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# From the editor

## ACTING LOCALLY, THINKING GLOBALLY

As we enter the last decade of this century, it is time to consider more seriously than ever the implications of the campaign to enact health for all by the year 2000. The slogans will end up just that unless each of us begins to comprehend the urgency of creating health for all on this planet. A sign of our time is a pervasive sense of despair and apathy in the face of seemingly insurmountable and powerful forces beyond our control. I believe that as privileged, professional nurses, educated women and men, we have the resources to resist despair and apathy. We can direct our energies toward individual and group action for global health.

There are many readers of this journal who already know and practice traditions of action in creating local and global health. But all too often, we think we are alone, isolated, or connected to only a few sporadic efforts that are poorly supported and poorly funded. One way to begin to overcome the sense of isolation in our work is to tell our stories more often, to write them, to share them with others. It is time to incorporate the affirming stories from our own lives, and those of women and men before us, in the curricula of our nursing schools. Speaking of the need to reclaim our memory of women's nonviolent action as one way to change the world, Pam McAllister has written:

Stories of resistance have been taken from us, the books burned, the songs stifled or forbidden, the troubadours sent wandering in the wilderness where no one will hear the stories they have to tell. Some stories have been told but the storyteller failed to hold our interest: we did not pay attention. And now, the one who would destroy freedom of speech grins

amiably on our television sets. . . . What can we do? What have others done in times like these? We try to remember but it is difficult. We need our stories, our legacy of resistance.<sup>1</sup> (pp 13,14)

The stories are available to us, but we often do not know where they are. Our own stories are available for the telling, but we think of them as unimportant, nonscholarly, meaningless. I submit that the first local action we must take is to change ourselves—how we think about our own lives, the experiences we have, the injustices we fight against, the visions we have for the future. We can change what we know about our foresisters in nursing who fought with tremendous courage for peace and health on this planet. We can find their stories, learn from them, and learn to tell them to others in ways that inspire and energize.

In ANS 12:2 you will find stories told in several different ways. These are voices of nurses who live or have lived in many different parts of this globe, working in different ways to achieve health for all. These articles call for new thinking, new definitions, new visions. Let us join in the tasks of thinking, creating, and acting toward new directions that create health for all.

## REFERENCE

1. McAllister P. *You Can't Kill the Spirit*. Philadelphia, Penn: New Society Publishers; 1988.

—Peggy L. Chinn, RN, PhD, FAAN  
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