

Medical Aspects of Canada's Response to Terrorism

26 September, 2001

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Canadians have already responded quickly and generously to the terrorist strikes of 11 September, organising and offering Canadian hospital space and medical services to people in the US, and giving blood in case it's needed.

We must also turn to other pressing medical aspects of Canada's response to terrorism - (1) Medical care and infrastructure in areas that may be affected by the world's responses to the 11 September crimes; (2) Use of medical knowledge, particularly psychology, in policy and program responses to these events; and (3) Caring for the medical effects in Canada.

1. Availability of medical and health care.

Canada's responses to the 11 September atrocities should maintain and restore medical care available to civilians in Afghanistan and elsewhere. Many are already war- and poverty-stricken.

Canada should not support or take part in actions that further reduce medical and health supply. Already, just the threat of war strikes by US / NATO has made it sensible to withdraw aid workers from Afghanistan. The same fear has led others who can to flee the country, thus creating refugee problems. Actual strikes would likely further destroy health infrastructure. All of these are effects of terror.

Canada must take steps to ensure - starting now - that whatever actions we, the US and others take are fully accompanied with plans and resources to protect and restore medical infrastructure and services for affected citizens and bystanders. If a police team causes collateral damage in the course of an action for public safety, the cost of reparation is covered by the police. The same principle has to apply to damage to civilians or bystanders internationally, if they are not to be victimised and become a further source for terrorist recruits.

The ongoing effects of western military interventions on the health of civilians in Iraq must not be repeated.

Further references in this area include organisations and documents pertaining to human rights, the United Nations Development Program, and mission statements of medical international assistance groups.

2. Using scientific knowledge of psychology in policy and program responses to terrorism.

In its origins and in its effects, terrorism is about psychology and psychopathology, more than about military weapons and techniques. It's no good to address it mainly using military hardware and tactics of destruction, nor from a stance of steely-eyed rage.

The Canadian government must use the knowledge of psychology that's been developed over the last 60 years and more:

- to understand how terrorism works, its effective mechanisms.
- to understand what gives rise to it, and how to address these causes.
- to understand how to counter it safely, and sanely.
- to understand its effects and side-effects on people, and how to treat these effects for people's good health - both for people now in good health and for those who are more vulnerable to emotional and mental problems,
- to understand what is required to nurture realistic trust, under duress, in our social and economic systems, and in our institutions of governance.

In case it needs saying, this doesn't mean sharpening up well-practised psychological techniques for intelligence-gathering, nor for creating fear, and exercising effective control of individuals and "populations".

It means understanding others and ourselves, so our prescriptions and strategies against terrorism can be well-chosen, well-directed, and more likely to succeed. So they'll be less likely to create unexpected or even perverse effects. So our actions will actually tend to maintain the individual and social health, happiness and freedoms which we want to protect at home, and hope to recognise and foster abroad.

One inspiring challenge of globalisation - whatever else we may like, dislike, or want to shape about it - is that "together" now means all of us, everywhere. We have to include a much larger number and diversity of individuals in our active sense of "us". It will be increasingly important to be alert to our own psychological states and capacities. It is essential right now in this crisis.

Medical and paramedical professionals and associations can assist by

- organising knowledge-based information and advice to government, delivered publicly.
- hosting discussion fora on the public health and pathology aspects of terrorism in the present context.
- offering outreach e.g. speakers to schools, universities, government agencies.

Some areas of psychological knowledge and professional practice are needed immediately:

• **The psychology of grief and healing.** In addition to grieving for lost lives, and individual injury, many in North America have a wounded national self-image. So many have said "the world will never be the same". Actually the world is little different from before. It is North Americans' sense of our place in the world that has been shocked. It is our inescapable vulnerability to what others think of us that needs consideration.

Expect anger, expect despair and depression. Know their processes, and know the effectiveness of acknowledging and expressing them safely, and of community, friendship, counselling, love, spiritual comfort, and engagement in positive thought and activities. Know the perils of making judgements and irrevocable actions out of the early emotional turbulence.

• **The psychology of fundamentalism.** President Bush and others in USA, Canada and elsewhere have pegged bin Laden possibly ahead of evidence. They understand him as being on a madly cockeyed mission about Good and Evil. But the pronouncements of Mr. Bush and others slide into a similar madness, passionate for an enduring War to eradicate Evil.

If leaders believe such a fantasy, they are capable of being easily deluded. If they don't, it's highly manipulative. In either case it's dangerous.

North Americans generally know little about Islam or what life is like elsewhere in the world. We know little about our effects on the rest of the world, and how we are really viewed there. Unfortunately, faced with grave uncertainty or confronted with what's little known, a fundamentalist mindset is not exploratory. It's not open to evidence and new inclusions; it's more likely to seek and create justifications and exclusions. This is dangerous, given the fearsome instruments of destruction at NATO's disposal. The real "blowback" from using lethal arms against targets that are elusive and ambiguous, and from oppressing whole communities where individual offenders are suspected to be, can be much more significant than the mission accomplishments. Moreover, we now know that "collateral damage" can be here as well as there.

We need to be able to recognise the patterns and syndromes of fundamentalism in others, and be able to recognise similar patterns when they start to occur in ourselves.

• **The psychology of terror.** Against us, terrorism apparently works. The events of 11 September and our own official responses have made a whole new set of people in Canada and the US fearful, afraid there are serious potential harms and dangers that we can not predict, avoid or control. With some exceptions, western government leaders and mainstream media have contributed substantially to the fear here. For one thing, it doesn't feel like we have much influence or control of our own governments' responses on our behalf. The Canadian government's first commitments in this alarming issue, for example, have been made not to us as Canadians, but to other governments.

In a rush, during our initial shock, and without citizen-empowering consultation, key western government leaders and opinion-leading media have concertedly shaped the social response into vengeful anger, and a grim and bullying clamour for an immediate "war". The overall message is that this war is on now, it involves all of us in many countries around the world, it has no defined enemy, and it is full of unknown dangers and methods. No conceivably credible criteria of success have been proposed, and no notion of cost before we get into it - only the cry that everything (undefined) has changed, and the promise of long duration, bloodshed on all sides, and surveillance and curtailed freedoms at home.

This leadership style is the antithesis of the values of fair justice, liberty and democracy we want to protect. These messages from our mainstream opinion leaders, however inadvertently, could not have been better designed to instil generalised anxiety, fear and disorientation.

This fear itself hurts and weakens us. More than a few of us have begun to act it out in taunts and actions against people here whom we imagine look like the criminals of September 11. Others are now becoming worried, despondent and fatalistic. There have been very welcome sources of advice on how to help children cope with what they are seeing and hearing. But the effects on adults are also predictable; and what we and our governments actually do in response speaks more loudly and deeply to both children and adults than information spin management could mask. What lessons do we teach the next generation, if we model anger and hitting back instead of firm fair justice, and conflict resolution?

There are psychologically sound alternatives. Atrocities are not new in the world. There is experience in surviving them. And there is some wisdom and growing objective knowledge about how to respond in ways that acknowledge the harms done and offer healing and comfort. Ways that are truthful about risks and ignorance, and yet encourage people's best sense of themselves, and reinforce and call on our realistic powers to act - as individuals and together - for good and justice.

- **The psychology of oppression.** North Americans need to understand the psychology of oppression, as well. We need to recognise oppression when it occurs - what it looks like and what its effects are, and we need to be able to deal with it - to survive it, and to help "morph" it reliably into conditions of freedom.

3. Tracking and advising on medical and psychological effects in Canada. Now, and for an extended period following these events, Canadians should advocate and actively use a medical policy framework, to complement the other frameworks that are being used - military/security, human rights and political democratic effectiveness, and peace and justice - in formulating political and social responses. The medical framework can provide unique insights of significant benefit in two areas that are important to all:

- Identify the consequent potential stress-related impacts in Canada, and help organise to track their incidence, and how to address them.
- Advise on awareness and useful responses by government agencies, and by medical and social institutions, and by families and community groups.

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