

MonWHO 2014 Crisis Background Guide

Disaster on the Korean Peninsula

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Introduction

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Dear delegate to the World Health Organization Ad Hoc Committee on the Disaster on the Korean Peninsula (hereinafter referred to as the CDKP), please accept the thanks and warmest welcome of the Director General in this difficult hour. The following are briefing materials that have been put together by the WHO staff in order to prepare you for the committee. Please ensure that you also read the theme guide prepared for the WHO general meeting that will be taking place during this conference. The information contained in that guide will be useful in helping you draft legislation to ensure access to health care in the region. In addition, you will be joining the general assembly during their last two plenary sessions, in order to lend to their legislative proceedings the extensive experience you will have accrued during your handling of the crisis.

A note about the CDKP:

The Director General has set up this ad-hoc committee with expectation that it will focus on coordinating both a long and short term humanitarian response to this disaster. Because of the sensitive political issues in the region, the CDKP must not only coordinate aid and the efforts of the aid organizations represented, but must also navigate the political side of the crisis. As such delegates, while they do not have carte-blanche, are senior diplomats whose opinions and suggestions for courses of action will be taken into very serious consideration by their home nations or organizations.

The situation as it stands:

Four days ago, on the 4th of July, Tropical Storm Noru suddenly and violently became a Category 5 Typhoon (known in the West as a Hurricane) and unexpectedly made landfall on the Korean Peninsula at the 38th Parallel, the line of division between North and South Korea. Initially meteorologists believed the storm would not make landfall, but these storms are unpredictable; over the course of a few hours to storm grew in intensity and made a swerve towards land. Authorities in both the nuclear-weapon possessing Democratic People's Republic of Korea (the DPRK, also known as North Korea) and the Republic of Korea (ROK, also known as South Korea) were wholly unprepared for the storm; no evacuations or other precautions were taken or carried out. The storm, which was approaching from the south, suddenly arced northwards and then westwards, and hit the coast with winds in excess 220 km/h, wreaking havoc over the full 250 kilometers of the DMZ before weakening and being downgraded back to tropical storm status. Experts are saying Noru may be the most extreme hurricane in history-worse even than Haiyan, which hit the Phillipines last year. It is definitely the most severe in the history of the peninsula. Some experts maintain that rising global temperatures are the cause of the unprecedented severity of the storm. Speculations aside, one thing is clear: the storm has wrought catastrophic devastation along its path. Roads have been completely washed out, towns and villages have been severely damaged, power and utilities have been wiped out. The storm's strongest winds and heaviest storm surge was concentrated in a 20 kilometer radius around the

storm's eye. Though too far inland to be hit by the surge, the Seoul suburbs experienced heavy rainfall and some flooding. In addition, the heavy rain resulted in the flooding of several rivers in the North, destroying the bridges along the Imjin river that connect Pyongyang to the demilitarized zone. The only communications possible in the area are via satellite phone. At this time, the number of refugees, the number of dead, and the number of homeless has not been determined, but is expected to be in the thousands, and to rise steeply over time as medical supplies, food, and water become more scarce in the isolated affected area and as the injured succumb to their injuries. As of the time of the writing of this document, no aid organizations have been able to enter the affected zone due to absent transportation infrastructure. The state of hospitals and other emergency facilities is unknown, but without power and after having sustained heavy damage they cannot possibly be working at full capacity. In addition, world oil prices have skyrocketed due to the interruption of shipping in the region, and many South Korean stocks have plummeted due to the damage sustained by their manufacturing and research and development infrastructure. Companies closely linked to South Korean companies- specifically many U.S and Japanese tech firms- are predicting severe losses over the next weeks.

Any storm of this magnitude is a tragedy, but it is doubly unfortunate that it should happen between the two Koreas, which are technically still at war since the Korean War ended in an armistice in 1953, and which are separated by the DMZ- one of the most heavily fortified and mined borders in the world. Tensions have been high between both nations for years, and have spiked in the recent past with the ascension of Kim Jong Un to the post of Supreme Leader of North Korea. In order to cement his rule, and to force the South and its Western allies into talks that would benefit the North, Kim Jong Un raised tensions by testing missiles, claiming the DPRK was no longer bound by non-aggression pacts with the South, and detaining an American citizen on espionage charges¹. These tensions led to a peace conference between the Supreme Leader, the South Korean President, and ambassadors from the United States, the People's Republic of China, and the Russian Federation, that was ongoing at the time of the storm. This conference was being held, as is customary, at the Military Armistice Commission Conference Room, located on the Line of Demarcation in the heart of the DMZ, when the DMZ was hit by the storm. All contact with the delegates- including the President and Supreme Leader- has been lost, and it is uncertain what fate they have met. The talks were being held in camera, and as such it is not known if they were expected to be fruitful; however, some anonymous sources close to the conference had communicated that a tangible agreement was being discussed. Practically, this leaves the North without a Supreme Leader, and it is unclear who will step in to preserve the chain of command. This is especially concerning since, before the peace conference, Un had engaged in a "house-cleaning", removing apparent opponents of his rule from power, and leaving open the possibility of a power struggle in the North.

The violent and politically charged history of this region has led to several frightening challenges that have prompted the Director General to convene this ad hoc committee. Both North and South Korea maintain significant numbers of heavily armed forces in the region, and the United States also maintains nearly 30,000 troops in the South, many of them stationed along the DMZ. During the peace talks, however, all three nations drew down their troop strength by over 25%, as a show of good faith. Early reports show heavy movement of military personnel from all three armies back towards the border; this is likely to slow the movement of aid, as military convoys clog the roads. In addition, fewer military personnel in the region means fewer potential first responders to the crisis.

Experts say that, due to poor infrastructure and loss of land connection to Pyongyang, that the majority of Northern KPA (Korean People's Army) forces are likely operating without orders from central command; it is also not known if the North's extensive artillery coverage- is operational, or in contact with central command. This artillery, hidden in hills near the DMZ, can hit Seoul's suburbs- and some claim the city itself- and has been a major deterrent against military action by the Southern Republic of Korea (or ROK). South Korean and American troops, equipped with satellite communications equipment, have fared better; however they are reporting dead and wounded, and several American patrols have gone missing. The fences and towers that once guarded the DMZ have been destroyed by the storm, making the location of the extensive minefields ambiguous; in addition, the disruption of these defences makes it more likely that wandering soldiers may cross the DMZ, bringing them into potential conflict with their counterparts on the other side. Pressure has been mounting on President Barack Obama to move quickly to rescue wounded and stranded American troops; considering that the mid-term election is only a few months away in November and the Democrat President is aiming to retake the U.S House of Representatives from the Republican Party, it is inevitable that Obama will take this crisis very seriously. Indeed, the US Air Force has already, with the permission of South Korea's acting President Jung Hong-won, taken control of all functioning airports near the DMZ- including the Seoul international airport- with the stated aim of coordinating disaster relief and rescuing American soldiers. Several aid organizations have objected to this: during the 2010 Haitian Earthquake, the U.S Military controlled Haiti's sole airport, and aid organizations claimed that flights containing U.S soldiers coming in-country to provide security were prioritized over those of aid organizations trying to fly in food, doctors, medicine, shelter, and water sterilization equipment.

As part of negotiations leading up to the peace conference, the North agreed to reopen the Kaesong Industrial Complex, a joint North-South industrial project located north of the DMZ that employed 53,000 DPRK workers and 800 ROK staff. All contact with the complex has been lost, and thus 800 South Koreans are apparently stranded in North Korean territory. This has led to significant pressure on acting President Hong-won to rescue these civilians. In addition, South Korea's public opinion seems split between two camps: one that advocates for a humanitarian response to the crisis on the part of the South, in hopes that this will create an opportunity for peace- and trust-building with the North; and a more hawkish faction that advocates a pre-emptive strike on the North while their forces are disorganized. Both factions are weary of the tensions on the peninsula that have persisted since the "end" of the Korean War; both wish to see an end to the constant anxiety and fear, one way or the other. Rumours are circulating in the South Korean press that Hong-won is considering a run for President, should the President be found dead or incapacitated; this has led to much speculation over which part of the diametrically opposed and populace he will attempt to satisfy, or whether he will attempt to chart his own course.

Finally, we come to the most pressing matter: that of North Korean refugees. While the population directly affected by the storm is large and has already produced a flood of refugees, wounded, and homeless, scatterings of on-the-ground reports coupled with satellite images show that thousands of North Koreans inhabiting the region south of the Imjin river, having heard about the DMZ's weakened defences, have begun flooding towards the 38th parallel. They come, most on foot, with what few possessions they have; many of them have underlying medical conditions and infections and are malnourished due to the privations they experienced under the

Northern regime; they come in hopes of crossing the border into South Korea, reuniting with their long-lost relatives, or simply finding a better life. And in this ill-prepared yet determined state they are streaming towards a disaster area populated by tens of thousands of armed troops, seeded with huge numbers of landmines, and that is already burdened by those who were there when the storm hit. It is unknown what, precisely, the standing orders for DPRK soldiers are concerning citizens or soldiers who attempt to “defect” to the ROK; however, based on past experiences, these orders are likely to be retaliatory in nature. In addition, the North has shifted many of its troops towards the south, leaving gaps in its border with China which will likely attract yet more North Korean refugees, who already have a long history of crossing illicitly into China where they are often preyed on by human traffickers and sold into prostitution.

All of the above political and economic realities should be seen for what they are: challenges that must be surmounted in order to mount a swift and effective short-and long-term humanitarian response, which is the goal of this committee. The people in the region have, at the moment, effectively no access to adequate healthcare. It will be your job to ensure that all aspects of health- from food and water to shelter and waste disposal, from emergency medical care to planning for chronic care, from psychological treatment to the safety of refugees- are given adequate resources and that these resources are used effectively.

In other words you, delegate, are tasked with the following: to navigate the troubled political landscape populated by these hostile nations and their allies, and to, despite the difficulties inherent in the task, coordinate a humanitarian response that focuses on preserving the life, health, and dignity of both the people trapped in the affected region and of the refugees from the North that are heading towards the disaster area and towards the Chinese border. Your task is also to prevent regional tensions from flaring up and causing the kind of conflict that could only exacerbate the already critical humanitarian situation. But above all else, your task is to save lives. Do nothing, and thousands will perish of hunger, disease, exposure, and injuries; thousands more at the hands of the many armed groups in the region, and in the course of potential fighting between them. If the international community stands idly by, we will be guilty not only of shirking our duties towards our fellow persons, but of allowing an opportunity for the pursuit of peace to pass us by. And if we turn away from the prospect of peace, and from the duty to save our fellows, are we then deserving of peace or salvation ourselves?

In the rest of this document you will find information on the history, economics, and politics of the region; information regarding humanitarian responses to natural disasters and relevant aid organizations; information regarding refugee healthcare; as well as questions to guide the research you will need to do to prepare for the conference.

Guiding Questions:

1. What humanitarian aid- specifically- is likely to be needed?
2. How will it be deployed, and which organizations are best placed to deploy them?
3. What are the interests of the nations involved? Which side of the North-South do they support and why?

4. How can politics and conflict interfere with humanitarian responses? How can this be mitigated?
5. What are the capabilities, sizes, and strengths of the armed forces in the region?
6. How does the region's geography, weather, and terrain complicate aid responses?
7. See the "CIA World Fact Book" (<https://www.cia.gov/library/publications/the-world-factbook/>) for data on all the world's nations.

Historical Context

The present condition of the relations between North and South Korea is a direct product of their tumultuous political and military history, including their former status as a Japanese colony, the post-World War II division into North and South, and the outcome of the Korean War. Before 1945, Korea was a single entity that had been administered by Japan for 41 years.



Map of Korea under Japanese rule—1910

Following the defeat of the Japanese Empire and the other members of the Axis by the Allies in World War II, Korea was placed under a joint American-Soviet trusteeship designed to establish a provisional government in the state. However, when the time to host free elections arose, the Soviets refused to cooperate with the United Nations, instead annexing the North and founding a Communist state, the Democratic People's Republic of Korea (DPRK). The division between communist North and Western-backed South happened along the 38th parallel. The DPRK established the Provisional People's Committee for North Korea in February of 1946 under the leadership of Kim Il-sung. Meanwhile, the Western allied forces assumed control of the South until an uprising by South Korean citizens against the military government pushed the South to declare its independence in May of 1948. The People's Republic of Korea was thus born under the leadership of Syngman Rhee. Shortly after, the Soviets left the North, followed by an American withdrawal from the South in 1949, which left the new southern state vulnerable to attack. A plan to invade the South was drawn up between the Soviets and North Korea, with the potential for Chinese military and economic support for the war.

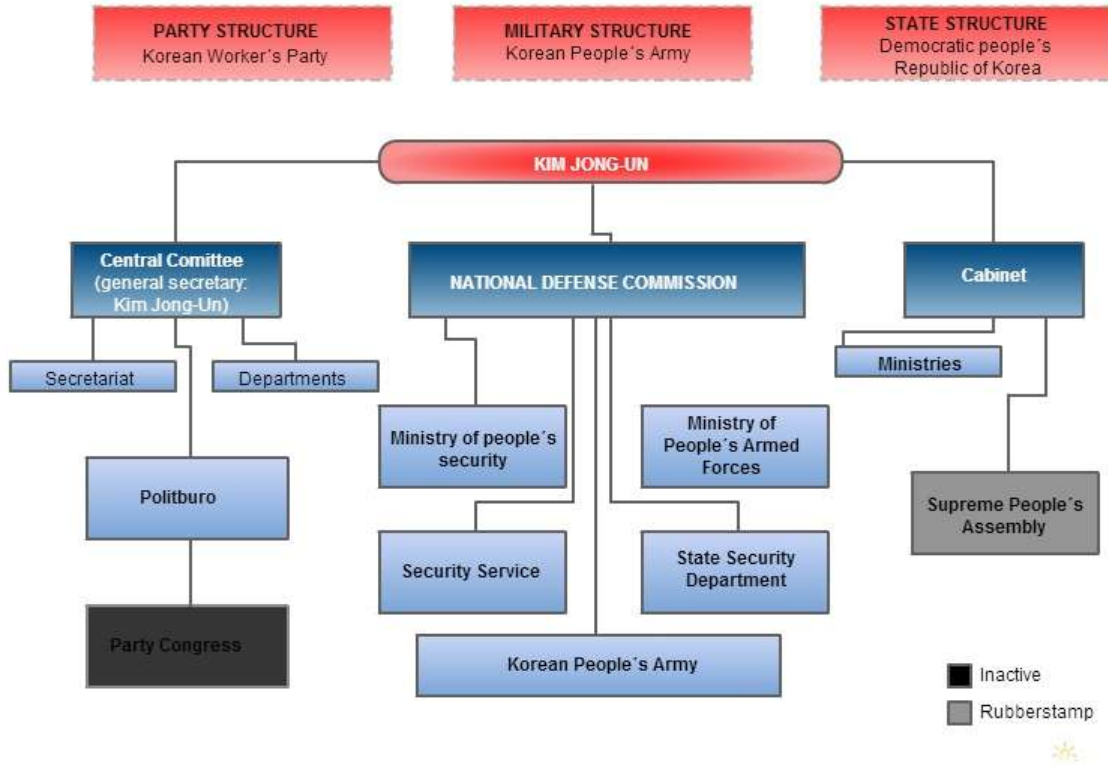
The Cold War between the United States and USSR was a series of proxy wars; the Korean War was one of these wars. The war was waged between North and South Korea from 1950 to 1953. It resulted in the deaths of over 1 million soldiers and civilians. The North was assisted by the Republic of China and the Soviets, while the South was defended by a United Nations coalition of over 15 countries led by the United States. Beginning with a direct invasion of South Korea by

Northern forces after months of border skirmishes, the war rapidly evolved into a global affair. The United Nations Security Council (UNSC) swiftly passed a resolution approving military intervention in the conflict in defence of the aggressed South. Because the session was boycotted by the Soviets, who had veto power, the resolution was able to pass in voting.

Signed on July 27th, 1953, the Korean Armistice Agreement between North Korea, China, and the United Nations never officially ended the war, serving only as a temporary peace agreement that did not offer permanent solutions to the conflict. It created the Korean Demilitarized Zone (DMZ), a buffer area along the 38th parallel that serves as a border between the two Koreas. Falling within its limits are the villages of Tae Sung-dong and Kijong-dong, whose protection is the responsibility of the UN Command Forces stationed along the DMZ.



In the DMZ lies Panmunjeon, the home of the Joint Security Area, the sole connecting point between the two nations and the site of negotiations between the two regimes and their allies. The DMZ is guarded by North Korean forces on one side, and by the South Korean army and the United Nations Command, led by the United States, on the other. At present, the zone and an uneasy peace endures, despite attempted assassinations of South Korean leaders and the discovery of four incursion tunnels running under the DMZ and allegedly dug by the North as a means of infiltrating the South.



North Korea's Political Structure



North Korea's Political Structure

North Korea is a communist state in principle, and a one-man dictatorship in practice. North Korea's political hierarchy is, again in principle, a multi-party democratic system, but in practice it is single party state system functioning under totalitarian family dictatorship and described by some as a monarchy with Kim Il sung and his heirs serving as the royal family.

North Korea's political hierarchy is built upon the concept of centralization, where the political control of the country lies with one central authority- which in practice is the Supreme Leader.

North Korea's political structure is deeply contradictory: on one hand the North Korean constitution speaks of the protection of human rights, while in practice there are various restrictions and limits on the freedom of expression. Moreover the North Korean government supervises the lives of its people very closely.

The major levels of the North Korean political hierarchy are:

- The Supreme People's Assembly
- The Executive Branch
- The Central People's Committee
- The State Administrative Council
- The Judiciary

However, the Supreme Leader is the superseding authority in North Korea.

The **Supreme People's Assembly** is responsible for:

- Adopting, amending, and supplementing enactments to the constitution;
- Determining state policy and budgets;
- Elections of the Chairman, Vice-Chairman and members of the National Defence Commission;
- Election of the President, members of the Presidium, and other legal officials;
- Appointing the President, Vice-President and other members of the Cabinet;
- Receiving reports and adopting measures on the Cabinet.

The Supreme People's Assembly (SPA) is the highest branch of state power in North Korea. In practice, it merely serves as a rubber stamping body for decisions already made by the nation's executive branches and the Workers' Party. The SPA always passes all proposals by the government into law during its sessions, with almost no debate or modification, in practice making for a unicameral parliament.

The **Executive Branch** of North Korean government includes the President and the Vice Presidents. The President is the head of government, as well as head of the state. He acts as a chairman of the Central People's Committee. The SPA elects a President once every four years. The constitution calls for two Vice Presidents to assist the President, but does not elaborate on the mode of succession. Although the North Korean constitution requires that the Executive Branch be elected by the SPA, the executive has absolute power over the SPA and the state. In practice, the executive branch is the head of the North Korean government, rather than the SPA.

The **Central People's Committee (CPC)** is the top executive decision-making body created by the North Korean constitution. The president of the DPRK is the head of the CPC; the latter is also comprised of the Vice Presidents, the CPC Secretary, and other, unspecified "members." All CPC members are elected by the SPA and can be recalled by the assembly by presidential decree. The CPC's formal powers are all-inclusive. Among its responsibilities are formulating domestic and foreign policies, directing the work of the State Administration Council and its local organs, directing the judiciary, ensuring the enforcement of the constitution and other laws, appointing or removing the vice premiers and cabinet members, establishing or changing

administrative subdivisions or their boundaries, and ratifying or abolishing treaties signed with foreign countries. The CPC also may issue decrees, decisions, and instructions. The CPC oversees nine commissions: economic policy, foreign policy, internal policy, justice and security, legislative, national defence, parliamentary group, state inspection, and state price fixing. The members of these commissions are appointed by the CPC. The National Defence Commission's vice chairmen (an unspecified number) are elected by the SPA on the recommendation of the president, who also is chairman of the commission.

The **State Administration Council** has a similar function to that of the cabinet, but is directed by the president and the CPC. Since 1972, the highest administrative arm of the government has been the State Administration Council. Among its duties, the council is responsible for foreign affairs, national defence, public order and safety, economic and industrial affairs, general government operation, concluding treaties with foreign countries and conducting external affairs, and safeguarding the rights of the people. It also has the power to countermand decisions and directives issued by subordinate organs. The formulation of state economic development plans and measures for implementing them, the preparation of the state budget, and the handling of other monetary and fiscal matters also are under the council's jurisdiction.

The Judiciary is the lowest level in the North Korea political hierarchy and is responsible for enforcing laws. In the North Korean political system, its prosecuting and adjudicative bodies function as powerful weapons for the proletarian dictatorship. The branch consists of the Central Court (upper court), the People's Court (lower court), and the North Korean Police Force. However, the accused individual often has no right to any legal defence. North Korea is known for its abysmal human rights situation and the regular detention of thousands of dissidents deprived of due process and legal advice. The government of North Korea often punishes the family of a criminal along with the perpetrator.

Political Transition

After the death of Kim Jong Il (the former supreme leader of North Korea) on the 17th of December, 2011, Kim Jong Un was officially declared the supreme leader following his father's state funeral. Kim Jong Un is Kim Jong Il's third known son and has been hailed by state media as the "Great Successor" to his father. Since his ascension to the highest office in his nation, Kim Jong Un has been publicly declared Supreme Commander of the Korean People's Army, Chairman of Central Military Commission and the Supreme Leader of the country, First Secretary of the Workers' Party of Korea (a position created for him), First Chairman of the National Defence Commission and finally Marshal of the DPRK in the Korean People's Army, consolidating his position as the supreme commander of the armed forces. With this direct control over the military, Kim Jong Un has now become the most powerful supreme leader in the history of North Korea.

The Purge

In order to remove all potential threats to his rule, Kim Jong Un has been conducting a purge of his government. For example, in December 2013 Kim Jong Un announced the removal from power and later the execution of his uncle, Jang Song Thaek, who was once the second most powerful man in the country. He had served as the Chief of the Central Administrative

Department of the Workers' Party, and as the Vice Chairman of the National Defence Commission of North Korea. The death of Jang, who was married to Kim's paternal aunt, was announced in an uncharacteristic public declaration by the normally reclusive regime. Purges and executions of senior officials are believed to have taken place under the North's previous leaders (Un's father and grandfather), but were much more secretive.

Current Tensions

Bilateral talks with the United States in February 2012 involving the provision of aid in return for the freezing of some nuclear programs fell apart after Pyongyang tested a missile in April 2012. Hopes for a resumption of negotiations were dashed after another, more successful, missile test in December 2012 and the country's third test of a nuclear weapon in February 2013. In response to new U.N. sanctions issued in response to the North's weapons tests, Pyongyang sharply escalated its rhetoric and took a number of provocative steps. Other than withdrawing the agreement on continuing food aid to North Korea, the U.S. reaction also included displays of its military commitment to defend South Korea and moves to bolster the south's missile defence capabilities.

Relations between North and South Korea are precarious. In recent years, the North has been increasingly provocative: issuing threats of war; testing a nuclear weapon in February 2013; launching several missiles capable of carrying nuclear warheads; the unexpected shutdown of Kaesŏng Industrial Region (a joint North-South economic cooperation area); and issuing threats of nuclear war. Considering all these tensions, reconciliation and unification seem as unlikely now as they did 60 years ago

Foreign Assistance to North Korea

As of 2012 - 2013

Donor Country	Relief Aid (Food, Medical Supply, energy)
South Korea	US\$ 15.2 million (Food, Medicine) 50,000 metric tons (MT) of Oil
USA	\$0 (stopped providing food aid to NK since 2012) 200,000 MT of Oil
China	50,000 MT of Oil. Other contributions are undeclared but are believed to be significant.
Russia	US\$ 5.0 million (Wheat, Flour) 200,000 MT of Oil
Japan	\$0.00 200,000 MT of Oil

Red Cross	US\$ 4.40 million (Food and Medicine)
UN Food/Water	45,000 MT of food

*<http://www.nkeconwatch.com/category/statistics/foreign-aid-statistics/>

*<http://www.wfp.org/food-assets>

Nuclear Threats and Punishments

Between 1995 and 2008, the United States provided North Korea with over \$1.3 billion in assistance. Since early 2009, the United States has provided virtually no aid to North Korea. Additionally, the Obama Administration officials have said that they would be willing to consider other types of aid if North Korea takes steps to dismantle its nuclear program. However, barring an unexpected breakthrough, there appears little likelihood that the Obama Administration will provide large-scale assistance of any type to North Korea in the near future. In February 2013, North Korea announced it had conducted its third test of a nuclear device, a move that came weeks after its apparently successful launch of a long-range missile.

Food Aid

North Korea has suffered from chronic, massive food shortages since the mid-1990s. Food aid—largely from China, South Korea, and the United States—has been essential in filling the gap. As of mid-2013, according to many observers, it appears that while North Korea’s continued food shortages are not severe enough to create a crisis situation, they are causing chronic malnutrition and stunting in vulnerable populations in certain regions. Many think the Obama Administration will be reluctant to provide large-scale aid after the breakdown of a February 2012 deal, in which the United States announced it would provide North Korea with large-scale food aid in return for concessions by Pyongyang on its nuclear and missile programs. The deal unravelled in April 2012 after North Korea launched a long-range rocket in defiance of United Nations sanctions. Since then, the United States and North Korea have not reached any agreements. In June 2012, the U.S. Senate voted to prohibit food aid to North Korea.

Providing food to North Korea poses a number of dilemmas. Pyongyang has resisted reforms that would allow the equitable distribution of food and that would help pay for food imports. The North Korean government restricts the ability of donors to operate in the country. However, it is likely that food aid has helped feed millions of North Koreans, at times possibly staving off a repeat of the famine conditions that existed in North Korea in the mid-late 1990s, when 5%-10% of the population died. South Korean President Park Geun Hye’s government has indicated that they would be willing to offer North Korea food aid as part of her plan to foster a “new era” in inter-Korean relations.

Public Health Status of North & South Korea

As of 2012

Key Indicators	DPRK (North Korea)	ROK (South Korea)
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Life Expectancy (M/F)	65/72	77/84
Infant Mortality/1,000	29	4
Maternal Mortality Ratio (per 100,000 living births)	81	16
Under five mortality rate (per 1000 live births)	33	5
High Death Rate World Ranking	57	167
Stunting Children U5	40%	0.1%
Doctor : Patients	1:700	1:300
Hospital Beds/1,000	Data n/a	12
Population >60 yrs old	9.1%	11.4%

**<http://www.who.int/countries/en/>*

Public Health Status of North Korea

North Korea's socialist healthcare system, under the leadership of present minister of Public Health, Kang Ha Guk, promises free and universal access with no out-of-pocket expenses imposed on patients, but this has not been the reality since the collapse of the Soviet Union, which had been North Korea's main trade partner and benefactor.

There are, in theory, three tiers to North Korea's delivery system for access to healthcare. At the first sign of illness patients see their local physician assistant (PA), whose qualifications fall somewhere between a nurse and an MD. If necessary, the PA will refer the patient to the secondary level of health care, which is a network of city and county hospitals. Beyond that, the third tier of care consists of hospitals associated with medical schools in each of the nine provinces. If the situation is exceedingly grave, a group of central hospitals in Pyongyang provide the ultimate level of care. In fact, North Korea boasts 300,000 health care personnel trained in Western and Korean medicine, an almost 1:1 ratio of nurses to physicians, and 297 physicians per 100,000 people.

However, the health system of North Korea does not have a clean bill of health, so to speak. Practitioners and hospitals are plentiful, but a lack of medicine and equipment, poor sanitation, and limited energy supply have combined to create a situation in which North Koreans living outside of Pyongyang find it nearly impossible to receive access to quality healthcare treatment. Lack of basic medicinal supplies like nutritional supplements and sterilization kits is only part of the problem. One hospital facility has reported having running water for only one hour a day and no heating, even in the middle of winter. Doctors have been forced to hammer out their own operating tools in a makeshift backyard metal shop, and some have little if any anaesthetic to use in surgeries.

The economic crisis and famine of the 1990s and the subsequent deterioration of the country's sanitation and energy infrastructures have devastated North Korea's once efficient socialist health care system. It has been reported that 85 percent of people now receiving medical care pay out of pocket with funds that they obtain by selling personal items, and that families often must pay 100-140 percent of their annual income for each hospital visit.

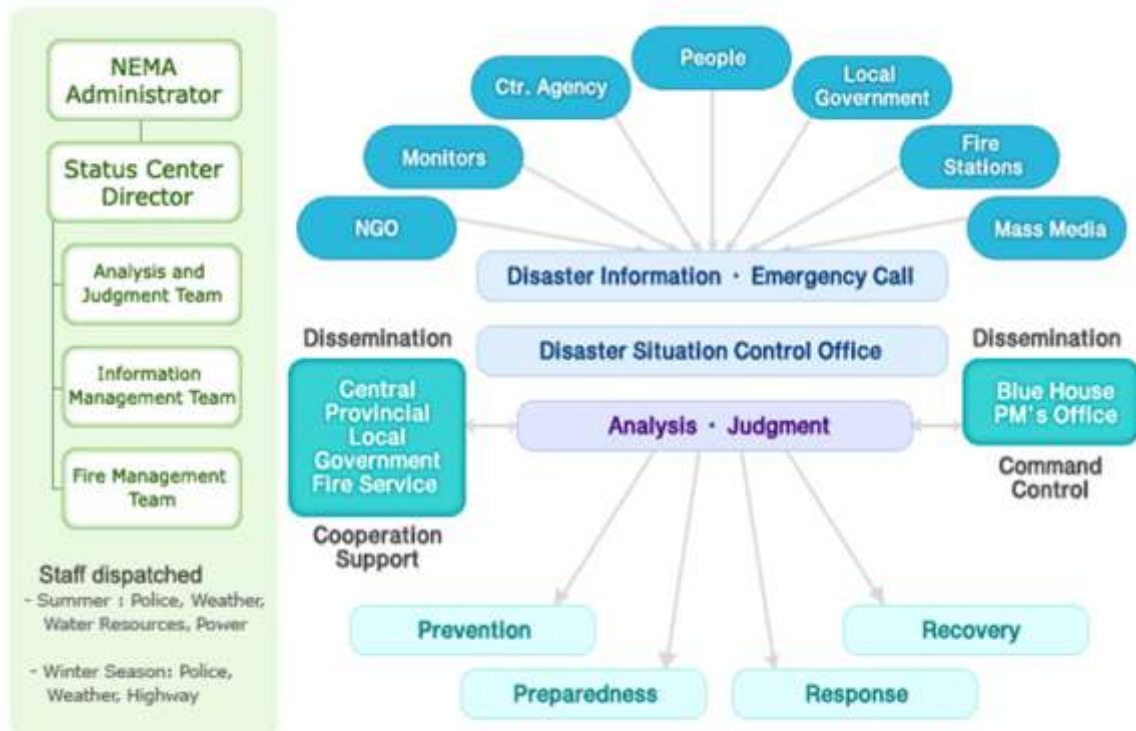
In the event of a serious natural disaster, access to adequate healthcare would be the most pressing issue for North Koreans. The hospitals are located primarily in Pyongyang, limiting rural access. Even in urban areas, medical supplies are not regularly maintained at high enough levels to meet the demand for a crisis situation. Resources would be strained far past capacity, resulting in the spread of germs and disease, decreased access to medical services in emergency situations, and an increased number of civilian deaths, especially in rural areas.

Public Health Status of South Korea

In 2007, South Korea's Ministry of Health, Welfare and Family Affairs (MIHWAF) reported the number of licensed physicians at over 91,000. However, the majority of these personnel and medical facilities are centred in urban areas, with only 10% to account for the 20% of South Koreans living in rural communities.

South Korea's healthcare system has three branches: the National Health Insurance Program, the Medical Aid Program, and the Long-term Care Insurance Program. All South Korean citizens are eligible for coverage under the National Health Insurance Program, be it as employee insured, or self-employed insured, with the individual paying a part of the costs. The Medical Aid Program covers low-income citizens and people with rare, chronic diseases, through federal funding. The Long-term Care Insurance Program is a social security service for the elderly. Access to healthcare is better in South Korea than it is in the North, but it is still a problem for non-urban residents.

The National Emergency Management Agency (NEMA) of South Korea, which is a single, comprehensive, has four sub-headquarters, namely the prevention and mitigation headquarters, the preparedness headquarters, the response headquarters, and the recovery headquarters, under its authority. The NEMA is intended to emphasize the importance of each phase in its policy process, but it currently provides more support to the recovery phase than to the other three phases.



NEMA

Disaster Status Control System

North Korea and China

Since 1949, the People’s Republic of China has maintained diplomatic ties with North Korea, and has both military and economic partnerships with Pyongyang. The Chinese joined the Korean War on the side of the North following a successful surge by the Western forces, which provided the Communist armies with much-needed reinforcements to sustain their war effort. After the armistice, China bolstered North Korean reconstruction and economic growth. They signed the Sino-North Korean Mutual Aid and Cooperation Friendship Treaty in 1961, promising military and other assistance in the event of an outside attack on either party. China was and remains North Korea’s largest trading partner. Recently, however, North Korea’s actions have created tension between the two states.

In 2006, the North tested its first nuclear weapon, having deserted the Nuclear Non-Proliferation Treaty in 2003, thus creating an environment of insecurity for the Chinese. The latter was further angered in 2013 by the impounding of their fishing boats by North Korea for ransom.

North Korea and Japan

Korea as a whole was a Japanese colony until the end of the war in 1945, when the Allies assumed control. Ever since, Japan has had a highly volatile relationship with North Korea. The North has harboured members of the terrorist group, the Japanese Red Army, as well as refusing to pay Japanese traders their dues. In the 1970s and 1980s, Japanese citizens were kidnapped by agents of the North’s government, a fact that was admitted by the latter in 2002. North Korea

returned 8 of the 13 captives, stating that 5 had died. To this day, Japan recognizes South Korea as the only legitimate government in the area, disregarding North Korea's sovereignty.

North Korea and Russia

An ally of the North during the Cold War and instrumental in the formation of North Korea, present-day Russia maintains a generally positive relationship with the North. It has several infrastructure projects based in North Korea, including oil and gas pipelines and railroads. Petroleum is Russia's largest export to the North, which relies on these imports for survival. During the mid-1990s famine in North Korea, Russia provided aid on two occasions in the form of food and medicine. Yet the North's development of nuclear weapons created a tension that has yet to be bridged between the two states, breeding insecurity and uncertainty. In response to North Korea's detonation of another nuclear weapon in 2009, Russia released a severe denunciation and censure of the North's actions. While Russia believes that sanctions will not force North Korea's hand in the matter, it persistently affirms the need for a peaceful resolution to the nuclear question through reason and dialogue.

Aid Organizations: An Overview

The Role of Aid Organizations:

Aid and humanitarian organizations will play a significant role in this crisis, and previous failures of coordination among aid organizations have prompted the Director-General to invite five of the most prominent aid organizations as observers on this committee. Here you will find the mandates, methods, and other information related to these organizations. Please be aware that, while the delegates from these organizations cannot vote, they may place seals of approval on directives that are to be voted upon by the committee.

The International Committee of the Red Cross – *Inter arma, caritas (In war, charity)*

The International Committee of the Red Cross (ICRC) is one of the oldest wartime nursing organizations. This year, the Red Cross celebrates its 150th anniversary as one of the largest and most expansive aid organizations in the world, with offices established in almost every country in the world. In its operations, the ICRC is committed to neutrality and refrains from public criticism. The ICRC has been at the forefront of relief missions not only in wars, but in the aftermaths of natural disasters as well. In the 2010 Haiti Earthquake, the ICRC worked to provide shelter and sanitation to tens of thousands of survivors. In this crisis, the ICRC will be the main provider of much-needed shelter and sanitation to thousands of refugees pouring into South Korea across the ruins of the DMZ.

Amnesty International – *It is better to light a candle than to curse the darkness*

Amnesty International is one of the largest human rights organizations in the world. With many international offices and 3 million members and supporters worldwide, Amnesty works primarily to promote human rights across the world. As opposed to the Red Cross's neutral approach, Amnesty's work involves engaging in public criticism to openly denounce human rights abusers. The organization regularly publishes reports on a wide range of topics, from the Darfur Genocide to the treatment of First Nations in Canada.³ After the 2010 Haiti earthquake, Amnesty has surveyed the living conditions of the survivors, and has recently published reports warning the international community of human rights abuses going on in displacement camps in the country's capital.⁴ Amnesty International will be closely monitoring the Korean situation as it unfolds, and will have a unique role in uncovering and reporting any and all human rights abuses that may occur in the fallout of the devastating typhoon

Médecins Sans Frontières – *Doctors Without Borders:*

With ongoing missions in Africa, Cambodia, Libya and Haiti, and with over 20 thousand dedicated personnel, Doctors Without Borders (known as MSF from its French name) provides medical assistance in war-torn and devastated areas of the world. The MSF was originally formed by French Red Cross workers who were frustrated by the ICRC's silence on the atrocities committed during the 1967-1970 Nigerian Civil War.⁵ The organization's most recent large-scale mission was in the aftermath of the 2010 Haiti earthquake, where the group worked tirelessly to contain cholera outbreaks and provide access to hospital services for those affected

by the disaster.⁶ Médecins Sans Frontières will be the main source of much-needed medical supplies and personnel on the ground near the volatile North-South Korean border.

Clinton Foundation:

The Clinton Foundation was founded by Bill, Hilary, and Chelsea Clinton in 2001. It encompasses many international initiatives, such as Clinton Health Access, the Clinton Global Initiative, and the Clinton Development Initiative. Major donors include the Governments of Norway, Saudi Arabia, Kuwait, Qatar, Ireland, Taiwan, Brunei, Oman, UK, The Netherlands, Sweden and Australia and charities such as the Bill & Melinda Gates Foundation. The Clinton Health Access Initiative prioritizes expanding access to care and treatment for HIV/AIDS, malaria, and tuberculosis with a global reach to countries Ethiopia, Nigeria, South Africa, Vietnam, India, Pakistan, Indonesia, and China. The Clinton Foundation also runs the Environmental Sustainability Initiative in South Korea, Nutritional Initiatives in Southern China and thousands of other initiatives all around the world. Clinton initiatives have enormous political influence, and Clinton Global Initiatives conferences have speakers such as Ban Ki-Moon, Mohammad Yunus, Queen Rania of Jordan, Christine Lagarde, and President Barack Obama. In this crisis, the Clinton Foundation will be responsible for several actions on the ground, but will especially be involved in the provision of water to refugees through its newly formed Korean Disaster Water Response Initiative.

World Food Programme:

The World Food Programme is the food assistance branch of the United Nations. It is the world's largest humanitarian organization addressing hunger, and provides food to 90 million people (58 million of whom are children) per year.¹⁰ Since its establishment in 1961, the WFP has expanded from just providing food to creating multilateral projects. One such project is Purchase for Progress, which aims to give local farmers training and financial support, thus facilitating their access to the agricultural market.¹¹ The WFP was central to food distribution in Haiti in the aftermath of the 2010 earthquake where the organization's tactics of distributing food to those most vulnerable to hunger, namely women, children, and the elderly, greatly improved food distribution among household members.¹² The WFP will face its toughest test yet as food supply runs thin for North Korean refugees and for those affected by the deadly Typhoon Noru.

Aid Organizations and Humanitarian Responses – Case Studies

As there are a limited number of resources for humanitarian aid in the political world, aid organizations often compete to get funding and each country has only a limited emergency relief fund. To get an idea of how individual aid organizations respond to a large scale natural disaster, we will be looking at two case studies: The 2010 Earthquake in Haiti and the 2013 Typhoon Haiyan in the Philippines.

Case Study: Typhoon Haiyan

Typhoon Haiyan struck the central Philippines Nov 8 2013. As one of the strongest typhoons to strike land on record, the typhoon affected over 10% of the nation's population and the parts of the nation that were damaged were among the poorest. The storm caused a humanitarian crisis. In remote locations, there were no telecommunications or water supplies. Between 65% and 90% of structures were heavily damaged or destroyed. Two weeks after the typhoon, the government reported that 5000 deaths had occurred, 1600 people were missing and a total of 13.7 million people had been affected.

Challenges

Some of the greatest challenges in initial relief efforts was the weather in the Philippines following Typhoon Haiyan. There was still heavy rainfall and blocked roads. With the inclement weather, it was difficult to fly aid into the country by plane and fly people out. There was also a logistical difficulty because the small airports in the region were affected by the typhoon, and many of the rural regions had smaller airports that were simply not built for heavy air traffic. The most pressing concern was the evacuation and treatment of wounded citizens. Those left behind in the devastated regions were often the most poor, frail, and vulnerable. The final major problem was the fuel shortage coupled with the geography of the region. Because the Philippines are an island nation, it was nearly impossible to get aid to remote regions and relief could only be flown in which, as stated above, was problematic.

Medecins Sans Frontiers:

After Typhoon Haiyan hit the Philippines, it took a few days for MSF to gather enough supplies to and staff and enter the country. Some of the biggest challenges faced by MSF were the continued inclement weather, blocked roads, jammed airports and lack of electricity in remote areas. There was also a fuel shortage. The first aid workers from MSF arrived 6 days after the typhoon hit the Philippines.

Within 10 days, there were more than 150 staff members on the ground. Each day they performed approximately 600 medical consultations. The focus was on identifying and repairing viable hospital locations and providing them with enough staff, materials and water so that the sites were operational and efficient. At this point there were still no staff or supplies reaching remote locations due to the lack of fuel and boats. In makeshift hospitals and shelters, doctors performed Caesarean sections and set up maternity, obstetrics and gynecology units. Surveys were also carried out via helicopter to determine where the most damaged remote regions were and then **a team consisting of two nurses, a logistician, and a water and sanitation**

specialist flew to these villages and set up a **mobile clinic**. For larger villages the team also included a **medical doctor and psychologist**, the latter to help deal with issues such as post-traumatic stress disorder.

After one month MSF had 600 staff on the ground and set up four temporary hospitals including an inflatable hospital in Tacloban and tent hospitals in Buraen, Tanauan and Guiuan. In Balasan, teams continue to support existing health infrastructure.

International Red Cross:

The response to Typhoon Haiyan began with the Philippine Red Cross on the ground even before the typhoon made landfall. Red Cross workers coordinated with disaster authorities for preemptive evacuations, helping more than 125 000 families get to shelters.

Immediately after the typhoon, Red Cross volunteer and rescue teams began search and rescue efforts and large scale recovery programs. The Phillipine Red Cross is the largest humanitarian organization in the country with 1000 staff and 500 000 active volunteers. Usually after large scale disasters the Red Cross will rely on teams of local volunteers for the primary response. Despite this, it faces similar challenges to other aid organizations with the distribution of relief supplies due to damaged infrastructure. International Red Cross organizations have lent support with relief workers that specialize in areas such as telecommunications, information management and healthcare. A convoy of 25 Red Cross vehicles with ambulances and water trucks were moved to Tacloban with relief supplies. Emergency response teams set up shelter for more than 75 000 survivors with hot meals and blankets. They also set up a field hospital in Tacloban with international Red Cross teams from Canada, Hong Kong and Norway.

Amnesty International:

According to Amnesty International, the Philippines are known for their extrajudicial killings and murders of a political nature. The response by Amnesty International to Typhoon Haiyan has been to remain vigilant and ensure that relief work is done in a fair and humane manner, without regard for political or other affiliations. In disaster situations, there is always a real risk that regions that do not support the powers that be may receive a less effective humanitarian response as a form of reprisal by the government.

United Nations Response:

One of the immediate emerging needs after the typhoon was the lack of safe drinking water and sanitation. The Immediate actions taken by the UN were to transport water by land (from reservoirs), air and sea. Water treatment units were deployed but there were not enough to service all affected areas. The lack of toilets also led to improper disposal of human waste and a high risk of disease outbreaks. UN Water will also have to alter their program and funding requirements in the Phillipines due the changes in infrastructure and the destruction that has occurred.

The UN World Food Program, as one of the largest humanitarian agencies dedicated to hunger, flew 125 workers to the Philippines from all around the world to assist the government within hours of Haiyan's landfall. It mobilized pre-positioned food supplies such as rice from Sri Lanka

and energy biscuits from Bangladesh so that supplies could arrive as quickly as possible. 9 million pounds of rice and 400 000 pounds of energy biscuits have been sent. The WFP also acts as UN logistical head by setting up telecommunications systems and coordinating relief efforts. The transport of prefabricated offices, mobile storage units, generators and radio equipment was carried out by the WFP. Over the first 6 months after the disaster, the WFP aimed to provide food assistance for 2.5 million people.

Results

Although Typhoon Haiyan has only recently occurred, the estimated cost of recovery by the United Nations is approximately 348 million. 20 million was spent on immediate recovery. Delegates should remember that this cost is influenced by the amount of infrastructure present in a region prior to a disaster; regions with more pre-existing infrastructure are likely to have greater recovery costs if this infrastructure is damaged.

Water:

This included immediate water, sanitation and hygiene for 500 000 people. This included the installation of water bladders, mobile water treatment units, rehabilitation of water supply systems, distribution of hygiene kits, water quality surveillance, construction of gender-segregated emergency latrines and bathing facilities as well as proper management of solid waste. The cost of these initiatives was approximately \$31 million.

Shelter:

Emergency shelters cost 45 million. Shelter and critical household items were given to 562 000 people. Also provided were tools for repairing damaged shelters, tarps, tents and blankets. This cost also includes the maintenance of existing evacuation centers and transition sites.

Food:

Food aid for 2.5 million people began with the distribution of food baskets containing rice and ready-to-eat high-energy biscuits. There were also emergency food for work and cash for work opportunities offered to locals in order to begin recovery activities and rebuild the livelihoods of affected citizens. Nutrition services for 100 000 children and 60 000 mothers was provided. These included micronutrient supplements, equipment, screening and community based therapeutic feeding centers for girls and boys with severe acute malnutrition.

Case Study: Haiti Earthquake

Challenges

When the Earthquake hit Haiti in 2010, it was already one of the poorest nations in the western hemisphere (Fordyce, E., Sadiq, A. & Chikoto, G. Haiti's Emergency Mgmt). The Haitian Emergency Management system was not functioning well as a result of this poverty and could not respond well to the disaster. The earthquake was deemed the most complex disaster the humanitarian system has had to respond to (International Federation of Red Cross and Red Crescent Societies, 2010), and this was in part due to the situation at the time in Haiti. Before the

earthquake, Haiti faced several economic challenges, including high poverty rates and political instability, which made the nation highly vulnerable to the effects of the disaster. Much controversy existed about where the money donated to Haiti was going, and whether it was being used to help civilians, or being pocketed by political figures. Another challenge presented by the earthquake was that it increased the risk for AIDS, cholera, malaria, dengue fever & TB (tuberculosis). An outbreak of cholera occurred following the 2010 earthquake, even though cholera was uncommon in Haiti (Knox, 2011). The cholera was found to have been imported by aid workers, and lack of sanitary conditions and native immunity in Haiti exacerbated the outbreak (Knox, 2011). Stagnant water and open containers used to store water serve as breeding ground for mosquitoes, causing malaria during floods, tropical storms, and hurricanes (Knox, 2011). The 2010 earthquake only increased the opportunity for these diseases to spread. Lack of proper distribution infrastructure meant that many Haitians did not receive available aid.

The reported death toll was approximately 150,000. 4 million people were affected by the earthquake, and 250,000 residences were damaged. Massive aid for communication systems on land, air, and sea, as well as massive humanitarian aid was needed (“2010 Earthquake Death Toll”, 2013).

Immediate Response

The **Red Cross** in Canada donated 22 million dollars received from Canadians using facebook, twitter and online disaster newsrooms to rally support. The Haiti disaster delegation was active on Twitter, and donations via texts were encouraged. After one month, the American Red Cross ran out of supplies and called for more supplies on the ground

Soon after the Haiti earthquake, **Amnesty International (AI)** reported that armed men were preying with impunity on girls and women in displacement camps. Violence and sexual abuse was worsened by the trauma of having lost homes, livelihoods and loved ones in the disaster. AI noted and published information about increasing sexual violence in the makeshift camps in Haiti. As of 2011, more than one million people were still living in appalling conditions, rates of rape were on the rise, and women were beginning to speak out against it.

Médecins sans frontières responded to the crisis, treating over 3,000 people by January 18 and credited during that time for having saved many lives. 600 emergency flights had landed up until January 17th, some of which were diverted due to increased air traffic caused by US military flights and the aid flights of other NGOs. At one point, an MSF aircraft carrying a field hospital was turned away by US air traffic controllers who had assumed control of the airport, and were prioritizing transportation of security troops over the transportation of rescuers and supplies. Several of the already established medical facilities collapsed during the earthquake, as did several hospitals. As a result, MSF teams were short on medical supplies and had to use any available resources, such as cardboard for splints and used latex gloves. The few remaining hospitals were overwhelmed with large numbers of casualties. MSF reported having to carry out many amputations due to infected injuries.

The UN provided increased troops and police via the pre-existing UN Stabilization mission in Haiti. A formal agreement between the US and the UN to prioritize humanitarian flights to the airport in Haiti was reached. The UN Stabilization mission added 3500 troops and police officers

to its forces in the wake of the earthquake. The UN engaged in fundraising efforts; for example, the UN helped encourage Canadians to pledge \$85 million to the relief effort via agencies of the UN and Red Cross. In 2010, these funds helped fund a starter hospital. UN personnel were also responsible, as mentioned above, for importing the cholera that led to a cholera epidemic in the nation. This is something UN Water, or other NGO's providing water, must avoid in the current crisis at all costs.

The **World Food Program** provided over 200 staff members on the ground in Haiti, using their rapid-response team to support the humanitarian effort. Social media, including games (i.e. Farmville on Facebook) were used to raise \$1.5 million USD from users in 47 countries over a 5 day period immediately following the disaster. The WFP was instrumental in providing safe food to Haitians in the wake of the earthquake.

Results

In summary, the total assistance provided to Haiti as of 2011 was US\$1.7 billion. An estimated 35% of the expenditures were on humanitarian aid. Other expenditures not classified as humanitarian aid involved the provision of free transportation; free transportation was provided in order to make possible the evacuation of people from earthquake-ravaged cities to safer areas (480,000 people were relocated). Officials were sent to small communities to establish priorities for repairs. 5,000 prisoners were able to escape jail, and money was spent on the police response.

Shelter:

Hundreds of makeshift camps in Port-au-Prince were created to address the over 250,000 damaged houses. (International Federation of Red Cross and Red Crescent Societies, 2011). There were over 500 makeshift campsites holding over 700,000 people. Aid workers delivered basic necessities to these densely populated camps. As of February 12, approx. 270,000 people had received shelter equipment; the need for shelter is, unfortunately, much greater. The International Red Cross and Red Crescent worked to provide transitional shelter solutions for both displaced tenants and non-displaced tenants. Transitional shelters for displaced tenants meant the provision of a corrugated metal roof sheet, a frame of timber, and bamboo or steel. This was supplemented by cash vouchers, assistance in clearing rubble and additional materials dependant on the situation. Non-displaced tenants were provided with relocation, rent and credit extension assistance. Further challenges attributed to the poor urban planning in Port-au-Prince included limitations to construction repairs, high population density, inadequate urban road networks, proximity to areas that are at risk of landslides, etc.... These strategies set in place to provide basic shelter aimed towards a long-term sustainable rehabilitation of home owners in Haiti. The proximity to land slides, a lack of good urban planning, and a high population inhabiting Port-au-Prince will limit long term recovery and economic growth post-earthquake.

Food:

The WFP attempted to give 2-week rations to 2 million people in Port-au-Prince. There were more than 2 million people who were in need of regular food aid. Food supplementation programs were launched in order to feed the 53,000 children under age five who were in need of food. The program also attempted to support an estimated 16,000 pregnant women in need of

food post-disaster. An estimated 3.4 million people were provided food assistance by January 13. Temporary food assistance is not adequate for rehabilitation post-earthquake, and a sustainable strategy for nutrition, agriculture and health must be implemented. Prior to the earthquake, a mere 53% of the urban population in Haiti had access to improved drinking water, and 16% of deaths in children under the age of 5 were attributable to a waterborne illness (Water and Sanitation, no date). Oxfam, along with other agencies, installed several bladder tanks at sites in the first few weeks' response to the earthquake, costing half a million dollars a month (Cocking, 2010). Pit latrines were dug, and the construction of 1,000 raised latrines was undertaken by Oxfam to improve sanitation. To combat the need to sanitize without reliable sources of water, SOIL, a composting latrine building organization, assisted on site (Cocking, 2010). Although these band-aid solutions seemed wise, follow-up research shows that Haitians did not trust truck-driven bladder tanks, and the latrines were ineffective.

Water:

Water was supplied to over 900,000 people daily. Latrine usage and sanitation became a huge problem, especially in the makeshift camps. This led to increased susceptibility to health issues such as disease; this was amplified in the rainy season (Margeson, Morales, 2010). Given the lack of supplies to treat disease, the lack of food, and the increase in transmission and disease vectors, the amount of water provided was inadequate. Even with the assistance of a variety of aid programs providing water to Haitians, an epidemic, such as the cholera epidemic, was likely to occur, making recovery more difficult.

Refugee Health: Introduction and Case Study

Refugee Health:

There are many challenges associated with providing adequate health care to large groups of refugees. Providing a comprehensive response requires coordination with the host government, international organizations such as the WHO, and NGOs that play a vital role on the ground in response to a crisis. Securing the necessary resources to provide adequate shelter, food, water, and sanitation are not only vital for the safety of large refugee populations but are also vital to mitigate the risk of disease that can rapidly spread and infect at-risk populations within settlements. At-risk populations among refugees can be children under 5, pregnant women, people with a history of malnutrition, and the elderly. Prophylaxis, vaccine drives, and primary health care access are vital to prevent an epidemic in at-risk settlement. Tuberculosis, Typhoid, leptospirosis, and cholera are all diseases that have affected settlements as a result of poor sanitation or lack of access to necessary medicines.

WHO response to Darfur Crisis 2004-2005

Background:

The Darfur Crisis was one of the worst humanitarian crises in the last decade by the end of 2004 there were an estimated two million people affected by continued armed conflict and violence against civilians. Sudan's Greater Darfur Region comprises of the three states of North, West and South Darfur, the region hosts approximately 6.77 million people of different ethnic groups (20% of the country's population). Darfur is a poor and underdeveloped region, with the highest maternal and infant mortality rates in Sudan. The conflict in Darfur, which began in February 2003, is between the Sudan Liberation Army, the Justice and Equality Movement, the Janjaweed, and the Government of Sudan. Following violence and insecurity, as of October 2004, there was an estimated 1.2 million Internally Displaced Persons (IDPs), an affected host community population of 420,000, and an estimated 200,000 Darfur refugees in Chad. In 2004, nearly one million people had fled their villages, and gathered in more than 100 temporary settlements or camps that lacked basic infrastructures and made people dependent on outside sources for food, water, shelter materials and security. As a result of overcrowding and limited access to health care, there was a serious risk of disease outbreaks, specifically diarrhea, cholera, dysentery, malaria, polio, measles and meningitis. The quality of the health services suffered from lack of water, electricity, basic supplies, hygiene and skilled personnel. All of this provided the rationale for WHO to intervene and support the Ministry of Health in their task to improve the health situation.



Objective of Response:

WHO's objective in Darfur is to reduce the number of avoidable deaths and the suffering among the conflict-affected population.. Most of the deaths are from communicable diseases heightened by the overcrowding, poor sanitation and hygiene following displacement. For this reason, it is imperative to reduce risks related to communicable diseases by monitoring and controlling outbreaks and ensuring that safe water and proper sanitation systems are available. This will not be effective without ensuring proper and equitable access to health services for IDPs and conflict-affected populations. Thus it is essential that primary health care services are available at health centers or at hospital level and that a referral system is in place for life saving interventions, such as reproductive health emergencies or physical and psychological traumas.

Humanitarian Challenges:

The conflict forced people from their villages into poorly organized settlements and camps, putting pressure on the little household and community. In October 2004 500,000 of the 1.2 IDPs have been reached by food aid, with 5-10 L of water available per person per day. The mortality rate in the refugee camps was averaging 1.5 deaths/10,000 people per day in North Darfur and 2.9 deaths/10,000 people per day in West Darfur. The main causes of deaths were malnutrition, injuries due to the violence and communicable exacerbated by contaminated water and poor sanitation. Diarrhea was responsible for one half to one third of the deaths among children under the age of 5. Other large concerns were the continuing drought, the threat of malaria during the rainy season and threat of cholera with large population with no clean water of sanitation systems.

Partners and responsibilities:

Cooperation with all UN and other specialized agencies and with other governmental organizations and NGOs is vital for prompt support. The UN Resident Coordinator is generally responsible for overall coordination of emergency response at the country level. WHO is the focal point for all health matters within the UN system. Within the UN system, WHO shares responsibilities for nutrition, environmental health and Primary Health Care (PHC) with other UN agencies. UNICEF has the lead in the water and sanitation, nutrition and PHC sector, while the United National Population Fund (UNFPA) is the lead agency in reproductive health and the World Food Program in food aid. WHO provides technical knowledge and supports critical actions around IDP settlements. As WHO is not an implementing agency, but plays a coordinating role, it initiates the necessary actions in close collaboration with the Ministry of Health and health NGOs such as Médecins Sans Frontières (MSF) and Oxfam.

Timeline of Response

Phase 1: Assessments and Urgent Relief (Jan - March)

Towards the end of 2003, more than 600,000 people were internally displaced and 70,000 people had sought refuge in Chad. Many NGOs had pulled out of Darfur, and by the beginning of 2004, The United Nations Country Team made plans for expanded UN presence in the entire Darfur region. WHO participated in most of the assessments and supported the implementation of urgent health interventions. In January, the UN produced an appeal providing a thorough overview of Sudan's aid requirements. The UN Darfur Contingency Plan was activated, and in

February the first UN and NGO teams were deployed to Darfur; the first phase of assistance to 250,000 IDPs began. In March 2004, lack of security severely restricted humanitarian access and operations. In response to the rapidly worsening humanitarian situation, financial and human resources were mobilized for Darfur, and by September 2004, more than 70 NGOs and around 5,000 national and 700 international staff were working in Darfur.

Phase 2: Presence and Surge (April-June)

These were approximately 1.2 million IDPs in Darfur a government ceasefire decreased the amount of violence, the harassment and attacks of the refugee camps continued. By May 2004, access was once again possible for humanitarian agencies. Lack of accommodation and office space and administrative difficulties caused further delay in the humanitarian agencies' response to the crisis. NGOs appeared to be quicker in responding. Typically, it took six to eight weeks for agencies to be operational from the time access was granted. By June 2004, the humanitarian response to Darfur had achieved full operational capacity.

Phase 3: Addressing Priority Needs

UN agencies and their partners developed interventions aiming at consolidating priority activities. The WHO senior management followed very closely WHO's response in Darfur. In July 2004, the visit of the Director General, the Regional Director and the Deputy Regional Director gave additional support to WHO and other UN partners and NGOs and served as a powerful advocacy tool. During this period, the Darfur program was refined and the different health response priorities identified¹:

- a) Establishing an epidemiological surveillance system;
- b) Enhancing hospital services including rehabilitating critical hospitals);
- c) Improving health care coverage, including filling gaps in primary healthcare in camps and hospital care;
- d) Providing the back-bone of a medical supply and logistics system; and,
- e) Ensuring free access of health care by waiving user charges.

Disease Outbreak Response:

Communicable diseases caused an enormous burden in the Greater Darfur. They range from the common childhood diseases brought on by poverty and malnutrition to a large number of endemic tropical diseases. Diarrhea, Acute Respiratory Infections and vaccine preventable diseases, combined with malnutrition, are among the most important causes of child casualties in the Greater Darfur. As in many other developing countries, communicable diseases, most of which are common diseases that can be prevented or treated at relatively low cost, still largely dominate the region.

¹ WHO Report Health Risks in Darfur
(<http://www.who.int/features/darfur/background/en/index1.html>)

To ensure early detection and immediate response to outbreaks among the population, WHO, in coordination with the Ministry of Health and with the collaboration of health implementing agencies, has established an Early Warning and Response Surveillance System (EWARS). The National Surveillance system, based on specific diseases allowing early detection of potential outbreaks prompt response, particularly in areas where no reporting system exists and where the risks of outbreaks are high, such as IDPs camps or sites with a high concentration of people

Cholera:

In most refugee or displaced populations, cholera is a significant health risk and particularly high when populations come from, pass through or settle in a cholera-affected area. In such high-risk situations, plans for responding to an eventual cholera outbreak should be prepared well before the emergence of the first cases, ideally as soon as refugees or IDPs begin to gather. Reduction of cholera mortality depends upon health service organization, distribution of supplies, health worker training, and communication with the population to ensure that adequate case management reaches cholera patients.

Measles:

In refugee populations, measles can result in devastating epidemics with high fatality rates. Increasing vaccination coverage, establishing a vaccination delivery system that maintains vaccination coverage, increasing community participation and education, and improving surveillance for coverage and disease can prevent outbreaks. To reduce mortality due to measles virus transmission in the Darfur Region, the Ministry of Health, together with WHO and UNICEF, conducted a mass measles vaccination campaign in June 2004 to vaccinate over 90% of children between 9 months to 15 years old. During the mass measles vaccination campaign, approximately 77% of total target population and approximately 93% of the “accessible” children living in the whole Greater Darfur Region were vaccinated.

Environmental Health:

The WHO environmental health program in Darfur was established to help improve the environmental health conditions of conflict-affected people, and reduce environment-related sickness and death among the population. The program is primarily aimed at contributing to the improvement of water supply, excreta disposal, solid waste management, and at building the capacity of local state governments to better lead and partner in environmental health activities.

The goals of the WHO EH program are to²:

- “1. Ensure that IDP camps/settlements are provided with basic environmental health facilities for water, excreta disposal, and solid waste;
2. Promote and assist in establishing water quality monitoring in the camps/settlements including conducting sanitary inspections and water testing;

² UNHCR Epidemic Preparedness Report (<http://www.unhcr.org/4f707f509.html>)

3. Improve the environmental conditions in hospitals serving IDP populations through assisting in the upgrade of water supply and excreta disposal facilities and the establishment of sound solid waste management practices;
4. Strengthen local government environmental health programs for managing environmental health activities in both emergency and non-emergency situations.”

An additional objective of the WHO EH program is to support and complement UNICEF as the lead agency for water and sanitation by providing technical advice, partnering on activities and by strengthening the link between disease outbreak and environmental health. Fostering good collaboration between local governments, UN agencies, NGOs and the supported communities is seen as critical to meeting the many challenges set before the water supply and sanitation sector in Darfur.

Primary Health Care:

Similarly, Primary Health Care (PHC) is the mandate of UNICEF. WHO recognized at initial stages PHC needs, complementary to UNICEF’s work, and filled gaps through working with the Ministry of Health. Physicians and mid-level health care providers were recruited, clinics were built and drugs and supplies were provided, despite the somewhat limited staffing and funds available at the time. Camp-based health services face a demand that mainly originate from the under-five age group. The Early Warning Diseases Surveillance for Darfur reports that 39 to 45% of the total consultations belong to this group. The main causes are acute respiratory infection, diarrheal diseases, malaria, malnutrition and measles. The situation calls for a comprehensive child health care intervention that addresses the sick child as a whole as well as the key family practices that prevent child illness. One of the biggest constraints was the lack of medical professionals and the heavy workload of existing staff. These constraints limited the duration of training programs conducted. The capacity of local authorities in implementing activities was also limited. Lack of a lead agency for managing Primary Health Care and environmental health issues at camp level is another main constraint.

Conclusion:

Economic, Political, Health, and Social Realities: a Need for Realistic Solutions:

It is the unfortunate truth that, without a stable economy, it is difficult to provide adequate healthcare to one’s people. The fact that this crisis severely adversely impacts the regional economy cannot be taken lightly; economic devastation must be addressed in order to ensure recovery.

The Republic of Korea (ROK) is a technological epicentre, hosting the headquarters of Samsung, Hyundai, LG, KIA, and nine other Global 500 companies.¹³ With the total trade of ROK in excess of € 752,400 million, or \$963 billion USD,¹⁴ it is the world’s 12th largest economy, and the trade between ROK and its five biggest trading collaborators (China, Japan, the EU, the US, and Saudi Arabia) is greater than € 414,900 million. Because of the tight deadlines of the electronics industry, especially concerning South Korea’s main exports, high-tech equipment like semi-conductors, motor vehicles, and LCD devices,¹⁵ to halt R&D for even a week would

decimate their companies' global stocks and standing, leaving Seoul's economy in ruins- and a ruined economy cannot support adequate access to healthcare.

The Democratic People's Republic of Korea (DPRK) has a population of over 24 million, and 82 percent of households do not have acceptable household food consumption.¹⁶ 200,000 people live in prison camps, often likened to Nazi-style concentration camps, many imprisoned due to attempts to flee the country.¹⁷ Worse, the area between the two Koreas, the Demilitarized Zone (DMZ), is home to anywhere between 10,000 and 10,000,000 landmines,¹⁸ and millions of soldiers on either side, including 30,000 US soldiers still stationed in South Korea. Crossing through the DMZ is thus one of the most dangerous journeys in the world. The dire conditions in North Korea, and their lack of access to adequate healthcare, will only be worsened by this disaster. It must be the goal of the committee to mitigate the effects of the typhoon on the North Korean people.

A solution must be brokered immediately, which can resolve the flood of refugees that will soon be pouring over the 38th parallel and into China, providing food, water, shelter, and aid to those displaced, while saving millions of lives from crossfire and landmines. As well, to assure global stability, it is essential to satisfy the myriad economic interests of the technology and energy sectors throughout the region. Moreover, as the two Koreas have technically been at war for over 60 years, it is imperative to prevent any further escalation of the conflict, especially considering the nuclear resources within the region, and the still fragile political dynamic between the East and West. The long-term environmental causes of the disaster and preparations to help prevent future typhoons of the kind are important issues that do not warrant immediate attention in the face of such a disaster, but that should be considered as important aspects of this crisis, both at this conference and moving forward, perhaps by being officially addressed by the CDKP near the end of its mandate. It is the task of this committee to solve the problems at hand, balancing the needs of every country, company, and organization, while assuring the oversight and proper direction necessary to assure efficiency and prevent the mismanagement that has plagued so many other humanitarian responses.

You have your mission, delegate. The lives of thousands depend on your efforts.

Guiding Question:

1. What is the first step?

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