

The Morning: Constructing Moral Space from the African American Experience in Bioethics

Donald E. Carter, III, Kara Simpson and Alvin L. Reaves, III

Volume 9, Number 1, 2026

Advocates, Activists, Architects of Moral Space?

URI: <https://id.erudit.org/iderudit/1122841ar>

DOI: <https://doi.org/10.7202/1122841ar>

[See table of contents](#)

Publisher(s)

Programmes de bioéthique, École de santé publique de l'Université de Montréal

ISSN

2561-4665 (digital)

[Explore this journal](#)

Cite this document

Carter, D. E., Simpson, K. & Reaves, A. L. (2026). The Morning: Constructing Moral Space from the African American Experience in Bioethics. *Canadian Journal of Bioethics / Revue canadienne de bioéthique*, 9(1), 17–20.
<https://doi.org/10.7202/1122841ar>

Article abstract

Bioethicists, globally, have historically enjoyed collaborative exchange and relationships. However, given the current political strain, moral deliberation is threatened and diminished. The redevelopment of morally safe spaces and the pursuit of truth require the embodiment of moral courage and intentionality. To meet the moment, bioethics must move beyond neutrality by drawing on the African American experience's emphasis on moral clarity and community accountability — embracing positionality and centring marginalized voices to confront socio-political tensions within and beyond academia. The concepts of the 3Ms (*moaning*, *mourning*, and *morning*) provide a framework for creating a more inclusive moral space. Based in social work theoretical praxis, Moaning refers to African American pain and suffering, Mourning, the collective effort to overcome grief, and Morning, the representation of breakthrough and transformation from hardships. Despite the three concepts being a powerful exploration of the African American tradition, it can be helpful to others outside this community. This essay focuses, however, only on the concept of “Morning” — a metaphor that serves as a blueprint for the bioethics profession to address the current political climate. It is imperative that bioethics elevate the voices and listen to the past experiences of the marginalized and oppressed. These experiences can provide a blueprint for transcending barriers of social and political inequities, both domestically and abroad. We suggest reevaluating the use of neutrality, opting instead for clear commitments to positions on ethical dilemmas.



TÉMOIGNAGE / PERSPECTIVE

The Morning: Constructing Moral Space from the African American Experience in Bioethics

Donald E. Carter, III^a, Kara Simpson^b, Alvin L. Reaves, III^c

Résumé

Les bioéthiciens du monde entier ont toujours entretenu des relations et des échanges collaboratifs. Cependant, compte tenu des tensions politiques actuelles, la réflexion morale est menacée et affaiblie. La recréation d'espaces moralement sûrs et la recherche de la vérité exigent l'incarnation du courage moral et de l'intentionnalité. Pour répondre à cette situation, la bioéthique doit dépasser la neutralité en s'inspirant de l'expérience afro-américaine, qui met l'accent sur la clarté morale et la responsabilité communautaire, en adoptant une positionnalité et en mettant au centre les voix marginalisées afin de faire face aux tensions sociopolitiques au sein et au-delà du monde universitaire. Les concepts des 3M (*moaning*, *mourning* et *morning*) fournissent un cadre pour créer un espace moral plus inclusif. Basé sur la praxis théorique du travail social, « *Moaning* » fait référence à la douleur et à la souffrance des Afro-Américains, « *Mourning* » à l'effort collectif pour surmonter le chagrin, et « *Morning* » à la représentation de la percée et de la transformation à partir des épreuves. Bien que ces trois concepts constituent une exploration puissante de la tradition afro-américaine, ils peuvent être utiles à d'autres personnes en dehors de cette communauté. Cet essai se concentre toutefois uniquement sur le concept de « *Morning* » — une métaphore qui sert de modèle à la profession de bioéthique pour aborder le climat politique actuel. Il est impératif que la bioéthique fasse entendre la voix des personnes marginalisées et opprimées et écoute leurs expériences passées. Ces expériences peuvent fournir un modèle pour transcender les barrières des inégalités sociales et politiques, tant au niveau national qu'international. Nous suggérons de réévaluer le recours à la neutralité et d'opter plutôt pour des engagements clairs sur les dilemmes éthiques.

Mots-clés

Afro-Américains, courage, interdépendance, morale, neutralité, marginalisation sociale, soutien social

Abstract

Bioethicists, globally, have historically enjoyed collaborative exchange and relationships. However, given the current political strain, moral deliberation is threatened and diminished. The redevelopment of morally safe spaces and the pursuit of truth require the embodiment of moral courage and intentionality. To meet the moment, bioethics must move beyond neutrality by drawing on the African American experience's emphasis on moral clarity and community accountability — embracing positionality and centring marginalized voices to confront socio-political tensions within and beyond academia. The concepts of the 3Ms (*moaning*, *mourning*, and *morning*) provide a framework for creating a more inclusive moral space. Based in social work theoretical praxis, *Moaning* refers to African American pain and suffering, *Mourning*, the collective effort to overcome grief, and *Morning*, the representation of breakthrough and transformation from hardships. Despite the three concepts being a powerful exploration of the African American tradition, it can be helpful to others outside this community. This essay focuses, however, only on the concept of "Morning" — a metaphor that serves as a blueprint for the bioethics profession to address the current political climate. It is imperative that bioethics elevate the voices and listen to the past experiences of the marginalized and oppressed. These experiences can provide a blueprint for transcending barriers of social and political inequities, both domestically and abroad. We suggest reevaluating the use of neutrality, opting instead for clear commitments to positions on ethical dilemmas.

Keywords

African Americans, courage, interconnectedness, morals, neutrality, social marginalization, social support

Affiliations

^a Department of Bioethics and Medical Humanities, Mercer University School of Medicine, Macon, Georgia, United States of America

^b Behavioral Health Administration, NYC Health + Hospitals/Woodhull, Brooklyn, New York, United States of America

^c Department of Medicine, US Acute Care Solutions, Adventist Healthcare Shady Grove Medical Center, Rockville, Maryland, United States of America

Correspondance / Correspondence: Donald E. Carter, III, carter_de@mercer.edu

INTRODUCTION

In the wake of the current global sociopolitical unrest, marginalized voices are increasingly being suppressed, positions of neutrality are becoming more prevalent, and the existing bioethical framework continues to face challenges in transitioning from an individual-centred perspective to one that embraces relationality and collective identity. Ashby and Morrell describe neutrality in bioethics as "a non-political and dispassionate stance" that "gives the field a certain detached authority" (1, p.479). Neutrality has enabled bioethics to establish moral credibility across academic, research, and governmental domains, fostering trust in its expertise. However, the practice of bioethics' neutrality conflicts with its aim of interconnectedness and commitment to social justice (2). Neutrality in bioethics can imply complicity in perpetuating moral conflict and societal division. Bioethics would benefit from borrowing from the African American experience by rejecting neutrality, embracing positionality, and centring marginalized voices by moving beyond academia to engage directly with oppressed communities. Only then can it address and affect sociopolitical tensions globally and locally.

TENSIONS BETWEEN INTERCONNECTEDNESS AND NEUTRALITY

Interconnectedness is foundational not only to the human experience but our very existence, for the joining of resources and the union of voices often equates to survival. The greatest milestones in American history underscore what is possible through collective action and shared sacrifice. Simply put, our victories have not been won alone but in the company of hope and strength lent by others — neighbours, outsiders, and distant friends. Once in pursuit of a more perfect union that valued and nurtured these cooperative relationships, the United States now appears to be ushering in a return to a policy favouring isolationism. Decisions that unapologetically strain our foreign alliances abound, signaling a fundamental shift in national ethos and an increasing detachment from the principles by which our unity was forged. Historically, bioethics has often remained neutral in domestic governance and international affairs, particularly related to war and climate change. Bioethics, rather, has predominantly lent its voice to the clinical space, biomedical research, and public/global health. Neutrality, an apolitical stance, comes into tension with the implicit charge of bioethics to foster connection and relationships, similar to the notion of kinship or interconnectedness within the African American community. These alliances are essential to the work of bioethics. Thus, our relational bonds necessitate that bioethics move away from neutrality.

In an era of ethical complacency and professional detachment, Canadian bioethicist Benjamin Freedman asks a question that is no less pressing nearly 30 years later — “Where are the heroes of bioethics?” Historical and current events such as police brutality, or more recently the deportation of immigrants in the US, questions whether the silence of bioethicists, those considered truth-tellers of moral actions, in the face of systemic injustice, constitutes ethical neutrality or moral failure. Can neutrality be moral when the silence of the bioethics community is causing harm? Freedman argues that bioethics lacks moral heroes — people who demonstrate courage and self-sacrifice when placed against institutional and societal pressures (3). The African American experience illustrates that heroism is possible even in the face of exploitation and oppression. It doesn't require perfection. Instead, it demands a consistent moral orientation and the courage to speak, especially under pressure.

Traditions in African American culture assist with emotional healing, assimilation resistance, and communal solidarity. A class of people with a well-documented legacy of tragedy, African Americans also have an equal, if not arguably stronger, heritage of survival and flourishing. Elmer P. Martin and Joanne Mitchell Martin capture this philosophical essence of the African American experience using three fundamental concepts: *Moaning*, *Mourning*, and *Morning* (4). Milestones within an emotional and cultural cycle, these concepts depict the progression of grief toward remembrance and then renewal. Despite these three concepts being a powerful exploration of the African American tradition, it can be helpful to others outside this community. However, this essay focuses only on the concept of Morning — a metaphor that will be used to map how the bioethics profession can address the current political climate.

THE AFRICAN AMERICAN EXPERIENCE AS ETHICAL BLUEPRINT

The African American experience in the US has been marred by suffering and brutality since 1619, when the first Africans were brought to the shores of this continent. Their contributions take up significant space in America's historical landscape. However, over the ensuing centuries, their beings and voices have been hushed; their narratives, particularly their triumphs and overcoming, have been overtly discounted by the dominant voices, such as Western, elite, and male perspectives. Yet, what has pierced through the iron walls and curtains of systemic injustice and reverberated through the journeys of African Americans has been their moaning, their guttural release of pain.

History should be considered a significant and fundamental building block of a moral space, as “historical ethics can bring more voices to question, focus more on the process of moral deliberation rather than just the ‘right’ answer” (5, p.17). Consider narratives of the Tuskegee Syphilis Study (6) and The Mothers of Modern Gynecology (7), both of which involved injustices towards African Americans. The Tuskegee Syphilis Study, a catalyst for modern bioethics, was a US Public Health Service experiment in which Black men with syphilis were deceived and denied treatment so researchers could observe the disease's natural course. Its racism, exploitation, and disregard for informed consent made it one of the most egregious ethical violations in US medical history, prompting significant reforms in research ethics. The Mothers of Modern Gynecology (Anarcha, Betsey, and Lucy), were enslaved Black women on whom J. Marion Sims performed repeated, non-consensual surgeries to develop gynecological techniques. Their suffering, including infections from unsterilized instruments and the denial of anesthesia, reveals how key medical advances were built on profound racial injustice and the violation of Black bodies. In both examples, historical ethics asks: “Whose voices shaped the event, whose voices were left out, and how did we get here?” There must be an understanding of how ethical decisions were made. Equally important, why were ethical and moral leaders — that is, heroes — absent? Vital is the storytelling and the public collective deliberation of the lack of ethical leadership. Without it, history will repeat itself (e.g., the COVID-19 vaccine rollout and the overturning of *Roe v. Wade*), leaving society to moan and mourn in ways that mimic the grieving process, ultimately, transforming into political acts.

MORNING AS PRAXIS

A critical practice to consider in shaping our future trajectory is the reassessment of ostensible neutral positioning in relation to contemporary political and social issues. Within bioethics, educational institutions, workplaces, and professional organizations often reinforce a stance of neutrality in political discourse. While there is an argument for political neutrality to minimize or eliminate prejudice, marginalized communities such as women and people of colour in the workplace are vulnerable to backlash if they take a stance. Neutrality is often enacted due to concerns about professional repercussions,

including loss of employment or advancement opportunities. Many bioethicists have navigated significant hardships to attain professional standing, often necessitating strategic neutrality or even silence (8). Yet, refusing to take a position is not merely an absence of action; it can inadvertently signal complicity or tacit agreement with prevailing structures that perpetuate inequity. Some argue for political neutrality in clinical and academic spaces as a way to serve patients without prejudice and teach students to reason without bias (8). While neutrality is often seen as a shared value across clinical, academic, and research settings, its place becomes contested when injustice is present. In such moments, bioethicists must prioritize justice to avoid harm and prevent complicity. Re-examining the role of neutrality is essential for fostering a more just and ethically engaged bioethics discourse.

The morning metaphor serves as a powerful reminder of the ancestral tenacity that has historically driven systemic change in the US, exemplified by the Abolitionist Movement (9) and the passage of the Civil Rights Act of 1964 (10). It is important to note that the abolitionist movement wasn't relegated to just the Western territory of the world. It was a global social and political movement aimed at the liberation of enslaved people. International efforts led to treaties and declarations. The abolitionist movement paved the way for the civil rights movement, establishing the framework for activism. These movements were founded upon the fundamental conviction that all individuals are entitled to freedom, liberty, and dignity — principles that inherently reject the notion of neutrality. The morning compels us to act with moral courage, particularly in times of political discord, oppression, and societal upheaval, reinforcing the urgency of advocacy and ethical engagement in the pursuit of justice.

Reevaluating established bioethical practices is imperative in this historical moment. While traditional academic methods — such as publications, teaching, and scholarly discourse — are valuable, their influence remains largely confined to institutional settings rather than reaching the broader population. For African American bioethicists, prioritizing and advancing community-based bioethical education and action initiatives is crucial to serving those most affected by systemic inequities: marginalized communities. Historically, grassroots movements — including religious organizations, social clubs, labour unions, and service agencies — have been central to political change, often emerging in direct response to oppression. Given this legacy, bioethicists must foster strategic alliances and actively participate in grassroots efforts to ensure bioethics is both accessible and meaningful beyond academic circles.

CALL TO ACTION

Ethicists in the US and Canada are navigating a rapidly evolving landscape concerning things such as globalization, immigration, democratic governance, social justice, and the rule of law. More broadly, international issues such as global health, climate change, and crimes against humanity transcend our borders and should concern both American and Canadian ethicists alike. These motifs should continuously challenge our shared values, such as human rights, confronting our responsibilities as ethicists to provide oversight to powerful nations if there is to exist any form of public accountability.

Overcoming neutrality will require extraordinary courage and, more importantly, sacrifice. Addressing our sociopolitical climate and international affairs will necessitate an expansion of traditional topics in the field, challenging us to make space for the views and differing opinions and empowering one to act on them. Historically, the act of deterrence in the form of gatekeeping in public spaces — such as publications and conferences — by negativistic senior professionals of authority has caused those desiring to challenge the system to seek alternative venues such as podcasts and blogs. What is missing in bioethics is a community-centred approach that values individuals outside of medicine and academia, that is, those who provide a practical and lived experience to shape moral ideas and influence ethics, policy, and advocacy.

Freedman argues that without moral courage and visible action, the field of bioethics risks irrelevance. To avert this, there is a historical and contemporary silence that must be addressed to prevent it from becoming bureaucratized and institutionalized. Morality, the action of doing right over wrong, should never concede. Our moral space should never shrink; rather, our shared commitments to the well-being and flourishing of humanity ought to ever expand the boundaries of our moral imaginations. We have experienced a widening societal chasm stoked by differences in political ideologies, ethnicity, and religious differences in healthcare, social sciences, and academia. It is imperative at this time in our fractured world that bioethicists lead the charge to be advocates or activists, and “architects of moral space.” There is a need for a bioethics that appeals to our broad, shared moral commitments to one another, to humanity, and to an ethical stance that allows us to live up to our highest ideals.

CONCLUSION

Globally shared moral and ethical interest — pluralism — should not be constrained by borders, race, or ethnicity. We must work to maintain and build moral space for partnerships and continued collaboration across borders with our neighbours. We must remain united in our pursuit of moral truths. Such efforts, especially now when fighting against strongman leadership in our individual countries, threaten to keep our communities numb, fatigued, and reticent to be the voices of resistance. However, we must embody the moral courage to intentionally develop spaces of moral safety and truth. Bioethics must be at the forefront, serving as a voice to speak out against hypocrisy and advocate for justice. We must become heroes.

Reçu/Received: 07/07/2025**Remerciements**

Nous sommes profondément reconnaissants à Mme Anna Dunson, directrice adjointe des bibliothèques médicales Skelton de la faculté de médecine de l'université Mercer à Columbus, pour son aide précieuse dans la réalisation de cet article. Ses commentaires perspicaces et ses critiques constructives ont grandement amélioré notre travail, et sa relecture minutieuse a été déterminante dans la préparation du manuscrit final.

Conflits d'intérêts

Aucun à déclarer

Publié/Published: 20/01/2026**Acknowledgements**

We are deeply grateful to Anna Dunson, Assistant Director of Skelton Medical Libraries at Mercer University School of Medicine – Columbus, for her invaluable support in bringing this article to fruition. Her insightful feedback and constructive critique greatly enhanced our work, and her careful proofreading was instrumental in preparing the final manuscript.

Conflicts of Interest

None to declare

Édition/Editors: Hazar Haidar & Aliya Afddal

Les éditeurs suivent les recommandations et les procédures décrites dans le [Core Practices](#) de COPE. Plus précisément, ils travaillent pour s'assurer des plus hautes normes éthiques de la publication, y compris l'identification et la gestion des conflits d'intérêts (pour les éditeurs et pour les auteurs), la juste évaluation des manuscrits et la publication de manuscrits qui répondent aux normes d'excellence de la revue.

The editors follow the recommendations and procedures outlined in the COPE [Core Practices](#). Specifically, the editors will work to ensure the highest ethical standards of publication, including: the identification and management of conflicts of interest (for editors and for authors), the fair evaluation of manuscripts, and the publication of manuscripts that meet the journal's standards of excellence.

REFERENCES

1. Ashby MA, Morrell B. [To the barricades or the blackboard: bioethical activism and the “stance of neutrality.”](#) Journal of Bioethical Inquiry. 2018;15(4):479-82.
2. Pacia DM, Baban SS, Fletcher FE, et al. [A survey of attitudes toward social justice obligations in the field of bioethics.](#) AJOB Empirical Bioethics. 2025; 16(3):151-62.
3. Freedman B. [Where are the heroes of bioethics?](#) Journal of Clinical Ethics. 1996;7(4):297-99.
4. Martin EP, Martin JM. Social Work and the Black Experience. Washington, DC: National Association of Social Workers Press; 1995.
5. Levine C. Analyzing Pandora's box. In: Eckenwiler LA, Cohn F, editors. The Ethics of Bioethics: Mapping the Moral Landscape. Baltimore: Johns Hopkins University Press; 2007. p. 3-23.
6. US Centers for Disease Control and Prevention. [About the untreated syphilis study at Tuskegee.](#) Atlanta. 4 Sept 2024.
7. Vedantam S, Penman M, Schmidt J, Boyle T, Cohen R, Connelly C. [Remembering Anarcha, Lucy, and Betsey: the mothers of modern gynecology.](#) NPR. 7 Feb 2017.
8. Fletcher FE, Ray KS, Brown VA, Smith PT. [Addressing anti-black racism in bioethics: responding to the call.](#) Hastings Center Report. 2022;52(S1):S3-11.
9. Sinha, M. The Slave's Cause: A History of Abolition. New Haven: Yale University Press; 2016.
10. The Library of Congress. [The Civil Rights Act of 1964: A long struggle for freedom epilogue.](#) 10 Oct 2014.