

Heat Wave: Is the French Health-Care System Falling Back to Middle Ages?

by Agnès Farkas

On August 26, the Italian daily *Corriere della Sera* ran a front-page editorial by a European Central Bank Governor, Tommaso Padoa-Schioppa, known as one of the “fathers of the euro.” Padoa-Schioppa demanded sweeping reforms in pensions, national health, labor law, schooling and so forth, guided “by a single principle: Cut back on the social safety net that, throughout the 20th Century, has gradually come to screen the individual from the brutality of life, the turn of Fortune’s wheel, that formerly rewarded or punished one’s own shortcomings or qualities.” To Padoa-Schioppa, we need to get back to that golden age, 50 or so years ago, when “health was God’s grace,” and men and women were grateful for whatever crumbs might fall from Fortune’s table.

Events in France during the recent terrible heat wave, tend to indicate that Padoa-Schioppa’s golden age is already with us. In early August, Patrick Pelloux, head of the French Association of Emergency Room Physicians, demanded that the government call out the Army and open all the Red Cross dispensaries and hospitals, to prevent mass death by dehydration. At the time of his press conference, French hospitals patients were stacked two deep in corridors lacking all air conditioning or even fans and room ventilation.

The Undertakers Associations say that at least 13,600 people died as a direct consequence of the heat wave. When the government belatedly decided to react, refrigerated vans and even a hall in the Rungis meat market had to be cordoned off to store corpses. And when it did call out the Army, it was to set up refrigerated army tents around Paris for the bodies. During the final fortnight of August, dozens of corpses lay for days in people’s scorching apartments in Paris and its suburbs, rotting, because the undertakers and morgues were swamped, a thing unseen in Europe since the Middle Ages. Hundreds of bodies are, in late August, being buried in paupers’ graves. The relatives of the dead have gone into hiding, because they will not, or cannot afford 5,000 euros for a funeral.

The French government is now engaged in a furious attempt to massage the figures, whereby those whose death could be ascribed to heart attacks, or thrombosis during the heat wave, will not be counted as heatstroke victims.

Forget the media hype about beautiful women, perfumes, silk scarves and lovers drifting over bridges on the Seine. This is a country of 60 million people, where 10% of the labor force is officially unemployed, while 50% of those who do have a job, earn less than 1,500 euros a month, gross.

Health Scheme Sick from Unemployment, Low Wages

In France, there is a national health scheme similar in some respects to that in Germany and Great Britain: In theory, every Frenchman or legal French resident must belong to the scheme, by paying national insurance dues monthly. In exchange for those dues, he is entitled to health care.

When the scheme was set up after World War II, it was designed to be at not cost to the patient. However, as unemployment began to rise sharply, after the Davignon Plan to deindustrialize Europe was introduced in 1974, and ever-less dues were paid into the scheme, a so-called ticket *modérateur* was introduced, which now means that patients must cover 35-45% of their medical costs. As a rule, they must also advance the full cost of most treatment, before being reimbursed by the scheme. Low wage-earners accordingly hesitate before consulting a doctor, although certain categories of the poor are treated cost-free, as discussed below.

Most of the hospitals in France are public (Assistance Publique). Although surgical and other medical care is generally state-of-the-art, the buildings and infrastructure are, in the main, dilapidated, and often, owing to staff shortages, not especially clean. Severely overworked as they are, medical staff working in the Assistance Publique are fiercely committed to the idea of the national health scheme. Outside the hospitals, however, doctors in private practice (known as *médecine libérale*) do not share so generous a view, and represent a considerable force in Parliament. Powerful insurance firms, notably AXA, have been lobbying Parliament and the medical profession for over a decade, in favor of full privatization of the system on the American “health maintenance organization” model.

As a point of comparison to what follows, bear in mind

that today, it costs at least EU 700 a month to rent a shabby two-room flat in a working-class area in Paris, before one ever deals with electricity, telephone, etc. Now, 4.5 million people are entitled to free medical care, because their income falls below EU 500 a month. What this means is that something like 10% of the French population lives in such extreme poverty that they cannot even afford to rent a tiny flat in any major city.

Who are these people? Well, roughly 1 million elderly live on what is known as the *minimum vieillesse*, that now stands at about EU570 per month per person, or EU1,000 for a couple. A further 800,000 people are on the disability allocation of around EU569 per month. And 2 million or more people live off the minimum entry-level wage, which stands at about EU415 per month. These categories, which may tote up as high as 5 million people, are entitled to free medical care, assuming they can get an appointment: Most practitioners are very reluctant to see such patients, as the authorities deliberately take weeks or months to reimburse the visit.

Anyone whose pitiful resources are slightly over those allowances, must put up 35-40% of all medical costs himself.

Death at Home and in Hospital

Another major poverty-linked factor in the high mortality during the heat wave, is the quality, or rather lack of it, of French housing. This brutally de-industrialized nation has, over the past 20 years, become the country of the lowest housing specifications imaginable, thanks to a construction industry dominated by one or two major groups. Standards are so low, that the population in Germany or Scandinavia would not put up with such lodgings for 5 minutes. Nothing is too cheap, too flimsy, too fly-by-night.

In any event, old people on *minimum vieillesse* do not have the energy nor the income to fight for double-glazed windows, which cuts 65% of the Sun's intensity, nor even for shutters or heavy blinds.

And what about their children, faced with sky-high rents, who will often be too poor to rent a flat or house large enough to house their children, let alone their parents?

As for the public hospitals, the policy decision has been to install neither air conditioning, nor even room ventilation on the wards. A person undergoing surgery will thus have left the operating theater and recovery room, both air conditioned, and be straightaway moved up to a ward where temperatures will lie between 32-40°C. How many patients did die this Summer of thermic shock under those circumstances?

Two or three years ago, the government closed down several perfectly functional hospitals in Paris, on the argument that the new "super-modern" Hôpital Georges Pompidou would take up the slack. Super-modern, perhaps, but entirely without air conditioning or room ventilation. The

temperature on the Pompidou's glass-fronted wards was over 40°C. How many patients did die?

According to the Chairman of the Association of Directors of Retirement Homes, Pascal Champvert, French retirement homes have three to four times less staff than in Germany, and the average wait for a glass of water in "normal," pre-heat-wave times, is 45 minutes. During the months of July and August, owing to vacations, the hospitals, already severely understaffed, operate with 50% fewer staff still. Prime Minister Jean-Pierre Raffarin was almost lynched by doctors and nurses, when he finally got round to visiting a Bordeaux hospital in the second fortnight of August.

What France Must Reflect On

For the past three decades of austerity, national health strategy throughout Europe has rested upon a fiction, namely that human life is made up of normalcy. It is not. Man lives on planet Earth, with its tidal waves, drought, flood, epidemics, forest fires, and all the rest of it. There is no such thing as normalcy. Either one builds into the system the resources to deal with an emergency that is certain to strike at some not-too-distant point, or one accepts to return, as Padoa-Schioppa would have us do, to the Middle Ages.

What will happen this Winter if a second round of SARS strikes? Or some other fell disease, amongst a population of the ill and aged already severely weakened by the heat wave? Perhaps in some ministry, there may be people, reclining in air-cooled rooms, who calculated that the last three weeks of a person's life is the costliest, often "costing" 100,000 to 300,000 euros. Perhaps they saw the heat wave as a Godsend. Perhaps they thought that if an entire generation of the over-80s can be got to die for the cost of a bottle of mineral water, isn't that a cost-effective way of dealing with "useless eaters"?

One hopes that France will now reflect on the implications of what has just happened. Just as the purpose of law is to protect the weak against the strong—the strong need no protection—so the purpose of a national insurance scheme is to protect the weak or old from misery and disease. The hale and hearty need no help. One day, we shall all be old and weak. What then?

We publish below an interview with France's Dr. Denis Labayle. The critical point he makes is that a shadow government of about 30 persons, unknown to the public and indeed, to most in the medical profession as such, has, over the last 30 years, and rather like the private committee that runs the Bank of England, been making the essential decisions as to who gets what, strictly on a cost-benefit basis.

Let the names of these phantom rulers be known. Let their ties to the banking and insurance firms become known. Let there be public debate over whether the countries of Europe shall continue to be ruled by an anti-industry, anti-science, anti-life clique of craven egotists.