Of Butterflies, Madmen, and Urban Health: Perspective from Canada

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According to chaos theory, the flutter of a butterfly's wings in China can affect weather patterns in a city thousands of miles away. It should therefore come as no surprise that a madman in a cave in Afghanistan can inflict serious harm on the health of inner-city residents here in Vancouver, Canada, half a world away. But exactly how?

First, the acts of September 11, 2001, were not a mere fluttering of wings, but a monstrous crime that took the lives of thousands of people and personally affected the lives of many times that number. Even among those not directly affected, can there be anyone who doubts that the world has been forever and irreversibly changed? Suddenly, the prospects of ubiquitous surveillance, enhanced state powers and diminished civil liberties, identity cards and registries, DNA banks, retinal and biological scans, and so on have left the realm of science fiction and are poised to enter the new daily reality of our shattered world.

There are few places where this causes more anxiety than here in Canada, which shares the world's longest undefended border with the United States. As the late former Prime Minister Pierre Elliott Trudeau told an American audience in 1969, "Living next to you is like sleeping with an elephant; no matter how friendly and even-tempered is the beast, one is affected by every twitch and grunt" (P.E. Trudeau, from a speech given to the Press Club, Washington, DC; March 25, 1969). But this is no mere twitch. When this giant beside us cries out in agony for enhanced homeland security and strengthened North American security perimeters, Canadians are sure to feel dramatic effects.

But how can the health of an inner-city resident in Vancouver be impacted from that cave so very far away? In the Canada before September 11, the keywords of the national agenda were research and innovation. Despite a slowing economy, the federal government was riding a string of surplus budgets and was starting to invest in research and to address important social needs. The new Canadian Institutes of Health Research had broadened its priorities to include research on societal, cultural, and environmental influences on health and the health of populations. Its strategic plan had set out to improve the health status of vulnerable populations as a key strategy for the future. Plans for increased funding to accomplish this were very much on the front burner. Moreover, the Liberal government, having been freed from its fiscally conservative role of slaying the deficit, planned to return to its roots by addressing critical social needs across the country, including marginalized populations.

But that was then, and this is now. On September 11, the entire agenda of this nation (and many others) turned on a dime. In the Canada after September 11, the national keywords have become security and counterterrorism. Social issues have been supplanted by military needs. A severely wounded global economy has drasti-

cally reduced government revenues; health research and health initiatives may be moved to the back burner. The federal Health Department, which previously focused on a number of critically important health initiatives, is now focused on ciprofloxacin and smallpox vaccine.

Those in the public and population health sciences are in a war with many natural enemies, such as human immunodeficiency virus (HIV), heart disease, and cancer. Every possible resource will be required if this war is ever to be won. It is truly disheartening, therefore, to see national health agendas diverted away from these natural foes to face threats that are solely the product of human minds.