



Viewpoint

Communication, Communitarianism and Courage in Public Health: A Response to De Leeuw (and the Trump-II Regime)

**Frank Houghton¹, Daisy Houghton², Margo Hill³, Mary Ann Keogh
Hoss³**

¹ Technological University of the Shannon, Social Sciences ConneXions, Limerick, Ireland.

² University of Limerick, Limerick, Ireland.

³ Eastern Washington University, Spokane, Washington State, US.

Recommended citation:

Houghton F, Houghton D, Hill M, Ann Keogh Hoss M. *Communication, Communitarianism and Courage in Public Health: A Response to De Leeuw (and the Trump-II Regime)*. JGPOH 2025. DOI: 10.61034/JGPOH-2025-12. Website: <https://jgpoh.com/>.

Corresponding author:

Dr. Frank Houghton

Director- Social Sciences ConneXions

Technological University of the Shannon,
Limerick, Ireland.

Email: Frank.Houghton@TUS.ie

ORCID: <https://orcid.org/0000-0002-7599-5255>



Abstract

De Leeuw has produced a blistering indictment of the Trump administration. She critiques the inaction and failure of Public Health to respond to this threat. De Leeuw then concludes with a rousing call to action. Our response supports her critical stance of the Trump-II regime and focuses on the need to respond by focusing on communication, communitarianism and courage.

Keywords: Communication; Courage; Ethics; Public Health; Training; Trump.

Source of funding: None declared.

Conflict of interest: None declared.

*Give 'em the old razzle dazzle
Razzle dazzle 'em
Give 'em a show that's so splendiferous
Row after row will crow vociferous
Give 'em the old flim flam flummox
Fool and fracture 'em
How can they hear the truth above the roar?
Throw 'em a fake and a finagle
They'll never know you're just a bagel
Razzle dazzle 'em
And they'll beg you for more!
(Razzel Dazzel from the musical Chicago) ^a*



De Leeuw should be commended for her robust and highly critical Commentary on the Trump-II regime (1). It is vitally important that such critiques move beyond blog postings and media commentaries and into the academic record. The Trump-II regime represents an unholy trinity of isolationist populism, patriarchal conservatism, and rampant capitalism. In evaluating even the first 100 days of his presidency from a Public Health perspective, it is hard to rank which of his many obscene actions is most abhorrent. The announcement of the US withdrawal from the WHO and its slashing of international humanitarian funding under USAID are certainly high on the list (2-4). The Trump-II regime's attacks on foundational structures of modern society such as the: Environmental Protection Agency (EPA); Centers for Disease Control & Prevention (CDC); National Institute for Occupational Safety and Health (NIOSH); Medicaid; Indian Health Service (IHS); Food and Drug Administration (FDA); Federal Emergency Management Agency (FEMA); National Oceanic and Atmospheric Administration (NOAA); and the US Department of Education are all equally detrimental (5-13). Cuts to general research funding for the National Institutes of Health (NIH), as well as the blatantly misogynist and racist cuts to crucial research, are also repugnant. Trump-II's assaults on diversity, equity, and inclusion (DEI) frameworks, academic freedom, and even the language of scientific discourse are similarly despicable, and evidence the kind of scapegoating popular among fascist regimes of the last century (14-20). There can be no doubt that the Trump-II Presidency is both heinous and corrupt, and will undoubtedly result in increased mortality and morbidity, especially among minority populations in the U.S. and around the globe. The significant negative impact of the last Trump administration has already been explored in depth (21). Budget cuts to USAID were estimated to have already resulted in over 15,000 deaths by early in March 2025 (4), and projections suggest that these funding cuts could result in over 600,000 additional HIV-related deaths in South Africa alone by 2034 (22). The list of this regime's affronts to public health ethics is near endless, and grows daily.

While it is undoubtedly difficult to put the dictatorial actions of this immoral narcissist aside, De Leeuw's focus is steadfast. In her article, De Leeuw rightly calls out the large-scale inaction of Public Health Advocates in the face of this existential threat (1). This issue is of paramount importance and certainly warrants further discussion. In this response to De Leeuw, we will address three topics which can strengthen the public health community's response to this unparalleled crisis: Communication; Communitarianism; and Courage.

Communication is a critical issue that must be addressed in the context of the Trump-II regime. The regime's blatant use of propaganda, disinformation, and lies has proved remarkably effective, and the public health community must respond. These tactics, when combined with a daily barrage of media outputs, continue to both outmaneuver and overshadow opposition. In assessing the daily nefarious theatrics of the Trump-II regime, one is easily reminded of the



words of Lewis Carroll’s White Queen, who states, “*Why, sometimes I’ve believed as many as six impossible things before breakfast*” (23). Impossibility, improbability, and the absence of grounded scientific evidence, it seems, can do little to stem the flood of conservative propaganda.

However, these familiar, ‘flood the zone’ tactics should come as no surprise. In an interview with Michael Lewis, Steve Bannon, a former White House strategist during the Trump-I presidency, stated, “*The Democrats don’t matter. The real opposition is the media. And the way to deal with them is to flood the zone with shit*” (24). Therefore, daily, opponents of this new world disorder are confronted with an endless barrage of egregious initiatives, disinformation pieces, and ‘fake news’. This frenetic pace of policy assaults contrasts starkly with the usual glacial pace of policy development with which most public health policy advocates and activists are familiar. Proponents for Public Health must accept that this frenzied pace of activity should not be dismissed as bizarre or aberrant behaviour. Instead, it must be understood as tactical. This strategy is designed to overwhelm the opposition. And, for now, it is winning.

Public Health principles in the US are subject to daily assaults by a Presidential demagogue. His ability to ‘work a crowd’ and focus on a small number of pithy, albeit misguided, slogans, such as ‘Drain the swamp’, ‘Build the Wall’, and ‘Make America Great Again’, is evident (25-27). For many Public Health Advocates these activities are perhaps too reminiscent of Nazi era rallies to be taken seriously. However, effective responses are nonetheless essential.

In response to this onslaught, Public Health Advocates must remain firmly committed to their core ethical principles and continue to critique and resist actions that are against them. The core ethical values of the American Public Health Association are listed in Table 1.

Table 1: Core Ethical Values of the American Public Health Association (28)

Professionalism and Trust
Health and Safety
Health, Justice, and Equity
Interdependence and Solidarity
Human Rights and Civil Liberties
Inclusivity and Engagement

Under the Trump-II regime, all of these values appear under threat. Public Health Advocates must ceaselessly strive to review attempted changes, assess the impact of new executive orders,



and be ready to act in opposition to Trump-II forces, in defence of the ethics and values they strive to uphold.

In her rousing article, De Leeuw questioned why we ‘*public health professionals and leaders, [are] not able to speak out in one voice to counter [the] obscenity*’ of the current crisis (1). Perhaps the reason for contemporary Public Health’s slow response lies in the structure of its training regimes, and the passive communication and language norms they enforce. Public Health is often defined as “*the science and art of preventing disease, prolonging life and promoting, protecting and improving health through the organised efforts of society*” (29). As such, this field is an interesting blend of medical, biological, and epidemiological perspectives with more sociological, psychological, and geographical approaches. ‘*Yes - public health is politics...*’ (1) and to deny this reality is to deny the very lifeblood of contemporary Public Health values and discourse. However, in terms of academic writing and communication; students, trainees, and practitioners of Public Health are often forced by tradition and outdated convention to attempt to maintain the inappropriate myth of scientific objectivity. This archaic approach is founded on a denial of the self in research. At its most basic, we see this in the ‘scientific’ prohibition of the use of the first-person pronoun ‘I’ in mainstream academic venues. It has already been articulated by many researchers, especially those writing from a feminist critical perspective, that there is an urgent need for critiques of this practice within mainstream science, as well as a more values-driven, relational approach to research that fully acknowledges the personal within the political. Many feminist academics explicitly articulate their values in their academic discourse, strive to promote agency, and work to achieve political change (30-33). Public Health needs to adopt a more human, more ethically positioned, political approach to language. Such approaches are implicitly relational and emotional. When Public Health advocates are able to draw on all these aspects within their communication, then, and only then, can the discipline overthrow the Trump-II regime’s monopoly on the potent force of emotive language. In this declaration, it should be noted, we are not advocating for sophistry, but for a passionate, ethically driven, and committed Public Health practice that adopts the kind of language which enables radical change.

In her article, De Leeuw mentions the value of communication and the importance of seeking out even the most unlikely of allies (1). This effort is essential. Public Health institutions today dot the globe, and their recruitment will undoubtedly strengthen efforts to resist the destructive initiatives of the Trump-II regime. Thus, passionate, persuasive Public Health writing is needed. Aristotle originally defined three persuasive techniques: Logos, Pathos, and Ethos. These appeals to logic, emotion, and ethical credibility are too often divorced from each other or prohibited in the academic discourse of today. Yet, in employing each of these techniques, the greatest persuasive effort can be made. In her famed 1975 essay “The Laugh of Medusa”, French feminist critic Hélène Cixous wrote of the power of what she termed ‘*écriture féminine*’, a form



of feminine writing which had the potential to write beyond the patriarchal structures of contemporary language (34). As she wrote, '*woman must put herself into the text - as into the world and into history - by her own movement*' (34.) For Cixous, there were '*no grounds for establishing a discourse, but rather an arid millennial ground to break,*' and two aims for this innovative form of writing: '*to break up, to destroy; and to foresee the unforeseeable, to project*' (34). Indeed, to adopt Cixous' method and thereby break the arid millennial ground of an activist Public Health discourse, members of the discipline of Public Health, from all strata, must put themselves and their politics into writing, and reclaim what is passionate, embodied, and evocative in research and advocacy. Only then can we shatter the impersonal facade of scientific impartiality and project an activist Public Health, which advocates for all those whom the Trump-II or even Trump-III regimes would threaten. To enact such communication successfully, Public Health advocates should also seek to enlist communication professionals to explore appropriate tactics and strategies. Many traditional Public Health approaches to communication may no longer be relevant in an era dominated by social media (35).

Communitarianism is the next issue that must be addressed. The Trump-II regime appears to be based on an almost Thatcherite denial of society (36). Trump's rabid individualism is heavily imbued with both racism and misogyny (37-41). This approach directly opposes the APHA's core ethical values of Interdependence and Solidarity, and Inclusivity and Engagement. Once again, Public Health can be guided by a feminist Ethic of Care (EoC) (42-46). This more relational approach acknowledges both our interdependence and vulnerability and emphasizes enabling social justice. Communitarianism is tied to both cultural respect and community inclusion, with an emphasis on supporting diversity. This approach also implicitly focuses on the coordination of diverse groups to achieve common aims.

The final issue that we wish to address is that of Courage. Courage is a neglected topic in academia. It is equally absent from Public Health training and accreditation. A review of the APHA Code of Ethics (28), as well as accreditation documents for both the Council on Education for Public Health (47,48) and the Public Health Accreditation Board (49), all fail to mention courage. Although this topic is addressed in popular (50) and business (51) texts, as well as in more mainstream healthcare texts (52), the public health literature is largely silent on this crucial issue. Introductory texts on ethics tend to acknowledge early works on this issue, such as those of Aristotle (53), but the topic is routinely ignored following that (54).

Courage has been defined as a '*complex, contentious concept*' (55), while on a similar theme, Billiere discusses '*the enigma of courage*' (56). Essential properties of courage are detailed in Table 2. Importantly, this description includes elements of choice, risk, worth, judgment, and fear.



Table 2: The Five Essential Properties of Courage (57)

1. There is a free choice to decide whether to act or not (i.e. not being coerced)
2. There is a significant risk or harm to self
3. Assessment that the risk is a reasonable and contemplated act that is considered justifiable (not foolhardy)
4. The act is undertaken in pursuit of worthy aims
5. The act proceeds with mindful actions despite the presence of fear

Howard *et al.* have outlined the manifold dimensions of courage, including physical, moral, and social forms (58). This breadth is important given the routinely martial and masculinist orientation of traditional definitions (59,60). Public Health needs to formally adopt moral courage as a central tenet of professionalism.

Traditional feminist approaches have largely rejected Aristotelian examinations of Virtue ethics, including courage (61). Feminist literature on the issue of courage is relatively scarce (55,62,63). However, related to our earlier focus on Communitarianism, an important exception may be moral courage and Gilligan's (42) work, as explored by Simola (64). Gilligan is well known for her challenge to traditional patriarchal ethics and the development of a relational ethic of care (42). Public Health training needs to develop a focus on the praxis of moral courage (65). Training schemes need to include a focus on the habituation to acts of courage (66). A useful framework for developing the habits of courage may be seen in the work of Oyakawa *et al.* (67).

Current and future Public Health advocates must be trained to lead and defend Public Health in public arenas. As can be seen in Table 3, Reamer explicitly explores this, drawing on the Bell and the Cat fable (68), often apocryphally attributed to Aesop (69).

Table 3: The Bell and the Cat (68)

Long ago the mice had a general council to consider measures they could take to outwit their common enemy, the Cat. Some said this, and some said that; but at last, a young mouse got up and said he had a proposal to make, which he thought would meet the case. "You will all agree," said he, "that our chief danger consists in the sly and treacherous manner in which the enemy approaches us. Now if we could receive some signal of her approach, we could easily escape her. I venture, therefore, to propose that a small bell be procured, and attached by a ribbon 'round the neck of the Cat. By this means we should always know when she was about, and could easily retire while she was in the neighbourhood." This proposal met with general applause until an old mouse got up and said: "That is all very well, but who is to bell the Cat?"



It must be acknowledged, however, that enacting courage is not easy. As Miller notes ‘Moral courage is lonely courage’ (63). A lack of courage can be evident even in major institutions such as the UN (70) and the WHO (71), let alone among isolated individuals. Demonstrating courage can have significant negative consequences (72-74). There are always very real and tangible reasons for avoiding courageous action. Negative consequences can include job loss, demotion, side-lining, shunning, and mobbing (72,73). In academic circles, the negative consequences may influence hiring, tenure, and promotion decisions. The wider aftermath of instances of courageous action may also adversely impact the health, well-being, and financial security of spouses, children, and other family members.

Courage may take many forms, and individual circumstances and responsibilities vary. As such, we are loath to attempt to judge the courage of others. Courage can take the form of overt and public actions. However, for most of us, most of the time, it is more likely to be the courage to remain steadfast and true to core values on a day-to-day basis in the face of adversity (75). This might be termed ‘quiet courage’. Courage may also include the courage to walk away (76). Under German occupation in WWII many physicians in the Netherlands quietly closed their businesses rather than comply with Nazi euthanasia programs (77). Arendt similarly defends non-participation with totalitarian regimes (78,79). Perhaps a useful philosophy of courage and its development is that evident in O’Brien’s (80) reflections on his first-hand experience in the Vietnam War, which Miller describes as ‘a theory of average performance with the resolve to raise the average by doing better next time’ (63).

Public Health advocates have to date largely failed to adequately respond to the threat posed by the Trump-II regime. There are certainly risks in doing so. However, the defence and advancement of Public Health requires mustering courage and taking such risks. Public Health leaders may be uniquely positioned to publicly advocate and model their resistance for others to emulate. However, this is not solely the responsibility of Public Health leaders, but of all Public Health practitioners.

The Trump-II regime represents a clear and present danger to public health in the U.S. and around the globe. The regime has been remarkably effective at drowning out and outmaneuvering opposition. Public Health advocates, like many other opponents, have appeared relatively impotent in the face of this onslaught. However, the time has come to focus on core public health principles. With this core focus in mind, public health must adopt a more robust communication style, ideally informed by logic, ethics, and emotion. Public Health must also foster the interdependence implicit in communitarianism. We are stronger together. Racism and misogyny must be rejected, and diversity embraced. Undoubtedly, moral courage is needed in the face of the threat posed by neo-conservatives and their presidential despot. Training schemes



in the field of public health must adopt courage as a core tenet and strive to embed this in everyday practice.

Note

a *Razzle Dazzle* from the musical *Chicago*, which could have been written as an ode to President Donald Trump.

References

1. de Leeuw E. The planet in our backyard: public health should step up. JGPOH 2025. DOI: 10.61034/JGPOH-2025-08.
2. Vogel G. 'Cataclysmic:' Experts decry U.S. departure from WHO. Science. 2025;387(6732):350-351. doi: 10.1126/science.adw1658.
3. Wandiga S, Ntakarutimana L, Mashauri F. Global Health on the Brink: The United States Withdrawal from WHO, Paris Climate Accord, and the 90-Day Freeze on Foreign Assistance: Implications and Strategies for Action. East African Health Research Journal. 2024;8(3):288-290. doi: 10.24248/eahrj.v8i3.794.
4. Lubin R. Nearly 15,000 will have died already because of Trump and Musk's cuts to USAID, advocacy program claims the President's Emergency Plan for AIDS Relief has saved more than 25 million lives since it began in 2003. Independent, Tuesday 04 March 2025. <https://www.independent.co.uk/news/world/americas/us-politics/trump-musk-usaid-cuts-deaths-aids-hiv-b2708883.html>.
5. The Guardian. Americans' health at risk as Trump cuts EPA staff to 1980s levels, experts warn. The Guardian, 6th May 2025. <https://www.theguardian.com/us-news/2025/may/06/trump-epa-cuts>.
6. Mandavilli A, Rabin R C. Trump's Budget Cuts Funding for Chronic Disease Prevention. The New York Times, 2nd May 2025. <https://www.nytimes.com/2025/05/02/health/trump-budget-cdc-chronic-conditions.html>
7. Sainato M. Trump's safety research cuts heighten workplace risks, federal workers warn. The Guardian, 27th May 2025. <https://www.theguardian.com/business/2025/may/27/trump-safety-cuts-workplace-risks-niosh>.



8. Glenza J. Republican cuts to food and health benefits ‘will kill’, advocacy groups warn. The Guardian, 23rd May 2025. <https://www.theguardian.com/us-news/2025/may/23/trump-republican-bill-food-health-cuts>.
9. The Washington Post. How public health has been upended in Trump’s first 100 days. The Washington Post, 30th April 2025. <https://www.washingtonpost.com/health/2025/04/30/public-health-trump-100-days/>.
10. Yang M. FDA to suspend quality-control program for food testing due to staff cuts. The Guardian, 18th April 2025. <https://www.theguardian.com/us-news/2025/apr/17/fda-suspends-quality-control-food-testing-staff-cuts>.
11. Lakhani N. Trump cuts will lead to more deaths in disasters, expert warns: ‘It is really scary’. The Guardian, 5th May 2025. <https://www.theguardian.com/us-news/2025/may/05/trump-cuts-disaster-preparedness>.
12. Harvey C, E&E News. Proposed Trump Cuts to NOAA Threaten Hurricane Hunters and Toxic Algal Bloom Monitoring. Scientific American, 21st April 2025. <https://www.scientificamerican.com/article/trump-cuts-threaten-key-noaa-work-to-improve-weather-forecasts-and-monitor/>.
13. Sainato M. Revealed: Trump education cuts mean years of work – and millions of dollars – go to waste. The Guardian, 20th March 2025. <https://www.theguardian.com/us-news/2025/mar/20/trump-education-department-cuts-waste>.
14. Tollefson J, Garisto D, Kozlov M, Witze A. (2025) Trump proposes unprecedented budget cuts to US science. Nature, 2nd May 2025. <https://www.nature.com/articles/d41586-025-01397-1>.
15. Barocas J, Choo E. Cuts to scientific funding will be detrimental to the US, achieving the opposite to Trump's stated aims. BMJ. 2025;388:r476. doi: 10.1136/bmj.r476.
16. Kaiser J. Cuts to high-profile NIH efforts leave researchers reeling. Science. 2024; 384(6695):495. doi: 10.1126/science.adq1773.
17. Levy R. FDA scientists told ‘woman’ and ‘disabled’ are on Trump’s banned word list. The Independent, 21st February 2025. <https://www.independent.co.uk/news/world/americas/us-politics/donald-trump-banned-word-list-b2701535.html>.



18. Yang M. US universities' faculty unite to defend academic freedom after Trump's attacks. The Guardian, 16th April 2025. https://www.theguardian.com/us-news/2025/apr/16/trump-universities-response?CMP=Share_iOSApp_Other.
19. Eisgruber C L. The Cost of the Government's Attack on Columbia. The Atlantic, 19th March 2025. <https://www.theatlantic.com/ideas/archive/2025/03/columbia-academic-freedom/682088/>.
20. Liu M, Kadakia K T, Patel V R, Krumholz H M. Characterization of Research Grant Terminations at the National Institutes of Health. JAMA. 2025. doi:10.1001/jama.2025.7707.
21. Woolhandler S, et al. Public policy and health in the Trump era. The Lancet. 2025;397(10275):705-753.
22. Cohen J. 'A bloodbath': HIV field is reeling after billions in U.S. funding are axed USAID's promises to support lifesaving efforts are broken, putting millions in peril. Science. 28 Feb 2025. <https://www.science.org/content/article/bloodbath-hiv-field-reeling-after-billions-u-s-funding-axed>.
23. Carroll L. Through the looking-glass. New York: Dodge Publishing Company; 1909.
24. Stelter B. This infamous Steve Bannon quote is key to understanding America's crazy politics. CNN, 16th November 2021. <https://edition.cnn.com/2021/11/16/media/steve-bannon-reliable-sources>.
25. The Journal. What made Trump's 'Make America Great Again' slogan so powerful? The Journal, 9th November 2016. <https://www.thejournal.ie/trump-slogan-make-america-great-again-3071552-Nov2016/>.
26. Gessen M. Trump, the Fear-Based President, Asks Children to "Build the Wall". The New Yorker, 4th November 2019. <https://www.newyorker.com/news/our-columnists/donald-trump-asks-children-to-build-the-wall-on-halloween>.
27. Duggan K. Trump returns to Washington with 'Drain the Swamp' intentions still alive. The Irish Times, 9th November 2024. <https://www.irishtimes.com/world/us/2024/11/09/trump-returns-to-washington-with-drain-the-swamp-intentions-still-alive/>.



28. APHA. Public Health Code of Ethics. Washington DC: American Public Health Association; 2022.
29. Acheson D. Public Health in England: The report of the Committee of Inquiry into the future development of the Public Health Function. London: House of Commons Parliamentary Papers; 1988.
30. Oakley A. Experiments in Knowing: Gender and Method in the Social Sciences. New York: New Press; 2000.
31. Richardson S S. Feminist philosophy of science: history, contributions, and challenges. *Synthese*. 2000;177: 337–362 DOI 10.1007/s11229-010-9791-6.
32. Harding S G. The Science Question in Feminism. Ithaca, NY: Cornell University Press; 1986.
33. Grasswick H E. Feminist Epistemology and Philosophy of Science. Dordrecht: Springer; 2011.
34. Cixous H. The Laugh of the Medusa. *Signs*. 1976;1(4):875-893.
35. Kite J, Chan L, MacKay K, Corbett L, Reyes-Marcelino G, Nguyen B, Bellew W, Freeman B. A Model of Social Media Effects in Public Health Communication Campaigns: Systematic Review. *Journal of Medical Internet Research*. 2023;25:e46345. doi: 10.2196/46345.
36. Tomšič S. No Such Thing as Society? On Competition, Solidarity, and Social Bond. *Differences: A Journal of Feminist Cultural Studies*. 2022;33(2/3):51-71. doi:10.1215/10407391-10124676.
37. Piazza J, Van Doren N. It's About Hate: Approval of Donald Trump, Racism, Xenophobia and Support for Political Violence. *American Politics Research*. 2023;51(3):299-314. doi:10.1177/1532673X221131561.
38. Rhodes J H, Sharrow E A, Greenlee J S, Nteta T M. Just Locker Room Talk? Explicit Sexism and the Impact of the Access Hollywood Tape on Electoral Support for Donald Trump in 2016. *Political Communication*. 2020;37(6):741-767. doi:10.1080/10584609.2020.1753867.



39. Scotto di Carlo G. Trumping Twitter: Sexism in President Trump's tweets. *Journal of Language and Politics*. 2020;19(1):48-70.
40. Shear M D, Sullivan E. 'Horseface,' 'lowlife,' 'fat, ugly': How the President demeans women. *The New York Times*, 16 October 2018.
www.nytimes.com/2018/10/16/us/politics/trump-women-insults.html.
41. Scotto di Carlo G. The velvet glove: Benevolent sexism in President Trump's tweets. *European Journal of Women's Studies*. 2020;28(2):194-212.
42. Gilligan C. *In a Different Voice*; Cambridge, MA: Harvard University Press; 1982.
43. Walker M U. *Moral Understandings: A Feminist Study in Ethics*. New York: Routledge; 2007.
44. Leget C, van Nistelrooij I, Visse M. Beyond Demarcation: Care Ethics as an Interdisciplinary Field of Inquiry. *Nursing Ethics*. 2019;26:17–25.
45. Nortvedt P, Vosman F. An Ethics of Care: New Perspectives, Both Theoretically and Empirically? *Nursing Ethics*. 2014;21:753–754.
46. Barnes M, Brannelly T, Ward L, Ward N. *Ethics of Care: Critical Advances in International Perspective*. Bristol, UK: Policy Press; 2015.
47. CEPH. 2024 Criteria Self-Study Template- Schools of Public Health (SPH.) Washington DC: Council on Education for Public Health. Washington DC; 2024.
48. CEPH. 2024 Criteria Self-Study Template- Public Health Programs (PHP). Washington DC: Council on Education for Public Health; 2024.
49. PHAB. *Standards & Measures for Reaccreditation*. Alexandria, VA: Public Health Accreditation Board; 2022.
50. Holiday R. *Courage is Calling*. London: Profile Books Ltd.; 2022.
51. Detert J. *Choosing Courage*. Boston, MA: Harvard Business Review Press; 2021.
52. Rahman S, Myers R. *Courage In Healthcare*. London: Sage; 2019.



53. Aristotle. *The Nicomachean Ethics*. Hertfordshire: Wordsworth Editions; 1996.
54. Houghton F. (2024) “Who will bell the cat?”: An exploration of courage in Social Care Work Education. Thesis submitted in partial fulfilment of the Degree of MA in Academic Practice. Limerick: Technological University of the Shannon.
55. Palma-Mehta V. Theorizing the Role of Courage in Resistance: A Feminist Rhetorical Analysis of Aung San Suu Kyi’s ‘Freedom From Fear’ Speech. *Communication, Culture & Critique*. 2012;5:313-332.
56. De la Billiere P. Introduction. In McMoran Wilson, C. *The Anatomy of Courage*. London: Constable & Robinson Ltd; 2007.
57. Kilmann R H, O’Hara L A, Strauss J P. Developing and validating a quantitative measure of organizational courage. *Journal of Business Psychology*. 2010;25:15-23.
58. Howard M C, Farr J L, Grandey A A, Gutworth M B. The Creation of the Workplace Social Courage Scale (WSCS): An Investigation of Internal Consistency, Psychometric Properties, Validity, and Utility. *Journal of Business Psychology*. 2016; DOI: 10.1007/s10869-016-9463-8.
59. Stengel B S. Practicing Courage in a Communal Key. *Educational Theory*. 2018;68(2):213233.
60. Peterson C, Seligman M E P. *Character strengths and virtues: a handbook and classification*. New York: American Psychological Association and Oxford University Press; 2004.
61. Conly S. Why Feminists Should Oppose Feminist Virtue Ethics. *Philosophy Now*. 2001;33:12-14.
62. Sparks H. Dissident citizenship: Democratic theory, political courage, and activist women. *Hypatia A Journal of Feminist Philosophy*. 1997;12(4):74-110.
63. Miller W I. *The mystery of courage*. Cambridge, MA: Harvard University Press; 2000.
64. Simola S. Understanding Moral Courage Through a Feminist and Developmental Ethic of Care. *Journal of Business Ethics*. 2015;130:29-44.



65. Hawkins S F, Morse J. The Praxis of Courage as a Foundation for Care. *Journal of Nursing Scholarship*. 2014;46(4):263-270.
66. Gallagher A. Moral Distress and Moral Courage in Everyday Nursing Practice. *OJIN: The Online Journal of Issues in Nursing*. 2011;16(2).
67. Oyakawa M, McKenna E, Han H. Habits of courage: Reconceptualizing risk in social movement organizing. *Journal of Community Psychology*. 2019;49:3101-3121.
68. Reamer F G. Eye on Ethics: Moral Courage in Social Work. *Social Work Today*. 2021;23(2):30-31.
69. Aesop. *The Complete Fables*. London: Penguin Classics; 1998.
70. Houghton F, Norris, A. Credibility, Integrity, Transparency & Courage: The Haitian Cholera Outbreak and the United Nations. *Journal of Infection and Public Health*. 2018;11(1):140-141. doi: 10.1016/j.jiph.2016.11.005.
71. Winterburn M, Houghton F, Lama S, Cosgrove B. Leprosy (Hansen's Disease): the WHO, Courage, and the Myth of 'Elimination'. *Medicina Internacia Revuo - International Medicine Review*. 2019;28(113):212–218.
72. Martin B, Saint Martin F.P. Mobbing, Suppression of Dissent/Discontent, Whistleblowing, and Social Medicine. *Social Medicine*. 2012;6(4):205-209.
73. Martin B, Saint Martin FP. Mobbing and Suppression: Footprints of Their Relationships. *Social Medicine*. 2012;6(4):217-226.
74. Houghton F. The consequences of courage: the US Surgeon General, the National Rifle Association (NRA) and the Trump regime. *New Zealand Medical Journal*. 2017;130(1457):89-92.
75. Gibson E. Student courage: An essential for today's health education. *Nursing Forum*. 2018;53:369-375.
76. Houghton F. Burnout, Wearing Thin & the Courage to Walk Away. *Irish Journal of Medical Science*. 2025; <https://doi.org/10.1007/s11845-025-03901-y>



77. Houghton F. Lessons in courage from the past: lest we forget. *New Zealand Medical Journal*. 2016;129(1428).
78. Arendt H. Moral Responsibility under Totalitarian Dictatorship' in *Essays and Lectures, Speeches and Writings File, 1923-1975*. Hannah Arendt Papers. Washington, DC: Library of Congress.
79. Samnotra M. Right Moments: The Kairos of Courage. *Critical Times*. 2021;4(1):29-47.
80. O'Brien T. *If I die in a combat zone*. London: Fourth Estate; 2015.

© 2025, Houghton F et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.