyongyang. Since Kim Jong-un came to power, there have also been testimonies that the manufacture of essential medicines based on domestic technology has been encouraged. Other testimonies also claim that there are hospitals that provide patients with saline solution and penicillin without any charge. The majority of the population, however, have to buy drugs following a doctor's or private pharmacist's prescription. In some cases, negligence of medicine sellers ends up in medical accidents, most of which go unpunished due

60) NKHR20180000045 2018-06-06.

61) NKHR20180000047 2018-06-04.

62) Heeyoung Shin *et al.*, "North Korea's Trends on Healthcare System in Kim Jong Un Era: Concentrated on Healthcare Delivery and Organizational System," *Journal of Peace and Unification Studies*, vol. 8, no. 2 (2016), p. 191.

to a lack of crackdown. Unlawful trade of medicine continues to prevail as demand is strong from the majority of the population.⁶³⁾ In particular, the abuse of narcotics including drugs (*bingdu*) and opium remains a serious challenge.⁶⁴⁾

〈Table III-2〉 Testimonies on the reality of medicine use

Testimony	No.
<p>Experiencing pain on the right shoulder, the testifier went for a CT scan to the Kim Man-yu Hospital in 2014. The hospital couldn't find why and recommended the testifier to take rest and avoid tasks that require sitting for a long time. When the testifier asked where he could get the 30-euro, made-in-Russia injection included in the prescription, the doctor answered he could bring it when the nurse was absent. The testifier offered the doctor cash for medications, and cigarettes as a token of gratitude, because paying cash for a doctor's services could cause trouble. The quality of medical services differ by what gift or amount of cash the patient offers.</p>	<p>NKHR2017000033 2017-06-05</p>

63) Article 38 (Sale of Medications) of the Medicine Control Law stipulates "medications may be sold in designated pharmacies or medicine stalls. Provided, the sale of medications shall follow the general norms on medicine sales devised by the central healthcare supervision authority or a diagnosis issued by a treatment and prevention facility. Medications not subject to the general norms on medicine sales may be purchasable at designated pharmacies upon the approval of the healthcare supervision authority."

64) Article 45 of the Medicine Control Law (Ban on the possession of toxic drugs and narcotics) sets out "institutions, enterprises, organizations and citizens shall not possess toxic drugs and narcotics without an approval."

Article 35 (Ban on the storage of narcotics by citizen) of the Narcotics Control Law sets out "a citizen shall not store narcotics. A citizen who is a patient may hold possession of narcotics supplied by medical prevention facilities up to an amount approved by the healthcare supervision authority."

Testimony	No.
<p>Private pharmacies are run by those who have money, not those who have professional knowledge. In 2014, a patient who received a prescription in the No. 2 People's Hospital in Hyesan bought the drugs at a pharmacy operated by the wife of a police officer. The patient died because the officer's wife gave him the wrong medicine by mistake.</p>	<p>NKHR2017000128 2017-12-18</p>
<p>People purchase drugs at private pharmacies, instead of hospital pharmacies. The testifier heard that fake drugs or mistakes made by an unofficial pharmacist caused some people to get worse or even killed.</p>	<p>NKHR201800036 2018-05-08</p>
<p>Traditional Korean medicine can be bought at the marketplace, but selling new drugs are banned there. Medicine control centers are operated at the regional (city or county) level, and authorities give an approval if there is a need for special consideration. Private pharmacists are common and in competition, so customers prefer those with medical knowledge. If a medical accident happens because of medicine abuse, the pharmacist may be held accountable, so one cannot open a pharmacy just because he/she has the money. Official clinics have essential drugs such as those provided by UN, but they cannot give them to general patients for free because powerful institutions may use them for their projects.</p>	<p>NKHR2018000072 2018-07-30</p>
<p>People can buy drugs at a marketplace, or from clinic doctors or nurses who illegally sell them at home. The testifier witnessed many European drugs for sale, but did not know if they were donated by international aid agencies or acquired through other channels.</p>	<p>NKHR2018000043 2018-06-04</p>
<p>The testifier preferred pharmacies because fake drugs are common at marketplaces.</p>	<p>NKHR2018000050 2018-07-02</p>
<p>If a hospital does not have needed medications, the patient may go to a nearby private pharmacy (owned by a retired doctor) to buy and use the medicines.</p>	<p>NKHR2018000078 2018-07-30</p>

Testimony	No.
<p>A majority of the drugs available at marketplaces are Chinese, and there are many counterfeits. Because of heavy crackdowns on illegal trade, merchants often flee when the police arrive. Therefore, it is difficult to demand them to take responsibility for selling fake drugs. On the contrary, patients can complain to a private doctor if the drug he or she sold had issues, so private clinics are less likely to sell unauthentic medicines.</p>	<p>NKHR2017000028 2017-06-05</p>
<p>The testifier used to work at a working unit for special indigenous products, where antibiotics, anti-viral drugs and fever reducers were supplied to workers because sanitation was crucial. The testifier received a health check-up when joining the company, and twice a year afterwards. The latter of which was mandatory. The pre-employment health check included a blood test, urine test, osmidrosis check and OB/GYN examinations. The biannual check-up covered basic tests on tuberculosis, hepatitis and colon bacillus and others.</p>	<p>NKHR2017000029 2017-06-05</p>

〈Table III-3〉 Testimonies on narcotics

Testimony	No.
<p>The testifier used a lot of drugs (<i>bingdu</i>) around 2010. People said meth clears women's skin and removes germs. Drugs (<i>bingdu</i>) may make people weak because it reduces appetite. To treat the addiction, they cleansed blood vessels with injections. The testifier also received several bags of IV shots.</p>	<p>NKHR2018000025 2018-04-09</p>
<p>In 2015, the testifier's grandmother used drugs (<i>bingdu</i>) for medical purposes. Young people use it as a narcotics. It is a popular stimulant among drivers.</p>	<p>NKHR2018000033 2018-05-08</p>

Testimony	No.
The testifier's daughter-in-law, after having a stroke, received opium shots in 2016.	NKHR2018000017 2018-04-09
In 2016, there were some secret opium farmers. Many old people used opium it to treat cerebral thrombosis or a stroke. The testifier also used opium as a painkiller after a concussion in 2010. An opium shot is injected in the buttock. The testifier farmed opium in the garden to alleviate her husband's lung conditions. It was cracked down by enforcers from the prosecutors' office. Opium farmers were forced to serve a month in training brigades for one plant of opium poppy they had.	NKHR2018000032 2018-05-08
The testifier's uncle bought drugs (<i>bingdu</i>) to treat his mother after she collapsed due to cerebral thrombosis. As the testifier knows, even police officers or judges use meth for stimulation.	NKHR2018000076 2018-07-30
The testifier farmed opium poppies in case of emergency, being aware that it was illegal. When a police officer demanded to root up the poppies, the testifier resisted, saying there was a patient in the family.	NKHR2018000004 2018-03-12
A lot of sick people use drugs (<i>bingdu</i>). The testifier was unsure of its effectiveness. TB and sinusitis patients took advantage of it too.	NKHR2018000005 2018-03-12
The testifier used opium and drugs (<i>bingdu</i>) after a brain hemorrhage paralyzed half of his (or her) body, both of which were effective. The testifier was worried about getting addicted to them. Drug addiction has ruined many families.	NKHR2018000011 2018-03-12
The testifier's roommate was a heavy user of narcotics; the person, if not high on the drug, behaved in a strange and mentally disturbed fashion. Wealthy people and drug dealers have become addicted to drugs.	NKHR2018000022 2018-04-09

Testimony	No.
<p>TB patients use drugs (<i>bingdu</i>). When the testifier tried it, the blood pressure fell, and caused other harmful side effects. Drugs (<i>bingdu</i>) used to be known as a cure-all, but these days, people know the quality of drugs (<i>bingdu</i>) in the market has fallen and causes trouble. There are a lot of addicts out there.</p>	<p>NKHR2018000044 2018-06-04</p>
<p>The testifier's husband was treated for an STD for more than a year. The testifier also got harmful inflammations, and used drugs (<i>bingdu</i>) because people recommended it for syphilis treatment.</p>	<p>NKHR2018000049 2018-06-04</p>
<p>In 2010, clinics started to check needle marks to crack down on opium addicts. Some severely addicted people injected opium into their neck. The government released a number of directives to prevent addiction. Opium is used to treat cerebral thrombosis, colitis and other conditions. Among old people in rural areas, it's often condoned to farm around 10 opium poppies for emergencies.</p>	<p>NKHR2018000072 2018-07-30</p>
<p>The testifier was beaten by her boyfriend who saw her as an animal instead of a person when he was under the influence of narcotics. The recommended dose was 0.3g, but he took more out of curiosity, because it was said nervous system would have extreme reactions if you took more than 1g. He saw flames and felt extremely energetic. He did not feel pain when beaten and lost his senses.</p>	<p>NKHR2018000095 2018-08-27</p>
<p>Drugs (<i>bingdu</i>) were used to treat OB/GYN conditions. Drugs (<i>bingdu</i>) were relatively cheaper in Hamheung, where it is produced.</p>	<p>NKHR2017000049 2017-07-03</p>

2. Maternal Health

A. Institutional Status

While there is little data available on maternal health in North Korea, surveys by international organizations and data generated inside the country may help roughly estimate the current situation. According to World Bank statistics, the country's fertility rate as of 2016 stands at 1.91.⁶⁵⁾ The birth rate has stayed below the population replacement level (2.1) since 1995. The low birth rate has become a social issue, and the government has carried out policy and campaigns to promote childbirth. An example is the Mothers' Rally, a celebration of women who gave birth to many children. The event was held on November 16, 2012, Kim Jong-un's first year as the supreme leader. He designated November 16 as the Mothers' Day. Also, from the 2016 Mother's Day, North Korea started to subsidize 5,000 North Korean won per child for women who bore at least three children.⁶⁶⁾

Birth control is quite common in the North. According to the State of World Population 2018 by the UN Population Fund (UNFPA), North Korea's contraceptive prevalence rate⁶⁷⁾ stands at 75%, above the global average (63%) and slightly behind South Korea (78%).⁶⁸⁾ UNICEF's

65) The World Bank, <<https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=KP>> (Accessed November 15, 2018).

66) Until 2016, the monthly subsidy for multi-children families per child was 500 North Korean won, which was too little to make any significant help for livelihood. A number of testimonies, however, asserted that the subsidy jumped to 5,000 North Korean won since 2016. NKHR2017000110 2017-11-20; NKHR2018000062 2018-07-02; NKHR2018000080 2018-07-30; NKHR2018000008 2018-03-12; NKHR2018000101 2018-10-01.

67) Contraceptive prevalence rate (CPR) refers to the percentage of women of reproductive age (aged 15 to 49) who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used.

68) See UNFPA, *State of World Population 2018* (New York: UNFPA, 2018).

DPRK Multiple Indicator Cluster Survey (MICS) shows a similar result, which found DPRK women's contraceptive prevalence rate at 70.3% as of 2017.⁶⁹⁾

Abortion appears to be frequent among women whose contraception was ineffective. There exists no legal provisions concerning abortion in North Korea. In other words, there is no legal foundation to punish those who undergo abortion. Article 50 of the Law on the Protection and Promotion of the Rights of Women sets out that “women are entitled to give birth or not to give birth,” implying that an artificial termination of pregnancy is legally unpunishable. Also, 11% of married women responded that they artificially aborted at least once in the Socio-economic, Demographic and Health Survey 2014 of the DPRK, jointly conducted by North Korea's Central Bureau of Statistics and the UNFPA.⁷⁰⁾ The Survey's report states, “a proportion of women in the DPRK are using abortion as a substitute for family planning and is less related to risk of life of the mother or the child.”⁷¹⁾ It indicates that induced abortion in North Korea is deemed a means of family planning with relatively low health risk. In reality, terminating pregnancy is regulated not by law but by the leader's policies. Kim Jong-un ordered a ban on contraceptive and abortive surgeries in 2015.⁷²⁾

69) Central Bureau of Statistics of the DPR Korea and UNICEF, *DPR Korea Multiple Indicator Cluster Survey 2017, Survey Findings Report* (Pyongyang, DPR Korea: Central Bureau of Statistics and UNICEF, 2017).

70) The Central Bureau of Statistics of the DPRK and the United Nations Population Fund, *Democratic People's Republic of North Korea: the Socio-economic, Demographic and Health Survey 2014* (Pyongyang: The Central Bureau of Statistics and the United Nations Population Fund, 2018), p. 73.

71) *Ibid.*, p. 75.

72) “[Scarlatoiu] DPRK Bans Contraception Methods,” *Radio Free Asia*, 3 November 2015, <<https://www.rfa.org/korean/commentary/greg/gscu-11022015104033.html>> (Accessed November 15, 2018)

To protect maternal health, North Korea’s healthcare laws mention a variety of benefits for pregnant women. The Public Health Law laid down the state’s financial support for delivery expenses (Article 10), and the obligation to provide various benefits to encourage childbirth (Article 11). Also, pregnant women are entitled to 60 and 180 days of leave before and after labor, respectively (Article 33 of the Law on the Protection and Promotion of the Rights of Women and Article 66 of the Socialist Labor Law). The state must supply food, subsidies and rations to women on one of the leaves (Article 14, the Public Health Law). Relevant medical facilities shall be responsible for pregnant women’s health during childbirth through safe and effective treatment (Article 51, the Law on the Protection and Promotion of the Rights of Women).

〈Table III -4〉 North Korean legal provisions on maternal health

Provision	Content
Article 10, Public Health Law (Content of free treatment)	⑤ 4. Child delivery shall be provided free of charge.
Article 11, Public Health Law (Protection of women and children’s health)	① The State shall have deep interest in protecting the health of women and children. ② The State may encourage women to give birth to and raise many children, and provide special benefits for women who gave birth to and raise many children and her children.
Article 14, Public Health Law (Guarantee of food, subsidy and rations to women in pregnancy or postpartum period and their family dependent)	① Patients, women in a prenatal or postpartum leave and their family dependents are entitled to the provision of food, subsidy and rations. ② The cost of aforementioned food, subsidy and rations shall be born by the State and social cooperative organizations.

Provision	Content
Article 29, Women's Rights Protection Law (Labor protection for female workers)	④ Women in pregnancy or postpartum period and breastfeeding period shall be provided with special protection.
Article 30, Law on the Protection and Promotion of the Rights of Women (Line of works or positions prohibited to women)	② An institution, enterprise or organization shall not force women to engage in a line of work or take a position that is prohibited, and shall not impose nighttime work to female workers pregnant or with breastfed infants.
Article 33, Law on the Protection and Promotion of the Rights of Women (Guarantee of prenatal and postpartum leaves)	① Regardless of their seniority, female workers across the country are entitled to a prenatal leave of up to 60 days and a postpartum leave of up to 180 days, independent of their regular and supplementary leaves. ② Female workers shall not be forced to work during their prenatal or postpartum leave.
Article 50, Law on the Protection and Promotion of the Rights of Women (Freedom to childbirth)	① Women are entitled to give birth or not to give birth a child. ② The State encourages women to give birth and raise many children. ③ Women who delivered a triplet or more and their children shall be assigned of a doctor, and receive special consideration and benefits such as high-quality residence, medicines, food and household items.
Article 51, Law on the Protection and Promotion of the Rights of Women (Protection on Pregnant Women)	① Upon a woman's delivery, the medical institution in charge shall provide safe and effective drugs and treatment techniques and be held responsible for the woman's health. ② Health institutions and relevant agencies, enterprises and organizations shall take a deep interest in protecting women's health during pregnancy and childbirth, and take good care of the mother and newborn.
Article 66, Socialist Labor Law	Independent of regular and supplementary leaves, female workers are entitled to a prenatal leave of up to 60 days and a postpartum leave of up to 180 days, regardless of their seniority.

According to statistics by international organizations, North Korea appears to provide effective antenatal and postpartum support and delivery care. The 2017 MICS survey found that 99.5% of women who gave birth in two years before the survey underwent a prenatal check-up at least once. Also, 99.5% of the survey participants answered they received delivery care from competent health workers such as a doctor, assistant doctor, nurse or midwife. Almost all of the participants had a prenatal check-up and received assistance during childbirth by skilled attendants.

B. Current Status

As Shown above, it seems that maternal health is relatively well protected from the perspective of the Constitution and relevant laws. This study, however, found a contrasting picture from in-depth interviews with female defectors. The following is the real situation of maternity health in North Korea, collected from in-depth interviews with female North Korean defectors.

(1) Birth Control and Abortion

According to the 2017 MICS, the most popular contraceptive method among North Korean women is intra-uterine devices (IUDs). Women opted for an IUD accounted for 65.4% of all survey participants, accounting for 93% of all women who used contraceptive methods. Known as “gori (a loop)” in the country, an IUD is a T-shaped device designed to be inserted in the uterus. Defectors testified that people buy an IUD at a marketplace and visit unofficial private clinics for placement, or find an informal doctor who sells and inserts the

device.⁷³⁾ According to testimonies, the price ranges from 20 to 100 Chinese yuan, which appears to be for the most part, affordable.⁷⁴⁾

In general, an IUD prevents pregnancy for 3~10 years and is not known as a lifelong-effective contraception method.⁷⁵⁾ The authors' in-depth interviews found few defectors who regularly changed the device, however. One female defector maintained an IUD inside her body for 28 years.⁷⁶⁾ This implies many are unaware that the IUDs are not effective indefinitely. It was also revealed that many women develop gynecological conditions as a side effect of an overextended use of IUD. According to an anonymous female defector, "to avoid pregnancy most women have a loop inserted, but it causes inflammation or other women's diseases in many cases."⁷⁷⁾

A high contraceptive prevalence rate does not necessarily indicate that contraception attempts are mostly effective in North Korea. One testimony describes a woman who had to undergo abortion three times due to a defective IUD.⁷⁸⁾ Many other testimonies recall firsthand or secondhand accounts about failed birth control and subsequent abortions.⁷⁹⁾ A female defector whose gynecologist mother operated a

73) Private clinics are a type of illegal medical facilities that offer simple diagnoses in the residence of a former or current medical worker.

74) NKHR2018000057 2018-07-02; NKHR2018000100 2017-10-23; NKHR2017000103 2017-10-23.

75) IUDs are divided to two types: hormonal IUDs prevent pregnancy by controlling hormone levels. Copper IUDs interfere with the implantation. Hormonal IUDs are effective up to 3-5 years (depending on products), copper types are effective for as long as 10 years.

76) Advisory meeting of North Korean Defectors, 15 November 2018.

77) NKHR2017000113 2017-11-20.

78) NKHR2018000074 2018-07-30.

79) NKHR2017000013 2017-04-10; NKHR2017000018 2017-05-08; NKHR2017000084 2017-09-25; NKHR2017000093 2017-10-23; NKHR2017000094 2017-10-23; NKHR2017000100 2017-10-23; NKHR2017000124 2017-11-20; NKHR2017000132 2017-12-18; NKHR2018000012 2018-03-12; NKHR2018000020 2018-04-09; NKHR2018000022 2018-04-09; NKHR2018000028 2018-05-08; NKHR2018000074 2018-07-30.

private clinic revealed that around 3~4 pregnant women visited her mother's clinic every year for artificial termination as of 2013.⁸⁰⁾ Another defector testified that her younger sister underwent dilation and curettage (D&C) at a private clinic after discovering an unwanted pregnancy in 2017.⁸¹⁾ As the medical equipment and sanitary conditions of the unofficial clinics were poor, her sister endured the surgery unanesthetized, and the clinic reused all of the surgical tools after they were boiled.

Interviews with the Defectors revealed that artificial pregnancy terminations are performed more by unofficial doctors than by official ones. As North Korea encourages childbirth, state hospitals and clinics are reluctant to admit such patients. Moreover, abortion in official clinics is more likely to be mentioned in official documents or harder to keep in secret.⁸²⁾ Some testifiers said that private clinics are better in equipment and even higher in price compared to official hospitals.⁸³⁾ Not only women in the early stages of pregnancy decide to abort; those who are in the middle stages may also decide to have abortions. For these abortions, women undergo induced labor for a stillbirth. An anonymous female defector whose sister, an OB/GYN specialist, ran a private clinic testified that women who were more than three months pregnant had to wait until the fifth month, so that she could have a stillborn through induced labor.⁸⁴⁾ In some cases, termination surgery was performed on women who were even six months pregnant. Another

80) NKHR2018000020 2018-04-09.

81) NKHR2018000074 2018-07-30.

82) NKHR2017000132 2017-12-28; NKHR2018000028 2018-05-08; NKHR2018000055 2018-07-02; NKHR2018000066 2018-07-11.

83) NKHR2017000100 2017-10-23; NKHR2017000131 2017-12-18.

84) NKHR2018000012 2018-03-12.

defector revealed that she had her pregnancy terminated in her sixth month in 2013. She waited 52 hours on the bed of a private clinic for a stillbirth.⁸⁵⁾ Yet another defector stated that, in 2017, she had an induced labor in the seven month to have a stillborn.

According to one testimony, OB/GYN is, unlike any others, the only medical specialty in North Korea that has market prices for surgeries and procedures: D&C in the early stages, termination surgery in the mid- and later stages (labor induction and stillbirth), and contraception methods (IUD insertion).⁸⁶⁾ It implies how common abortion and contraception are among North Korean women. A D&C operation typically costs 20 yuan (50 yuan for unmarried women), and a termination procedure in later months costs 100 yuan, according to an unnamed testifier.⁸⁷⁾

Most private clinics in North Korea are not equipped with medical equipment for emergencies. Such poor conditions at times cause fatal consequences for women looking for surgical abortion. A testifier shared the story of her cousin who hired a maternity nurse for an at-home termination procedure. The surgery ended in her death in 2017.⁸⁸⁾ In another testimony, a woman sought a D&C surgery at a private clinic in 2016, ashamed of visiting an official hospital for such purpose being an unmarried “virgin.” The woman died of uterine perforation after the procedure.⁸⁹⁾

85) NKHR2017000093 2017-10-23.

86) NKHR2018000072 2017-07-30.

87) NKHR2018000012 2018-03-12.

88) NKHR2017000132 2017-12-18.

89) NKHR2017000013 2017-04-10.

The frequency of abortion in the North Korea implies the ineffectiveness of contraception methods that many women use. The biggest reason may be financial. A female defector said, “I believe in some 30% of abortions, economic situation is the reason.”⁹⁰⁾ Another defector stated she became pregnant with her second child in 2013, but “went to a maternity hospital and pleaded I can’t afford another. They aborted the fetus for 50 yuan.”⁹¹⁾ In another case, a woman impregnated with the second child received a D&C for 30 yuan at a private clinic due to financial issues.⁹²⁾ Yet another defector argued that people are reluctant to have more than one child because having many babies (under poor financial conditions) is considered “ignorant” or “barbaric.”⁹³⁾

〈Table III-5〉 Testimonies on contraception and abortion⁹⁴⁾

Testimony	No.
The testifier’s OB/GYN specialist sister ran a private clinic. She made good money through illegal abortions. Every month, 2~3 people would come for it. Prices varied: 20 yuan if one-month pregnant, 50 yuan if unmarried, 100 yuan if six-month pregnant.	NKHR2018000012 2018-03-12
The testifier had a D&C in the 2nd month in 2012 for 30 yuan. In 2017, she got an abortion operation in the 7th month at a maternity clinic. She paid 100 yuan.	NKHR2017000080 2017-09-25
A neighborhood “virgin” girl became pregnant and got an abortion in 2012.	NKHR2018000032 2018-05-08

90) NKHR2015000018 2015-01-27.

91) NKHR2017000094 2017-10-23.

92) NKHR2018000101 2018-10-01.

93) NKHR2017000084 2017-09-25.

94) A number of testimonies the authors collected involved contraception and abortion. To reflect the latest situation possible, the authors selected testimonies that mention specifically when a contraception or abortion took place, and prioritized accounts of events that happened no more than 5~6 years ago.

Testimony	No.
In 2013, the testifier had a pregnancy terminated in the 6th month at a private clinic run by a nurse. The baby was stillborn after she got an injection to induce labor.	NKHR2017000093 2017-10-23
The testifier became pregnant with her second child in 2013. she went to a maternity hospital and pleaded that she couldn't afford another. The clinic performed D&C surgery for 50 yuan.	NKHR2017000094 2017-10-23
The testifier's mother, an OB/GYN specialist, ran a private clinic at home. As of 2013, around 3~4 people came for abortion a year.	NKHR2018000020 2018-04-09
In 2016, the testifier heard a "virgin" died a couple days after a D&C. It was performed at her place because she was ashamed of her pregnancy. She died of uterine perforation.	NKHR2017000013 2017-04-10
The testifier underwent a D&C operation at the North Hamgyeong Province Maternity Hospital. She paid 100 yuan directly to the doctor.	NKHR2017000013 2017-04-10
A pregnant cousin of the testifier died in 2017 because her termination procedure went wrong. People who do not want others to know about their pregnancy get a house call and have the surgery at home instead of going to a clinic.	NKHR2017000132 2017-12-18
The testifier's younger sister had a D&C in 2017. The procedure was carried out without anesthesia. The medical apparatus looked very filthy. Her sister had a loop, but it may have been ineffective because she aborted three times.	NKHR2018000074 2018-07-30

(2) Pregnancy and Childbirth

In the 2017 MICS by UNICEF, 99.5% of the participants replied they had a medical check-up before delivery at least once. In-depth defector interviews found that many women received antenatal check-ups in North Korea. An anonymous defector who gave birth in 2013 said she was examined by a doctor to confirm her pregnancy

shortly after she became pregnant, and had an ultrasound scan at the provincial hospital in her sixth month.⁹⁵⁾ Another woman who bore a child in 2010 gave testimony that, once a month during the pregnancy, she received a free medical check-up on her pulse, the size of the fetus and other items.⁹⁶⁾ She also received nutritional supplements such as vitamin and folate supplements. A defector who gave birth in 2016 saw an OB/GYN doctor every month for examination and had an ultrasound test whenever she wanted. Because of unfavorable utility conditions, she paid 10,000 North Korean won for the cost of oil that fueled the hospital's electricity generator.⁹⁷⁾ Yet another woman who gave birth in 2012 received a prenatal card after her condition was confirmed, and had a monthly check-up by a doctor who pressed her belly for examination.⁹⁸⁾ She was recommended to drink "water with granulate sugar" (sugared water) if her amniotic fluid was insufficient.

Most participants told the interviewers that they noticed their pregnancy from physical symptoms such as missed periods, nausea and vomiting.⁹⁹⁾ Only one interviewee said she used a home test for confirmation.¹⁰⁰⁾ Upon learning they are pregnant, women are expected to visit a hospital or maternity hospital for prenatal registration and receive regular examinations. Some defectors, however, testified that they visited a hospital only for the registration and never had a check-up.¹⁰¹⁾ An anonymous defector who bore a child in 2014 saw a

95) NKHR2017000009 2017-04-10.

96) NKHR2017000049 2017-07-03.

97) NKHR2018000040 2018-05-08.

98) NKHR2015000015 2015-01-27.

99) NKHR2017000094 2017-10-23; NKHR2018000025 2018-04-09; NKHR2018000038 2018-05-08; NKHR2018000049 2018-06-04; NKHR2018000060 2018-07-02; NKHR2018000081 2018-07-30.

100) NKHR2018000117 2018-10-22.

doctor only twice during her pregnancy: the first visit was for the registration, second for the delivery. She did not receive any antenatal care check-up.¹⁰²⁾ Another woman who delivered a child in 2015 also told the interviewers that she did not have any examination during the pregnancy except for the confirmation visit.¹⁰³⁾

Whereas in the past, most deliveries used to take place at home; now pregnant women mostly go to a general or maternity hospital for childbirth.¹⁰⁴⁾ Although North Korea maintains the principle of free healthcare, most doctors seem to accept cash or material gifts. “The hospital doesn’t ask for it out loud, but as far as I’m concerned, everyone pays,” said one defector who gave 50 yuan to the Hyesan City Hospital in 2013 after the labor.¹⁰⁵⁾ Another woman stated she gave 5kg of rice as “a token of gratitude” to her doctor after giving birth in 2012.¹⁰⁶⁾

Recently, there have been increasing testimonies on performing caesarian sections (hereinafter C-section) for childbirth. Some interpret this trend as related to Kim Jong-un’s drive to advance healthcare with science, the so-called “scientification” of medicine.¹⁰⁷⁾ In the 2017 MICS, 12.9% of women with a live birth in the last two years underwent C-section surgery. Caesarian deliveries were favored by women who

101) NKHR2017000112 2017-11-20; NKHR2018000117 2018-10-22.

102) NKHR2018000117 2018-10-22.

103) NKHR2018000038 2018-05-08.

104) NKHR2017000009 2017-04-10; NKHR2017000049 2017-07-03; NKHR2017000094 2017-10-23; NKHR2017000125 2017-11-20; NKHR2018000024 2018-04-09; NKHR2018000025 2018-04-09; NKHR2018000027 2018-04-09; NKHR2018000029 2018-05-08; NKHR2018000040 2018-05-08; NKHR2018000041 2018-06-04; NKHR2018000049 2018-06-04; NKHR2018000057 2018-07-02; NKHR2018000059 2018-07-02; NKHR2018000060 2018-07-02.

105) NKHR2017000009 2017-04-10.

106) NKHR2015000015 2015-01-27.

107) Advisory meeting, 15 November 2018.

made money from commercial activities at marketplaces or smuggling. It appears that people believe the C-section is safer than the vaginal delivery. A woman who witnessed her daughter's childbirth in 2015 testified that the doctor recommended a C-section because many women died during a vaginal delivery.¹⁰⁸⁾ Another defector whose daughter bore a child in 2011 told the interviewers that C-sections are popular among the well-off, and some may opt for it because they wanted the baby to be born on a "lucky day" according to local traditions or were afraid of pain.¹⁰⁹⁾ Some physicians strongly recommend a caesarian section or, upon the mother's request, agree to perform the surgery without a medical reason.

Still, it appears a portion of women give birth at home. In particular, some testimonies held that home births are common in rural towns.¹¹⁰⁾ A participant said people prefer home births in winter because hospitals are cold during the season, and that home is the first option unless the child has a problem or a C-section is needed.¹¹¹⁾ An unnamed defector said she chose a home birth to save cost, because women who deliver in a hospital have to give money not just to the doctor but nurses as well.¹¹²⁾ The placenta is another reason for home births assisted by private doctors.¹¹³⁾ It is a post-birth custom in North Korea to wash the placenta and eat it with honey so as to supply nutrition to the mother. Because in the hospital the placenta will be taken away after birth, some women prefer to labor at their own place.¹¹⁴⁾

108) NKHR2018000091 2018-08-27.

109) NKHR2018000049 2018-06-04.

110) NKHR201500093 2015-05-12; NKHR2018000038 2018-05-08.

111) NKHR2015000018 2015-01-27.

112) NKHR2017000001 2017-04-10.

113) Advisory Council of North Korean Defectors, 15 November 2018.

114) NKHR2018000057 2018-07-02; NKHR2018000060 2018-07-02.

Many defectors participated in the interviews said prenatal, postpartum and child care leaves are quite well observed.¹¹⁵⁾ It is noteworthy, however, that women in North Korea are classified as “dependent (family member)” after marriage, thus exempt from the duty of labor. Very few of them are employed. Citing that, some participants pointed out that pre- and post-natal leaves are nominal.¹¹⁶⁾ Another interviewee said female workers during those leaves received no rations or salary.¹¹⁷⁾

〈Table III -6〉 Testimonies on pregnancy and childbirth¹¹⁸⁾

Testimony	No.
<p>The testifier gave birth in a hospital in Yanggang Province in 2011. She knew she was pregnant from missed periods, and visited a clinic for the first time when six months pregnant. The testifier wanted a C-section because of recommendations from acquaintances, and the doctor agreed to perform it. She paid 200 yuan in total: 100 yuan for the operation and 100 yuan as a token of gratitude, which included the cost of dining out once. C-sections are common in North Korea, in part because they wanted their baby to be born in a “lucky day” according to local traditions, and afraid of the pain of a vaginal delivery. Lately, C-sections became popular among the well-off; the testifier suspected it was mostly because of the fear over pain.</p>	<p>NKHR2018000049 2018-06-04</p>

115) NKHR2017000001 2017-04-10; NKHR2017000009 2017-04-10; NKHR2017000014 2018-04-10; NKHR2017000075 2017-08-28; NKHR2017000100 2017-10-23; NKHR2018000016 2018-04-09; NKHR2018000081 2018-07-30.

116) NKHR2018000012 2018-03-12; NKHR2018000057 2018-07-02.

117) NKHR2017000014 2017-04-10.

118) A number of testimonies the authors collected involved pregnancy and childbirth. To reflect the latest situation possible, the authors selected testimonies that mention specifically when a pregnancy or childbirth occurred, and prioritized accounts of events that happened no more than 5-6 years ago.

Testimony	No.
<p>The testifier delivered a child at home in Yanggang Province in 2011. The head of her local clinic came to support her delivery. It's common in North Korea to give birth at home.</p>	<p>NKHR2018000061 2018-07-02</p>
<p>The testifier gave birth at home in Yanggang Province in 2011. She recognized her pregnancy because her period stopped while nausea and vomiting began. She doesn't know any other way to confirm a pregnancy. She went to a private OB/GYN clinic, where she could listen to the fetus's heartbeat and check if the fetus was normal. She received a check-up only once during the entire pregnancy. One exam cost 5~10 yuan. A private doctor came for midwifery support upon delivery. She was unaware of any state support before or after a childbirth.</p>	<p>NKHR2018000101 2018-10-01</p>
<p>The testifier delivered a child in 2012, in a hospital in North Hamgyeong Province. Because her baby was in a wrong position in the womb, she chose a hospital labor, but others often do otherwise. Quite a lot of women give birth at home. She paid 5kg of rice to her doctor as a token of gratitude. After the pregnancy was confirmed, the testifier received a prenatal card. She had a prenatal check-up every month, in which a doctor examined her belly by pressing it with hand. The doctor recommended drinking granulate sugar (sugared water) if her amniotic fluid were insufficient. She took a two-month leave before the birth, and a three-month leave after the birth.</p>	<p>NKHR2015000015 2015-01-27</p>
<p>The testifier gave birth in 2012 in a Yanggang Province hospital. she had a C-section, following the recommendation of her sister who also did it. She said it was better because natural delivery is so painful. The testifier paid the doctor and nurses around the cost of dining out once.</p>	<p>NKHR2018000062 2018-07-02</p>
<p>The testifier's child was born in 2013 at home, in Yanggang Province. Her midwife was a neighbor who was a retired hospital head. She paid her with rice. On prenatal care and prenatal and postpartum leaves, she said "the state gives you nothing, you have to take care of yourself at home."</p>	<p>NKHR2016000128 2016-08-09</p>

Testimony	No.
<p>The testifier gave birth in 2013 in a Yanggang hospital. The confirmation check-up was free. She had an ultrasound test in the provincial hospital when six and half months pregnant. Although it was free, she gifted a pack of cigarette and five yuan for the oil used to run the electricity generator. She paid 50 yuan for delivery care. Her family brought firewood to keep her warm during the hospitalization. She took a maternity leave shortly after she recognized her pregnancy, and did not return to work until the first birthday of the child.</p>	<p>NKHR2017000009 2017-04-10</p>
<p>The testifier gave birth in 2015 at home, in Yanggang Province. Having missed her period for 3 months with nausea and vomiting, she saw a doctor who diagnosed her as being 10 weeks pregnant. She never visited a clinic for another check-up during the pregnancy. Nor did she receive essential vitamins or medications. She chose a home birth because she lacked money, and it was challenging to visit a hospital in her rural town. Single pregnant women avoid going out because of the hostile attitude towards them.</p>	<p>NKHR2018000038 2018-05-08</p>
<p>The testifier gave birth in 2015 at home, in Yanggang Province. Her mother, a midwife, supported her during the delivery.</p>	<p>NKHR2018000072 2018-07-30</p>
<p>The testifier's daughter gave birth at a maternity hospital in Yanggang Province in 2015. The doctor recommended a C-section, but she went for natural delivery. The testifier presumed the doctor preferred the easy way because if anything happened, he or she was held accountable. After the birth, the mother paid 130 thousand North Korean won (100 yuan). It was a set price.</p>	<p>NKHR2018000091 2018-08-27</p>
<p>A child of the testifier was born in 2015, in a maternity hospital in Yanggang Province. Feeling sick and without an appetite, she went to an official clinic where she was misdiagnosed as a miscarriage. A private doctor, however, confirmed her pregnancy. In the fifth month, she started to visit the maternity hospital every month for a check-up. She learned the fetus's sex and current position in</p>	<p>NKHR2018000093 2018-08-27</p>

Testimony	No.
the womb. No free vitamin or nutrition supplements were supplied by the State. For delivery, she paid 100 yuan, other than the 70 yuan she spent for medicines. She gifted 15 yuan to her nurse, and five packs of cigarettes to her doctor.	
The testifier delivered a baby in 2016, in a maternity hospital in Gangwon Province.	NKHR2017000013 2017-04-10
The testifier gave birth in 2016, in a Hamgyeong hospital. Having undergone a C-section, she gave 50,000 North Korean won to the head of the OB/GYN division as a token of gratitude. She was hospitalized for 6 days for free. There was another surgeon for anesthesia; other drugs needed were supplied by the testifier herself.	NKHR2018000040 2018-05-08
The testifier's sister gave birth in 2017 in a maternity hospital in North Hamgyeong Province.	NKHR2017000021 2017-11-20
The testifier paid 50 yuan for delivery care in 2017 after labor.	NKHR2018000038 2018-05-08

Having established a range of legislations to promote maternal health, North Korea appears to be making considerable efforts to put their principles into practice. Studies by multiple international organizations also indicate that maternal health of North Korean women is at a high level. However, in-depth interviews with defectors revealed that such institutions or statistics fail to reflect the reality. Many have an artificial abortion after failed attempts at birth control. Worse, the unsafe conditions of illegal private clinics sometimes take the patient's life. Contrary to official statistics, many interviewees said they received no antenatal check-up. In most accounts, doctors were paid, violating the principle of free healthcare stipulated in relevant laws. It implies the need to bridge the gap between formal statistics and reality, not just for North Korean authorities but international organizations who carry out surveys.

3. Management of Epidemics

A. Institutional Situation

North Korea has emphasized preventive medicine based on the District Doctor System. On March 26, 1968, Kim Il-sung published a work titled, “On Combating Epidemics More Effectively.” In 2018, in a briefing session that celebrated the publication’s 50th anniversary, Kim Jong-un emphasized the need to promote the healthcare industry to be on a par with advanced countries in terms of health indicators, including life expectancy and epidemic prevention rate, and to provide sanitary living conditions and environments.¹¹⁹⁾ North Korea carries out epidemic prevention via central and regional hygiene and anti-epidemic stations.¹²⁰⁾ There are separate departments and medical facilities (prevention centers and sanatoria) specifically designed for tuberculosis or hepatitis management. North Korea has enacted and implemented the Law on the Prevention of Epidemics; the Medical Care Law also has provisions on epidemic prevention and treatment.¹²¹⁾ North Korea’s Ministry of Public Health has established the National TB Control Program for prevention and management of tuberculosis.¹²²⁾ North Korea institutionally carries out tuberculosis

119) Korean Central News Agency, “Briefing Session Held to Celebrate 50th Anniversary of Publication of Comrade Kim Il-sung’s Classic, *On Combating Epidemics More Effectively*,” *Rodong Sinmun*, 27 March 2018. (in Korean)

120) So-in Kim, “What is important in Sanitation and epidemic prevention Project: Chollima-guyok Hygiene and Anti-Epidemic Stations,” *Rodong Sinmun*, 26 January 2018. (in Korean)

121) Article 21 (Notification of Communicable Diseases) of the Medical Care Law sets out “medical institutions shall notify relevant institutions of any signs of an epidemic or suspected case thereof. In such cases, emergency measures including disinfection shall take place to prevent the spread of the disease.”

122) Heeyoung Shin *et al.*, *Unified Healthcare: Inter-Korean Cooperation and Integration of Healthcare*, p. 97. (in Korean)

diagnosis and tests, drug resistance tests and treatment through central institutions, namely the Central Tuberculosis Prevention Center and National Tuberculosis Standard Laboratory. Moreover, there are regional tuberculosis prevention centers, regional tuberculosis standard laboratories and tuberculosis departments at city and county hospitals. If there is a suspected tuberculosis case in village and neighborhood clinics, confirmation of diagnosis can be requested to a nearby microscopy laboratory.¹²³⁾ Since GAVI, the Vaccine Alliance started to provide support in 2003, North Korea has operated a monthly neonatal inoculation program in each region to prevent vertical infection of hepatitis B.¹²⁴⁾ For institutional hepatitis control, neighborhood and village clinics and village-level people's hospitals can refer hepatitis-suspected patients to sanatoria or hospitals specialized in hepatitis treatment.

Epidemic management is the most significant aspect in the public healthcare system. After experiencing food shortages in the 1990s, North Korea has become more vulnerable to communicable diseases due to the compromised immunity of residents caused by chronic malnutrition and a lack of drinking water and sanitary facilities. As North Korea struggles to supply medicine, the international community doubled down on healthcare support to the country, with a focus on epidemic management.

¹²³⁾ *Ibid.*, p. 100.

¹²⁴⁾ *Ibid.*, p. 106.

B. Current Status

North Korea's preventive medicine and District Doctor System aim to prevent infectious diseases in a preemptive manner and facilitate a systematic response from the bottom of the medical care system. In truth, as the healthcare system at large became incapacitated, the national epidemic prevention and treatment system today also fails to function properly.¹²⁵⁾ The following is a study of the current status of North Korea's response against epidemics such as tuberculosis, hepatitis and typhoid based on the testimonies of North Korean defectors in South Korea.

(1) Epidemic Prevention

According to some North Korean defectors, North Korea has put a greater emphasis on epidemic prevention and treatment since Kim Jong-un came to power. They believe policy changes have been implemented in the country across medical institutions of all levels, from the smallest institutions, including neighborhood and village clinics, to province hospitals.

Moreover, precaution against communicable diseases was strengthened, for example, via various instructions sent to *Inminban* (neighborhood units) or enterprises. Of course, the North Korean authorities' response to epidemics may have structural and fundamental limitations due to the inadequate healthcare system. Nevertheless, it might be meaningful to pay attention to new trends described in some testimonies. The North Korean government appears to prioritize infectious disease

¹²⁵⁾ According to most testifiers, the District Doctor System or free healthcare only exist as formalities and almost do not function in reality. For related testimonies, see NKHR2018000026 2018-04-09; NKHR2018000042 2018-06-04; and NKHR2018000099 2018-10-01.

control, mindful of the potential of epidemics as a threat to the society at large instead of confined to individuals.¹²⁶⁾

North Korea's response to epidemics consists of two steps: outbreak and spread prevention, and treatment. Outbreak prevention refers to local authorities' awareness on the seriousness of the issue and a series of measures including school education and vaccination, which can fundamentally eliminate the causes of epidemics. According to most North Korean defectors who were interviewed on this subject in 2017 and 2018, North Korean health authorities, although insufficient, do take preventive measures. For example, the interviewees testified that they had received basic education on healthcare and epidemics at school as well as vaccinations conducted by neighborhood authorities or enterprises. It was further revealed that North Koreans receive measles and chickenpox inoculation shots at local clinics. Also, schools temporarily closed down in some past epidemic outbreaks.¹²⁷⁾

With the support of the international community, North Korean children appear to receive essential immunization in a timely manner. However, large-scale vaccination campaigns against general communicable diseases seem to be carried out only after deaths from epidemic diseases are reported, rather than conducted preemptively. Some testifiers recalled that students received free vaccination at school when an epidemic, for example cholera, spread. Another defector said elementary schools provide health education, including the importance of washing hands.¹²⁸⁾ A defector was inoculated

¹²⁶⁾ Kim Seokju *et al.*, *Illness Model and Illness Behavior of North Korean People* (Seoul: Seoul National University Press, 2015), pp. 215~216. (in Korean)

¹²⁷⁾ NKHR2018000008 2018-03-12.

¹²⁸⁾ NKHR2018000026 2018-04-09.

against measles in school for free.¹²⁹⁾ From the testimonies of North Korean defectors, the following characteristics can be derived:

First, many defectors testified that vaccination was carried out by neighborhood clinics.¹³⁰⁾ As vaccination is the most important step in preventing the spread of communicable diseases, providing it in a systematic manner is critical.¹³¹⁾ An unnamed defector revealed that when he received a measles vaccine in July 2017, nursing staff were dispatched to visit each household in accordance with the *Inminban*'s list in order to take preventive measures.¹³²⁾ According to some testimonies, typhoid and measles spread in Hyesan in 2016 and the summer of 2017. In response, North Korean authorities carried out preemptive prevention measures via neighborhood clinics.¹³³⁾ Similarly, clinics provided free immunization shots for typhoid, paratyphoid fever and measles in 2016 for both children and adults.¹³⁴⁾ When Hoeryeong was flooded in 2016, health authorities encouraged people to have a medical check-up to ward off waterborne disease outbreaks caused by contaminated water.¹³⁵⁾ Vaccination shots were also provided in Onsung County, North Hamgyeong Province after a flood in 2016.¹³⁶⁾ Preventive measures taken via neighborhood clinics,

¹²⁹⁾ NKHR2018000052 2018-06-04.

¹³⁰⁾ A notable example is NKHR2017000001 2017-04-10.

¹³¹⁾ According to many interviewees, although North Koreans generally receive vaccination while they are in school, they barely receive any vaccination once they have graduated and started working. One interviewee testified that he has never received any vaccination after graduating from middle school and that infected patients were not quarantined. NKHR2017000023 2017-05-08.

¹³²⁾ NKHR2017000116 2017-11-20.

¹³³⁾ After the death of two typhoid patients caused by the outbreak, typhoid vaccination was carried out in two occasions. In Hyehwa-dong, Hyesan, district doctors conducted education on disinfection. NKHR2017000113 2017-11-20.

¹³⁴⁾ NKHR2018000049 2018-06-04.

¹³⁵⁾ NKHR2017000024 2017-05-08.

¹³⁶⁾ NKHR2017000030 2017-06-05.

the most easily accessible medical institution for most residents, and *Inminban*, the administrative unit closest to people's daily lives, seem to have effect to a certain extent in preventing and controlling epidemics. However, those measures were taken only after the outbreak or spread of a disease. A more systematic and preemptive immunization policy based on mid- to long-term healthcare plan is required instead of short-term measures following an outbreak.

Second, some interviewees testified of the government's awareness campaigns on the seriousness and prevention of communicable diseases via the District Doctor System. Under the system, which is a core element of North Korea's healthcare regime,¹³⁷⁾ doctors are assigned to each district to take care of patients. Some instances shed a light on the reality of the District Doctor System, which is widely perceived as defunct after the Arduous March in 1990s. Defectors' accounts mentioned how the system is, albeit partly, working as a response measure against national crises such as epidemics.

More specifically, when typhoid reoccurred in North Korea in 2017, a meeting of *Inminban* was held to inform of the disease's resurgence and deliver appropriate precautions to each *Inminban*. District doctors also participated in the meeting and took some concrete measures, including propagation activities. However, they reportedly did not distribute actual medications for treatment. Instead, the authorities distributed disinfectants and encouraged people to boil water before drinking and visit a doctor.¹³⁸⁾ Another testimony revealed

¹³⁷⁾ Article 28 of the People's Health Law stipulates that "the State shall announce and develop the District Doctor System, an advanced medical care system that designates to every division at least one doctor who will be responsible for the geographical unit, take care of the health of the residents and undertake preventive care projects."

¹³⁸⁾ NKHR2018000101 2018-10-01.

that North Korean residents in general perceive the government's anti-epidemics measures as mere formalities or insufficient.¹³⁹⁾

Nevertheless, some testimonies show that North Korea has started to highlight the importance of epidemic prevention to a certain degree since the beginning of the Kim Jong-un era.¹⁴⁰⁾ At some point after Kim Jong-un came to power, the government ordered healthcare workers to establish “a nation without communicable diseases (such as hepatitis and tuberculosis).” Accordingly, some concrete measures were implemented, including strengthened roles of disease control centers, epidemics surveys by age group (focused on specific symptoms such as cough and sputum) and free supply of medicine to suspected patients (for 6 months).¹⁴¹⁾

On a similar note, the North Korean government reportedly provided typhoid vaccines free of charge in the face of a typhoid outbreak in Hyesan in July 2017.¹⁴²⁾ An anonymous defector testified that district doctors, after work, would ask *Inminban* leaders to gather people up for a typhoid awareness session.¹⁴³⁾ Although criticized as a mere formality by many defectors, the District Doctor System appears to be at work as part of North Korea's anti-epidemics efforts, connected with the *Inminban* system in a complementary fashion.¹⁴⁴⁾

139) NKHR2017000018 2017-05-08; NKHR2018000104 2018-10-01.

140) For example, 61 out of every 100,000 people die from TB in North Korea. This is significantly higher compared to South Korea 5, China 2.5 and Japan 2.5. In 2016, Kim Jong-un ordered the launch of a three-year project to prevent TB; however, it is still one of the most threatening diseases in North Korea. Dong-ho Han *et al.*, *White Paper on Human Rights in North Korea 2018* (Seoul: Korea Institute for National Unification, 2018), p. 286.

141) NKHR2018000072 2018-07-30.

142) NKHR2018000109 2018-10-06.

143) *Ibid.*

144) Meanwhile, some people showed negative perception towards the government's response

〈Table III-7〉 Testimonies on Epidemics Control

Testimony	No.
When there is a patient diagnosed with an infectious disease, people cannot come and go freely. Authorities do not issue travel licenses. Only those approved by local hygiene and anti-epidemic stations can travel. In 2014, authorities started to strictly control the anti-epidemic list. When there is an outbreak, the district doctor separates and blocks residential areas.	NKHR2017000059 2017-07-31
District doctors do not have much of a role on a normal day, but they took charge of vaccines during a epidemic hemorrhagic fever outbreak in 2014.	NKHR2018000016 2018-04-09
When Hoeryeong was flooded in 2016, city officials encouraged people to have a medical check-up to prevent waterborne epidemic outbreaks caused by contaminated water. A day was designated as the check-up day for every neighborhood, and residents who missed that day could not be examined.	NKHR2017000024 2017-05-08
After a soldier died in Daeochon District, Yanggang Province, residents received free inoculation shots against epidemic hemorrhagic fever.	NKHR2017000129 2017-12-18
In 2016, local clinics alerted of typhoid, paratyphoid and measles outbreaks, and encouraged vaccination. Free vaccines were provided for both adults and children.	NKHR2018000049 2018-06-04
In 2016, authorities urged people to get examined because of a syphilis outbreak, but the testifier did not see an OB/GYN doctor.	NKHR2018000058 2018-07-02

against epidemics with regard to their personal experience. During the spread of typhoid that lasted from October 2017 to the Spring of 2018, the brother of one interviewee contracted the disease on April 15, 2018. Although he was able to survive after going to the Second People's Hospital and finally undergoing surgery at a Provincial Hospital, he had to spend more than 6,000 North Korean won that he had earned via smuggling in Hyesan. The same interviewee revealed that although the patients with communicable diseases are quarantined, the condition of isolation rooms was "pathetic." NKHR2018000101 2018-10-01.

Testimony	No.
<p>For the first time since the Arduous March, one person was killed by typhoid in 2016. The testifier heard that the disease even infiltrated Pyongyang. If diagnosed with typhoid, the patient has to cover the cost of isolated care and medicines. Authorities launched propagation activities for disease prevention and distributed disinfectants, encouraging people to boil water before drinking. These tasks were carried out by enterprises, district doctors and <i>Inminban</i> leaders. An intensive vaccination campaign was conducted at the county level for those aged 16 and older. Cities are especially vulnerable to infectious diseases. There was a rumor that eating Chinese food could infect people with diseases.</p>	<p>NKHR2018000072 2018-07-30</p>
<p>In 2016, 8 people died of typhoid in Chun-dong and Yeonpoong-dong in Hyesan. Many others were hospitalized. The district doctor gave a lecture and explained the results of tests on river water, and attached guidelines, which instructed residents to boil water for disease prevention, written by himself. There were also free vaccine shots.</p>	<p>NKHR2018000093 2018-08-27</p>
<p>After two people died of typhoid in Hyesan in March 2017, a mass vaccination targeting the general public took place twice in May and June. In the case of Hyehwa-dong, the handles of school doors were sterilized, and residents were asked to bring their individual water bottle. The district doctor propagated that drinking water should be boiled.</p>	<p>NKHR2017000113 2017-11-20</p>
<p>In 2017, a neighbor with typhoid went into debt trying to afford the medicines without government support. The person was treated in a hospital, but did not fully recover even in 2018. After a typhoid outbreak in 2017, town officials summoned residents and provided vaccination.</p>	<p>NKHR2018000091 2018-08-27</p>

Testimony	No.
The testifier heard there would be a mass vaccination to stop the spread of a typhoid outbreak in 2017, but the person's turn did not come by April 2018. Local <i>Inminban</i> carried out propagation, urging people to visit a hospital in a timely manner and got phenicol because there was a typhoid outbreak.	NKHR2018000101 2018-10-01
People died of typhoid in Hyesan In July 2017, and the testifier was vaccinated against the disease.	NKHR2018000109 2018-10-06
Because of a paratyphoid spread in 2017, the <i>Inminban</i> distributed water disinfectant for each household.	NKHR2018000110 2018-10-06
The testifier heard that employees of certain types of enterprises, for example food production enterprises, must receive health check-ups.	NKHR2017000041 2017-07-03
When there is an epidemic outbreak, people are isolated by district. The isolation ends in 45 days, but nobody follows the rule. Those who should be isolated stay at home, while others move around.	NKHR2017000052 2017-07-03
The state cares about vaccination. Because if it does not, it would be unable to handle epidemic outbreaks.	NKHR2018000023 2018-04-09
Every village has a clinic and the district doctor visits the <i>Inminban</i> in his or her charge to inform people about what diseases are spreading where, the disease's symptoms and how to prevent it. The doctor also gives vaccine injections, educating people to visit a hospital in a timely manner.	NKHR2018000037 2018-05-08
The testifier's husband was a district doctor, but he allowed <i>Inminban</i> leaders to conduct sanitation propaganda. Vaccination was carried out once or twice a year.	NKHR2018000056 2018-07-02

(2) Treatment of Epidemics

Despite the government's intermittent measures against communicable diseases, most infected patients hardly receive appropriate treatment due to insufficient medical facilities. Notably, North Korea fails to properly manage TB and hepatitis, two of the most rampant infectious diseases in the nation. Reportedly, TB hospitals are poorly equipped, although the nation is home to a large number of TB patients.¹⁴⁵⁾ As a result, most TB patients died without receiving sufficient treatment.¹⁴⁶⁾ An anonymous defector told interviewers that tuberculosis is rampant in North Korea, and his sister-in-law, suffering from TB since 2014, could not get an appropriate diagnosis or treatment because her family could not afford various expenses.¹⁴⁷⁾

It is difficult to generalize the current healthcare situation of North Korean residents based on defector testimonies, which vary significantly based on region and individual. However, majority of testifiers agree that free medical care and the District Doctor System, both of which North Korea has boasted, are a mere formality that does not work in practice. Neighborhood clinics, the lowest-level medical facilities in North Korea, are nominally still in operation; but in reality, residents rely mostly on private healthcare services.¹⁴⁸⁾ Still, it can be said North Korea regards this as a serious issue, since the prevention of epidemic outbreak and spread is a matter of public health not confined to some

¹⁴⁵⁾ NKHR2018000004 2018-03-12.

¹⁴⁶⁾ NKHR2018000001 2018-03-12.

¹⁴⁷⁾ NKHR2017000008 2017-04-10.

¹⁴⁸⁾ Likewise, some interviewees testified that they used privately-operated pharmacies because official hospitals or clinics run by the government do not have sufficient medicines. For details regarding private medical practice outside the realm of official medical institutions, see Dong-ho Han *et al.*, *White Paper on Human Rights in North Korea 2018* (Seoul: Korea Institute for National Unification, 2018), pp. 279-283.

individuals.

It is well-known that discrimination exists in North Korea's healthcare services. Such discrimination also applies to the treatment of epidemics. An unnamed testifier who used to work at a research institute said he received a medical check-up every six months for diseases such as hepatitis and TB, and the institute provided inoculation shots during outbreaks of avian influenza.¹⁴⁹⁾ Some types of enterprises provided health check-ups that include tuberculosis and hepatitis tests.¹⁵⁰⁾

Another anonymous defector said to the interviewers that for a separate management of communicable diseases, there were a TB ward and a hepatitis ward in Daehongdan County, Yanggang Province, which patients could visit whenever they wanted.¹⁵¹⁾ There is also an instance where a patient admitted himself to the TB ward.¹⁵²⁾ In such cases, the patient is expected to bear all expenses incurred by the hospitalization. Some people find out they are infected with TB via medical check-up offered by the government; however, many other patients have to go to a hospital by themselves for a diagnosis.¹⁵³⁾ As in many other areas of the North Korean healthcare system, individual patients bear more costs than medical institutions with regards to epidemics management, which leads to varying qualities of medical care based on one's wealth. As TB and hepatitis treatment require

149) NKHR2018000044 2018-06-04.

150) NKHR2017000075 2017-08-28.

151) NKHR2017000093 2017-10-23.

152) NKHR2017000135 2017-12-18.

153) Heeyoung Shin *et al.*, *Unified Healthcare: Inter-Korean Cooperation and Integration of Healthcare*, p. 100. Even in such cases, patients need to have the financial capacity to actively admit themselves to hospitals, including TB hospitals. NKHR2017000077 2017-08-28; NKHR2017000094 2017-10-23.

continuous care, many patients' conditions deteriorate further because of the inadequate medical support they receive.

Considering the poor conditions of North Korea's medical sector, the government's measures to prevent the outbreak or spread of epidemics and treatment of such diseases is not comprehensive enough to overcome the varying quality of available medical care based on economic power or social stratum. Nevertheless, there are new changes that may be felt by the general public. For example, patients diagnosed with TB are now provided with medicines for free.¹⁵⁴⁾ Some defectors also testified that the medicine supply is carried out on a regular basis to offer medication counseling. In fact, North Korea's policy efforts can be rather highly evaluated in that TB medicines obtained via international aid are provided to the general public.¹⁵⁵⁾

〈Table III-8〉 Testimonies on TB and Hepatitis

Testimony	No.
The Party launched a campaign against TB in 2010. They were committed to eradicating it at least in Pyongyang. Colleges expel students with open tuberculosis. The testifier was aware of the case of a university student kicked out of school for open TB in 2016.	NKHR2017000083 2017-09-25
The testifier's sister-in-law paid a pack of cigarettes for a X-ray scan in a military hospital around 2014, but the result was hardly recognizable because the	NKHR2017000008 2017-05-08

154) According to a testimony, although patients diagnosed with TB can receive medicines for free, some single women buy medicines from private pharmacies because of the fear of social stigma. NKHR2018000080 2018-07-30; NKHR2017000135 2017-12-18.

155) According to some defector testimonies, TB medicines provided by Eugene Bell Foundation were distributed for free. A defector revealed that his wife was hospitalized at the Gangso County TB sanitarium in Nampo for 6 months before her death in 2004. During the 6-month stay, she received TB medicines provided by Eugene Bell Foundation. NKHR2018000084 2018-08-11.

Testimony	No.
<p>machine was too old. Although there was no reliable diagnosis, she was recommended to purchase drugs in the hospital. In December 2016, when the testifier left North Korea for good, she was still suffering from TB.</p>	
<p>There are a lot of people with TB. A TB hospital was built near Wiyon, but it was poorly equipped.</p>	<p>NKHR2018000004 2018-03-12</p>
<p>There are wandering unofficial doctors called “shepherd doctors,” who offer acupuncture and cupping therapies. The testifier heard that some people with ascites of the liver had their condition worse after being treated by a shepherd doctor.</p>	<p>NKHR2017000002 2017-04-10</p>
<p>If you are a TB patient, the government offers a regular check-up, but there is no medicine supply.</p>	<p>NKHR2017000042 2017-07-03</p>
<p>The testifier’s division doctor and <i>Inminban</i> leader continuously promoted a plan to supply TB patients free drugs for 6 months. There was a TB prevention center in Chun-dong, Hyesan.</p>	<p>NKHR2017000113 2017-11-20</p>
<p>There are so many TB patients, but individuals take care of them, not the state.</p>	<p>NKHR2017000123 2017-11-20</p>
<p>The testifier witnessed many people die of TB or liver ascites. Poor people are more likely to die because of malnutrition. The testifier lived nearby Ward 68 for Infectious Diseases, where only military personnel were allowed to be admitted. Civilian patients could only take tests.</p>	<p>NKHR2018000008 2018-03-12</p>
<p>If diagnosed with TB, a patient receives drugs for 6 months. One may need to spend some money to get a TB diagnosis in the Shinpa Military Hospital. People also treat hepatitis by themselves. Neither TB nor hepatitis are adequately managed.</p>	<p>NKHR2018000028 2018-05-08</p>
<p>TB medicines provided by the UN and Eugene Bell are supplied for free.</p>	<p>NKHR2018000084 2018-06-04</p>
<p>It is mandatory that babies get vaccinated against TB or hepatitis in the first 24 hours after birth.</p>	<p>NKHR2018000061 2018-07-02</p>

Testimony	No.
<p>Health authorities were ordered to “make a country free of infectious diseases (TB and hepatitis)” after Kim Jong-un’s rise to power at some point that the testifier could not remember. The role of hygiene and anti-epidemic stations was expanded. Adult members of every household were surveyed (on specific symptoms such as cough and sputum) and suspected patients underwent X-ray scans in the Doje No. 3 Prevention Center. If diagnosed with TB, they received enough medications for 6 months. For steady medication counseling, the drugs were provided on a weekly basis, and the patient could receive a week’s dose after returning the empty drug cases. The testifier assessed that around 80% of the patients continuously took the drugs for 6 months.</p>	NKHR2018000072 2018-07-30



IV

Measures to
Enhance the Right
to Health in North Korea



IV

Measures to Enhance the Right to Health in North Korea

1. Restoration of the Regional Emergency Medical System

In the 2017 report, UNICEF argued that improving the quality of medical care in village-level medical facilities, as shown in 2013~2014 Maternal and Neonatal Needs Assessment, is the most important aspect for maternal and neonatal survival, pregnancy and childbirth in North Korea.¹⁵⁶⁾ Village-level clinics do not have basic examination or emergency medical equipment. They are also ill-equipped with medicines and equipment for emergencies in childbirth nor insulation equipment for premature infants. Although North Korea is currently rebuilding and modernizing city and county hospitals, there is no system in place to ensure transport of patients from farming villages or remote areas to city or county hospitals. A number of North Korean defectors testified that the costs of prenatal care prevented them from visiting a hospital until childbirth unless there was a particular problem. This is contrary to the situations described in UN reports. Some accounts revealed that people who can afford medical costs may go to the hospital to find out the baby's gender on ultrasound or choose to give birth by a cesarean section, following the doctor's recommendation that C-section is the healthier way of delivery, even when it is medically unnecessary. However, it seems that pregnant women living in farming

¹⁵⁶⁾ UNICEF, "Situation Analysis of Children and Women in DPR Korea," (2017), p. 51.

villages cannot receive appropriate prenatal care. According to some testimonies, private doctors may recommend pregnant women to give birth at a hospital if they are concerned about potential risks during delivery.

Members of the Korean Democratic Women's Union who are registered as pregnant appear to be exempt from labor mobilization. Some women are provided with vitamin supplements, but not all of them took them due to a lack of understanding of vitamins' benefits. In general, contrary to the statistics, there might be no systematic management of maternal nutrition or pre- and post-natal care in North Korea. To see a doctor during pregnancy, people must bear financial burdens. As a result, those who are financially challenged do not have access to appropriate prenatal care. For an effective prenatal care, free-of-charge nutrition and medical services must be provided in a comprehensive manner for all registered pregnant women. Identifying pregnant women with anemia or malnutrition via periodic weight measurement and blood test, and providing them with iron supplements and protein-rich foods, will effectively bring positive impact in maternal and child health. Another option might be systematic education on the importance of pre- and post-natal care. Given the nature of North Korean society, the country can make remarkable achievements within a short period of time if relevant institutions are assigned with specific duties and resources are intensely allocated towards the healthcare goals. In this regard, city- and county-level hospitals with an emergency care system must enhance their OB/GYN and pediatric care services to decrease maternal and infant mortality. In addition, village-based clinics must have an appropriate patient-transport system.

2. Enhancement of Epidemics Control System

“Adoption and implementation of a national public health strategy and plan of action” is one of the minimum core and priority obligations proposed by the CESCR. This means that a comprehensive plan for epidemic outbreak/spread prevention and treatment must be established, aiming beyond short-term measures targeting individual disease control. The priority obligations include “take measures to prevent, treat and control epidemic and endemic diseases.” North Korea under Kim Jong-un’s leadership seems to be making some efforts against communicable diseases to which it is vulnerable, such as TB and malaria, via the District Doctor System and *Inminban*. Nevertheless, it still lags behind in terms of a holistic plan to enhance the national healthcare regime. A systematic control of epidemics requires a sufficient supply of diagnostic medical equipment and medicines to medical institutions outside big cities. Notably, there were patients who could not comply with the required treatment period due to financial issues as medications were not given gratis. Thus, it is crucial to offer continuous medication counseling to patients with illnesses such as TB. Since North Korea has been largely dependent on international organizations to obtain vaccines and medicines against TB, malaria and hepatitis, there must be a continuous and stable cooperation between the North Korean health authorities and the international community. In reality, however, the Global Fund has decided to suspend its funding for malaria and TB projects in North Korea. To date, there is no concrete alternative.

The right to health as a Economic, Social and Cultural Rights, beyond the respect and protection of health, stretches to enhancement

of health. Therefore, a mid- to long-term, holistic action plan must be in place. Such a plan may aim to improve a wide range of social fundamentals, including drinking water, hygiene and nutrition, instead of short-term measures such as promoting hygiene before and after an outbreak. In eradicating infectious diseases, international support and cooperation is as crucial as North Korea's own efforts, given that epidemic management may have a direct or indirect impact on neighboring countries such as China, Russia and South Korea. Thus, countries should actively discover what areas are in pressing need for international cooperation, for instance a joint malaria prevention or TB and hepatitis control, and join forces to come up with appropriate measures. Since newborn and child vaccination is an important element in TB and hepatitis prevention, such cooperation must be carried out in line with maternal and child health programs.

3. Capacity Building of North Korean Health Authorities

Capacity building of North Korean health authorities is critical to ensuring the fulfillment of the right to health for North Korean residents. Since Kim Jong-un came to power, there has been emphasis on the modernization and “scientification” of medical care under the vision of “building a powerful socialist civilization state.” It also strives to apply advanced medical technology in the field alongside the “telemedicine” and “hospital information system.” A properly functioning North Korean healthcare regime will not only need to invest in health and medical facilities but in education and training of medical service providers. In the aftermath of the past economic crisis, hospital facilities are now outdated, and doctors and nursing staff did not

receive adequate clinical training. To address this issue, the international community needs to bolster projects that aim to build the professional capacity of medical service providers. As part of the capacity building efforts, it may be possible to discuss ways to enhance ways to improve the educational environment of medical colleges, a task that has been carried out in a large scale since the start of the Kim Jong-un regime.

Such capacity-building programs for healthcare personnel is significant in that it is part of the Sustainable Development Goals that North Korea is actively pursuing.¹⁵⁷⁾

157) “SDG target 3.8 is an essential element of universal health coverage (UHC), which includes the promotion of sexual and reproductive health and child health, the prevention, treatment and management of communicable and non-communicable disease as well as the supply of essential medicines and vaccines against such diseases, trained medical professionals and protection on the burden of medical cost upon individuals,” WHO, *2016 Health SDG Profile: Democratic People’s Republic of Korea* (October, 2016), In: Joo-Young Lee, “North Korea’s Health Right Promotion and International Cooperation,” 2018 Korea Association for Social Welfare Studies’s Fall Conference and the 7th Social Security Forum for Unification, Korea Institute for Health and Social Affairs, 16 November 2018, p. 17. (in Korean)



Conclusion





V

Conclusion

The objective of this study is to examine the healthcare system in North Korea from the perspective of the right to health. As suggested by precedent studies and official reports of the UN and other international agencies, accessibility to medical services significantly varies by region and social stratum in North Korea. Moreover, as the central government fails to provide sufficient financial support to medical institutions, North Korea's "complete and comprehensive free medical care system" functions in a very limited fashion. In reality, most North Koreans have to endure financial burdens to receive necessary medical services. Against this backdrop, most of them resort to the medical services of private doctors or pharmacies unless it is an emergency situation that requires surgery, for instance external wounds. As a result, disease control is inappropriate in practice, and medical accidents occur frequently. In addition, the regime's failure to effectively address the illegal medicine trade and medical practices appears to have brought about rampant abuse of medications.

To prevent a humanitarian crisis after North Korea's economic struggle, the international community has continuously provided support with regards to healthcare. In the process, North Korea accepted the standards and recommendations of the international

community and carried out mid-to long-term development plans as well as basic investigation.

After coming to power, Kim Jong-un emphasized the superiority of North Korean socialism and showed special interest in the free education system and free healthcare system. Claiming to establish *Juche*, scientific and modern healthcare, North Korea is rebuilding hospitals, medical equipment factories and pharmaceutical factories. With newly-built facilities in and around Pyongyang presented as exemplars, the central government demands to improve regional healthcare facilities. Restoring such facilities, indeed, is significant in enhancing the health right of people in North Korea. However, to ensure a stable operation of these facilities, North Korea will need to devise plans for a sustainable supply of resources. If the regime manages to normalize the functions of state medical facilities and provide appropriate services at reasonable prices, North Koreans will feel less need to depend on unofficial and inappropriate medical services.

Since offering general medical services for free is impossible in the short term, North Korea may prioritize maternal and child health and epidemics control in resource allocation. This involves not only the financial commitment of the North Korean government, but also active international cooperation. It could also be aligned with the country's commitment to the UN's Sustainable Development Goals (SDGs) and International Covenants on Human Rights.¹⁵⁸⁾ In Universal Periodic Reviews of the United Nations Human Rights Council, North

158) Joo-Young Lee, "North Korea's Health Right Promotion and International Cooperation," pp. 16~19; Suk-hyon Choi, "Socialist Healthcare via Sustainable Development Goals," *Rodong Sinmun*, 28 January 2018. (in Korean)

Korea accepted the international community's recommendations on healthcare policy (See Appendix 1 and 2). Moreover, this could bear a special significance concerning the restoration of the People-first Principle, a goal of the Kim Jong-un regime. To overhaul the national healthcare system, North Korea needs to reflect, in all aspects of healthcare cooperation, a human rights-based approach and results-based approach under the Strategic Framework that it agreed to with the international community including UN agencies. To that end, surveys will need to be carried out in a continuous fashion on basic healthcare indicators and accessibility to medical services in North Korea. Simultaneously, North Korea must enhance the competence of the personnel who will handle international cooperation in the field of healthcare.

Appendix 1.

Recommendations Related to the Right to Health Accepted by North Korea at First UPR in 2009

38	Ensure that the rights of women, children and persons with disabilities are more effectively realized through the implementation of the strategy for the promotion of reproductive health, 2006–2010, the national strategy for the prevention of AIDS, 2008–2012, the primary health care strategy, 2008–2012, the national action plan for the well-being for children, 2001–2010 and the comprehensive action plan for persons with disabilities, 2008–2012 (Syria)
59	Invest sufficient resources to promote and protect the principle of equality in the fields of work, education and health (Libya)
90	Secure the right to food for all its citizens, especially so as to secure the right to health for children (Japan)
93	Address concerns of the international community, including shortage of food, medical and other humanitarian services (Philippines)
99	Take positive measures to further reduce infant mortality rates and maternal mortality rates (Syria)
100	Take measures to improve the quality of health services deteriorated due to lack of medical facilities and medicine (Iran)
101	Work on the enhancement of the free health care programme and free primary education, obtaining the necessary assistance through international cooperation (Libya)
109	Grant greater access to WHO and international NGOs working in the health field (United Kingdom)

Appendix 2.

Recommendations Related to the Right to Health Accepted by North Korea at Second UPR in 2014

124.53	Strengthen cooperation with international organizations, particularly in the areas of health, education and food (Burundi)
124.147	Take immediate steps to allocate proper budgetary resources to ensure protection of the rights to food, health, water and sanitation (Ukraine)
124.148	Include more effective methods for the increase of food production, continue to make efforts for increased production of medical supplies and facilities (Cuba)
124.156	Pay greater attention to the construction of sanitation facilities and housing constructions in rural areas (China)
124.159	Continue ensuring the right to safe drinking water and sanitation for all persons (Egypt)
124.160	Continue to make efforts to ensure the supply of quality drinking water to all of the population (South Sudan)
124.161	Increase access to food, healthcare, education, and adequate housing, throughout the country (Namibia)
124.162	Take further measures to improve access to basic health care, nutrition and education of children (India)
124.163	Take concrete measures to further improve hygiene and sanitation in all parts of the country (Kazakhstan)
124.164	Consider further increase in state expenditures on the health sector with a view to meeting the demand for medical supplies, including essential drugs (Belarus)
124.165	Continue to ensure effective functioning of the telemedicine system (Venezuela (Bolivarian Republic of))
124.166	Take appropriate measures to effectively implement the Strategy for Health (2011–2015) and some other programmes on health (Iran (Islamic Republic of))
124.167	Strengthen health-care services for its citizens through better training of the medical personnel, particularly in remote rural areas (Sudan)

124.168	Carry out a reproductive health strategy and other programmes for women's health with a view to reducing the maternal mortality rate as set out in the MDG (Turkmenistan)
124.169	Take concrete measures to improve health care for women to further decrease maternal mortality (Bangladesh)
124.170	Provide the necessary resources to the health system, in order to strengthen it, and especially in order to lower child and maternal mortality rates (Uruguay)
124.171	Continue actions to ensure that children in the most disadvantaged areas enjoy the same benefits in education and health enjoyed in urban areas (Venezuela (Bolivarian Republic of))
124.178	Continue to make efforts to ensure that children with disabilities and those without parents fully enjoy their the right to health, education and other social and cultural rights (Sri Lanka)

Special Report

The Right to Health in North Korea