

# Our Silence Cannot Protect Us: Finding an Ethics of Nursing Outloud

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## Abstract

In “Our Silence Cannot Protect Us,” I aim to interrogate nursing’s silences and neutralities, situating them squarely in their resolute politics. I am excavating some of my own frustrations with the discipline in its professionalized version, a version that cleaves to a veneer of care, but all too often forsakes action in favor of safety, of proximity to power. I do so using a variety of theoretical interventions, drawing heavily on the prophecy of Audre Lorde, recognizing that neutrality is always unilateral, only possible from a single fixed perspective—and there are always other perspectives. I start with a consideration of neutrality and then move into silence and its hazards. I then consider where neutrality gives way to active complicity and conclude with some suggestions for action.

**Key Words:** Silence, Neutrality, Politics, Resistance, Nursing

*We all share [...] a war against the tyrannies of silence.*

- Audre Lorde

This is not neutral. This is my contribution to the “Perils of the Politics of Neutrality” special issue for *Witness*. I proposed this topic to the *Witness* editorial team as the Trump team was preparing to assume its second “administration” as devastating violence escalated in Gaza and student protests roiled at college campuses around the world. Many of these protests in the United States, where I live and work, were met with university leadership-invited and state-sanctioned police violence, including on my own campus. The fallout from these events continues to reverberate: In the immediate wake of Trump’s inauguration, executive order after executive order have been issued curbing and curtailing rights for trans people, for People of Color, for women, for femmes, for queer folks, for immigrants, for us all. These executive

orders have frequently (though not always!) been upheld by a Supreme Court that is generally sympathetic to the Trump administration and more than willing to strip lower courts of their powers (Totenberg, 2025). As of July 3, 2025, the United States Congress passed the “Big Beautiful Bill,” a 940-page budget document that dramatically restricts healthcare spending, terminates green energy policies, limits food aid funding, and expands funding for Immigration and Customs Enforcement considerably (H.R.1—119th Congress [2025-2026], 2025). It was signed into law on July 4, 2025—US Independence Day—and its consequences will reverberate for years to come, with implications for both US domestic and international policy. The decimation of safety nets like Medicaid, Medicare, and

Supplemental Nutrition Assistance Program (SNAP) washes over federal institutions responsible for health, weather, science, emergency response, disaster management, and education (among others) already destituted by Elon Musk's Orwellian *Department of Government Efficiency* (DOGE) rampage (Ragland, 2025). In addition, people suspected of being in the United States without authorization—a civil and *not criminal* offense—are being abducted off the street by masked marauders. These individuals have been whisked away under mysterious and violent circumstances to wherever the Trump administration feels like—domestic internment camps or even international ones—all with the approval of the Supreme Court (Liptak et al., 2025). Things are *Not Good and fixing to Get Worse*—and all these realities have significant implications for health and wellbeing.

Where is nursing in all of this, you might be wondering, given that questions of human life and death and wellbeing are front and center in this political firestorm? As violence escalated in Gaza, some writers advocated for nursing to assume a peacebuilding stance, noting nursing's wartime advent and the congruence of peacebuilding and peace activism with the aims of nursing (Srof & Lagerwey, 2025; Thorne, 2024; Woehrlé & Schmidt, 2024). The Canadian Nurses Association (2023) denounced terrorism, calling for an end to “the intentional targeting of health-care workers,” mirroring the International Council of Nurses' (2023) call for peace, access, and a narrowly focused condemnation of attacks on Gaza. In contrast, US organizations have enacted a kind of polite quietude in response to escalating political rhetoric and legislative efforts, mobilizing a strategic meekness that invokes “deep concern” and “alarm” over the tidal wave of executive orders and legislation that directly impact healthcare funding, research, and policy, the institutional equivalent of a strongly worded letter (American Nurses Association, 2025b, 2025c). These positions reflect a sort of equanimity that seems reasonable at first glance, given the size of the discipline of nursing and the ideological heterogeneity which ensues. A neutral approach might appeal to many.

Peacebuilding *is* congruent with the values, ethics, and priorities of nursing, no question. Flying below the radar is a necessary strategy for folks. But my concerns about peacebuilding, about quiet poise, about equanimity, about neutrality are rooted in a wide-angle perspective on the roots and foundations of harm, oppression, violence, racism, patriarchy, ableism. If all 4 million of those nurses represented by the American Nurses Association—or 29 million nurses as estimated by the World Health Organization (2025)—choose quiet, the profession cedes its power and makes some pretty loud choices in the process.

Writing about scientific neutrality in the late 80s and early 90s, feminist philosopher of science Sandra Harding (1992) invited scientists—and everyone else—to consider how, the institutionalized, normalized politics of male supremacy, class exploitation, racism, and imperialism, while only occasionally initiated through the kind of violent politics practiced by the Nazis, similarly ‘depoliticize’ western scientific institutions and practices, thereby shaping our images of the natural and social worlds and legitimating past and future exploitative public policies. In contrast to ‘intrusive politics’ this kind of institutional politics does not force itself into a preexisting ‘pure’ social order and its sciences; it already structures both. (p. 568).

How do we move, then, to “advance social and political movements toward peace for all,” as Sally Thorne (2024, p. 2) implored in a recent editorial, in a global landscape marked by profound inequity wrought through colonial usurpation and extraction? How can we advance peace, care, justice, equity in a landscape where not everyone is understood as worthy, as agentic, as equal, as human by virtue of the legal and cultural “natural and social worlds” we accept as legitimate? How can neutrality serve anything other than the current order of things when it (we) refuses to see the production of its conditions?

A couple of notes as we proceed further into the topic at hand: I am a queer and genderqueer nurse-scholar-activist living and

working in Massachusetts. As a white, tenured professor with considerable unearned privilege living in a resolutely progressive state as a “natural born” citizen of the United States, I am more insulated from the threats of the current regime than many. And still these threats are real and existential for me, for my family, for my friends, for my community, and for many others. I cannot refuse my context as so much of the passion and concern and care that animates my work and writing. I cannot afford to be neutral. Nursing cannot afford to be neutral. We cannot afford to be neutral. We cannot afford to be meek. Not for ourselves and not for the folks for whom we care. Our very existence depends on it.

With this essay, I aim to interrogate nursing’s silences and neutralities, situating them squarely in their resolute politics. I am excavating some of my own frustrations with the discipline in its professionalized version, a version that cleaves to a veneer of care, but all too often forsakes action in favor of safety, of proximity to power. I do so using a variety of theoretical interventions, drawing heavily on the prophecy of Audre Lorde, recognizing that neutrality is always unilateral, only possible from a single fixed perspective—and there are always other perspectives. I start with a consideration of neutrality and then move into silence and its hazards. I then consider where neutrality gives way to active complicity and conclude with some suggestions for action.

I would like to be upfront about some of the limits to my work here: while I am critical of many of nursing’s institutions of power and the global order, my analysis here interrogates most the US context. This is partially due to my own situatedness, which hazards replicating stereotypical American arrogance, a critique I can absolutely accept. It is also in recognition that shenanigans in US politics and US institutions have immediate and frightening implications for fellow travelers on this blue dot hailing from other corners of the world. From threatened and actual tariffs upending economic relations to implicit and explicit threats of military violence to discontinuation of funding that supports global health to defunding of the world’s largest and best-funded scientific

research assemblage, what is happening in the US reverberates beyond its borders.

### A Politics of Neutrality

Neutrality, whether rooted in political exigency, capitalist gain, or disinterest, benefits only power. In a recent paper in the *Virginia Journal of International Law*, international legal and national security expert Rebecca Ingber (2024) outlined how, in the global geopolitical landscape that unfolded after World War II, politics and practices of neutrality render identifying aggressors and victims impossible, delaying aid where required. While Ingber is speaking to countries in conflict, I think the point stands for individuals and organizations as well. Neutrality is never neutral and is always unilateral, allowing harm to befall victims and aggressor belligerence to continue as facts on the ground (Ingber, 2024). This is particularly frustrating in the context of international law or professional codes of ethics that explicitly outline what *should* happen that then gives rise to a sort of stalemate of good-people-on-both-sides. This logic locks our focus on the immediate conflict without scanning the broader horizon, a pitfall nursing knows all too well. (For more in this vein, see for example Dillard-Wright et al., 2020).

Much has been made in many arenas of the idea of “politics,” as if topics only become political when they become partisan. Taking politics to mean “power structured relationships” (Millett, 2016), it is then possible to imagine that there are many kinds of politics, as many kinds of politics as there are ways of exercising power. Thinking about power in a Foucauldian sense expands the possibilities, attending to the “power-over” kind of power that is often linked to government, while also making space for “power-to” and pastoral power, forms of power nurses possess in considerable quantity, more still if we can find our way toward solidarity. In this formulation, power is everywhere and in everything, politics *always* at play. As Annette Browne outlined in 2001, nursing knowledge and practice is a product of liberal political ideology. Liberal political philosophy forms the basis of many concepts, institutions, practices in the Eurocentric world and underscores the

values of "individualism, egalitarianism, freedom, tolerance, neutrality, and a free-market economy" (Browne, 2001, p. 118), pervasive ideals understood as universal. These ideals are not now and have never been inclusive of all, however, and are not in any way natural, though they may appear so. Rather, this kind of liberal political terrain forms what Gramsci (1971) called "hegemony," the social, political, cultural, and economic order that structures power and relation. In this construction, the concept "apolitical" is at best nonsensical, given the political quality of every single thing. "Apolitical" is also dangerous, permitting its practitioners to imagine some kind of god trick in which politics are not necessary, tacitly accepting an unexamined landscape.

Neutrality often takes the form of silence, sometimes even silencing. And yet, our silence cannot protect us (Lorde, 2012). Now is not the time to imagine that, by remaining meek and inconspicuous, we (we nurses, we folks who need care) will somehow endure unscathed. This is true for us as individuals, and it is certainly true for institutions and organizations like professionalized nursing. Not only will we not endure unscathed, but we will also actively harm through inaction. Silence harms. Silence—and its more sinister sibling, silencing—does the work of compliance in advance, never mustering objection or resistance; the sort of behavior historian Timothy Snyder (2017) might characterize as anticipatory obedience.

### Your Silence Will Not Protect You

In an essay titled "The Transformation of Silence into Language and Action," Black lesbian poet Audre Lorde (2012) described the excruciating unknown that "involuntarily reorganiz[ed her] entire life" (p. 40) in the period between finding a mass in her breast and learning, some weeks later, that the mass was benign. For Lorde, the "harsh and urgent clarity" that characterized that interval crystallized her perspective on what it means to speak, the fear that coerces into silence, and the power in that reckoning. She wrote, "in becoming forcibly and essentially aware of my mortality, and of what I wished and wanted for my life, however short it might be, priorities and impressions became

strongly etched in a merciless light, and what I most regretted were my silences" (Lorde, 2012, p. 40). Coming to this conclusion permitted Lorde (2012) to recognize the power of speaking, acting, even when afraid—even as she conceded that ideally, it would be best of all not to be afraid. One critical point Lorde made that I would like to emphasize is the reality "that visibility which makes us most vulnerable is that which also is the source of our greatest strength. Because *the machine will try to grind you into dust anyway*, whether or not we speak" (p. 42, emphasis added). Whether we speak, whether we remain silent, the machine will grind us to grist.

### Situating Silence

If we are not speaking, we are silent—but that does not mean we are not communicating. Comparing it to the hegemony of whiteness, educational theorist Lisa Mazzei's (2007) work on silence invites us to consider what is unsaid, quiet, missing, omitted. Recognizing the "present, yet elusive" (p. 28) quality of silence, Mazzei (2007) draws attention to the ways that silence itself creates a footprint, a sort of photo negative that reveals priorities, who is missing, and what relations exist. Conceptualized in this way, silence is not mere absence and is not passive (Mazzei, 2007). Instead, silence/ing takes on a rich, complex, and potentially sinister quality. In nursing, we might think about what silences protect and permit us to look away from, as Ismalia DeSousa highlighted in a 2022 panel discussion on epistemic silencing (Dillard-Wright et al., 2023). DeSousa along with co-panelists highlighted just how active the project of silencing is and how impossible transformation is without speaking it, a permissive protection of one sanitary, sanitized version of nursing articulated through "the influence of colonialism and chattel slavery at the dawn of professional nursing, failing to reckon with our collective history, often told through a white nursing gaze and sometimes absent from curriculums" (from the DeSousa authored portion of Dillard-Wright et al., 2023, p. 6). The silence/ing DeSousa named arises from nursing's hegemony, invisible to those who benefit most from its

power while being all too clear to the many who are Othered by it. This kind of silence has a politics.

I would also like to further interrogate the notion of “neutrality” in the context of silence. On its surface, “neutrality” seems like a cohesive and singular concept. However, it slips and slides the further we dig. We might imagine neutrality to mean workplaces free from constraints imposed by the religious beliefs of others. We might imagine neutrality to empower full political participation. For nursing, neutrality might look like treating all care seekers with dignity, respect, and equality, aligning with a liberal philosophy of neutrality (Pierik & Van der Burg, 2014). For nursing science, we might imagine neutrality in terms of objectivity, embracing a logical empiricist approach to the development of nursing science which has shaped and continues to shape the received view (Bluhm, 2023). What these conceptions hazard, though, is an erasure of where the neutrality comes from in the first place, which for me raises power-inflected questions related to ontology and epistemology and ethics and existence itself. Neutrality is a power relation exercised within a hegemony, under implicit threat of violence. This threat is very real and forecloses on the possibilities for action for many. Neutrality is predicated on silences and silencing, an active choosing of what we acknowledge on one hand and what we cannot, will not, or do not see on the other. A presence, returning to Mazzei (2007), as much as an absence, reflecting the realities of hegemony.

### **Silence = Death**

Scrawled in white block letters on a black background adorned with a pink triangle, silence = death was and is a slogan used by AIDS activists to interrupt the glaring silence in public discourse about the growing political crisis (Cruz, 2022). As the AIDS crisis roared into being in the 1980s, abetted by the negligence of governmental agencies in the US and abroad, AIDS activists recognized, like Lorde, without speaking up and out, the only thing that would happen was death. This is a reality nurses know well, given that many of the

nurses who worked in AIDS care are only recently retired or even still working in the discipline. Nursing witnessed and witnesses the consequences of silence, over and over and even represents advocacy as one of its core tenets, which demands action and implies a challenge to power (International Council of Nurses, 2021). And nursing enjoyed an uptick of direct political action during the COVID19 pandemic, suggesting that there are limits to the silence, the deaths nurses are willing to accept. Of course, even during COVID this kind of political voice was not welcomed by all, in part because this is what nurses sign up for, after all. However, the current paralysis that has taken hold of professionalized nursing in the United States seems disconnected from that moment. Perhaps this is reflective of the rising tide of economic precarity of our moment and certainly rooted in the crisis of uncertainty precipitated by the ripples of domestic and international policy chaos (Bivens, 2025). Silence gives way to death and fear of that might lead us to compliance.

### **Your Compliance Will Not Protect You**

If our silence will not protect us, perhaps our compliance will. This is the logic that has shaped many people’s, institutions’, and organizations’ responses to the tyrannical demands of the Trump administration, both in the United States and elsewhere in the world. Some of the most elite institutions of higher education in the world have complied—and enjoyed very little in the return. As nursing—individual nurses and the collective discipline both—it behooves us to keep this in mind as we go along to get along and avoid conflict and confrontation in a bid to retain proximity to power. This is my analysis of professionalized nursing’s approach, compliance as a strategy to maintain proximity power (Ahmed, 2023). But it is a flawed strategy, in part because the authoritarian reality currently unfolding has already set its sights on so many of us and in part because I cannot imagine that nurses—the *most trusted* profession which *cares* so deeply—can simply accept the destitution of institutions of health and wellbeing from Supplemental Nutritional Assistance Programs to Medicare and Medicaid to the Centers for Disease Control

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and Prevention to the Health and Human Services to the scientific apparatus that generates groundbreaking medical innovations (H.R.1 - 119th Congress [2025-2026], 2025). Our complicity not only will not protect us; it will actively harm nurses and everyone else on the planet who is not in the richest 1% (Ettlinger, 2025). If, as philosopher J. L. A. Donohue (2024) concludes in a recent paper, “flagrant injustices cry out for action, and at least sometimes remaining silent amounts to complicity in those injustices” (p. 3515), what does it mean that professionalized, organized nursing for the most part chooses political silence? Imperatives outlined in various codes of professional ethics explicitly direct nurses toward upholding human rights, supporting human dignity, and advocating for health and wellbeing (American Nurses Association, 2025a; Canadian Nurses Association, n.d.; International Council of Nurses, 2021).

**Become Ungovernable**

If silence and complicity are not answers—and for me and my kinfolk, and hopefully now you, reader, too, they are not—what are the answers? First and foremost, the remedy for silence is conversation, chorale, community. To resist the silence, chaos, uncertainty, and confusion that allow authoritarianism to find purchase. Nurses can also weaponize incompetence, asking lots of questions and slow walking requests, particularly requests that harm the people nurses walk alongside in care (for me? That is everybody!). Nurses and nursing can reject “paper nursing,” reflecting on when, where, and how nurses have participated in harm and refuse to allow it to continue. Finally, we can just do the right thing. Even when it is scary or hard or the stakes are high. Nursing mobilizes rhetorics of care and dignity and social justice, so mobilize them. A word of caution: It is fundamentally true that, in the systems and structure of society in which we currently operate, not everyone is equally able to act. And that is okay. Those who have privilege and power to burn can speak up where possible, make space for others, and protect where possible, all the while listening carefully to

ensure that, in so doing, we are not simply replicating existing patterns of oppression, dominance, harm.

**Connect, Converse, Commune**

Returning to Lorde (2012) again, a refrain and resonance I cannot escape, she insisted that “what is most important [...] must be spoken, made verbal and shared, even at the risk of having it bruised or misunderstood” (p. 40). The act of speaking, of sharing, of hazarding misunderstanding or fracture is also an opportunity for connection and community. The fear and silence bred by neutrality in the face of an authoritarian regime might lead toward isolationism, building up the walls that we imagine will protect us. However, the antidote to complicity, silence, and neutrality is community. We build community through connection. And we build connection through conversation.

**Weaponize Incompetence**

Not that long ago, a *Simple Sabotage Field Manual* published by the Central Intelligence Agency was declassified (Strategic Services, 1944). Written during World War II, the text contains strategies for disrupting normal operations including how to motivate saboteurs as well as techniques for getting in the way. This is instructive in a time when nurses might be asked for information or to do things that might harm people in their care. Some of these techniques might not be as useful—I am not, for instance, advocating arson—but some of them are quite helpful.

One set of strategies recommended by the Strategic Services revolves around gumming up the works (Strategic Services, 1944). While this is quite literal in the context of the *Field Manual*, which gives instructions on how to clog sewer systems and jam up locks, there are some strategies here that nurses might mobilize in service to resistance, too. The *Field Manual* outlines delay tactics that could work for nurses to quietly resist problematic orders and demands. This might look like talking a lot or asking lots of questions clarifying a policy and requesting written instructions (Strategic Services, 1944). Should a government agent, for

example, request information about someone in a nurse's care, that nurse could delay by not knowing the patient, by escalating the request to the legal office, by not quite understanding what the proper procedure is and therefore taking extra pains to ensure that every eventuality is covered. Such tactics could protect people in migration.

### **Reject Paper Nursing**

In her *Feminist Killjoy Handbook*, queer theorist and feminist kill joy, Sara Ahmed (2023) reflects on the hazards of saying radical things without doing radical actions. While Ahmed (2023) is talking about feminist actors, referring to them as "paper feminists," here I am thinking about "paper nurses." The various Codes of Ethics nursing endorses contain incredibly progressive and even radical sentiments, sentiments that get suppressed when the going gets tough like it is right now. I wish to highlight these pretty, aspirational words nurses keep in their Codes of Ethics and invite them to embody those beliefs in their actions. I would go so far as to question whether we are nurses at all if we cannot walk the walk we so readily talk about as nurses. Nurses are obligated to do the work of advocacy when conditions develop that would compromise health and wellbeing (like they are now!!). Failing to break the silence, to shake neutrality in the context of such conditions is an abrogation of nursing ethics and results in "paper nursing," poetry that is not worth the paper it is printed on. In all of this, we might not only find resistance and community, but we might also find joy.

### **Don't Dream It, Be It: Lessons for Nursing Out Loud**

I am wrapping up my writing of this paper at the beginning of what I think of as spooky season: The leaves are turning yellow and red and purple and orange. It is a time of year when I feel especially connected to the world and my fellow earthly wayfarers, past, present, and future—and get a hankering to rescreen the inimitable *Rocky Horror Picture Show* (RHPS) (White et al., 2006). Again. For the forty-leventh time. Problematic though it may be, RHPS represents a bit of queer

imagination that made its way into the popular psyche, a touchstone for queer youth and adults around which enduring ritual and community grew. Embodying the fearless and flamboyant Frank-N-Furter, Tim Curry bedecked in a corset, fishnets, and dark lipstick implored generations of audience members to not dream it, but to be it. I think the "dreaming it" is an important part of "being it" and so I want to invite my fellow nurse comrades to dream about what could be and then make it happen. Don't JUST (my addition) dream it, also be it. Develop strategies for resistance in community constructed broadly. Out loud.

Whether or not nursing as a profession and discipline will find its way toward bracing its potential for transformation remains to be seen. But nurses are always and have always been connected to movements for social change, from nurse and Black Panther Party China delegate Marie Branch's (1976) work with the American Nurses Association Affirmative Action Task force to street nurse Cathy Crowe's work on homelessness, housing, and care to Lauren Underwood's legislative work on maternal health—and well beyond. What we can do is get going: study up on what the problems with neutrality are and in what ways our professional neutrality implicates us collectively. From there, we can become ungovernable. Together, because there is strength in collectivity and there is also protection when we move in coordinated fashion. To move together, we must get connected to one another and figure out ways to communicate across difference and disagreement to find the places we can move toward transformative change and build community. Through community we can find the resolve to resist and embody the values we purport to be about. Together, we can break the silences that implicate nursing as complicit and recognize the politics that inhere in some imagined neutrality. Even if you're scared. Even if your voice shakes. We are counting on each other.

I leave you with final words from Audre Lorde (2012):

*We can learn to work and speak when we are afraid in the same way we have*

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*learned to work and speak when we are tired. For we have been socialized to respect fear more than our own needs for language and definition, and while we wait in silence for that final luxury of fearlessness, the weight of that silence will choke us (p. 43).*

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