



Viewpoint

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

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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.

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*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)

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| <ol style="list-style-type: none">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 self3. 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 aims5. The act proceeds with mindful actions despite the presence of fear |
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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

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