

The Study on Health Welfare System in North Korea

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I. Introduction

1. The purpose of study

North Korea has sharply confronted with South in the ruling structure of totally different politics and ideologies for the last a half century. Since the death of Kim, Il-Sung, the Northern regime has increased its reliance on domestic controls and the isolation policy and thus it has gotten away out of its opening door and changes. It is evident that a serious food shortage, the economic recession from floods, and other poor conditions of people's life have caused almost the disaster over North Koreans. North Koreans have to depend on only foreign aids, but it is not sure if those relief goods have been substantially transferred to them. South is anxious to know if foods out of relief

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goods have been used for the Northern military.

That North Koreans cannot easily have three meals a day threatens their health. Thus, their level of medicare and sanitation should be very poor. In the same token, it is true that North Koreans keep just their life by blocking their eyes and ears in a completely isolated area. To this point, two Koreas should find the fitful logics for future Korean unification from the lesson of German unification. The German unification tells that, when a strong and rich side loves an weak and poor one, the purpose of previous one will be accomplished. North will never open its door until South energetically provides economics aids including foods. After South initiates something beneficent, the mood for unification will be gradually spread. In short, it takes a lot of patience for South to deal with North as a sincere communication partner.

North and South should continue to make efforts to get to agreement, deeply understanding their complicated circumstances. They should expand their academic exchanges not for the political ideology or a confrontation but for the pure purpose. It is possible for two Koreas to initially exchange and understand each other in non-political area. One of the easiest way for academic exchange is to establish a research institute to mutually understand two different sides.

Based on the above fact, this paper is to propose the developmental and future-oriented model for welfare and medicare policy through studying the health and medicare system in North Korea. This paper continues to provide the strategic alternatives of health and medicare policy for future unification.

2. The methodology of study

The main methodology of this study is literature review. In so doing, this paper has collected and comparatively analyzed the data of North Korean health and welfare policies, derived from the Training Institute for Korean Unification, the Research Institute about North Korea, the Research Institute of Diplomacy and Security, the Library of Korean National Assembly, and so on. This paper wished to increase the level of confidence in the data, but it has not been able to do because of the shortage of North Korean data.

3. The framework of analysis

Generally, the health and medicare system in a nation cannot start without a closed connection with a national goal and value. This health and medicare system includes five sub-systems, according to Figure 1.

Though the way of classifying health and medicare system is diverse, but we can see that the system consists of mutually organical sub-systems such as the sub-system of health and medicare delivery, the sub-system of management, the sub-system of health and medicare organization, the sub-system of economic supports, and the sub-system of developing health resources. The function of sub-system of health and medicare delivery, being responsible for the production of health and medicare system, is up to the function of the other sub-systems. So, each sub-system is organically interdependent. Also, the system of health and medicare is influenced by the societal environment including population, family, economy, politics, other physical circumstances.

1) The sub-system of health and medicare management

The sub-system of management is to appropriately manage or administer various sub-systems under the health and medicare system, greatly reflecting the history, the culture, and other social values in a society. Its most important functions are leadership, decision making, and restrictions. Leadership includes democratic, participative, and lessi-faire styles, while decision making consists of four aspects such as plannings, execution and actualization, audit and evaluation, and information supports. The aspect of restriction as another function of management sub-system leads the health and medicare system into a desirable way through legislation, administrative restriction, and informal restrictions.

2) The sub-system of health and medicare organization

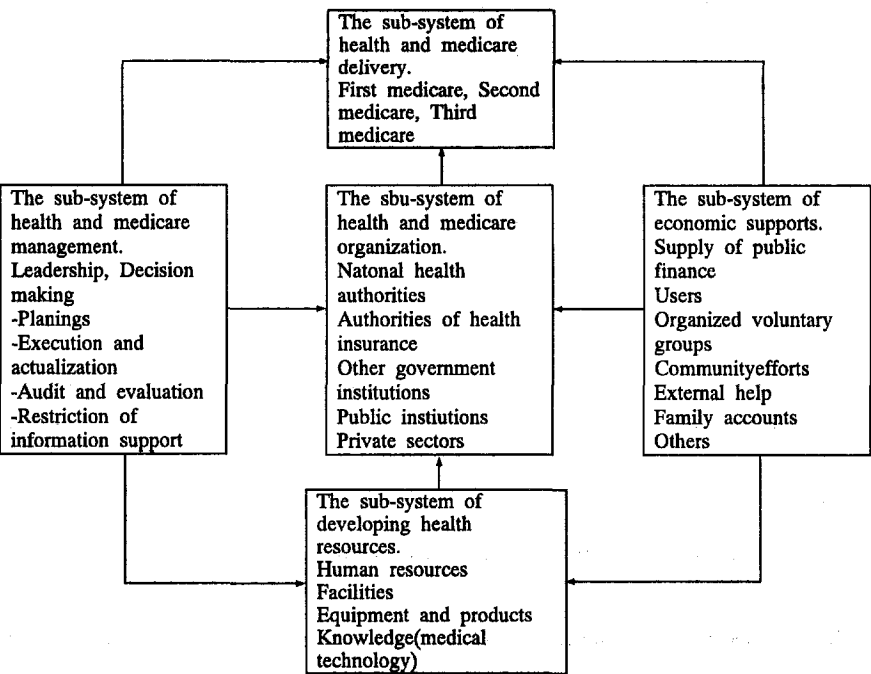
It is necessary for a pertinent style of social organization to input health and

medicare resources into health and medicare activity and thus operates them well. The social organization exists as the forms of government organization, health insurance agency, public health institution, private health and medicare institution, and individualized hospitals.

3) The sub-system of health and medicare delivery

Health and medicare are delivered to the people via various channels. The delivery sub-system of them is classified into many service forms like health promotion, prevention, medical treatment, resurrection, and medicare management. In general, the sub-system is divided into the first, the second, and the third medical treatments according to the complexity of provided service or the health demand from people.

<Figure 1> The major components of health and medicare system Source : Kleczkowski, WHO, 1984.



In this paper, the health and medicare system of Korea are defined as three sub-systems following.

II. The health and medicare system in North Korea

1. The outline of health and medicare system

1) The role of health and medicare system

The health and medicare system has a goal of improving people's health level in a society. Also, the system includes health and medicare production, consumption, and distribution. The medical treatment and prevention for individuals are differently provided depending on political, economic, and social systems in a society.

In South, private sector plays a major role in health and medicare system, but it provides medical services separately from government sector. Whereas government sector provides both macro-view policy and prevention oriented health-service concerning a whole area of health and medicare, private sector supplies treatment oriented health-service. Besides, South has a national health insurance system, which supports an aspect of social insurance for all the people and follows a principle of market economy. The finance of health insurance system is actively supported by the South Korean government particularly for the low-income people.

On the other hand, a state plays a leading role in North Korean health and medicare system. Thus, all medical resources are provided by a central government and local administrative institutions via direct controls, restrictions, and other guidances.

Since North has not developed the private sector of medicare, a state pays for the prevention oriented health-service and the medical treatment under government controlled system. In doing so, North uses local clinics as hospitals,

as well as develops the sub-system of section under doctor's charge and preventive medicine.

Around 1945, South formulated the private-sector centered system by starting medicare relief work through public health organization. Since 1985, the coverage of medicare has been extended by the introduction of a national health insurance system and the improvement of local health and medicare.

In the meantime, North set the framework of health and medicare system before 1960s and then made its big progress, as socialistic politics and economy were built-up. In 1980, North completed a comprehensive legal base of socialistic health and medicare by enacting the People's Health Law.

The health and medicare policy in North Korea is based on the article 56 of North Korean Constitution, saying "A state shall firmly develop a comprehensive free medical treatment, strengthen the sub-system of section under doctor's charge, complete a plan of preventive medicine, protect human life, and promote workers' health."

The sub-system of comprehensive free medical treatment was nationally practiced according to a decision of Supreme People's Convention held in February, 1960. It is not only secures every people's legal right of getting free medical treatment in hospitals and clinics, but also improves the qualitative level of medical services. According to the free medical treatment, a state should pay for all costs of medical services such as every cost of disease diagnosis and its medical treatment including operation cost and outpatient medicine cost, the cost of patient's meals, the cost of nourishing meals decided by the level of disease symptom, the cost of medical care, the cost of health exam, the cost of preventive inoculation, the cost of childbirth, the cost of correction equipment for handicapped people, and the cost of dental prosthesis.

Because the wage, decided by the quality and the quantity of labor, is a minimum one and thus the people with it cannot pay for medicare or other medicines, North has to practice free medicare sub-system. However, because of its economic recession, it is known that the medical resources have been dried out and the level of medicare becomes very poor.

To accomplish the complete free medicare sub-system and improve medicare,

North has utilized the sub-system of section under doctor's charge. Following Kim, Il-Sung's saying "A socialistic medical science is a preventive medicine," North has practiced the sub-system of section under doctor's charge. After the sub-system provides the small cost of first medical exam and treatment in time, medical doctors frequently check people's health in a section. Therefore, the sub-system plays an effective role in prevention, medical treatment, and resurrection. Yet, because the sub-system pays too much systematic attention to secure the healthy labor for economic development at the same time it is also used as a way of social controls, it has a difficulty in providing medicare of good quality to the citizens in reality.

2) The legislative process of health and medicare related laws

When examining the social welfare policy, the North Korean regulations have not fixed who makes laws, what the condition of legal effect is, what the coverage of laws is, and what other related restrictions are, unlike those of South. If studying the history of a specific regulation, there are many cases, in which the similar effect to the regulation exist without enacting even that regulation. It is a general characteristic of socialistic regulations, but it is more related to the unique aspect of North Korean regulations.

Despite that various regulations of social security have been enacted, it is not sure how much benefit of health and medicare have been given to the North Koreans as long as looking at the external aspect of regulations. Also, the quality of health and medicare is inferior to that of South. We can measure the exact level of Northern health and medicare by analyzing the real content of their regulations. However, it is very limited to do so for now.

3) The processes of health and medicare systems in North and South Korea

Table 2-1 says that North began to practice health and its medicare earlier than South in 1950s. In 1960s, North continued to practice the free care sub-system for all the people. On the other hand, South made an important base of

health and medicare by placing them into the fourth economic development plan. In 1977, South could distribute real medicare advantages to the people by practicing health insurance. Particularly in 1989, the quality and the quantity of Southern health and medicare were superior to those of North by starting a national health insurance system. Since the second half of 1980s, It is evident that the medicare level of South has been better than that of North. This is closely resulting from economic difference between the two Koreas. The welfare level of North is by far poorer in its quality and quantity than the level of South because of Northern economic recession.

2. The sub-system of health and medicare management

Whereas South Korea manages human resources and other materials based on market principles, North does so on the basis of the planned economy including hierarchical health policy. Accordingly, socialistic countries like North can timely control both demand and supply of health and medicare, but the quality of them is worse than one of other nations.

Since North puts emphasis on the first health and medicare, its educational period for medicare personnel is short. Also, because North would like to secure general medical doctors rather than specialized doctors, it comes to support the quantity not the quality of medicare. Further, the medicare behavior toward preventive medicine has been more generalized in North than the behavior toward medicare treatment. North has been developed like this, because of complicated situation. However, its health and medicare development is still desirable.

Although South has bigger numbers of medical doctors and pharmacists, North has bigger ratio of them to total population. The number of Northern semi medicare personnel such as nurses and medicare technicians is smaller than that of South. However, the medicare personnel in North is diverse to include medical doctors, associate medical doctors, hygiene medical doctors, Oriental medical doctors, and semi medical doctors, so the nation makes efforts to utilize the personnel. The number of Northern medicare personnel is still

smaller than South, and the function of personnel as the middle level workers is less specialized. When the number of specialized medical doctors in South is more than a half of total number of its medical doctors, the skill level of its specialized doctors is relatively better than that of Northern specialized doctors.

Compared to the sub-system of Southern health and medicare management, the Northern one is, in general, linear and unitary in the process of decision making and centralized in policy decision. In leadership styles, while South changes to democratic style, North much relies on the Communist party's autocratic style. In macro viewpoint, the system of Northern health and medicare has been shaped by a perfect order of decision, execution, and evaluation of policy including restriction, controls, standardization, and top-bottom approach. The system may not make a correct diagnosis about problem, and thus it comes up to easy-going policy decision and bureaucratic administration. Therefore, the system cannot decide welfare policy for all the people, rather it executes unitary and unitary health administration only for the ruling group. It is almost impossible to develop the service system for the people under the undemocratic and autocratic atmosphere.

3. The sub-systems of health and medicare organization in North and South Korea

The characteristics about sub-system of health and medicare organization is similar to the ones about the sub-system of health and medicare management. In other words, the sub-system of health and medicare organization in North is controlled by Labor Party(Rodongdang)'s plans, and thus it plays its roles under a plethora of restriction and stress.

4. The sub-system of health and medicare delivery

The sub-system of Northern health and medicare delivery has been supported by very organized classes in a socialistic state, and it completely follows four steps of care system. North identifies the level of administrative area with the

district of medical treatment, so Ri, county, and province are considered as parts of central district of medical treatment. However, that a patient needs to get a pass in the case of being sent back to other areas restricts his or her right of using second and third care institutions.

On the first thought, the sub-system of medicare delivery in North looks reasonable and systematic. In reality, it is questionable if North follows four steps of delivery system for the original purpose of improving people's medicare. In one sense, the complicated four steps may reduce or stop the advantages of medicare. In another sense, the steps are believed to be one of legal means of controlling the people.

Because the sub-system of medicare delivery allows people to get medical treatment in any appropriate medicare institution, the sub-system might secure the use of medicare with the cooperation of other care centers in particular about the result of patient's medical exam in the case of request and being sent back. However, a patient cannot substantially choose any medicare institution, and he or she can have complaints about the restrictive management of medicare delivery. Additionally, the level of medical service becomes poorer, because medicare personnel does not have a strong motivation for medical works.

As a negative aspect of medicare facility, the medicare institutions in South are located mainly in the urban area and, thus, its citizens' use of medicare is very unbalanced between areas. Also, own role of each care institution is not sophisticatedly divided. Further, it is more seriously problematic that the patients are willing to use the third care institutions as well as medicare institutions in big cities. There is no enforced way of restricting people's use of medicare in a democratic system unlike in the socialistic country. These are big systematic differences between two Koreas.

<Table 2-1> The processes of health and medicare systems in North and South Korea

Classification	North Korea	South Korea
1945 - 1950s	<ul style="list-style-type: none"> - The construction of political and economic socialism - The practice of free medicare sub-system for every people (except individual farmers, merchants, and industrialists, 1953) - The nationalization of private medicare facility and the construction of socialistic health and medicare base (1958) - The first health and medicare business centering around preventive health 	<ul style="list-style-type: none"> - Political chaos, social chaos and economic poorness - Both the prevention of contagious disease and the medicare relief work by public health organization - The enactment of people's health law (1951) - The enactment of city, province health center's law (Dec. 1956) - The development of private medicare institutions (the second half of 1950s)
1960s	<ul style="list-style-type: none"> - The practice of comprehensive free care sub-system (including every citizen, Feb. 1960) - The practice of sub-system of section under doctor's charge (1964)-the establishment of health center in the level of Ri (a sort of small town) and the expansion of specialized hospital, care facility, and medicine facility - The movement of making sanitary model (Aug. 1962) - The emphasis of health and medicare business by the movement of making Ri with no diseases (1966) 	<ul style="list-style-type: none"> - The expansion of public health organization according to the economic development plans - The establishment of city, county health centers (1962) - The establishment of health center's substation in Eup and Myun (sorts of town) (1967) - The development of sub-system of private medicare delivery and the base construction of self-sufficient medicine industry - The voluntary law of health insurance (Dec. 1963) (as the legal base of medicare welfare)
1970s	<ul style="list-style-type: none"> - The balanced development between light and heavy industries, and between urban and rural areas - The change of Ri care center to hospital and the establishment of maternity and children's hospital - The complete practice of sub-system of section under doctor's charge and the improvement of medicare facility and manpower supply as preventive medicare business - The exam on scientific and technological level of health and medicare, the scientification of Oriental medical science, and the unification between Western and Oriental medicare 	<ul style="list-style-type: none"> - Including health and medicare into the area of social development because of emphasis on social welfare policy (the fourth economic development plan) - The change to compulsory social insurance via a complete revision of health insurance law (Dec. 1976) - The practice of health insurance in the work place accommodating more than 500 people (July 1977) and the expansion of health insurance - The practice of health insurance for public servants and private school's employees (1979)
1980s	<ul style="list-style-type: none"> - The establishment of comprehensive legal base of socialistic health and medicare by enacting the people's health law (the sub-system of free medicare, the base of preventive medicine, the benefit of health and medicare, and the legalization of modern medicare facility, Apr. 1980) 	<ul style="list-style-type: none"> - The placement of public health into health branch office (1981) - The complete dissolution of medical doctors with no license (1984) - The expansion of system network of health and medicare in agricultural area (1988) - The practice of health insurance for all the people (1989)

One way or another, the concept of medical terminology in North is different from the concept in South. Based on different concepts, it is not easy to continue to compare the situations of their health and medicare. For examples, the number of M.D. in South excludes the number of dentists and Oriental medical doctors, simultaneously the number of sickbed does not include those who are in small medicare institutions. Additionally, the proportion of medicare personnel in the Southern labor force is the ratio of the number of medicare personnel to the number of economically active population, while North includes anyone older than 16 years into the denominator of ratio.

Continuously, there are more differences between Northern and Southern healths and medicares. First, the proportion of health care costs out of growth national products (GNP) is low in the two Koreas, but the Southern proportion was 6.6% (2.7% of public sector and 3.9% of private sector) in 1990, which means that the private medicare system of centering around medicare treatment is preferred to the public medicare system of prevention. On the other hand, the Northern one was 2% in 1987, which means very low level. It is true that North cannot allocate enough fund into the health area because of too much expense of its military. Unless North reduces its cost of national defense, it would be impossible to solve the problem of its small amount of health funds.

Second, the ratio of Northern medical personnel to its population is bigger than one of South, but the personnel's quality is worse than the Southern one. Even if North has developed own system of Oriental medical science, it is believable that North has failed to develop a scientific Western medical science and thus will not greatly improve it near soon because of the closeness of its society.

As the same token, it is basically impossible for North to import cutting edge medical equipment because of its economic recession. To make matters worse, the education for medical college and the clinical care will be carried out under much worse condition of medicare facility.

<Table 2-2> The sub-systems of medicare delivery in North and South Korea

Classification	North Korea	South Korea
The constitutional base	The benefits for a state and a society	The right to keep one's health and the right to protect one's environment
Approach	Integrated approach through unifying social services	Diversification through practicing health insurance, medicare protection, and workmen's accident compensation insurance
Health insurance and other medicare systems	The national health and medicare system, and the sub-system of free medical treatment (comprehensive free care system)	The social insurance, public reliefs, and the national health insurance system
The sub-system of medicare management	The unitary management system by national administration	The pluralistic management system by associations, public corporations, and other public institutions
The application object	All the people	All the people
The supplier of medicare	Public medicare institutions	Public and private medicare institutions
The sub-system of medicare delivery	Four steps or realistic three steps	Two steps
The district of medical exam and treatment	The sub-system of section under doctor's charge	Large district and medium district
The application scope	Medicare prevention and medical treatment including Oriental medicine	Primarily remedy, partially prevention (both include Oriental medicine and pharmacy)
The supplies of care cost	Subsidy provided by social insurance	Cash grant provided by health insurance
Financial resources and bearers	Socialistic accounting income and whole responsibility of a state	Insurance money beared by a state, the users, and the insured
Assistant resources	Social security fund (1% of basic wages), the cost of medical treatment (medical treatment outside the section under one's charge), and the price of medicine (unemployed dependent family)	Individuals' partial share and a state's share
The choice of medicare	Impossible except the use of system	Possibility of choosing private medicare, which is beyond the system

Third, that the ratio of inpatient to the population in North has not increased since 1960 indicates that the Northern medicare level is inferior to the Southern one. Because of clear lack of medicare facility, the ratio of cannot become better immediately.

In the meantime, Table 2-3 compares the sub-systems of medicare service delivery in two Koreas. There are many distinctive characteristics in the North Korean medicare service such as the preventive medicine, the section under doctor's charge, the first medicare's use of teamwork approach, and the system of doctor's visit. These ways of health and medicare can politically control the people in many senses.

Besides, Oriental medical science in North has been cooperated with Western one in its medical treatment. The North Korean medicare service has general characteristics of possessing enough amount of medicare technology without the free right to choose medicare personnel. However, the qualitative level of Northern medicare technology is lower than one of Southern technology. Like any other field, the field of medicare can also improve itself only under the free competition market. As far as the Northern authorities restrictively control the health and medicare system, there will be no qualitative improvement for the nation.

<Table 2--3> The sub-systems of medicare service delivery in North and South Korea

Classification	North Korea	South Korea
The basic principle	The supply of comprehensive medicare service	The separation between preventive medicine and remedy medicine
The emphasis on preventive medicine	The supports of Rodongdang's sanitation policy, saying "A socialistic medicine is equal to a preventive medicine"	The development of centering around the public medicare
The decision of medical treatment district	Medical treatment districts of city level and county level (the restrict of passing is applied between medical treatment districts.)	The management of 59 medical protection zones, 8 large medical treatment districts, and 140 medium medical treatment districts
The sub-system of section under doctor's charge	The choice of sub-system of section under doctor's charge according to the number of residents and the amount of medical treatment (the practice of dual registration system according to life cycle and home)	Not available
The first medicare approach	The teamwork approach according to basically specialized courses (internal medicine, pediatrics, and obstetrics and gynecology)	The competitive allotment system according to medicare institutions of each level (dispensary, infirmary, and general hospital)
The system of function allotment	Function allotment between upper and lower classes of hospitals in a district	Patients' the first, the second, and the third request system in each medicare institution
Doctor's visit service	The encouragement of doctor's visit as the most intimate medicare service to the residents	Not popular because of economic improvement
Oriental medical science	The combination between Oriental and Western medical sciences (the establishment of Oriental medicine hospital in provinces and the establishment of its branch in Ri, city, and county)	The separated system between Oriental and Western medical sciences (the recommendation of cooperative medical treatment between two sciences)
General characteristics of service	The establishment of rescue medicare network, no right to freely choose medicare personnel, the low level of medicare technology, and the Jungsung movement (the socialistic devotion movement)	The management of emergency information center and emergency medicare system, the security of free right to choose medicare service, high technology oriented services, and the production of services on a capitalistic commercial scale (the Chinzul movement, which is a kindness movement)

Source : Moon, Ok-Ryon, The Health and Medicare Systems in North and South Korea: The Comparative Perspective, The Journal of Health Studies, Seoul: The Graduate School of Public Health, Seoul National University, 1993.

III. The characteristics of health and medicare system in North Korea

As mentioned earlier, the Northern health and medicare system has several characteristics such as the free medical treatment, sections under doctor's charge, and the cooperative medical treatment between Oriental and Western medicines.

1. The sub-system of free medical treatment

In accordance with the social insurance law, North has developed three steps for the sub-system of free medical treatment to include free medical treatment, generally free medical treatment, and completely and generally free medical treatment. Because the step of generally free medical treatment basically expands its coverage of free medical treatment into all the citizens regardless their sexuality, job, or home, anyone, who visits hospitals and clinics, can enjoy his right to get medical treatment there.

As the step of completely and generally free medical treatment improves the quality of medicare service, it consolidates the public sentiment coming from the aftermath of Korean War and secures workforce in the industrialization process of building the revolutionary socialism. In spite of the positive effect, it is questionable whether the real benefit of step is equally distributed to the people. Thus, we need to interpret that the step, simply, plays a better role in keeping, managing, and even advertising the socialistic system, when noticing that the health insurance system regardless of nationality has a general trend of giving the medicare benefits to everyone.

Most of nations have practiced the health insurance system, and without exception South Korea has nationally practiced the system since 1977. Now, South has a painful problem with the management of its integration and partnership. In terms of Oriental medicine, its health insurance was additionally

introduced in 1987, and everyone can enjoy its benefits like the low cost and the wide range of Oriental medicine.

Also, the system of health insurance in South has provided unprecedentedly fast and comprehensive service to policy holders.

2. The sub-system of section under doctor's charge

A province is made of not only the system of residence under one's charge, which is based on human life in the residence, but also the system of job under one's charge, which is based on production activity. The business of section under doctor's charge develops city hospitals and section hospitals in the urban area, and general clinics under the authority of the two superior hospitals. Those institutions are managed by basically specialized doctors in some areas like internal medicine, pediatrics, obstetrics and gynecology, and tuberculosis, when the rest of specialized doctors participate in the sub-system of section under doctor's charge as a form of cooperation with the sub-system.

Considering that the sub-system provides the first health and medicare of low cost in time and lets doctors frequently check the condition of residents, it plays an effective role in supplying a comprehensive medicare such as prevention, medical treatment, and resurrection. However, the sub-system puts too much emphasis on the systematic function of securing workforce for the economic improvement, and thus it is used as one means of social controls. In fact, the sub-system cannot substantially provide the medicare of good quality for the residents.

3. The sub-system of cooperative treatment between Oriental and Western medical sciences

North maintains that the nation should actively use Oriental medical science and develop it in the mutually organic harmony with Western medical science for the ultimate goal of improving Oriental medicine. It is much related to the nation's Juche ideology. The departments of Oriental medicine in the general hospital of specializing in Oriental medicine have modern medical equipment

and facility, which allow Oriental medical doctors to study modern and scientific ways of diagnosis and Western medical doctors to acquire the knowledge and skill of Oriental medical science. The North Korean system of Oriental medical science has characteristics of advocating a mutual cooperation between Oriental and Western medical sciences, the cooperative surgical operation, and a cooperative attitude in medical research.

So far, we do not have much difficulty to understand the system of Northern Oriental medicine, like the focus on prevention of Oriental medicine and the comprehensive approach of Oriental medicine, through the socialistic aspect. It is also true that North has a priority of supporting a socialistic economy, which is beyond the benefits of true medicare welfare.

South should carefully consider the Northern cooperative system to provide policy alternatives for the conflict between Oriental medical doctors and pharmacists, the unification between Western and Oriental medicares, and the division of pharmacy from medical science in South Korea. South should continue to analyze the positive side of Northern system to prepare for unification of two Korean medicare systems. Ultimately, the completion on the sub-system of cooperative medical treatment is a single alternative to maximize the productivity of medicare and the effect of medical treatment.

IV. Conclusion

This study has compared North and South Korean health and medicare systems to develop the most suitable alternative for the Korean health and medicare policy. There are several considerations. First, the sub-system of health and medicare management in North contains many aspects of bureaucratic health and medicare policy. Especially, the sub-system relies on one-sided top-bottom approach in the policy making. In short, the sub-system has to be directly or indirectly influenced by the political circumstances.

Second, because the sub-system of health and medicare organization in North

plays its role under the centralized power, regulation, and restriction of Rodongdang, it does not seem that the sub-system has an autonomic delegation, a judgement, and an administration of works. That the sub-system does not have any private organization is the biggest feature of it. Shortly, only the single system of national organization exists in North. If believing that North Koreans do not have any choice in medicare institutions, the quality of medicare should be poor. There is only stagnation or regression, without a free competition.

Third, the sub-system of medicare delivery has four steps to follow. It is identical with four levels of public administration. However, when noticing that people needs passes in the case of their moving to second or third medicare institutions, their use of sub-system is still limited. In a sense, the original purpose of sub-system looks all right. Yet, because the patients cannot choose any medicare institution, the quality of service is not so high.

Conclusively, the Northern medical system is very different from that of South. Such as, North practices the sub-system of free medical treatment according to the social insurance law, the sub-system of section under doctor's charge, and the sub-system of cooperative treatment between Oriental and Western medical sciences.

Though the general level of medicare quality in North is inferior to one of South, many facts mentioned above show very positive sides. In particular, reflecting that South has developed the dual system between Western and Oriental medicines, the integrated system between them in North shows many good points. In other words, the Southern system should be changed to the integrated one in the near future. To this point, the study on North Korean sub-system of cooperative treatment between Oriental and Western medical sciences has propound implications.

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