The rise of walls and the decline of values: from Trump to Calais

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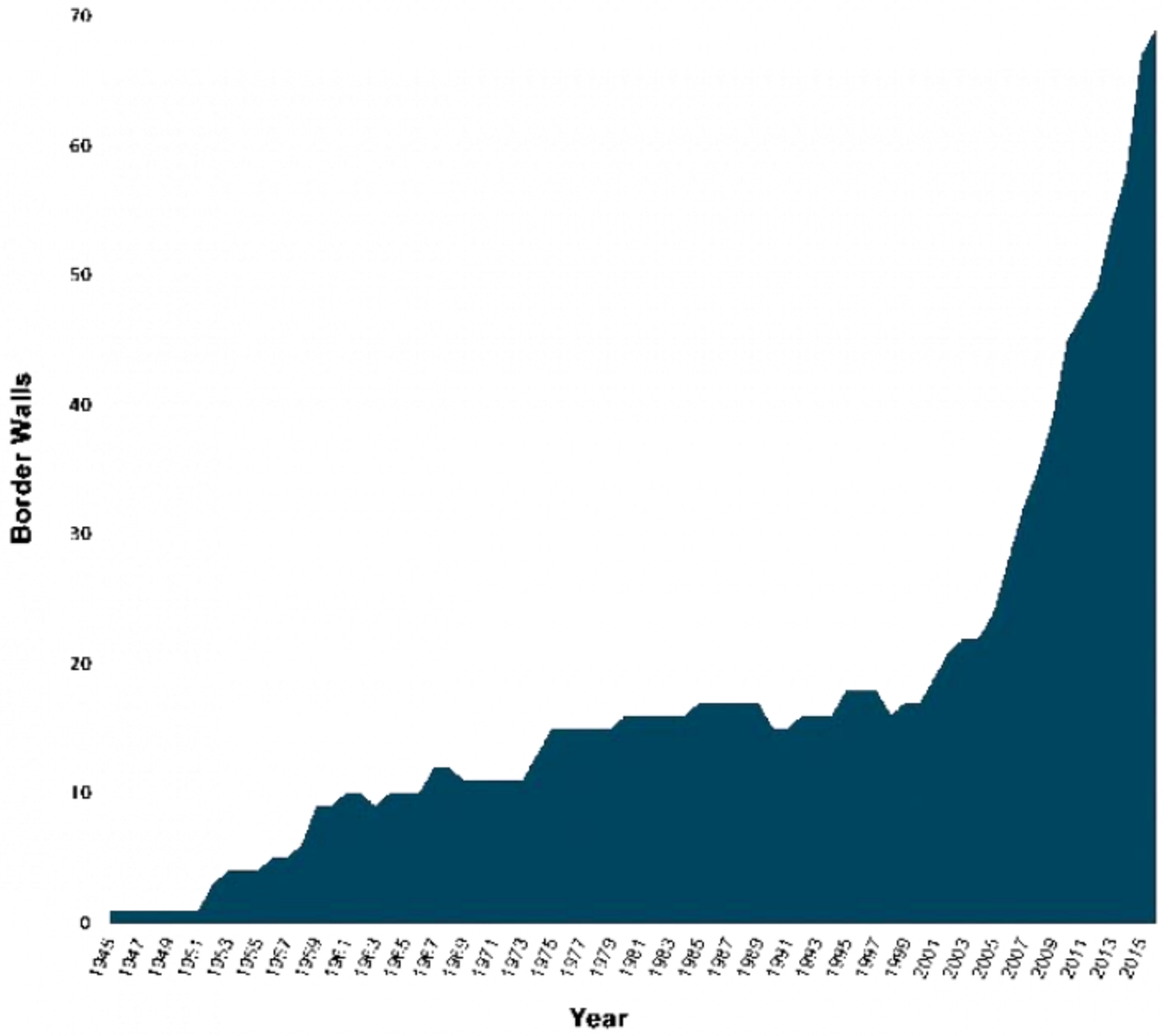
Breaking down walls, removing barriers, and opening pathways for cooperation and collaboration have long been at the core of international and global health—at least conceptually. Resistance to these goals and their

underlying values has typically been ideologically or economically driven, reflecting the self-interest of powerful actors. However, the obstructions these actors create have never been as conspicuous, widespread, symbolic, or impactful as they are today.

The figure shows the number of walls and fences erected on national borders during the period 1945-2015. It depicts a modest increase from 1945 until 1989 when the Berlin Wall came down and then shows a sharp rise, especially over the last 15 years. Many of the nearly 70 walls have been built recently in Europe where countries are attempting to cope with a profound immigration crisis in which millions of people are on the move. Interestingly, the graphic representation of these trends actually conjures up the image of a bolstered wall.



Source: Update by Élisabeth Vallet, Zoé Barry, and Josselyn Guillarmou of statistics included in Élisabeth Vallet, ed., Borders, Fences and Walls: State of Insecurity? (Farnham, UK: Ashgate Publishing, 2014).

The refugee crisis in Europe, the building of the wall in Calais, the dismantlement of the so-called "jungle" refugee camp, and the plight of its children have drawn global attention. Walls have become a metaphor for fear and resentment and for the overarching paradox that, while the global community is more interconnected than ever, it is becoming increasingly fragmented.

A particularly disturbing aspect of these trends is the anti-migrant, anti-Muslim, anti-ethnic rhetoric that accompanies them. This is perhaps epitomized in the speeches of Donald

Trump (Republican nominee in the US presidential elections to be held November 8). A video shows Trump exhorting thousands of supporters with a refrain—"build that wall, build that wall"—evocative of scenes from the darkest days of 20th century Europe.

The plight of migrants and chaos along national borders appearing daily in the media is in sharp contrast to the vision and values of international and global health as originally conceived. For instance, Halfdan Mahler, Director-General of WHO during 1973-88 and who ushered in the Declaration of Alma Alta (1978) on primary health care (PHC), described the 1970s as a "warm decade of social justice". PHC envisioned removal of the barriers between health facility and the populations it served by focusing on simple and inexpensive interventions at the village level (essentially patient- or family-centred care).

For Igogwe Hospital, a 100-bed facility in the southern highlands of Tanzania, the adoption of PHC in the 1980s literally meant the removal barriers from the hospital compound and sending health workers out into the villages where they developed and strengthened a network of rural health centres, maternal and child health clinics, and mobile services. When HIV/AIDS hit hard, Igogwe had a range of initiatives a full 10 years before the international donor community.

Yet rural hospitals like Igogwe were the exception. Halfdan Mahler, recalls that when the International Monetary Fund and World Bank interposed their policies of structural adjustment and health reform, they created barriers to access as real as bricks and mortar. For the world's poorest, the 1990s became known as the lost decade.

The Consortium of Universities for Global Health distinguishes global health from international health, stating that the former refers to "the scope of problems, not their location", that it parallels a shift "in philosophy and attitude that stresses the mutuality of real partnership", and aims for "health equity among nations and for all peoples"—that is, a more level playing field without barriers. While most donor countries embrace these values (including the European Union), it is typically left to the non-governmental organization community which, together with its southern partners, works with ordinary people, their families, and communities to address the detrimental impact of walls along borders. For example, Christian Aid issued "Breaking down the barriers", Action Aid, "Protect people, not borders", while Doctors without Borders' vision and mission are self-evident.

Walls are often used as metaphor for the way they separate, for those they keep out or keep in, for the way they are built (perhaps representing the gradual accumulation of resentment) or suddenly rise up (flare-up) overnight, for the way they frighten, cause despair, or obstruct our view of deeper problems. Some of these metaphorical allusions ought to resonate with the global community. From a health systems point of view (or from a Donabedian analysis perspective) a wall—in that it exists at all—tends to imply inadequate inputs, poor process, poor outcomes, and generally mass failure – a scar on the global landscape. In his final address to the UN in September, US President Barack Obama stated that these walls paradoxically imprisoned those who build them.