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8. General Conclusion

The idea of One Health (OH) reveals how the ecological and the interspecies determinants of health irrevocably cross the boundaries of nation states, hereby highlighting the interdependence of humans across the globe. Emerging infectious diseases (e.g., Ebola virus disease) can travel across the globe rapidly as a result of the infrastructure of a globalized economy. The effects of ecosystem deterioration and collapse range far and wide whereby the political construct of nation states is disregarded. A public health understanding that omits ecological and interspecies interrelations thus proves to be radically incomplete in both descriptive and moral terms. A broadening of public health is warranted, as human health is inescapably dependent on ecosystem services as well as vulnerable to interspecies threats such as emerging infectious diseases and ecological dysfunction.

The distinct relevance of OH to debates on global health justice becomes apparent: uncovering the ways in which human health is both dependent and vulnerable in terms of ecological as well as interspecies interactions and bringing this to bear on obligations towards non-compatriots in particular. Such stakes take the initiative of OH beyond a mere call for collaboration or beyond a comprehensive description of the interspecies and ecological aspects that impinge on human health. OH, as I have argued, provides us with a framework for establishing an actual interspecies health policy, hereby replacing those public health perspectives that overlook non-human animals as being relevant to human health or as recipients of health justice. Recognizing the relevance of animals to public health largely entails an empirical matter, delineating the relevant causal and comparative relations between human and animal health to then position them against the background of ecological processes. Whether or not health policy needs to attend to non-human animals as a matter of justice is an entirely different issue which is largely absent in discussions on OH.

This thesis comprises an initial step in addressing this hiatus whereby the Great Ape Project is followed up upon, putting pressure on the anthropocentrism of human rights. An interest-based theory or rights has been applied in the course of this endeavor, providing not only a distinct justification of the rights defended by the Great Ape Project but also venturing into other fields of human rights, specifically the right to health. This specific moral right provides us with a highly relevant navigation point, bringing out individual interests in health that demand protection as a matter of justice. It helps to integrate OH into debates on global

justice and also forwards a possible reference point for a truly interspecies health policy. The universal nature of human rights, if paired with a theoretical underpinning in terms of interests, pushes against the boundaries of nation-states and species alike, steering towards an interspecies and cosmopolitan health policy.

What does such an interspecies and cosmopolitan outlook imply for great apes in practice? Importantly, before jumping to conclusions, the argumentation and the claims should be placed into context. The present thesis involves a coherent extrapolation as well as a development of an interest-based theory of rights, and the right to health of great apes in particular. It takes human rights as a starting point, shaping the arguments within a specific theoretical framework. Although argumentation supports the plausibility of this approach, it may prove to be inadequate, incomplete or even incorrect. This possibility should caution direct translation into the real world. If one, however, accepts the assumptions as made explicit throughout the argumentation, the claims not only gain as much traction as they foreseeably can but also deserve genuine consideration. If the claims are acceptable, we must then modify our institutions in order to reflect the health interests of great apes, and conceivably even many more animals, as a matter of justice. Having expressed these caveats, we can now turn to these new perspectives.

First and foremost, this thesis continues the work of the Great Ape Project by exploring positive obligations in relation to basic interests. The human rights framework goes beyond negative rights, especially as to the following theory of rights endorsed in this thesis (see chapter 3): "Individuals have a right if and only if one's interests suffice to impose duties on others". This statement does not restrict rights to the domain of negative rights, if such a distinction is indeed tenable at all but rather places the burden of proof on potential duty holders in order to justify whether the interests of others are sufficient or not. While certain individuals will only consider protection of interests in terms of negative rights to suffice, others deem it to be the case that humans have specific interests (e.g., health) that require positive obligations. The plausibility of acknowledging positive human rights opens up a possibility for acknowledging such interests in great apes, too, much like the rights already argued for by means of the Great Ape Project. In order to utilize this opportunity, the right to health is not only discussed in detail but also brought to bear on the interests of great apes.

Secondly, what does the right to health involve for great apes? This issue is not clear-cut and unexplored territory with regard to animals in general. The aim of the thesis is not to defend a particular version of the right to health but to investigate if the idea also applies to great apes. The right to health is understood in terms of protection against standard threats (Wolff 2012a), indeed a rather modest formulation. I have argued that health is at least instrumentally valuable both in avoiding pathology and in having access to opportunity, both of which translate to great apes and in turn lead to new questions.

In the third place, how should we balance the demand of the right to liberty and the right to health? This issue requires a discussion on the right to liberty – one of the rights the Great Ape Project defends – and its relation to the capacity for autonomy. While often theorists regard great apes autonomous or share this claim from a precautionary viewpoint, I set off from the assumption that they lack such cognitive capacity, so as to explore a minimal account. My suggestion is that we should understand interests in terms of a subjective endorsement placed against the background of a reasonable range of opportunities. Rather than liberating apes based on their right to liberty, we should offer these apes a reasonable range of opportunities hereby facilitating their determination of the appropriate latitude for themselves; respecting ape agency. Protecting against standard threats to health should be viewed in tandem with the entitlement of having access to a reasonable range of opportunities, requiring a balancing of these interests in practice.

In the fourth place, by investigating the right to health from an interspecies perspective, hereby broadening its scope, questions pertaining to content prove inevitable. Does the right to health correlate with access to health care, or does it also include social determinants? No compelling arguments appear to restrict the right to health to a right to health care. However, even when acknowledging social determinants of health, we still overlook a vital assemblage of factors that affect individual health. The OH concept if viewed as the interdependency of human and animal health embedded within ecosystems provides us with a lens with which to gain insight not only into interspecies and ecological determinants of health but also into their mutual interplay. If we were to protect against standard health threats which takes us beyond access to medical care, then consequently threats from an interspecies or ecological origin matter just as much. The right to health of great apes should also include their ecological space. The implications for the content of the human right to health involve an unexpected result of the research, which is primarily focused on relevance of the right to health for great

apes. Although these surprising insights for this reason remain slightly tentative, I do believe them to be promising.

In the fifth place, by starting off from the interests of individual great apes as a matter of health policy, we must evaluate contemporary ways of funding care for great apes. Providing care frequently relies on charity and/or the reparation of physical injuries suffered during previous medical research. Although both factors are important in terms of responsibility, they do not paint a complete picture. Reparation is clearly insufficient, as it only pertains to individuals that have suffered physical injury caused by research. Charity may turn out to suffice when providing adequate care but also triggers questions of distributive justice. Instead, the interests of individual great apes should be considered at the level of health justice. It is unjust to cause such care to (fully) rely on charity, let alone on reparation.

In the sixth place, the right to health of great apes offers new perspectives on the debate on vaccination. Various questions arise in this debate. Can we vaccinate great apes in the wild? This empirical question I assume tenable, if not now, then possibly in the future (Leendertz et al. 2017). Needless to say, there are normative questions, too: Should we vaccinate great apes living in the wild? To what extent is it permissible to enroll great apes in examples of research performed to benefit their conspecifics in the wild? These issues are often considered from the perspective of conservation, which is understandable considering the extent to which great ape populations are endangered. 99 However, if the Great Ape Project is correct when it emphasizes the moral rights of the individual, then conservation requires not only measures in order to ensure the survival and sustainability of populations but also protection of great apes as individuals, for example, by safeguarding their health against standard threats. The debate on vaccination strategies should not be restricted to species and populations only but should also pay attention to the individuals involved. Such a shift in perspective affects both our treatment of confined apes and of those living rather independent lives. Starting with the former, pressure is put on the idea to subject great apes to invasive research so as to benefit their wild conspecifics. Great apes cannot consent to medical research nor can they reflect upon the possible benefits to conspecifics, hereby rendering research of no benefit to the individual herself questionable. Moreover, the right to health protects confined apes against

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⁹⁹ All non-human hominid species are either endangered or critically endangered. https://www.iucnredlist.org/search/grid?query=Great%20Apes&searchType=species [accessed 5 February 2020].

threats to their health as it does to the right not to be tortured as argued for by means of the Great Ape Project. As to the apes living in the wild, we must consider the extent to which we can protect these animals against standard health threats. Even if deemed not necessary for the survival of species or for other conservation goals, and in case we can – assuming it proves feasible and does not make matters worse – protect the health of those individuals who reside in the vicinity of intermingled human-animal societies, or even of great apes living more remotely, the right to health requires us to do so. Such an imperative also pertains to opportunities for rescue as well as rehabilitation, even if eventual release into the wild would prove to be impossible.

Ushered by a OH perspective to integrate the wild with the lab, we stumble upon a paradox. We must protect the health of individuals in the wild for example by means of vaccination while at the same time development of vaccinations by enrolling conspecifics in research and vaccine trials lacks justification. Are there any alternatives? Enrolling other species such as monkeys is controversial both from an epistemic (regarding the possibility of transferring health knowledge across species) and an ethical viewpoint (whereby the difference in interests between great apes and other animals (e.g., monkeys) does not appear to be categorical). The application of non-animal-based models may become a useful possibility when dealing with this issue in the future. Another opportunity is to consider results from the regrettable history of research on great apes, which has provided a variety of vaccines that could prove valuable for the sake of great apes themselves.

In the seventh place, does the conflict between freedom and health in the wild entail confinement in order to safeguard health? I advocate a middle ground, which does not deem full independence to be necessary, nor does it collapse into captivity. We must equipoise the interests in health against the right to freedom of opportunity. This balancing act cannot be adjudicated by means of a utilitarian calculation or a reference to group-membership. The rights to freedom of opportunity and to health belong prima facie to the individual, whereby a specification into concrete rights is required. Inevitably contextual, but not in the sense of differentiating between the contexts of human-animal interactions and/or distinguishing between these contexts in terms of obligations. In other words, context does not determine if we have obligations but contributes to specifying duties imposed by sufficiently important interests of the individual.

Striking a balance between health and freedom at the human-ape interface prompts variegated issues regarding human presence. Human presence is not prohibited in principle but needs to be evaluated against the background of the competing interests concerning the health and freedom of great apes. Whereas tourism is of vital importance to local livelihoods or even to the economic strength of an entire nation-state, it is not in the interests of the great apes themselves. Further research may or may not be necessary in the light of these interests. Habituation generally involves stress over a relatively lengthy time span. Perhaps especially with regard to configuring a human-ape interface in the future, we must ask ourselves what interacting with great apes in a sustainable and responsible way requires. With respect to agency, in terms of freedom of opportunity, great apes should be able to explore ways of living that involve either less interaction with humans or even more interaction, if they genuinely choose to do so. With respect to health, we must carefully assess the risks and possible benefits pertaining to a great ape health caused by human presence, gauging both interspecies and ecological determinants of health, to then adjust the human-ape interface accordingly.