Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Editorial

The language of the masses

Shortly before writing this Editorial, news emerged of a tragedy at the Hajj in Mecca. Early accounts reported that over 700 pilgrims had died, though several governments challenged these official figures and suggested that over 1000 pilgrims seem to have lost their lives, with a further 900 or more injured. The crush that led to the deaths this year is described as the worst fatal incident at the Hajj in the past 25 years. Every year, an estimated 3 million Muslim pilgrims converge on Mecca and the surrounding areas. People attending the Hajj stay in and around Mecca, including in Mina, described as the world's largest tented village.[1]

We have published papers about the public health implications of mass gatherings in previous issues, with the 2012 Olympic Games in London probably the biggest in recent times.[2] But the Hajj is different, not least because of its unique scale as an annual event, and, for example, for the hundreds of thousands of people employed in security roles alone. The Saudi Government oversees arrangements to ensure the safety of the pilgrims and will be conducting an investigation into this tragic incident during this 2015 Hajj. Such incidents are, thankfully, relatively uncommon. But each year, serious public health threats are commonly dealt with during Hajj: including heat-related illness, as temperatures can easily reach 40 °C in summer and early autumn; and the prevention of the spread of many communicable diseases, both indigenous and imported.

In regard to communicable diseases, it is of interest that the Saudi Ministry of Health recommended that pilgrims who have '*chronic diseases such as heart, kidney, and respiratory diseases, not to forget diabetes, as well as patients with congenital and acquired immune deficiency, in addition to patients suffering from tumours, and pregnant women and children*' postpone plans to participate in the pilgrimage this year. This advice was in response to the outbreak of Middle East Respiratory Syndrome Corona Virus (MERS CoV) in Saudi Arabia.[3] In addition, the Saudi response to the outbreak of Ebola in Africa was to issue no visas to attend the Hajj for residents of Guinea, Liberia and Sierra Leone.[4]

Why the mass fatalities happened near Mecca in September 2015 will, hopefully, be answered by the forthcoming investigation, with a view to minimising the risk of recurrence. Meanwhile, in the aftermath of the tragedy, we find ourselves reflecting on the language used by Western media to describe the event. We were struck by the use of the word "stampede" in describing the behaviour of the crowd in the period leading up to the tragedy. Do people really stampede? The Oxford English dictionary confirms that a stampede is: 'the sudden panicked rush of a number of horses, cattle, or other animals'.[5] A secondary definition confirms that the term can also apply to people. We waited for an outcry about using a term usually associated with panicking animals to crowds of pilgrims. But there was no outcry. So, why was the reaction to the use of 'stampede' at Mecca so different from the use of the word 'swarm' in relation to the large numbers of migrants from the Middle East and Africa reaching Europe in recent months? The latter term, when used by the British Prime Minister,[6] was met with much derision by the world's media: it is, after all, a term more usually used to describe flying insects. But since when are flying insects more or less insulting than panicked animals to those people who find themselves in such dire circumstances?

In both situations the public was presented with an analogy that created an image of huge crowds and lack of control, which in the cold light of day seems quite accurate. We are still trying to comprehend the need by supposedly independent observers to criticise the use of what may be considered by some as derogatory terminology in some circumstances, while accepting it in others. Does it matter? Well, in terms of public health, the language used to try to engage people in health promotion campaigns, to heed advice about prevention and to disseminate information to encourage people to make healthy choices, language is all important. Ensuring that health messages are respectful of culture, age, gender and other variables is central. For the world's media, there is surely also a reasonable expectation that the same standards will be applied in different circumstances?

Alongside the sad news from Mecca has come some very heartening news from Africa—Nigeria (one of the nations which challenged the number of fatalities) has been declared 'almost polio-free' by WHO.[7] After one year with no endemic cases, the country must have three consecutive years with no new case to be declared polio-free. This is a very welcome announcement and we are only sorry that this public health achievement, which is another important step towards the long overdue global eradication of polio, has not captured the media attention it deserves. It is time we learnt to celebrate and to ensure the world celebrates with us, rather than only criticising when things go wrong. In recent years, despite

considerable challenges within its borders, not only did Nigeria work very hard to control Ebola by deploying its public health workforce to tackle that challenge effectively, it has shown the political and public health leadership necessary to become polio-free, which should be acknowledged and recognised by the rest of the world.

In this issue

Once again this month's issue includes articles covering all domains of public health research and practice: a few are highlighted here. A higher profile for the role of pharmacists in public health is increasingly on the agenda in the UK and other countries, so the paper from Scotland that looks at public support for pharmacy-based alcohol interventions is timely. Other aspects of public health workforce development addressed in this issue include examination of the impact on their awareness of population health by community exposure for medical students in Israel, a survey of the health informatics workforce in China, and a pertinent letter on global interdependence in human resources for health. We present a perspective on transparency in health services research and consideration of whether research activity may be an indicator of quality in health service provision. We have papers exploring diverse funding models for health care and their links with utilisation and health outcomes. The importance of public participation is described in a paper on air quality in Kenya. A letter to the Editors tells us about the response of Turkey's health care system to the presence of Syrian refugees, which may be relevant for many other countries receiving people in this year's great migration.

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Available online 3 November 2015

http://dx.doi.org/10.1016/j.puhe.2015.10.005