Agricultural Policy, Food Policy, and Communicable Disease Policy

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Abstract Food and agricultural policy is an essential element of a communicable disease policy. The European Union has developed a more systematic and broadly based interest in questions of food safety and animal health and welfare linked to modernization of the Common Agricultural Policy, reflected in a new treaty obligation on animal welfare. Following the bovine spongiform encephalopathy crisis, moves were made to create a European competency, but implementation and enforcement resources reside with the member states. The European Animal Health Strategy is meant to lead to an EU animal health law, but this has already been constrained by fiscal austerity. The development of such a law may lead to a lowest common denominator formula that does little to enhance consumer protection or improve animal welfare. This is an inherent risk with top-down forms of Europeanization; more attention should be paid to lessons to be learned from bottom-up initiatives of the type used to counteract the bovine diarrhea virus. There will always be a tension among what is good policy for reducing the incidence of communicable disease, policy that is popular with EU citizens, and policy that is acceptable to member states.

Food and agriculture policy is an essential element of a communicable disease policy, broadly conceived. The availability of good-quality food in sufficient quantities at an affordable price is key in securing an optimal dietary intake for metabolism, growth, and activity. Food can be a vector for the transmission of disease through pathogens such as salmonella, listeria, and toxoplasma. In the United States food-borne diseases "cause approximately 325,000 hospitalizations and 5,000 deaths" each year (Paarlberg 2010: 155). This is a much smaller number than, say, deaths from smoking. "Yet any illness from foods contaminated at purchase . . .

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will cause public outrage because . . . this kind of exposure to risk is involuntary" (Paarlberg 2010: 157). Consumers expect food to be wholesome, and any report of contamination spread by the media leads to a reaction that may be out of proportion to the level of risk.

The Europeanization of Public Health

The European Union's (EU) original interest in animal diseases was in their potential to act as barriers to trade and hence to the development of the internal market. The past decade has seen the development of a more systematic and broadly based EU interest in food safety, the status of animals as sentient beings, and animal welfare. This is reflected in Article 13 of the Treaty of Lisbon (European Union 2008: 54): "In formulating and implementing the Union's agriculture, fisheries, transport, internal market, research and technological development and space policies, the Union and the Member States shall, since animals are sentient beings, pay full regard to the welfare requirements of animals, while respecting the legislative or administrative provisions and customs of the Member States relating in particular to religious rites, cultural traditions and regional heritage."

What are the drivers of this Europeanization process that culminated in a specific treaty obligation? The EU faces a legitimacy deficit with its citizens, who see it as remote from their immediate concerns. One way the EU can tackle this deficit is by establishing output legitimacy, showing that it can discharge tasks that are of central concern to citizens more effectively than the member states acting on their own. A series of food scares, notably one relating to bovine spongiform encephalopathy (BSE), served as "moments of *dislocation*: events that could not be understood within the hegemonic food (safety) discourse existing at the time, hence disrupting and shattering the sedimented institutional practices and related identities in the policy field." The process of Europeanization rested "on the negotiation of a shared 'food safety language' at the institutional level of the EU" (Paul 2009: 300).

The Europeanization of public health has been a complex process and remains so because many responsibilities reside at the member state level, or more specifically at the local level, so the EU's role is often one of coordination or policy initiation through encouragement and the transfer of best practices. The EU "nudges" member states in particular directions by providing more information, to both producers and consumers, or by establishing legislative frameworks to protect public health. It is thus a less hierarchical approach than the "command and control" model of the

World Health Organization (WHO) and relies much more on establishing networks and epistemic communities through which policy learning can take place. What is evident is that the public health discourse at the EU level came to incorporate food quality and food safety as key elements. "The Europeanization of this discourse, therefore, relies on the nodal points of 'being a consumer,' *stakeholderness*, and the notion of being a responsible and competent member of the food chain which through their interlinkages aid the fixation of meanings at the transnational level" (Paul 2009: 299–300).

The role of the consumer at the center of this process raises all sorts of tensions and contradictions that reflect those between health regulation and market freedom and between civil liberties and disease control. At a basic level the consumer wants to prevent food from reaching her that is contaminated and will make her, or her family, ill. However, consumers may interpret their expectations more widely, requiring reassurance that the animal producing the food has been cared for properly. This has led to EU initiatives to set standards for animal welfare labeling.

There is a broader challenge here. Price is still an important driver of consumer behavior in relation to food. There is an expectation that food will be cheap, reflected in its decline as a share of household budgets over time. Consumers might reasonably expect that price will not be reduced by compromising safety. But can they also expect it to be humanely produced without a cost premium?

Zoonoses, diseases that are transmissible from animal to humans, raise public health concerns. In some cases relatively simple steps may be sufficient to prevent transmission; for example, in the case of bovine tuberculosis (TB), those steps include milk pasteurization and the removal from the food chain of milk from reactor herds. Where there is uncertainty about a possible link between an animal and a human disease, as in the case of Johne's disease (paratuberculosis) in cows and Crohn's disease (Greenstein 2003), the role of public authorities may be one of reassurance and further investigation. Even where there is no demonstrable public health risk, as in the case of milk and meat from cloned animals, the EU may regulate to prevent it from entering the food chain in accordance with the precautionary principle.

Agricultural production in Europe has been shaped by the Common Agricultural Policy (CAP), which was set up to ensure secure food supplies for European consumers, motivated in part by the fact that many of those living in Europe could not secure their basic nutritional needs in the years following the end of World War II. However, this was only one of

a number of objectives, an important one being to reduce the gap in the standard of living between those living in the countryside and the towns. In order to do that, it was thought necessary to maximize production in a protected European market and to tackle the instability that is inherent in agricultural markets. The policies pursued had some dysfunctional consequences, such as the creation of large surpluses of many commodities that had to be stored and then disposed of in third-country markets, to the detriment of their domestic producers and the distortion of world trade. In recent years there has been a greater emphasis on a "multifunctional" agricultural policy, which acknowledges that farming is not just about food production but also produces a range of public goods such as cherished landscapes and environmental protection. There has also been a renewed emphasis on questions of food security, reflecting concerns about long-run imbalances of supply and demand in global production. However, unlike the original food security debate, this recent one has been concerned with quality as well as quantity of production, part of that quality being food that is safe to eat and does not communicate diseases.

As far as food safety is concerned, a key distinction has to be made between policy development before the BSE episode in the late 1990s and afterward. Before that episode there had been a process of Europeanization of food safety policy. However, "the initial goal was to establish an internal market which necessitated the harmonization of compositional standards for foodstuffs" (Paul 2009: 264). Following the 1979 Cassis de Dijon judgment, the emphasis was on a process of mutual recognition of standards. The judgment ruled that in principle any product lawfully produced and marketed in one member state must in principle be admitted on the market of any other member state. Public health was one of the narrow exceptions allowed, provided that it could be objectively justified. "EU intervention in national food (safety) standards continued to be reserved for instances where food (safety) policy was seen to constitute a *trade barrier*" (265).

Taken as a whole, policy was pragmatic; it lacked coherence and an adequate institutional basis, in particular one that could take into account relevant scientific evidence (Vos 2000). In part this reflected the close links between food and culture, which in turn could provoke nationalistic responses to any attempt to impose what could be portrayed as uniform and inappropriate European standards. Part of the EU response was to encourage the special recognition of distinctive local products such as Parma ham or Roquefort cheese through the use of geographic indicators, in effect a form of intellectual property recognized through the World

Trade Organization. This managed to bring together the emphasis on quality, which formed part of the strategy for modernizing the CAP, and particular cultural concerns linked to food.

The BSE Crisis and Its Aftermath

As Chalmers (2003: 532) noted, "The BSE crisis marked a Year Zero for the European Union food regime by forcing both member states and the Community to acknowledge the shortcomings of the existing European approach to food safety issues." Alemanno (2006: 243) commented that "it became clear that the free movement of foodstuffs could no longer be the overriding principle of EC food law. Food safety was not only a consumer's concern, but a condition for the proper functioning of the internal market." Underlying this thinking was a widely held view that the intensification of farming encouraged by the CAP's goal of maximizing production had of itself produced animal disease and food safety problems, exemplified by the BSE crisis.

The European Parliament carried out a major investigation into the BSE affair. Many of its criticisms were directed at the United Kingdom, but it also criticized the directorate general for agriculture (DGVI) for "putting the interests of the beef market before those of consumers." There had been "poor co-ordination between the different areas of the Commission with overlapping responsibility in the BSE affair, including DFVI (agriculture), DG III (industry), DGV (social affairs) and DGXXIV (consumer affairs)." The report accused the United Kingdom "of using the presence of UK scientists on the EU veterinary committees to maintain pressure on the Commission to minimize discussion of the BSE problem." It was felt that "in the decision making process, too much weight has been given to the advice of the Scientific Veterinary Committee" (*Agra Europe* 1997a: E/1).

Faced with the threat of a no-confidence motion that would have led to the dismissal of the entire European Commission, a number of institutional changes were put in place. The administration of the scientific committees that advised the Commission on food safety was transferred in 1997 from the DGVI to the consumer policy directorate. "Thus, the scientific committees were distanced from the legislative wing of the commission services, being subjected to the exclusive control of a DG totally oriented to consumers. At the same time, they were removed from direct industrial pressures" (Alemanno 2006: 245). The consumer directorate had originally been set up as the Consumer Policy Service in 1989. "His-

torically a marginal body with a tiny budget, in April 1997 it underwent a massive change" (Flynn, Marsden, and Smith 2003: 40). Scientists were not at all happy at suddenly finding themselves involved with consumer concerns, having sought to maintain a rather arbitrary distinction between expertise and policy. A senior Commission official commented, "What we heard from the scientists was that they were very angry at being put to [the directorate general (DG) for health and consumer protection] because suddenly it seemed all political to them. To talk of consumer interests was political" (Paul 2009: 290).

Following the reorganization of the European Commission at the beginning of Romano Prodi's presidency, a new health and consumer protection directorate general was created, generally known as DG Sanco. The reorganized functions of various DGs thus made a clear link between health and food safety and signaled that link's importance as far as the EU was concerned. Reflecting the transformation of food safety from a low-key technical issue best left to experts operating in relative obscurity to a highly politicized issue seen as having major implications for public health, the Commission set up a group of "super commissioners," headed by Commission president Jacques Santer, with responsibility for food, health, and consumer policy. The group included Emma Bonino (consumer policy), Franz Fischler (agriculture), Martin Bangemann (industry), and Padraig Flynn (health).

In 1997 the Commission issued a Green Paper on the principles of food law in the EU as well as a Communication on consumer health and safety. The limitations on what the Commission could do were revealed by comments that Commissioner Bonino made at the time. "Demonstrating the Commission's current sensitivity to possible accusations by member states of Commission interference in national affairs, Bonino made it clear that the Commission was not setting up a 'health police.' Member states would retain their present responsibility for inspections and controls; the Commission's role was merely to co-ordinate the control" (*Agra Europe* 1997b: E/5).

The European Commission's Food and Veterinary Office, which was established in Ireland in 2002, was given a central role in implementing the new approach to control and inspection. "The key objectives of the Office would be to monitor the observance of food hygiene, veterinary and plant health inspection within the EU, and contribute towards the maintenance of consumer confidence in food safety" (*Agra Europe* 1997b: E/5). That office has responsibility for specific control measures adopted by the European Council in April 2010 for eight diseases, including foot-and-mouth disease and bluetongue. It also has responsibility for eradication

and monitoring programs that aim at progressively eliminating endemic animal diseases, of which twenty-one were listed in April 2010, including bovine TB and Johne's disease. The resources available to the office are limited; it has 163 staff, of which 81 are inspectors, but many of these have responsibilities that have nothing to do with communicable animal diseases.

The initial thinking in the Commission had been that some kind of EU equivalent of the US Food and Drug Administration (FDA) with far-reaching regulatory and executive powers should be established. The Commission felt that the FDA had done much to establish and maintain the confidence of US consumers in the safety of the food chain from farm to fork. However, Prodi and other commissioners subsequently began to consider a much more limited model because the European food industry was uneasy about the FDA model. "The reasons for the shift in thinking appear to have been twofold: first, a more modest agency was much easier to implement in legislative terms, and second, there was a feeling that it was scientific and technical expertise that the Commission needed to bolster" (Marsden et al. 2010: 86).

The Commission produced a White Paper on food safety in 2000. It should be noted that the paper "did make proposals specifically designed to promote the health and welfare of animals, but only insofar as this concerned food safety" (MacMaoláin 2007: 182). The main change brought about by the White Paper was the establishment of the European Food Safety Authority (EFSA) by Regulation 178/2002 in 2002. It should be emphasized that the authority's function is risk assessment; risk management remains primarily the responsibility of the member states and is seen by the Commission as primarily a political task. "Such a separation, especially when the Authority is expected to communicate directly with both risk managers and the general public, may prove more than a little tricky" (Randall 2006: 413). The hope is that managers will make decisions on the basis of the objective advice they provide. "EFSA has sought to persuade its most powerful stakeholders that it can become the vital hub of a new European institutional architecture in which risk assessors and communicators, armed with superior scientific and communications instruments, endow the Commission's actions and policy-making with greater authority" (415). The difficulty with this aspiration is that "despite the scientific credibility and authority that EFSA seeks to promote, it cannot simply impose its own views on those of others. . . . EFSA can find itself as one competing scientific voice clamouring to be heard" (Marsden et al. 2010: 90–91).

However, the overall impact of these changes was to separate food safety and animal welfare issues from the more production-oriented priorities of the CAP. Debates about safe food supply became decoupled from discussions of the economic success of farmers and the food industry, the maintenance of cherished landscapes, and more general issues of environmental protection and developed their own policy agenda and momentum. Nevertheless, they could never become entirely distinct, because a food safety crisis has significant impacts on the food industry's image and its ability to sell its products.

The EU Animal Health Strategy

In 2007 the European Commission published an Animal Health Strategy for 2007–2013, followed in 2008 by an Action Plan. In April 2010 the responsible commissioner announced plans to enact an EU Animal Health Law. This was anticipated in the strategy document as "a single horizontal legal framework [that] will define and integrate common principles and requirements of existing legislation (intracommunity trade, imports, animal disease control, animal nutrition and animal welfare)" (European Commission 2007: 15).

The strategy document emphasized that "the concept of animal health covers not only the absence of disease in animals, but also the critical relationship between the health of animals and their welfare" (8). In other words, policy is considered in terms of not just preventing outbreaks of disease and their spread but also ensuring high standards of animal welfare. However, this is the second goal in the strategy and is preceded by the first goal, which is "to ensure a high level of public health and food safety by minimising the incidence of biological and chemical risks to humans" (9). There is thus a strong emphasis on zoonoses in policy. This is also evident in the holistic One Health campaign promoted by the Commission, which emphasizes that animal health affects human health and vice versa.

However, the Commission recognized that zero risk could not be achieved and that there needed to be a definition of an acceptable level of risk. This would be based in part on sound science and risk assessment but would also entail dialogue with stakeholders to achieve consensus, shared ownership, and effective implementation. "Ownership of risk is a key issue and new mechanisms must be introduced to involve major stakeholders in decision-making on significant policy issues, in particular for emergency measures" (European Commission 2007: 15).

A major objective was to reduce the number of animals eliminated in the control of animal diseases. One alternative would be vaccination, which had caused considerable controversy in relation to foot-and-mouth disease. The strategy document noted that "different elements make it important that the decision to use vaccination is taken on a case by case basis" (22). A footnote listed five possible elements without referring to the most important one in practice: the policy position of particular member states. In an effort to encourage member states to participate, €11.5 million was set aside in 2011 for an emergency vaccination fund.

A key consideration influencing the Animal Health Law proposal is "how the EU should move from a position of financing losses of disease outbreaks to one of financing prevention. This requires a culture change to consider outlays for prevention programmes as an investment to save much heavier expenditure to combat disease outbreaks" (*Information Daily* 2010). The problem is that prevention programs do not lead to immediate and tangible results for which decision makers can claim credit. Indeed, the fact that such programs are intended to prevent something happening means that they may never yield a clearly identifiable outcome. The Commission proposes to review veterinary spending in time for decisions that are to be made on post-2013 agri-financial arrangements. In other words, a Commission contribution is expected, but it is also anticipated that member states and farmers will play their part.

The expectation that contributions will be smaller than anticipated is evident: in November 2011 the Standing Committee on the Food Chain and Animal Health agreed to cut funding to tackle disease by €45 million, leaving a budget of €203 million. The committee argued that the budget could be reduced because measures taken to reduce animal disease outbreaks in recent years had been successful, notably in the cases of bluetongue, avian flu, and classic swine fever. However, there is no doubt that fiscal restraint and austerity measures were also a factor, raising questions about what size budget would be available in the future and whether it would be sufficient to achieve stated objectives.

The EU's intention is to move to a more proactive approach to preventing animal diseases. However, it recognizes that this could be expensive, and it does not want to increase the overall regulatory burden. The EU therefore wants to take a holistic view of the rules that relate to animal health as reflected in the slogan "animals + humans = one health." Above all, it sees its approach on animal health as contributing to the CAP's strategic view seeking to establish a European farming sector that emphasizes high-quality, value-added production. Thus "previous discussions on this

issue have led to broad agreement that animal welfare could be a 'trademark' to sell the 'European model' and could offer parallel benefits for both consumers and producers" (*Information Daily* 2010).

Prioritizing Diseases

If funds and regulatory capacity are limited and if member states are keen to protect their own policy spaces, consideration needs to be given to which diseases are to be prioritized for action at the European level. In practice, high priority has been given to bovine TB, a cattle disease, to which €65 million, or over 32 percent of the available budget, will be devoted.

Bovine TB is subject to an EU eradication and monitoring program. Not only is it an established zoonosis (although less significant than it was before milk pasteurization), but it has also proved controversial in the United Kingdom because the coalition government has proposed culling badgers, a cherished wildlife species, to curb its spread. This issue has relatively high public awareness and significant stakeholder involvement (Grant 2009). In the case of Johne's disease, another cattle disease that is also the subject of eradication and monitoring measures, there has been speculation that there may be a link between the consumption of milk from animals that have the disease and Crohn's disease, but this has never been proven.

The process for the approval of eradication plans by member states at the EU level does not appear to be onerous. The UK government submitted a bovine TB eradication plan for England, Wales, and Northern Ireland to the European Commission on September 15, 2009 (Scotland had already received recognition of its regional Officially Tuberculosis Free status on September 8 of that year). The plan outlined the measures the United Kingdom is taking to control the spread of and progressively eradicate TB, but the disease's incidence has been rising. Nevertheless, the plan was speedily (especially for the EU) approved by the Standing Committee on the Food Chain and Animal Health on October 16, 2009. As a consequence, €10 million of EU funding was released for compensation and testing costs.

The Case of Bovine Viral Diarrhea Virus (BVDV)

The EU also has to consider tackling diseases such as bovine viral diarrhea (BVD), which is not yet the subject of EU measures but may become so as the organization widens the scope of its policy. (It should be noted that BVDV refers to the virus and BVD to the disease effects.) It is not a zoonosis, but it has significant implications for animal health and productivity and in that sense raises the issue of whether the policy objective is simply to protect human consumers of meat or whether there are broader animal welfare objectives. BVD also has animal welfare impacts, but "the welfare implications have never been quantified in a systematic way" (Lindberg et al. 2006: 962). It is a disease of cattle caused by a pestivirus and was first identified in the United States in New York State dairy herds in 1946. It is a widespread endemic disease of cattle herds in the United Kingdom and elsewhere in the EU, especially Germany.

One of the challenges with BVDV is that the effects can vary widely, they are often mild, and animals may display no clear clinical signs. It can lead to reduced fertility, increased pregnancy losses, and immunosuppression. Immune suppression will make animals susceptible to diseases such as pneumonia and neosporosis. "The effect of the virus on the immune system can also lead to lethal haemorrhagic disease" (Lindberg et al. 2006: 962). Later in life it can lead to mucosal disease, which shows itself in ulceration of mucosal surfaces such as the mouth, throat, and intestines as well as in fever, loss of appetite, salivation, and diarrhea. The outcome is usually fatal. BVD virus is spread via nasal secretion and feces, but it can also be spread vertically from cow to calf. The calf's developing immune system may mistakenly think the virus is part of itself and so does not mount an immune response. Calves born persistently infected may appear to be normal but will shed the virus for the rest of their lives, providing a major source of infection for other animals.

Vaccines have been available for forty years and are not expensive. Treatment costs about $9.50 per animal (three doses) in the first year and $3.00 a year thereafter. A vaccination strategy does carry some risks, as vaccines "can convey a false sense of security and thereby lead to risky behavior. In the BVDV control context, this may lead to biosecurity policies being put in second place" (Lindberg et al. 2006: 968). It is especially important to remove persistently infected animals from the herd.

Nevertheless, the disease is eradicable; this has been achieved in Norway and in the Orkney Islands in Scotland (where clear geographi-

cal boundaries and informal social networks helped overcome collective action problems). The Scottish government has initiated an eradication program that started with subsidized screening of herds, completed in 2011, followed by mandatory annual screening starting in December 2011 and movement controls from December 2012 on. This is part of a broader "quiet revolution" in animal health policy being pursued north of the England-Scotland border in the hopes that it would give the country's livestock a unique selling point in future globalized markets and would reinforce the high-quality image of Scottish meat. Although the program's main objectives would be cost savings and efficiencies in the supply chain, "Consumers want to know that animals are well looked after, bundle up [BVD] as part of [a broader animal] health control programme" (interview by the author, Quality Meat Scotland, July 14, 2010).

There are economic and welfare reasons to give BVD a higher profile than it currently receives. From the farmer's perspective, "Diseases such as acute mastitis and lameness are more obvious and their link to impaired welfare and production is also obvious so such diseases grasp the farmer's attention" (Gunn et al. 2005: 156). Coupled with this, because it has no known zoonotic implications, "There is low public awareness of BVD and therefore of the public good associated with better control or eradication" (155). Moreover, "It is clear that there are differences in how stakeholders across Europe interpret BVDV as a problem and how they communicate about BVDV control. These differences may in themselves constitute a constraint to reach any form of collective action regarding BVD" (Lindberg et al. 2006: 964).

The EU considered it worthwhile to fund a thematic network on BVD control. The network reported in 2001 that "as a consequence of the ongoing national BVDV control programmes in Europe, differences in prevalence of BVDV infections are becoming increasingly pronounced. Politically, these differences are reflected in the acknowledgement of BVD as a notifiable disease in eight European countries; Austria, Belgium, Denmark, Finland, Germany, Norway, Sweden and Switzerland" (EU Thematic Network 2001: executive summary). The network took the view that "the recent decision by the OIE [World Organisation for Animal Health] to list BVD as a priority disease in terms of animal trade is a strong signal to the Community to consider development of an EU wide strategy to control BVD" (executive summary).

It may be, however, that EU or government-led solutions are not the best way to deal with a production disease like BVD. The theoretical work of

Elinor Ostrom (1990: 13) is relevant here. She notes that "analysts who find an empirical solution with a structure presumed to be a commons dilemma often call for the imposition of a solution by an external actor." An alternative solution would be for "herders themselves [to] make a binding contract to commit themselves to a cooperative solution that they themselves will work out" (15).

At least some of the conditions Ostrom (40–41) specifies for the creation of institutions that supply joint welfare apply in the case of BVD:

1. Most appropriators share a common judgment that they will be harmed if they do not adopt an alternative rule. [Getting all farmers to recognize BVD as a problem is a hurdle.]
2. Most appropriators will be affected in similar ways by the proposed rule changes. [The epidemiology of a beef herd is likely to differ from that of a dairy herd because of variations in contact and calving patterns; see Gunn, Stott, and Humphry 2004: 143.]
3. Most appropriators highly value the continuation of activities from this CPR [common pooled resource]. [Having eliminated BVD, one would want to maintain that status.]
4. Appropriators face relatively low information, transformation, and enforcement costs.
5. Most appropriators share generalized norms of reciprocity and trust that can be used as initial social capital.
6. The group appropriating from the CPR is relatively small and stable.

Two practical examples of such arrangements can be found in the United Kingdom. The Orkney Islands, located to the north of the Scottish mainland, have "the highest density of cattle in Europe with approximately 30,000 suckler and dairy cows" (Orkney Livestock Association n.d.). There was a significant problem with BVD. "In the late 1990s, post mortems of abortions and neonatal deaths in Orkney calves showed 45 percent of them were caused by BVD" (Farmers Guardian 2007). In order to run a BVD eradication scheme, the Orkney Livestock Association was established, making use of local social capital. An employee of the auction mart acted as secretary, and a local veterinarian played a prominent role. There were very few free riders: 550 cattle farmers joined the eradication scheme, with only 13 abstaining. In the first two years of the scheme, 378 persistently infected cattle were identified and removed. The experience of largely eradicating BVD (there are occasional breakdowns) has led the livestock association to start a campaign to eradicate Johne's disease, with

the Orkney Islands Council meeting 80 percent of the cost of laboratory testing over a three-year period.

A more ambitious scheme has been launched in the east of England, a predominantly arable area, in an attempt to make the region BVD free. The project was started by members of the Norfolk and Suffolk Holstein Club because of their concern with the severe economic impact of Johne's disease. East Anglia has traditionally had a lower number of infected farms (around 75 percent) than the national average (around 95 percent). The industry provided funding for the laboratory costs of initial testing for one hundred farmers. A prominent veterinary academic was also involved. A similar plan has been initiated in Somerset. It would seem that BVD is likely to be tackled through cooperative arrangements of this kind for the foreseeable future. They often raise free rider concerns, although this could be offset by requiring farmers to give more information about the disease status of an animal at the point of sale.

A more general question is whether self-regulation offers a neoliberal alternative to centralized regulation, or whether it could be seen, as is apparent in the examples above, as a local democratic initiative that might forestall imposed forms of regulation. There is a third interpretation in which, in accordance with the prescriptions of behavioral economics about nudging behavior (Thaler and Sunstein 2008), a limited and inexpensive state intervention in collaboration with an industry body facilitates effective action by producers and is of direct benefit to them. A BVD scheme was initiated in Wales in 2011 through the red meat promotion body, Hybu Cig Cymru. The Rural Development Plan for Wales made £40,000 available, enabling farmers to claim up to £400 toward the cost of testing up to one hundred cattle, with the purpose of raising awareness and allowing farmers to remove persistently infected animals from the herd. The beneficiaries are both the producers, in terms of reducing cattle losses, and also the animals themselves. Consumers do not benefit directly, although it is thought that BVD-free status might help marketing.

Conclusions

European Union food safety policy, and as part of that communicable diseases policy, underwent a significant change as a result of the BSE crisis. BSE initiated the progressive Europeanization of public health issues, transforming something that had been close to the heart of the modern state into a European competency. This was reinforced by a shift in CAP policy goals, with a move away from providing incentives to farmers to

maximize production and toward new policy instruments that placed a greater emphasis on the multifunctional and public goods aspects of agricultural production (Grant 2010). However, in the past two years there has been a significant revival of the food security discourse in the EU, prompted by more volatile prices, long-term increases in demand from emerging countries, and concerns about the impact of climate change. France is leading a G-21 group that includes all member states apart from the four northern reform states (Denmark, Netherlands, Sweden, and the United Kingdom) and two island states with limited agricultural output (Cyprus and Malta), seeking to restore more traditional productionist and protectionist readings of the CAP.

However, the situation is somewhat more complex. Farmers are particularly keen to defend the subsidies they receive, largely in the form of the single farm payment. One defense being advanced is that this represents a compensatory payment for the higher standards that EU farmers are expected to observe in areas such as animal health and welfare. Higher standards thus become embedded in ways of thinking about agricultural policy, reinforced by the notion that higher-quality standards on the farm can yield a marketing advantage. This idea is evident in the EU's recent proposals on animal welfare labeling.

Communicable animal diseases constitute a form of crisis politics when outbreaks occur, as in the cases of BSE and foot-and-mouth disease. When a disease is contained, as has happened so far in the case of bluetongue, it falls off the political radar. This is a source of relief to decision makers: "We should be glad, of course, that BSE and foot and mouth are not currently in the headlines" (*Information Daily* 2010). There is, of course, a different kind of politics associated with an endemic disease like bovine TB, which presents different problems for decision makers (Grant 2009).

The EU is attempting to develop a more systematic approach to how it deals with communicable animal diseases. However, most enforcement and implementation resources reside with the member states, which have variable capabilities in terms of communicable disease control systems. At the EU level, DG Sanco is not particularly well resourced in relation to the range of tasks it has to undertake. This is a recurrent problem in ensuring that EU legislation is effective at the level of policy delivery (Grant, Matthews, and Newell 2000). Member states are often keen to protect their existing prerogatives, particularly if there are financial implications, even more so at a time when countries have accumulated substantial government debts.

The development of an EU animal health law is not likely to be an easy

process, and there is a chance that it may be a lowest common denominator formula that does little to enhance consumer protection or improve animal welfare. This is an inherent risk with top-down forms of Europeanization (Niemann, Garcia, and Grant 2011) and suggests that more attention needs to be given to bottom-up forms that seek to encourage, build on, and scale up local initiatives.

EU involvement is driven by an obligation in the Treaty of Lisbon, but the analytic issue is whether the EU should be involved at all in containing communicable animal diseases if more can be achieved by the cooperation of local farmers operating under the guidance and encouragement of regional authorities, as in Scotland and Wales. One justification for such involvement is that animal diseases can enter the EU from other parts of the world, hence raising issues of border protection and international negotiation. However, the EU can also encourage efforts at the member state level, promote best practices, and provide some financial resources to help with programs, although in doing so it often ends up reflecting the agenda of the member states themselves rather than following its own priorities. There will always be tension between what is good policy in reducing the incidence of communicable disease; policy that is popular with EU citizens; and policy that is acceptable to member states. This will always involve some trade-offs, just as there are trade-offs between the price and quality of food for the consumer.

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