Opinion

A Climate of Ignorance Envelops the United States

DAVID ROSNER

The global, long-term, and unambiguous warming trend has continued during recent years. . . . Sixteen of the warmest years on record for the globe occurred in the last 17 years (1998 was the exception).

Fourth National Climate Assessment¹

One of the problems that people don't talk about, you have a tremendous medical problem coming into our country . . . tremendous infectious disease is pouring across the border. The United States has become a dumping ground for Mexico and, in fact, for many other parts of the world.

Donald J. Trump²

WITH ALL THE ATTENTION PAID TO A FABRICATED NATIONAL emergency at the southern border, the true existential emergency, global warming, is galloping along unimpeded. The *Fourth National Climate Change Assessment*, the government's 2017 evaluation of what awaits us if we do not radically limit our CO₂ emissions, is so terrifying that we can only wonder how our elected officials can ignore the threat and avoid action. With the exceptions of Senators Sheldon Whitehouse and Edward Markey and Representative Alexandria Ocasio-Cortez and other Democrats in Congress, few of our elected leaders appear to have a sense of urgency regarding the dire consequences that await us. In bold letters, the report lets us know that we are now living through "the warmest in the history of modern civilization." And the third paragraph makes it clear "that **human activities, especially emissions of greenhouse gases, are the dominant cause of the observed warming since the mid-20th century.** . . . For the warming over the last century, there is no convincing alternative explanation supported by the extent of the observational evidence [emphasis in the original]."

In stark terms, the nightmare that awaits the country and the world includes ocean levels rising as much as four to eight feet, heat waves with average global temperature rising between two and three degrees Celsius, forest fire seasons that last all year, regular flooding of East Coast and Gulf Coast cities, drought in the Southwest, crop failures in the Midwest and large swaths of the world, ocean acidification, increasing dangers from mosquito-borne and other communicable diseases, vanishing glaciers, and massive, destabilizing migrations of peoples from poorer, arid parts of the world to richer, if strained, regions. And that's just the start of what awaits our children and grandchildren.

Yet, the president and many on Capitol Hill seek simple solutions to sticky social and scientific problems, conflating policy with deeply racist social prejudices that serve not to protect us but to make us more vulnerable and espousing the idea that walls can keep away threats—real or imagined—from the global south. Public health's history provides us with a glimpse into how dangerous and simple-minded such an approach is. Public health officials, after all, probably have the longest ongoing experience with walls, border inspections, cordon sanitaire, quarantines and similar efforts to keep people out of the country and isolate them. While some highly focused quarantines have been effective for short periods of time for severe epidemics of infections, permanent isolation as represented by a “great big beautiful wall” never has. Nor will walls protect us from changing weather patterns.

If the failure of the Berlin Wall, and successful sieges of medieval walled cities do not disabuse our political leaders of the idea that walls can provide security, and if cannonballs and tunnels, much less today's airplanes, drones, and boats, don't pierce the psychic disease that affects our politicians, perhaps a brief review of other walls meant to keep out an invasion will.

Let's begin with the small town of Eyam, in Yorkshire, England in 1665. Following three centuries of epidemic onslaughts of the plague unleashed by imported cloth that harbored fleas, in a heroic move, the town and neighboring communities constructed a stone wall around the town to isolate it from the surrounding communities, thereby hoping to stop plague's spread. It didn't work. The same year, Daniel Defoe's classic text *The Plague Year* detailed all-too-graphically, how ineffective such symbolic actions were, particularly in London where huge numbers died.³ In 1770, Austria cut off contact with the entire Ottoman Empire to stem the plague. That too was a failure. Or perhaps we should study

the failures of France's first cordon sanitaire, a barrier across its southern border with Spain in the nineteenth century to stop the spread of yellow fever. In that circumstance, armed troops patrolled the border without demonstrable effects on disease spread.

Even more relevant is our own experience with building walls and barriers around communities we falsely believe are sources of danger. In New York City in the 1890s, the Public Health Department moved Jewish immigrants who happened to live in the same lower East Side tenement to an island based only on a suspicion that they might be carrying disease. In San Francisco, early in the last century, nativist and racist beliefs undergirded public health's effort to stop the spread of bubonic plague by walling off San Francisco's Chinese community during an epidemic, leading to untold hardships with no discernable effect on the incidence of plague in the city as a whole.⁴ This is not to say that quarantine, isolation, and surveillance are not useful public health measures. But without addressing the underlying causes of disease and social upheaval their uses are, at best, temporary salves on the much more dangerous wound, salves that are clouded by social prejudices, not practical solutions.⁵

This, of course, leads us back to the existential threat posed by the president's ignorance of the data: By diverting the public's attention away from the true outside threat to the country and the world, Trump and his minions in government are literally willing to sacrifice millions of lives. No walls will prevent Miami Beach, lower Manhattan, or the coastal and island countries of Southeast and Southern Asia from being overcome by the seas. No wall will stem the untold human misery that awaits the people of Africa and the Middle East who will undoubtedly find their water supplies and fertile lands vanish. Inaction in the face of global warming, as the government's own scientists and experts so poignantly illustrate, is the true threat to our country and the world.

The earth is an extremely resilient place. Over the centuries, humans have destroyed its natural forests, burned its surface, and polluted its waters only to find that, for the most part, the earth recovers. Rivers once made lifeless by towns that dumped human and animal waste into them and by early manufacturing plants that lined their shores and used them as their private sewers can, given enough time, teem with life once again. The earth will continue to spin on its axis and support life. What is uncertain, however, are the conditions in which we human beings will live—or die.

References

1. Wuebbles DJ, Fahey DW, Hibbard KA, et al. Executive summary. In: Wuebbles DJ, Fahey DW, Hibbard KA, et al, eds. *Climate Science Special Report: Fourth National Climate Assessment, Volume I*. Washington, DC: US Global Change Research Program; 2017. <https://science2017.globalchange.gov/chapter/executive-summary/>. Accessed March 12, 2019.
2. Trump R.C. Border wall needed to stop ‘tremendous medical problem’ coming into the US. *The Hill*. December 11, 2018. <https://thehill.com/homenews/administration/420870-trump-border-wall-needed-to-stop-tremendous-medical-problem-coming>. Accessed March 9, 2019.
3. Race P. Some further consideration of the plague in Eyam, 1665/6. *Local Population Studies*. 1995;54:56-65. http://www.localpopulationstudies.org.uk/PDF/LPS54/LPS54_1995_56-65.pdf. Accessed March 9, 2019.
4. Markel H. *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892*. Baltimore, MD: Johns Hopkins University Press; 1999.
5. Fairchild A. *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force*. Baltimore, MD: Johns Hopkins University Press; 2003.

Address correspondence to: David Rosner, Columbia University Mailman School of Public Health, 722 West 168th St, Rm 934, New York, NY 10032 (email: DR289@columbia.edu).