

# Ethical issues arising in research into health and climate change

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## Pecha Kucha presentation

### Ethics of research on climate change and health in colonial Africa must emphasize reparative and distributive justice: the case of colonial land alienation and climate impact on health in the British East Africa Protectorate (Kenya)

David Nderitu Wanjeri, Egerton University, Kenya

#### Description of the context

In colonial Kenya, the British farmers were settled in fertile native lands called the 'White Highlands'. The settlements were entrenched in the colonial White Highlands Land Policies that is, the British East Africa Protectorate of 1897 and later, Crown Lands Ordinance in 1902 (Morgan, 1963; Coldham, 1979). In effect native communities in Colonial Kenya were displaced and given insignificant compensation. For example, the Kikuyu were paid a meagre three Indian Rupees per acre for their loss of rights (Sorrenson, 1967). The Nandi and Kipsigis who were predominantly pastoralists had their land and salt licks alienated and they were forced into squatter labour in exchange for grazing rights (Kanogo, 1987). Some natives living on the land at the time of alienation received no compensation whatsoever (Rosberg and Nottingham, 1966). In particular, the Maasai were pushed out of Laikipia to make room for European settlers (Hughes, 2006; Kantai, 2007). Often, the British Colonial administration pushed the native communities into lands that were less favourable for human habitation including wastelands, dry areas, or remote regions, some of which had great significance for climate (Mbithi and Barnes, 1975). Land alienation resulted in ancestral land marginalization of native communities resulting in drought and famine as well as the distortion of cultural economic activities etc.

This article draws correlations between the colonial settlement in Kenya, the resultant land alienation and marginalization of the natives, and the long-term climate change and health effects on native communities in Kenya. In view of this correlation emphasis is made regarding the kind of knowledge production and research that should be prioritized in relation to climate change and its effects on health in Africa. It also suggests the kind of ethical concerns and principles that should be considered when reflecting on climate change and health in the context of colonial Africa. Due to the experience of historical land injustices in colonial Africa which are amplified by cases of land alienation and marginalization of some native communities, the *prima facie* emerging concerns should be about reparative and distributive justice. This recognizes that contemporary agendas regarding climate change are driven by Western narratives (Oduor, 2024).

Ethical issues emerging from climate change and health in colonial Africa cannot be looked at in isolation. The underlying argument adopts an integrationist school of thought holding that it is best to treat the ethical issues posed by climate change as part of a general theory of justice and in conjunction with other issues (such as poverty, development and so on) (Carney, 2021). Colonial Land alienation can be looked at from the perspective of general global justice and its effects can be placed within the discussion of impacts of climate change on the health of native Kenyans. Issues of climate change and their effects on health ought to be addressed holistically to include historical injustices against

natives in the settler colonial societies. Therefore, research and academic discourses looking into the ethical issues in climate change and health in colonial Africa ought to underline these issues. Insights from this discussion serve to inform those in charge of funding, regulation of research, ethics review and research approval in relation to health and climate change in Africa.

### **Description of ethical issues relevant to research on climate change and health for settler colonial societies in Kenya**

The dominant discourse on the ethics of climate change and its effects on health is premised on the need to address health impacts of anthropogenic climate change. Specific and direct questions like what present-day polluters may owe to future generations, and whether countries most at risk of the harms of climate change are owed reparations by historical polluters (Sheather et al., 2023) are often highlighted. However, approval of research on climate change and health in settler colonial settings like Kenya should include redress of specific contextual issues related to the colonial activities such as land alienation and marginalization of native communities which impact their experience with climate change. This should also inform critical considerations for review of protocols by RECs in colonial Africa contexts.

As a common observation, many countries with the most vulnerable and at-risk populations in the world have historically least contributed to Green House Gases (GHGs) emissions (Hallegatte, 2022; UNDP, 2023). Coincidentally, some of these are the contexts which have experienced colonialism and settler invasion. Therefore, questions for climate change and health research in such contexts ought to engage with their unique experiences and (in)capacity regarding response to impacts of climate change occasioned by the colonial injustices.

The colonial activities by the British in Kenya raise underdeveloped issues that require attention related to climate change and health. These include questions of equity and fairness in connection with colonial displacement of the native people and the resultant marginalization. As indicated above, colonial displacement of the natives in Kenya and land alienation to pave way for settler farming in the White Highlands brought direct consequences like drought and famine when the natives were pushed into marginal areas and were also overcrowded in limited space which could not allow sustainable food production. In addition, the displaced communities were ravaged by new human diseases and pests as well as diseases that affected their livestock because they had no immunity to them (Hughes, 2022). This is a factor that had direct consequences for the health of the native communities, effects which continue across generations.

The move by British settler farmers to enforce the replacement of the local variety of food crops like millet and sorghum with exotic maize and wheat only served to reduce yields as these crops could not easily resist drought and adapt to the Kenyan ecology including crop diseases (KNA, 1935). Furthermore, the new seeds, and particularly maize, together with new agricultural practices such as pure cropping, clean weeding, and deep tillage, contributed to the acceleration in loss of soil fertility (Mackenzie, 2000). In addition, the industrial activities of the British, including mechanized large-scale agriculture, the introduction of inorganic fertilizer and the use of petroleum to power the Protectorate directly contributed to emission of GHGs with a significant impact on climate change and degradation of natural ecosystems in Kenya.

People living in settler colonial economies are often vulnerable to the health impacts of climate change. This is equated to the concept of global structural inequalities whereby some people are thrown into vulnerability due to certain experiences in life like racism (and colonialism alike), negative ethnicity, gender inequality etc. (UNDP, 2023). In the Kenyan context, colonialism precipitated disruption and impoverishment of native societies due to exploitation of resources, land alienation and marginalization. Some of these communities still struggle to cope with effects of climate change and the majority can hardly access healthcare because they live far from the urban centres as a result of

the marginalization. All these raise basic human rights issues which global climate change protocols like the One Health Initiative hardly address (Oduor, 2024).

Read together, all these events point to a specific way of thinking about climate change and health in the context of colonial legacies. This should be reflected in the research topics proposed for the bulk of research protocols that are meant to mitigate climate change and health in colonial African contexts like Kenya. In particular, the need to advance justice or fairness and equity in the global debate on climate change and health should be emphasized in the review and permit of research protocols.

Studies underlining the need for distributive and reparative justice ought to take precedence in the African context. Distributive justice is concerned with how goods, services, and entitlements should be fairly apportioned (Sheather *et al.*, 2023). In the context of climate change, it is concerned with the just division, fair sharing, and equitable distribution of the benefits and burdens of climate change, along with the benefits and burdens of adaptation and mitigation policies and the allocation of responsibilities to address them (Sheather *et al.*, 2023). Reparative justice is a mechanism to compensate the world's most vulnerable communities, the members of which are bearing the burden of anthropogenic climate change (Dearing 2023). Protocols which address what the natives lost due to colonial interference, which continue to have consequences for climate change and health would be more relevant in colonial African contexts like Kenya.

COP 28, the UN Climate Change Conference in Dubai, gave significant prominence to the issue of distributive and reparative justice by underlining the responsibility of high-income countries and the biggest emitters of GHGs to transfer resources to low-income countries and low emitters of GHGs. This refers to material climate reparations in the form of monetary compensation, land and natural resource allocation, and debt cancellation which would support the mitigation and adaptation efforts of vulnerable communities (Dearing, 2023). Reparations should include increased funding for health research for countries with communities which have been victims of colonial displacements that have exacerbated the health impacts of climate change.

Worth mentioning is a growing concern in former colonial settings where communities which had been pushed into marginal areas which are climate significant like forests, are now being evicted in the guise of saving the ecosystem. But critiques argue that most of the post-colonial African governments are being drawn into the carbon credit saga where international multi-nationals and “development partners” are scrambling for such spaces in order to afford space to produce clean air for carbon credit.

### **Conclusion and recommendations**

The ripple effect caused by a series of historical events in colonial Kenya emanating from land alienation and leading to climate change ultimately contribute to prevailing global structural inequalities including in health and the capacity to address climate change by affected communities. Due to this, climate change discourses, knowledge production and research in such contexts must prioritize the distributive and reparative justice agenda in research. To ensure this, specific steps can be taken to promote relevant climate change and health research in settler colonial regions:

1. Ensure that one of the conditions for the ethical approval of research related to climate change and health in colonial settler communities is the presence of a distributive and reparative justice agenda, explicitly or implicitly.
2. Voices from former settler colonial societies should be given a place in the entire discourse and research agenda regarding health and climate change beyond the dominant narrative pegged on anthropogenic climate change.

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