

Death-Making: Nursing Neutrality, Biopower, and Institutional Complicity

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Cite As: Jenkins, D. Death-Making: Nursing Neutrality, Biopower, and Institutional Complicity. *Witness: The Canadian Journal of Critical Nursing Discourse*, 7(2), 6–17. <https://doi.org/10.25071/2291-5796.177>

Abstract

In this paper, I critique the enforced neutrality of the American nursing profession and positions its neutrality as a mechanism of institutional power that sustains structural violence. Drawing on theoretical concepts of comfort, parrhesia, and biopower, the paper examines how professional norms, framed as “objectivity” and “civility,” discipline nurses into silence in the face of fascism, racism, state violence, and global injustice. Institutional responses to dissent are analyzed as affective and biopolitical strategies that prioritize comfort in protection of dominant power structures, and render parrhesia, or political truth speaking, deviant. In light of the suppression of abolitionist and anti-colonial discourse in professional spaces, the paper argues that silence is not passive, it is death-making. This paper is a call for a reimagining of nursing as a site of collective care, resistance, and ethical refusal aligned with movements for mutual aid, healing justice, and abolitionist praxis. In doing so, it insists that nursing’s future lies not in neutrality, but in the healing practice of discomfort and resistance.

Keywords: Neutrality, biopower, comfort, parrhesia, Foucault

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In June 2024, I attended the American Nurses Association (ANA) Membership Assembly, joining hundreds of voting delegates to make up the Association's highest governing body from across the United States and its territories. The interim Chief Executive Officer delivered a conventional address, echoing the familiar rhetoric of professional nursing spaces—words such as *courage*, *bravery*, *boldness*, and *advocacy* were deployed with passion, although tethered to abstract ideals. As the ANA President assumed the podium to continue celebrating the power of the nursing voice, a small group of nurses entered the conference hall holding a sign that read *Nurses Against Genocide*. Their presence constituted a small but piercing disruption; an intentional intervention confronting the ANA's ongoing silence in the face of human rights violations in Gaza and the state-sanctioned repression of student protesters across U.S. campuses. Rather than responding with engagement or compassion, the President remained silent. As I stood, alone, in solidarity, the room responded with audible hostility. Boos and heckling erupted, followed by a chant of "A-N-A" as a woman stood from a table and physically escorted the group out. The following day, the ANA President publicly reprimanded the nurses, citing a failure to follow proper procedural channels and suggesting that their action had caused harm. When a voting member attempted to raise the issue of ANA silence and complicity again using Robert's Rules of Order (proper procedural channels), the President was adamant there would be no further discourse on the topic.

Many months before, colleagues and I drafted a letter to the ANA and several other nursing professional organizations calling on them to end their historically pervasive demonstrations of silence and attempts at neutrality. Over 570 nurses signed in solidarity. Despite this being a letter addressed to the ANA, two of us who were serving mid-term on the ANA Center for Human Rights Ethics Advisory Board received a note asking us to clarify in the letter that we were representing our own opinions and not those of

the ANA or Center for Ethics and Human Rights. As an important introduction to this paper, the full contents of the letter are included here:

Dear American Nurses Association, American Academy of Nursing, National League of Nurses, American Organization of Nurse Leaders, and other auspicious colleagues,

We are writing today to implore you to stand up and nurse the world. As a discipline, nursing prides itself in being understood as the most trusted, ethical profession. As nurses, we wonder where you, our professional organizations, are when it comes to the obliteration of Palestinian people, and their homes, communities, schools, hospitals, libraries, clinics, universities. We cannot help but note the profound organizational silence when it comes to the question of Gaza nor the militarized police response to student protests of state-sanctioned violence against the Palestinian people.

The imperial war machine is an immediate ethical threat to nursing, should we take seriously the charge in the ANA Code of Ethics (2015) to "act to change those aspects of social structures that detract from health and wellbeing (p. vii)." War, in all its forms, at minimum "detracts from health and wellbeing." As we look at the root causes of the horror unfolding in Palestine, we cannot help but see the threads of colonial past/presents tangled with capitalist extraction, a reality that crashes on domestic shores when students get too mouthy, too unruly, too close to the truth in their protests against US facilitation of colonizing violence.

Just as people who become nurses are expected to uphold the values, beliefs, norms, and ideals of the profession, so too are "the professional organizations that represent [us]" (ANA Code of

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Ethics, 2015, p. vii). As our professional organizations, how will you “make[...] explicit the primary obligations, values, and ideals of the profession” and remain silent when more than 35,000

Palestinian people - including more than 14,000 children - have died in Gaza and the Occupied West Bank since October 7 (as of May 7 at 2000 ET)? How can you remain silent in the face of persistent disregard for Palestinian human rights, a bare minimum standard?

Nurses have witnessed the power of our collective nursing voice when it is deployed in condemnation.

Condemnation came swiftly for the conviction of a white woman nurse, Radonda Vaught, whose gross neglect led to the negligent homicide of a patient. Nursing organizations, specifically ANA, spent time and resources to lobby for leniency, writing to the presiding judge that “[They] were compelled to take this action because we all see ourselves in Vaught. Nurses see themselves in Vaught; our peers and colleagues and health care professionals beyond nursing see themselves in Vaught.”

Nurses, nursing students, and healthcare workers across the country and the world see themselves in Palestine. We watched in horror as our colleagues were buried in scrubs. We have witnessed our colleagues finding their family members on stretchers. We have witnessed our colleagues amputate the limbs of children without anesthesia. We have witnessed the destruction of public health infrastructure. We have witnessed the relentless bombing of hospitals. We have witnessed the targeting of healthcare workers. We have witnessed artificial, enforced famine. We have witnessed the mass death and disabling of an entire population. We have witnessed these horrors funded by the state which you

consent to in our names. Are you not compelled to take action now? We see ourselves in Palestine. And we do not hear your voice. We reject your apathy on our behalf.

Despite your persistent and obstinate silence on police violence being enacted across the US, we have a hope for our profession that fuels us. This hope is nourished by caring alongside nurses, physicians, medical and nursing students on the ground and in the fight. The nurses that are in Gaza right now show us the future we are working toward. The nurses in the encampments across campuses, the nurses in the streets, still there caring despite being maced, tear gassed, and beaten with batons, teach us what *professional organization* is. These nurses demonstrate how far from the people, from the profession, our nursing professional organizations choose to be. While professional organization leadership congratulate themselves for and simultaneously cover behind performative statements of racial reckoning, these nurses put their licenses and bodies on the line for human rights. Do you even see how these things are connected?

Cowardice, complacency and apathy are par for the course for an organization built on upholding colonial values. Modeled after the same brand of white supremacy embodied in Florence Nightingale, known eugenicist and racist, whose legacy has served to erase the contributions of nurse abolitionists, antiracists, and anti-imperialists across decades. This deep rooted, racist history and present reality of gatekeeping, elitism, and exclusion has allowed for the erosion of justice in nursing care. As such, we have come to expect silence from an institution that pretends to address the harm they’ve inflicted rather than mitigate it.

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This silence does not bode well for our profession, especially as our country marches further every day into the entrenchment of fascism and deliberate stripping of human rights. If genocide is not enough, if mass graves of health care workers and babies is not enough, why might we ever believe you are equipped to advocate for anyone, or anything, at all?

By 2025, the ANA's invitation to the Membership Assembly would include an unprecedented set of warnings: no signs, no protest, and a reminder that what constitutes "disruption" would be solely at the discretion of the ANA itself. This series of events illustrates the structural enforcement of silence within professional nursing spaces; an escalation from silence to suppression showing how neutrality is not simply a default or benign position, but a protected and policed ideology. We see here the disciplinary architecture of professional nursing where institutional legitimacy is preserved through the active regulation of speech, policing of dissent, and prioritization of comfort and order over justice. These moments, largely unwritten and unrecorded, are not anomalies but exemplify how nursing organizations often operationalize neutrality as a tool of containment. What is framed as professionalism is, in practice, a form of political erasure, and one that renders calls for liberation unspeakable within the official channels they promote. The *performance* of advocacy is celebrated and the practice of it is punished. Despite rhetorical commitments to advocacy and justice, the ANA's response exercises institutional power to dampen dissent and preserve normative order. The language of professionalism, often positioned as neutral, here functions as a disciplinary apparatus privileging decorum over ethical responsibility. What unfolded was not an isolated incident, but a relevant case study in the affective and procedural mechanisms through which political neutrality is upheld, even when it aligns the profession with complicity in state and global violence.

So, what does it mean when nursing says, or does, nothing at all? In the face of humanitarian

crises, genocides, armed conflicts, mass displacement, systemic poverty, and widespread violence, the silence of professional nursing organizations is not a passive lack of comment, it is an overt political act. A silence that palpably echoes through the corridors of our institutions, where the language of neutrality serves as a perceived shield against accountability. But neutrality is not neutral, it is a comfort afforded by complicity, and in times of moral urgency, a tool of oppression. To say nothing while people suffer is to speak volumes in defense of the systems that perpetuate that suffering. Neutrality, far from being a passive stance, is an active alignment with status quo power. This paper argues that so-called "neutrality" is a myth; one that disguises allegiance to the status quo, undermines nursing's ethical commitments to justice and care, and alienates the profession from its historical roots and its radical, collective, and liberatory potential.

Recent discourse reflects nurses' willingness to critique leadership and organizational structures for failing to demonstrate the courage and commitment expected in representing the profession's values (Stake-Doucet et al., 2023). In moments of global crisis, neutrality fails both as an ethical position and as a survival strategy. It is both a missed opportunity for advocacy and an abrogation of professional responsibility and a betrayal of care. The sections that follow interrogate the historical appeal of neutrality in nursing, map its functions as a disciplinary structure, and propose a new framework for political engagement grounded in fearless speech, militant care, and an ethics underpinned by joyful resistance. Drawing on Foucault, this paper explores neutrality's relation to *biopower*; the ways institutions regulate bodies and populations under the guise of care, determining which lives are protected and which are rendered expendable (Foucault, 2003; Holmes & Gastaldo, 2002). In response, I advocate for *parrhesia*—or fearless truth-telling—signifying the ethical act of speaking truth to power at personal risk (Foucault, 2001). These concepts frame nursing neutrality as a biopolitical technology that governs through silence, and *parrhesia* as the ethical counter-practice that exposes and resists institutional complicity. By

drawing on a range of critical scholars, this paper makes the case for nursing to relinquish neutrality not as an act of provocation, but as a renewed commitment to life and liberation.

The Historical and Structural Appeal of Nursing Neutrality

Historically, nursing has positioned itself as professionally neutral or politically detached; a professional commitment rooted in the legacies of white femininity, colonial order, and liberal institutionalism. The professionalization of nursing in the late 19th and early 20th centuries solidified a cultural ideal of the nurse as obedient, apolitical, and emotionally restrained (Dillard-Wright & Jenkins, 2023). Florence Nightingale's legacy has long served as a foundational myth in nursing; one that valorizes order, discipline, and service while disavowing collective dissent. Nightingale also advanced a vision of nursing that emphasized hierarchical obedience and moral neutrality, particularly in times of conflict. She advised nurses to steadfastly focus on their duties of service, even when working under conditions of colonial occupation or war, and this legacy has reverberated across generations (Stake-Doucet, 2020).

The enduring appeal of neutrality is in part the illusion of safety. Nurses have long been taught that neutrality is synonymous with professionalism, keeping one's "personal beliefs" out of patient care, avoiding conflict, and striving for "balance". Yet, this posture of detachment is a luxury not afforded equally. As Burton (2020) argues with her concept of the "caring tax," nurses (particularly women, queer, and racialized nurses) pay a steep emotional and professional price for enacting care within systems that reward silence and penalize critical political engagement. The caring tax is compounded when those same nurses are expected to absorb institutional violence and remain composed, kind, and deferential.

The history of racial capitalism in the United States serves as an overarching system that gives neutrality its meaning and mechanism. Under racial capitalism, silence becomes a tool for

maintaining profit through disposability of people, of care, of whole communities (Melamed, 2015). Neutrality in nursing is shaped not only by disciplinary norms, but by a historically and presently racialized political economy that demands the profession to conform, comply, and conserve institutional legitimacy at the expense of collective liberation. By framing active engagement in justice-seeking as outside the scope of clinical care or professional standards, neutrality sustains systems where racialized populations disproportionately bear the brunt of inadequate, exploitative, or punitive healthcare. In this way, the nursing profession, when depoliticized or neutralized, has historically served to uphold a political economy that profits from racialized labor and suffering while disavowing its complicity in these outcomes.

Performance of neutrality is not just a lazy strategy for conflict avoidance but more so, it is a technology of governance. This disciplinary structure is reinforced through professional gatekeeping. Boards of nursing, academic journals, certification bodies, and hiring committees serve not only to uphold standards of practice but to regulate speech and constrain political identity (Stake-Doucet et al., 2023). Research that engages abolitionist frameworks or critiques settler colonialism is often labeled as "activist," while more institutionally aligned work is deemed "neutral" or "objective" (Anderson, 2021). The irony is striking: neutrality itself becomes the ideological tool that shields institutions from critique while disciplining nurses into complicity. The appeal of neutrality is thus less about ethics and more about control; a mechanism that disciplines nurses into modes of compliance, encouraging them to identify and conform with the institution rather than with the people harmed by it. As this paper will show in the following sections, neutrality is a politics of power preservation.

The Politics of Staying Comfortable and Silence as Death-Making

When nursing, and particularly professional organizations, remain silent during moments of social rupture, their silence serves

as a deeply consequential and purposeful act of political alignment. In the case of the genocide in Gaza, for example, the refusal of nursing institutions to comment, condemn, or make space for activists to fight against the violence is posed as bureaucratic caution; it is also a tacit acceptance of the conditions of death-making. Silence is in fact its own form of speech, granting legitimacy to violence cloaked in professional civility. The resistance to naming and opposing harm is an overt detachment of ethics from struggle; the very ethics that nursing proclaims mark us as a profession deserving of autonomy and respect. Nursing professional organizations often bemoan disengagement of nurses and offer classes and symposiums to teach nurses how to *do* politics and advocacy. When nurses do take the individual risk to speak up, nursing organizations often do not support them privately or publicly. Simultaneously, these organizations and institutions frequently hide behind vague policies of decorum and civility to justify silence. These standards are almost always shaped by dominant white, heteropatriarchal, settler colonial norms and marginalize the very nurses who have the political aptitude and competency to spark and lead change; nurses who refuse to suppress their political, cultural, or moral identities.

Institutional responses to dissent often reveal the ways in which comfort is positioned as both a moral good, a regulatory force, and a supreme value taking precedence over life itself. As Ahmed (2013) argues, comfort is not neutral, it functions as a mechanism of power that maintains the status quo by disciplining bodies, speech, and affect. In professional nursing spaces such as the example from the American Nurses Association (ANA) Membership Assembly, appeals to civility and procedural decorum serve less to ensure safety and more to secure the comfort of those invested and most benefitting from institutional neutrality. When nurses disrupted the Assembly with a sign that read “*Nurses Against Genocide*,” the act was framed not as an ethical intervention but as a breach of decorum, an unwelcome disruption to the comfort of the majority. Ahmed explores how comfort is about an encounter between bodies and worlds, and comfort is maintained

when bodies are already aligned with the values and expectations of the institutional space. Those who challenge or disrupt this alignment, by calling out racism, colonial complicity, or state violence, become the source of discomfort, regardless of the moral urgency of their message. Their removal, then, is not only disciplinary but also affective, a restoration of institutional comfort through the expulsion of discomforting truths.

This investment in comfort enables and conceals violence. By prioritizing emotional ease over ethical responsibility, institutions deflect accountability and suppress dissent. Following Ahmed, comfort is sustained through the repeated smothering of activism (conflict) and action (contradiction). In this way, comfort becomes a precondition for violence, allowing institutions to maintain their public image while refusing to confront the structural harms they uphold. In this regard, to cause dis-comfort is not to create harm, it is to make visible the harm that comfort has rendered unspeakable. Such efforts to maintain *comfort* is also demonstrative of how neutrality operates as a mode of *biopower*, disciplining nurses’ moral and political expression under the guise of professionalism.

Although silence and neutrality within the nursing profession are often positioned as acts of responsible detachment, they are technologies of power. Rooted in the professional discourse of “non-political” care, these stances make visible the operation of biopower, a regulation of life through institutional, clinical, and administrative control. As theorized by Foucault, biopower governs not only who gets to live, but who may be left to die (Foucault, 2003). Holmes and Gastaldo (2002) extend Foucault’s concept of *biopower* into nursing practice; the profession itself becomes a site of population management through the normalization of conduct, emotion, and ethics. Nursing’s claim to neutrality functions as a biopolitical mechanism, sustaining institutional legitimacy by regulating which forms of care, speech, and advocacy are permissible. The governance of nurses’ affect and expression runs similar to and is institutionally necessary for the governance of

patients' bodies: both are disciplined into docility in service of institutional order. When nurses remain silent in the face of structural violence, whether that is racialized disparities in care, the criminalization of illness, or the denial of healthcare to marginalized populations, the profession does not remain neutral; it functions as an extension of the state's power over life and death. Neutrality becomes a cover for complicity, allowing institutions to manage populations while disavowing their role in producing harm. Through policies, documentation, staffing decisions, and enforced emotional restraint, nursing participates in what Mbembe called the "death-worlds" of modern governance—spaces where certain bodies are rendered disposable (Mbembe, 2019; Jenkins et al., 2023). Professional silence, then, is not simply the absence of speech; it is a mechanism of death-making, a form of clinical and institutional abandonment that operates under the guise of impartiality.

Parrhesia, truth-speaking in the face of danger, is essential to confronting institutional silence as governance and death-making (Foucault, 2001). Parrhesia demands speaking truth in the face of power, with full awareness of the risks involved. In Holmes and Gagnon's (2017) interpretation, parrhesia is not merely personal bravery but a form of ethical resistance that reclaims subjectivity from disciplinary institutions. Within nursing, parrhesia destabilizes the biopolitical control that neutrality enforces, allowing nurses to reconstitute themselves as moral agents rather than docile instruments of institutional power. When nurses speak truth to institutional power, they invoke a deeply human and visceral form of ethical clarity that demands to be heard; not for personal validation, but to realign the profession and the self with its moral obligations (Jenkins et al., 2022). The work of radical truth speaking and advocacy demonstrated throughout the history of nursing shows us that silence is not the default; it is an actively manufactured professional habit. Breaking that habit requires a collective reorientation toward political responsibility. Professional silence is not a shield; it is a wound, and one that nurses must begin the work of healing.

Carceral Logic and Disciplinary Institutions

To underpin the persistence of neutrality within nursing, we must speak to the systems that discipline it into being. Neutrality in nursing is not an ethical default, it is an ideological structure maintained by institutions pathologically invested in predictability, order, and obedience. The logic of neutrality is deeply carceral; it surveils, isolates, and punishes those who speak out not because they are incorrect, but because they are inconvenient. Nursing is a profession nested within systems of healthcare, education, and governmentality and mirrors many of the logics of the prison and the police both in form and in function. Nursing is shaped by a broader apparatus of normalization and polices who speaks, how they speak, and whether they are allowed to remain. In *Discipline and Punish*, Foucault describes how modern institutions enforce docility and compliance through mechanisms such as timetables, hierarchical observation, and internalized surveillance (Foucault, 1977). The hospital becomes a site not only of care but of correction. Nurses are trained to submit to chains of command, to silence dissent, and to see ethical ambiguity as personal failure rather than structural harm. Darbyshire and Thompson's (2021) critique of "cop shit" refers to the internal policing behaviors nurses are encouraged to adopt toward one another in the name of professionalism. These include outing colleagues for political expression, enforcing dress codes, discouraging open critique in educational settings, and punishing deviation from normative standards. These behaviors are cultivated by a professional culture that fears disruption more than it fears injustice and harm.

The Invisible Committee expands this argument in *Now* (2017), where they suggest that modern institutions do not exist to prevent or solve crises, but to manage them and, in some cases, make them palatable and even acceptable, as the current situation in Gaza shows. Bureaucracies flourish in conditions of stagnation, where they can continually defer action in favor of structure and process. From this lens neutrality is not passive, but rather a method of institutional life support, giving the illusion of moral reflection

while ensuring absolutely nothing substantive is done. For nursing, this means that even when professional bodies claim to “care, advocate, be bold, use our voices” our silence and immobilization during fascist regimes, genocide, climate collapse, or state violence is not accidental, it is baked in.

This enforced neutrality is underpinned by deep contradictions. While the profession extols advocacy in principle, it often punishes it in practice. Nurses who use the power of the nursing voice to speak out and act against systemic racism, unsafe staffing, or state violence are frequently labeled disruptive or unprofessional. In academic spaces, research that centers anti-colonial or abolitionist frameworks can be marginalized or deemed too political or does not fall in privileged classes of “data-based” science. Where neutrality is not merely encouraged, but enforced, the result is a culture of professional silence maintained through peer surveillance, administrative discipline, and self-censorship. Dillard-Wright and Jenkins (2023) describe this phenomenon in nursing as one of Goffman’s *total institutions* (Goffman, 1961); one that works to encompass the full identity of the practitioner and exerts a totalizing influence over their behavior, beliefs, and affiliations. Within this totalizing institutional framework, conformity is not only expected but socially and professionally rewarded, while dissent is simultaneously pathologized.

Perron et al.’s (2020) scholarship on whistleblowers in nursing reveals how this silencing is structurally reinforced and how nurses who speak out and actualize ethical codes are often recast as deviant or insubordinate. Whistleblowers are framed not as ethical actors, but as threats to institutional stability and reputation. Perron et al. highlight the emotional and professional toll whistleblowing takes as nurses are subjected to retaliation, isolation, and career jeopardy for refusing complicity in harmful systems. Rather than being protected, these nurses are disciplined through the very systems they sought to hold accountable. Nurses are trained to internalize institutional norms that prioritize order, obedience, and technical

competence over critical inquiry or political engagement. The identity of the good professional nurse becomes synonymous with deference to authority, even when that authority is complicit in or directly causing harm. The cases of whistleblower nurses make visible how the expectation of neutrality serves as a disciplinary mechanism; a way to render nurses docile and compliant within hierarchies that often reproduce the very injustices we are ethically charged to resist. Nurse whistleblowers often experience not only reprisal from their employers but also a lack of institutional support from professional nursing organizations. As Perron (2020) and colleagues have argued, nursing’s regulatory and professional bodies frequently maintain a stance of silence or disengagement when nurses speak out against unsafe or unethical practices, thereby reinforcing existing power structures rather than challenging them. This reluctance, or at times, outright disciplinary response, has been exemplified in the case of Carolyn Strom, a Canadian nurse who was sanctioned by her professional regulatory body after publicly taking to social media to criticize the quality of care in a long-term care facility. Although her discipline was ultimately overturned on appeal, the case highlights how nurse whistleblowers may be effectively abandoned by the very organizations tasked with upholding professional integrity and advocacy (Strom v. Saskatchewan Registered Nurses’ Association, 2020). Again, we see the ways in which the silencing of advocacy is not incidental but structural, embedded in the epistemology and power scaffolding of nursing both as a regulated profession and as a total institution.

Consequences of Neutrality: Moral Injury, Technological Violence, and the Abandonment of Ethical Obligation

The real-world effects of professional neutrality in nursing are not merely theoretical, they are bodily, institutional, and increasingly consequential to patients, communities, the credibility of the profession, and the moral core of nursing itself. The erosion of public trust in nursing begins with our willingness to ignore suffering. Moral injury is now a regular feature

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of the nursing profession. Nurses who bear witness to institutional neglect, systemic racism, and policy-driven abandonment of vulnerable populations are simultaneously asked to participate in it and remain silent about it. Silence under these conditions fractures professional identity, producing a nursing workforce that is ethically disoriented and physically and spiritually exhausted; a body of workers alienated from their values by the very institutions they serve. The feeling is split from the thinking, and the doing.

This phenomenon is imminently evident in the nursing profession's growing complacency around the use of artificial intelligence in healthcare decision-making. As AI systems increasingly determine everything from triage categories to discharge planning and predictive risk scores, many nursing bodies have chosen silence. Rather than challenge the opaque algorithms that encode structural racism, ableism, and socioeconomic bias, professional organizations have emphasized "adoption" and "integration." This is *technoableism* in practice; the uncritical acceptance of technologies that render care more efficient for institutions while rendering patients more invisible (Shew, 2023). Nurses are rarely consulted in the design of these systems, and when they are, it is often to rubber-stamp decisions already made. AI-driven care introduces a new kind of neutrality—one that absolves humans of responsibility by placing decision-making in the hands of "objective" and "evidence based" technological platforms. The normalization of surveillance technologies in healthcare such as predictive monitoring and biometric compliance tracking extends this harm. These technologies frequently violate patient autonomy and disproportionately target marginalized bodies. Yet, the professional discourse in nursing has been largely muted (Walker et al., 2023). Ongoing silence on normalization of surveillance technologies in healthcare such as predictive monitoring and biometric compliance tracking further cultivates technoableism while reinforcing a care system that increasingly resembles a carceral regime. But these systems are not neutral, they are constructed with the same biases as the societies that built them. The choice not to resist or

critically interrogate this shift is yet another example of neutrality as a political act, one with life-and-death implications.

If nursing is a profession grounded in care, then neutrality in the face of these developments is indefensible. Silence on AI ethics, on technoableism, on the treatment of human bodies as algorithmic data points is not apolitical, it is active alignment with the racially capitalist logics of exploitation and erasure. It is complicity in a form of harm that dehumanizes both the cared-for and the caregiver. Nursing must claim its voice not only in the overarching domain of policy, but in the ethics of technology, embodiment, and care. Naming harm is not enough, nurses must be empowered to resist it, critique it, and reimagine the profession beyond the sterile neutrality of risk management and reputation preservation. In doing so, nursing might become what I imagine we hope we are: a force for life in the face of systems that make death not only banal, but increasingly efficient.

We Can Choose Otherwise

Though this may all sound dire, engaging a radical imagination—itself an act of creative resistance—makes other futures possible. And alternate futurities are possible, if we imagine and build them (Dillard-Wright, 2021, p. 8).

If neutrality is a disciplinary structure, then imagining otherwise requires an act of both individual and collective refusal, solidarity, risk, and transformation. Such an ethic would abandon the falsely apolitical safety of neutrality in favor of a recognized politicized practice that sees care not as an isolated clinical act, but as relational, historical, and insurgent. To imagine a future in which nursing stands for justice as we say we do, we must be willing to name neutrality not as a reasonable middle but as a disciplinary project; a form of politically motivated moral cowardice upheld through carceral logic, institutional stagnation, and racial capitalism. Through this lens nurses might emerge to see resistance as a form of care, critique as a form of commitment, and the

discomfort of dissent as the beginning of collective healing.

Across the globe and despite strategic erasure and silencing and the carceral logics of the institutions in which we practice, nurses already practice this ethic every day. During protests against state-sanctioned police violence nurses provide street medic support, refusing to remain neutral while their patients are criminalized for dissent. Palestinian nurses have long resisted Israeli military violence, continuing to provide trauma care amid targeted attacks on health infrastructure. In the realm of nursing education, students and educators alike demand more than performative DEI statements. Abolitionist nursing collectives have developed curricula that center anti-carceral theory, trans liberation, and Indigenous sovereignty. Unionized nurses have also mobilized to resist exploitative and dangerous staffing practices. The New York State Nurses Association has publicly condemned police violence and called for racial justice policies in hospitals (New York State Nurses Association, 2021). National Nurses United, the largest union of registered nurses in the U.S., has taken stances against corporate healthcare, climate inaction, and war profiteering, linking nursing labor to broader global justice struggles (Devaan, 2022) There are endless examples, unrecorded and unreported, of nurses speaking on behalf of justice every day. These nurses do not ask whether their care is politically safe; they go where the hurting is and meet the people where they are. These acts are not fringe, they are the present and future of nursing. These movements remind us that the collective power of nurses is strongest when it is unapologetically and explicitly political (Stake-Doucet et al., 2023).

Imagining otherwise also means resisting the myth that neutrality and status quo are not the only options to find joy and safety in nursing practice. As Joy James and others have taught us, care that exists outside the state like mutual aid, healing justice, abolitionist medicine is not lesser than institutional care; it is often more responsive, accountable, and ethical. In these frameworks, care is not something we passively deliver, it is something we practice,

build, and defend, together (James, 2023). This work requires a radical nursing ethic rooted in refusal and imagination that embraces parrhesia, fearless speech, as a form of practice. This ethic does not ask for permission. It moves, it intervenes, it *does something*; it touches bodies, it makes demands. It builds structures of care not only in response to violence and crisis, but in anticipation of and preparation for new worlds. Nurses must refuse neutrality not only because it fails us, but because we deserve and have a vision and a plan for more; more freedom, more solidarity, more love, more hope, more joy, and more expansive and life-giving opportunities to practice the type of nursing we all deserve.

Conclusion

In an era defined by genocide, climate collapse, state violence, and deepening global inequality, neutrality is not an ethical stance, it is a disavowal of ethics altogether. For nursing, a profession rooted in the language of care and justice, neutrality becomes particularly dangerous. Neutrality allows institutions to avoid discomfort and protect power while the most vulnerable are abandoned, both within and beyond clinical walls. Throughout this paper, I have traced how neutrality is produced, policed, and sustained by forces from carceral logics and professional gatekeeping to racial capitalism and technoableism. I have made visible how neutrality masquerades as professionalism but functions as discipline. I have examined how its costs, namely complicity in structural violence, are borne disproportionately by those we purport to serve. I explored the struggle between neutrality and resistance in nursing as a biopolitical tension between the institutional governance of life and the ethical imperative to speak truth in the face of death-making systems. Finally, I asserted that through parrhesia, nurses might reclaim agency from the disciplinary mechanisms of biopower and reimagine resistance as an act of care. To practice nursing otherwise is to transform the very conditions under which life and care are governed (Holmes & Gastaldo, 2002).

Neutrality is not our inheritance, it is our undoing, and critical interrogation of our

sanitized stories are imminently necessary (Dillard-Wright et al., 2020). Simultaneously, the refusal of neutrality is already underway (McKeown, 2019). In hospitals and classrooms, on picket lines and protest sites, at conferences and professional boardrooms, in research and pedagogy, nurses *are* refusing silence. We *are* speaking truth in the tradition of parrhesia. We *are* organizing in the spirit of anarchism. We *are* practicing care that does not require institutional permission. This refusal is not disruption for disruption's sake, it is the reclamation of nursing as a liberatory practice; a reminder that care is not neutral, and neither are we. We are confronting our individual and collective roles in silencing dissent, in punishing truth-tellers, and in normalizing the conditions of abandonment. We must invest in nursing people over nursing institutions, justice over neutrality, and courage over compliance.

Acknowledgements

I would like to acknowledge Dr. Jess Dillard Wright, Sarah Warren, *Nurses Against Genocide*, and all nurses both silenced and celebrated, who fight against nursing neutrality.

Conflict of Interest

The author reports no conflicts of interest. As Dr. Dillard-Wright's work influenced this manuscript, she was recused from all roles associated with peer review given her guest editor role with this special issue of Witness.

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