From the Editor

HISTORY IN THE MAKING

As this issue goes to press, the United States has just ended an amazing and historical election. As Barack Obama often stated during his campaign for President of the United States, he was not exactly the most likely candidate to be seeking this highest office of the land. Born in Hawaii of a Black Kenyan father and a White Kansas mother, with a relatively short history in politics and no family background of political or economic privilege, he waged a 21st-century campaign focused on changing the way politics works in the United States. I believe that reflecting on what has just occurred and some of the elements that went into this historical event holds lessons for each of us who desire fundamental change in healthcare worldwide.

Obama has demonstrated in action and in words a keen sense of history and a well-considered analysis of the significance of the past in light of present circumstances. He hails from Illinois, the home state of Abraham Lincoln, who issued the Emancipation Proclamation in 1862 to end slavery in the United States. Now, as the first Black American elected to the presidency, Obama not only reveres the significance of Lincoln's historical stance but has also studied in depth the nature of Lincoln's presidency, including his legacy of making friends and allies with former political rivals. Obama has also examined in depth the record of many other leaders and historically significant events worldwide and integrates his understanding of history with his analysis of present-day challenges and his vision of the future. 1

Some claim that Obama's vision is lofty, idealistic, or unrealistic. While these claims hold some merit, I believe what makes his vision viable is that his ideas for the future are firmly grounded in ideals—values that can be put into action in everyday, simple, and realistic ways. Obama often makes the very lofty claim that his administration will not be "politics as usual." He demonstrates in action and words his intent toward this change. Here is an example: During a recent press conference, a reporter asked him about an issue

that connects with his "friends in State government." Obama answered the question about the issue, and then turned to the implications in the "friends" phrase. He explained that making decisions on the basis of friendship would not be the way his office would work but rather the needs and interests of the people affected by the decision would guide his decisions and actions.

Finally, the success of this election was due in part to a large and energized grassroots effort—the commitment of millions of citizens who were determined to see this thing happen. Of course Obama is an inspirational, inspiring figure unmatched by few in world history. But without the broad, well-organized, and committed support of ordinary folks from every walk of life, this election could not have happened. The forces of corporate power and elite interests remained alive and well throughout this campaign, and all too often in this country and others, those of privilege prevail against the interests of ordinary, less powerful people in society. This was a modern-day uprising, demonstrating that like other powerful movements in history, this kind of thing can happen.

This is exactly what we need in healthcare. The interests of the people have not been well served for many decades. I believe that nurses, who represent a large grassroots group of people of ordinary background and standing in society, can become the leaders, movers, and shakers of the future. The articles in this issue of *Advances in Nursing Science* speak to this possibility for the future, grounded in our collective historical record. I hope you will find inspiration as you read this issue.

—Peggy L. Chinn, PhD, RN, FAAN
Editor

REFERENCE

1. Obama B. *The Audacity of Hope: Thoughts on Reclaiming the American Dream*. New York, NY: Random House; 2006.