



Editorial

Everybody's Health

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A nonpartisan, worldwide movement formerly called “One Medicine” and “One Medicine-One Health”, in the late 20th and especially the early 21st century, is now commonly referred to and called “One Health”. Indeed, the founder and editor of this highly regarded open-access Journal of Global, Public and One Health (JGPOH) (1), Dr. Laaser (2), a renowned public health physician, wisely laid claim to One Health’s future in his first editorial (3): *“The main task in the immediate future is in reach if we learn to organize speaking with stronger and one voice to policymakers, jurisdiction, and global organizations? Is there such an organizational/coordinative model for One Health initiatives/movements/CSOs/NGOs?”*

Laaser’s 2022 publication in the widely acknowledged One Health oriented and supportive Impakter Magazine (4) cogently expressed his prudent yet powerful impressions of “How to Save our Common Future: The Global One Health One Welfare Approach” (5) by emphasizing that public and non-public voices must speak out and make the interface between the environment, human, animal, and plant health a priority.

Analysis in the World Bank’s “People, Pathogens, and Our Planet, Volume 2”, quantified global losses from six major zoonotic outbreaks between 1997 and 2009 amounting to at least US \$80 billion. Preventing such outbreaks could have saved an average of \$6.7 billion per year.

[See: Open Knowledge Repository \(6\)](#)

A United States National Library of Medicine publication found that “primary pandemic prevention actions cost less than 1/20th the value of lives lost each year to emerging viral zoonoses and have substantial Co-benefits.”

[See: The Costs and benefits of primary prevention of zoonotic pandemics \(7\)](#)

Potential emerging infectious zoonotic diseases such as coronaviruses, influenza viruses, Ebola virus, Nipah virus, Lassa virus, Disease X and others, could have major consequences for many countries and regions. Epidemics and endemics of animal originating afflictions can be financially devastating for agricultural and tourism industries, place stress on healthcare systems and disrupt trade. Embracement of a One Health approach would be important in mitigating and/or preventing national or widespread political, economic, and social destabilization, enhance prospects for food supplies to be safe and secure from foodborne illnesses.

Early on in this, his second term, President Donald J. Trump appointed an Extraordinary Special Assistant to the U.S. President and Senior Director for Biosecurity and Pandemic Response (8). In doing so his Administration implicitly acknowledged that healthy people and animals share a common environment and are thus inextricably linked. Its goal, “Making American Healthy Again” [and keeping them safe] necessitates collaboration among transdisciplinary, multidisciplinary co-equally knowledgeable healthcare scientists including physicians, osteopathic



physicians, veterinarians, dentists, nurses, researchers in clinical and epidemiologic science endeavors, and other scientific-health and environmentally related disciplines.

The United States Department of Health and Human Services (HHS) is the primary federal agency is the main health line of defense and currently led by HHS Secretary, Robert F. Kennedy Jr. Under his leadership unfortunately, some of its recent and current policy pronouncements and actions do not well serve its stated mission. The authors, with backgrounds, experience and expertise in public health/epidemiology, respectfully contend that our U.S. public health infrastructure, assiduously crafted over the last many decades (80 plus years) may have been irreparably impaired. As a result, its men, women and children are at greater risk in developing illnesses unnecessarily and will die prematurely for decades to come. And assuredly this is tied in part to harmful health illiteracy (9) repercussions much of which is associated with encouragement of vaccine hesitancy (10).

HHS future policies and consequent actions are presented to the U.S. Congress in the proposed 2025 Health and Human Services Budget. According to it, HHS will make “the American health system the best in the world” by opting for specific policy choices contrary to the focus in the past; reduce funding by 44% for the Centers for Disease Control and Prevention (CDC), 40% for the National Institutes of Health (NIH), and 19% for the Food and Drug Administration (FDA); significantly reduce the HHS full-time workforce; terminate, de-scope, or non-renew over 5,000 contracts. It will combine multiple agencies—including the Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Office of the Assistant Secretary for Health (OASH), National Institute for Environmental Health Sciences (NIEHS), and some programs from the Centers for Disease Control and Prevention (CDC)—into a new, unified entity called the Administration for a Healthy America (AHA).”

[See: HHS FY 2026 Budget in Brief/HHS.gov \(11\)](#)

(Budget details are included for FHA (page10), CDC (page 18), NIH (page 21).)

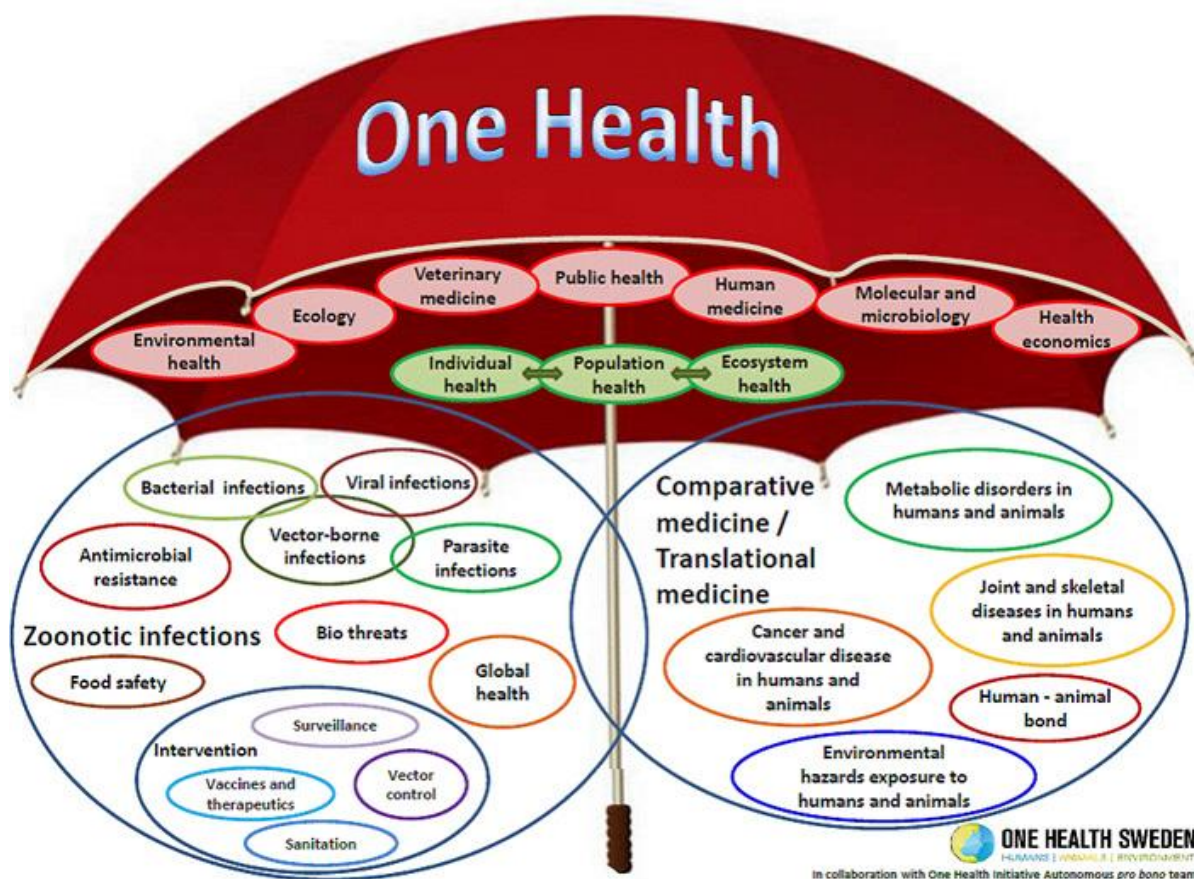
Reacting to this proposed request, the American Public Health Association (APHA) (12) gauged the impact of such budget cuts as putting all Americans at risk, namely because it will:

- create immediate harm to health and food safety services that are relied on by all Americans, including children, seniors, and those in rural areas.
- halt progress on current medical research and destroy funding for future disease prevention and treatments. Pandemic preparedness will be damaged, promising new treatments will be delayed or terminated, and ground-breaking medical treatments will go undiscovered.
- severely undermine the U.S.’s global leadership in biomedical research, jeopardizing scientific advancement, economic growth, and innovation in healthcare



While dangerously problematic, there may still be time and opportunity to mid-course amend disastrous consequences by having HHS leadership realistically address the core health needs of its citizens. These specific and general healthcare policies and actions need to be addressed with remedial restorative modifications by political operatives who appreciate and understand tried and true methodologies devised by scientifically trained experts. Engaging recognized and respected scientists and health leaders ‘*in the know*’ at CDC, FDA, and NIH, past and present, will help get HHS back on the right track, and assist the White House Office of Pandemic Preparedness and Response Policy (13) to fortify and refresh “Making America Healthy Again”.

*All members of One Health Initiative team (14), see World Medical Journal: ‘One Medicine–One Health’: A Historic Perspective (15).



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