

The Phantom Rulers

Dr. Labayle of Paris is a medical doctor, and author of The Life Before Us: An Investigation of Retirement Homes (1995); and Tempest Over the Hospital (2002). He was interviewed on Aug. 22 by Agnès Farkas and Emmanuel Grenier of EIR's Paris office, in the wake of the death of nearly 10,000 primarily elderly French citizens, according to the government's report, in a devastating heat wave which saw temperatures at or over 100°F for more than two weeks.

EIR: Is death by dehydration as we have just experienced it, a new phenomenon in France?

Labayle: New? Well, yes and no. What is amazing about the statistics is that no one bothers about them, provided the deaths remain within the “norm,” in other words, below a certain percentage. Every year, we are faced with dehydrated old people. Old people don't count for anything. They don't even vote. Don't even belong to your own family. Save money for the pension funds, eh? Our society has become utterly cynical.

We have been vigorously ringing alarm bells for years now, that in the month of August, the hospitals are on the razor's edge; that we're in a difficult situation. The phenomenon recurs every year, except that it's been degenerating from one year to the next. The heat wave this year simply exposed the underlying reality.

EIR: You had already warned about this in two of your books, in 1995, with regard to old people's homes, and in 2002, on the hospitals.

Labayle: At the time, when I dared to denounce how dismally run-down the homes were, the Chairman of the Association of Old People's Homes, Pascal Champvert, shot me down in flames on a “France Inter” live radio broadcast. He swore I was a liar! A man in his position, denying a situation that was staring us in the face; and look where that has got us.

Even today, there are no statutory guidelines for old people's homes (elevator, wheelchair access, equipment, health and safety, staff training). There are no statutory rules in this country, just vague guidelines which are not legally binding.

EIR: Is it true that 50% percent of the dead during this year's heat wave were over the age of 85?

Labayle: No! The statistics are being massaged. At this very moment, the hospitals are being asked to report all deaths due to heat stroke, but the way the authorities define heat stroke is severely restricted: As soon as another factor comes into play, for example, a lung infection, the cause of death is not

supposed to have been heat stroke! Between 10-14,000 excess deaths, that is the reality. Not the aged alone, but anyone in fragile condition, with cancer, lung disease, cirrhosis of the liver. . . . Mortality of the population overall has shot up, not just mortality amongst the aged.

EIR: Is there a link between the excess deaths, and the abnormally large consumption in France of sleeping pills and anti-depressants?

Labayle: In old people's homes, the elderly are put into their beds between 7-7:30 p.m., as the staff want to go home then. It's an aggravating factor, because an old fellow will lie there without food or drink, but having been given medicines, until 7:30 in the morning when the staff come back on. Many old people are rushed to the hospital when they fall, but the very reason they fall is because they are chock-a-block with medicine, and suffer dizzy spells.

Personally, I believe that we have been prescribing the elderly far too many drugs against depression and anxiety. As soon as the weather becomes very warm, and they become dehydrated, a concentration of those chemicals can be potentially very dangerous. Also, in August, house doctors, nurses, and specialists out of the hospital system as such, all go off on holiday. Thus, the so-called "medical" old people's homes that rely, in the main, on such people, no longer qualify as "medical" in the month of August.

EIR: What are things like in hospitals?

Labayle: In terms of numbers of beds, the strategy has been cut, cut, cut; and we are on the razor's edge year round, insofar as the seriously ill or injured are concerned. Not that we've kept quiet about the danger that presents! But, for three decades now, the public has been told that 60,000 beds must be done away with. In 1975, in 1980, and in 1995, and then again now, the magic figure: 60,000. Whereas, between 1970 and 1995, 54,600 beds were already done away with. In other words, the 60,000 are gone, but governments continue to wave the self-same figure, without explaining why, not in the slightest. What, pray, are the scientific criteria on which the strategy to cut back on beds is based?

EIR: And what happens when you wave your arms about and shout?

Labayle: On the other side of the desk, we're faced with ideologues who know little to nothing of the grassroots. For example at the headquarters of the Hôpitaux de Paris (APHP), there sit 150 hospital managers, who cogitate in their ivory tower, and draft documents. Few, precious few, actually deign to visit a hospital: Those managers and officials are people who have acquired a degree in law or political science, and who've been trained at the National School for Health at Rennes. But such studies afford them virtually no competency in medical matters, apart from a three-month trainee course, which is completely inadequate to grasp the highly complex

modus operandi of a hospital, laboratory emergencies, X-rays, or even just plain meals. These ideologues have become every bit as arrogant as the caste of doctor-mandarins who lorded it over the medical profession 40 years ago. What is more, they have had it ground into them during their studies that doctors like to throw money about, and are thus wont to exaggerate the needs. And since the new mandarins wouldn't put a foot near a hospital, there's scarcely any risk that they see the light!

EIR: On what statistical basis are a given geographical area's medical and hospital needs worked out?

Labayle: They've developed a computer program, PMSI.¹ It's really nothing but an economic argument, which they claim is an epidemiological system—absolute madness. Plus the fact that the classification system is based on three letters, MSO, which stands for Medicine, Surgery, Obstetrics. To assess needs, fine, put obstetrics to one side. But how can one lump together under M, geriatrics, pediatrics, gastroenterology, dermatology?

I find it hard to believe that in the year 2003, one might wish to use so vague a system as a basis, one which must necessarily lead to wrong-headed forecasts.

EIR: What about the problem in the emergency wards?

Labayle: Get ten emergency room doctors round a table, and they will all speak with one voice: "Find us the beds, and the emergency room issue will be solved." Hospitals are not designed to be a giant parking lot where one dumps people, but rather a place where people are properly treated, and then leave. We've got to set up light structures to treat people with "slight emergencies" that don't need all that high technology, out of the emergency room proper. It's been discussed for years, and nothing budges.

EIR: Since the early seventies, no matter the government, the same plaintive whine is heard on national health matters: too many beds, too many doctors and nurses.

Labayle: For years now, there has been a caste over and above the heads of all governments, whom I call the phantom rulers. These are the people who really rule the national health scheme. No matter who may be in power, they pop up! The man who introduced PMSI, under a left-wing government, never trained in a hospital. All he did was to put in some trainee course in the U.S.A., on their national health scheme, no doubt holed out in a library somewhere. It was this man who ran the French national health scheme under Edmond Hervé, and he is still one of the big think-tankers. Overall, there is a group, made up of about 30 people, who have seized power from the hands of government, and who will have nothing whatsoever to do with people actually on the terrain.

To my mind, democracy has been trampled upon.

1. Programme de Medicalisation du Système d'Information.