

1000 P_AT_HS
FOR
N_UR_SE_S

1000 PATHS FOR NURSES

Story of Professor KIM MO-IM

Euisook Kim, DNSc, RN

Kasil Oh, PhD, RN

Free Subscription
download

<http://nursingcollege.yonsei.ac.kr>
PDF File

Copyright © 2018 by Kim Mo-Im Nursing Research Institute
Printed 2018 by Bookmark Company, Ltd.

All rights reserved
Printed in the Republic of Korea

For further information, please address:
Kim Mo-Im Nursing Research Institute

Homepage : <http://nursingcollegeyonsei.ac.kr>
Email : mknri@yuhs.ac

ISBN 979-11-85846-68-2 13300

 **BOOKMARK**



Professor KIM MO-IM



CONTENTS

Forward • 13

Prologue • 15

I An Endless Challenge

A Ray of Hope • 20

Koi's Law, Mo-Im's Law • 24

Flower of the National Assembly • 28

IPU Population Commission • 31

Disposable Needles • 34

Kim Mo-Im Hailed by the World • 37

Koi begets Koi • 40

Pleasant Beginnings • 45

Workaholic and National Pension • 48

Traveling in Disguise • 51

Enlighten the Women? • 53

II A New Horizon

Audrey Hepburn & Kim Mo-Im • 58

The Coziest Spot in Heaven • 61

The Ocean Doesn't Get Wet in the Rain • 65

Children Born of the Heart • 70

Bridging Hospital and Community • 74

Transforming Crisis into Opportunity • 79
Family Planning by Single Women? • 82
Kim Mo-Im, a Copernican • 86

III The Elevation of Nursing As a Profession

A Soaring Bird Sees Far • 92
Is KNA Better Off Now? • 96
Nursing Veiled in Literature and Art • 100
A Semantic Shift • 104
Wheels of a Bicycle • 108

IV Planting Rice Seedlings

Azalea, Royal Azalea • 114
Shadow of a Mentor • 118
Auto Repair Shop • 121
Dandelion Seeds • 124
A Tree Planted in a Desert • 129

V A Rising Star

Support from a Country Near and Far • 134
With Utmost Zeal • 138

Leader vs. Boss • 142
A Big River Starts Out As a Little Stream • 147
A River Runs Through Dry Land • 150
A Rolling Stone Gathers No Moss • 154
A Stranger in Her Own Land • 157
Two Heads on a Single Body • 160
Streams Come Together • 163
Friends of Kim Mo-Im • 167
What is Most Local are Most Global • 172
A Tree That Gives All of Itself • 175

VI More Beautiful Than than a Flower

Seeds of Hope • 180
A Self-Funded Building • 184
A School into a Shangri-La • 187
An Eye Unification • 193
Nurses, Widen Your Perspective • 198
Let Us Be World Citizens • 201
Sunbeams of *Unjoru* Pavilion • 205

Epilogue • 208

Appendix : Personal History of Professor Kim Mo-Im • 210

**1000 PATHS
FOR
NURSES**

Forward

I am honored to write the forward to this extremely important essay. When Dr. Kim Mo-Im and Dr. Kim Euisook told me about the book wrote in Korean, I begged them to consider translating it to English. The life story of Dr. Kim Mo-Im is an essential part of the history of nursing and has tremendous amount of lessons for its readers.

I planned to read the manuscript over several days and to fit it in to my previously scheduled very busy agenda BUT, when one morning I got up at 4am and planned to read for an hour, I found that I could not put it down and all my other plans for the day had to be delayed. I found the manuscript so engaging, rich, and beautiful.

The writing of the book where poetry, traditional stories and cultural tales are combined with scholarly, political and experiential messages is both unique and extremely powerful. Each chapter has a unique flavor to it, which compels the reader to keep going to find out the main message of the chapter. Each chapter has an amazing amount of country, cultural, global and nursing messages.

Dr. Kim Mo-Im is one of my living legends. The first time I encountered Dr. Mo-Im Kim was early in my career in 1998 during the WHO Nursing Collaborating Centers meeting in South Korea. By then, Dr. Kim was an accomplished, highly respected nurse and policy leader. I have watched the career trajectory of Dr. Kim with awe, admiration, and deep reflections of what we can learn from her in how to fill the terrible gap of nursing engagement in global leadership, policy and decision-making.

The messages to take away from the book are many from: have a vision and reach high; don't just accept the norms

PROLOGUE

of the establishment: work to be part of it and lead; have a long term vision for sustainable policy and system change; maintain relationships within your country and outside of it; do not give up your values and caring for the disadvantaged even when you climb to political heights; and you can combine your nursing professional agenda with public health and global health agenda. Above all I have treasured to read the book that was written by two special individuals Dr. Kim Euisook and Dr. Kasil Oh who have been at the “feet” of their “mentor” for over 40 years and continue to be part of Dr. Kim Mo-Im’s life to date. In 2017 I was privileged to spend a week with Dr. Kim Mo-Im and Dr. Kim Euisook and even now, at a more advanced age, Dr. Kim Mo-Im is strong and determined in her views of what is working and what needs to be advanced. It is clear that she is expecting us to carry the torch and we owe it to her, to nursing and global health to do so.

This is a MUST read for anyone who is interested in learning how to get out of the box and thrive to new heights for the benefit of mankind.

Judith Shamian
RN, PhD, D.Sc (Hon), LLD (Hon), FAAN
ICN President Emerita
27th ICN President 2013-2017

My Mentor, Kim Mo-Im

Kim, Euisook

We were avid about wanting to cover as much as possible. We wanted to record everything, leaving nothing out. Whenever we got together, we would recall the days we spent talking all night long about the things that we had shared with our mentor. We ended up saying, "Gosh, we seem to be suffering from a serious illness named “nursing.” These stories are the stuff of an unofficial history, and we should write them all down." We wanted to record everything we had done together with my mentor.

We wanted to write about things that had some influence on nursing in one way or another and the key policies that still affect our profession. We wanted to draw a good picture, as an artist does on canvas, of all the major policies and bills having to do with nursing, plus the whole process involved.

What kind of a future did the leaders of nursing envision? What did they dream of? What was the social milieu like in which they worked? That is what we really wanted to write about, as well as about the process through which they pushed major policies and the content thereof to subsequently exert an influence not just on our alma mater (Yonsei University) but on the field of nursing as a whole. We further wanted to learn of the trials and tribulations they had to undergo and how they overcame them to work out policies while facing many an obstacle. What were the adverse conditions they had to endure? What were their goals originally like, as opposed to the final shape that unfolded? How should the policies thus forged change? These were the questions we wanted to address in our book, with an eye on the future. That is, what we wanted to do

was to write about the real intent of the leaders of nursing that lay deep within the lofty policies of nursing which they developed while fighting off blizzards, blazing sunlight, and drought. We also wanted to pass our story on to the younger generation of nurses that would follow us.

“I’d absolutely refuse to accept anything like biographies or memoirs written about me!” so declared our beloved mentor. This is the kind of image we wanted to portray of our very special leader—the real person she was. Yes, we wanted to write about everything that she was and did, so that her true being, akin to a diamond sparkling brightly and distinctly amid a million grains of sand, would keep on shining rather than being buried out of sight. We wanted a great many people to admire and appreciate her legacy.

What sort of a person was she? How did she tackle issues? What was her philosophy of life? How did she want to lead her life? What was the manner in which she embraced nursing? How did she want to foster the profession of nursing, which she cared about with immeasurable love? Such were the questions we wanted to answer, remaining true to facts, for the fondest memories we cherish are about our most revered mentor —our hero par excellence, who will always remain ever so dear to our heart. We wanted to leave a record of these memories behind, for our young students to read about.

We wanted to cover so much that we could not move on. We could not possibly put so many things into a single book. If you dwell on the process of policy making and no student will read it. Toss that idea out the window. Narrate fun episodes or anecdotes of the old days? Oh, come on. Are we here to write a storybook for kindergarteners? Let’s be serious. So we rejected each other’s ideas.

There we were, just turning the spinning jenny over and over. However we couldn’t let our hero fade away into oblivion with her Parkinson’s disease plaguing her. So we decided to be much less ambitious by reducing the scope of our project rather drastically. When excessive zeal to write everything threatened to rise again, we suppressed it, saying, “Too late now.” Instead we decided to make the story

of our hero plain and simple by letting the facts speak for themselves as a way of sharing our dreams with the young ones across the country who are aspiring to become nurses.

Since the episodes we are going to relate consist of the nitty-gritty aspects of the relationship that we had with my mentor mostly on a personal, existential basis, their scope will necessarily be limited. We do hope, however, that the wealth of experience we had during our active professional years will serve to motivate young people interested in nursing to redouble their aspiration with enthusiasm and excitement.

Part I



AN ENDLESS CHALLENGE

*Most of the important things in the world have been
Accomplished by people who have kept on trying when
There seemed to be no hope at all.*

Dale Carnegie, 1835-1919

A Ray of Hope

Once I paid a visit to an old colleague. There I noticed a framed painting hanging on a wall in her office with these lines in Chinese characters:

*When treading on a snowy field,
Leave your footsteps tidy,
For the road you walk along today will serve
As a guidepost for those who follow you.*

I learned that this poem was often quoted by the renowned independence activist Kim Gu (1876–1949; president of Korean government in exile) and was one of his favorite verses. Some say that it was originally written by Buddhist Master Seosan (1520–1604; leader of the unofficial royal troops during the 1592-98 war between Korea and Japan) of the Joseon Dynasty, while others attribute the authorship to Yi Yang-yeon (1771–1853; poet), a litterateur of the dynasty in the 19th century. Anyhow, I was immediately drawn to those lines because they reminded me of none other than my own mentor Kim Mo-Im.

May 12, 1981, was a dazzling sunny day. I was in Yeouido, leading a group of my nursing students, who were just past the age of 20, into the visitors' gallery of the stately National Assembly. Although I had little interest in politics, I took them there to see my mentor, Dr. Kim, who had now become a parliamentary member. My students, usually lively chatter boxes, sat in the hall speechless, overwhelmed by

the solemn ambience surrounding them. After a rather long wait, interpellation began. The pledge of allegiance over, a slim figure of a woman carefully stepped up to take her seat as an interpellator while other members of the National Assembly, numbering over two hundreds, waited along with the visitors. There she was, my mentor, now transformed into a new member of the regular session of the 11th National Assembly and as such, the first one to pose queries on state affairs that day.

“Today marks International Nurses Day and also the birthday of Florence Nightingale (1820-1910), and as the first parliamentarian with a nursing background, I take a great joy in standing here before you to conduct the first round of interpellation.” As we sat in the visitors' gallery listening to her speak, we were deeply moved. Some students dabbed their eyes with a handkerchief while others just let the tears brim over as they watched Dr. Kim proceeding with her inquiry. Yonsei University College of Nursing (a leading and the first nursing school in Korea) and the entire community of nurses in Korea were overjoyed by the mere fact that a professor representing their field stood before the national body of parliamentarians as an interpellator. Such an occasion was unprecedented.

Back then “Congressperson Kim Mo-Im” was an active professor at Yonsei University while concurrently serving the Korean Nurses Association (the KNA) as its President. Naturally the KNA welcomed her ascent to the national stage, but not everybody at Yonsei did. The College of Nursing faculty was split into two different camps of opinion. One of them was of the opinion that “A swan in politics gets stained dark like everybody else, so stay out of it.” The other camp held the view that a parliamentarian with a professorship of nursing also wearing the hat of the KNA's President would prove to be a big help for everyone in the nursing sector. The students too were similarly divided. One side said that for a scholar to enter politics is tantamount to abdicating her academic duties. I thought otherwise, however. Whenever an opportunity arose, I felt that we needed a representative to speak for us at the National

Assembly. Here is a story my mentor used to cite as an analogy. I think this analogy is very appropriate.

“There were a lot of fish living in the little pond. A large one among them would jump up into the air once in a while. The small ones were miffed, grumbling that he was a nuisance as he jumped hither and thither boisterously. But the big fish kept on bothering them. One day out of the blue he announced that he had to move to a different location. Curious, the little ones asked, ‘How come?’ He said: ‘Get this, fellas. As I look around, I see a pond here and another one there drying up. Pretty soon we will be in trouble, too.’ Finally the little ones understood why the big fish hopped and jumped every so often. Then they all packed up and moved together to a different pond. Thus they were all saved from a major calamity.”

Actually, long before the subject of the National Assembly came up, Dr. Kim was often embroiled in conflicting arguments over the issues of in-house reform. Many sided with her stance, but many others also complained about the reform measures she proposed. “Well, do we have to follow her suggestions? Why invite problems when we have none?” I did a lot of thinking then about the fish in the little pond. “If you put a large fish in a small bowl, even a slight motion will cause a splash, disturbing the smaller fish and making their life hard.” So I thought that my mentor should hasten to leave a small pond called school and move to a large body of water. Where to, though? I agonized. Where could she go to if a school was too small, if Yonsei was too small? I did not have a clue as to where one would find a pond big enough for her to play in. That is when the National Assembly emerged as a subject of discussion, and I felt that she had every reason to go there.

As my mentor got busy commencing her work as a member of the National Assembly, I found myself getting busy, too, for she could not perform all her duties with the aid of her official assistants alone. Unlike today, at that time members of the National Assembly were given the same rank as an undersecretary. The rank of their assistants was also proportionately lower than it is today. Legislative

activities were thus quite limited. This was especially true of legislators of the fair gender who lacked political connections. That is why members of the National Assembly like Dr. Kim have to mobilize a lot of unofficial external support groups in addition to their official staff. So began my task as one of her unofficial supporters.

As I actually started doing what I could in that capacity, I realized that the National Assembly was much larger than it had seemed to an outsider such as me. There were many occasions when my work, no matter how hard I tried, did not produce much to speak of, not even a ripple. Whatever task one tried to carry out, one had to think big, with the whole nation in mind rather than just a college or a community of nurses. A school or a community is simply too small a body of water, and I realized that while doing my part. We often grumbled when our mentor talked about the future and other worlds out there. I realized then that I had not prepared myself to tackle anything that I was confronted with, and I regretted that.

Koi's Law, Mo-Im's Law

Among the various aquarium fish admired by people in Japan is one called the *koi*, an ornamental variety of the common carp. One English dictionary published by Oxford lists it as “a Japanese brocaded carp.” When in a fish bowl, it remains tiny, measuring less than 10 centimeters. In an aquarium or a pond, however, it grows to 15 to 25 centimeters. If released into a river, it can become a meter-long giant. This is certainly a very distinctive feature.

Kim Mo-Im, whom I assisted for four years from 1981-1985 in an unofficial capacity at the National Assembly, was not the same person I had known when she was a professor or the President of KNA. She was a seasoned lawmaker there, it seemed, developing new bills and pushing them through the legislative process—like a *koi* that has jumped out of a pond into a river. To me she was born to be a college professor or the head of a nursing association, but not anymore. Once thrown into a body of water called the National Assembly, it seemed as though she had been cut out to be a member. When she became minister of Health & Welfare, she looked like a perfect fit for the ministerial position.

It is often said that “a post shapes a person.” That applies to someone who adjusts well to a new job and proves to be an able performer. But in the case of my mentor, it was the other way around: it was she who shaped her position when she became a member of the National Assembly. When polls offered a lawmaker’s seat to Dr. Kim, a woman with a degree in public health, I suspected that they figured they could

score a point or two politically by having the captain of the nursing community on their side rather than expecting her to do a good job. But when given a legislator’s position, Dr. Kim would do just that, namely, a good job at doing what a legislator is supposed to. She was not one of the ordinary species of fish born large but a *koi*.

She had of course never had any interest in politics or the National Assembly before she received a phone call from Lee Jong Chan (1936-present; politician) of a former member of National Security Legislation Council. A *koi* carp does not purposely try to look for a pond or a river; likewise, Kim Mo-Im only wanted to do her best for the college where she taught and for the Korean Nurses Association. It was the people around her who created a new environment for her.

What Mr. Lee wanted was for her to join the Democratic Justice Party, then the ruling party as a founding member. The Chun Doo Hwan (1931-present; former president of the Republic of Korea who assumed power in 1979 through a military coup) administration at that time was in the process of forming a new political party (the ruling party existed from 1981 to 1990) which he was to lead, and for this purpose, he was seeking people of competence from various sectors, including academia, finance, and politics. Lee’s proposal was not something to be discussed over the phone. It warranted a face to face encounter. As I stepped out to meet him, I found him accompanied by Kwon Jung Dal (1936-present; politician with a military background). I learned later on that Lee was the ruling party floor leader during the 11th National Assembly and the party’s secretary general, a post held earlier by Kwon.

Dr. Kim could not make up her mind right away. Actually, she was not completely disinterested in politics. While carrying out multiple projects for nursing, including the KNA, she became aware that she would need politics to fulfill her objectives. The hitch was that Lee’s proposition was about politics for the sake of politics. If she accepted his offer, Dr. Kim could very well turn into a full-fledged politician rather than one doing politics on behalf of nursing. She sat hesitating, when Lee said, “You’ve spent enough time

studying abroad. Is it not about time that you served this country of ours? At this juncture, with a new administration poised to start, we sorely need a person like you, especially a lawmaker to work on issues related to women. Come help us, please.”

The idea of serving the country and women’s issues deeply appealed to her immediately. Back then only a handful of Koreans had earned a doctorate from a renowned school overseas, and fewer still in the field of public health. Dr. Kim liked the prospect of serving people by making use of her professional experience while also helping to enhance the status of women. She had no reason to hesitate anymore. Women in Korea then did need somebody to help improve their social standing. In fact, even before Mr. Lee arrived on the scene, my mentor had often shared her thoughts with us saying: “I think being a good wife and a wise mom is not the only option for women. If we do not gain the respect we deserve socially, it’s as though half of the population remains disregarded. We’re lucky to have a profession, and therefore we ought to exert ourselves toward helping raise the status of women.” To be sure, Dr. Kim decided to accept Mr. Lee’s offer because she cared about nursing above all else, but also because she cared enough about women to help promote their cause. She ardently believed that they merited an opportunity to attain the equality stipulated by the constitution.

After a few months of activities as a founding member of the then ruling party, Dr. Kim was asked to become a member of National Assembly elected by the party’s national constituency. Like the current system of proportional representation, seats of the national constituency legislators were filled mostly by representatives of occupational associations or other people of high repute. The intent of this system was to enable such lawmakers to exercise their knowledge in their areas of expertise without being too concerned about the voters, Dr. Kim did not have to agonize much before accepting the new offer. With the 1981 parliamentary election over, she formally began to work as a legislator. There were only two other female members in

the National Assembly then who held the ruling party seats like hers.

Things my mentor did as a member of the National Assembly triggered big changes in the nursing community and in other sectors as well. Many who volunteered to help her legislative work for four years at the National Assembly found themselves gaining political savvy about the practical aspects of research and development pertaining to policy making. They could not have gotten better hands-on training anywhere else. Dr. Kim’s lawmaking experience also paved the way for her eventual ascendancy to the President of the International Congress of Nurses (ICN), the central body of nursing profession worldwide. Out of this flowed no small measure of influence on us.

While serving as an aide to her, I realized that, if the “presence” of a person or her ongoing challenges make those around her feel uneasy, it is because she or he is a big fish in too small a pond and that is when she ought to move on to a wider world. Before long the term Koi’s Law became a buzzword among us and, inevitably for us at least, it became synonymous with Mo-Im’s Law.

Flower of the National Assembly

One day in May of 1981, we were sitting in the visitors' gallery of the National Assembly watching our mentor. We were there not simply as students or junior alumni of hers but as her passionate fans. To us she was a star, shining brighter than any others. Sure, she was a mentor whom we loved and revered, but we also utterly loved her as fans. We wanted to give her everything we had with no regrets.

Today, a fandom culture is no big thing. We often see young girls rallying around their idol's place, creating a rather familiar scene. Back in our days, however, fandom was uncommon. The most we could do then was sing along with the most popular singers, watching them perform on TV (which was a rarity) or listening to them on the radio. At times we just let our imagination have free reign as we read articles that appeared in weeklies like *Sunday Seoul*. In any generation, ardent fans are always present. Signs of fandom were astir as early as 1969 when Cliff Richard, Britain's answer to Elvis Presley, did a three-day gig at Ehwa Womans University. There the girls were so feverishly enamored of him that it was said that some of them swooned and fainted. When the popular American singer Leif Garrett performed in Korea in 1980, he enjoyed a reception no less hot.

As we watched our mentor posing questions during a hearing on government affairs that day in May 1981, our hearts throbbed with excitement just like the young college girls at those pop concerts. Of course, in the National Assembly we could not shriek or toss handkerchiefs like

fans at a pop-music venue, but we were perhaps all the more enraptured because we had to control ourselves. We were not simply impressed by her interpellation--we were struck with awe and admiration. Why? Because unlike others who just parried over a few issues, Dr. Kim covered a wide range of substantive inquiries with reference to the practical, down-to-earth background contexts concerned. One could never produce the kinds of questions she raised without perusing volumes of data in advance. She did likewise in subsequent sessions too, posing questions based on facts buttressed by precise statistical data, much like a member of an opposition camp rather than of the ruling party. Her points were so professional and to the point that her fellow legislators and government agencies alike felt irritated.

The main issues she was concerned with at the time were environmental pollution, sanitation, and labor as well as a host of other problems. These concerns were basically derived from her involvement in the fields of public health and nursing. Government officials and even her fellow lawmakers grumbled about the way she dwelled on such problems. "She's so academic and pesky, as if we didn't know she has a PhD. She's totally unreal, pecking away at stuff like the environment and labor at a time when everybody else is busy as hell just trying to make a living."

The Nimby phenomenon was getting extreme at that time, including opposition to landfill involving trash. Dr. Kim favored landfill over incineration, but the "make a living first" group had the upper hand. It is now up to the autonomous local authorities to decide what to do, bury or burn, an issue that has become even more serious as it remains unresolved, just as Dr. Kim foresaw. Instead of being frustrated, however, my mentor posed a challenge against yet another wall, a larger one this time, namely the Budget Settlement Committee of the National Assembly, the membership of which was so coveted by all that it was called "the Flower of the National Assembly." Whatever project a member wanted to push for needed to go on the committee's agenda; otherwise it would die with no chance of even being considered. Now, at no point in the National Assembly's

history had a female member ever been allowed on the Budget Committee, an apt testimony to the impenetrability of its wall.

Thus, the first thing Dr. Kim did was to pay a visit to the then floor leader of the ruling party, and asked for “an equal opportunity for women.” He was very reluctant to grant her request, citing several reasons. His first point was that women are weak when it comes to the big numbers involved in government budgets; women just don’t have the capacity to grasp them. Secondly, he asserted that women are not physically equipped to endure the heavy-duty work required for handling budgetary concerns. Thirdly, the Budget Committee members often have to drink and dine and with opposition party members or even go to bath spas with them when hashing out the issues involved, activities that are inappropriate for women to participate in.

It seems that Mr. Lee didn’t know enough about Dr. Kim. As secretary general of Yonsei University Institute of Population & Family Planning, she was more familiar than anybody with budgetary accounting and, when it came to figures, no one could beat her, because she had herself thoroughly trained in matters of this nature. In addition, at Yonsei School of Public Health and the College of Nursing, she was teaching a course on statistics. As for physical fitness, she did not feel she had worked hard enough on any given day as head of the Korean Nurses Association or as a nurse if she had not stayed up working all night. About the third issue raised by Lee, she acknowledged that those were not activities a woman could take part in. So she categorically responded, “Shouldn’t there be some other way to handle this?” Finally, after putting up a long fight, she did win a seat on the Budget Committee. She was the first woman legislator ever to do so in Korea, and thus she paved the way for other female lawmakers to do likewise. It was then that I realized that at times the koi must build a habitat on its own and that, when necessary, it has to muster up strength to overcome a hurdle.

IPU Population Commission

In the 1980s it was next to impossible to get a girl picked as classroom leader. This held true even in primary school classes, of which the monitor was usually a boy, with another boy and a girl selected as vice-monitors to represent the boys and girls separately. Even in a class where girls were the top achievers, the leader was always a boy, and this was taken to be perfectly natural. Against this backdrop, having a girl elected president of an entire student body was out of the question. “Male supremacy” was not just a term listed in a dictionary but a fact of everyday life.

The situation was more or less the same in the National Assembly. There most key positions were held by males. Delegations representing the legislative body for events at home or abroad were also headed by males save for a few occasions when women were given a leadership role as a symbolic gesture. As of 2015 we have a female president, but a woman as the speaker of the National Assembly or the head of the Supreme Court is still unimaginable.

Dr. Kim was an exception, however. She stood out not only as a lawmaker at home but also as one representing Korea at international events, such as the International Parliamentary Union (IPU). Although such occasions were rather uncommon then, she nevertheless accomplished a lot in her leadership role. Established in 1889 as an international parliamentary apparatus to promote cooperation among nations, with a focus on the parliamentary system, the IPU was headquartered in Geneva, Switzerland. Korea was

admitted as a member at the 53rd general meeting held in 1964 in Copenhagen. Seoul hosted the 70th and 97th general meetings of the IPU in 1983 and 1997 respectively. As of 2010 the number of the IPU members was 152. The general meeting of the IPU convened in 1982 was meaningful in many respects. First of all the Korean delegation had to explain the domestic situation surrounding the Fifth Republic, begotten of the military system, to foreign parliamentary members who were still very skeptical about its background while also trying to build up “an international person to person network” via multiple avenues available. That is why key members of the National Assembly, including the speaker, hastily put their names on the delegation roster. Notably enough, Dr. Kim became one of the IPU/Korea delegates on the recommendation of the ruling party’s secretary general.

She did not remain content as just another delegate. Instead, for the first time ever, she worked successfully to create a Parliamentary Population Committee within the Korea Commission. As the deputy chair of this committee, she played a key role in maneuvering for Korea to host the first IPU Population Committee meeting. This particular episode reminded us of the old saying that you can’t hide an awl in your pocket, because it’s bound to poke its way out, referring to the fact that superior talent will eventually reveal itself no matter what. In this way my mentor demonstrated outstanding competitive skill not only among the handful of female lawmakers but also showed preeminence in a male-dominated body of legislators. Dr. Kim’s achievement as the first person from East Asia to earn a doctoral degree in public health at John Hopkins University was thus effectively substantiated by her legislative accomplishments.

Now many were so envious of “a former nurse’s rise to a position as an IPU delegate” that they spread slanderous rumors. One example falsely claimed that the Korean IPU delegation had a member who did not speak a word of English. What a preposterous lie! Someone with a postgraduate degree from such a renowned university as

Johns Hopkins could not speak a word of English? Nothing could be further from the truth, but none of us, including my mentor herself, had any idea whatsoever that those terrible rumors were spread behind our backs.

A resolution to this problem came from a completely unexpected source. While doing a background check on the delegates who attended the IPU meeting, officials at the National Intelligence Agency came upon a report on Dr. Kim. They were furious and initiated an investigation: “Who the hell submitted such an unsubstantiated report? It is not possible that a U.S.-educated PhD could not speak any English!”



Disposable Needles

Looking back, we can say that our bond with Dr. Kim Mo-Im has come a long way indeed, for we have shared so much with her for nearly 40 years since we first met her as a professor and dean of Yonsei University College of Nursing and followed her career as the President of the KNA, the ICN President, a Parliamentarian, and minister of Health & Welfare. One of the lessons we learned from her was to always aim high and look far ahead. She admonished us not to remain confined to the frame of womanhood but to always keep our eyes set on the world, while remaining loyal to nursing. She kept stressing that we ought to view nursing not as a profession for our own families and our own hospitals, but for the world as a whole, with a philanthropic mind-set. Perhaps this explains why many of her former students, including ourselves, do volunteer work for people in underdeveloped regions of the world after retiring from teaching or government jobs.

Now each time I go to a remote country as a volunteer, I get concerned about the problem of infection, which inevitably affects those living in environments lacking adequate sanitation. In such localities, even some hospitals are defenseless against infection. A case in point is the health providers in some parts of Africa who become infected with HIV while treating AIDS patients. Such incidents often remind me of the “disposable needle project” launched by Dr. Kim when she was a legislator. Until her project got implemented, nurses and doctors in Korea too frequently

were the victims of infection.

Once shortly after Dr. Kim had become a member of the National Assembly, a nursery school in the city of Daejeon suffered the death of many children. Investigations showed that the cause was infected syringes used with no sterilization. Back then unsanitary needles were freely used, causing serious problems. Among the children who died were burn victims. They probably contracted septicemia or other blood poisoning by receiving an injection with a reused syringe and needle. In those days there were many nursery schools and clinics, not only in Daejeon but also in other towns around the country, where syringes were reused without being properly sterilized. Sterilizing every single syringe and needle was a big hassle back then; some were reused so many times that the tips of the needles got clogged, blocking the flow of medication. Establishments staffed by nurses were not much better off. Because they were financially strapped, they could not afford an adequate supply of syringes. Nurses did what they could, but for them, new syringes and needles were always a big problem.

It was at this time that Dr. Kim proposed the use of disposable syringes. On the basis of her public health studies in America, she decided to introduce an advanced medical system of preventing infection. In retrospect, the DJP people mentioned were right on track when they decided to invite into their camp a bona fide public health professional as a member of the National Assembly. They could not have done a better job. The problem was the doctors across the country vehemently opposed her proposal. This would mean that clinics and hospitals would have to get rid of all the syringes in stock and keep purchasing new disposable ones. That would be a financial disaster, they argued.

Once she had made the right decision, however, Dr. Kim would not budge. She held steadfast until she was able to sway her fellow lawmakers to buy into her idea. In addition to mandating the use of disposable syringes, she also proposed to make it mandatory for child-care centers to have nurses on staff. It is to her credit that today these requirements have become the accepted standard. To

be sure, people other than herself also pushed for these reforms, but we believe that her endeavor stands out above all the rest. My mentor is one who always came up with new alternatives to solve pressing problems. Sometimes we were puzzled, wondering why she bothered to suggest seemingly outlandish ideas, thinking they were too far ahead of their time. However, we thought differently when the ideas she put forth became viable solutions years, or sometimes decades, later.

We also learned that any vision presented too early on, say a few years ahead of its time, would realistically face an obstacle to be accepted. She would try to cheer us up, saying, “But you know someone has to act now so that something can start working 30 years later.” She would suggest ways to get things done whenever we got upset over her unstoppable push for progress.

Kim Mo-Im Hailed by the World

Today, thanks to Internet social networking, even trivial news travels rapidly and effortlessly. But even back in the 1980s, when we didn’t have the benefit of such media, there was an occasion when news about Dr. Kim spread around the world comparatively fast. It was about her appointment as Minister of Health & Welfare.

On a fine spring day in April 1998, we were with a group of some 300 world leaders of nursing gathered together at a hotel in Gyeongju, surrounded by flowers. We could hardly enjoy their company, however, because we were very busy getting things organized to host an academic conference on the WHO nursing collaborating centers. Suddenly Dr. Kim appeared on the scene to summon me and several other colleagues of mine to her suite upstairs. Although we were in the middle of making preparations, we followed her in an elevator. A hint of flush on her face told us that she had something to tell us.

The WHO Collaborating Center is an agency responsible for creating centers of collaboration in case a global issue or need arises to address a particular problem. Such centers must comply with the WHO’s careful screening and receive its approval to ensure the proper exercise of the organization’s influence worldwide. Before 1988 there were no WHO collaborating centers in nursing. The WHO chief nurse advisor then in Geneva was Dr. Amelia Mangay Maglacas of the Philippines. She was a strong and powerful world leader and initiated to organize the WHO nursing

collaborating center. It was an unprecedentedly massive project that drew attention internationally.

The first meeting related to the nursing collaborating center took place in Thailand. I attended it as an Asian representative. There a decision was made to build a total of six centers worldwide as a beginning, with two to three in the United States and one in Korea as part of the West Pacific Region. The official name, the “WHO Collaborating Centers of Nursing & Midwifery in Primary Healthcare,” grew in number from six in 1988 to forty-four by 2015.

The increase necessitated a network to link them in the form of a secretariat to take charge of the key agenda discussed at the annual conferences held at each location. The first secretary general for the global network of the WHO collaborating centers for nursing was Dr. Kim Mija, who at that time was vice president of the University of Illinois. Dr. Kim Mo-Im succeeded her as the second secretary general. It was certainly a position of influence and honor, but more importantly, the one holding it could oversee all the information tied to the nursing community of the world. At a time when Korea was still not at the center of gravity, Dr. Kim’s ascent to that post meant that we now had a tremendous opportunity to see the world from a high ground.

Upon assuming the helm of the WHO Collaborating Center network, Dr. Kim first set up a five-year plan, implementing it in an orderly manner. One of the actions she took was to convene an academic conference each time representatives of the nursing collaborating centers held a meeting. The Gyeongju gathering was the first example of such an event. That is why the number of attendees was no fewer than 300, each one a great leader in global nursing. It was on that very day, while we were with her in her suite, that we received the news of Dr. Kim’s appointment as Minister of Health & Welfare. “Hooray!” overjoyed, we roared, jumping up and down like teenagers, and we ran down to share the big news with the crowd. The news was carried by all the media, including radio stations and newspapers. Everybody downstairs rejoiced staging a virtual riot of clapping and

shouting, for never before, anywhere in the world, had a former nurse been appointed to head up a health ministry. Our joy was the joy of all the nurses around the world.

Actually, rumors had long been going around in Korea that one day someone like my mentor would be the captain of the health ministry, but it was the 15th president who picked my mentor out for the position. We had heard talk among the medical doctors around the country stiffly opposing her appointment. Their attitude was “No way can a nurse wield power on us.” For this reason, our excitement doubled and tripled beyond description. “A man cries three times in life,” so they say. As students of Dr. Kim, we women likewise shed tears three times --tear of joy, of course-- first when she became a Parliamentarian, second when she became president of the ICN, and finally when she was appointed to head the Ministry of Public Health.

Koi Begets Koi

Traveling around abroad to visit countries in Africa and Latin America, I often recall my own motherland of the 1960s and '70s, when we were in a dire situation much like what some of these countries are going through today. A *déjà vu* of sorts. I felt struck especially when encountering government officials in underdeveloped nations behaving uncivilly all too often toward their own people who have little education or money.

We have been there. There were times when private citizens had to figure out how to deal with our government employees, who were supposed to be civil servants. Sometimes they had to settle matters through bribery or kickbacks. Back then money talked. Naturally our opinion of such officials was low. Given this background, quite a few people were worried. At a time when the average Minister's tenure was less than a year, how could someone who was previously a nurse survive the tricks played by officials under her command, who were so accustomed to deal-making?

Their apprehension turned out to be unwarranted, however, for they had underestimated Dr. Kim who had been fortified by going through key posts as a lawmaker and as head of KNA and ICN, a lengthy process whereby she had garnered substantial experience managing organizational dynamics that transcended national bounds. What they had to fear was not how she could hold her grasp on the system, but how she would take care of the

people who worked under her. With Dr. Kim now in charge, the Ministry of Health & Welfare revived its idle advisory systems of policy making and maternity public health consultancy. I followed her suggestion to take part in the former.

It was a responsibility that kept me working until 2 am daily. Regardless, I had to show up in my office on time the next day, just as my boss did. She and all her advisors and their respective team members worked with little time to sleep, but the old timers of the ministry were not impressed. Dr. Kim put in long hours every day, working hard on things as she saw fit, regardless of the attitude of the ministry's old-timers. I was very curious as to why the ministry's employees also remained so indifferent. Well, it turned out that that's the way they always behaved whenever they had a new boss. What I found out was that when a new minister arrived on their turf, the newcomer would display an extraordinary appetite for accomplishing something new for a month or so then would slow down to a near halt. During that period, the old-timers would simply take it easy, idling and waiting for the new minister to lose steam. By that time, the boss would say, "Okay, I'll let you guys take care of it all." They did likewise waiting for Dr. Kim to ease up. Before long, however, the old buffoons came to surrender to her with white flags in hand. I even got to attend the directors' meetings. This meant that, though not a civil servant, I was asked to attend because of the amount of work that needed to be done. My mentor also wanted me to learn as much as possible by working in a government agency far different from any organizations related to nursing in terms of magnitude and style.

Looking back, I can't help but smile as I recollect the meetings I attended and other official affairs I carried out. Dr. Kim would give instructions to directors and lower-level officials of the welfare division like a college professor advising doctoral candidates writing a dissertation. It was not easy for her to make the top-level staff fully understand her point-by-point explanations, so it was all the more difficult to get the lower-level staff to grasp and accept

what she was saying. Because of this, I came to be the one who would receive documents first, before they reached the minister. Heads of departments intending to submit plans or reports to the minister asked me to review them in advance. An anecdote worth relating here is about Dr. Kim's habit of visiting her directors in person to conduct a meeting or hear a briefing. I dare say no other Minister had ever done this before. Dr. Kim was probably the first and last minister to knock on the doors of officers under her command. After a visit from Dr. Kim, they would sometimes confide in me "My goodness, I was very surprised that the minister would descend upon my office in person."

She would sometimes summon staff members to her room to hear what they had to report or to give them an instruction directly. Their supervisors probably felt neglected but workers at the bottom were certainly energized by the fact that their top officer cared about them. Minister Kim personally went around the departments to see if anyone needed her signature, or she would call junior staff members to her office for a meeting in an attempt to narrow the gap between them and herself, while facilitating the business at hand. While staying in touch with her departments, Dr. Kim also strove to get the ministry's systems revved up. As part of this endeavor she conducted workshops and brainstorming sessions to make sure that all personnel were perfectly clear about their job descriptions. By placing key members to the appropriate jobs, the whole ministry began to take shape. At this, the health and welfare staffers began to whimper and whine. "What does she think we are? Here we have this public-health specialist sitting on top of our heads, pushing us around like we're college kids of hers." Soon, however, their complaints began to subside as the affairs of the ministry became streamlined. Things were eventually put into such a good order that those who used to grumble now said, "We are perhaps the only ministry that is functioning as it should."

Her next move was to realign personnel matters. Each division had its own traditional personnel policy in place

and she wanted to change that to a simpler formula. Anyone could write a job description of a position indicating which department he or she would like to be assigned to. The document was to include such information as to whether the staffer currently in that position was doing the job right, how the applicant would do the job differently, how well that particular post would suit the applicant's personality, and so forth. Each applicant would then be assessed as to his or her qualifications for the job.

Many of the staffers simply went through the motions of writing the job description as if it were merely a homework, homework, unaware that it would actually be taken seriously, but the minister was already making personnel decisions, as she said she would, on the basis of the descriptions, which she personally reviewed one by one. Those who had done a good job of describing their qualifications did get placed in positions accordingly, thus contributing to enhanced job efficiency across the board. Some may have felt unfairly sidestepped in the process, but that was brought on by their own negligence. The ones who diligently worked on their job descriptions were placed in proper positions resulting in improvement in efficiency. Dr. Kim placed importance on future possibility rather than on the existing system in which the length of service is of paramount importance.

One of the Ministry of Health & Welfare staffers submitted, upon returning home from a tour of training in England, a report to Dr. Kim illustrating how some aspects of Britain's health and welfare system might be made applicable to Korea's in realistic terms, and he was swiftly promoted to a position of greater responsibility. As the Ministry got better structured over time, some of the influential people who had allegedly been concerned about its status began to think differently. So did the floor leader of National Assembly, who came to visit Dr. Kim "to learn a lesson or two" from her. External evaluations grew so positive that the Ministry was frequently cited as an exemplary case in training sessions for government workers.

“A good General makes good soldiers,” so goes the old saying. While assisting my mentor at the Ministry of Health & Welfare, I saw how a leader of great competence could reshape an organization. Dr. Kim brought about structural changes in any given situation she got assigned to, be it a small town, a school of nursing, the KNA, or a government agency. She advised us to work from the bottom up, no matter how much time it would take. She said that is how one can make an organization grow strong and solid. That is what I learned from my mentor: start with the basics. She always did, no matter how long or short her tenure would be.

Pleasant Beginnings

These days there are some notable issues related to smoking. Smokers are dealt a double blow, one owing to the price hike of \$2 per pack of cigarettes and the other no-smoking policy being enforced in all public facilities. While the price increase still remains a controversy, the expansion of no-smoking zones does not seem to be much of a problem, as it has become a global trend. Though cigarette aficionados still demand pubs or Internet cafés for smokers only, the antismoking policy is already a done deal.

Few people, including many of Dr. Kim’s own students, now recall that she was the first person to launch a no-smoking campaign nationwide when she was Minister of Health & Welfare. Although her proposal had nothing to do with the issue of money, it nevertheless was a powerful one because it advocated the designation of smoke-free areas. Remember that in the 1990s and earlier, people smoked everywhere and anywhere: taverns, coffee shops, restaurants, and even inside buses and trains. It was against this backdrop that Dr. Kim propounded something akin to a revolutionary idea by designating most public facilities as off-limits for smoking. She forcefully advised her Ministry people to quit smoking as well, because asking the citizenry to stop smoking while government officials remained free to smoke did not make sense.

A ban on smoking has been in effect in the entire Ministry of Health & Welfare complex since 1998. Smokers were thus forced to find nooks, such as emergency stairways or public

lots, where they could puff. When the minister was present in the Ministry compound, they had to be even more mindful of her antismoking policy. Many director-level officials came to me whining about it, saying, “We can’t stand it any longer.” Dr. Kim’s no-smoking policy was more of a carrot than a stick, though, because she initiated a program of awarding a \$30 gift certificate to those who actually did quit. For this reason, just about everyone made an attempt to stop smoking. Underlying the policy was a hidden question. She asks, “After receiving the prize, are you going to quit or keep smoking?” She also prohibited those who worked in departments under her jurisdiction from exchanging glasses at drinking parties, an old Korean custom that was a notorious culprit behind type-B hepatitis infection. Her intent was for the Ministry of Health & Welfare to set an example. Her order eventually led to campaigns to follow suit in many other government agencies.

During the 1997 financial crisis, it became hard for ordinary people to make a decent living, so Dr. Kim spent a lot of her energy developing or revamping various policies. One of her most notable efforts was a survey on minimum living costs. Many nurses participated in the survey. Since the concept of minimum living expenses did not even exist back then, there were no indices or statistics available to use in conducting such surveys. Therefore, we had to do everything from scratch, creating, as it were, the groundwork for doing a survey. Thanks to the efforts made by many, financial aid began to reach families living below the subsistence level. The “basic cost of living” policy thus standardized was one of many initiatives started by Dr. Kim.

Among her other ground-breaking initiatives were: expansion of medical medicaid program, including Oriental medicine, for people in neglected areas; development of and support for a community chest welfare program; social-welfare programs; establishing social-welfare centers and management thereof; mobilization of private funds, symbolized by Food Bank; loans for subsistence living and job training; and jobs and priority employment for senior citizens. These initiatives were not things that Dr. Kim

came up with only after taking office as Minister of Health & Welfare; they had long been conceived, structured, and stored in her mind. Upon assuming the ministerial job, she laid them out one after another, much like a farmer who has found fertile ground for planting his seedlings.

Dr. Kim once said: “During my time as Minister, I barely enjoyed three hours of carefree sleep a day, yet that was one of the happiest times in my life.” I would add that the same goes for me. I often wonder what would have happened if she had stayed on the job as Minister of Health & Welfare for four to five years, as is usually the case in the United States, instead of just for one year? How different would this country be today?



Workaholic and National Pension

Last year, Dr. Kim Mo-Im donated to her alma mater all her assets except a residence in Jejudo. She had made donations to Yonsei University in the past in one form or another, but this was to be her final gift. In return, the university set aside a space in the College of Nursing building to be used as a nursing research center in her honor. It will house many of her books and memorabilia that had been scattered around many places.

Among the things we have collected is an album containing photographs and an analysis of data pertaining to Minister Kim's daily work schedule. The analysis was done by the Ministry of Health & Welfare officers who seemed to have been deeply moved by her work habits. "She worked an average of 14 hours per day. She came to the office for 292 days (365 minus 73 holidays), for a total number of working hours tallied at 4,081." Fourteen hours a day was probably an impressive figure to those who gathered those statistics, but the actual number of hours Dr. Kim put in unofficially was far more than that, because she spent many long hours even at home with us conducting and discussing research on policies and rushing around to meet people to seek their help on how to establish policies and carry them out. Therefore, it is no exaggeration to say that she slept less than three hours on any given day during her time in office.

The way she and we worked together at the Ministry of Health & Welfare may be wrapped up in the term "24/7." (In Korean, the expression is literally "Monday, Tuesday,

Wednesday, Thursday, Friday, Friday, Friday," a phrase coined a decade ago by the stem-cell research team of Seoul National University.) I should point out that anyone working with Dr. Kim was bound to experience this "Seven working days a week" syndrome. Not that she demanded it. She never did. The experience comes to one quite naturally, however, when working together with her. It seems that passion and vision can be contagious, too.

When I read the expression, I laughed out loud because I felt it was right-on describing our work habits. If I were to mention just one thing as the single most important contribution Dr. Kim made while working so hard as Minister of Health & Welfare, it would be the national pension system, for which she paved the way. Today the system extends financial aid to the citizens over the age of 65, as opposed to the earlier system, which benefited mostly people who were actively employed.

The gist of her revised pension bill was to lower the income replacement rate from 70 percent to 60 percent while raising the qualifying age from 60 to 65 years. The big picture was thus drawn, but a lot more had to be done to devise the administrative procedures necessary for implementation. The task fell to civil servants who were working with me. In order to calculate the amount to be paid out in a pension, the first order of business was to know precisely the amount of the recipient's income, but the Ministry of Health & Welfare had no system in place for doing that. So we collected and analyzed tons of data from such countries as the United States and Japan to develop a model suitable for Korea. The result formed a foundation upon which the National Basic Living Security Act was based. We did all this within a very short period of time, laboring through many a night with little sleep, trying to literally create something out of nothing. In the end we surprised ourselves, the minister, and everybody who worked for her.

That's how the national pension system, now taken for granted, was born. There was never a dearth of controversy surrounding it, however, because the source of funding remained unclear and the amount of outlay relative to the

size of the pensions was exceedingly high. The framework we constructed on the basis of exact data and solid principles also became an object of political maneuvering. Some even tried to get it altered into an individualized insurance policy. There were insurance companies lobbying to block implementation of the national pension system at the very outset out of fear that they might lose clients. There must be no national pension, they said, mobilizing all their salespeople to sway the public into opposing it.

Amid all this mayhem was yet another cannonball that Dr. Kim had to fire, namely, the separation of pharmacies and hospitals, which now we take for granted. Although it was a problem that should have long since been rectified, it was delayed over and over again because of the conflicting interests of the medical and pharmaceutical associations.

At any rate, until her tenure as minister was over, Dr. Kim kept coordinating the different agenda of the various special-interest groups in order to work out a way to lay the groundwork for resolving the issue of this separation. Here again, hidden behind another nationalized system that we take for granted, is the mark of her handiwork. She did so much to put so many welfare policies on track and make them operational, as they are today.

That is what she always did, gathering data first and, on that basis, building a large framework within which to make things progress. Explication and persuasion followed repeatedly so everyone could understand her ideas, leading them ultimately to accept them. Kim Mo-Im was born to lead. However, few people know anything about her great accomplishments.

Traveling in Disguise

One day last winter when Dr. Kim was the Minister of Health & Welfare a few directors of the Ministry invited her to a nice dinner at a Chinese restaurant. It was an enjoyable gathering. By and by they began to talk about things they remembered most distinctly.

“One day, Minister Kim showed up in my office with no advance warning, and I was flabbergasted.”

“You know what? I was able to quit smoking thanks to her.”

“I was just a regular staffer at that time and, to my consternation, she would call me to her office and bombard me with all kinds of questions.”

“She always quit working so late that we all had a hard time.”

An episode most memorable in everybody’s mind was her visit to homeless people at the railway stations of Seoul and Busan and in parks here and there. She was sort of like a secret royal inspector of the old days, disguised in rags. As is widely known, the Liao Dynasty king of China built one of the most ideal states on Earth by ruling his kingdom using his secret inspectors as a chief means of governance. King Seongjong of the Joseon Dynasty is also known for a similar style of ruling.

The Asian financial crisis was at its peak in 1999. Every day, homeless people streamed into the urban centers looking for what few shelters the cities had to offer. Places to accommodate them were simply too scarce. The discontent

of the homeless with society had reached a tipping point. Still, Dr. Kim wanted to talk with many of those scruffy-looking people so she could grasp how severe their lot was. She managed to conduct her secret incursions several times without giving away her identity.

Dr. Kim disguised herself as a poor woman in search of her missing husband. She allowed no one to accompany her save for a female journalist who acted as her daughter. Recalling her experience, she would chuckle, saying, “I felt like I was Joan of Arc.” As she sat down and spoke with the street people, she discovered that they were actually victims of society. They were treated like beggars. Back then, shelters were not just scarce, there wasn’t even a plan to set up shelters. So there she was again, Dr. Kim was up and running to build accommodation centers for the homeless with aid from her pastor and other Christian entities willing to help her cause. Help also came from the community of Buddhists. She was interested less in temporary shelters providing meals and more in jobs like cleaning or gardening that the homeless could do which could lead to future jobs. Her endeavor notwithstanding, the homeless problem is still with us in 2015 as it was in 1998. It is perhaps true that, as the old saying goes, “Not even the state can save its poor.”

As the Western adage goes, “Give a man a fish, and you feed him for a day; teach a man how to fish, and you will feed him for a lifetime.” Unfortunately, money released by the Kim Dae Jung administration to rescue industries and families from financial collapse was spent mostly to feed people instead of rebuilding the nation’s crumbling economy. Too bad, thinks Dr. Kim, that not much was invested in teaching the poor how to catch a fish. They might otherwise be somewhat better off today.

Enlighten the Women?

Embedded in conversations we have had with Dr. Kim to date are three recurring themes: enhancement of women’s status, globalization of our vision, and development of human resources. One may say that most of the things she did were in fact tied to these three themes.

One of the projects she carried forward was the Korean Women’s Development Institute Act (The KWDI, now better known as the Korean Women’s Policy Research Institute). If she sees the name popping up on TV or in a newspaper, my mentor smiles, saying rather proudly, “Oh yes, that’s one of the things I got legislated in the National Assembly.”

Women need to be developed, so believed Dr. Kim, in the realm of their jobs and professions is to be advanced with broad recognition. If the status of women remains low, the status of nurses will also remain low. She told us again and again that women should not think of being a good mom and a faithful wife as their final goal in life, for that would be like living with half of their personal value lost. That is no problem if it is a decision they make with a clear sense of their identity. In times past, however, being a loyal housewife was a notion imposed on them all too often by tradition. Dr. Kim firmly believed that the advancement of women’s status would have a direct, positive effect on national progress. If half of the world’s and Korea’s population was unhappy, how could the other half be happy?

In Korea, women born in the 1930s as well as hard-working students in the 1950s and ’60s were bound to be unhappy

under the old set of values if they had an awareness of their individual identities. My mentor overcame the cultural shackles of her time, moving on to advocate freedom for women so they too could become leaders in politics, government, and other professions. That is why she conceived of a bill that eventually became a law mandating the creation of the KWDI. She wanted women to grow strong enough to represent their country in bodies of international import, such as the UN, and participate in conferences on women's issues instead of letting men dominate the scene. In a nutshell, it is the spirit of the KWDI Act that "women shall be given a status equal to that of men, as stipulated in the constitution." The KWDI was created all right but, being smaller than a division of the Ministry of Health & Welfare, it had to endure a bumpy ride, including a shortage of funds. Endure it did, however, subsequently accomplishing significant missions of its own.

Now, the bill drawn up by Dr. Kim would need a quorum of over fifty percent of the members of the National Assembly and would have to be approved by a majority of over half of those present in order to pass. As had been expected, the response from the male members was meager. "Develop women? Why, the KWDI will be detrimental to women, alienating them and making them less than equal with men. If we have a research institute for women, we ought to have one for men as well." Even among the women members of the Parliament, the response was lukewarm. A solution popped up quite unexpectedly, however. Dr. Kim presented her bill as one sponsored by legislators, and this worked magically because then every female member of the ruling and opposition party alike wanted to put their names on it as a sponsor, for then they could brag, "I did it." As luck would have it, the bill in question was made part of a party agenda, which made it a foregone conclusion that nearly all the parliamentarians would vote yea.

As a matter of fact, Dr. Kim put the names of her fellow lawmakers who had remained noncommittal on the sponsors' roster, and she even let a senior colleague of hers go on the list as the sponsor of the bill. When you observe the present

status of the KWDI, I wonder how much of my mentor's original dream is present in reality? It is hard to say for an outsider. One thing is certain. That is, from the very start, it was not what Dr. Kim had in mind. Therefore the satisfaction that she felt was accompanied by a sense of disappointment as well. Why? Because she did not care about her name being on the record as long as her bill got enacted--yet another reason she remains a true, revered, iconic mentor of ours.

Part II



A NEW HORIZON

*It's not how much we give but
How much love we put into giving.*

Mother Teresa, 1910-1997

Audrey Hepburn & Kim Mo-Im

One day in April 2015, while reading my morning newspaper, I came across a short article about the family of Audrey Hepburn who starred in *Roman Holiday* with Gregory Peck. A favorite actress of mine, she was hugely popular in Korea as well as in many other countries. The article was about Hepburn's elder son, Sean Ferrer, and his family's creation of a memorial forest for the victims of the MV Sewol, the sunken ferry. I was drawn to the news printed in a tiny corner of the paper because I caught the name Hepburn, one of the two names I always conjure up when flying to Africa. The first such name is of course Kim Mo-Im.

My mentor taught me that nursing knows no national boundaries. She also taught me how to develop a health management system in developing countries, such as those in Africa. As for Hepburn, I know that she put aside most of the luxury and glory she could have savored as an actress, and instead chose to dedicate her later years to the UNICEF, volunteering to help the children of Africa. That is why I feel a bond with her, albeit an indirect one. Audrey Hepburn routinely showed up at the ICN events as a PR ambassador for the ICN's Girl Child project, whose aim is to aid kids left alone after losing their parents to AIDS. So, as one who served on the board of directors of that international organization, I could not help but feel close to Audrey. About a year before her death on January 20, 1993, she left these inspiring words to her son, as they symbolize a spirit of service and sacrifice:

*For beautiful eyes, look for the good in others;
For beautiful lips, speak only words of kindness; and
For poise, walk with the knowledge that you are never
alone.
As you grow older, you will discover that you have two
hands,
One for helping yourself, the other for helping others.*

Today Korea is well-off enough to extend aid to many places around the world, but few nations did so back in the 1990s when Hepburn commenced her volunteerism with the UNICEF. Whenever called upon by the UNICEF, with an annual stipend of one dollar, she flew to over 50 countries, including Bangladesh and El Salvador, to help. Images of her hugging, with tears in her eyes, children dying from a disease or hollow-eyed from hunger, have become a model for many who want to serve the poor.

When I was a college student studying nursing at Yonsei University, I joined the Christian Student Association, along with medical students, when they made rounds to villages that had no doctor. The reason was that at the time, I had a lot of skepticism about that one-shot type of community service and the role of nurses. So in the past 10 years, I have enthusiastically participated in Korea's ODA (the Official Development Assistance) projects (akin to the KOICA's official support for underdeveloped countries).

Compared to the medical groups that helped us in poverty-stricken Korea, our volunteer programs are better prepared in two respects: one is that we have a better understanding of our aid recipients and the Western mindset rooted in love as displayed by Audrey Hepburn and two is that we have experience in managing primary healthcare for rural areas that lack medical service. Our medical service teams deployed overseas provide a variety of different types of care. However, what we deliver is long-term rather than short-term support for each client community in order to develop a health and medical care system befitting its particular needs, yet modeled after our own system of community health practitioners, which has firmly taken

root. The Korean model is one that provides treatment along with primary healthcare to rural communities that have no doctors. Therefore, people who can go straight to a hospital anytime have little idea of what a community health practitioner is unless they have a background in nursing or years of living in a farming or fishing village. At any rate, for people with no easy access to medical service, the community health practitioner is the best alternative.

As of 1981, when Dr. Kim was active as a National Assembly member, we had trained 2,000 primary healthcare providers. This means a history of 35 years as of 2015. When holding a discussion or setting up a healthcare system in a given community in Africa, I explain the features of our system to the attendees. If, through our decades of experience, we can make the healthcare model applicable to the rural villages of Africa or other developing countries, I believe that healthcare and medical service will spread to all remote areas more quickly. Regrettably, however, they are not yet ready materially or mentally to adopt our model. In light of our healthcare history spanning some 30 years, we understand why. Even if we send them an outstanding leader like Kim Mo-Im or a massive number of nurses trained as healthcare providers and motivated enough to spend a long time in the boondocks far, far away, they just don't have the kind of organized entities like a nurses association.

There are plenty of people willing to dedicate themselves to serving the poor with loving care as Audrey Hepburn did, but there is no trailblazer like Kim Mo-Im capable of presenting a workable system. That is why we need to keep transferring the know-how we have of system construction to the developing nations.

The Coziest Spot in Heaven

This soft spring rain is wetting the land. Very nice. It must be a sweet gift for the farmers who haven't had rain for a long time. I stepped out to look around my garden and noticed a little stream already dribbling along a narrow dirt path. The raindrops that fell overnight have created small puddles, generating an overflow to run down toward the gate, bypassing stones and grasses. Trickle, trickle, trickle. Maybe the rainwater knows what it is doing.

At times water carves out a course defying topographical barriers to keep flowing according to its own will until it forms a river and then reaches the sea. The way rain descends on the ground and builds a route to flow along is quite similar to the way Dr. Kim developed the community health practitioner system. That is, by considering the individual caliber of each one of us, she took what was viable and avoided what was not. But like the flowing water, she kept on moving without taking a break or getting tired midway until she attained the big goal of creating the community health practitioner. The WHO hailed it as "the epitome of a nation's public health policy since 1949."

Primary healthcare is a very important issue of interest to all countries, for it is the *raison d'être* of a state. Primary healthcare, including maternal and child health, is also a source of a state's strength. Primary healthcare is a system designed to enable the local residents of any given locality to take part voluntarily in promoting their community development in order to prevent the polarization of health

and wealth between the rich and poor.

Korea's public health system took root as early as 1981, and it is no wonder that it drew attention and applause from the WHO. It was also for the creation of this system that Kim Mo-Im received the WHO's World Health Prize. A point worth noting here is that it was former President Park and his public health minister Shin Hyun Hwak who first propounded the idea of a primary healthcare policy. Here is the background of their initiative.

Until the latter part of 1970s, we were behind North Korea in terms of economy and especially in terms of healthcare and welfare. At that time, if North Korea captured fishing boats from South Korea, it would launch a propaganda campaign against the South by claiming the fishermen to be either spies or voluntary defectors. The fishermen were coerced into lauding North Korea as a paradise through the media and then released after a while. Incidents of this sort were rather frequent. A fisherman from a remote island close to the border to North Korea, who was likewise caught by North Korea became a true believer who genuinely respected Kim Il-Sung and thus actively complied with his publicity gimmicks.

It so happened that the pro-North fisherman's brother was a TB (tuberculosis) patient. His illness persisted despite earnest support by his family. Once he was taken to North Korea, however, he was so well fed and housed and even got free medical treatment. He and his brother were completely sold on North Korea and its commendable healthcare system.

President Park, Chung Hee (1917-1979; president of the Republic of Korea from 1963 to 1979) and his public health minister were distressed at the news. It was then that Minister Shin Hyun-Hwak (1920-2007; politician and businessman) proposed: "Sir, why don't we push ahead with the kind of primary healthcare system that the WHO promotes? It could be a plus for our national security." The President was swayed. With the primary healthcare securely in place, South Korea should be able to offset North Korea's boisterous, boastful broadcasts aimed at South Korea.

The primary healthcare system the WHO was promoting was the most substantive public health policy for humanity. At the 1978 Alma Ata convention it was adopted as such for the world, and then Minister Shin officially declared his determination to make it a national policy. Back home, Minister Shin received high marks from President Park. "Listen, my Minister, You've done a really good job, producing a great policy for people living in faraway rural communities. I'm sure that when you die, you will occupy the coziest spot in Heaven." That is how primary healthcare got started in Korea. Controversy followed over the question of what to call it in Korean. The name was sure to strongly affect the basic philosophy and concept of the healthcare system. When Dr. Kim was the President of KNA, she suggested it be called "primary healthcare."

The name she proposed was a truly comprehensive one, signifying that everything related to national health must begin at home. It was in fact a concept that upgraded the notion of basic health with which the WHO had carried out its public health policy, which placed emphasis on disease-oriented health centers. Now, in Korea the existing power elite had a bill already passed calling it "Primary Health & Medical Care" with greater emphasis placed on the idea of disease treatment. The problem with this nomenclature was that it would limit healthcare to the concept of disease prevention and medical treatment, much like general preventive mummification, at the expense of a broader and more positive management/promotion of health. It was over this issue that Dr. Kim stepped forward to confront the established power group aligned with the government, displaying her true grit, dignity, and perseverance.

According to one of the KNA records, she and her staff visited officials at the Ministry of Health & Welfare 144 times and sat down with their counterparts in the Ministry of Education, the Ministry of Internal Affairs, and the Blue House secretariat as many as 420 times. Still there was no name change. Dr. Kim decided to accept it as it was. Very soon, however, she approached the problem from a different angle and coined a new title: the Community Health

Practitioner. It was a splendid come-from-behind victory none of us could have imagined.

The Ocean Doesn't Get Wet in the Rain

A bill rammed through by the government and its cohorts in the National Assembly, confirming the concept of primary healthcare finally won passage. With the new law, the issue of basic health got somewhat resolved, but the question of diagnosis and treatment remained problematic. It still is. Back then, the concentration of medical doctors in urban areas had become extremely serious with a severe shortage of medical personnel compounding the situation. Dr. Kim was watching all that with keen attention. On one hand, she accommodated everything they wanted but, on the other hand, she was looking for a different path, exercising flexibility and resilience.

The issue of public health and medical service got turned over to the Chun Doo Hwan administration after President Park became history, leaving behind only the idea of a “primary healthcare system” with no measures in place to implement it. Since the idea was regarded as highly worth pursuing both at home and abroad, including the WHO, the new administration said it would act upon it. The question was “in what way?” Dr. Kim proposed that separate personnel be trained to handle diagnosis and treatment, whereupon the doctors reacted with stiff opposition, saying, “Treatment is what we doctors do.” It was then that the Korea Development Institute (KDI), just created, suggested a pilot project to determine how the project would be worked out. Perusal of its results would be the KDI’s responsibility.

A host of universities took part in the pilot project,

examining it from many different angles. Questions arose: Build hospitals in disadvantaged areas like villages that have no doctors? Send doctors there? Utilize existing health centers or dispatch personnel who can handle basic diagnosis and treatment? What finally emerged was the idea of community health practitioners. The results of the pilot project showed that dispatching community health practitioners would be most efficient, but the question was who the personnel should be. Dr. Kim, who became a legislator as the Chun Doo Hwan administration started rolling, spent a great deal of time trying to convince everybody that nurses would be the best candidates to act as community health practitioners, on the basis of findings from her dissertation and a wide range of experience plus good many in-depth scholarly research articles. To elicit support, she also knocked on the doors of many a government agency.

She looked for support from abroad as well. In order to build a strong support base within the National Assembly, Dr. Kim formed a team of lawmakers serving on the Public Health Committee to observe the primary healthcare systems operating in Japanese prefectures. At her recommendation, I did my share of the work by trying to brainwash them in my capacity as an interpreter touring various localities there. At that time, with service bureaus in the United States and the Philippines among other countries, the WHO provided financial support liberally to implement primary healthcare in regions around the world where there were no doctors. So, after our tour of Japan, we flew to Manila to see its WHO management system covering the Western Pacific region. Visiting Manila was a must.

Here is how my mentor's tactics worked. First she enabled the chair and members of the National Assembly committee on public health to go on a tour overseas with funds from funding agencies abroad. It was a real winner in and of itself and a great present for all in the tour group, because traveling overseas at that time was a rare privilege. Dr. Kim put even her political foes on the tour so they too could personally observe primary healthcare in action. As it turned

out, their prejudice evaporated as they listened to step-by-step illustrations on site while we got what we badly needed, that is, reinforced support by having the foreign decision makers explain the concept of primary healthcare to their visitors. Our opponents were thus swayed naturally into the idea of doing primary healthcare without any persuasion on our part.

Note that on the final leg of our Manila tour, it was the Public Health Committee chair himself who took the liberty of telling the regional director and staff of the WHO regional office there how important primary healthcare would be to Korea and how it should be implemented. We could not have expected anything better. Looking back, I see that it certainly was the case that attested to the truth of the old dictum that the ocean doesn't get wet in the rain. Remember, Dr. Kim went through countless difficulties and overcame hindrances that had her disturbed and frustrated, but in the end, we saw her standing tall back on her own turf, like the sea regaining tranquility in spite of the tsunamis that raged across it.

At long last, defying all odds thanks to Dr. Kim's tenacity, the KDI concluded that the project must proceed with nurses playing a major role. As had been anticipated, the medical doctors across the country jumped up in massive numbers to protest the decision to allow nurses to do treatment. A survey then showed that the part of healthcare requiring treatment by a doctor was a meager two to three percent and that the rest could very well be taken care of by nurses. The real problem was the deep-rooted predisposition that doctors held onto, questioning how nurses could dare to trespass onto territory that they regarded as rightfully their exclusive domain.

Even more problems were in store. The goal of sending newly trained personnel to communities that lacked medical service could generate many jobs for nurses, unfolding a new policy of historic import for which they could play a key role. Not only the public health personnel but also the necessary trainers and other projects would then all be interconnected. For this reason, pharmacists as well as school mentors came

forward to be part of the community health practitioner project. With the project in place, the pharmacists seemed to figure that they could sell more drugs while the mentors surmised that, if mobilized from across the country, they could presumably play a big role in education for the local folk in the communities involved.

Once again, at interpellation sessions and various committee meetings of the National Assembly, Dr. Kim began to assert her view that it would be fitting and proper that nurses serve as community health practitioners. Since the central aim of primary healthcare is to better manage public health with less medicine by raising or changing public awareness of health, the notion of pharmacies selling more drugs flatly contradicts the purpose of primary healthcare whereas nurses are trained to deliver consultation and education on public health in direct contact with people on the receiving end. Fortunately the KDI's decision was not repealed, but the doctors' revolt continued. At a seminar for public health and medical professionals on how to carry out the primary healthcare project, one of the Korean Medical Association's executive directors went so far as to say: "It's like asking the street vendors to take over the business of healthcare management. I'm telling you, your primary healthcare project will collapse in less than a year."

Eventually, with the Special Act for Development of Agricultural and Fishing Villages in place, the community health practitioner system was put into operation with detailed directives on how to carry out treatment. Nurses were thus authorized to do diagnosis and treatment of minor diseases, filling of certain drugs, normal delivery and prescriptions, and provide public health education. For nurses, the ability to conduct public health programs carried a special meaning because it made them feel proud of themselves as professional healthcare providers. It was a mission they had long wished to be a part of. By doing their job independently, without a doctor telling them what to do, nurses felt confident and proud of their ability to treat ordinary illnesses and prescribe medication for them in accordance with the official manuals. So they could now

declare: "I too am a professional." Nurses had thus reached the point at which they became the vanguard of making the concept of a nurse practitioner a reality, which eventually flourished years later in Korea.



Children Born of the Heart

When talking about the old days with our mentor, we often heard her say, “You know what? They are just like my own kids.” Although she was never a mother, she told us that she had given birth to great many children through her heart, as it were. For she and her dear young colleagues (who were once her students or apprentices) took pains to develop many different systems, policies, organizations, and facilities, one of them being the community health practitioner system.

The KDI concluded long ago that the community health practitioner system would be the most cost-effective, highly efficient way to solve the problem of rural communities that lack doctors, and yet it was one doggedly heart-rending issue for Dr. Kim. With the hindsight of 30 years I can surely say that, but for her leadership, around which everybody at the KNA stood united, the primary healthcare system would most likely have collapsed within a year of its inception, as one of the KMA executive directors had forewarned.

This system was a project into which Dr. Kim put her heart and soul because, when doing her graduate work at Johns Hopkins, she decided that it would be a practical system suited for managing public health in Korea. Health management actually means informing the public about health and what each individual has to take care of, thereby helping the community to which she or he belongs grow healthy as a whole. In this sense, primary healthcare is as essential for rural neighborhoods as it is for urban

communities. For a long, long time the people of Korea had practically no opportunity to learn anything about preventive medicine or healthy living except for an occasional visit to a hospital. As a matter of fact, they had not seen anything resembling a public health project implemented anywhere. Finally an occasion arose for us to prove the validity of primary healthcare.

I had just returned home then after finishing my advanced studies of nursing at Boston University. As I had long been familiar with Dr. Kim’s intentions, however, I jumped right away into the business of training community health practitioners. Back then the National Public Health Institute (NPHI) had in place a training program along with a definition of the scope of a standing order to make it possible for community health practitioners to provide primary healthcare without a doctor. Meanwhile, in cooperation with the KHDI, we did a systematic analysis of the specific roles and functions to underlie the rules and regulations of the administrative procedures of a pending bill. Our job grew increasingly difficult, however, as problems kept piling up one after another.

As one of the lawmakers sponsoring a bill related to primary healthcare, Dr. Kim fed a lot provisions into it to ensure its success, but many of them got deleted in the process and replaced by adverse terms due to persistent opposition by medical doctors. Who knows, though? Inclusion of their negative conditions was perhaps helpful for passage of the bill. Actually the doctors had already experienced failure when they tried to block a bunch of other systems. The reason was that farmers and fishermen in remote villages did not exactly need sophisticated medical services, so the doctors assigned to regional public health centers decided that they could just remain idle; they assumed there was not much they could do for the villagers. Hence discontent rises on the part of the local folks. We too were concerned about the nurses being deployed to the faraway places. These are young women with a three- to four-year college degree, accustomed to urban life--would they be willing to live in a remote village where there wasn’t even

a pharmacy? Would they be able to stay in the backwoods long enough?

The KNA did what it could, sending books and visiting the community health practitioners and throwing solidarity parties for them once a year. It was no small task to do all that equally for those community nurses working at over 2,000 different locations across the country. The KNA sent financial aid to its regional headquarters in badly cash-strapped areas. When heading up the KNA, Dr. Kim formed a nationwide network under which every single one of the 2,000-plus community health practitioners received the moral support of visits by an executive team and other staffers of the KNA. She also instituted a two-way program whereby the healthcare providers received refresher courses and supplementary training once a year at their respective alma maters and their professors visited the work places of their former students to give them on-site presentations. Without a network of this kind in place, it would have been next to impossible to manage all the primary healthcare providers spread around the country. In this respect it was truly a wise move to dispatch nurses instead of doctors as community health practitioners because this embodied WHO's concept of primary health and medical care out into action.

The primary healthcare project began with funding to cover the cost of dispatching community health practitioners and paying their salary, acquisition of construction materials from the government, and the donation of land plus manpower by the host villages. Meanwhile the local residents formed steering committees made up of village leaders to manage the community health posts autonomously. The land donated by the local people was usually at the periphery of their village, and therefore nurses working at a health post were vulnerable to visits by tipsy bachelors making attempts at sexual harassment or assault. To keep them off the grounds, the host villagers took turns protecting the women.

Such side effects notwithstanding, Dr. Kim pushed the project forward. Primary healthcare in Korea depended on

those local folks. It was a miracle indeed that the primary healthcare system finally took root nationwide in spite of so many adverse conditions. That explains why ours was selected as one of the world's most admirable stories, worthy of the World Health Prize awarded to my mentor.

The KNA continued to support the primary healthcare project across the country until it grew viable enough to form an association of its own and strong enough to conduct activities vis-à-vis the government. The primary healthcare project is one that calls for participation of the host communities and, as such, it forms the root of their regional progress.

Once again primary healthcare has become the subject of discussion by the WHO. This means that its basic concept and philosophy remain as valid as they were in 1978 when the WHO first promulgated primary healthcare and therefore still most suitable for strengthening primary healthcare systems worldwide. If the public health and medical services of a country are fortified and centered around a primary healthcare, the community health practitioners can manage the health of their host residents at a nearby location first and then set up links between health centers, thereby creating a most efficient system that keeps going. That this is doable is obvious, but it runs up against a glass wall. Why? Because some of the leaders in the medical sector still remain obstinate, preoccupied with the idea that nurses are there only to follow doctor's orders. "Team work? Heck, that's for the birds." Or so they seem to think.

The primary healthcare system born of my mentor's heart is now in their mid-30s as are most of her children, community health practitioners, who were young women in their 20s when the program began.

Bridging Hospital and Community

At the present time, the professional nursing personnel that the general public can access are divided into three main categories: (1) community health practitioners, who are now government employees; (2) professional home care nurses whose primary job is to visit patients recently discharged from the hospital; and (3) home care nurses who care for patients with long term illness. Their employer, workplace, pay scale, status, etc. are respectively varied, and training institutions are different. Why? Had we adhered to a system based on the philosophy of primary healthcare as originally envisioned by Dr. Kim, we would not have the current type of confusing structure, for we would then have a single “control tower” even though the role and status of the various nursing personnel may vary. The confusing system we have today is a result of stop-gap measures taken each time an issue popped up.

Upon returning home from America, Dr. Kim was already thinking big about a twin system of public healthcare under the framework of advanced nurse practitioners. One was the community health practitioner, responsible for the healthcare of local people, and the other one was home care nurse, responsible for patients at home. Together, the twin systems would constitute the two pillars of professional nursing charged with public healthcare. Dr. Kim wanted to foster a dual system of nursing whereby nurses could carry out their job--nursing in the true sense of the word--as autonomous professionals. Contrary to her idea, however,

the community health practitioner ended up existing only in villages that had no medical service. Undaunted, she threw herself into the heavy-duty task of constructing the home care system as she had originally conceived of it.

In a nutshell the idea put forth by Dr. Kim was that, while patients with a serious illness stay hospitalized, those not so seriously ill were discharged early and receive care at home by a qualified nurse. This would save hospitals from overcrowding, i.e. freeing the beds for gravely ill patients, while reducing the cost of state-funded healthcare.

Dr. Kim proposed this idea in 1974. While studying public health in the United States, she was favorably impressed by the American system of home care nursing. Her approach in Korea was different, however. The system she envisioned was to allow nurses to receive a master’s level of education and provide nursing care incorporated with a physician not under a doctor’s directives. With this system in place, a nurse could run an office of her own with qualifications to provide home care, including treatment for patients referred to her by their doctor. With periodic consultations with the doctor involved, she could deliver her nursing service efficiently and cost-effectively. Though absolutely innovative with potentially big savings of time and money, hospitals Dr. Kim contacted, including Yonsei University Severance Hospital, declined her proposal because at that time the concept of home care nurses was totally alien to them.

An alternative on Dr. Kim’s mind was the American version of a discharge care system as a step prior to the home care nurse. Most patients need treatment and care after hospitalization, and this is where discharge care comes in handy, as it is a system designed for patients to receive care continuously at home from a doctor-and-nurse team.

She asked International Development Research Canada (IDRC) for help, proposing a policy study on how the home care nurse system might be introduced to the public health and medical service sector in Korea. She had a few close friends working at the IDRC. Korea was receiving a lot of foreign aid at that time, but seldom did we request assistance from overseas with a project designed in advance.

Having secured support from Canada, Dr. Kim contacted Wonju Christian Hospital (WCH) bypassing the larger ones that rejected her initial approach. It so happened that at the WCH there was a nurse missionary from Canada named Margaret Story, who had long been a professor at Yonsei University. When Dr. Kim got in touch with her, Professor Story had developed something akin to the aforementioned home care system by creating a Department of Community Health, the first in Korea. The WCH was most ideal as an institution where Dr. Kim's idea could materialize except that the notion of a home care nurse taking over post-hospital care was also a kiss-of-death because, unlike big city hospitals overflowing with patients, the WCH was a regional one, barely able to fill 60 percent of its beds. Early discharge of patients was unthinkable.

In spite of such hurdles, Dr. Kim did carry out her home care project for 10 years with support from the IDRC and Margaret Story, plus collaboration by the WCH. Her decade-long endeavor was evaluated favorably, but Korean hospitals as well as the government were far from ready to accept it. Now, at that time, another missionary at Yonsei College of Nursing, Ms. Kingsley, was strongly advocating the adoption of a new system called hospice care. Gradually support for her voice increased with a rising awareness of hospice care in the medical community. As with the awareness of hospice care, the concept of home care also began to be accepted. Dr. Kim made one more attempt to systemize home care nursing.

First she introduced the concept of home nursing to the community of doctors by inviting Dr. Stofield, the President of the Home Care Nurses Association of Chicago region, to speak at a series of academic conferences held for hospitals and nurses. Meanwhile Dr. Kim set up a home care research center at Yonsei University College of Nursing where, with Dr. Stofield, she conducted workshops to produce manuals on what the role of home healthcare and home nurses should play in order to lay down the foundation for family nursing service. It was 1990, sixteen years since the home care system was first tried at the WCH.

In order that the results of her project lead to a national policy instead of remaining the property of college research, Dr. Kim generated, jointly with the KHDI's nurse researcher Dr. Kim Jin Soon and her research team, data of relevance, including job descriptions, workplace descriptions, costs, and so forth. Thanks to that outcome, home nursing in Korea was put in place, though somewhat differently in the sense that the home care nurse was placed inside rather than outside the hospital as had originally been planned. Doctors did not like to have them working outside of their jurisdiction. Five hospitals were given a chance to implement home nursing as a demo project, a compromise of sorts, considering Dr. Kim's original intent. For the system of home nursing to work properly, there must be coordination between the hospital, the home, and the community health center with the nurse working independently. If she remains part of a hospital, the drawback is that patients cannot receive care unless they return to the particular hospital where they were treated. But it is fortunate, one might say, that we have at least one form of home nursing in existence.

One of the most valuable lessons I learned from my mentor is that, to plan and carry out a major project, one has to persist pushing for a worthy goal with tenacity lasting not a year or two but a decade or two if necessary and with alternatives to handle unexpected obstacles. That is what she did when trying to make the community health practitioner and home care nurse part-timers projects a reality.

I often used to complain to her, saying that I could not endure 20 or 30 years waiting for an idea to materialize. She would then grin and say, something gets to see the light because someone has planted the seeds 10 or 20 years earlier, adding that, even if an idea does not bear fruit, one must keep looking to the distant future with a vision. For many long years my mentor tapped into every support network available, both at home and abroad, in order to fulfill her objectives. Setting aside her pride, she explored government agencies and politicians, trying to enlist help from people of all ages in positions whether low or high. She kept persuading them to act for her worthy cause anytime

and anywhere she could.

Dr. Kim was a born leader who strove to make things work for nursing as well as for the country, with clear objectives and solid strategic action plans, always monitoring and verifying the results to the finish. I watched all this in awe and admiration.

Transforming Crisis into Opportunity

The campus, after the spring rain, was clean and fresh. The students walking around the campus, their footsteps were all overflowing with energy. As I approached College of Nursing, I heard through the windows the boisterous laughter of students. I used to think about such gaiety before mid-term exams! It is a privilege that only youth can have. I wondered if Dr. Kim had worked so hard to bring gaiety to the campus.

Never in her entire life did my mentor forget that she was a nurse, and she was proud of it. She always looked at the world from this perspective, seizing any opportunity for the advancement of her beloved profession. She fought for the rights of nurses as best she could but never losing sight of the interest and health of her country as a whole. That is why, even when the community health practitioner system or the home care nurse system went a bit off track at times, she tolerated the situation, though reluctantly. In so doing, she wanted to prevent something bigger from falling apart.

Here is yet another bold move Dr. Kim made to steer the national healthcare system in a different direction, that is, toward the concept of the home care nurse. It was an instance of her carving out a detour to reach a river instead of insisting on a road she had previously chosen. The detour was difficult and time-consuming, but she kept trudging along.

On the surface the home care nurse system she conceived of was similar to the visiting nursing system in that both implied visiting a home, but the two had one essential

difference. Whereas the home care nurse is a professional nurse practitioner capable of patient care, independently exercising her broad qualifications, the visiting nurse is one who provides community healthcare while taking care of patients by visiting their homes in person. Also, the former's base is the hospital while the latter's is the community health center.

Visiting nursing system was one of several projects that formally became a system when Dr. Kim was heading the Ministry of Health & Welfare in 1998 during the DJ Kim administration. Note that Korea was struck by the Asian financial crisis of 1997, and the government released a great deal of money to overcome hardships of gargantuan proportions. Money could solve problems momentarily but not over the long term, so Dr. Kim thought that if her ministry could use some money, why not spend it on something that would last. A project thus developed was the visiting nurse system.

Her thinking was that if nursing personnel who were retired, married, or jobless because of the financial crisis were hired back to manage public health at community health centers across the country, the result would be not only employment on a large scale but also the delivery of effective, high-quality primary healthcare for all on a sustainable basis. It would also mean the creation of a new role to fill the niches lacking in the systems of community health practitioners and home care nurses. To attain this goal, Dr. Kim had one college of nursing in each province do research on senior citizens or low-income people in dire need of healthcare and, on the basis of the findings, she decided to have each of the universities involved select and train nurses needed to deliver visiting nursing care and assign them to regional health centers. That is how Dr. Kim transferred the public works fund allocated to her ministry into a budget for the visiting nursing system, which is accessible today at all community health centers throughout the country--a most remarkable legacy from her days as the Minister of Health & Welfare.

A point worth noting in this context is that, from the inception,

Dr. Kim had already differentiated the qualifications of the home care nurse from those of the visiting nurse with a view to the future. That is unlike the latter, the home care nurse should be one with at least a master's degree, because she would have to provide healthcare without direct supervision from a medical doctor. The roles and qualifications of the two types of nurse were thus clearly defined early on, one requiring a bachelor's degree and the other, a master's. In public healthcare management, there could be absolutely no room for error of any kind.

Established in this way were the three mainstays of the community healthcare system for national healthcare system as first conceptualized by Kim Mo-Im: the community health practitioner, the home care nurse practitioner, and the visiting nurse. Such is the system we have in place today--still evolving, changing, and advancing.

Family Planning by Single Women?

During a tour of Europe my mentor (an *aficionado* of fine art) and I managed to visit some fine art museums. As was often the case, the sight unfolding before the spectators was totally bewitching. A notable feature of cathedrals and art museums in Europe is the abundance of paintings and sculptures associated with the Virgin Mary. Especially notable to me was the plentiful scenes depicting the angel Gabriel announcing the Incarnation to her. Paintings of her mysterious Immaculate Conception (which is hard to believe unless you are a Christian), were absolutely beautiful and dreamlike.

Now I remember a lot of things that defy belief. One of the memories is about family planning. Those were the days when grownups would look askance at young people on a date, even if they were walking far apart from each other. (They dared not hold hands in public.) One of the crazy things we did was having our nurses, young women, travel all over the country telling people about the importance of contraception out loud with condoms and birth control pills in hand. Imagine unmarried girls advocating birth control during an era of ultra-conservatism. Comical to the max, I must say.

While having dinner with my mentor one day, we talked about family planning of the 1970s and '80s. One of the persons with us mentioned something to the effect that the national strength was not as robust as before, perhaps because family planning was overdone. Others concurred, pointing to excessive population control as being the cause

for our declining international competitiveness.

I should say that the logic of that assessment was flawed, however, because the original intent of the Family Planning Association was not to control the number of births, but to help families plan their future. Up to the mid-1980s, the national competitiveness of Korea grew significantly thanks to family planning. At that time, we as a nation were so weak that every household had to decrease its size to survive. Birth control then was not an option but a necessity. It is wrong, therefore, to say that our economic slowdown today was caused by family planning.

During 1960s and 1970s, the issue of population in this country was serious because, although the birth rate was high, the rate of infant and maternal mortality was high, as well. It was then that the government stepped in to kick off a maternal and child health project with emphasis on preventive vaccination with family planning ensured. By that time the rate of contraception was 4 to 9%, while the rate of population growth was reaching an explosive 3.0%. By 1966, four years after family planning got started; the rate of contraception had risen to 20% and by 1971, to 25%. Meanwhile, the birth rate gradually declined from 6.0% in 1960's to 4.7% in 1971. Note, however, that these statistics had to do only with big cities; in the rural areas most people did not even know what contraception was. A glance at the government slogans advocating birth control will show what the thinking was.

1960–65: Have just enough children so you can raise them to be fine citizens.

1966–70: 3, 3, and 35 (meaning “Have 3 children at 3-year intervals before you are 35.”)

1971–75: Stop at two, no matter the gender

1974: the year of no pregnancies

1975: the year for men to practice contraception

1982–85: Nuclear explosion is awful, but population explosion is worse.

Newlyweds pledge family planning with a smile.

Having just two is the old way; having just one is

for first-class citizens.

A girl raised well beats ten boys.

1986–90: Dream of a youth beautiful and healthy. Think

of raising your child first before having one.

*One child, so that she/he can enjoy better youthful
days and more space. More children, less welfare.*

As these slogans aptly indicate, the government made no clear distinction between family planning and birth control until the 1990s. Dr. Kim's involvement in family planning began in earnest back in July of 1968 when she became the managing director of the Population & Family Planning Research Institute at Yonsei University and a board member of the Korea Family Planning Foundation the following year.

The family planning she envisioned then pertained not only to contraception and birth control but to comprehension, including infertility, the reproductive health, family health, maternal and child health, women's health, and so forth. However, when faced with reality, as illustrated above, the government policy was concentrated only to birth control. The main job of family planning back then was to supply tools of contraception, including condoms to villages of farmers and fishermen along with educational programs related thereto. The primary target was women. The menfolk were also a target, but given their conservative tendency, it was not at all easy to educate them on the benefits of contraception, especially when they were with women in the same room. The personnel mobilized for the task at hand were nurses, for they had the necessary medical knowledge about contraception and the country women were quite receptive to the female professionals.

Now imagine this. The nurses delivering education on birth control were mostly young unmarried women in their early 20s. There they were, conducting a demonstration on the proper use of condoms and birth control pills, actually showing them with their fingers. What a sight it was! Hilarious and a bit embarrassing, one might say, but we nurses were dead serious. With their educational session over, the rural womenfolk would come up to us and ask,

“Are you married?” Our answer would be “Yes, of course! I even have a child.” The sight of an unmarried young lady talking to them about birth control must have seemed rather amusing to them. Incredulous? What could they do, though? They heard us saying we were married. Well, although there was no angel named Gabriel or any holy spirit, we had become married women with kids.

Kim Mo-Im, a Copernican

To propose an idea that no one else has thought of before is likened to a Copernican paradigm shift. Copernicus was the 16th-century Polish scientist who first proposed a heliocentric theory, shattering the old notion that the Sun revolves around the Earth. Geo-centrism had long been taken as an unshakeable truth and challenging it was a very risky business, a blasphemy that could have cost one's life. Therefore, for an idea or an action to be called Copernican, it has to be based on a truly revolutionary thought.

Many times over the years, working with my mentor, I have seen her developing new ideas that to me were nothing short of Copernican. She was not only the first Korean nurse to earn a degree in public health at a prestigious university, i.e. Johns Hopkins University, she also had the foresight to host the International Congress of Nursing convention in Seoul at a time when Korea was considered a nation of marginal importance. Then she became the ICN President herself. She raised money for building and facilities on behalf of her students when there was no concept of fund raising in Korea. The list goes on and on. In fact, her contributions are so many that we cannot count them all. These contributions could not have been made with just a flash of an idea or guts alone.

The roads she has trodden before have mostly been of her own making. In this sense, one may call them an outcome of the Mo-Imian paradigm shift rather than the Copernican paradigm shift. A concrete example of this has to do with the Family Planning Association. In 1982 when the trend of the

population explosion of the 1960s had begun to subside, Dr. Kim became the association's Deputy Chair and then Chair in December of 1995. The next year she started working really hard to bring family planning back to its original mold. A result of her endeavor was the New Population Policy, released in 1996.

Her influence in the policy was evident and as such, its emphasis was on the enhancement of the quality and welfare of population. It also addressed a multitude of issues such as: (1) keeping the fertility rate low for the sake of sustainable economic growth; (2) improving the mortality rate; (3) preventing artificial abortions and sexual activities among juveniles; (4) keeping up population and gender equilibrium; (5) raising the status of women; (6) arresting the spread of AIDS and sexually transmitted diseases; (7) advancing the welfare of low-income brackets; and (8) improving family health. As a result of her multipronged approach, the policy of family planning, which had been confined to birth control, was more or less brought back on track.

Also set up within the scope of the Family Planning Association was a research center on sexual health. Dr. Kim was able to carry out the new population policy because she had been prepared for it for a long time. For instance, her 1973 dissertation was related to family planning: "A Study of Age at Marriage and Fertility in Three Regions of the Republic of Korea."

While working on her thesis, Dr. Kim made a trip home to Ansong to collect data. It was then that Professor Oh Kasil and Kim Euisook (both teaching assistants at Yonsei University College of Nursing at the time) really learned the method of data collection, doing interviews, and organizing and coding the findings thereof, among other useful research methodologies that were new to us. As a matter of fact, we had not even been aware that there was such a thing as research methodology.

Well, we are eternally indebted to Dr. Kim for opening up our minds. Thanks to her lead, we could jump into a brave new world to take part in a lot of research projects with

substantial funding gathered by our mentor from the World Population Council via the Population and Family Planning Research Institute. So our thesis topics were mostly based on the principles of not just public health but also sociology, political science, statistics, pharmacology, etc., which collectively added a lot to the advancement of our approach and statistical methodology related to projects on family planning in Korea. These projects made possible the new family planning policy, centered on Dr. Kim's idea, which was put into effect in 1992.

It was also the basis on which I began to write a thesis for a master's degree of my own, with family planning as a theme. I had hitherto been working on my master's degree with a World Population Council scholarship in the Department of Public Health. Dr. Kim gave me a suggestion that was totally beyond my expectation. She told me to write a manual on family planning for nurses and submit it as my thesis. "Write a thesis that can actually be of help to nurses instead of writing a thesis just for the sake of writing a thesis." That was her suggestion. Nothing like that had ever been done before. I was afraid. Would the authoritarian community of professors find it acceptable? But I followed Dr. Kim's advice.

Finally I finished the thesis, and on the day of my destiny, I presented my thesis in a setting where the entire faculty of the College of Medicine had gathered. Their reaction was fierce, more than expected, probably because they had never seen any thesis like mine. Some felt that presenting a project manual as a thesis was absurd. Some of the professors openly criticized Dr. Kim, who was my academic advisor. She struck back in my defense, however, citing relevant cases one by one.

Looking back, I think the medical faculty who came to my presentation reacted the way they did because they had never seen the kind of thesis I wrote and they probably had no knowledge of the kind of research methodology involved. The research methods they knew of were probably of the survey type at best, and with that they remained complacent and snobbish as if they knew everything there was to know about academic research. For them, my mentor opened the

door to a completely new world of scholarship. Thus, early on, Dr. Kim advocated family planning aimed at healthy sexuality of the young and at population development, making sure that research was done with an eye to its utility on site. That was my first hands-on experience of the Copernican, nay, Mo-Imian paradigm shift.

Part III



THE ELEVATION OF NURSING AS A PROFESSION

*We need men who can dream of things
that never were, and ask why not.*

John F. Kennedy, 1917-1963

A Soaring Bird Sees Far

Unlike other seagulls that navigate the skies in search of food, Jonathan Livingston, the hero of *The Dream of Seagulls* loves flying just for the sake of flying. For him flying symbolizes freedom in the truest sense of the word and self-perfection. Having mastered the art of flying through unceasing mental training amid rejection by his friends and frustration owing to his own limitations, Jonathan Livingston finally embarks on a flight to a surreal space where he can sense unfettered freedom. His accomplishment notwithstanding, he returns to his home base and tries hard to lead his fellow seagulls to his kind of world.

The book reminded me once again that the purpose of life is not simply to survive with three meals a day, but to actualize the value of one's existence. During the many years I spent working closely with Dr. Kim on multiple projects after returning home with an advanced degree in my pocket. I wondered at times if she was not Jonathan Livingston incarnate who descended upon the community of nurses in this country. For at a time when the prevalent idea among people was that nursing was just a job for making a living, my mentor had already become aware of the purpose of flight and, with that in mind, she presented a vision to us. If the objective of nursing in Korea before Kim Mo-Im's advent was basically to help solve problems around the clinic, its object afterwards was for us to begin agonizing over the philosophical question of self-realization.

One of the key traits of a profession is that individuals with credentials as a professional have a territory of their own for

which they advance functional standards and roles befitting it and advance as members of a professional organization, making decisions that others outside their turf cannot. In this sense, Dr. Kim has indeed advanced the status of the Korean Nurses Association to a professional level. Today the KNA stands proudly on the world stage with standards for all to envy--standards that have evolved over the years, thanks to efforts made by our predecessors, who gave all they could to further the cause of KNA.

In this vein, we owe a great deal to the foreign nurses who came to Korea as trailblazing missionaries during the early years of modern Korea to pave the way for nursing to grow. They not only cared for hospital patients but also made time for young girls landing at Seoul Station with no idea of what they might run into and provided them with vocational training while also conducting a social campaign opposing the old custom of having a concubine, widely practiced by men.

It was this tradition and the devotion of nurses combined that have made it possible for the KNA to be where it is today with a membership exceeding 300,000. There were leaders who helped channel the strength of a great many unknown people into a collective force that pushed the KNA forward step by step. Dr. Kim and her predecessors who chaired the association are legendary figures in the history of KNA.

The reason why contributions by Dr. Kim Mo-Im stand out is that her Ten-Year Blueprint worked as a powerful engine that enabled KNA to grow by leaps and bounds not only quantitatively but also qualitatively. With details covering the whole range of public health concerns and the expansion of projects both at home and abroad, the Blueprint triggered our futuristic thinking. It was the first long-term plan ever developed and implemented by an institution of the medical and public health sector in Korea.

In 1983, Dr. Kim convened a national conference to mark the 60th anniversary of the founding of the KNA, with Self Respect and Pride as a theme. This planted a great sense of pride in the minds of nurses. To be sure, it is important for us

to keep going by doing the best we can. It is also important to carry on translating dreams into reality, with a view to the larger world. In this sense Dr. Kim has been a person of action who dared Korea to become an executive member of the International Congress of Nursing. This prompted the KNA to host an international convention of the ICN in Seoul, and challenged Dr. Kim to take up the helm of the ICN as its president. In this way she kept striving to broaden horizons for herself as well as for the nurses of this country, thus showing us what it is that we ought to live for. In this sense she has been our Jonathan Livingstone all along.

While rereading *Jonathan Livingstone Seagull* I discovered that Jonathan had a mentor who taught him how to fly and that he in turn taught other ordinary seagulls how to fly. The mentor's name was Fletcher. He told Jonathan that he did not need a mentor any longer. What he needed was to discover some more of himself each day and then grow to become a true and infinite Fletcher himself. He told Jonathan that his true self was his mentor and that all he needed to do was to understand him and put that understanding into action.

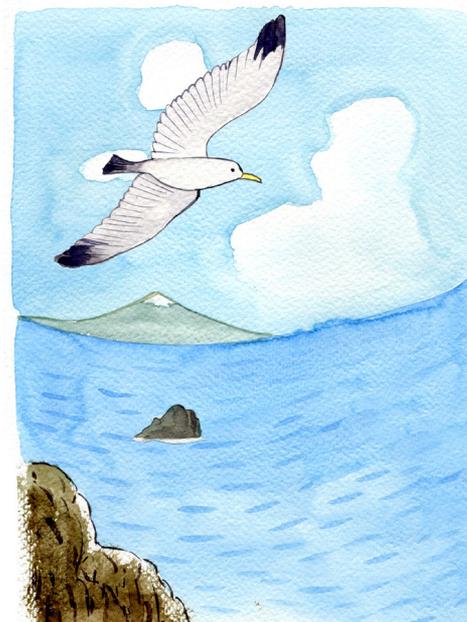
Kim Mo-Im too had mentors. They were Professors Hong Sin Yeong and Chun San Cho, her Fletchers as it were, who laid the foundation of Yonsei University College of Nursing. Dr. Kim's gift to her students and the KNA was not just a vision and the strength to actualize it; she also made us realize that we too would be able to fly if we were determined to do so on our own and then become Fletcher II and III down the road, passing on the art of flying to other people. Come to think of it, her former students here and abroad are unwittingly ready to become Jonathan Livingstone.

So we must remind our next generation of nurses of what Jonathan Livingstone had to say and of who Kim Mo-Im was. "You possess the freedom to discover your true self. No one can block your way. That is the Law of the Seagull and the Law of Existence. Mind you, *A bird soaring sees far.*"

Your world is as big as you make it.

*I know, for I used to abide
In the narrowest nest in a corner,
My wings pressing close to my side.
But I sighted the distant horizon
Where the skyline encircled the sea
And I throbbed with a burning desire
To travel this immensity.
I battered the cordons around me
And cradled my wings on the breeze.
Then soared to the uttermost reaches
With rapture, with power, with ease!*

Georgia Douglas Johnson, 1880-1966



Is KNA Better Off Now?

As spring arrives following the long dreary days of winter, the mood of my church grows vibrant as it gets ready for the Easter season, preceded by the somber days of Lent, when Jesus had to anguish over the prospect of his death. To Christians, therefore, spring is a season of dual symbolism, one marking the rebirth of plants and the other, Christ's resurrection. Until the arrival of spring, Christians do a great deal of meditation about the meaning of words in the Bible. I do so as well, whether I am in this country or overseas, as it is a season imbued with profound significance. I have been a nurse all my life, and to me, Jesus is a symbol of utter sacrifice because he accepted even the pain of death with grace.

Now the lines I read a few days ago were not only about truth but also about how to make a living with references to the miracles of the loaves and fishes. Jesus saved a crowd of 5,000 people from starvation by feeding them all with five loaves of bread and two fish. This means that the Holy Bible clearly tells us that man shall not live by bread alone yet at the same time, cannot live without bread.

There was a time, in the latter part of the 1970s, when the KNA sorely needed a miracle. Dr. Kim first became president of the KNA in 1978, when the association was in dire financial straits. Barring special measures, its treasury was almost empty for months on end until members paid their dues. Although the KNA's membership was nationwide, hardship was inevitable because it had no other resources to rely on. Note that back then in Korea, springtime meant a

period of famine for the poor. With barrels of rice exhausted during the winter of the previous year, the farmers barely eked out a living each spring. The KNA was no exception. Issuing monthly paychecks for its staff was always a big problem.

To make things worse, the social conditions were in turmoil marked by the assassination of President Park Chung Hee in 1979, followed by a coup staged by an army general who succeeded him, the Gwangju uprising in May of 1980, the establishment of the National Security Council, the presidential election, and so forth. Under such volatile circumstances, the KNA could not think of anything like system management, including the membership fee collection. In spite of it all, however, Dr. Kim did manage to keep the KNA functioning. What she did first was to secure funds from the government or other public agencies by having the KNA take part in their projects or by submitting a proposal for a project the government needed.

Frugality being a habit since her childhood, Dr. Kim kept a tight lid on the association's treasury, disallowing any form of free spending by anyone on the staff. With her firm grip on accounting, no one dared to deviate. Everyone on the payroll, from the general secretary down to the gatekeeper, held the line tight in accordance with her policy. Even the money left over from a business trip had to be accounted for.

What she also did was enlist support in any form possible from people around the KNA—cash, technical contributions, aid to keep the association's vehicles afloat, etc. By the time Dr. Kim's second term as the KNA president came to an end, its budget was in the black. By the end of her fourth term, the association had a 3 billion won surplus. This was an astronomical sum considering the nation's economy at that time. Of course the surplus did not happen overnight. Dr. Kim put forth a ten-year development plan for the KNA, something akin to the five-year economic plan of the Park Chung Hee administration, and she implemented it slowly and steadily. That development plan still remains effective today.

In the pre-computer age, everything had to be done by

hand. We pasted big king-size spreadsheets on the walls and wrote on them details of the massive plan, graphs and diagrams and all, which we checked off item after item every month. Show that to the young people today and they most certainly will be flabbergasted. All the past KNA presidents did what they could fill and enlarge the coffers, but a lion's share of the credit must go to Dr. Kim because she kept developing project proposals to attract outside funding rather than depending on membership dues whose yearly sum total stays more or less fixed. Moneys earned through projects could increase exponentially at times.

She also worked out a careful project timetable on a 1-3-5-10-year basis and translated it into action in an orderly manner. Projects going on here, there, and everywhere may look good, but they often fail because they tend to be handled carelessly. When managed one by one, however, you can see how each one progresses with enough leeway to prevent losses in case it falters, thus maximizing the chances of its success. Dr. Kim's approach to any project was to schematize it so anyone could have a bird's-eye view of it from the beginning to the end. In the absence of electronic devices, everything, including multi-year projections and schedules, was done manually but clearly and transparently. For those working with her, the job was taxing and gripes were inevitable. The project at hand proceeded on track, however, without overlaps or omissions.

As recently as 2015, the KNA was using the same administrative procedure that Dr. Kim had put in place years before, either as it was or as slightly modified. Because she had the job description for each and every staff member clearly defined, with the attendant procedures made equally clear, any project underway could be checked according to a prescribed schedule. The result was efficacy much greater than expected. Wastefulness was kept down to a minimum in terms of the time and energy of the personnel.

Her sagacity as a planner was so amazing that sometimes we wondered if she had taken lessons at some vocational training school. Amazement was not only ours. When a group of professional accountants saw her budget projections

defined on a monthly, quarterly, and annual basis, they asked in disbelief, "Dr. Kim, where did you learn this highly sophisticated method of bookkeeping?" Well, our conclusion was that intensive attention to any type of work in any field could lead to a skill comparable to professional competence. True enough, a bird flying high sees it all.

Nursing Veiled in Literature and Art

In autumn last year we flew to Jeju to pay a visit to Dr. Kim at her home there. There were a few things we wanted to discuss with her after her decision to donate all her assets to Yonsei University. Her abode on the island, which is now all she has left of her possessions, is located in a fairly quiet neighborhood. Dr. Kim has long embodied the saying that, “If you do not work, you do not eat.” So the corner of her house had a little garden with fruit-bearing trees, such as apples, persimmons. Some of them were too young for her to reap their harvest, but she knew that someone else would benefit from her garden later on. As we walked in the door, she welcomed us calling me “mainlander.” It showed how much she was accustomed to the island culture. She had become a complete “islander.” The ambience inside her home indicated her artistic taste.

Come to think of it, I remember some people saying that, given her interest in painting, music, and literature, she would have made great contributions as a journalist or artist. She just did not have the time to engage herself in such things. Fortunately, some of her latent gifts blossomed in the field of nursing, and we nurses were the beneficiary of her lifelong endeavor.

One of the concrete results the publication of the “*Kan Hyup Shin Bo*” which was the official newspaper of the Nursing Association representing the opinions of the entire nursing community. In the 1970’s we had no electronic media such as SNS or television. The daily newspapers exerted a

powerful influence. The printed media were particularly influential. Journalistic authority was such that if somebody said, “the newspaper said so,” everything was settled. Once when Dr. Chun San Cho (my mentor’s mentor) was the head of KNA, she and Dr. Kim put their minds together mulling over ways to lead the association onward with great enthusiasm. When it came to the question of the press, however, they were stuck.

As a professional organization, the KNA had many important things to tell its members, the public, and government agencies. When we took some vital information to the press to get it published, the news reporters seldom granted us an interview. That was when Dr. Chun decided to create KNA’s own newspaper. It was easier said than done, however, because a new newspaper required time, money, and personnel. Unlike today, when almost anybody can start one with easy access to information and printing technology, even a monthly gazette was an insurmountable task for KNA to handle. So in the absence of resources, Dr. Kim suggested that KNA hire a company to publish its newspaper for ten years until the association’s finances improved. However the board members went ahead and started the newspaper anyway, resulting in extra hardship for the Association. The quality of the journal was poor.

With Dr. Kim at the helm, however the newspaper did make a positive turnaround by running a variety of news plus personal stories by nurses relating their on-the-job experiences of joy, frustration, pain, that only nurses can. The result was a wealth of episodes of human interest that made the newspaper very readable and therefore popular.

Now, because it was financially difficult for KNA to secure reporters, editors, and news-gathering equipment, it had to be content with a weekly edition from the beginning on. Again, Dr. Kim solved problems one by one with calm. The publication of a weekly bulletin often required a lot of photographs to go with articles that we wanted to run either in our newspaper or some other periodical, so we began to hold photo exhibits by asking our association members to submit the pictures they took, then publishing the selections

in the KNA newspaper. We built a good database with the photographs collected. It was quite an achievement and foresight indeed, considering the fact that we did all this in the pre-electronic era. Today the KNA is a big entity, with a membership exceeding 300,000 nationwide. That is why its regional offices now hold photo shows on their own.

Another fun project that my mentor developed was the KNA Nursing Literary Award for poetry, essays, fiction, and dramas written by its members. Literary awards in this country used to be a monopoly of daily newspapers. There were days when the biggest dream of budding novelists or poets was to win a literary prize by having their works published in a newspaper, a weekly journal, or a monthly magazine. Why a literary award for the KNA members? Dr. Kim said her reasoning was that, “To be a decent nurse you need a beautiful heart cultivated through art. A heart with which you compose a love letter sits up all night. One with a heart like that makes a fine nurse.” She added, “Well, another reason is pragmatism, that is, indirect publicity for nursing.”

There were a few plays which treated Nursing as their main subject. “Moonlight Family” was one of the most popular plays. When the play was produced, the producer came to us for advice on nursing terminology. The performance of the actors and actresses were not very realistic since they lacked nursing experience. My mentor then thought that nurses could write a drama regarding the nursing profession. This would be more dramatic and realistic. Such artistic efforts resulted in a few prize winning dramas.

Back when the KNA was a rather modest institution, my mentor said, “If we do not help ourselves, then no one will.” This was the spirit in which she created the literary award system. Voices are now being raised saying that nursing should embrace the knowledge of aesthetics in addition to ethics and morality. This is the emerging view of the scholars of nursing who are studying the philosophy of science today. Dr. Kim saw this coming decades ago and translated it into action then. This is yet another testimony to the foresight my mentor had, looking not at immediate gains but at what is

to come years later. Her insight shines today, brighter than ever. Remember, once again, the bird flying high.



A Semantic Shift

In the early 1900s when missionaries were building schools to teach nursing in Korea, we had no word for nurse. Back then nursing as a profession did not exist. After much discussion, they came up with the term *gan-ho-won* (看護員) meaning “a person who cares.” Note that the first Chinese character, *gan*/看, means “to take care of” while the second one, *ho*/護, means “to protect, help” and the last character, *won*/員, means “a person.” After the Japanese annexation in 1910, the word denoting nurse was *gan-ho-bu* (看護婦, literally “a woman who provides care”, which was used until 1946 when it was changed back to *gan-ho-won* .

Why is this change so important? Appellation is important because it carries a special connotation. Take, *gan-ho-sa*, for instance. It is currently the word for *nurse*. The last character, *sa*/師, signifies “mentor, mentor” (as in “醫師,” meaning “doctor.” Nurses had to put up a long fight to get the designation *gan-ho-won* (看護員) officially changed to the more respectable term *gan-ho-sa* (看護師). Doctors resisted this because they felt superior to nurses. The difference between *gan-ho-won* and *gan-ho-sa* is as significant as the difference between the regular seagulls flocking to crumbs of bread and Jonathan Livingston Seagull flying high up in the sky. One is a laborer whereas the other is a professional. In other words, the term *gan-ho-won* as opposed to *gan-ho-sa* implies that a nurse is a professional who provides care while also teaching and guiding people. Nurses rightly claimed the honorable title over the derogatory version (*gan-*

ho-won)...

The change of terminology came about when the Medical Law was revised in 1987. By that time Dr. Kim’s four-year term as a lawmaker had expired and, with less commitment to the KNA, she got busy making preparations for the ICN convention which would be held in Seoul in two years. However, she could not take her hands off the issue of nomenclature since the nurses across the country wanted a change very badly.

In the old days, people in the lower echelons of society, such as waiters and taxi drivers were treated like servants by people of the nobility. The same was true of nurses. All too often they were treated like menial workers. Doctors looked upon them as their subordinates. Women in general were seen as inferior, as were construction workers (they were called laborers). One had to be a white-collar worker to be treated with respect. Nurses, being on the bottom rung of society, had all the disadvantages of menial job holders such as day laborers.

Up to early 1980, even officials of the Ministry of Health & Welfare held the attitude that nurses were no better than coffee shop waitresses, whose worth decreased with age. They just had no idea of what professionalism was. Under the circumstances described, appeals for better treatment of nurses through any government channel were mostly ignored. Treatment of nurses working at health centers or in city governments was worse because they were regarded as hirelings of the miscellaneous sort for whom the pay scale was the lowest. To combat such prejudices, the KNA did all it could with Dr. Kim but to no avail.

It was then that Dr. Kim proffered the idea of getting the term for nurses changed from *gan-ho-won* to *gan-ho-sa*. No one else had thought about that before. She believed that the change of nomenclature she proposed would help bring about a change in attitude. From then on, she worked very hard to translate her idea into action through legislation by mobilizing all the human connections she had built up with politicians.

Naturally, many resisted her bill. Skepticism arose even

in the community of nursing. It was not going to be easy. Opposition by doctors was especially strong. “Look,” they said, “nurses go through a 3-year course of training mostly at junior colleges that produce technicians. To become a professional, you must receive at least a 4-year education in liberal arts, right?”

Right. Many nurses receive a three-year college education, but not because they chose to. In some regions of the country there were no four-year colleges. Remember, though: a three-year education does not necessarily make nurses any less intelligent than their four-year counterparts. In fact, some nurses have a higher degree than doctors do.

At any rate, with resilience and perseverance, we pulled the nomenclature bill through the legislative body without a big hitch. It was part of the Medical Law package. Here is a poem entitled “Flower” written by Kim Choon Su (1922-2004; poet), one of our most renowned lyricists. In it he tells us about the existential import embedded in a name:

*Ere I addressed you by name,
You were but a gesture
When I called you by name,
you came up to me,
Then became a flower.
Someone please call me by a name,
As I did for you,
that befits this luster and scent of mine.
I too wish
to come near you
and become a flower.
(subsequent lines deleted)*

A flower, however beautiful it may be, is but a gesture until it assumes the name *Flower*. Likewise, a person’s life will shine in so far as she or he lives with a name befitting her/his character. Just because a nurse is called *gan-ho-sa* does not mean that her essential quality will change. But to people who employ that name, she is a mentor because they address her so. Otherwise the nurse will be just a caretaker, an aide

scrubbing their feet. To this extent one’s title matters.

We go through life with multiple names. We receive a given name at birth, a nickname from our buddies, a baptismal name at church, or a Buddhist name from a Buddhist cleric. At the workplace we get titles such as *director, chief, team leader*, etc. according to the type of job we do. Titles like *designer, beautician, and engineer* are also names indicating what individuals do. Each name has a meaning all its own. Once a person accepts a title, whether given or chosen, that person must think and behave in a manner befitting the title and will have to suffer the consequence otherwise.

The shift of terminology we made from *gan-ho-won* to *gan-ho-sa* in 1987 signified a change of our identity as nursing professionals. We were determined to live up to the new title as professionals with a greater sense of social responsibility.

Wheels of a Bicycle

Good morning, Sunday. I hear the sound of children laughing away boisterously at the church across from my house. It is perhaps an indication that the festive season of Easter is around the corner. Maybe the kids got affected by this beautiful day of spring. Casting a glance at my front yard, I notice a group of children having fun riding their bikes. On the corner, I see a couple of boys, the older one is sweating, trying to teach his kid brother how to steer a bicycle correctly. He grabs the rear end of the bicycle his brother is riding, making rickety and shaky moves with his feet on the pedal. Though wiggly and wobbly, the child somehow manages to balance himself on his bike, a sign that he will soon be rolling off by himself.

Doing clinical duties and research over the years, I realized that a disease often stems from a rather simple cause, which is much like a child riding a bicycle. As long as the child has balance, the child is okay. Once he or she loses it, however, the child falls off the bike. The same holds true of an illness. If your temperature goes up, for instance, it is a signal that your body saying, you lost the balance. Mental problems are also caused by a loss of balance. Depression that leads to an extreme decision, for example, also occurs when the balance between joy and sorrow breaks down. The loss of balance is also a cause of our social conflicts. A case in point is the frequent clash between the political left and right, between conservatives and liberals, and between generations. When either side is out of balance, it results in a plunge like a bird that has lost a wing.

In this vein all things of the mundane world are tied to the question of balance. Take the hospital, for example. We cannot think of a hospital without doctors or nurses. They are like the wheels of a bicycle. Without one of the two, rear or front, the bike falls. The hospital is akin to a huge bicycle. To stay upright, it needs doctors and nurses balancing each other. Likewise a bicycle, going slow or fast, must have two wheels rolling at the same speed. Regarding hospitals, it often seems that one sees doctors there but no nurses, because the latter are treated as people existing in a shadow land. Let this situation continue and hospitals will become dysfunctional, the end result being harm done to patients.

On the other hand, I understand why doctors are reluctant to regard nurses as professionals. To be certified as a physician, they have to study over six years as opposed to the three to four years the nurses spend to get a license. Another factor is the presence of nurses' aides mingling with licensed nurses which makes it hard to differentiate the two in hospitals. Here we must draw a line between nurses and nurse's aides. Whereas the nurse is a "person licensed to engage in patient care, assisting a doctor in treatment," the nurse's aide is "one qualified by law to help with patient care and treatment by following the directions of a doctor or nurse." In other words, a nurse's aide is not to provide patient care by herself; her role is only to assist as instructed by a doctor or a nurse. In terms of education, all that is required of the nurse's aide is a year of vocational training at an academy and a certificate issued by the mayor of her province. The nurse, on the other hand, has to get a license issued by the Minister of Health & Welfare after earning a degree from a regular college or university and passing the national license examination. In a nutshell, the difference between the two types of healthcare provider boils down to a certificate vs. a license.

Nurses and nurse's aides share the same desire to take care of their patients, but they are governed by different sets of qualifying criteria, because human lives are at stake. The underlying purpose of the regulatory stipulations is to prevent mishaps. The distinction between nurses and

nurse's aides has certainly become blurry today and, for this problem, hospitals are at least partly to blame because, to cut costs, they hire nurse's aides as a priority and let them do what they should not do, for example giving injections. In this connection, we also have plenty of legal issues. Take the senior care centers, for instance. These days they are mushrooming all over the country. Now, by law, a senior care center must employ more than one nurse or (nurse's aide). The two words in parentheses imply that it is okay to hire a nurse's aide instead of a nurse. Given this provision, senior care centers naturally prefer nurse's aides. After all, they are more pliant and cheaper than licensed nurses who tend to abide by regulations and principles.

There are some people out there who opine that the nurse's aides should be given a nurse's license after they have gained a certain amount of experience. It is likely that their idea is a copycat version of the driver's license system that allows Class 2 to be upgraded to Class 1 if the licensee has registered no accidents for a certain period of time. Think about it for a second and you will realize how ridiculous the system is, for people who have a driver's license can get it upgraded as long as their record is clean, whether they actually drive or not. A nursing license is a different matter altogether. To qualify a nurse's aide with a specified amount of on-the-job experience to work as a nurse is tantamount to permitting a passenger car driver to run an 18-wheeler just because he or she has had no accidents for ten years.

Here is what I think. The hospital is a place where human life is the object of attention. It has doctors who diagnose patients and prescribe a method of treatment to cure them. It also needs nurses to assist the doctors by managing the recovery process of the patients and pharmacists to dispense drugs according to a doctor's diagnosis. To make total care possible, doctors and nurses have to work as a team together with the pharmacists and other healthcare providers.

An integrated approach (in other words, teamwork) to healthcare is the current trend worldwide. With the elderly population increasing in this century and the next, chronic ailments rather than acute diseases are going to be the

main problem, and consequently the care of the elderly will emerge as a more important issue than treatment. We are looking to an age marked by longevity with illness. Healthcare in the true sense of the word should be managed with all parties involved working together as a team, like the spokes of a wheel, providing physical, mental, social, and spiritual care. The focus of nursing is essentially directed toward human beings and, with this mind, nurses operate as a team to meet the needs of their patients comprehensively while advising them to cultivate and utilize their latent power to the max.

Today the social worker has emerged as a new type of personnel to share the conventional duties of nursing. We as humans keep evolving and advancing. It is natural that in the process we run into new need and demands. We should welcome the social workers as vital team members.

One particular dream that Dr. Kim wanted to fulfill was the creation of an alliance of nursing. In anticipation of the era of chronic ailments, she foresaw that the demand for nursing would surely increase and that an alliance she conceived of could be a vehicle of unity for all human resources having to do with nursing one way or another. Incorporated into her alliance would not be all types of healthcare providers, including geriatric care helpers, nurse midwives, nurse's aides, and nurses with a three- or four-year baccalaureate degree. These people render basically the same service in that they care for the patients, although their roles are different. Regrettably, however, her dream did not come true because of conflicting interests held by potential member organizations. The associations of Nurse's Aides and Midwives were afraid that their voices would not be heard in a larger association. However, their voices would have been stronger as alliance members at the Ministry of Health & Welfare conferences.

Had the alliance materialized, such agencies as the Ministry of Health & Welfare would have had an easier time addressing issues through a unified channel while, under a large, shared umbrella, each alliance member could have improved its clout to negotiate and grow. Anyhow, hospitals,

like bicycles, are running along today as energetically as they did yesterday. Their size is growing, and so is the number of doctors and nurses they employ. One must ask, though, how many of them are seriously asking themselves about which of the two wheels is theirs and about how they might strike a balance as a team. Not many perhaps.

With the age of *care* instead of *treatment* approaching, the status of nurses will rise. Are we ready to face the attendant challenges, though? It is time now to look back on the vision presented by my mentor, who has been there, flying high and seeing things in the far distance.

Part IV



PLANTING RICE SEEDLINGS

*One repays a teacher badly if one
Always remains nothing but a pupil.*

Friedrich Nietzsche, 1844-1900

Azalea, Royal Azalea

The streets that had been covered with the petals of fallen cherry blossoms are now washed clean and fresh by the spring rain. The landscape everywhere is studded with light and dark shades of green as though it were bathing in them, celebrating the vibrant season in a festive mood. Even in the middle of this big city, the streets are replete with azaleas and royal azaleas, waving in the breeze, showing off their gorgeous, variegated colors. Oh, how wondrous! Since when has this been happening? I thought royal azaleas (*Rhododendron*) were found only in the faraway mountains.

In the bygone days azaleas were mostly red. The white variety was rare, hence magical, but now they come in a full range of hues, from deep red to light pink, making me think one would need a colorimeter to detect the subtle differences. Thanks to these flowers, the urban scenery anywhere in May is pleasant and beautiful. Without them, it would be monotonous.

What's interesting is that not many folks can tell the difference between the royal azalea blossoming in May and the azalea that has already withered away in April. They resemble each other, having more or less the same shape and colors. Therefore, unless you have spent some time living in the countryside or have a keen interest in plants, you are likely to confuse the two flowers. Botanically speaking, the royal azalea and the azalea are dicotyledonous, deciduous plants of the family Ericaceae, and are different species of the same genus, making it easy to get the two mixed up.

They are equally beautiful, so the confusion seems moot.

In life we get mixed up about a lot of things. Try to distinguish between the taste of plain mustard and that of horseradish, for instance, or the yellow flowers of the cornelian cherry and those of the ginger plant, walnut pie and pecan pie, or the different species of the genus of peppery spices. Your life won't be in danger even if you have no knowledge of such differences. The azalea is called the true flower and is edible because it is not poisonous, but the royal azalea is toxic. That is why our elders called it a fake azalea. In this connection, a professional must know what is toxic and what is not, because the difference could mean life or death. Looking back I think nursing education in Korea is where it is today by telling the difference between the azalea and the royal azalea, thanks to Dr. Kim's leadership.

Since the departure of the University of Indiana nursing advisory group, which left a significant influence on the nursing community in postwar Korea in the 1950s, there has been a lot of change in terms of public awareness of the identity of nursing. Some, like my mentor, went abroad to advance their studies while leaders in many other sectors achieved notable growth. However, nursing did not enjoy recognition as an autonomous field of study; textbooks on nursing did not catch up with the pace of learning by students and their rapidly growing intellect. Under circumstances of this kind, under which nursing had yet to show its special characteristics, some schools of nursing used medical textbooks written in English. The assumption behind this was that it was all right to use medical textbooks for nursing education because, after all, nursing and medicine were fields of study having to do with treating the human body.

Note that the focus of medical science is the diseases occurring in the body, analyzed in terms of systems, organs, and cells so as to identify the symptoms. But nursing looks at the human body from four different integrated perspectives: physical, mental, social, and spiritual and beyond, with an eye on the patient's family, community, and country as a whole. This is how nursing differs from other fields of

medicine philosophically. Like the analogy I drew between the azalea and the royal azalea, textbooks were used miscellaneously for the curricula of nursing and medicine without considering their difference at all. In the absence of a clearly defined curriculum, mentors taught what they knew to their students and in turn, senior students did the same to the younger ones. As a result, what nurses got was introductory knowledge of medical students.

In 1968, Mo-Im Kim returned home with a master's degree in public health from Johns Hopkins, taught at Yonsei University for two years, then flew back to Johns Hopkins, where she became the first Korean to earn a doctorate in public health. She came home for good in 1973.

When I returned home from Boston with a master of science degree in July 1974, the atmosphere of the College of Nursing had changed somewhat for the better. Dr. Kim had already begun to restructure the college's curriculum. Other professors had also become aware of the limitations of the existing curriculum and textbooks, yet none dared to do anything about it. My mentor was an exception. She undertook a massive curricular reform on the basis of her studies and observations in the United States nursing education. As a new graduate of Boston University, which was the center of nursing education in the United States at the time, I happened to be right there beside her as a perfect candidate to assist her in her innovative task.

Her job was not simply to copy the curriculum of her alma mater or some other schools but to develop an innovative model to meet our needs at home. It would be a curriculum not for medical education but for nursing education. The task was massive indeed. Nearly everyone on the College of Nursing faculty got involved in the reform effort. It was no easy project, since our objective was to rebuild the foundation of the entire curriculum of nursing so that it would stay centered on human beings as a whole rather than on the conventional compartmental systems of surgery, internal medicine, obstetrics, and so on.

What we had to do was not to further develop what was already there, but to create something entirely new. The job

was especially tough for those who were accustomed to the old model of learning, because they had to discard the old learning system and teach the new nursing curriculum. In 1978 we finally released our "Report on the Innovation of the Curriculum for Yonsei University College of Nursing." The repercussions on the curricula of nursing colleges nationwide were huge.

The hardest part of my job was to deal with all the complaints directed toward Dr. Kim and myself, presumably because we were flaunting our degrees from America. Thus irritated the grumblers uttered their accusatory remarks in the form of advice, which made my life doubly hard. On the upside, my involvement in the curricular reform led me to author books on the teaching coursework and theories of nursing, based on my years of study and eventually I was able to start the college of nursing at a university in Mongolia.

Shadow of a Mentor

If I step outside for a walk on the street on a sunny day in spring, the glare of the sun can be so strong at times that I get bewildered. Although the temperature is still low, the sun beats down on me as it does in the summertime. It reminded me of the saying, “On a sunny day in spring, you let your daughter-in-law outside and on a sunny day in the fall you let your daughter work outside.”

Standing in the shade of a tree, watching scenes on the street, I suddenly saw something interesting. I noticed the shadow of a royal azalea which looked like a pink flower. Was it an illusion? Maybe. But I looked at it again and the shadow still had the appearance of an open flower, bearing the tint of light pink. For a moment, the scene I observed confused my senses since shadows are always gray. A shadow, by definition, is dark, but in this case the sunlight beaming through the pretty flowers dye the ground an iridescent hue. The image of a flowery shadow got me thinking. What about the long, dark shadow that my mentor cast behind her in support for us nurses? Is it not perhaps something like the shadow I saw made picturesque by rays of the sun?

It has been 40 years already since we did the curriculum reform in 1974. We learned so many things from her that we cannot count them all. One of them is an unspoken query that has remained constant to date: where does the authority of a mentor come from? Long influenced by Confucianism, the people of Korea have traditionally held their mentors in such high esteem that they were held at the same level

as their parents and king. Thus a dictum was created: “Thou shall not tread on thy mentor’s shadow.” When we were working on her curriculum project long ago, however, she said, “Sometimes you have to tread on your mentor’s shadow.” For she realized early on that when a mentor’s behavior is arrogant and dishonest, students cannot find rest in his/her shadow, only poison.

Dr. Kim had her fellow faculty members study the proper methodology of teaching. She took an excellent English book entitled *Strategies for Teaching Nursing*, divided it into sections and assigned each section to a different professor. She asked them to translate the assigned section into Korean and present it in front of the other professors. The professors who were compelled by her to peruse books in English on instructional methods were aghast not only at the linguistic challenge involved but also at the stress and disgrace they were sure to bear publicly on account of their scholastic incompetence laid bare when making a presentation. “You professors evaluate the lectures delivered by instructors, don’t you? Your lectures also should have been evaluated by others. It is now time for you to learn how to teach instead of only being involved in your own research. Neither one alone will suffice.” The resulting presentations were published in Korean. So she would reproach and admonish her colleagues. After about five years, enthusiasm for her teaching initiatives began to wane. The professors whom she urged to actively participate in the innovative approach to instructional methodologies became tired of rewriting their lesson plans for all the subjects they taught. They got stressed out and irritable, too fatigued to carry on the demanding task.

It was then that a fresh new team of professors, Kim Euisook and Kim Susie had just returned from the United States, each with a doctoral degree in nursing science. With a commanding lead in theories of nursing, they were perfectly qualified to carry onward the curricular reform project that had stalled for reasons mentioned above. The two scholars and I formed a trio to restart the curriculum reform with vigor. Lectures on teaching methods were revived. A positive

development was that we made great progress in terms of nursing education. Our colleagues began to realize how one can attain authority as a mentor. True professorial authority comes from one's competence, not human connections or past teaching experiences. A year after the two professors became a team, Dr. Kim had to suspend her professorship at the College of Nursing so that **Dr. Kim** became a member of the National Assembly. The reform project continued to progress.

Four years later, she returned to the College after her term expired. She began to sort out the multiple results of the curriculum change and put them into practice semester by semester. The standing committee for curriculum development at Yonsei University College of Nursing thus became firmly established as an institute which periodically review its curriculum and upgrades its system-wide agenda.

Soon other colleges began to emulate us. Yonsei College of Nursing was and still is the model for all schools of nursing in the country. Although they could not create what we did, they were able to adopt our curriculum with modifications to suit their own needs. Copyrights were still a distant issue. Widely and liberally copied, the new curriculum developed by my mentor and her colleagues contributed tremendously to advancing the coursework of nursing education nationwide. That is probably why we are still playing the role of a pioneer for all the colleges of nursing across the country.

Treading the pretty shadow created by the Royal Azalea lightly, I once again recall my mentor's admonition that, "Authority is not given, you have to earn it."

Auto Repair Shop

Since I have taken the position of dean of a college of nursing in Mongolia, I get to visit Korea only once or twice in a year. When I do, I become keenly aware of the change of seasons and events surrounding my family and friends. Last time when I visited Seoul, I had to wear a coat. This time, it is spring. The weather is warm, so people are going around in short-sleeved shirts. I find myself always saying, "See you when the season changes."

One of the things that I know little about is cars, but I do know that, if left idle for a long time, a car develops more problems. A case in point is my vehicle. Perhaps because it is an old model, it gives me trouble rather frequently. Despite the care I've taken to keep it in good shape, I have spent a fairly large sum of money getting my car fixed. At the first sign of a problem, I would take it to an auto repair shop next door. That was a mistake because there were problems that he failed to catch. I should have taken it to an authorized repair shop.

Most car owners like me are reluctant to go to an authorized repair shop, though, for fear of cost and time. First you have to make an appointment and wait for a few days until the repair work is done. There are times, however, when you have to get help not at a neighborhood repair shop but at an authorized maintenance shop farther away. Not that the work done by the former is necessarily less competent than the job done by the latter. They are just two different kinds of repair shops.

What I'm getting at is this. Unlike the general public people who are engaged in nursing professionally often encounter situations akin to the one described above. Let me go straight to the point. Hospitals hire nurses with different credentials. Some received a four-year college education and some, a three-year one. The difference of one year may seem insignificant, but it shows in the quality of the actual service they deliver.

The problem is that nurses with the two different tracks of education come together in the same workplace and also that hospitals prefer the three-year track for reasons of cost. Because nurses with a four-year college education cost more, some employers attempt to equalize their salary on the basis of the pay scale set for junior college graduates. This creates conflicts among nurses working in the same hospital setting. That is why Kim Mo-Im, keenly aware of the issue, spent a lot of time trying to establish a unified educational system for nursing. If instituted, the system would save nurses from confusion and unfair treatment.

The difference of a year between three and four years of a college education may look small, but it means a lot in terms of curriculum content. Three years may suffice technically, but not so when it comes to exposure to disciplines in liberal arts, humanities, and critical thinking. These are important to a well-rounded education.

The gist of Dr. Kim's proposition is that, since nursing is to provide healthcare for human beings, students of nursing ought to learn the technical aspects of their field as well as training in humanities to build a decent character by going through more than three years of education. So why not put all students of nursing through a unified coursework that is compatible with a four-year education? Their specialties may vary, but the treatment they receive should be equal.

Her proposal was on a par with the policy of the ICN favoring the unified four-year system. Not all its member nations could adopt such a system but the trend had been set. It was Kim Mo-Im who, having been attentive to the currents of change, took a decisive action to implement it in Korea.

In 1978 when she was elected as the President of the KNA, Dr. Kim proposed the creation of an RN to BSN program for nurses with three years of training to earn a bachelor's degree. At that time they accounted for over 60 percent of clinical nurses. While pursuing her days for career advancement in America, she observed how the students of nursing earned a BSN degree by taking an additional two to three years of education at a regular university in order to enhance their status.

Many objected to the idea. However, she went ahead and adopted the RN to BSN program for the College of Nursing at Yonsei University.

Dandelion Seeds

When we were little kids, we used to blow the white seed-bearing tufts of dandelion spores off into the air while running about in an open field. The seeds would fly away far and yonder, and then settle down somewhere to create another patch of dandelions.

Government approval of a switch by three-year junior college graduates to a four-year university to earn a bachelor's degree being uncertain, Dr. Kim established a "Self-directed Learning Program (SLP)" at Yonsei University where many students actually did obtain the advanced degree they sought by upgrading the SLP. In a sense this was precisely what the dandelion seeds we blew away accomplished by landing here, there, and everywhere.

When she was able to do an experiment with the concept of SLP and eventually made it work successfully, she was the President of KNA and a Yonsei University professor. It was a system that required a great deal of her time and effort. In 1985, she attended a distance-learning program hosted by California State University (CSU) at Long Beach. Upon returning home she introduced us to the program by holding seminars. Although at that time the Ministry of Education barred junior college graduates from transferring to a regular university, she decided that Yonsei College of Nursing could adopt the CSU program right away and through it, a bachelor's degree was granted. The following year a CSU professor came to visit us to explain what the CSU program was, and I flew to Long Beach to learn more

about it. In 1988, my school had other visitors from CSU, who conducted a workshop on the curriculum and module development of distance learning for BS degree for the professors of nursing from across the country. Our college subsequently set up a standing committee for distance education to have all faculty members participate in module development.

The process of setting up RN to BSN coursework was hard and time-consuming. The decision makers at Yonsei resisted the idea, as they were afraid that an evening school on the campus would lower the university to second-rate status while the Ministry of Education was unwilling to approve it on grounds of legality. She still firmly believed that it was the only way for nurses of Korea to grow as professionals, and she continued her efforts to persuade the authorities of Yonsei and the government alike to accept her proposal. She also kept trying to convince the head of the Yonsei School of Medicine that the program would be vital for the resolution of conflicts between the junior college graduate nurses and their BSN counterparts working at Yonsei hospitals and also for the continuing education of all nurses.

At long last, she was successfully in getting a policy in place at Yonsei through which nurses working at its hospitals could earn a regular bachelor's degree once they completed the SLP program. The only condition was that, to qualify for the program, one would have to have a minimum of two years of work experience at a Yonsei hospital. Eligible nurses could have 50 percent of the required 51 course credits waived, thanks to their experience and skill, and would therefore have to attend evening lectures only two days a week. A college based on the philosophy of the SLP was thus set up in 1992 to offer such a course of study. It took seven years, from 1985 to 1992, for the collective endeavor of the College of Nursing faculty to create a curriculum for nursing education in this manner.

More junior college graduates enrolled in the RN to BSN program than had been anticipated. Their motivation was clear. They wanted to get out of a situation that they would face if they had gotten only a diploma from some vocational

schools. They would be treated in the workplace as if they were technicians.

She pushed the transfer program through with great effort and perseverance. One who helped her cause was Rebecca Bergman, former ICN Vice President from Israel. Despite an initial setback, Israel's master's degree program for RNs produced graduates for six years before finally winning government approval. My mentor was encouraged by Bergman's example.

After many tribulations, the college now stands proudly offering the RN to BSN program, by which many RNs can obtain a BSN degree. Thanks to the five-year SLP, public awareness of the importance of continuing education, open education, and competence-oriented education has greatly increased, spurred on by subsequent government support. The desire for a BS degree among junior college graduates was so strong that Yonsei University authorities also formally recognized it, 10 years after Dr. Kim proposed the idea.

The success was brought to fruition by careful planning based on the strong conviction of its purpose supported by the nursing faculty. The struggle for this worthy cause took 10 years of advance thought and planning by Dr. Kim. The advantage of the RN to BSN system is that working RNs did not have to leave their jobs, did not have to take a difficult college entrance exam, and did not need to spend another year to obtain their degree. Nurses could keep their jobs, study at their own pace, and attend evening classes to earn a BSN degree.

The program prefers students with clinical experience, reflecting Dr. Kim's belief that the quality of nursing will advance when nurses gain competence through on-site experience. The RN to BSN system owes its success to her initiative plus and the time and energy invested by her fellow professors, including this writer, for four to five years. We had a deeper affection for these students than for the other students because they already committed to their career as a nurse and had rich clinical and social experiences. Now they wanted to study further for advancement. That indicates that they were dedicated to the nursing profession, she believed.

As the new RN to BSN program grew more popular at my college, others in the metro area began to emulate it, and pretty soon the fervor spread nationwide. In this way a little cluster of dandelions that has bloomed at Yonsei spread its seeds away to all other colleges of nursing in the country.

Soon a consultative body of RN to BSN professors was formed for the purpose of discussing how to effectively teach these working adult nurses who have begun to study again. Appointed as its president, I did what I could to help actualize my mentor's basic philosophy. The RN to BSN movement began to spread to other fields of study, departments of early childhood education among them, which were experiencing difficulties as they were operating under a dual system like nursing.

As the RN to BSN system stabilized, Dr. Kim began to look for ways to streamline the system of nursing education by upgrading junior colleges from a three-year to a four-year system. Since the change required not just the intent of the colleges concerned but accreditation by the government, she had to make numerous contacts with the educational sectors as well as the Ministry of Education. The change she envisioned would take years. Her determination to put her proposed system of nursing and educational change into effect was so great that, when she was asked to chair the KNA, she put it down as a precondition. Thanks to her enduring work, combined with strides made in the nursing sector, a lot of junior colleges did become four-year institutions. The first was the Jesus Nursing School when Dr. Hong Shin-young, former dean of Yonsei, was instrumental in this change. Dongsan Nursing School followed the case by getting incorporated into Gemyong University.

All along, the Ministry of Education has been passive about unifying the system of nursing education. It was only concerned with irrelevant or insignificant systems. Many junior colleges were also reluctant to act on actual system change (because they thought that they would not get much back in return) even though they agreed in principle.

The issue of the three-year system of nursing education still remains unresolved in some private and public

institutions. Some people in charge of nursing departments at private universities do concur that the RN to BSN program is really the way to go toward streamlining the system, and they are making moves accordingly; however, the public schools are likely to run in the opposite direction, the only reason being, to put it bluntly, “Why toil over such a hard job when you don’t even get a pay raise?” That is why as of 2015 no national/public universities have an RN to BSN system in place when they should be in the vanguard of ensuring public health. It is unfortunate that they choose not to participate.

A more serious problem lies within the community of nursing professionals, for many of them are skeptical about the merit of streamlining the system. We are befuddled by some in leadership positions who once preposterously proposed that we should get rid of the awkward existence of a dual system of nursing education and proposed it at a time when junior college graduates already outnumbered their four-year counterparts by a ratio of seven to three. Suppose that we set up a two-year system. Who would then opt for the four-year college route? Fortunately, we need not talk more about this issue, because the conclusion is obvious. Suffice it to say that the RN to BSN system in place today provides a very useful path for nurses to earn a BS degree that they can take pride in.

Now, with many junior colleges switching to a four-year system, our nurses are advancing their scholastic caliber. If and when the system is unified, there will of course no longer be any need for us to keep the RN to BSN system. Even though unexpected obstacles and some internal frictions exist, we are now moving along with a better system. In a manner of speaking, the dandelion seeds disseminated by my mentor are blooming all over the country.

A Tree Planted in a Desert

Many Koreans are visiting Mongolia, where I am currently living, for various reasons. Whatever the purpose of their travel is, I end up seeing them face to face on more occasions than I normally expect. Among them I meet without a prior appointment are some individuals whom I cannot forget easily despite the passage of time.

One of them was a researcher associated with an environmental group whom I met in Ulaanbaatar. Although we chatted for only a few minutes at a restaurant, I still remember him clearly. The reason is what he told me about his plan to plant trees in the deserts of Mongolia.

It is widely known that the yellow dust occurring in the Gobi Desert is an environmental disaster for Northeast Asia as a whole. A number of projects are underway here trying to prevent it. One of them is led by a Korean environmental group, who wants to plant trees in the desert. At first some people thought it was reckless and they laughed at the idea. They were not even interested in helping. In retrospect, that was what happened when we attempted to do things with Dr. Kim. They seemed foolhardy initially, like people trying to green a desert, but over time we proved that our plan was sound and eventually the plan was supported by everyone.

A good example was the creation of an undergraduate department of nursing at the Wonju campus of Yonsei University. On one hand it was an extension of the streamlining of the two different college systems of nursing; on the other hand, it was also like something of a litmus test

conceived of by Dr. Kim. Her life-long conviction was that, to enhance the quality of public health, improving the quality of nurses was a prerequisite. For that purpose, we would first need an infrastructure.

Dr. Kim was the first professor to lead the department of nursing at Wonju in 1994. She had already been the President of the ICN and the Dean of the College of Nursing at Yonsei University in Seoul. Ordinarily one with such a prestigious background would not take a job of lesser stature, but my mentor saw it differently. She took up the lower position voluntarily, like a follower of the Buddhist practice of “self-depreciation,” where you value others by lowering yourself. In the 1990s, Wonju was a fairly big city of Gangwon Province. However, the standard of nursing care was low relative to that of other big cities. For instance few working at Wonju Christian Hospital (the largest in the region) had a bachelor’s degree. To provide quality nursing care, a hospital had to improve its standard to that of big city hospitals. In this respect, Wonju City was the right place for Yonsei University to develop a quality nursing program to educate new nurses.

While serving as Chair of the Yonsei College of Nursing in Seoul, Dr. Kim made preparations to implement this future project with the situation in Wonju in mind. In November of 1993, she received approval from the government, and in the following year, the BSN program at Wonju campus formally commenced its four-year program by enrolling 50 freshmen students. It was a historic development, in the sense that Gangwon Province became a focal point of the nursing unification movement began 1980. To this endeavor she added extra momentum by getting a RN to BSN program instituted in March of 1997.

Looking back, our only regret is that her original intent was to create in Wonju a college of nursing on a par with its counterpart in Seoul, rather than just a department of nursing. What she had envisioned was to install a dean to supervise the colleges of nursing in Seoul and Wonju, each with a vice dean to assist her. She had also proposed an interchange of both faculty members and students between

the two colleges of nursing of Yonsei so that the strength of one could benefit the other. It certainly was a bold, innovative idea at that time. The plan did not materialize due to many adverse conditions it encountered and resulted in a department instead of a college of nursing. Although her idea of a college of nursing at Wonju campus could not be realized, the quality of nursing education there greatly improved through a master’s degree program instituted in 2003. One might say a seedling planted in sandy soil grew big.

Wonju Christian Hospital now offers its nurses and others in the region not only an RN to BSN program but also a master’s program, plus many short-term continuing education programs for those working in intensive care units, which contributes to the advancement of nursing education in Gangwon Province. Wonju thus becomes a regional mecca of nursing, with a fine infrastructure in place.

Last year while celebrating the 20th of anniversary of the nursing department, undergraduate and graduate students and alumni hosted a big event to commemorate Dr. Kim's contributions. There, she again reminded them about the importance of nursing education and urged them once more to upgrade their department to an autonomous college.

Part V



A RISING STAR

You see things; and you say, 'Why?'
But I dream things that never were; and I say, "Why not?"

George Bernard Shaw, 1856-1950

Support from a Country Near and Far

Even big rivers get split not by their own will but by rocks of varying size and shape blocking their path. Then the water meanders around before becoming a waterfall, like Niagara Falls. The same holds true of human life, it seems, as our pathway gets shifted and altered around, often by external conditions not of our making.

A good example is the bold decision made by the KNA in 1977, a fledgling entity then, to accept the challenge of the International Council of Nursing (ICN). It was not a decision of our own, but was made for us by the Japanese Nurses Association. It presented Dr. Kim as a candidate for the ICN Board of Directors. The ICN is like the United Nations of nurses with 135 member nations as of 2015.

Korea in 1977 was a developing country. From the standpoint of the ICN, our economy was lagging behind North Korea's. We managed to attend some of the ICN conventions but could not afford to pay regular membership dues. Japan was of course advanced enough to assert its views on the world stage, including the ICN. None of us had ever imagined that Japan, given our historical relations, would recommend my mentor, not just for one of the committees of the ICN but for its Board of Directors. The KNA's predecessor, Chosun Nursing Association (CNA) was founded in May of 1923 when Japan was a colonial power. In July 1927, the CNA sent three delegates to sign up for the ICN membership at its general convention held in Canada, but failed because of objection by Japan. The reason was,

“Korea, being a colony of Japan, is not qualified to join the ICN.” Now we had Japan recommending Kim Mo-Im to be a board member of the ICN. How times have changed!

It was in 1949, four years after the World War II, that the KNA became a regular member at the 9th Congress of the ICN in Stockholm. However, It wasn't until the Congress held Brazil in 1953 that we were able to formally send a delegation for the first time.

Historically, our relations with Japan have certainly not been friendly, so why did they choose to support our candidate? Even though Japan was ahead of us in many areas, the only reason was that no one in Japan had earned a doctorate in nursing comparable to Kim Mo-Im's from Johns Hopkins. Actually, at that time, she was the only person with a doctoral degree in nursing in the entire region of East and Southeast Asia.

The ICN is composed of six regions and 16 board members including the President. Fifteen directors are elected on the basis of proportional representation from the six regions. To be a candidate, two recommendations are required: one from one's own country and another from a country in the same region. All board members are elected not regionally, but by all member nations. As previously mentioned, Japan nominated Dr. Kim quite unexpectedly. Another advantage of her nomination was that Japan was to be the venue for the coming ICN Congress. This added weight to the nomination. In some ways, the odds were against us since Dr. Kim had not attended any ICN Congress or convention, nor did she know that she would need to campaign for her election. Her rival was a Filipino who had a better command of English and who also had many experiences in ICN activities. In comparison, she was a new face in the ICN.

Involvement in the ICN board election proved valuable for the KNA because it compelled Korean nurses to have a better sense of the wider world. The KNA back then did not even bother to answer communications from the ICN asking to recommend applicants for various jobs. So campaigning for the ICN, the KNA board of directors created a stronger relationship with the ICN. This is shown by the ascent of Dr. Y.

S. Ha to the PSC (Professional Service Committee) member of the ICN. Dr. Kim also made the best use of this valuable opportunity provided by Japan. The ICN held a Congress every four years. The venue for its 1981 Congress was Los Angeles. As the elected President of the KNA in 1978, Dr. Kim began to make preparations for the LA Congress by tapping into her experience of the Congress in Japan.

Her first order of international activities as the KNA President was to organize the academic symposium at the ICN Congress. It was a serious responsibility for a developing member country. From then on, Korea was in a teaching position to other developing countries rather than learning from other advanced countries. It was a step closer to the advanced nation status.

The KNA also got the issue of our ICN membership fee resolved. The economic progress we had made by this time was substantial enough to be called the Miracle on the Han River. It was an apt phrase, but many ICN member countries regarded us as poor nonetheless, perhaps because our status remained low on the world stage. We had not paid our dues on time, and our image as a former colony of Japan still lingered on. In terms of nursing, we were ahead of Japan, but the rest of the world did not recognize this.

Regarding membership fees, the KNA not only paid up all of its past ICN dues but also established a revolving fund by collecting an extra 50 cents per member as a part of their fee. Thus we became a “donor country,” extending a helping hand to our fellow member nations in need.

In order to attain the stature of an executive board member, we had to build up fitting credentials. Just as we urged our social leaders to practice *noblesse oblige*, we needed to show our sense of responsibility and ability tantamount to the higher stature attained. We indeed did so steadily by paying up our fees, organizing academic sessions, managing the KNA booths at exhibition halls, creating revolving funds, and so forth.

The efforts we made under the leadership of Kim Mo-Im finally began to bear fruit following her ascent to the ICN Board, which was a personal honor for her as well as a joy

for the KNA and Korea. By becoming a board member of the ICN, our status as a professional association and nation leapt to the ranks of advanced countries literally overnight. In 1989, the KNA had grown strong enough to host the ICN Congress in Seoul, and she became the President of the ICN as well.



With Utmost Zeal

Looking back at the 40 years shared with Dr. Kim, I think the pinnacle of her life was when she got elected President of the ICN. To be sure, she was under a lot of pressure, trying to get everything ready for KNA to host the ICN Congress in Seoul. As the first Asian president at the helm of the ICN, one of the most prestigious organizations, the burden weighed heavily on her shoulder. Long after the event, it was a constant subject of conversation among us.

Whenever I think of the ICN, I ask myself, “What if we didn’t have Dr. Kim Mo-Im? Would we have dared to invite the ICN Congress to Korea? Whom would we have supported as a candidate for its presidency? And what about the ICN Congress we ended up hosting? Could we have done it successfully without her?”

The ICN Congress convened in Seoul was a momentous occasion through which we let the world know that there were nurses in Korea standing tall and proud, and by so doing, we became aware of the importance of globalization while compelling our policy makers to know that we existed and deserved to be counted. Note in this context: During the six year period of preparation for the ICN Seoul Congress, everyone in the nursing community, including the staff of the KNA and its board members, leaders of its regional member associations, college/university professors, and students volunteers, grew in leadership under my mentor’s banner. Among the specific tasks performed were:

1. Long-term planning.
2. Plans and timetables for implementation to be carried in stages, department by department.
3. Approaches to and discussions about fulfilling objectives.
4. Protocol concerning important meetings.
5. Procedures for conducting meetings of national delegates.
6. Poster sessions and academic presentations to be conducted and evaluated.
7. Organizing a volunteer service system.
8. Considerations on participant satisfaction.
9. Publicity methods.
10. Funding, souvenir production and distribution.
11. Tours and accommodations.
12. Simultaneous interpretation.
13. News releases, relations with reporters.

What an exciting experience it was! We had moments of triumph and defeat for six long years while trying to create something out of nothing, as it were, for every step of the way to the end and then pouring out everything prepared so long in a single stroke, as in a stage performance. Throughout the whole process I saw and physically felt Kim Mo-Im’s leadership in action at close range.

Yes, I was an eyewitness to it all. Whatever hurdles there were, Dr. Kim never gave up because she had the patience to endure them; she did not allow them to frustrate her. With her mighty sense of austerity, she always drew a clear line between official and personal matters, never wasting a penny from the official treasure. Her spirit of fairness was such that, in case of financial losses, she made sure that the parties involved accounted for them evenly and equally. For each and every project under her care, she checked and double-checked all the alternatives at hand meticulously before making a decision. When it came to matters of relevance to nursing, she held her ground firmly till the end, refusing to be frustrated even if her personal pride was hurt. If government agencies and scholars from other disciplines

looked down on her because she was a nurse, she would endure and persevere until she got them all persuaded.

As soon as the 1989 ICN Congress concluded successfully, the KNA organizing committee published a report in February 1990. That remains a shining gem to date. We can still sense the emotions we shared throughout the whole event. In the preface, Dr. Kim wrote:

...We did the very best in our heart and by our capabilities to get ourselves ready to host the Congress. Many of our fellow member nations were envious of our courage in handling the big event. They applauded and expressed their hope that we would do a great job on their behalf....We were keenly aware from experience. However, we were keenly aware from past experience that things might not necessarily go as we had hoped. The internal, political, social, and economic conditions of our country were not favorable to our endeavor...Final evaluation showed that we nevertheless managed the ICN Congress more successfully than anyone else had done before....All of us at the KNA shall long remember all the help and encouragement we received from government agencies, businesses, and other institutions....The nurses of Korea today should take pride in what they did to create a success history. I have no doubt that the work performed for the Olympiad of nursing will be a great impetus for our country and the world to advance nursing into a profession of infinite possibilities just as the Olympic games Korea hosted was a boost, propelling us to the status of an advanced nation.... The Seoul ICN Congress has opened a door, leading Korea to the world and the world to Korea in the 21st century.

It was these words of Kim Mo-Im that made me realize for the first time in my life what “We did our very best with utmost zeal” means. I also knew then what ecstasy feels like when you see the fruit of your best effort. That is why those who led the ICN event with her still get together 20 years later and recall fond memories.

Among the members of the ICN organizing committee, five key seniors gathered frequently and talked endlessly recounting the things they did together as if it happened yesterday. They always ended their reflections by saying,

“You know what? For the rose at the center of a flower arrangement to radiate, the surrounding flowers and leaves must stay together in harmony. We were the harmony builders. We enjoyed the honor of being the surrounding flowers to the center rose that was Dr. Kim.” Then, watching them chatter and twitter from a distance, husbands of senior members would beam a gentle smile saying, “Very well. That means we had the honor of being a vase for the flowers that you were, doesn’t it?” What we experienced in 1989 was a stupendous event unlikely to be repeated by Korea’s next generation of nurses.

The ICN Congress we hosted was an opportunity to foster leaders of nursing, unifying us all as Korean nurses, feeling proud of ourselves with a future vision as world-class professionals. The ICN Congress and conferences also provided us with opportunities to be founding members when the WHO nursing collaborating centers were established, whereby Koreans were able to set up an office of their global network.

Thereafter, when Korean nurses went to study or work abroad, they often ran into people telling them that they know about the Seoul ICN or Kim Mo-Im, the former president of the ICN. This gave a comfortable feeling of self-respected to them.

Well, I cannot dwell on the past glory forever, recalling things associated with an event that took place 25 years ago. We do pray that our young Korean leaders of nursing will also get to enjoy the kind of glory that we experienced. I sincerely hope that they can bring forth the true spirit of nursing and spread it at home and abroad by using the platform built by their predecessors.

Leader vs. Boss

A few years ago I was invited to give a talk about the leadership to an audience of women. The topic I chose was the leadership of Dr. Kim, because I believed a story about her life would resonate very well, not just with nurses but also with women in general. It actually did, and rather impressively, too. I told my audience that she was a true leader, not a boss. A boss attempts to advance one's career through the followers, while a leader stands at the forefront, together as a team, solving problems and moving forward for the common goals.

Not once, during the 40 years I worked by her side, did she shy away from difficult tasks nor did she ever put the burden on the shoulder of her subordinates. As a rule, she was in the lead solving problems. She was a model of a true leader. I followed her example and success was the result of her exemplary leadership. I know of a great many instances in which my mentor, being in the lead, achieved success that no one had foreseen. The most overwhelming example occurred in Kenya in 1979 where she was struggling to win the right to host the ICN Congress in Seoul. The ICN Congress is a quadrennial affair held in an odd year so it does not overlap with other major international events such as the Olympics or the World Cup. At the Congress the ICN elects its president and board members, while the venue for the Congress is determined separately at its biennial Council of National Representatives (CNR) meeting. Only the representatives of its member nations have the right to

elect and be elected. Each representative casts one vote, just as the UN members do.

In 1979, she went to Kenya in an effort to attract the International Council of Women (ICW) convention to Seoul. At that time, she held two titles: the KNA President and Vice Chair of the KCW (Korea chapter of the ICW). All of the KCW members offered their support for her cause. The CNR was to hold its meeting a month after the ICW convention in Kenya. Dr. Kim decided to extend her stay there for another month after the KCW officers returned home. The main reason was to save travel expenses. Bringing the ICW meeting to Seoul was of course her main concern, but she thought that by staying in Nairobi, she could save travel expenses. At that time, the KNA could not afford to pay the travel expenses even of its president.

Her round trip airfare was paid but not her accommodation for a month. She came up with a novel answer. It was a part-time job at the KPPF (Kenya's Planned Parenthood Federation). On the strength of her work at Family Planning in Korea, the job was arranged in advance. While attending the convention of the ICW, she started thinking about something bold. "If we host a convention for the ICW, why would we not be able to host ICN?" She had the strong conviction that, "We can do it." Right away she telephoned the Vice President of KNA, who was awakened by a midnight call. Long accustomed to her style, however, she began calling all her board members one by one and won their unanimous agreement to support her idea.

The KNA Board of Directors consisted of 10 members, including the President, two VPs, the secretary general, and the chair of its financial committee. With their consensus in hand, Dr. Kim officially filed a letter of invitation right away with the ICN headquarters, offering to host its 1985 Congress in Seoul. The reply was one of derision and cynicism, however, saying in effect, "You wish to host the Congress in Seoul when you haven't entertained any significant international meeting? How absurd?"

KNA had its membership fee in arrears for two years. On the ICN's sliding due scale, we were near the lower end, still

unable to meet the deadlines. No wonder they were aghast at the audacity of her proposition. Once again, she made a long-distance call to seek the opinions of the KNA Board members regarding complete payment of past membership dues. Again, their response was prompt and unanimous, not because they had the funds but because it was Dr. Kim who made the request. Actually, they were thrilled by her courage. They liked the fact that she dared to propose something no one else had ever imagined before. They liked the positive energy and charisma emanating from her leadership.

With the two key issues resolved and a formal application filed, the only task left for the KNA was to do the publicity. A campaign to win the right to host an ICN Congress is similar to that of vying for the privilege to host an Olympiad or a World Cup event. Prior to a decision being made by the ICN, a host venue gets involved. The entire host country, along with its government and embassies, gets involved to promote country by providing a variety of visual and printed materials to show readiness to prepare.

Dr. Kim had no such resources--not even any booklets to publicize the KNA or Seoul, for no one had even entertained the idea of inviting an ICN Congress to Korea. In 1970s, there was no email or instant printing services to facilitate her communication. The most advanced device available then was the beeper. Making phone calls across the ocean was not easy, either. She had calculated all these hurdles ahead of time, however. As soon as she got her application accepted, she began to run around collecting all the publicity materials available at the Korean embassy, the Culture & Tourism office, and the KOTRA office in Kenya, and then she disseminated them to the foreign delegates gathered there. She walked around so much contacting various companies that she nearly wore out her shoes.

She once recalled the high-pressure work she had done 30 years ago. "I tell you. Tears welled up in my eyes. Who could I blame, though, when I took it upon myself? I just ran and ran. I should have saved my dilapidated shoes and displayed

them in a museum." She laughed as she spoke. Who could possibly fathom the depth of pain she had to endure alone back then? The daring venture she undertook was like an attempt to crack a rock with an egg. It did pay off a decade later in the form of the ICN hosted by the KNA in Seoul and her ascent to the ICN presidency.

The right to host the 1985 ICN Congress eventually went to Israel. Interestingly enough, Dr. Kim nevertheless believed that we would be the winner even as she ran about, taking on quixotic challenges. She had reasons to believe so. "There were many obstacles, but I thought the decision would be made in our favor. We were up against Israel, so the Middle East delegates said they would actively support us. A number of other countries also said that they were on our side. Their reactions were better than expected. Now the American Nurses Association rep threw her hand up high, suggesting that we do the voting the next morning. Then the decision was made, completely reversed in Israel's favor.

As KNA president, she was less experienced in international events and not familiar with the political dynamics involving big events. The US delegation invited the reps of all ICN member nations to a party, trying to sway them to support their scheme through the night. There were only two in our delegation, Kim Eui-sook and the KNA Secretary-General. There was no way for us to combat the well run offensive launched by our rival, with aid from their government. One cannot accomplish anything overnight or without making an effort. Who knows? Without Dr. Kim's sincere strategy for the distant future in mind and her seemingly reckless adventures, Korean nursing might still be lingering around on the margins of the global community of nurses.

In June 2015, the leaders of nursing from 135 nations gathered once again in Seoul to hold their CNR convention. It was a memorable event that took place 36 years after Dr. Kim's first adventure in Kenya and 26 years after the CNR convention held in Seoul in 1989. Again, I am profoundly grateful to her for the many things she has done for us. Suppose she had been a boss who just used her brain, placing all the trivial work on us. Would so many of our

fellow nurses come to revisit Korea from all places of the world?

A Big River Starts Out As a Little Stream

Once some friends of mine and I visited the source of the Han River. Contrary to what I had assumed, it was in the middle of a provincial town, well cared for like a park. What a surprise it was. So this little pond is where the lifeline of our country has its origin. It is here that the tiny brooklets and streams trickling down from a mountain range gather to form a body of water which in turn joins the rivers of varying magnitude flowing down the vales of many provinces to finally become the big river we call the Han. Mighty is the power of nature.

In reflection, I guess that is how the mighty Niagara Falls originate. From a small source it keeps flowing incessantly, merging with other streams nearby to form a river and bodies of water. I thought about Niagara Falls and about Kim Mo-Im herself, who through her long journey collected the streams of nursing from all over the world to make them flow to Korea eventually. Her mighty river culminated, to put it figuratively, in the form of the ICN Congress in Seoul in 1989, and her subsequent rise to the presidency of the international organization. Her river had its origin in the struggles she had experienced alone in 1979 in Kenya in order to bring the ICN Congress to Seoul. It was at the 1981 ICN Congress in Los Angeles that her lonely stream began to merge with others called the KNA and the Korean government.

Favorable conditions prevailed prior to the LA Congress. By then, Dr. Kim had established a solid foundation for

nursing in Korea as the 16th through 18th president of the KNA. We not only put the Association's budget in the black but also developed a great relationship with other institutions, including the government, while solidifying unity among our members. Our morale was high, higher than it had ever been before. Her entry into the National Assembly brought us added benefits, with external support awaiting us for the taking.

In 1981, overseas travel was still under tight government control, yet as many as 97 KNA members attended the LA Congress. She, as a member of the National Assembly at that time, received a lot of help from the embassies and consulates. By then we had the issue of membership dues cleared up, with a revolving fund in place to aid other countries in need; we were also able to conduct academic sessions under the theme "Nursing Education Looking to the Future."

Our foremost objective at the LA Congress was to become a member of the ICN Board. With this in mind, we made careful preparations prior to the Congress on the basis of our experience in Kenya. Among them were good materials introducing Korea and small gifts for other delegations. Anyway, she was a well-known international leader because of her accomplishments both at home and abroad. The question to address now was, as one of our young nurses put it rather light-heartedly, "What part of the human body should one grab?" Her point was this: You can catch a hare by grabbing it by the ear, a chicken by the wing, a cat by the nape. But what about the human being? Grab her by the throat and you will get into a fight. Grab her by the hand and she will push you away. So what do you do? The trick is, grab her by the heart. Once you do that, you have got her. It was a principle that actually worked for us at the ICN Congress aforementioned.

Korea in 1981 was still in turmoil because of a severe discord that occurred two years before. Consequently, the image of Korea was not favorable. Even the KNA was not well united. Some even questioned the underlying motivation of the recommendation that Japan had made

in our favor. Now the question to address was how to influence people's thinking so that they would be inspired by what have been accomplished in nursing education. We needed to captivate the hearts of our fellow delegates with sheer earnestness. Whether this was actually a key factor behind the ICN's decision to select Korea as the venue of its Congress in 1989 cannot be ascertained quantitatively. However, what we can say looking back is that the efforts we made with utter sincerity while in LA must have left positive feelings in the hearts of many.

Like many streams merging to form a mighty river, the recognition of Dr. Kim by foreign countries, the recommendation that the Japanese made for her, the contributions she received from people outside the nursing field, the earnestness demonstrated by our nurses at the convention, all merged into a mighty river as demonstrated by our candidacy to a successful conclusion.

A River Bursts Through Dry Land

Since Dr. Kim moved to Jeju Island, my trips to the island have gotten quite frequent, and as a result, I get to see more of its attractions with ease. Many of its scenic features are different from those of the mainland. Especially notable is the fact that most of the rivers there are normally dry. They gush out when it rains, generating pretty strong currents. Once the precipitation stops, however, they turn dry as if it never rained.

People may be likened to the two types of rivers. Some people work on certain things hard enough, but we can't see any traces because they seep into the ground. Meanwhile, the activities carried out by others produce a tangible trace, a waterway in a manner of speaking, despite a considerable loss midway. Now with the benefit of hindsight, the activities that Dr. Kim had performed up to the 1979 CNR meeting held in Kenya could have seemed futile to many an eye. From the 1981 LA Congress onward, however, they began to gradually resurface like a flowing river, so to speak, from the underground much as the abundant waters of Jeju Island do.

The year 1983 approached, two years after the LA Congress, when Brazil was to host the CNR meeting in Brasilia. It was also time for all the staffers and board members of the KNA to launch an all-out campaign to bring to Seoul the ICN Congress slated for 1989. In Los Angeles Dr. Kim was elected to serve on the ICN board, now leading us on the campaign trail. The Brasilia event was attended by 46 member nations. There Korea had three rivals to

compete with: Cuba, Colombia, and the United Kingdom, a key rival, especially because the ICN was founded in England and the year 1989 marked its 90th anniversary, which was of great significance to the country. In addition, Florence Nightingale, the icon of nurses, was an English woman. "The Congress marking the 90th anniversary of the ICN should of course be held in England," claimed the Brits. Then they began to go about driving that idea home to the delegates of all member nations. Moreover, they arrived at the Congress site a week ahead of us to get ready to compete. Furthermore, the President of the British Nurses Association was also the ICN Vice President then, a fact that made us doubly nervous. The UK team appealed for support by showing a video celebrating the 90th anniversary, which started with a fireworks display. The UK's President, who spoke French fluently, spent her time emphasizing the superior competence of her country. In the meantime our visual presentation highlighted the image of Morning Calm Korea with a quiet tune resonating in the background while a rice-paper door opened, letting the beauty of a sunrise in. Our video thus was in sharp contrast with the boisterous one of the British delegation.

The upshot was that we won a commanding approval with 33 votes cast in our favor as opposed to 8 for Great Britain, 5 for Colombia, and 0 for Cuba. A behind-the-scene story said that many of the convention delegates pointed out the noisy fireworks in the UK video as the main cause for failure. The delegates from Africa in particular were miffed at the noisy explosions, wondering why Britain would make all that fuss bragging about itself. Maybe they felt offended because the rowdy popping noises conjured up images of their old colonial days. On the other hand, our video received nothing but praise. It was a compilation of visual materials we got from government agencies. Many of us at the KNA spent hours upon hours picking, choosing, and editing images most suitable for a video.

How could Koreans surmount the powerful lobbying by the Brits with a video show only? Among other factors that proved effective for our competition were: One. We

received wholehearted support from the Korean embassy in Kenya, which included a vehicle with a chauffeur for our exclusive use. That alone was sufficient cause for envy on the part of other delegations. It has been my experience that, when you are overseas, you get to understand what national power means. Everything else being equal in terms of personal caliber, favor tends to fall on the party that gets strong support from its home country. Two. The KNA had the good fortune of my mentor's credentials as a member of the National Assembly and a member of the ICN Board of Directors. Korea benefitted tremendously from the halo she wore while she was in Nairobi. I must say in all candor that the social status of one representing an organization abroad does count.

Although we enjoyed the help from the Korean Embassy, we took a step further to utilize it strategically. The night before the balloting, we had our Kenya embassy stage a gala show called "Korean Night." The KNA covered the cost, but the delegates were invited to an evening party thrown as a formal embassy event, so the guests got the impression that the KNA was getting plenty of support from the Korean government.

It was a wonderful party. On the stage, every one of the Korean delegation wore Korean dress, hanbok, for a costume show. There was a lot of singing and dancing with guests. Response from the audience was great. Thus we set a tradition that continues to date as a model for our young generation of nurses to emulate. Remember that Dr. Kim created all that at a time when she had no prior model to replicate. She was a real pioneer in this regard. We took advantage of the positive audience reaction by conveying this message to them: "Look. We received so much help from our home country in spite of the long distance separating us from them. Suppose we host you all in Korea. The help we get from our government should then be ten times as much." We also showed them an official statement from our government guaranteeing support if the ICN goes to Seoul. A decision had virtually been made that evening, though the ballot count was not made until the next morning.

The triumph we enjoyed that day was possible because everybody in the Korean delegation worked as a united team. It was a victory for my mentor, Dr. Kim as it was for all of us who stood by ready to assist, oblivious to hunger, until the decision was announced.

The apparent part of our endeavor was somewhat recognized in Korea, but much more of our hard work went unnoticed, unreported. Take the dreadfully long flight from Seoul to Brazil, for instance. Because one of our delegates had not many experiences in long flights before, she had to sleep on the floor while in flight because the 30-hour ride in a coach seat was too painful. All the delegation had to pay for our own flight, except for Dr. Kim.

With the decision on the ICN Congress over, a lot of thoughts went through my mind like a kaleidoscope, about the days when the KNA was so weak that every year during "the penurious time of spring" it had to worry about paychecks for its staff, could not afford its ICN membership dues, failed to get its president elected to serve on the ICN board despite help from the JNA, etc. The KNA did undergo some hardships, including Dr. Kim's lone struggle in Kenya, but through them we gained valuable experiences that over time led us to the results we sought—like the basalt rocks of Jeju Island, which by letting the underground water pass through their pores, make a big river flowing overland.

Our success story eventually became an example for other ICN members to follow when competing to host its Congress, as we had done. Our achievement was a miracle for the nurses of Korea as well as for nurses around the world.

A Rolling Stone Gathers No Moss

The spring drought this year was quite severe. It seemed to have been really evident in April. Most lakes inland became almost dry. We heavily needed some rain, so I said to myself, feeling anxious. My goodness, even a gigantic reservoir like that is susceptible to the effects of a dry spell. No matter how large it is, a reservoir cannot sustain itself in a long draught. We often remain so complacent about what we have achieved that we neglect things of greater importance, for we forget that a little success is only a step in our journey, not a goal in and of itself.

That was how we were, after bringing the ICN Congress we hosted to a successful conclusion. Other people might have thought that now we could just cruise along on a wide open highway. In fact we were very unsure about the multiple issues we had to resolve. Once a country has won the right to host the Olympic Games, it has about eight years to get ready for the event. Once the preparations start, however, the time allowed goes by rather quickly with myriads of construction projects underway. Likewise, there was so much we had to do in preparation for the ICN Congress, and we had no prior experience to speak of in managing such a big international event.

As we held meetings daily after returning home, we received word from the ICN that it was sending an observation team of two people for a field survey of Seoul. It was a huge burden for us to entertain even for two people because there was no entertainment line in our budget. The

KNA really had great financial difficulties. It did not even have a vehicle of its own except for a small delivery van. Dr. Kim got busy again, running around town looking for resources. Fortunately, the husband of the KNA secretary general offered us the use of a chauffeur-driven VIP sedan from the company where he was an executive director. Being familiar with protocol matters, the chauffeur was at the airport holding a sign with the names of our guests on it.

The first thing we had to do in making preparations for the ICN Congress was to select an event agency. There were very few in Seoul with any significant experience in international events. The agency we hired quit several months later because the government asked it to help the 1988 Seoul Olympic organization committee. I understood why the government had to do this, but the agency's departure left us in a limbo, depriving us of the time and money we had invested. It is altogether possible that they thought it might earn some easy money by thinking that we were a group of innocent nurses. Soon it was found out otherwise when we pressed them with queries about many details. Actually, we discovered later on that the agency hired had padded its estimated fee rather significantly. Our suspicions were correct. We were not too far off the mark. We probably should not have employed an agency in the first place. We decided to do the job all by ourselves.

It was actually a preposterous decision. How could we, complete novices in event management, even think of handling something of an Olympic scale by ourselves? Looking back, we simply made an improbable decision.

The KNA membership fee at that time was \$5 per month. When attending executive board meetings, we usually packed our own snacks. When a meeting lasted long into the evening, we would have dinner at a humble eatery. We rarely, if ever, held parties. Frugality was \$5 when we were making preparations for the ICN Congress. The executive board members serving on the organizing committee spent two days a week working at the KNA office, and nearly every day for a few months approaching the D-day prior to the event. On days when we worked past midnight when curfew went

into effect, we slept in a public sauna house.

What we lacked in experience, we made up with creativity. First we made a list of daily, monthly, and yearly objectives and posted it on the walls of the office and in personal assignment books. Then we checked it every day, marking off finished items and noting items that still needed to be completed and discussed how to accomplish them. All paperwork had been done manually. Nothing could be more laborious than making schedules and remaking them by hand. But we did everything with enthusiasm. Work often becomes laborious when team members were out of sync with each other, but it was a joy when they were in tune with each other.

The work we did was both torment and fun because we got along fine even though at meetings we fought like enemies. We fought not over emotional issues but over how to get things done. Throughout the process, from beginning to end, we learned so much about organization, personnel management, etc. We even joked saying, “Why did we not build our own international management firm? Had we remained lackadaisical about our task after we got selected as the host country, we would have handled the event haphazardly at best and success would have been out of the question. So, as they say, a rolling stone gathers no moss.

A Stranger in Her Own Land

The main issue of the KNA, charged with the responsibility to host the 1989 Congress of the ICN, was one of funding. Our budget had been tight all along. We were aware of the shortfalls most other host countries had incurred, so we could not imagine a budget surplus at the end of the conference. The aim of a country hosting an ICN Congress is not to make any monetary gain but to help enhance the status of nursing at home and abroad. Our situation was a little different, however. Our economy at that time was gradually advancing to the level of developed countries, but the KNA's finance was still not sound. Many were therefore concerned about our hosting an international meeting. To many people the Olympics or the World Cup are also cause for concern because they seldom generate tangible economic gains except indirectly through heightened credibility. Still many countries vie for an opportunity to host a world event because of the positive, albeit invisible, benefits such an event brings.

Determined to bring the ICN Congress to Seoul, the KNA also thought likewise. We believed that would be the thinking of our association members. Surely they would root for us wholeheartedly, we had assumed, once the ICN made a decision in our favor. After all, an ICN Congress is akin to a UN conference of nurses that, if held in Seoul, would be the greatest such event we had ever seen.

However, that was a misjudgment. We knew that many people would worry about budget problems and other issues

concerning the event, but many more were frankly hostile, spreading negative opinions and thereby sapping our energy instead of lending a helping hand to us. Our opponents thought differently in two ways: It is a suicidal attempt. No country has ever been in the black after hosting an ICN Congress. Your budget is in worse shape than theirs after the event, and you will incur a great debt. And, all of this is a plan conceived by Kim Mo-Im for her personal glory. She has made commitments alone, with no input from her colleagues.

Both arguments were of course baseless. The KNA was being suicidal was a foolish accusation. No other nurses' association went bankrupt after hosting an international conference. More often than not, such associations reaped benefits because their stature rose rapidly on the world scene. In fact, our projection showed a surplus so our association would certainly not be bankrupt. We encouraged each other, saying that our budget could not get any worse.

The accusation that Dr. Kim was seeking her personal glory was unfounded. Prior to making the decision to invite the ICN, she went through all the procedures, including board meetings and getting the consensus of its members. She then went to Brazil to launch a campaign in her capacity as the KNA President.

Now why our adversaries within the association tried to sabotage our plan, not before or immediately after the initial stage of our attempt to invite the ICN, but during the last stage of our preparations, is still a mind-boggling mystery to us. A case in point was a certain member of the KNA who rounded up her college alumni for a tour program of Jeju Island during the ICN Congress when we could have used all the help possible.

On the other hand, we got tremendous help from a lot of volunteers. Especially noteworthy were the immigrant nurses who flew to Seoul at their own expense and donated their service at no cost to us. They doubled as translators for foreigners attending the meeting. We did not know how to thank them.

To make a long story short, we entertained the Congress

with greater splendor than any seen at prior events. We garnered a sizable budget surplus anyhow. Our financial consultant quipped, "If this is what we can make, we should hold a congress once every year." As I look back on the negative actions taken by the saboteurs and the accusations thrown at my mentor, I recall this line from the Bible:

"Prophets are honored by everyone, except the people of their hometown and their own family." And because the people did not have any faith, Jesus did not work many miracles there. (Matthew 13:57-58)

Two Heads on a Single Body

As is well known, Siamese twins are uni-ovular twins born with two heads on a single body, making their life extremely difficult. Since not all their other organs come in pairs, surgery to separate them was usually unthinkable prior to the arrival of Dr. Ben Carson, with his gifted hands. For this reason many Siamese twins had to endure great inconvenience until their short, unfortunate life came to an end. In 1989, when KNA was busy making preparations for the ICN Congress, the nursing sector experienced, though briefly, something of the life of the Siamese twins moving around with two heads on one body.

Korea was selected in 1983 as the host country for the ICN Congress only 6 years before the Congress. Though seemingly long, six years was not really a big stretch of time to carry out such major preparatory tasks. The first thing we had to do was to set up an organizing committee for the Congress. Since we still had the support of our nurses returning from Brazil, building the committee was not too difficult. The committee was approved at a meeting of delegates held on January 27, 1984. The first organizing committee was composed of the KNA president and three vice presidents.

Later on, a new organizing committee was formed, among others, with Kim Mo-Im as the president, the vice president, the secretary general, and finance committee Chair. Members of this committee started analyzing the data collected from the countries that previously hosted the ICN Congresses. All too soon it was 1985, the year of Israel's

turn to host the event amid scars of war with Lebanon in 1982. The organizing committee was concerned that a war could break out at any time. Nevertheless, we decided to visit Israel to gather experience on site so we could be better prepared for our Congress. It would also be a good opportunity to arouse interest among other participants to come to Korea four years later.

Dr. Kim encouraged all the staff people of the regional chapters of the KNA as well as its member nurses working in hospitals to attend the ICN Congress in Tel Aviv. She asked them to observe and study every aspect of the sub-fields of the Congress. Even though the KNA did not give them any financial support, a total of 86 KNA members signed up. The number exceeded our expectations despite the high cost of the flight and lodging, perhaps because of the attraction of the Holy Land, a pilgrimage site. Their visit to Israel better prepared them for the difficult tasks ahead by observing how Israel managed their Congress.

The situation back home was not as amenable as we had expected in our attempt to replicate our Israeli experience. As long as Dr. Kim was presiding the KNA, things proceeded fine administratively and financially. Her term as the KNA president expired in 1984. Her successor was not incompetent, but the organization did not proceed smoothly with two heads. The KNA was just not experienced enough in matters of international scale.

She felt the effects, too. With only a year left until the ICN Congress, we needed all the support we could get, but the KNA was not strong enough. In fact, working hand in hand with the executive committee of the KNA was so taxing that Dr. Kim even contemplated relinquishing her role as president of the ICN organizing committee. Had she relinquished it, the problems would have multiplied at home and abroad. The KNA was so dependent on one person that the slightest blunder could have spelled an international disgrace.

Now leaders of nursing community stepped forward to mobilize support for her. Many different suggestions followed, but the conclusion was that she should keep the

helm of the KNA. Consequently, from 1978 on she served three two-year terms consecutively as the KNA president. After that, she devoted her energy solely as the president of organizing committee. She did not want to concern herself with the KNA business anymore. Given the gravity of the matter at hand, however, she decided to honor the suggestion of her colleagues that she run once again for the KNA presidency. She thus became the first four-term president of KNA, concurrently serving as president of the ICN organizing committee from 1988 to 1989. With her playing the dual role, the committee gained fresh momentum to go forward. All this goes to show how difficult it is for two different leaders to carry out projects as a team. Cooperation involves not only the heads of an organization but many other factors, including a collective will and the caliber of its constituents as a whole.

Streams Come Together

A close look at the pond, where the westbound Han River originates will show that the river is a result of numerous streams and creeks converging at various points. The river widens and deepens as it takes in all the water flowing out of many tributaries and then heads to the Yellow Sea. Likewise, Dr. Kim was able to bring the world's community of nurses into a unified fold because she embraced the multitude of brooks, creeks, and riverlets passing by her, near and far.

The ICN organizing committee of KNA bounced back with renewed vigor thanks to Dr. Kim's fourth term as president but the situations at home and abroad were getting worse. Suppose in this connection that she had not returned to KNA and had not realigned its internal structure. Could we still have hosted the convention successfully? Although most of the previous ICN conventions wound up in the red, we agonized a lot over the questions of how to make the Seoul Congress financially successful. The first step toward this goal was to increase the number of participants, because the membership fees they paid would become revenue for the host country.

The number of attendees at the 1977 and 1985 conventions, held respectively in Japan and Israel ranged between 1000 and 2000. We figured that we could draw ten times as many because the responses to our campaign to attract the ICN Congress as well as Kim Mo-Im's reputation were favorable. Being an active member of the National Assembly then, she had unqualified support, including publicity by the

government, so we decided to secure the Olympic Stadium as a venue. However, our estimation turned out to be unrealistic from the outset. For students and civic groups kept demonstrating against the Asian Games and Olympiad slated for 1986 and 1988 amid crowds chanting “Yankee go home.” As a result, the security concerns began to weigh heavily on the minds of prospective attendees. Worse yet, a group of students even staged an incendiary demonstration inside a U.S. military compound, making Korea look like a dangerous zone.

These events collectively worked against us by causing the number of participants to drop rather drastically, not only those from the United States but also those from Japan and Europe, for which we had high expectations. We were gravely concerned about the effect it would have on our finances and fund-raising efforts. At any rate, over 5,000 people signed up to attend the ICN Congress in Seoul. It was the largest figure recorded in the history of the ICN, but far below our expectations, meaning that we would have to make up for the shortfalls with domestic contributions while minimizing expenses.

Our foremost benefactor was the chief secretary to the President of the Republic, who cared a lot especially about low-income families and welfare recipients. He also held nurses in high regard. I know of no other ranking government official who care enough about nurses to throw a party for 40-some nurses in person. Later on the chief secretary held two high posts as Minister of Internal Affairs and Minister of Health and Welfare. The members of the organizing committee visited his office several times seeking help for the sake of national honor and dignity. He graciously complied.

His willingness to help us triggered a chain response by many entities in the economic sector, including the Federation of Korean Industries (FKI). He did not pressure them into helping us but had them hear our story face to face. Many of them listened with interest.

The chief secretary was also kind enough to sway the then President to grant us a special fund. What’s more, when

the ICN Congress was underway, he invited all the national delegations to an impressive dinner party coupled with a fashion show at the Blue House in the presence of the nation’s President. Meanwhile the Minister of Transportation along with the Foreign Minister expedited the issuance of visas for the guest delegates. Note that countries having diplomatic relations with North Korea back then were considered hostile, therefore, ineligible for an entry visa. We wanted to invite the North Korean delegation to Seoul, but to no avail because of many different reasons and issues.

Both the central and local governments made things easy for us in other ways too, such as by cordoning off inner city traffic for the convention delegates, providing them with buses and discounts for meals, and also giving time off to the state and public health nurses so that they could attend the Congress.

Nurses from overseas were given tours of industrial plants, courtesy of the Ministry of Culture and Tourism. They were probably more interested in seeing the advancement made by their host country than in the convention itself.

The ICN Congress was perhaps the first and last event for which practically all colleges of nursing and hospitals across the country were mobilized along with the KNA. One of the fund-raising methods was art shows sponsored by the associations of artists and calligraphers, who seemingly had little to do with nursing. They were very special, however. From them we received a number of artworks that were put on display and then sold at the Congress site. Especially noteworthy was the exhibition of artwork by a Czechoslovakian tapestry artist, who was abducted to North Korea while a student of nursing at Yonsei University, and then fled to the Czech Republic and married a sculptor. This couple was artists of great fame internationally, so the government decided to take advantage of our event as an opportunity to initiate a cultural exchange with the Eastern bloc by inviting the couple to Seoul. Their show made news, along with our Congress. We benefitted greatly from the art shows. When they were over, quite a few pieces of artwork remained unsold.

We concluded the ICN Congress with a surplus. Though flawed here and there, the Congress is counted as the best-managed event in the history of the ICN. Twenty years later, many at the home office in Geneva still talk about the Seoul Congress as the first to garner a surplus budget.

With the surplus, KNA built a leadership training center for nurses. Many people think it was built with membership dues, but much of it came from the Congress treasury. The training center was not Dr. Kim's idea. She always maintained that the money should be invested not in material structures, but in human beings, that is, for the education of nurses, but she quietly followed the decision made by the executive directors since it was rightfully their responsibility to determine how to spend that particular fund. We cannot help but feel regretful that the money in question was invested in a building rather than furthering the education of future nurses. We wonder how much the fund would have helped future nurses.

Friends of Kim Mo-Im

It was the wholehearted support by people like chief secretary of the President and the heads of various government agencies, regional governments, and economic organizations that enabled us to conduct the ICN Congress in Seoul with success to be recorded as historic in the chronicles of the international organization of nursing. My mentor in particular deserves credit for eliciting their help by exerting her leadership.

I wonder, though, if the success would have been possible without the friends of Kim Mo-Im who worked with and for her as a solid team for 10 long years since 1979 when she attended the CNR conference in Kenya. It will thus behoove me to say a word or two about the Kim Mo-Im's people, who ran with her all the way, negotiating high mountains and rough currents. There were great many people who gave so much of their time and energy either directly or indirectly to our cause, and some of them remain close friends to this day, keeping up a bond spanning 30 to 40 years.

The person I want to mention first is Ms. S. Kim, who served the KNA as a VP when Dr. Kim was the president. It was Ms. Kim who answered the midnight call from Kenya and acted right away to get approval from the KNA Board of Directors and executives. She persuaded each one of them, at the most ungodly hours of the night, explaining what she was calling about on behalf of Dr. Kim, who was half way around the world. It was also Ms. Kim who took care of the KNA affairs when Dr. Kim was busy as a lawmaker.

Though a senior of Dr. Kim, she always rendered assistance courteously and respectfully, thus setting an example for all. She once commented to Dr. Kim jokingly, "Life is short, but you keep working and working." Dr. Kim said, "Yes, life is short. That's why I must keep working." Ms. Kim was tongue-tied. Her devotion to the KNA was so consistent that her husband complained, "Everyone at the KNA must be a little overly scattered around so you have to extra hard."

Another close friend was Ms. Hong, chair of the finance committee. She managed the association's finances with utter frugality to ensure the survival of the KNA and its organizing committee. She was the kind of person who would squeeze a mop if she had to until it was completely, absolutely dry. Unlike the academic idealists, she was a realist, quick to suggest a solution when she saw a problem arising. Yes, she was the one who fattened the KNA treasury by coerced us into buying the paintings left over from the art show held for fund raising prior to the ICN Congress.

Let me now turn to the secretary general, Inja Cho. She carried out her managerial duties at KNA so faithfully that we said, "She did more traveling with Kim Mo-Im than with her spouse." She actually did, even when her husband was assigned to run a corporation in Canada that was part of one of the big Korean conglomerates. Though a loyal homemaker, she dedicated a great deal of her time to KNA and to Dr. Kim's cause. She cared about both so much that she asked her husband to provide a limo from his company for KNA to transport its guests during the ICN convention. Ms. Cho joined KNA with the intention of serving for one year, but she ended up serving for 12 years. She told us that she could not quit because of the broad network of human relations she had built up with government agencies and organizations in the private sector. Her dedication to the KNA was such that she even turned down offers to teach at Yonsei University. If Kim Mo-Im was a straightforward and somewhat temperamental type of person, Ms. Cho was a warm and gentle type. These different personality traits made for a perfectly ideal team of collaboration as one complemented the other. When Dr. Kim was busy taking care

of external matters, Ms. Cho minded all the internal affairs of the KNA through Dr. Kim's four-term tenure at the helm. Ms. Cho also had a voice fit for a master of ceremonies, so she was the MC for all of the formal occasions as well as for video narrations.

Let me relate here some of the fun episodes that stemmed from the many weeks and months when the organizing committee was trying to get ready for the ICN Congress. One of them had to do with simultaneous interpretation headsets. Since the headsets were essential for the thousands of foreign delegates, we had set aside a budget as a matter of course, except that Dr. Kim proffered a most fantastic money-saving idea. In 1980, the quality of the headset was very poor. The organizing committee was going to rent about 8,000 sets from a business firm. Dr. Kim proposed that, if we found devices of high quality, we could use them as souvenirs as well. By doing so, we would be able to cut the cost in half because we did not need the budget for the souvenirs.

So we consulted Ms. Cho's husband, who was tech-savvy, and he put us in touch with a vendor handling translation gadgets. The sample he showed us worked well, and it also had the appearance of a quality product. Our budget for souvenirs was \$5 per item. Combined with the headset budget, it would amount to \$10. It was not too far off the offering price, but our finance chief stepped in, saying, "Cut the price you quoted by half. That's the limit of my budget." Because we were there through the personal introduction by Ms. Cho's husband, the price quoted was already below the market price. Anyone could tell that Ms. Hong's counter offer was preposterous. Ms. Kim Sun-ja, our vice president, was embarrassed. Upon learning of our situation, the seller lowered his price to \$12 apiece. Still Ms. Hong persisted. She had an ace up her sleeve, i.e., the notion of publicity cost. She told him that he ought to cut the price further, should the KNA use his product, it will advertise his product worldwide, saving the company's cost of advertising.

"We're talking about an international convention that will bring to Seoul over 100 delegations representing 120 countries. If you were to advertise your product in 100

countries, the per-second ad fee alone would be \$100,000. If we give this device to each one of the delegates as a present, they will take it home and keep it there for years. Wouldn't that be like advertising done for you automatically? Think of the huge publicity. You might as well give us the devices free of charge because we will do the publicity for you."

Ms. Kim may have felt embarrassed, but the price was reduced to \$7 per piece. Considering our budget of \$80,000 for the headsets plus the souvenirs combined versus the sum of \$56,000 we were to pay after the discount, our budget director saved us a total of \$24,000 with her first bidding. In terms of penny pinching, Ms. Kim would be second to none, and Dr. Kim would come close, but Ms. Hong was something else altogether. Financially speaking, she was always one notch above everybody else.

The venue for our Congress was the Intercontinental Hotel. It was also the place of accommodation for the delegates. However, the KNA official delegates, including the president and chair of the organizing committee, decided to save money by lodging at a sauna house nearby throughout the ICN Congress. The key members of the organizing committee really worked closely together until the end, trying to turn Kim Mo-Im, the star of Korea, into a shining star of the world, and they succeeded.

The ICN Congress in Seoul owes its success to the collective efforts of KNA leaders dedicating all their energy, in body and soul, to a shared goal. The chorus members and their director who performed at the opening and closing ceremonies of the convention were first-class professionals. They accepted our invitation even though their pay was very low. Actually their performance was like a donation of talent to the state because behind the scene were many politicians in support of their friend, which my mentor was. The then prime minister was so impressed by the chorus and the way the event was handled that he volunteered to lend his support unconditionally.

Sometime thereafter, we had a few visitors from the ruling party to talk with us at KNA about an event of their own. In the course of our discussion they asked us the name of the

event agency we hired to manage the ICN Congress. When we told them that we did it all by ourselves, they just shook their heads in disbelief. No other organization, be it a ruling party or anything, could have accomplished a mission the way we did.



What is Most Local is Most Global

The mantra of “globalization” has been in the wind for quite a while now, expanding rapidly in the wake of “internationalization.” A marginal country 20 years ago, Korea has globalized itself so vigorously that one of its citizens became the Secretary General of the United Nations while another one had gained prominence worldwide by assuming the presidency of the International Congress of Nursing.

In this context one could say that the Seoul Congress of the ICN held in 1989 was a cultural convention, because the participants were invited to an exhibition of traditional works of art, including calligraphy, a dinner party at the Blue House, and a *hanbok* (traditional Korean dress) fashion show, among others. Such occasions were unprecedented in the history of the ICN meetings. Those of us hosting the Congress put on *hanbok* when attending the meetings and when doing our jobs related to it.

On the day of the main event, all members of the KNA executive committee of KNA wore a *hanbok* individually different in material, color and design. Dr. Kim’s was a real winner, as it created a sensation with everybody who saw her. The blue skirt and white jacket that she had on after she was elected the ICN President was so splendid that it became the subject of talk for a long time afterwards. She had her audience spell-bound once again in Spain by presenting herself in an all-white *hanbok*.

Another item that became popular was handbags that

we designed to commemorate the Congress. They were not only beautiful but also very useful, so everybody took one asking if they could get more. Many participants at the ICN Congress in Spain four years later carried a handbag and a translation headset that looked familiar to us, a sure indication of their popularity.

The last present derived from the Seoul Congress was none other than her ascent to the presidency of the ICN. She was the first ever to attain that honor in the history of nursing in Korea. When Korea was selected as the host country of the 1989 ICN Congress, we were happy enough and had nothing more to ask for. As the Congress drew near, however, a significant number of the ICN Board members approached my mentor urging her to run for president of the world organization. Those who were positively interested in her candidacy were delegates from the developing countries in Africa and the Middle East who felt it was about time that the big guys like the United States and Britain let go of their monopoly. The following is the story told by Eui-sook Kim:

“So we ended up with yet another objective: Kim Mo-Im for the ICN President. Then we decided that whoever went overseas henceforth should wage a campaign rooting for our candidate by touching base with the local associations of nursing. Reasons warranting a trip abroad by any of us back then were rather scant, however, so the responsibility fell on my shoulders because through years of studying and attending conferences overseas, I had established a human network.

“Born sociable, I liked, as I still do, meeting and talking with people, and I had a lot of foreign friends already through my WHO and ICN activities. So I talked to them about my mentor, telling them who she was, as a form of campaign. Pretty soon Dr. Kim and I became known as the Two Kims among my fellow delegates. I was the Little Kim and my mentor, the Big Kim. Another colleague of mine was Dr. Kim Mi-ja, a University of Illinois vice chancellor who happened to have the same surname as mine and traveled a lot with me on account of our mutual engagements with the ICN and the WHO Collaborating Center. We, along with Kim Mo-Im, were known as the ‘Three Kims’ of the nursing community of Korea.”

My mentor's election campaign for president of the ICN ended quietly because she was the only candidate. The solidarity of Korean nurses, Dr. Kim's leadership, and the success of the ICN Congress in Seoul combined had preempted competition by other candidates. She reached the height of fame in the world of nursing not just because of her doctoral degree from Johns Hopkins University or her background as a former member of the National Assembly or Minister of Health & Welfare but because of the leadership she demonstrated for four years as the ICN President by developing a number of new projects.

Qualifiers such as "the first East Asian" or "the first Korean" always follow her around, and they are fitting adjectives for the truly global leader that she is. However, Dr. Kim is a more down-to-earth Korean than anyone else we know. That is perhaps precisely the foundation that propelled her to the world stage. In other words, what is most local is most global.

A Tree That Gives All of Itself

The word *star* carries a variety of meanings and images. Alphonse Daudet's star harbors a young shepherd's love for his master's daughter, while the Copernican star prompted him to strike upon the fantastic idea that the earth goes around the sun. The Biblical star signifies the birth of Jesus Christ, the Savior. Rich in symbolism, the star occupies a place on quite a few national flags. For example, there are five stars on China's red flag and one in the center of the Israeli flag. Stars are also found on the flags of Cuba, Malaysia, and Turkey, among other nations. How about the U.S. flag? It contains 50 stars!

America's star-spangled flag conjures up in my mind the miracle of a nation growing and getting united. It also conjures up images of Dr. Kim, whose numerous accomplishments have become the foundation of nursing in Korea and of the extraordinary number of awards she has received for her contributions in every conceivable area since the early days of her professional work.

When I was a research assistant of hers at Yonsei University, I first learned that my mentor was a member of PBK of Hawaii University, an honor society that admits only the most proficient students. That was when I began to dream of becoming a member of such an honor society for nurses like my mentor. She proved to be an outstanding student early in her career and then began to leave her marks as a trailblazer in the various fields of feminism, public health, and international studies. She performed

remarkably well in all these areas. Her achievements were impressive because she did her very best. For that reason, she was the recipient of innumerable awards. What if she had done otherwise, garnering no prizes? The nursing world of ours in Korea might never have had an opportunity to stand tall on the world stage.

She never coveted any awards. She just kept marching on, working hard. She worked and worked so diligently that her peers laughed saying, “She works herself as if she were an ox.” Now whenever she was the designated recipient of an award, she made sure that the statement citing her achievement was error-free and that it was fitting and proper for her as a nurse. Once in a while, I heard some people grumble, “Look, she has won so many prizes. Maybe she’s too greedy.” But I would just shrug them off, saying, “If it’s for nursing, she would even jump into a fire. She deserves all those awards.”

Among the honors conferred upon Kim Mo-Im are the WHO Public Health Award, equivalent to a Nobel prize in public health; the title Hero from her alma mater, Johns Hopkins University, a forerunner in the field of public health education; an honorary doctor of philosophy degree from Victoria University in Canada, citing her as one of the world’s most influential people. Other honors she received include the Helen Kim Leadership Award, given to outstanding woman leaders of the world; the Florence Nightingale Medal, which is the most honorable recognition for a nurse; the Christian Raymon Prize, from the ICN; the Bichumi Grand Prize for Women, given by the Samsung Foundation to outstanding social leaders.

What would be the meaning of more prizes, some might ask, for one who has reached the summit? And why more awards to one who has received the world’s highest awards? But my mentor could not care less about such ramblings. “I will take anything that is useful and helpful for nursing. I’d be glad to yield my award to anyone qualified enough, should there be one.”

Dr. Kim put all of her cash prizes into a human resources development fund, with an eye on future generations. Her

1994 WHO award, for instance, immediately went into what is called Kim Mo-Im Nursing Development Fund, which for the past 20 years has continuously provided scholarships for nurses and future leaders. She has stipulated that each year \$10,000 out of her Yu-Ilhan Prize go to the ICN as a fund to foster leaders of nursing for the rest of her life. Impressed, the ICN has created a Mo-Im Kim Policy Innovation and Impact Award, to be announced at each one of the ICN and the CNR meetings. The awardees are to present their research findings at subsequent ICN academic meetings.

She has dedicated her whole life and all her personal possessions to nursing, like a tree that gives generously of itself. By doing so, she has enabled us to look far into the future. From now on, her name will be mentioned to nurses of the world who come together each time the ICN holds a congress. Each time a competent leader of nursing receives the Mo-Im Kim award, the field of nursing in Korea will be honored along with my mentor’s name.

Part VI



MORE BEAUTIFUL THAN A FLOWER

*I have found the paradox that if I love until it hurts,
there can be no more hurt, only more love.*

Mother Teresa, 1910-1997

Seeds of Hope

A drop of ink from the brush of an artist can be expanded into many images, for example, a stalk of bamboo or an orchid. The picture may grace the wall of a king or may be used in a folding screen of a *gisaeng* (a traditional professional female entertainer) house. The value of the picture will differ depending on where it is hung. The power that it exerts on the observer may also vary quite dramatically. If it is hung in a scholar's room, it will serve as a companion for learning; if it is hung on the wall of a *gisaeng* house, it will enhance her charm.

Mo-Im Kim left for America to pursue a graduate degree in the 1960s when Korea was still suffering from the aftermath of the war. Her departure was, figuratively speaking, something like a drop of ink on a piece of paper. It was a just small beginning for nursing in Korea to emerge its way out. When there were only a small number of nurses holding a baccalaureate degree, she inspired me to go abroad to study nursing. Had I not had a model such as Dr. Kim to emulate, we would have probably never imagined a stage beyond basic nursing and never fulfilled our full potential.

One day when I was about to leave after class, a student gave me a box nicely wrapped, which contained a little picture book entitled *Dreams for Flowers*. On the cover was a big white butterfly drawn against a deep-yellow backdrop. With curiosity, I read her short note saying, "To my dear mentor." But a children's picture book for me? I read it through in a few minutes and I felt really thankful

to the giver. It was a short and simple story. The protagonist is a cute little caterpillar. Wagging around like all other caterpillars, it comes across a huge tower of caterpillars. Every baby caterpillar tries to climb it, scrambling and competing with each other. Why they must work so hard to get to the top is incomprehensible, but he too wiggles his way up inch by inch by crawling on the back of its fellow caterpillars.

Let me jump to the conclusion. The protagonist symbolizes us, struggling to climb higher and higher, trampling on one other, unaware of the reason. The secret of rising to the top was something else entirely: the secret was flying there by becoming a butterfly. That is to say, if we realize that there is a butterfly within us, we won't have to go on living in such a ghastly manner, stepping on the backs of others. The small gift from my student was not just a little picture book, for her note actually said, "Thanks to you, I have become aware of my own value."

In fact, it was my mentor who taught that lesson to all of us. She showed us that we can fly high by breaking free from the triple barrier labeled "Korean, woman, and nurse." Many students I met for the first time when I was in America studying nursing were surprised to find my knowledge of nursing and public health rather substantial. It was actually a testimony to the fact that my mentor's instructions and the experiences she had us undergo were of a high caliber.

She always advised us, her own students, and others alike, to study more. She also urged her fellow faculty members, researchers, and even nurse practitioners to do likewise, telling them to get a master's and a PhD degree if at all possible. Thanks to her ongoing admonitions, we actually did take courses leading to higher degrees, and by so doing, we also realized the reason for and the value of self-fulfillment. Through this process, the scholastic caliber of Yonsei University College of Nursing began to rise, and that in turn stimulated other colleges to follow suit. Korea's nursing had for long been like a sheet of paper, all white, and on it fell a drop of black ink named Kim Mo-Im, who then began to develop it into a big picture, slowly and steadily.

Now, since most nurses are women, some interesting issues popped up on occasion in terms of pregnancy and childbirth in particular. Nurses scurrying about between workplace and classroom were a sight that [in the socio-cultural context of the times under discussion] drew the attention of observers. The problem was the protruding abdomen. Here we are talking about the 1970s, an era when discrimination against women was so bad that pregnancy meant dismissal from employment. In this kind of social atmosphere, people did not look kindly at pregnant women going to school.

At a time marked by a high rate of turnover among nurses due to the absence of a nursery school and child care center, she built a day-care facility called the Severance Day-care Center for Children as a fundamental solution. Large institutions like Severance Hospital were required by law to provide child care facilities, but they had been putting off their responsibility for a long time. Actually the Severance labor union had plans to build a similar facility for children, but Dr. Kim took the initiative so as to let authorities of the hospital or the university solve the problem.

Lack of space and money forced us to build our day-care center in a corner of the nurses' dormitory. It could only accommodate the children of nurses most urgently in need of help. Later on, the center gradually expanded to admit the children of the hospital staffers too. In addition to its functional value, the Severance day-care center was also a useful site for nurses to practice nursing for children in the context of human growth and development. Dr. Kim was afraid that, had the labor union built the child care center, field practicum by nurses might have been excluded.

My mentor has consistently maintained her philosophy that "the nursing concerns people, and understanding people is possible only through learning." She urged her students to pursue advanced degrees to attain a sense of identity and pride. In this vein let me recall the case of the chief secretary to the then President. He was one of those who knew very little about nurses. However, an incident that occurred in America changed his view of doctors and nurses. The incident had something to do with hemorrhoids

that he developed while a student in America. He flew back home to Korea for surgery and, the result being satisfactory, he returned to school. For some odd reason, however, the problem recurred, causing him acute pain, so he was hospitalized again. Then and there a nurse came to his room and said, "You know what? I think you're homesick. Hold my hand and pretend that I am your sister. It will make you feel better."

He complied, pretending that she was his sister. Then gradually he began to relax and the pain disappeared gradually. What he had assumed to be an aftereffect of the surgery turned out to be nostalgia. Being around patients constantly, the nurses saw through the cause of their patients' illness from an entirely different point of view, namely, understanding the human responses and their mind. The American nurse who healed his nostalgia invited him to her home which was a big mansion.

Knowing that many Korean nurses were from low income families, he did not expect to see her living in such a mansion. He thought that she was just a nurse who might come from an ordinary family. Her father, being very proud of his daughter's occupation, was a senator with a lot of political influence. What he witnessed there was a nurse with an education of the highest level, living with her father in a stately residence. Proud of her profession, she provided the best possible care for her patients, not under a doctor's orders but on the basis of consultations with her team members on an equal standing with doctors. Competent and sure of herself, she was the kind of professional my mentor would regard as a true nurse.

That is why my mentor would stress the importance of higher education for nurses as a means of achieving equal status with their healthcare team who represent multiple disciplines. Looking back, I now see that what my mentor gave us was not just knowledge but an assurance that we, nurses should always realize the dream of a caterpillar to become a butterfly.

A Self-Funded Building

I have two homes, one in Korea, another in Mongolia, becoming a frequent traveller. Due to the fairly great distance between the two countries, my trip can be very exciting or very boring at times depending on my purpose and expectations. If I had a clear objective and the chances of fulfilling it were promising, my trip would be a thrill and fun no matter how long or hard the flight might be. The same holds true of life, it seems. One who has a clear purpose in life can easily overcome a momentary hardship with hopes for the future, but one lacking such a purpose is prone to alternate between joy and grief over petty things and get frustrated if the hardship lasts long.

The lesson we learned from my mentor was that I could all be butterflies, as it were, energizing me to carry on a long life without submitting to frustration. I knew that once getting over this moment, I could become a butterfly to fly high. This belief greatly helped me to overcome any hurdle befallen.

My mentor did not simply teach me the concept of a butterfly but also built me a cocoon in which the chrysalis must persevere for some time before it could emerge and fly away. That cocoon was a building bearing the name College of Nursing.

People look at the growth or progress of an organization through different prisms. Most Koreans, for instance, readily associate the Miracle of the Han River, which they are proud of, with edifices. For them development means razing

old multiple-family row houses or town houses to build apartment complexes or constructing dams to block the flow of rivers. For my mentor, however, progress or growth has always meant people-centered projects. Her unswerving belief has been that leaders must “raise” people first in order to have a future.

There was nevertheless a time when she put all her passion into buildings. One was a new building for the College of Nursing and another one remodeled for the Red Cross College of Nursing. She was passionate and enthusiastic about those two projects because she was sure that they would serve well as cocoons for future nurses.

A brief look at my mentor’s resume, prepared by someone with great care, will show why my college needed a building at the site as located on today: In the 1990s, the student enrollment in nursing school for undergraduates and graduates was increasing. The school had to expand space to accommodate them along with innovative facilities to house the auxiliary research centers, to provide training for public health personnel and nurses plus education for transit students. The purpose of constructing a new building for the school was to commemorate the 90th anniversary of nursing in Korea, with a view to the next 100 years carrying on the tradition of Yonsei University, the special nature of nursing, and harmonious character development by nurses.

Kim Mo-Im was the dean of the college from March 1991 to July 1994. Although she was not the one who initiated the plans for the new building, the first thing she did with regard to its construction was to organize a team of observers to do a survey tour of nursing colleges abroad. Included in the observation team were architects, medical facility staff, and some of the school alumni. Their destination was the United States. There they visited a number of universities to observe not only their external but also internal features with emphasis on the design and structural aspects of labs and offices of professors, among other things. The mission of the team was extremely demanding. Their findings were detailed and proved to be especially useful. Fortunately, the construction proceeded according to the ideas from the

point of initial design onward, in spite of many excuses and prejudices by men toward a project being led by women.

Issues kept emerging, such as 2 or 3 raised spots at the point of entrance and overlapping tiers on the ground floor. My mentor found them intolerable, so in the final phase of construction, she had them redone to the extent possible by overriding protests from the foreman in charge. Overall the result was satisfactory, though not a hundred percent. When the construction was completed, one of the crewmen said, “My sister is a nurse, but she never studied in such a wonderful facility. What a fancy building this is!” True enough, none of us had studied in such a place except those who studied overseas. That was why my mentor wrestled so hard with the university’s decision makers in order to secure funding as well as literally begging the alumni for help. She persevered despite her extremely tight schedule as the President of the ICN and vice president of the Korea Women’s Political Caucus (KWPC).

Having seen the facilities for nursing education in many different places, including Hawaii and the continental United States, my mentor was keenly aware that the fostering of competent nurses requires good facilities and space, and that is why, as soon as there was talk of relocating my college, she moved quickly to advocate for a new building.

A School into a Shangri-La

One day in the spring of 2000, my mentor received a call from Mr. Seo, then President of the Korea Red Cross, concerning the Red Cross College of Nursing (RCCN). Dr. Kim was then vice president of the Korea Red Cross and the KWPC President concurrently. “I need your help, Dr. Kim,” he added, “I’d like you to take charge of the RCCN.” It was a completely unexpected offer to her. First of all, for one who had previously been the dean of Yonsei University and Minister of Health and Public Welfare, the post he offered was less than dignifying. Formerly a half-private and half-public junior college, the RCCN had just attained the status of a three-year college and was still a fledgling institution, trying to stand on its own feet. Mr. Seo sent an emergency call to Dr. Kim because both the college dean and the chairman of the board of trustees suddenly resigned following a feud between them. It was a worst-case scenario, for which he sought urgent help from Dr. Kim in a big hurry.

Upon hearing the news from her, all of us closed to her vehemently tried to dissuade her from taking his offer, because she deserved some time to rest now after doing the toughest jobs throughout all her life. Why plunge into yet another situation plagued by so many difficult problems? Dr. Kim eventually agreed to take on the job, however, fully aware that it would be very demanding. She was also aware that some people would see her as a retiree filling a job that others might covet, but she could not turn down a request from the president of Korea Red Cross. I subsequently found

out through several channels that not only Mr. Seo but also people working at the college wanted her.

My mentor gave him one condition, though, which was that he secure a resolution from his board members to help the RCCN upgrade to college with BS programs. Mr. Seo did get their commitment, so now it was my mentor's ball game. To make such upgrading or conversion, the college had to meet a few prerequisites. One of them was to have a large enough building. It meant that her first job was to arrange for the construction of a building.

Dr. Kim believed that a new building for the RCCN meant building a new future for the college and thereby elevating the future of nursing in Korea one notch higher. She used the subway to commute to and from work, so the station chief once asked her in passing, "Ma'am, is this how you have to commute every day?" Her reply was, "Well, I get a free ride, don't I?" meaning that she had a free pass that she was entitled to as a senior citizen. Everybody knew she was a workaholic, but she told us that the eight years she spent as president at the RCCN were a period during which she worked with greatest enthusiasm in her professional life.

One professor who worked together with her at the RCCN said: "The first thing she did upon assuming her post here was to arrange for the construction of a new building. Space was tight so only part of the building could be new construction and the rest had to be remodeled. This meant that the students had to move around from classroom to classroom depending on what part of the construction was in progress. Since every available space had to be made to serve multiple purposes, the main auditorium too was constructed in a state-of-art fashion with a multitier seating system that could be stretched out and folded back automatically by pressing a button. It was the most chic thing I ever saw. We had a big problem, though. A bunch of students once entered the auditorium with their dirt shoes on. I was a student circle leader then and did I get scolded by Dr. Kim! As a punishment, we had to clean up the floor, making it completely spotless. We worked late into the night until we were exhausted, but we all felt great afterwards."

The RCCN building became a new landmark, now standing on a most expensive piece of real estate in the area, but the process of erecting a building there was never easy. The shortage of funds was a huge problem, for the Red Cross Board of Directors had made a resolution to support the idea of converting their college into a four-year system but had not approved full funding for the construction and other related expenses. Just when there was a real need for money as construction began, The National Red Cross had a new President, who would have liked to let Dr. Kim resign rather than fund her project. His relationship with her was less than cordial.

Dr. Kim pressed on with greater ardor, however, because the students and professors alike looked up to her with high expectations. Had she decided to quit, the building construction, the remodeling business, and the upgrading of the RCCN would never have been completed. Many difficulties notwithstanding, my mentor had the interior design done according to her idea by drawing upon her experience of building project in her Yonsei years. Her firm belief that nurses should pursue their studies, including arts and music, in a hospitable environment, the architecture of our college building is still often featured in magazines of interior design. Visitors touring it remark that they feel as if they were in an art gallery.

For fund-raising, she appealed to the alumni association of the RCCN while urging the faculty members to chip in and asking people without cash to donate some of their property. She also asked former Red Cross presidents to give the college some paintings. Pressured by the shortage of funds and the high cost of land and construction, she even considered creating a RCCN branch campus in a suburban area, but having two campuses would entail further problems, so she gave up that option. At one point she secured a bank loan by mortgaging her own property, an action other people could hardly emulate.

The RCCN was one of the best junior colleges. Her administrative experiences made her develop a comprehensive administrative system and, as a result, she won an award

entitled “International Recognition in the Field of Administrative Service in Nursing” in 2004. That in turn led to recognition of the RCCN as a model junior college for its specialization project procurement and post-project record. In 2005, she had a digital library built at the RCCN, dedicated exclusively to nursing colleges. Although taken for granted today, it was a gigantic achievement, hailed as the first of its kind in the country back then.

She also instituted an innovative curriculum of the school. It was said that the change was what people over 50 are most afraid of, but she was a trailblazer in terms of curricular innovation, urging and encouraging all her professors to an initiative. Through specialization projects, for example, she set up an e-learning system whereby students could access over 20 different types of web site contents anytime, anywhere.

Since some hospitals in the metropolitan area recognized the high quality of education at the RCCN, they created a co-op work experience system in 2005 that the graduating class could participate in with an eye on future employment. The general curricular reform and innovative instructional methodology she put in place at the RCCN led to an Integrated Curriculum of Nursing and the adoption of an problem-oriented learning method (PBL), integrating major nursing subjects that became the focus of attention among schools of nursing nationwide. Each year after she took over the helm, the RCCN received state funds for junior college specialization. The funds were used for curriculum innovation, equipment acquisition, and facility construction. She often said, “Unlike big institutions such as Yonsei, the RCCN is a small system so decisions can be made fast, and that makes my job enjoyable.”

Along with a switch to the integrated curriculum of nursing, which had been in the making since 2005, facilities for practice in nursing were upgraded and expanded to center standards. Dr. Kim then acquired highly advanced, but very expensive SimMan, to educate mentors who could put the mannequins to full use. In the past, nurses had no problem doing their practicum in a hospital, but now they

practice their skills in a simulation facility because patients say they do not like being used as guinea pigs.

In 2007, she opened the Center for Innovative Nursing Education where joint training and workshops for simulation practice or creation of scenarios for the PBL studies took place with great energy. The Center also conducted short-term training programs at the request of educational institutions of nursing, clinicians, academic societies, etc.

The PBL is a positive method of education aimed at improving the quality of instructional content and the learner’s ability to think clearly through a problem-solving process. In hospitals today nurses need to spend more time for problem-centered activities instead of following routine manual. She also sent her professors to a school in Jeju Island to study and learn the PBL and had them go on a fully-funded tour of study abroad during holidays, while holding special guest lectures during summer or winter vacation for her faculty members to keep honing their teaching methods.

Always an innovative thinker, she changed, in 2004, the name Health & Hazard Research Center to Global Health & Hazard Nursing Research Center to inculcate a global mindset in her students and to activate international student exchanges along with mentor training. Following the name change, she widened the scope of the exchange program by establishing global relationship programs with renowned colleges of nursing in Mongolia, China, Thailand, Japan, and the United States.

Adding to the exchange programs, Dr. Kim sent 10 students to the 2009 ICN Congress, held in the Republic of South Africa. No others sent so many undergrad students to such a prestigious event.

A landmark activity that the RCCN hosted was a program called “Sharing of Nursing,” a part of its special project through which 10 people working in the field of nursing in developing countries of Asia were invited to Innovative Nursing Education Workshop in Asia. Plus students from India, Cambodia, Vietnam and Thailand were also invited to experience the sharing of global nursing.

The issue of upgrading the RCCN to a four-year college entailed a lot of controversy, even among its board members, for they harbored some doubts about whether they could meet all the government requirements, even though it now had new facilities, including a building with an expanded interior space and new curricula. With faith in the old adage that “Man proposes, God disposes,” the faculty and students alike did all they could, but the board of the Red Cross was not much help because of internal issues, including frequent changes of both the president and the members. Given the impasse, they eventually came up with an alternative solution, which was to merge the RCCN with a university.

A big dream my mentor had about the RCCN was to turn it into a hub university of disaster management in Asia. In fact, one of the key duties of a Red Cross nursing college is to take care of people hurt in various kinds of disasters, with skills in emergency measures and rescue missions, while acquiring training applicable to peace-time crises hand in hand with military academies. With this in mind, she signed up the RCCN as a member of the Japanese Disaster Research Center while also making an on-site tour of the aftermath of the Kobe earthquake. Her dream ended up being only a dream, however.

To be sure, one working in any organization will experience disappointments, but she felt her work at the RCCN was meaningful and fulfilling because while there she was able to apply the vision and experience she had of nursing and all her know-how about nursing education. The faculty and staff of the RCCN were also happy to have her around, because she enabled them to develop their potential. To them she was a great sage.

A Step for Unification

It happened some time ago. My husband and I returned home after a long sojourn abroad, and one day we decided to eat out. As we sat at a table in a restaurant, we overheard a young couple behind us talking about what to do with a foundling. They were in agony over that issue. We listened attentively. A foundling in this day and age? Suddenly a kaleidoscope of old-time images passed through my mind.

Foundlings were commonplace in the old days. “Foundling” is a term referring to an infant abandoned at someone’s doorstep. It was a desperate measure of extreme poverty. Though not openly discussed, there were always a few abandoned children in every village. Poverty-stricken parents would drop their new-born baby at the front gate of a house, usually of a well-to-do family or a household with no children. One could tell that the child’s mother or father did some pretty good research before making that sort of a decision.

In most cases finders of the abandoned child would take good care of it as if it were their own, often referring to the child, with a great deal of affection, not as a foundling but as a “luck-ling.” Now, as we listened to the couple’s story a bit longer, we learned that the foundling they were talking about was actually a cat rather than a baby. Among the young folk these days, “our baby” is a common word referring to their pets.

While musing about the old days, I realized that my mentor is really one who has raised many foundlings, for

whoever fell into her arms; she took good care of the “baby” as if it were her own, regardless of its family background, social status, or human connection. According to Buddhism, differentiation of one’s self from other people is the beginning of all karma. Therefore, we may say that a person with a heart that does not differentiate or distinguish one’s self has reached a state of sainthood. In this sense, I could say that my mentor is more than qualified to join the ranks of saints.

I think it is fitting to mention at this point my mentor’s last foundling, as it were, was actually making preparations for the unification of North and South Korea that she addressed with Professor Lee of Yanbian University, China. With the centennial of the founding of Yonsei University coming up, we of the College of Nursing at that time were busy talking about ways to express our indebtedness and gratitude to what the foreign missionaries did for us long ago. The centennial coincided with the 50th anniversary of Dr. Hong’s professorial career, which we were also going to celebrate. Gradually we reached a consensus to do something for our compatriots in Yanbian, which we believed would serve us as a bridge leading to North Korea when getting ourselves ready for unification. We decided that would be a meaningful way of expressing our appreciation for contributions by the missionaries and of marking Dr. Hong’s great career as well.

Apropos to this, the International Korean Conference on medicine was being held in Yanbian, at which I delivered a presentation on nursing in a subcommittee meeting. The purpose of my participation in the symposium would be an occasion to learn a few things about nursing in China and in the Yanbian area so I could gather some basic information regarding the validity of our proposed project for Yanbian nurses. The Yanbian conference was supposed to include presentations by scholars from South Korea, China, the United States, and North Korea, but we had no one representing the North. None of us had ever guessed that the Yanbian symposium would be an occasion linking my mentor to her “foundling” Ms. Lee of Yanbian. My encounter with Ms. Lee was a complete accident, as dramatic as a scene

in a movie.

Dr. Kim and I went to China together in July 1991. In Yanbian, I began to ask questions, trying to get some idea about the situation of nursing there. With no local contacts established in the pre-Internet era, it was virtually impossible for me to get an understanding of the situation. While still checking around, I asked the local Foreign Affairs agency to lead me to Yanbian Medical Academy (YMA). To us back then, China was a scary communist state where one could not move around freely. The agency declined my request, saying the academy was in recess, but I insisted and at last I was escorted to the YMA School of Nursing by an agent of the Chinese Communist Party, who was wearing dark sunglasses at night.

Sure enough, the school was closed, but someone was there looking after the empty school even when it was in recess. The only person I met at the school that day turned out to be Ms. Lee, who, having graduated from a medical school, had gotten a job at a nursing school. We talked about the situation of nursing in China and the Yanbian area, and then I asked her to find me a clinical nurse who could shed more light on my inquiry. Pretty soon, I was introduced to the director of the Yanbian hospital, Ms. Oh at Ms. Lee’s office. We chatted more, then in two hours or less I dropped a bombshell on them: “How would you like to come to Korea on a training program?” I said that completely out of the blue, with no knowledge about their personal background or professional competence, but I had to decide who to invite as part of our project to commemorate Dr. Hong’s 50 years of nursing service.

The two ladies were puzzled, incredulous about my abrupt proposition, for anybody of Korean descent in China at that time, visiting Korea was a dream, and there they were, getting an invitation to do exactly that from a total stranger. I would have been shocked, too, if I had been in their shoes. They nodded yes, although they were thinking “If only we could” as I illustrated my point with further details. Upon returning to our lodge, I told my mentor all about my day’s adventure--the two people I met and my decision to invite

them to Seoul.

Imagine the look on my mentor's face as I told her about a blind invitation I extended to a Korean-Chinese professor of medicine and a nurse of like ethnic background a mere two hours after encountering them. If by any chance my mentor felt that my spur-of-the-moment decision was unsettling, I found her response to my report bland, because she just said, "Okay, I understand it" without asking for any further explanation. Like mentor, like student...

Invited by me in a rather accidental encounter, the two individuals did come to Korea for a year of training, one at a hospital and the other at a college of nursing. Their visit was paid for by the Dr. Hong endowment fund. They were invited again to do a master's degree program, but only Ms. Lee qualified for it. Her coursework was paid for by the Kim Mo-Im Nursing Development Fund. Ms. Oh missed the opportunity because she did not have a bachelor's degree.

There are many kinds of funds floating around in the world, and most of them tend to be granted as a show of generosity by the fund provider, but not in the case of Dr. Kim. The Kim Mo-Im Fund was established with the WHO prize she won when she was the Dean of the RCCN plus the funds given by a Japanese foundation. She added her retirement money given by the University to the Fund. She wanted her Fund to be used for a grandiose cause like preparations for post-unification Korea, nursing being the medium. All this occurred at a time when many people talked about unification without taking any action. However, those of us getting ready to kick off the aforementioned commemorative events had decided time and again that at least nurses would not engage in empty talk. It was only proper for us to take up a position at Yanbian for the battle for unification of our country and nursing, but from our point of view, the gap between North and South was way too big in terms of the standards of nursing. North Korea was at the level of intermediate schools in the South.

If the two Koreas got unified under such circumstances, confusion would of course ensue in the nursing sector in terms of everyday language and vocabulary, among other

problems. That is why our mentor proposed to utilize the fund bearing her name to foster human resources that could help achieve unity of nursing in Korea. The fastest way to attain this goal would be to educate the nurses of North Korea in the South. Since that would be against existing laws, however, the school decided to focus on the three provinces of northeast China as an alternative target area. Hence the invitation we made to our Yanbian colleagues.

Selected as the final recipient of a grant from the Kim Mo-Im Nursing Fund, Ms. Lee earned a doctorate in Seoul and returned home to Yanbian to devote her energy to training future leaders of nursing, not only in her hometown but also in other parts of China. She was the first Chinese citizen to attain a doctoral degree in nursing and now plays a key role as a leader herself. Achieving unity in nursing would obviously be too much of a task for one individual to carry out, so she asked Yonsei to provide educational opportunities to some of her colleagues that she could work with in the future. Since then, the school invited three more mentors of the YMA to Korea, though only their tuition was covered by the grant.

Today the Korea-trained YMA professors of nursing are playing big leading roles in places like Beijing and Nanjing. In the event of national unification, they will certainly do a great job, laying down the foundation of nursing as a team in underdeveloped areas. They are the foundlings cared for by our mentor's heart, and they are in turn raising foundlings of their own, preparing them for the eventual unity of nursing one step at a time.

Nurses, Widen Your Perspective

The question “Is this glass half full or half empty?” is often asked to determine if a person sees things positively or negatively. One who says it is half full is viewed as a positive thinker, whereas one who says the opposite is taken as a negativist.

What about Kim Mo-Im? She saw it as more than a glass half full. She would ask herself, “How could I drink that and fill it up again?” Being more than a positivist, she saw things well beyond the half-full stage. For this reason people would often criticize her, saying, “There she goes again, tampering with useless stuff.” She did meddle with things that seemed unnecessary at the moment. Later on, however, the same people would say, “Aha, so that’s why she pushed for it.”

Yonsei University School of Public Health at that time was structured with emphasis on preventive medicine. It admitted students from other undergraduate disciplines and let them sign up for lectures. The student population represented diverse majors including humanities, social studies, natural science, and the like. The instructors were mostly medical doctors or professors of medicine but they were open to diversity and that is probably why a conservative entity like Yonsei did not mind having someone with a background in nursing like Dr. Kim as head of the School of Public Health.

One of the more salient things she accomplished in that capacity was the creation of new departments such as Law & Ethics, International Health, and Health Informatics,

by which the School’s interdisciplinary character grew broader and deeper. International Health did not become a department because of opposition by the Medical School but, it has grown into one of the successful programs with a large body of students, a testimony to Dr. Kim’s belief that it was time to catch up with international trends.

Now the question was, why create a department of law & ethics? Here is her answer: “Let me explain. Doctors and nurses know little about law. As a healthcare provider, you must understand what the legal ramifications of your activities are so that you can minimize the risk of medical errors and take the right measures in case something happens. The current trend is for ethical standards and limits to be defined not only in the fields of medicine and nursing but also in business management and engineering. Now, even our graduate students are ignorant in this respect. That’s why you should do your study in tune with the world trends. That’s my point.”

Although the professors of medicine were apathetic to her endeavors, she moved toward an interdisciplinary approach by which students from diverse fields could study public health. To help fulfill this objective, she donated her building to Yonsei with hopes that the school’s academic standing would grow to match its counterpart at Johns Hopkins, thus putting her footprint of influence in World Health Science.

Once her term was up as dean and head professor, however, the Department of Public Health Nursing that she had instituted at the School of Public Health was terminated and the property she had donated was of no use. All of us hoped against hope that the department would be revived, but this has yet to happen.

My mentor kept stressing the importance of studying law and ethics to her graduate students of public health and undergraduate students of nursing. Dr. Kim encouraged talented students of nursing to switch her major to law upon completing her baccalaureate study, and she actually provide scholarship for it. She earnestly hoped that some with a background in nursing would choose to become a lawyer, a journalist, or an administrator.

Now it is no longer unusual for people trained in nursing to become lawmakers or members of the National Assembly as my mentor did. The only drawback, in her opinion, is that such positions come with a time limit, whereas lawyers, administrators, and journalists with a background in nursing can always speak their mind on behalf of nursing. Regrettably, though, nurses seldom enter the legal profession, civil service, or journalism. She sincerely wishes that the day will soon come when nurses play key roles as policy makers and planners as she once did and thereby widen their perspective and scope of activity.

Let Us Be World Citizens

The last position my mentor held before retiring was the presidency of the Red Cross College of Nursing. She still had to attend to matters of minor and major significance every now and then, but as compared to her pre-retirement days, she had quite a bit of free time and often spent it traveling--something that she was not able to do before, because she was busy working. Now, because she has fostered so many young students, she can go touring anywhere in the world as a welcome guest if she wants to do.

I had my job in Mongolia, so I could not travel with her frequently enough, but whenever time permitted, I tried to travel with her in Korea and elsewhere. When my free time was limited, we went to a traditional market nearby. Traditional markets were so brimming with life that we too got energized. We also did just that when she came to Mongolia on a tour of the Mongolian deserts.

Old-time markets are fun anywhere in the world. If we go to a conventional bazaar, you will find all kinds of vegetables trimmed clean and neatly packed. Not only that, one can also meet ladies sitting on a mat, chattering and gossiping, while their nimble hands keep busy peeling onions, removing garlic skins or paring off bean sprouts. Natural produce presented neatly trimmed and cleaned fetches a much higher price. It seems that this also applies to people. Opportunities come to those who are educated and cultured more readily than those who are not. In this vein, my mentor says that she wants to convey this message to the

younger generation today: “Cultivate a sense of globalism.” By that she means not only an ability to conduct business with foreigners by speaking good English but something exceeding that. In other words, she means literally a sense—a highly sophisticated political acumen.

Young people these days are well equipped with language skills, and through backpack travels, they have developed a good relationship with foreigners. Their qualifications are good, too. What my mentor hopes is that they will hone their credentials by developing a global sense, dreaming big of standing tall on the world stage. Such was her ongoing advice for the young people because, to develop a sense of globalism and political acumen, they would need to keep trying throughout their lives instead of hoping to acquire both overnight.

Our first aim in the international arena was triggered by the Japanese Nurses’ Association’s nomination in 1977 of Kim Mo-Im to be a board member for the ICN. That was nearly four decades ago. The status of the KNA has since risen so high that today we are extending aid to a lot of developing countries around world rather than receiving help ourselves. However, our seemingly amazing growth brings with it a host of problems we are sitting on. For example, public understanding of the importance of community nursing and its organization is still very vague.

Studying overseas or global sense alone will not solve our problems, but they do trigger a motivation to look for solutions as exemplified by my mentor’s case. As our sense of globalism grows greater, so will the level of knowledge of nurses grow in this country. Their awareness that they can play a major role in health management as equal partners of a larger team will become evident. She also experienced a lot of failures at the outset, for she had not yet developed a sense of the larger world to the desired level. In retrospect, Korean nurses failed to seize many an opportunity, not because of external hindrances but because of problems of our own as an association and as individuals. We just did not know how the world was moving or why international meetings were important. We accepted challenges

quixotically at times.

She, however, stood tall on the world stage by overcoming these difficulties, and thanks to her achievements, we were able to join hands with nurses of the world, across decades of time. Without her, nursing in this country might have lagged behind for decades, cooped up in a little nook of its own. Even when we entered the world stage, we didn’t know what to do. She has been a big tree for us, tall and dependable. She was always welcome anywhere, but she did not want to keep the glory for herself. Instead, for the sake of globalizing our profession, she either personally arranged opportunities or created programs whereby we could visit medical institutions abroad while also encouraging us to attend international presentations on current issues of nursing. Every winter since 1995, she sent Yonsei nursing students to Hawaii on a four-week tour of study at the Center for Asia-Pacific Exchange while also encouraging them to attend the ICN Congress so as to broaden their cross-cultural understanding. In terms of building leadership, it was an excellent strategy to provide funding for their travel and registration.

Kim Mo-Im has enabled us to reach the great heights of nursing, but I am afraid that we are not growing as we once did. I feel bad that her former trainees as a whole, while trying to do our best, are unable to replicate her high caliber work, but I do hope that the next generation will surpass our efforts and become global leaders. The world stage is a battle zone without guns because, although the spirit of nursing is international and rooted in philanthropy, we as individuals or associations cannot transcend our organizational or national boundaries.

Remember the butterfly effect? If a butterfly flutters its wings in America, we in Korea get the typhoon effect. If we grow in number, however, each with a strong global sense and competence, we will be able to exert our own kind of butterfly effect. We may try as hard as we can to stand tall by ourselves, but there will be a limit. Stand on the shoulders of your senior giants, and you will see far and wide. My hope is that our young nurses will do likewise so they too can see

far and wide and move on. That is the kind of globalism my mentor is talking about.

Sunbeams of *Unjoru* Pavilion

Last year, the ICN put forth a great proposal to establish in Korea what is tentatively called the Kim Mo-Im ICN Center for Excellence. Dr. Kim's followers welcome this suggestion as it signifies the ICN's earnest recognition of her contributions throughout South East Asia, despite other advanced nations like Japan and the new economic power, China.

The idea behind the ICN's proposal agrees with her steadfast motto, "People first rather than buildings." The another reason why the ICN wanted to attach Kim's name to the proposed center is to prevent international conflicts. Our neighbors, Japan and China, might oppose the idea of establishing the center in Korea. However, the ICN knew they not if her name was attached to it. Actually, the proposal by ICN aside, my mentor has been mulling over the idea of setting up an institute for human resources development independently on the grounds of her residence in Jeju City.

On a different note, there were quite a few occasions when my mentor could have amassed a fortune. She once owned some property and a house in Seoul considered highly valuable in terms of real estate during the 1970s and 1980s, when the country was in a frenzy of land speculation. Had she decided to make speculative investments then, she would have garnered a significant amount of profit, but she has never used any of her possessions to make money. Instead, when their value skyrocketed, she either mortgaged

them for a bank loan or donated them to the organization she was involved in. That's what she actually did when she was president of the Korean Women's Political Caucus and also when she was putting up a new building for Yonsei College of Nursing. People normally would not do what she did.

In August of 2014, she made a momentous decision to donate most of her properties to the development fund for Yonsei University College of Nursing. "It is my lifetime savings, and I would like to donate it for the advancement of nursing in my country" For thirteen years from 1993 she donated a total of \$1.3 million, plus her \$100,000 WHO prize. Now the money is being used to support nurses participating in the ICN conferences and the WHO internships.

My mentor is living in Jeju Island where she has a residence that she personally planned and designed in order to give it a unique look. It has two separate two-story structures, one for her and the other for guests. Jeju Island being a tourist destination, she envisioned many of her colleagues, students and friends visiting the island. She wanted to provide a place for them to stay. The unit is open to anyone in the field of nursing, internationals or locals, as long as it is reserved in advance.

The guest unit reminds me of the *Unjoru* in Gure-gun, South Jeolla Province. The *Unjoru* was built in 1776 by a local county chief. It is a beautiful old edifice that has remained intact for 230 long years. One of its 60-some rooms has a large rice chest with a label that says, "Anyone may open." The chamber with a rice chest in it is a space for sharing, and it is so located that anyone in need of food can take some rice home without being noticed. One in need could take rice without feeling ashamed or losing self-respect. Such is the spirit behind my mentor's guest room: "Anyone may come and stay here like yours."

I want to note in this connection that on her 60th birthday, Dr. Kim donated not only all her material assets but also her body to be used for medical research after her death. When she was the Minister of Health & Welfare, she had everyone working there join her body donation campaign, which

subsequently gained a widespread public following. Body donation saves lives by helping the advancement of medical science.

For the past several years, she has been preparing a Smart Patient movement. The goal of this movement was to help patients gain easy access to their healthcare providers in order to ask questions or to get explanations. Her hope is that down the road, her idea will catch on across the country, with nurses playing a major role. She also hopes that Korea will once again produce nurses who will exercise a global leadership. So today, she is immersed in thoughts about *Unjoru* which has the lofty ideal of benevolence. In fact, Dr. Kim's entire life was dedicated to the ideal of self-giving, the spirit of "Anyone may open," She is contemplating how she gives of herself even further with the time she has left.

My Teacher Was Like a Flower

Oh, Kasil

For the past seven years, I have not been able to see my mentor often enough because of my post-retirement job in Mongolia. When I learned that she was suffering from Parkinson's disease, I felt sad and sorry as though I were to blame for it. I felt a little better, however, when two summers ago some of my colleagues and I had a chance to accompany her on a 10-day tour of the Gobi Desert, which she enjoyed immensely like a young girl.

The cross-country journey was absolutely a thrill for her. "Awesome," she said, "this is the best travel experience I have ever had." Was that perhaps an expression of the heart of a wild flower in her feeling of being liberated from all the constraints and responsibilities that used to weigh on her?

I was in anguish for some time over what to pick as a cover design for this book. Then I decided to visit the art gallery of Ms. Im Hyunja, whose specialty has long been landscapes of Jeju Island. Upon taking up her retirement residency in Jeju, Dr. Kim began to study painting in watercolor. She drew a landscape scene once a day and showed it to her friends. She really enjoyed doing that as a hobby. When she saw *doraji* (bellflowers) on a canvas painted by another Jeju landscape artist, she exclaimed, "Wow, look. These wild *doraji*!" Here let me cite a few lines from an essay by Son Gwang-seong:

The doraji bears a flower that is prim and pristine. It is neither ostentatious like the dahlia nor intense like the canna. Even when in full bloom, it does not look audacious, but poised and nicely curved. The doraji is more of an Oriental than a Western type of flower, and is the most Korean among flowers of

the Orient. In full bloom, most flowers lose their fragrance, but not the doraji. Its scent is as delicate as its violet hue. It breathes softly, whispering to the onlooker.

The doraji blossoms between late summer and early autumn. Though more of a summer flower, it is counted as one of the autumnal varieties, like the Chinese pink. Owing to its purple color perhaps or due to the pensive look of its elongated peduncle, it seems as though the flower is echoing the sound of insects.

The doraji appears to be fond of solitude; it seems especially so when it is in bloom all alone by the wayside. It looks saddest when there is a white baby butterfly sitting on top. That is the kind of moment when the doraji looks so sad that it seems likely to go far away from us as if it doesn't really belong in this world, like an alien from the spirit world visiting us only briefly.

My mentor, Dr. Kim is most certainly like a *doraji* in bloom--one who descended to us from Heaven for the sake of nursing and the health of human-beings. I could never, ever adequately describe who and what she is. I just hope that this modest book can generate a bit of energy for those reading it, to develop in themselves a vision of a future in which their dreams may come true.

I am sure that my beloved mentor is taking care of her flowers in her Jeju *Unjoru*, with its view of the lofty Mt. Halla. It is my hope that those who read this book will have dreams like those of the *doraji* when it returns to visit us each summer.

Appendix

Personal History of Professor Kim Mo-Im

Born on May 23, 1935 in Korea

Education

- 1955: Ewha Girls High School
- 1955-1959: Yonsei University College of Medicine, Dept. of Nursing (BS in Nursing)
- 1965-1967: Hawaii University School of Public Health (MS in Public Health)
- 1967-1968: Johns Hopkins University School of Hygiene & Public Health (MPH)
- 1970-1973: Johns Hopkins University School of Hygiene & Public Health (Dr.PH)
- April 2000: University of Victoria, Canada (Honorary Ph.D. in Nursing)

Selected Lists of Award

- 1985: Moran Medal, Korea
- 1991: 75 World Heroes of Public Health among Johns Hopkins Alumni
- 1994: Sasakawa Health Prize, WHO
- 1995: Prime Nurse Award, Korean Nurses Association
- 1996: Highest Achievement Professor Award, Yonsei University
- 1996: Society of Scholar, Johns Hopkins University
- 1997: Christiane Reimann Award, ICN
- 1999: Kim, Whal-Ran Woman Leadership Award, KWCC
- 1999: GwangMu Gold Medal, Korea Red Cross
- 1999: Nell Watts Lifetime Achievement Award, Sigma Theta Tau International Honor Society of Nursing
- 2000: Pincess Srinagarandra Award, Thailand

- 2001: Florence Nightingale Medal, International Red Cross Society
- 2003: Choung Cho Medal, Korea
- 2005: BiChuMi Grand Award, Samsung
- 2011: You Il Han Award

Professional Experience

- 1959-2000: Professor, Yonsei University College of Nursing
- 1977-1978: President, Korean Nursing Academic Society
- 1979-1987: General Secretary, Korea Red Cross
- 1979-1982: Vice President, KWCC
- 1981-1985: 11th Congress Women
- 1982-1985: Board Member, IPU
- 1988-1990: President, Korean Nurses Association
- 1989-1993: President, ICN
- 1991-1994: Dean, Yonsei University College of Nursing
- 1994-1998: Director, Yonsei Graduate School of Public Health
- 1994-1998: Secretariat, Global Network of WHO Collaborating Centers for Nursing Development
- 1994-1998: Treasurer, IPPF ESEARO
- 1995-1998: President, Korea Planned Parenthood Federation
- 1996-1998: Vice-President, Korea Red Cross
- 1998-1999: Minister, Ministry of Health & Welfare
- 1998-2000: Vice-Chair, Freedom & Democracy Alliance
- 2000-2004: Director General, Korea Women's Political Caucus
- 2001-2008: President, Red Cross College of Nursing
- 2002-2005: President, Korea Aids Prevention Association
- 2001-2011: Board Member, World Vision
- 2000-Present: Professor Emerita, Yonsei University
- 2015.1: 11th You Il Han Award
- 2015.4: Kim Mo-Im Nursing Research Institute was established at Yonsei University Collage of Nursing
- 2015. 6: Kim Mo-Im Nursing Policy Innovation & Impact Award was at ICN

