Case Study

Health Risks at the 2012 Games

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The sheer logistical feat of planning and executing an efficient and spectacular Olympic & Paralympic Games almost defies belief. The combination of a budget in excess of £9 billion, the need for sophisticated security (including the use of ground-to-air missiles), the pressure to follow the great showmanship of the Beijing 2008 Summer Games, the demands of providing transport for millions of Olympic visitors, and the recent economic crisis that originated in 2008 (and that still threatens to engulf the Eurozone) have together imposed excessive pressure on the UK at Games-time.

One logistical area that has not previously received great commentary in Olympic documentation or in LOCOG planning meetings is the concept of health – and specifically, the ability of the emergency health services to respond to serious health incidents that might occur during or at the Games.

**NHS Concerns**

Recently, fears have surfaced with regard to the ability of the NHS to respond effectively to Games-time health emergencies because of recent budget cuts that have slashed NHS services across both the Capital and the country. The Health Protection Agency (HPA) cites the possibility of ‘extreme risks‘ during the Games as a result.

Mega events such as the Olympic and Paralympic Games are often associated with health concerns or risks such as food poisoning (the Commonwealth Games in Delhi provides a recent example of such a problem), or with extreme threats to health, such as terrorist activity (the Munich Games are perhaps the most well-known example of terrorism at the Games, and the current threats of terrorism are taken very seriously).

The influx of millions of visitors from numerous nations also poses the threat of a spread of diseases (approximately 300,000 visitors are expected within the Olympic Park every day during the Games), as does a high volume of usage of public transport where germs can be spread more quickly in confined spaces. Serious issues have arisen, as the HPA, who previously took responsibility for disease control, monitoring, scientific and public health advice, is now going to be absorbed into the Department of Health – meaning that there will be fewer resources, fewer staff and less specialist knowledge available to meet the demands of such threats during the Games.

The threat of disease is not only limited to spectators. Thousands of athletes begin arriving in Britain for training camps in the UK in June 2012 and it would be disastrous if members of competing national sports teams were not able to compete – or felt that their performance would be compromised – because of exposure to pandemics and a lack of appropriate health services to safeguard their health. In total, 17,000 athletes and officials from about 200 countries will stay in the village on the Olympic Park and roughly 20,000 broadcast and print journalists will also cover the events. Again, the potential for disease to spread amongst so many individuals who are sharing a confined space is recognised, and should be well catered for via the provision of excellent on-site health services. Budgetary cuts may expose athletes to greater risks.

Many politicians have been vocal in their disapproval. The Labour Party has called for public health reforms to be put on hold until after the Games. As it stands, reforms will actually start to take effect in July 2012, the month that the London 2012 Games are scheduled to begin. The Health Protection Agency have warned of "*considerable risks to the national capability to launch multi-agency responses to incidents and emergencies*" as a direct result. In particular, Lindsey Davies, the former National Director of Pandemic Influenza Preparedness at the Department of Health, commented that: "*The entire public health community has grave concerns about the potential risks from the timing of the changes*."

**Further Information**

* McCarthy, M., Ravelli, R.J., Sinclair-Williams, M. (2010) Health impact assessment of the 2012 London Olympic transport plans. [Expand+](http://eurpub.oxfordjournals.org/content/20/6/619.abstract)The European Journal of Public Healtheurpub.oxfordjournals.org European Journal of Public Health. Vol. 20, Issue 6, pp. 619-624. First published online: March 31, 2010
* Journal of Epidemiology and Community Healthjech.bmj.com
* Jorm, L.R., Thackway, S.V., Churches, T.R., Hills, M.W., (2003) Watching the Games: public health surveillance for the Sydney

Case Study

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WOMENS PARTICIPATION IN THE OLYMPIC GAMES

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* 2000 Olympic Games. Journal of Epidemiology & Community Health. Vol. 57, pp.102-108.

**Discussion**

* Do you think that the Government could take an alternative approach to managing health services during the Games that would safeguard the health of visitors and athletes in a more efficacious way?
* Discuss the reasons for the cuts in health services that have been imposed by the Coalition Government.
* What does this case study suggest about the complexity of mega-event planning?
* Do you think that GB would still have bid for the Games if the economic crisis had emerged before the bid process?

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