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China's Public Safety Events: A Call to Action

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On the evening of December 31, 2014, a stampede in Shanghai's Chen Yi Square killed 35 people and left 43 injured.¹ A tragedy of this magnitude in such a large city sends shockwaves throughout the country, and many are struck with sorrow after the loss of 35 lives. In recent years, stampede accidents have occurred with greater frequency in China. In 2002 a stampede through a middle school in Inner Mongolia killed 21 students. In 2009 another stampede through a middle school in Hunan caused the deaths of 8 children.² These stampedes have highlighted some major public safety issues in China, especially as they relate to policies surrounding public safety, safety education, psychological counseling, and regulation.

To effectively prevent stampedes in public places, security needs to be improved and effectively managed. First, the government should develop a more effective regulatory framework. Although the government has established relevant polices, including the "Master State Plan for Rapid Response to Public Emergencies," and has improved public safety management in recent years, widespread laws are still lagging behind, especially in terms of effective regulation. One remaining point of weakness is the current "early warning information release system." This system does not effectively inform the public of dangerous situations. The second oversight is that people lack comprehensive security and safety education. Less than 2% of the Chinese population have been provided with self-help or mutual aid capabilities.

Second, people are most likely to gather together, en masse, on public holidays like National Day, for religious activities, large parties, major expositions, and for other popular events. Thus, effective and practical security plans must be set out in advance, so that groups can be quickly, smoothly, and safely evacuated. This is a necessary measure to prevent injury and loss of life. For large group activities, the local government holds responsibility for preparing appropriate security arrangements and developing contingency plans in the event of any danger or catastrophe. As for large activities in public places, population capacities need to be strictly defined and enforced, and on-site monitoring of population movements must be strengthened. Additionally, necessary fire protection facilities

and security technology equipment with warning communications and broadcasting capabilities should be installed. Furthermore, evacuation sites and channels need to be reserved for the police, firefighters, rescue teams, and other support personnel. To that effect, the number of security personnel should be arranged ahead of time, along with their confirmed assignments and training sights. Additional public safety personnel should be charged with overseeing box offices, entrances, and the main movement channels. Fortunately, 1 year after this accident, the government has acknowledged the importance of early warning mechanisms and is now implementing more effective systems.

Stampede accidents and injuries are usually a result of overreaction and panic. Once people panic, serious accidents follow closely behind. It is unfair to blame victims or those who choose to gather in a given place for their lack of security awareness. Spontaneous activity also easily leads to excessive growth of crowds, which is caused entirely by the people themselves. The public's response to emergencies should also be closely linked with prevention and accident control. Authorities should consider that major events attract many participants and should strengthen public safety education before the activities are scheduled to begin.

Domestic public safety education has been both orally communicated and written into law for years. Following deadly accidents, the public demands an examination of public safety policy and security education programs. Unfortunately, the state of affairs will return to a "normal" pre-disaster state after a public safety education program has been advertised and implemented. Thus, in China, safety education is irregularly offered. How can the "post-education" model actually prevent injuries and death during the next stampede?

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Changing Tradition in the Humanitarian Sector: The Business Model Approach of the Kenya Red Cross

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Global public health issues are increasing and creating consistently elevated humanitarian needs in many countries. For example, the Commission of Africa recommended doubling aid to Africa, and the Sustainable Development Goals suggest contributions reaching the trillions to mobilize and reach new agenda goals.^{1,2} Some specific escalating problematic trends include climate change, re-emerging diseases, population growth, and food crises. These worldly challenges pose serious consequences to future populations and infer a need for substantial efforts from humanitarian agencies. Together, the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC), the most established and respected agency aiding in relief to current and future issues, retain a key organizational position for combating longstanding or multiplying public health issues. Although currently available funding addresses existing issues, a new humanitarian model may need to be created to address projected increasing needs. The Kenya Red Cross (KRC) provides a practical model for developing, maintaining, and encouraging additional humanitarian funding in the form of a business-for-profit model.

Two business models of the KRC fit the category of a nonprofit platform supported through business model ventures. The first businesses were 2 hotels, called the The Boma and Boma Inn Hotel. These hotels were the first vision of the KRC to provide additional money for humanitarian causes. The second business is called Emergency-Plus Ambulatory Services. This business is also novel because it was the first ambulatory service in Kenya. Both businesses were innovative ideas that were developed by the KRC to support humanitarian needs across Kenya, but also offer services that were mostly unavailable in Nairobi and Kenya.

The Boma Inn Hotel would prove to be the first successful step for the KRC in their humanitarian-supported business model. Per the 2011 KRC Annual Report, in November of 2009, hotel operations obtained a US \$16,668,461 loan from

an undesignated bank.³ The term loan was established for 10 years, along with an additional overdraft facility of US \$500,000 for construction expansion of conference facilities.³ An additional US \$200,000 spot-forward operation exchange transaction limit was extended to the hotel by the bank. In July 2011, a second term loan facility of US \$6,952,941 was obtained by hotel operations; the total loan approved was US \$24,321,402.³ The risk of establishing these large multi-dimensional business proposals was small; allegedly, incurred expenses could be retained through the direct sale of established assets and property.⁴ Overall, the initial hotel began generating profits 18 months after opening in 2007. This revenue was used to cover approximately 6% of the KRC's core costs at that time.⁵ The Boma hotels are investment properties that are pledged as collateral on a loan.⁶ Due to heavily investing in these properties, the KRC has decided to switch from ownership to shareholders to pay in full or substantially reduce the loan.⁶ While analyzing the financials, it seems that instead of charging the companies who manage the hotels with the start-up costs of building the hotel along with the cost of the land, the KRC is currently only charging a monthly rent and deferring the repayment of any long-term debt. If the hotels can focus less on debt obligation, then they can run their businesses rather than paying off loans. Thus, additional revenue can go toward expanding the business and utilizing it for the betterment of communities.

Emergency-Plus (E-plus) was created in 2010 by the KRC as a service that had not previously existed on a state-wide level. With an initial fund of US \$800,000, 5 vehicles were purchased and operations commenced; there were 18 vehicles in the original fleet.⁴ Patients had to register with E-plus and pay a yearly fee of US \$30 to be part of the service; membership was approximately 7800 people in 2011.⁴ Revenue streams to the KRC are derived from membership fees and sales of training courses and first aid kits. After establishing the full capacity of E-plus, the total target revenue from E-plus is