



## Editorial: One Health—Anatomy of a Fractured Vision

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*‘Finally she shrugged, heart racing. “we’re trying”.  
For a long time they sat there looking at each other. She got the impression he was letting her ponder her statement for a while. Letting her stew in the juices of her own futility.  
Finally he said. ‘But it isn’t working. You’re trying, but it isn’t enough. You’re failing. You and your organization are failing in your appointed task, and so millions will die. You’re letting them down. Every day you let them down. You set them up for death’ [...] This is why I’m here. You have to stop thinking that you’re doing all you can. Because you’re not. There’s more you could be doing’  
(Kim Stanley Robinson, *The Ministry for the Future*)*

*‘Someday, we must write the history of our own obscurity – manifest the density of our narcissism’  
(Roland Barthes, *L’Empire des Signes*).*

Only a few weeks ago, in yet another round of toxic deliberations, the European Commission (EC) decided to renew its approval of contested weed killer glyphosate and extend the authorization for its use for another ten years.<sup>1</sup> Glyphosate is the active ingredient in more than 500 herbicide products, including the popular Roundup. It is the most heavily applied herbicide in history, (Benbrook 2016); its use extends from backyard gardens to large-scale commercial cropping. The decision came after months of wrangling and the failure of EU Member States to reach an agreement on the EC proposal—in fact, no qualified majority supported a glyphosate prolongation. The resolution process refreshed the diatribe over whether the weedkiller poses a cancer risk to humans. The European Commission insists its decision is based on European Food Safety Agency (EFSA) and European Chemicals Agency safety assessments, claiming that there is little evidence that the chemical causes cancer in human beings. But in March 2015, the International Agency for Research on Cancer (IARC), which is part of the World

Health Organization (WHO), stated that there is ‘convincing evidence’ that glyphosate can cause cancer in laboratory animals and that the substance is ‘probably carcinogenic’ to humans (Guyton et al. 2015).

The cautious 2015 inference provided by the WHO seems to be weightily confirmed by the 100,000 Roundup cancer lawsuits that Monsanto, now owned by Bayer, had to settle in past years, paying out about \$ 11 billion to cancer survivors as of May 2022. There are still 30,000 lawsuits pending<sup>2</sup> (Gaines and Cetera 2023). While poisonous multinationals are mired in litigations, new scientific evidence has been building up to prove the correlation between the use of glyphosate and cancer. A study published in January 2023 found out that farmers and other participants exposed to glyphosate have cancer biomarkers in their urine, and that high levels of the herbicide were associated with signs of rection in the body called oxidative stress. This condition causes DNA damage and is considered by health experts to be an essential characteristic of carcinogens (Chang et al.

<sup>1</sup> [https://ec.europa.eu/commission/presscorner/detail/en/QANDA\\_23\\_5793](https://ec.europa.eu/commission/presscorner/detail/en/QANDA_23_5793)

<sup>2</sup> As for latest developments in Roundup lawsuits, on 31 October 2023 a San Diego jury awarded \$332 million to Mike Dennis, claiming that his decades of Roundup exposure caused him to develop non-Hodgkin’s lymphoma. Dennis was awarded \$7 million in compensatory damages and \$325 million in punitive damages.

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2023). This recent conclusion further solidifies the body of evidence dispersedly accumulated by epidemiologists working with communities employed in industrial agriculture all over the world, often harassed in countries of monocultures for their research activity, as was the case for Andrés Carrasco.<sup>3</sup>

The recent EC decision bypassed the robust scientific evidence on glyphosate's carcinogenic hazard on human health completely. It willfully sidestepped vast existing research on glyphosate toxicity on nature, biodiversity (Van Bruggen et al. 2018) and animal suffering, all impacting on humans (Gandhi et al. 2021). Against the backdrop of the EC prolongation decision, massive glyphosate use may well usher the conditions for a new Dust Bowl scenario,<sup>4</sup> at the intersection with climate change, while driving antimicrobial resistance (Raoult et al. 2021). We need to recall that in 2003 Monsanto registered glyphosate as a key antibiotic against a vast array of bacterial pathogenic families, including those on the WHO list of ESKAPE<sup>5</sup> pathogens that have been associated with deadly outbreaks (Dentico et al. 2022), and the same did Europe in 2014. This means the multi-million tons of glyphosate applied yearly in agriculture, nearly a billion tons annually, contribute to raising Antimicrobial Resistance (AMR). This trend will continue unchallenged in Europe, while the international community is engaged in complex negotiations at the World Health Organization (WHO) for a new binding instrument for pandemic prevention, preparedness, and response.

We do not lack of evidence. So, what can we do when the best scientific research is circumvented because the corporations that control the food system and the pharma solutions to the related health problems cannot be bothered to even slow the violence of the current capitalist economic model? The EC decision must be described and appealed as an 'office crime', quite bluntly, if we only take the time to consider the malignant effects that prolonging glyphosate use will entail. At the same time, cash registers will keep ringing for Bayer-Monsanto, BASF and other agrochemical giants. This is what many civil society organizations and over one million people in Europe have tried to avoid relentlessly,<sup>6</sup> almost in a political vacuum. So, how can we reclaim democracy and the proper public function from global predators?

Difficult as these political questions may be, they are of extreme pertinence in the exposition of One Health that SID proposes in this issue of *Development*. Indeed, overlooking science and societal expertise—as in the glyphosate use renewal—virtually, and mindlessly, collides with the One Health agenda (Bischoff and Baert 2023) that the European Commission promotes with the pretense of leadership in the diplomatic negotiations unfurled after the psycho-institutional shock triggered by COVID-19. The simple question is: how can we defend the international system when 'international' becomes the billionaires and the corporations leading the game, in a continued process of skillful infantilization of our governments (Mazzucato and Collington 2023) and of the multilateral circles in which they operate? What does the One Health narrative now represent in this landscape of elusive lobbies, sophisticated philanthropies, and obscure corporate affiliates? An ambiguous rhetorical exercise, ready to feed new diplomatic trade-offs? A fresh semantic manipulation, to seduce the world into a new gradualist alternative of consumer capitalism?

Words are important. The concept of One Health evoked these days as a state-of-the-art vision that can help the international community codify the lessons learned from the pandemic, has depth and history. It brings us to the very origins of any medical culture. The notion that ecological ruptures can seriously impact human health can be traced as far back as the Greek physician Hippocrates, who wrote extensively on the understanding that public health depends on the quality of the food people eat and their environment. It is also ancestral knowledge embodied in cultures scattered in different parts of the world, all united by the common *practice of limit* as an essential quality for the human species to live on the Earth; this limit is experienced not in terms of vital restrictions but as an understanding of Nature's laws and the human behaviour needed to address human fragility in this ecosystem. Limit, enshrined in Nature, ushers in other words the conditions for equilibrium, both for the ecological interaction with animal and plant species and for the social nature of humans in their continuous direct and indirect relationships. In more recent medical times, physicians practicing in the seventeenth and eighteenth centuries in Europe were champions of the vision that human, animal, and environmental health are intertwined as they believed there is no dividing line between animal and human medicine. That is why many more practitioners could conversantly demonstrate the interaction between human and animal health and the environment then than they can now – a very sad involution.

<sup>3</sup> [https://es.wikipedia.org/wiki/Andrés\\_Carrasco](https://es.wikipedia.org/wiki/Andrés_Carrasco)

<sup>4</sup> <https://www.loc.gov/classroom-materials/united-states-history-primary-source-timeline/great-depression-and-world-war-ii-1929-1945/dust-bowl/>

<sup>5</sup> ESKAPE, as an acronym, comprises the scientific names of six highly virulent and antibiotic resistant bacterial pathogens: <https://en.wikipedia.org/wiki/ESKAPE>.

<sup>6</sup> In 2017, more than one million citizens signed the Ban Glyphosate European Citizens Initiative. [https://citizens-initiative.europa.eu/initiatives/details/2017/000002\\_en](https://citizens-initiative.europa.eu/initiatives/details/2017/000002_en)



The good news is that in multilateral circles One Health has become a prominent discourse, a welcome outcome after almost three decades in the global health field which have pushed and legitimized the hegemony of neoliberal values in its passion for individualizing health, while depoliticizing causes of disease and solutions to ill-health and health inequities (Kim 2021). However, the European story about glyphosate prolongation reveals this debate's perilous governance imbalance and the implicit political contradictions. In the material world, One Health defines the profound interconnections that exist across human, veterinary, and environmental health, and the corresponding policies that must accompany this planetary reality through new categories in the way we tackle food systems, biodiversity loss, zoonoses, water management, microbiome diversity, antimicrobial resistance and even conflicts. One Health, strictly speaking, demands addressing the root causes for the ecosystem's ruptures and ecological ill-health. It entails a bio-centric approach to health.

SID's purpose with this journal issue, as we see surfacing through the authors' contributions, is to demystify the current constructs around the latest One Health narratives, both from the viewpoints of academic analyses and the plurality of experiences and knowledge systems in countries. Nobody can doubt for example that biodiversity is a cornerstone of human health. In a world with accelerating declines in biodiversity, widespread land-use transformation, and an increase in zoonotic and non-communicable diseases globally, a greater understanding of the biodiversity-health link should reinforce biodiversity conservation as a strategy for health promotion for people and other living beings. Unfortunately, biodiversity is not the primary focus of One Health (Marselle et al. 2021) since this mainly addresses human and animal health, with emphasis on achieving optimal health outcomes through risk prevention (of zoonoses), tinkering within the box of existing capitalist models. Such short-sighted orientation must be politically challenged in the face of wild industrialization and urbanization processes that continue destroying livelihoods, neglecting rural areas, modifying environmental systems and displacing people. As highlighted by authors who follow the processes at the United Nations with admirable loyalty, the current One Health approach remains hijacked by the iteration of the same dystopic anthropocentric worldview, doubling down a political strategy 'that not only exploits, manipulates and engineers nature doing grave damage in the process, but also does violence to the thousands of years of wisdom of communities who have lived with nature and who have evolved complex knowledge systems' (Kothari and Harcourt 2004). Therefore, the notion gets interpreted and primarily advanced in improving and imposing technological bio-surveillance infrastructures, structuring better intersectional

medical communication, and strengthening data sharing for crisis management, as illustrated in the volume.

In preserving a conceptual and political map of the world that legitimizes the unbalanced relations of power regardless of their failures, One Health is being tailored as attractive policy clothing to dress and blueprint the advanced securitization of global health after the pandemic, with its ever-evolving forms of contemporary digital coloniality (Pinto 2018). Since, after COVID-19, *immunity* has become the new organizing principle, the conceptualization of One Health has been twisted to primarily serve biosecurity in all its forms and other containment measures, in a *quasi*-military defense logic. This inevitability of future emergencies seemingly drives this new form of fundamentalism; after all, development requires modernization not only of the technological base of society but also of its institutional structure. Pathogens and micro-organisms are purposely viewed as enemies we must be protected. Meanwhile, the human species continues to be the primary uncontrolled aggressor.

Indeed, this is not the One Health that the words mean. And this is not the One Health that the world needs. As the One Health industry is being pumped up financially—as several articles in the journal highlight—perhaps only to continue the same war against nature by other means, 'the multiple and simultaneous rising risks of climate change are amplifying global health inequities and threatening the very foundations of human health [...] and with 1337 tons of CO<sub>2</sub> emitted each second, each moment of delay worsens the risks to people health and survival' (Romanello et al. 2023).

In *The Masque of the Red Death*, a short story by Edgar Allan Poe, a group of wealthy nobles, hidden in Prince Prospero's abbey on a peak above a countryside devastated by a dangerous plague (known as the Red Death) stage a masquerade to distract themselves, and possibly to mark their indifference and defiance to their eventual fate. They host the ball in seven rooms of the castle, each decorated with a different colour, and then, having dressed in costumes including masks and dominoes, they parade through the abbey dancing to music, eating extravagant food and more. During their revelry, a silent masked figure disguised as a Red Death victim enters and stalks through the party—Prospero and the guests die in turn, the stranger being death itself.

The story alludes to one insidious temptation: the end being imminent and inevitable, there is nothing left to do except dance and partying while you can. Perhaps that is what corporate billionaires and their acolytes do, before the ship sinks. SID takes a different stand, betting politically on the bizarre virtue of hope, which has nothing to do with optimism. At this time of *polycrisis* and warfare after years of pandemic crisis, civil society and social movements must rally behind their shared vision of the reality for people and the planet, with bold action based on truth and solidarity. We



must redirect our strategy to imagining the end of today's capitalism rather than the end of this world. It is audacious but indispensable. As things are unfolding, we have nothing to lose. We hope that this *Development* issue may serve as a helpful tool to encourage activism with renewed political knowledge and sensibility.

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