As I was thinking about a topic for this editorial, news and social media outlets exploded with the announcement that employees at the Centers for Disease Control and Prevention (CDC) had been instructed to not use any of seven words or phrases in budget documents (diversity, transgender, fetus, unborn child, vulnerable, evidence-based, and science-based) (Kaplan & McNeil, 2017; Ravitz, 2017). To say that this hit a nerve is an understatement. My Twitter feed and email inbox filled with messages of outrage and concern, and I must admit I was swept up in the outpouring of anger. A call went out for editors of nursing journals to write editorials about this, and I was ready to do just that.

Then, I got the flu and was flat on my back in bed for two days with lots of time to think because I did not have the energy to read, and daytime television leaves much to be desired. I thought about what I would write and, on reflection, I found myself perhaps not as shocked by the situation as many of my colleagues. And here is the reason why: I grew up in South Africa when censorship was part of our everyday lives. Entire books were banned, and scenes that were deemed too sexual were cut out of movies. Swear words were removed too, so many movies were somewhat disjointed, and it was easy to lose the plot. There was widespread recognition that censorship was wrong, and we found ways to obtain and read the books that were banned. There was a certain amount of fear but also elation when we were able to sneak a banned book over the border from neighboring Swaziland or from the United Kingdom. We were not sure what would happen if a zealous customs agent searched our luggage and found these books. I still have one or two books written by Nelson Mandela during his exile and imprisonment, the pages worn from being passed around among friends.

Emigrating to Canada was the best thing my small family did in the mid-1980s. Other than the snow and extreme cold, the biggest culture shock for me was the freedom of expression to be found in my new country. I recall being in the company of someone who talked back to a police officer. This was something that one did not do in South Africa because that could land you in jail without due process or access to a lawyer. I learned to fear the police and pretty much anyone in position of authority, but, in Canada, one could argue with the police without fear of reprisal—how shocking!

Although I am not condoning the actions of whoever instructed the CDC to avoid the seven words, many of us are aware that for some grant proposals, it is wise to include (or exclude) certain words. Ironicaly, the terms evidence-based or science-based, two of the excluded words at the CDC, are often advised to be used in proposals.

Within hours of the reported censorship, the U.S. Department of Health and Human Services issued a statement disputing the report, or perhaps backtracking because of the outcry. Days later, the issue seemed to have disappeared from the media. Outrage is short-lived these days, with news and social media supplying us with a seemingly never-ending stream of bits and bytes that distract us and redirect our attention to new topics.

**KEYWORDS** censorship; evidence-based; science-based; political; proposals; wording; freedom

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The manner in which these instructions were reported was partially inflammatory and serves as a lesson to be evidence-based in our interpretation of what we read in the media. Although the notion of “fake news” is highly politicized, being reactive in response to what we read and hear can lead to overreaction and a knee-jerk response without due consideration for the facts. Counteracting falsehoods and inaccuracies is the responsibility of each and every one of us. Let us take the evidence to heart in everything we do and say, particularly these days when truth is hard to establish. There is no room for politics in science, and censorship of words or ideas should be anathema to anyone who believes in science. Our freedom depends on it.

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REFERENCES