

Announcement of Agency Decisions on Recommendations from the NIH Council of Councils Working Group on Assessing the Safety of Relocating At-Risk Chimpanzees

Summary:

This report provides a summary of public comments and decisions of the National Institutes of Health (NIH) on assessing the safety of relocating at-risk chimpanzees owned or supported by NIH to the federal chimpanzee sanctuary system. In February 2018, NIH charged a working group within the Council of Councils (Council), a federal advisory committee, to provide advice and recommendations to the Council on factors for attending veterinarians to consider when deciding whether to relocate NIH-owned or -supported chimpanzees. In May 2018, the Council adopted the recommendations presented by the Council Working Group on Assessing the Safety of Relocating At-Risk Chimpanzees and transmitted them to the NIH for consideration. NIH subsequently issued a request for information in the Federal Register and the NIH Guide for Grants and Contracts to obtain broad public input on the recommendations that the agency is considering. This report summarizes the comments NIH received from more than 4,000 individuals in response and announces the agency's decisions with respect to the Council recommendations.

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I. Background

In 2015, the NIH decided that all NIH-owned chimpanzees residing outside of the federal chimpanzee sanctuary system were eligible for retirement and relocation to the sanctuary operated by Chimpanzee Haven, Inc., in Keithville, Louisiana. This decision was based on several converging efforts:

- A 2011 report by the then-named Institute of Medicine (IOM) that stated the use of chimpanzees in research has become "largely unnecessary" and recommended approaches to minimize their use in federally funded research.
- A 2013 report from an earlier NIH Council of Councils working group that made recommendations to the NIH on implementing the IOM principles and guidelines and placement of NIH-owned or -supported chimpanzees.
- A 2015 announcement by the U.S. Fish and Wildlife Service designating all captive chimpanzees as endangered, thereby conferring specific protections under the Endangered Species Act.
- Observations by NIH of a significantly reduced demand for chimpanzees for research.

A priority for the NIH, relocation of the chimpanzees to the sanctuary proceeds according to a retirement plan prepared by the agency. The retirement plan (<https://orip.nih.gov/comparative-medicine/programs/nih-plan-retire-all-nih-owned-and-supported-chimpanzees>) states that chimpanzees will be retired to the sanctuary once space becomes available and on a timescale that considers the health, welfare, and social grouping of individual chimpanzees. However, many of these chimpanzees have age-related ailments that can increase their risk of severe adverse events during the transfer and relocation process. The frail condition of these "at-risk" chimpanzees could mean they cannot be moved safely to the federal sanctuary system even though the NIH's intent is to retire all of its chimpanzees to the sanctuary.

II. Recommendations of the Council Working Group on Assessing the Safety of Relocating At-Risk Chimpanzees

The NIH established the Working Group on Assessing the Safety of Relocating At-Risk Chimpanzees (Council Working Group) within the Council of Councils (Council), a federal advisory committee, on January 26, 2018 to provide advice and recommendations on factors for attending veterinarians to consider when deciding whether to relocate NIH-owned or -supported chimpanzees to the federal chimpanzee sanctuary system. The Council Working Group was officially charged to:

- Review two NIH reports summarizing the published literature on physiological and welfare concerns of at-risk chimpanzees and on selected statutes, regulations and reference manuals.
- Interview staff at NIH-supported facilities and other veterinarian experts about the relocation process and factors they consider when assessing relocation risk(s).
- Where possible, identify additional objective and subjective measures for use by the NIH and NIH-supported facilities in assessing the risk(s) of relocating individual chimpanzees.
- Identify the documentation recommended to support subjective assessments.
- Develop a points-to-consider report and/or risk-based selection matrix to inform decisions by the attending veterinarian and the NIH regarding chimpanzee relocation, particularly in ambiguous circumstances.

In developing its recommendations, the Council Working Group conducted site visits to three facilities that house NIH-owned or -supported chimpanzees, interviewed 17 experts, and reviewed voluntarily submitted letters by several nonprofit organizations, as well as summaries prepared by the NIH of the relevant published literature and applicable laws and statutes. The Council Working Group also collected data from several research facilities and the federal sanctuary system on chimpanzee demographics, health status, and other characteristics.

The Council Working Group's efforts culminated in a report (https://dpcpsi.nih.gov/sites/default/files/CoC_May_2018_WG_Report_508.pdf) submitted to the Council on May 18, 2018. The report summarizes the findings of the Council Working Group and offers seven recommendations to the Council to facilitate NIH's goal to retire the chimpanzees it owns or supports to the federal sanctuary system. The recommendations are listed below along with a brief summary of the discussion in the report of each one.

Recommendation 1: The NIH and the facilities that house NIH-owned and NIH-supported chimpanzees should relocate all of these chimpanzees to the federal sanctuary system unless relocation is extremely likely to shorten their lives.

The Council Working Group defined at-risk chimpanzees as those that, due to physical or behavioral impairment, are more likely than not to experience one or more severe adverse events because of the relocation process. Serious adverse events include permanent or serious injury, long-term destabilization, or death within 6 months of arriving at the receiving facility (a timepoint based on the duration of the post-trip adjustment phase and the additional time for follow-up). The at-risk chimpanzees might include those with obvious disease and others that are significantly compromised by disease or are very fragile.

The Council Working Group recommended that only those chimpanzees for whom relocation to the federal sanctuary system would be extremely likely to shorten their lives should not be relocated. This includes chimpanzees in extremely critical condition or actively dying. While some experts interviewed suggested that all NIH-owned or -supported chimpanzees should be relocated, federal law prohibits a facility from transporting an animal that would be endangered by the transport.

Recommendation 2: The NIH should oversee the development of standardized approaches by facilities that house NIH-owned or -supported chimpanzees for assessing each chimpanzee based on its health, behavior, social needs, and environmental requirements. This assessment should be used to better understand the animal's needs in its current and future environments and should inform relocation decisions.

The sending and receiving facilities have used different approaches in assessing each chimpanzee based upon its health, behavior, social needs, and environmental requirements. Such an assessment is critical when deciding whether an at-risk chimpanzee should be relocated to the federal sanctuary system. The assessment processes used to reach such a decision are not standardized, and much of the information used is subjective. Therefore, the Council Working Group recommended the use of a common categorization framework for making relocation decisions based on the American Society of Anesthesiologists Physical Status Scale, as amended by the Academy of Veterinary Technicians in Anesthesia and Analgesia. This assessment should also include consideration of the receiving facility's capability to provide adequate care as well as its ability to accommodate small social groups if the chimpanzee's health and behavioral assessment requires it.

Recommendation 3: All facilities that house NIH-owned or -supported chimpanzees must use the same health and behavioral categorization system for these animals so that sending facilities, receiving facilities, and the NIH all understand why a chimpanzee has been assigned to a certain health status category. Veterinary records must be shared between sending and receiving facilities so that the receiving facility can provide informed feedback about the animal(s) considered for relocation.

Sending and receiving facilities have used different types of categorization scales to assess the health and well-being of an individual chimpanzee making it difficult for each facility to interpret another's categorization. The Council Working Group recommended that a standardized health categorization system (as described in Recommendation #2) be used, and that it incorporates behavioral factors. Increased records sharing was recommended to enhance site personnel's understanding of why each chimpanzee was assigned to a given category.

Recommendation 4: Both sending and receiving facilities should collaborate to jointly expand the technical assistance available to the receiving facility to care for at-risk chimpanzees.

The chimpanzee population at the federal sanctuary system continues to grow and age resulting in increased numbers of animals requiring complex care. The relocation and retirement of at-risk chimpanzees to the federal sanctuary system will further increase the need for expanded veterinary capacity at Chimp Haven. Sending facilities, which possess considerable specialized clinical and

diagnostic expertise and equipment, should enhance existing collaborations and establish new partnerships with Chimp Haven. This will result in continued, high-quality care for relocated chimpanzees.

Recommendation 5: With guidance from the NIH, facilities that house NIH-owned or -supported chimpanzees should develop shared relocation standard operating procedures (SOPs). These SOPs should describe risk-mitigation strategies (e.g., engaging veterinarians, behaviorists, and caregivers at the sending and receiving facilities in regular discussions before and after a chimpanzee’s transportation; sending chimpanzees in intact social groups; and providing flexibility to house smaller social groups at the receiving facility) that can be used when relocating at-risk chimpanzees.

Relocation standard operating procedures (SOPs) shared across sending and receiving facilities would help reduce the risks associated with chimpanzee relocation. Shared SOPs should describe and set forth parameters and guidelines for a wide variety of actions associated with the preparation, transportation, and integration of chimpanzees to the federal sanctuary system. The Council Working Group recommended multiple strategies to consider in the development of shared SOPs with the goal of mitigating risks to the chimpanzees at all stages of the relocation process.

Recommendation 6: When facilities disagree about whether to relocate a chimpanzee, independent expert veterinary opinion should be sought to inform the relocation decision.

The Council Working Group sought to address a potential situation wherein the sending and receiving facilities disagree over whether or not to relocate an at-risk chimpanzee. In such a situation, the Council Working Group recommended that the facilities consult one or more external veterinarian(s) with expertise in nonhuman primate medicine. Independent and external expert opinion on the details of an individual case could help inform the decision of the licensed, accredited veterinarian at the sending facility, who, by law, has the final authority to issue the health certificate required for the transport and relocation of a chimpanzee. Importantly, the external veterinarian(s) should not issue the health certificate.

Recommendation 7: Facilities housing NIH-owned or -supported chimpanzees should give the NIH sufficient information to undertake actuarial and demographic analyses of data on these chimpanzees.

The NIH has incomplete information on the health of each NIH-owned or -supported chimpanzee housed at the sending and receiving facilities. A complete dataset would enable the NIH to more effectively manage its chimpanzee retirement program. The Council Working Group recommended that sending and receiving facilities provide sufficient information to NIH on individual chimpanzee health.

The Council adopted the report and recommendations and transmitted them to NIH for consideration. The NIH subsequently issued a public request for comments in the Federal Register (<https://www.federalregister.gov/documents/2018/06/11/2018-12458/request-for-information-rfi-input-on-report-from-council-of-councils-on-assessing-the-safety-of>) and the NIH Guide for Grants and Contracts (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-18-191.html>) to obtain broad public

input on the Council Working Group's recommendations. The NIH sought input from the biomedical research community, including foundations, scientific societies, government and regulatory agencies, industry, NIH grantee institutions, and from other members of the public. The public comment period closed on August 10, 2018, and a summary of the comments received is provided in this report along with the agency decisions with respect to the Council recommendations.

III. Summary of Public Comments and NIH Decisions Regarding the Council Recommendations

This section provides a summary of the public comments that the NIH received from more than 4,000 individuals in response to the request for information and announces the agency's decisions regarding the Council recommendations. The discussion of comments below provides an overview of responses received during the public comment period and is not intended to capture the details of every comment. Responses received are available for public inspection at the NIH On-site FOIA Library, Building 31, Room 5B35, 9000 Rockville Pike, Bethesda, MD 20892, which is open from 10:00 a.m. to 4:00 p.m. Monday through Friday and is closed on federal holidays. Those who plan to view the records must contact the NIH Freedom of Information Office at nihfoia@mail.nih.gov in advance. Any Council recommendations accepted by the NIH will not replace the body of laws, regulations, and policies that already govern the care and housing of the NIH-owned or -supported chimpanzees; instead, they will supplement existing policies and practices.

Recommendation 1: The NIH and the facilities that house NIH-owned and NIH-supported chimpanzees should relocate all of these chimpanzees to the federal sanctuary system unless relocation is extremely likely to shorten their lives.

Public Comments

A large number of commenters supported Recommendation 1. Many agreed that all NIH-owned or -supported chimpanzees should be retired to the federal sanctuary system unless relocation would seriously jeopardize chimpanzees' lives, safety, and welfare. The commenters generally agreed that chimpanzees deemed terminally ill or moribund should be allowed to age in place at the sending facility but differed over whether this should be the only permissible exemption from relocation. Some commenters expressed concerns over the federal sanctuary's ability to provide adequate care for the at-risk chimpanzees, while others referenced the perceived better quality of life for a chimpanzee at the federal sanctuary system as a basis for agreeing with this recommendation.

Many other commenters disagreed with this recommendation. Some disagreed because they preferred to see animals remain at the sending facility. These commenters claimed that NIH should place highest priority upon providing optimal care for those animals in their current facilities where they currently receive high quality veterinary medical care. These commenters based their disagreement on such factors as: the relocation would not improve the chimpanzees' quality of life; proposed benefits of transfer to the sanctuary would not sufficiently offset the risks; social groups would be disrupted, including separation of mother-daughter pairs and lifetime social partners; animals would be placed in a new environment and with unfamiliar facility care staff; personal knowledge of chimpanzee deaths at the federal sanctuary in a recently relocated cohort; and concerns over quality of veterinary care at the receiving facility. Some of these commenters suggested that one or more of the existing research facilities could be upgraded with minimal investment and converted to sanctuary status, thereby

preventing any adverse events associated with relocation and potential disruption of established social groupings. Another comment suggested that an already frail chimpanzee's lifespan may be shortened more due to social group disruption rather than relocation.

Others disagreed with the recommendation because they preferred that the NIH relocate the at-risk chimpanzees to the federal sanctuary, regardless of risks posed to at-risk animals by transport and integration into a new facility. These and other commenters pointed to high quality care at the sanctuary, ethologically appropriate facilities, other benefits of living in a sanctuary, and the lack of evidence to support relocation risks. Many commenters asserted that the federal sanctuary is properly equipped to provide frail and other at-risk chimpanzees with specialized and individualized care. The commenters affirmed that the federal sanctuary staff can mitigate the severe behavioral conditions, such as aggression and self-injury, that would preclude relocation. Several commenters also questioned the availability of objective evidence on transport risks, given reports that hundreds of chimpanzees have been successfully transported to the federal sanctuary and elsewhere. When conducted by experienced professionals with appropriate risk mitigation strategies in place, these commenters stated that geriatric or frail chimpanzees can be moved safely from a sending facility and integrated into a receiving facility.

Although commenters expressed varying levels of agreement or disagreement with Recommendation 1, a shared concern was that the report failed to adequately consider the consequences of separating social groups. Separation of well-established social groupings that have resided together for years or decades is believed by these commenters to be detrimental to their health and well-being and may likely result in the shortened lifespan of those animals unable to be relocated. These commenters and others stated that separating social groups would have an emotional and physical toll on bonded group members, could result in premature death of a frail chimpanzee if relocated with its social group, and would likely destabilize the group irrespective of its location. Although opinions were split on whether the social groups should remain intact at the sending facility or have some or all of its members relocated to sanctuary, commenters generally agreed that all efforts should be made to keep social groups together.

Several commenters questioned the use of the phrase, "extremely likely to shorten their lives." Some asked for the NIH to define it, in part, because the phrase alone is too broad or vague to be applied accurately and objectively. Other commenters requested it be removed from the recommendation altogether since it focuses on the length of life for a chimpanzee when the focus should instead be on the quality of life offered by the sending or receiving facilities. Other commenters agreed with the intent of the recommendation but suggested rewording it. Suggestions included: remove the word "extremely" from the recommendation, specify that an animal would be unfit for transport if relocation "is likely to result in death within 6 months of arrival", base the recommendation on the chimpanzee's health status, e.g., extremely critical condition, or allow relocation if "it would benefit the animals." For the latter, the suggestion was that the burden of proof should be on demonstrating that relocation will provide better health and well-being for individual chimpanzees, not that relocation can be accomplished without making premature death extremely likely. A few individuals questioned how much confidence could be placed in projected lifespan estimates.

Some commenters, who agreed with this recommendation, offered strategies to implement it or further reduce risks associated with relocation, some of which may decrease the number of chimpanzees classified as unable to be transported to sanctuary. These suggestions included treating any Class V animals so they can be medically upgraded for relocation, putting moribund chimpanzees on quality of care protocols or humanely euthanizing them, and moving large social groups in tandem so they are not separated for very long. Others recommended studying cortisol levels pre- and post-transfer to assist in studying the chimpanzee's response to relocation stressors or ensuring that the receiving facility has the necessary resources to care for the chimpanzees. A number of individuals also questioned the veracity of claims by certain sending facilities that most of their chimpanzees are unfit for relocation.

A number of commenters emphasized that the focus should not be on longevity of individual chimpanzees or on the risks associated with the transfer process, but rather on the chimpanzee's overall quality of life once relocated. Several commenters shared anecdotes about the potential for rehabilitative effects of living in a sanctuary for chimpanzees with limited life expectancies. These and others commented that the report should have considered the relocation risks in the context of these potential benefits, with one commenter calling for the NIH to reconvene the working group to assess these benefits.

Agency Decision

The NIH accepts the following revision of Recommendation 1: "The NIH and the facilities that house NIH-owned and NIH-supported chimpanzees should relocate all of these chimpanzees to the federal sanctuary system unless relocation would severely and irreversibly accelerate deterioration of the chimpanzee's physical and behavioral health." The agency remains committed to safely relocating the chimpanzees it owns or supports to the federal sanctuary system on a timescale that will allow for optimal transition of each individual chimpanzee with careful consideration of their welfare, including their health and social grouping. We acknowledge comments made by both members of the public and members of the Council regarding the difficulty in interpretation of "...unless relocation is extremely likely to shorten their lives" and removed this phrase and replaced it with "...unless relocation would severely and irreversibly accelerate deterioration of the chimpanzee's physical and behavioral health". We agree with commenters that the impact of relocation on overall chimpanzee lifespan is very difficult to reliably estimate for each individual animal and should not be the sole factor when making a relocation decision. The NIH agrees it is important to include not only physical but also behavioral aspects of health when determining whether a chimpanzee can be safely relocated to the sanctuary.

The NIH disagrees with commenters recommending that all NIH-owned or -supported chimpanzees be relocated to the sanctuary regardless of their physical or behavioral health status. We believe that chimpanzees assessed to be terminally ill or exhibiting the symptomatic final stages of life, likely categorized as class V per the modified ASA Physical Status Scale presented in Recommendation 2, should not be relocated and should be allowed to age in place. Transporting such an animal would likely be in violation of regulations stipulated by the Animal Welfare Act and meant, in part, to prevent endangerment of the animal caused by transport. Specifically, the Animal Welfare Regulations at 9 CFR Part 2 §2.38(h) state that prior to issuing the health certificate the licensed veterinarian must have inspected the animal and "when so inspected, the... nonhuman primate appeared to the licensed veterinarian to be free of any infectious disease or physical abnormality which would endanger the

animal(s) or other animals or endanger public health.” Additionally, 9 CFR Part 3 §3.90(c) states that “If a nonhuman primate is obviously ill, injured, or in physical distress, it must not be transported...” It is the agency’s position that allowing the frailest chimpanzees to remain in their current location is the more appropriate course of action given regulatory requirements and NIH’s commitment to consider each animal’s welfare, health, and social grouping in relocation decisions.

The agency does not agree with those commenters requesting all chimpanzees not yet relocated to the sanctuary to remain in the facility where they currently reside. While all sending and receiving facilities meet the necessary statutory and regulatory requirements for providing adequate chimpanzee care, federal law states that all NIH-owned animals residing outside of the federal sanctuary system are eligible for retirement to the sanctuary where they are to be provided lifetime care and shelter. The NIH stands by its commitment to retire all chimpanzees it owns or supports to the sanctuary that would not be severely and irreversibly harmed by doing so and revises its implementation plan appropriately to honor this commitment in a humane way. While we appreciate the concerns raised about the risks of relocation, the NIH has worked with the sending and receiving facilities to successfully transport more than 350 chimpanzees to the federal sanctuary system since it opened in 2005. We believe the development and use of shared risk mitigation strategies and standard operating procedures (SOPs) during relocation, as addressed in Recommendation 5, will reduce even further the risks associated with transport of at-risk chimpanzees.

The agency recognizes the concern expressed by many over appropriate handling of established social groupings in the relocation process. We believe every reasonable effort should be made to transport social groupings together. NIH agrees that at-risk chimpanzees should be considered for relocation to avoid disrupting social groups, but that social groupings at sending facilities should be reconfigured when one or more members are deemed unable to be relocated to allow sufficiently healthy members be transported to the sanctuary. Such decisions should be made using the rubric and process outlined in NIH’s responses to subsequent recommendations.

The agency agrees that the transfer of chimpanzees should continue during, and not be unnecessarily delayed by, implementation of any recommendations in this report, as long as the welfare of each individual chimpanzee is protected.

Recommendation 2: The NIH should oversee the development of standardized approaches by facilities that house NIH-owned or -supported chimpanzees for assessing each chimpanzee based on its health, behavior, social needs, and environmental requirements. This assessment should be used to better understand the animal’s needs in its current and future environments and should inform relocation decisions.

Public Comments

A large number of commenters who responded to Recommendation 2 expressed support for the development of standardized methods of analyzing chimpanzee physical, psychological, and behavioral health. The use of standardized criteria was said to be a logical, scientific, or an appropriate recommendation that could help ensure consistency of chimpanzee care across sending and receiving facilities. Many of these commenters agreed with using the American Society of Anesthesiologists (ASA)

Physical Status Scale, as amended by the Academy of Veterinary Technicians in Anesthesia and Analgesia, as the standardized approach. A number of individuals expressed surprise that approaches are not already standardized.

Other commenters recommended that the standardized approaches be considered a minimum requirement, be continuously reviewed and modified as needed, or include amendments to or clarifications of the modified ASA Physical Status Scale. These suggestions principally asked that the approaches consider the uniqueness of individual animals and aspects of chimpanzee behavior and psychological well-being, among other things. These commenters emphasized that the assessment should consider the chimpanzees' complex social and emotional needs, be sufficiently adaptable to accommodate the highly individualistic nature of chimpanzees, and account for their unique histories and subjective situations. In part, these commenters expressed concern that the modified ASA scale fails to consider the effects of a new environment, unfamiliar facility staff, quarantine, and introduction to a new or altered social group on at-risk chimpanzees, which may cause them to decompensate post-transfer. Other commenters suggested collapsing the Class IV and V categories into a single category of "high risk" given the lack of information available to distinguish between the two. Others suggested identifying additional characteristics to distinguish between Class III and IV, including more detailed evaluation criteria for assessing cardiac health, or standardizing what constitutes a geriatric chimpanzee. Some other commenters noted that a classification system based on eligibility for surgery is not sufficiently analogous to the risks of chimpanzee relocation and pointed to assessment systems used by at least one sending facility.

Others supported this recommendation but suggested that the assessment process consider additional such factors as the environment, the possibility that living in a sanctuary setting may ameliorate some severe behaviors the would otherwise prevent relocation, and staff training to understand and recognize chimpanzee behaviors, psychological well-being, social behavior, and group dynamics.

Several commenters supported the recommendation in concept but disagreed that the NIH should oversee or otherwise be involved in the process. These commenters recommended that the development be driven by a team including veterinarians with chimpanzee experience, technicians, behaviorists, animal care staff, primatologists, field biologists, an ethicist, an anesthesiologist, rescue organizations, or independent experts with or without input from sending or receiving facilities. Opinions varied on whether the sending or receiving facilities should oversee or otherwise get involved in this effort mainly due to concerns over impartiality. A number of commenters supported oversight by an entity independent of the NIH and the sending and receiving facilities.

Commenters also offered varying opinions on who should utilize the standardized approaches to assign the health classification to chimpanzees. Suggestions included teams of experienced behaviorists, primatologists, animal care staff, and the attending veterinarian at the sending sites, as well as independent experts, an anesthesiologist, an ethicist, or only staff at the federal sanctuary. One frequent concern was the perception of a real or apparent conflict of interest that sending and receiving facilities may have in assigning a designation. This reason was the main basis for recommending that the NIH utilize an impartial, independent team of experts for these assessments.

Several individuals commented on the timeline for developing these standardized approaches or suggested that their creation should not delay chimpanzee relocation to the federal sanctuary system. A number of commenters also questioned when the assessments would be performed. Some recommended that assessments occur at least annually while others recommended a continual reassessment if the animal's health status changes.

A number of commenters opposed Recommendation 2. These individuals stated that they lacked confidence that the effort to standardize approaches would be successful or offer benefits, or claimed that no additional approaches, protocols, or classifications are needed to determine which chimpanzees are capable of being safely retired. Additional explanations included the sufficiency of existing protocols, some of which are reportedly standardized; the bureaucracy and lengthy timeframe associated with creating new protocols; concerns that standardized protocols could be used to pressure the licensed veterinarian(s) at sending facilities to sign health certificates against their professional medical judgment and ethical standards; and statements that assessments are unnecessary because all at-risk chimpanzees should be relocated to the sanctuary regardless of health status or should be allowed to age in place. A frequent concern was that Recommendation 2 would delay future transfers of at-risk chimpanzees to the federal sanctuary.

Others commented on such topics as NIH's chimpanzee retirement plan, economies of scale in chimpanzee per diem at the various locations, the cost of constructing new sanctuary space, inspection reports from the U.S. Department of Agriculture, how to prioritize transfer decisions, and measuring whether a relocation was successful.

Agency Decision

The NIH accepts Recommendation 2. The agency believes the status quo in which each facility housing NIH-owned or -supported chimpanzees employs a different health and needs categorization system has made it difficult to independently assess relocation decisions for individual animals. We agree that a standardized categorization system and clear definitions of chimpanzee health status uniformly applied across all facilities will increase understanding of why an animal was assigned to a particular class and, therefore, recommended for or against relocation. We anticipate the utilization of a standardized approach will reduce the subjectivity of, minimize real or perceived bias in, increase transparency of, and reduce the potential for disagreements between facilities over relocation decisions.

The agency agrees with the basic framework of the modified ASA Physical Status Scale but recommends further details be added to develop it into a more appropriate standardized categorization system for making relocation decisions. The NIH intends to work with the attending veterinarians at the sending and receiving facilities to develop those additional details and further refinements to the scale, such as inclusion of measures of cardiac function, hematological and serum clinical chemistry, and other relevant physical and behavioral health characteristics. Such refinements will further differentiate the five classes within the scale and make it more straightforward for licensed, accredited veterinarians to assign a chimpanzee to a particular class. A licensed, accredited veterinarian is responsible for assessing the chimpanzee, assigning it to a class within the modified scale, and using that assignment to inform their decision to issue the health certificate required for transport.

The NIH agrees with the Council Working Group's assignment of implications for relocation to each class, namely: chimpanzees assigned to class I-III are recommended for relocation, class IV animals will have relocation decisions made on a case-by-case basis, and class V animals are not recommended for relocation. We believe risk mitigation strategies should be tailored and used for relocations of all classes of animals, as appropriate.

The NIH appreciates the Council Working Group's suggestion to assess the receiving facility across various parameters to ensure it can provide adequate care. This is current practice; relocations are conducted on the condition that the receiving facility has the capability, capacity, and resources to provide adequate care for at-risk chimpanzees. All facilities currently housing NIH-owned or -supported chimpanzees meet or exceed the necessary qualifications to ensure each animal's welfare is protected. Additionally, NIH facilitates frequent discussions between staff at the sending and receiving facilities on important aspects of relocation, including accommodation of varying social group sizes.

While the standardized approach to assessing chimpanzee health and needs is finalized, relocations of chimpanzees to the federal sanctuary system will continue in a manner consistent with careful consideration of each animal's welfare and in line with the NIH's current retirement plan.

Recommendation 3: All facilities that house NIH-owned or -supported chimpanzees must use the same health and behavioral categorization system for these animals so that sending facilities, receiving facilities, and the NIH all understand why a chimpanzee has been assigned to a certain health status category. Veterinary records must be shared between sending and receiving facilities so that the receiving facility can provide informed feedback about the animal(s) considered for relocation.

Public Comments

A large number of commenters who responded to Recommendation 3 supported the use of the same health and behavioral categorization system and the sharing of veterinary records between facilities. Many of these commenters agreed that use of a consistent categorization of chimpanzee health and well-being ensures an unbiased assessment, creates an opportunity for comparison and evaluation across facilities, and ultimately leads to actions that are in the best interests of the chimpanzees. These commenters and others favored the open transfer of veterinary records and increased communication between sending and receiving facilities to ensure optimal, continual care of each relocated chimpanzee.

With respect to developing a health and behavioral categorization system, several individuals commented on the timeframe of and who should lead its development. A number of commenters stated that it may be challenging to develop such a system because both sending and receiving sites utilize their own evaluation methods, their approaches often reflect subjective judgments, and the existing evaluation systems may not be easily standardized or harmonized. A more general concern was that future transfers to the sanctuary would be delayed if decisions rested on the development of the categorization system. A number of commenters also shared opinions on who should lead the work to develop the categorization system, suggesting that neither the NIH nor the sending or receiving facilities should lead the work due to concerns over bias and the potential for conflicts of interest. These and

other commenters recommended instead that independent, experienced chimpanzee veterinarians or other individuals familiar with chimpanzee health, social, and environmental needs should lead the effort. Another individual questioned whether the NIH should have any level of involvement.

Others expressed concern about when the assessment would be performed, who would apply the categorization, and how it would be used. A few commenters noted that a chimpanzee's condition may fluctuate between categories due to an acute illness or injury, resulting in a temporary Class V categorization. The commenters suggested including in the categorization system when animals should be reassessed, particularly when a chimpanzee with an acute condition improves. A number of commenters raised a concern about who would apply the health and behavioral categorization system once it is developed. Comments ranged from having the sending facility's veterinarian and behavioral staff conduct the assessment to having an independent expert opinion assess a chimpanzee's condition if it is determined to be at-risk. A number of individuals expressed concern that the sending facility may lack sufficient impartiality in arriving at a decision, which was also voiced as a basis for utilizing an independent expert. Another commenter stated a concern that the assessment would become too standardized and not take into account the uniqueness of each chimpanzee. A general concern was that the categorization system would be used to delay a chimpanzee's relocation unnecessarily. One commenter suggested that NIH use the information to follow the relocated chimpanzee for a one-year period after transfer. Another expressed concern over whether the federal sanctuary would utilize the information it receives, suggesting that the federal sanctuary may not have sufficiently reviewed specific records in the past based on that commenter's expressed knowledge of a particular animal's circumstances.

With respect to sharing information, several commenters added that providing veterinary records is necessary but not sufficient; the sending and receiving facilities should also share behavioral and management records, in addition to social grouping and demographic details, environmental information, among other records to provide a more complete picture of each individual chimpanzee's physical, mental, and behavioral well-being. In addition, it was suggested that the categorization system includes both qualitative and quantitative information, subjective observations, and anecdotal information. A few commenters recommended that information within each record be harmonized (e.g., terminology, health information measures) to increase clarity on a specific chimpanzee's health and behavior background between sites. Several others expressed a concern that sending facilities may redact pertinent information from the medical or related records, other than personally identifiable information about facility staff. Sharing complete records, while protecting personal privacy, was considered essential by several commenters to enable staff at the receiving facility to develop and implement a plan for the highest quality of medical and social care for each animal. A suggestion was that the NIH define parameters about what information should and should not be redacted from animal records. Sharing records in both electronic and paper format was another recommendation.

A few commenters questioned the rationale for requiring the federal sanctuary to share information with the sending facilities. Others agreed that bidirectional information sharing is important so the federal sanctuary can advise the sending facility on future relocations or for the sending facilities to use that information in its own future relocation decisions. Insofar as timing is concerned, several individuals recommended that the sending facilities provide the relevant veterinary and other records to the

receiving facility at least 3 months before chimpanzees are relocated or in a timeframe otherwise specified by the federal sanctuary.

Other commenters made suggestions for enforcement and records access. Commenters recommended that the NIH establish enforcement mechanisms to ensure sending and receiving facilities comply with this recommendation on a reasonable timescale. Another comment recommended that records should be shared with bodies that oversee chimpanzee care and the NIH.

Some commenters advocated that chimpanzees in certain sending facilities should not be relocated, and therefore, suggested that use of the same health and behavior categorization system between facilities was unnecessary. A few commenters expressed an opposite point of view that all chimpanzees currently in sending facilities should be immediately relocated, and any attempt to implement standardized procedures is either completely unnecessary or would unduly delay transfer. A few commenters disagreed with this recommendation altogether as an effort to create paperwork, generate income, or otherwise as a reason to unnecessarily delay chimpanzee relocation.

Agency Decision

The NIH accepts Recommendation 3. Similar to NIH's decision in Recommendation 2, we agree that use of a modified ASA Physical Status Scale for assessing chimpanzee health status and fitness for relocation will increase understanding and transparency of the reasoning behind such assignments. However, the agency considers that the current definitions of the five classes in the scale will require more detailed descriptions. The NIH intends to work with the appropriate staff at both sending and receiving facilities to develop additional medical, behavioral, and social descriptions of the classes to increase the effectiveness of the scale in making relocation decisions. We also intend to reach an understanding among the facilities as to how often each chimpanzee will be assessed and categorized using the modified scale per recommendations made by some commenters.

The agency agrees that sharing of veterinary records between sending and receiving facilities leads to informed actions in the best interest of each chimpanzee. However, we also agree with several commenters that behavioral and other relevant animal care management records, not just veterinary records, should be shared across facilities to provide a more accurate and fuller picture of chimpanzee physical and behavioral health. This information is needed by the receiving facility to determine appropriate care and socialization of the chimpanzee after arrival, and by the sending facility to learn how to further mitigate risks in future relocations. The NIH acknowledges some commenters' concerns over the level of redaction made to chimpanzee records when they are shared with the receiving facility and intends to work with the sending facilities to ensure the necessary information is indeed shared.

The NIH takes the position that a licensed, accredited veterinarian at the facility is initially responsible for assessing each individual chimpanzee in their care and assigning it to a particular class. Additionally, only a licensed, accredited veterinarian can issue the health certificate legally required to permit interstate transport of a chimpanzee. However, we expect the veterinarians to consult with their behaviorist, animal care management, and other colleagues with personal knowledge of the health and behavior of the animal to inform their assignment.

As stated previously, relocations of chimpanzees to the federal sanctuary system will continue in a manner consistent with careful consideration of each animal's welfare and in line with the NIH's current retirement plan while the sending and receiving facilities agree upon and implement a modified ASA Physical Status Scale for use in making relocation decisions. The receiving facility continues its practice of independently determining whether it can provide adequate care and accommodate social groupings of chimpanzees prior to accepting them into the sanctuary.

Recommendation 4: Both sending and receiving facilities should collaborate to jointly expand the technical assistance available to the receiving facility to care for at-risk chimpanzees.

Public Comments

A large number of commenters who responded to Recommendation 4 agreed that the sending and receiving facilities should engage in greater collaboration and partnership. Such collaboration was viewed by these individuals as vital to mitigate risks associated with relocation and provide the best outcome for each chimpanzee, particularly if these efforts are applied to all phases of the relocation process. More specifically, many commenters supported efforts that make available to the federal sanctuary the clinical expertise and technical capabilities of the sending facilities. Some commenters asserted that in addition to technical assistance, the sending facilities should also transfer to the federal sanctuary any medical or other animal care equipment procured with taxpayer funds. A few commenters recommended additional strategies to ensure optimal transition, including a suggestion for sending facilities to offer their resources to the federal sanctuary in perpetuity, for example, in the event that relocated healthy chimpanzees eventually become at-risk.

Some commenters asserted that the sending facilities should not send at-risk chimpanzees because these facilities offer the necessary veterinary and behavioral care, staffing, social groupings, and other resources for the frailest animals. Many of these commenters added that moving vulnerable chimpanzees away from a familiar environment, facility staff, and established social groups would be too risky to their health and well-being, unless, for example, relocation offered obvious benefits. In addition, some commenters stated that the federal sanctuary should not accept at-risk chimpanzees unless the federal sanctuary is already capable of providing adequate clinical care and compliant with all applicable animal welfare regulations without assistance from the sending facility. Another comment relayed an understanding that the federal sanctuary had recently increased its professional veterinary staff and is building new habitats and clinics to accommodate more chimpanzees and their needs. Other commenters stated that the NIH itself should ensure that the federal sanctuary has adequate funding or other resources to maintain the chimpanzees' quality of life and sustain veterinary care for a growing number of retired chimpanzees. Another suggestion was to assemble an independent team to determine how to provide the best quality of life for at-risk chimpanzees.

Agency Decision

The NIH accepts Recommendation 4. We agree that sending and receiving facilities housing NIH-owned or -supported chimpanzees should strengthen existing collaborations and establish new partnerships as needed to provide optimal care for and enhance the welfare of all the animals. The agency will continue to encourage and foster greater collaboration and partnership across facilities, including the sharing of technical expertise and assistance. We support the Council Working Group's recommendation that the

federal chimpanzee sanctuary system continue to expand its veterinary care capacity given the pending relocation of additional at-risk chimpanzees to the sanctuary and the aging of the entire population. While the NIH is confident in the sanctuary's ability to provide adequate care for at-risk chimpanzees, in some cases the animals could potentially benefit from the advanced clinical diagnostic and treatment capabilities currently available at the sending facilities. In those cases, we intend to encourage the sharing of such capabilities and expertise with the goal of providing optimal care for the animals in question. The agency does not agree with commenters' request to require sending facilities donate their excess clinical and animal care equipment to the federal sanctuary system in perpetuity; however, we would support voluntary efforts of the sending facilities to donate or lend the equipment.

Recommendation 5: With guidance from the NIH, facilities that house NIH-owned or -supported chimpanzees should develop shared relocation standard operating procedures (SOPs). These SOPs should describe risk-mitigation strategies (e.g., engaging veterinarians, behaviorists, and caregivers at the sending and receiving facilities in regular discussions before and after a chimpanzee's transportation; sending chimpanzees in intact social groups; and providing flexibility to house smaller social groups at the receiving facility) that can be used when relocating at-risk chimpanzees.

Public Comments

A large number of commenters who responded to Recommendation 5 supported the development of shared standard operating procedures (SOPs) for mitigating risks associated with chimpanzee relocation. These commenters stated that shared SOPs would streamline the transport and integration process, help ensure safety and consistency of relocation across facilities, protect the health and welfare of the animals, encourage communication and transparency throughout the process, or otherwise serve the best interests of the chimpanzees. Many expressed the desire that this process be collaborative, reflecting the shared interests of many stakeholders.

Several individuals expressed opinions over which entity should lead or otherwise guide the effort. In particular, some commenters disagreed that the NIH should provide guidance for the effort, per the recommendation, typically over concerns about the agency's impartiality and the commenter's opinion about NIH's slower than expected progress in retiring chimpanzees. Instead, certain commenters recommended that independent experts or the federal sanctuary lead SOP development efforts.

Many commenters shared their opinions on the individuals or entities that should be involved in developing the SOPs. Their recommendations included: veterinarians, behaviorists, and caregivers at the sending and receiving facilities; independent experts in the veterinary field and other disciplines; anesthesiologists; ethicists; wildlife professionals; only staff at the federal sanctuary; and others. Importantly, many commenters remarked at the importance of protecting against bias when developing the SOPs.

Several individuals commented on the scope of the SOPs. A few commenters noted that while shared relocation SOPs should help mitigate risks of transporting particularly vulnerable animals, they should also guide the relocation of low-risk, healthy animals due to the stress associated with transport, relocation, and new social group introduction. Another noted the need for flexibility in the SOPs. Other comments suggested that the SOPs should address processes that occur before, during, and after

transportation as well as various communications and other procedural expectations. A number of individuals emphasized the importance of keeping social groups intact, whether in their current location or at the federal sanctuary, while others opposed moving at-risk animals altogether. Largely these comments suggest that the SOPs should take into account and appropriately weigh the importance of social or family groups in relocation decisions and provide a process for handling disagreements, e.g., through an independent expert.

Several commenters, while agreeing with the recommendation, stated that relocation of at-risk chimpanzees should not be slowed or delayed while the SOPs are formulated and agreed upon. A suggestion was to establish a timeline for developing the SOPs. Another commenter provided contextual information about the Animal Welfare Act and requirements placed upon the licensed veterinarian.

Agency Decision

The NIH accepts Recommendation 5. We agree that sending and receiving facilities currently housing NIH-owned or -supported chimpanzees should develop shared relocation SOPs with guidance from NIH. Establishing shared relocation SOPs streamlines the process before, during, and after relocation, ensures consistent safety procedures are implemented across facilities and facilitates greater transparency and communication. The NIH expects shared relocation SOPs will further mitigate the risks of chimpanzee transport and introduction into a new facility and increase the likelihood of at-risk animals being successfully relocated.

The agency intends to work with the sending and receiving facilities to develop common guidelines for planning, coordinating, and executing the relocation of chimpanzees to the federal sanctuary system. We disagree with some commenters calling for external experts or staff at the federal sanctuary to lead this process; the NIH possesses the necessary impartiality and expertise to facilitate the development of shared relocation SOPs in partnership with the sending and receiving facilities. Guidelines have been successfully applied to prior relocations from one sending facility and are serving as a basis for developing generic but customizable SOPs for future relocations from other facilities. The NIH appreciates the many suggestions the Council Working Group and commenters provided for inclusion in the SOPs as ways to mitigate risks of relocation. We agree the scope of the SOPs could be expanded to include such matters as the timing of transfers, communication protocols, checklists for collecting and transmitting necessary records, identification of the licensed, accredited veterinarian responsible for relocation, and handling of established social groupings, among others. The agency intends to carefully review the suggestions with the sending and receiving facilities and incorporate them into the shared SOPs as appropriate.

Recommendation 6: When facilities disagree about whether to relocate a chimpanzee, independent expert veterinary opinion should be sought to inform the relocation decision.

Public Comments

Many commenters agreed with Recommendation 6 and supported the involvement of an independent expert opinion when disagreement occurs over whether to relocate a chimpanzee. These and other commenters favored involving one or more external experts to help determine what is in the best interest of individual chimpanzees while also protecting against real or perceived bias in decision-

making. However, commenters who supported this recommendation presented a range of opinions on who should choose the independent expert(s), who should be selected to provide such expertise, the qualifications or types of professional experience required, when the expert(s) should be consulted, and what weight the independent opinion should carry.

A few commenters requested that NIH clarify the meaning of “independent” and “expert” and called for agreed-upon definitions and standards for these terms. For example, some individuals questioned whether the independent veterinarian should have expertise in chimpanzee veterinary medicine or more specifically expertise about the at-risk chimpanzee based on a prior treatment relationship with the animal. Another stated that finding a truly independent veterinarian with chimpanzee expertise would be difficult because there are few such experts, and they historically are affiliated with, or may share similar views as, the NIH, a research facility, or sanctuary.

Of those who favored the involvement of an independent veterinarian, commenters suggested that the person’s prior work experience, certifications, experience with captive chimpanzees or other nonhuman primates, and advocacy history serve as a basis for selection. Others suggested forming a panel of two or more independent veterinarians. A number of commenters inquired about the selection process and offered sanctuaries, zoos, academic institutions, or animal rights advocates as resources for identifying experts. Some individuals stated that the NIH select the expert(s) or that both the sending and receiving facility agree on them, although opinions varied and included additional suggestions.

Many others noted the importance of also engaging behaviorists, an ethicist, ethologist, or others to consider the chimpanzee’s psychological welfare and behavioral needs. These commenters suggested that non-veterinary experts should have prior experience caring for chimpanzees or other apes in a sanctuary or zoo setting, have facilitated successful relocation of captive apes to sanctuaries, and not come exclusively from the biomedical research community. Some commenters recommended including caregivers or technicians from each facility since they are likely to spend far more time working with the animals than the veterinarian and may be more familiar with specific chimpanzees. These commenters largely viewed a panel of diverse experts in chimpanzee health and well-being more favorably than a single, independent, veterinary opinion to resolve disputes.

An overriding theme among the comments was the importance of avoiding conflicts of interest and improper influence due to financial or other biases. A number of these commenters suggested that a licensed veterinarian at a sending facility would be too conflicted, and this conflict or another bias could improperly influence a decision against transferring a chimpanzee. These commenters indicated that the chimpanzees’ best interests are better represented by an individual or entity completely independent of the sending facility. These facilities receive NIH funding, lack sufficient motivation to reduce the facility’s chimpanzee census, and may have formed personal bonds with the chimpanzees – factors that these commenters suggested may bias a transfer decision. For these and other reasons, commenters recommended against deferring a decision to the licensed veterinarian at the sending facility. Other commenters suggested that the receiving facility similarly may be too conflicted to participate in the decision-making process. While the sending facilities reportedly may be less likely to transfer an animal due to potential bias, the receiving facility may be more likely to transfer an at-risk animal because the receiving facility also receives NIH funding for chimpanzee housing and care.

Commenters discussed how much weight to place on the independent expert's opinion or what authority the expert should have. Some commenters, who agreed that the sending facility's licensed veterinarian should make a relocation decision, indicated that an independent veterinary opinion should carry less weight and be considered less robust than the opinion of the attending veterinarian at the sending facility. These commenters explained that an outside expert opinion would be insufficient to override the sending facility's personal experience with specific chimpanzees. According to these commenters, the licensed veterinarian at the sending facility has the best interest of the chimpanzee in mind, has the legal responsibility to protect the welfare of the animal, and possesses no ulterior motives. In addition, some suggested that an independent veterinarian expert would attempt to coerce or otherwise pressure the sending facility's licensed veterinarian into approving the transfer of an extremely frail chimpanzee, raising serious legal and ethical concerns. Several other opinions supported the independent veterinary expert but suggested the expert have authority to sign the health certificate and approve transportation over the wishes of the sending facility's attending veterinarian.

Some commenters provided input on the process an independent expert(s) could employ to help resolve a disagreement between the sending and receiving facilities. These suggestions included automatically reviewing any cases of chimpanzees declared at-risk, Class IV or V, or otherwise unfit for relocation; setting a regular reassessment of any unfit chimpanzees; emphasizing quality of life considerations; evaluating entire social groups to expedite the process; setting a reasonable timeframe for the independent review and evaluation process, such as 90 days; and, incorporating into the evaluation the psychological and behavioral health, suitability of current housing, social management, and benefits to quality of life of the chimpanzee(s) following transfer to the federal sanctuary. Another commenter, who supported the relocation of all chimpanzees irrespective of their health, suggested that the independent veterinary expert should instead consider which strategies would mitigate the most risk when transferring the frailest animals. Individuals offered a number of other comments on this recommendation, such as rapidly establishing the process for obtaining the independent expert so transfers are not delayed, maintaining a database of experts that would be eligible to offer independent opinions, providing for a transparent process, and sharing information with the public.

Some commenters disagreed with this recommendation. Several stated that all chimpanzees should be relocated to the sanctuary regardless of health status or risk of adverse events during transport. Others argued that the sending and receiving facilities should always agree to relocate a chimpanzee, so no independent opinion should be necessary to resolve a dispute. A few commenters expressed concern that an independent veterinarian could negatively affect the collaborative dynamic between the attending veterinarians at the sending and receiving facilities. Others suggested that an outside veterinarian would not be sufficiently familiar with the animals proposed to transfer and therefore that input would lack expertise or an informed view on a particular chimpanzee. Another disagreed partially due to concerns that using an independent expert may delay transfers.

Agency Decision

The NIH accepts the following revision of Recommendation 6: "When either the sending or receiving facility recommends not to relocate a chimpanzee, independent expert veterinary opinion should be sought to inform the relocation decision." As stated previously, the NIH believes that all NIH-owned or -

supported chimpanzees should be relocated to the federal chimpanzee sanctuary system unless relocation would severely and irreversibly accelerate deterioration of the chimpanzee's physical and behavioral health. The agency agrees with some commenters recommending independent expert opinion be sought whenever a recommendation against relocation is made by the sending facility, rather than waiting for a disagreement between the sending and receiving facilities to form and trigger external opinion seeking. Additionally, the NIH believes independent expert opinion should also be sought when the veterinarian at the receiving facility declines to accept the relocation of a chimpanzee. Any decision against relocation of a NIH-owned or -supported chimpanzee to the federal sanctuary system will be further informed by external experts to ensure the decision is in the best interest of each individual animal.

The agency intends to identify a group of three NIH veterinarians with expertise in caring for chimpanzees or other nonhuman primates to provide the independent expert opinion. The group will evaluate each case in which the veterinarian at either the sending or receiving facility recommends against relocation of a chimpanzee and will provide additional expert perspectives on the factors leading to the relocation decision. The agency intends to facilitate discussions between the NIH veterinarians and the veterinarian at either facility in a comprehensive and structured fashion in which all relevant physical health, behavioral health, and social characteristics and records will be reviewed. Providing additional expert perspectives will further inform the decision of a veterinarian who assesses the health status of the animal prior to consideration for relocation.

If a situation were to occur wherein the veterinarian at the sending facility recommends against relocation of a chimpanzee, and a consensus among the NIH veterinarians was reached in favor of relocation of that animal, then a licensed, accredited NIH veterinarian shall travel to the sending facility to personally conduct the health and behavioral assessment. Ultimately, only a licensed, accredited veterinarian may issue the health certificate as required by federal law for interstate transport of chimpanzees. The NIH intends for at least one of the independent expert veterinarians to be appropriately licensed and accredited in the state where the sending facility is located. If the licensed, accredited NIH veterinarian conducts the in-person assessment and determines the chimpanzee is in sufficient physical and behavioral health to be relocated to the sanctuary and meets all other criteria, then that NIH veterinarian shall issue the health certificate and approve relocation. Alternatively, if a situation were to occur wherein the veterinarian at the receiving facility recommends against accepting a chimpanzee, and a consensus among the NIH veterinarians was reached in favor of relocation of that animal, then additional discussions will be held with the veterinarian at the receiving facility to review their reasons for not accepting the chimpanzee. Ultimately, the veterinarian at the receiving facility will make the final decision whether to accept a chimpanzee under consideration for relocation from a sending facility.

The NIH expects that opinions and perspectives provided by an independent group of NIH expert veterinarians will help address public commenters' legitimate concerns over real or perceived conflict of interest affecting the relocation decisions by veterinarians at both sending and receiving facilities. We believe NIH expert veterinarians with no financial ties to either the sending or receiving facilities and no current involvement in the chimpanzee retirement program are best equipped to provide an unbiased, un-conflicted, and objective analysis of the factors leading to a relocation decision. We agree with many

commenters that involving experts not associated with the sending or receiving facilities will also help lead to decisions in the best interest of each individual chimpanzee. The agency does not agree with some commenters' claims that expert veterinary opinion is insufficient and that other experts in nonhuman primate behavior, ethology, or ethics, among others, should be formally sought. Experienced veterinarians are trained in animal behavior, anesthesia, and ethics and are fully capable of incorporating information beyond the physical state of the chimpanzee into their decision-making. We remain confident in their ability to make well-informed decisions in the best interest of each animal.

Recommendation 7: Facilities housing NIH-owned or -supported chimpanzees should give the NIH sufficient information to undertake actuarial and demographic analyses of data on these chimpanzees.

Public Comments

A large number of commenters who responded to Recommendation 7 agreed that NIH should have sufficient information on the chimpanzees it owns or supports. Many commenters equated increased information sharing with better outcomes and chimpanzee welfare. Largely these comments relayed that sending and receiving facilities should provide appropriate medical and behavioral records to the NIH so that the agency can properly account for and manage the health, well-being, and transportation decisions for its chimpanzees. Some commenters stated this data transfer and analysis of chimpanzee health trends and demographics should have already been occurring and emphasized that the information sharing processes should happen regularly as part of colony stewardship. A number of commenters also stated that information sharing should be multi-directional, involving the NIH, the federal sanctuary, and the sending facilities rather than unidirectional between one chimpanzee facility and the NIH.

Many commenters expressed opinions on how the information should be used beyond actuarial and demographic analyses. Suggestions for information use included: determining chimpanzee mortality and morbidity rates at the facilities; understanding individual chimpanzee veterinary, social, and behavioral needs to select the best location to meet the animal's needs; and studying the extent to which behavioral, social, and health-related factors contribute to the success of, or risks and failures associated with, chimpanzee transfers to the federal sanctuary, among other things. A few commenters encouraged the routine collection of such data regardless of whether a relocation process is underway and others cautioned against using only (or placing too much reliance on) demographic information or algorithms in transportation decisions, particularly at the exclusion of chimpanzee-specific needs. Another suggested that the NIH define a standard list of information and metrics needed to inform decision making and establish a timeframe for reaching such decisions on relocation.

Many commenters stated that increased information sharing would improve transparency around the chimpanzee population owned or supported by the NIH. Several commenters also recommended these data be made readily available to the public in order to increase confidence in the relocation process.

Few commenters, who mainly viewed the recommendation as a means to delay or prevent the relocation of chimpanzees, opposed this recommendation. Several others opposed the recommendation for a variety of other reasons. Some commenters described it as an unnecessary and

undue burden on the receiving facility, suggested that the last 5 years of chimpanzee relocation history would suffice, suggested that the recommendation not apply to the federal sanctuary, or stated the information would be insufficient to make informed decisions about the care of individual chimpanzees.

Agency Decision

The NIH accepts Recommendation 7. We agree that the sending and receiving facilities currently housing NIH-owned or -supported chimpanzees should provide sufficient information to NIH so the agency can effectively account for and manage the health and well-being of the population for which it is responsible. However, we believe this information should not be limited to only that necessary for actuarial and demographic analyses; NIH requires additional information on physical and behavioral health indicators and social groupings to ensure informed decisions are made on the optimal care for each individual chimpanzee. This will help the agency more effectively monitor trends across the population and prepare more accurate projections so that all vacancies within the federal sanctuary system can be promptly and safely filled. More robust information will also enable NIH and the sending and receiving facilities to better understand and mitigate the risks associated with relocation.

Additional Comments

Public Comments

A large number of commenters reiterated their support for the immediate relocation of all NIH-owned or -supported chimpanzees to the federal sanctuary. They emphasized that chimpanzees that were utilized for research should be given the opportunity to spend their remaining lives in a sanctuary environment. Many of these commenters stated that moving all chimpanzees to the federal sanctuary would be a more appropriate, ethical, and moral course of action than housing them in a research facility given chimpanzees' sentience and close genetic and evolutionary proximity to humans. A number of these commenters clarified that the only exception to relocation should be for animals categorized as moribund and in the symptomatic final stages of life, whereas others stated that all chimpanzees deserve to retire to the federal sanctuary regardless of medical condition. Others suggested that the NIH relocate the most at-risk chimpanzees before healthier ones over concerns that the frailer animals would not – but should – have the opportunity to experience the sanctuary in their lifetime.

Many commenters expressed a different point of view and repeated their assertion that allowing the chimpanzees to age in place (i.e., in a sending facility) is the most humane course of action. These suggestions were based on the commenter's expressed knowledge of the quality of care provided at the sending facilities, risks associated with transportation and new social group introduction, as well as commenters' concern that the federal sanctuary does not provide better care than the sending facilities. These commenters stated that the quality of care, access to indoor and outdoor environments, and clinical and diagnostic resources and expertise at sending facilities are at least comparable, if not better than, that provided by the federal sanctuary. In addition, several commenters understood that disrupting long-standing social groups, the transportation process, and introducing the animal to new social groups would be stressful to the animal or may result in other detrimental health effects both near- and long-term. Many of these commenters emphasized that breaking well-established social groupings should be avoided as much as possible. For these and other reasons, these commenters suggested that chimpanzees should be allowed to age in place. Few commenters referenced their

knowledge of premature deaths of a number of chimpanzees transferred to the federal sanctuary as additional evidence of the harms of relocation.

Several commenters pointed out that the federal sanctuary system was established specifically for the purpose of caring for retired chimpanzees for the remainder of their lives and has a great deal of experience providing for geriatric, injured, ill, and otherwise health-compromised animals. These and other commenters stated that the sanctuary is the only facility able to provide an ethologically appropriate environment and is well-positioned to provide ideal social groupings and housing for a wide variety of individual chimpanzee's needs and preferences. Some of these commenters added that sanctuary staff have extensive experience in chimpanzee transport and social integration and have successfully relocated hundreds of animals by utilizing effective risk-mitigation strategies.

A number of commenters asserted that NIH has not managed the chimpanzee retirement process well, conveyed their disappointment or frustration on the length of time it is taking to retire the animals, or expressed concern that the agency lacks an effective plan to relocate its chimpanzees to the federal sanctuary as it previously promised to do. While some commenters applauded NIH's efforts and appreciated the opportunity to provide input, a few questioned NIH's intent or lack of transparency in its actions to do what is best for each individual chimpanzee's welfare. These and other commenters requested the NIH to establish a timeline for implementing recommendations accepted by NIH and not unduly delay relocation while assessment categorization systems, relocation SOPs, and communication practices across facilities are being developed. A small number of commenters claimed the online submission form for public input was cumbersome and unfairly limited what responses could be submitted.

While some commenters appreciated the work of the Council Working Group and supported the recommendations, others critiqued the Council Working Group for narrowly focusing on risks to chimpanzees associated with relocation rather than sufficiently considering the benefits associated with life in the sanctuary. A few of these commenters suggested the NIH or the Council Working Group more thoroughly consider the quality of life for chimpanzees offered by residence in the sanctuary, better account for the bias of the sending facility against relocation of their animals, include discussion of the philosophical and ethical issues inherent in ensuring chimpanzee well-being, or to provide credible evidence of the risks of transport prior to making any final decisions regarding the recommendations. Some commenters also called upon NIH to remove any decision-making authority from sending facilities given their real or perceived conflicts of interest and bias and substitute the judgment of either an independent panel or give final decision-making authority on relocations to the sanctuary itself.

Some commenters referenced the costs of continued care of the animals in sending facilities as compared to the sanctuary, the costs for expansion of the sanctuary to accommodate additional animals, or the costs associated with transportation to the sanctuary as evidence for or against relocation. One commenter suggested standardizing the evaluation of each facility currently housing NIH-owned or -supported chimpanzees so that the potential benefits of relocation can be more appropriately evaluated, while a few others recommended sending animals to other chimpanzee or primate sanctuaries in addition to the federal sanctuary system.

While not within the scope of this request for public comment, many commenters also called for the cessation of all biomedical research involving nonhuman primates or to bring to an end the use of animals whatsoever in experimentation.

Agency Response

The NIH agrees with the many commenters who encouraged the agency to relocate NIH-owned or -supported chimpanzees to the federal sanctuary system in a safe and expeditious manner. The NIH believes that all NIH-owned or -supported chimpanzees should be relocated to the federal chimpanzee sanctuary system unless relocation would severely and irreversibly accelerate deterioration of the chimpanzee's physical and behavioral health. We disagree with those commenters calling for all chimpanzees currently housed in sending facilities to be transported to the sanctuary regardless of the physical or behavioral health status of the animal. We believe that relocating a chimpanzee dutifully assessed by a licensed, accredited veterinarian as class V in the modified ASA Physical Status Scale is not in the best interest of the chimpanzee and would likely be in violation of Animal Welfare Act regulations. Chimpanzees assessed as class IV will be considered for relocation on a case-by-case basis.

The agency does not agree with those commenters requesting all chimpanzees not yet relocated to the sanctuary to remain in the facility where they currently reside. While all sending and receiving facilities meet the necessary requirements for providing adequate chimpanzee care, the CHIMP Act states that all NIH-owned animals residing outside of the federal sanctuary system are eligible for retirement to the sanctuary where they are to be provided lifetime care. The NIH stands by its commitment to retire all chimpanzees it owns or supports to the sanctuary that would not be severely and irreversibly harmed by doing so, and continually revises its implementation plan to honor this commitment in a humane way.

The NIH acknowledges the perspectives of some commenters on the overall duration of the retirement and relocation process. The decision whether and when to relocate a chimpanzee to the federal sanctuary system is a complex and time-consuming one shaped by multiple factors including: the health status of the animal, available quarantine and habitat space within the sanctuary, time required for quarantine and then safe introduction into a new social group at the sanctuary, availability of certified trucking carriers, complex federal and state regulations on chimpanzee transport, and weather, among others. The agency, in close collaboration with staff at the sending and receiving facilities, carefully weigh all these factors and make decisions that are in the best interest of each chimpanzee. We will continue to manage the relocation process in a manner that ensures optimal transition of the animals with careful consideration of their welfare. Since relocation is a welfare-driven process, NIH disagrees with comments suggesting potential cost-savings and expenditures be significant factors informing relocation decisions.

IV. Conclusion

The NIH expresses its appreciation for the comments it received from more than 4,000 individuals on the Council Working Group recommendations on assessing the safety of relocating at-risk chimpanzees. The agency used these comments to inform its decisions about these recommendations and explained its rationale in this report. The NIH recognizes the Council Working Group for its diligence fulfilling its charge to provide advice and recommendations on factors for attending veterinarians to consider when

deciding whether to relocate NIH-owned or -supported chimpanzees to the federal chimpanzee sanctuary system.