

Instructor's Note

Accidents & Injuries: Lessons from a Stampede

2017

Overview

This teaching pack uses a case study about a stampede at a mass gathering in 2013 to invite classroom discussion about health conditions, risks, and responses related to unintentional accidents and injuries, particularly in crowded urban settings, mass gathering events, and as part of humanitarian emergencies. The case may be useful in classroom or community learner group discussions about global health, disaster management, and religion and culture. This Instructor's Note summarizes the thematic issue, outlines learning objectives, and suggests key takeaways from the lesson.

The stampede at the Railway Station in Allahabad, India on February 10, 2013, caused 36 deaths and dozens of injuries. It took place at the height of the Kumbh Mela, a Hindu ritual and festival that draws millions of devout pilgrims to the banks of the Ganges River in Allahabad, India, every twelve years, for spiritual purification. It was estimated that the Kumbh Mela drew 20-30 million visitors to the city and nearby Ganges River on the day of the 2013 stampede. The case shows how urban crowding can challenge urban and national infrastructure and advance resource planning, describes the types of accidents, injuries, and related health risks associated with such urban mass gatherings, and outlines preventive measures (actual and potential) that help mitigate related health risks.

This case focuses on unintentional accidents and injuries, but may be used in a teaching module or class that considers the role of all injuries and accidents in global health. Examples of common unintentional injuries include the effects of natural disasters, motor vehicle accidents, crowd collisions, and related encounters or falls. Intentional accidents and injuries include suicide, domestic and gendered violence, and consequences of armed crime, conflict, or terrorism. The health conditions for, risks of, and responses to such injuries, for affected individuals and communities, will depend on the circumstance. Responses range from bandages to national health policy making (e.g., seat belt laws to reduce traffic accident injuries).

When large populations are at risk from particular types of accidents, *prevention* is key. Unintentional injuries are usually preventable, even those that relate to natural disasters. Preventing or reducing risks typically requires a cross-disciplinary approach that goes beyond the formal health sector. Some examples of such

This instructor's note was originally developed by the Global Health Education and Learning Incubator at Harvard University. It is used and distributed with permission by the Global Health Education and Learning Incubator at Harvard University. The Incubator's educational materials are not intended to serve as endorsements or sources of primary data, and do not necessarily reflect the views of Harvard University.

injury prevention might include, for example, earthquake-resistant architecture; traffic lights and driver education classes; “child-safe” furniture and toys; well-maintained dikes and levees in cities near sea level (as in the Netherlands); and governmental legislation and monitoring of air, water, sewerage, fire, chemical and radioactive waste, and workplace conditions.

More people now live in cities than ever before. Increased population density means greater risks related to crowding. The 2013 stampede in Allahabad, India, was one example of an urban disaster that challenged both the local urban infrastructure and governmental systems. The lessons outlined in this case may help students think about health prevention both in ordinary urban life and as it applies to mass gatherings and humanitarian disasters in many different economic settings around the world.

This Instructor's Note, the associated teaching case, and related accompanying materials have been developed based on classroom discussion, research, and on-site experience at the 2013 Kumbh Mela, as part of the Harvard University collaborative project, “Contemporary Urbanism: Mapping India's Kumbh Mela.” More information about the Harvard Kumbh Mela Project is available at <http://southasiainstitute.harvard.edu/kumbh-mela>. The project invited undergraduate and graduate students and faculty across the university to experience the festival first-hand and consider how its planning, design, history, and practice offer lessons that may help improve contemporary understanding of religion, public health, humanitarian response in low-resource settings, urban architecture and communications, business, and South Asian studies. These teaching materials may also be useful in coursework on the study of topics such as: religion, urbanization in a global world, health governance and governance for health in resource-poor settings, humanitarian aid, and emergency medicine.

Teaching Material

- Case Study: Stampede at the Kumbh Mela: Preventable Accident?
- Discussion Guide: Stampede at the Kumbh Mela: Preventable Accident?
- Role Play Exercise: Accidents and Injuries: Learning from India's Kumbh Mela

Additional Resources

- Learning from India's Kumbh Mela: Annotated Bibliography
- Learning from India's Kumbh Mela: Glossary of Terms

Learner Level

Undergraduate, Graduate

Learning Objectives

Following this lesson, students will be able to:

Knowledge-based objectives:

1. Name several potential causes of unintentional accidents and injuries, and identify how each poses increased health and injury risks for individuals in: cities, mass gatherings, and/or sites where there has been a humanitarian crisis due to natural disaster.
2. List and explain three to five specific preventive measures that either lowered injury risks or might have lowered injury related to the stampede at the Allahabad Railroad Station.

Skill-based objectives:

3. Demonstrate ability to think critically about the role of advance planning in preventing a mass gathering emergency.
4. Discuss how health- and non-health-related sectors intersect and work together in both causes and responses to accidental injury risks; will be able to connect the impact of factors such as jurisdictional governance gaps, communication, cooperation, and collaboration in injury- and risk- prevention related to large crowds.

Attitude-based objectives:

5. Argue for and against “blaming” the different factors in the 2013 stampede, and what each could have done differently.
6. Identify cultural factors that influence risk-taking activities at large-scale religious events such as the 2013 Kumbh Mela, and envision how the same attitudes might or might not apply in a specific different religious or cultural event. (e.g. large sports event or the Hajj)

Takeaway Points:

After case discussion, participants will know and be able to discuss the following points:

1. The Kumbh Mela festival illustrates aspects of *urbanization* that are relevant to health concerns globally; these include: rapid building, rapid population growth, variable supply-demand transitions, and living conditions comparable to refugee camps, emergency housing in humanitarian disasters, and other mass gatherings.
2. Mass gatherings present certain health risks, including *disease* and *injury*.
3. Most if not all of these risks can be *prevented*.
4. Prevention of injury risks requires cooperation, communication, and collaboration across different areas of *governance*.
5. *Medical response* to a mass gathering emergency requires planning that anticipates needs.
6. The Kumbh Mela 2013 stampede can inform safety planning for other mass gatherings.
7. Prevention must always consider the *cultural, religious, and political context* of the event as it shapes the behaviors of those involved in the mass gathering emergency.