

France caught cold by heatwave

“Heatwaves are slow and invisible killers that are easy to ignore until it’s too late,” says Eric Klinenberg, a sociologist at New York University. Nowhere has that been more evident than in France this summer.

An estimated 11 435 people, most of them elderly, died when record-breaking heat affected France during the first two weeks of August. The death toll made headlines around the world. As the temperatures cooled and makeshift morgues — refrigerated lorries and a food storage warehouse — emptied, officials scrambled to determine why so many deaths occurred and how to avert a similar catastrophe in the future.

France is no stranger to extreme summer weather. Twenty years ago, for example, a heatwave provoked 4700 deaths. But current health minister, Jean-François Mattei, told a radio audience last month that the country had learnt little from that event. After the 1983 heatwave, “we never calculated, evaluated or quantified [the deaths] on a national level,” he said. “Therefore, it’s true that we were not prepared for this one.”

This year, the timing of the heatwave was important. Temperatures began to climb on 1 August. Four days later, the average daytime high across France reached 37 °C, then stubbornly hovered between 36 °C and 37 °C for more than a week. According to meteorologists, 15% of France’s cities recorded temperatures above 40 °C during that time. Paris sweltered under its hottest daytime highs and nighttime lows in the 130 years that records have been kept.

Meanwhile, millions of French men and women, ranging from doctors to apartment building concierges, were on summer holiday — many having left elderly relatives and neighbours behind.

Concerns that people were succumbing to the heat surfaced in the media on 10 August. However, government officials, who have been criticized for their reluctance to cut short their own holidays to deal with the crisis, waited until 13 August — the

day that temperatures began to fall — to launch an emergency response. It included calling hospital staff back to work and reopening hospital wards that had been closed for the August vacation season. But by then, it was too late.

So far, a parliamentary investigation has been launched and two official reports have examined the disaster. A preliminary analysis by the Institute of Health Surveillance, which placed the provisional death toll at 11 435, estimated that 80% of the people who died were 75 years or older. The report found a high proportion of deaths in retirement homes, and regional differences in mortality. Compared to Toulouse or Marseilles, for example, which both had a 45% increase in mortality, Paris and Lyon had bigger increases during the heatwave: 221% and 185%, respectively. The report also noted that signs of the pending crisis were apparent as early as 5 August in the form of increased activity of emergency rooms and paramedics.

Those points were echoed in a ministry of health report that dissected the response of the public health system and found a “lack of anticipation, organization and coordination.” Compartmentalization and poor communication between the various health care sectors prevented the early

recognition of the scale of the problem. In addition, the response was “strongly aggravated” by the seasonal reduction of doctors, nurses and in-service hospital beds.

“The crisis has been a great revealer of pre-existing problems in the health care system,” wrote the authors of the report. They proposed several ways to improve emergency response. Among them: developing an early-warning system based on the activity of emergency services; creating a programme to identify vulnerable elderly people in the community and check on them during extreme weather; and equipping retirement homes with at least one air-conditioned room as well as identifying air-conditioned facilities within neighbourhoods that people could visit for temporary relief from the heat.

How many of the proposed remedies will become realities, and when, is unclear. Mattei has long planned to overhaul the public health care system, and it seems unlikely he can ignore the faults that became evident in August. Spurred by the ministry report, he announced US\$ 748 million in extra funding for hospital emergency services.

In the wake of the crisis, when it was suggested that the French give up



An elderly woman drinks after she was brought by firefighters to the Saint Antoine hospital in Paris, Monday, 11 August 2003.

Keystone

one of their eleven national holidays to finance a public health programme for the elderly, they seemed willing. This idea is being reconsidered.

It remains to be seen whether or not the other European countries that also sweated out record heat this summer will follow up like France. The United Kingdom has acknowledged 907 more deaths during the hottest week in August compared with a 5-year average for the same period. Portugal says the number of death certificates issued from the end of July to 12 August increased by 545 compared to the last two weeks of July. The Italian Health Ministry has reported 4175 more deaths from mid-July to mid-August this year compared with last. And with an official tally still pending, Spanish officials claim 112 heat-wave-related deaths, but estimates from the press run as high as 6000.

The dissimilarities in the number of deaths, both outside France and within its borders, may reflect social and cultural differences as well. For example, mortality during the heatwave was comparatively low in Toulouse. Fati Nourhashémi, a doctor with geriatric services at the University Hospital in Toulouse, points out that 10% of people older than 75 years living in the area live with their families compared to 3% elsewhere in France.

Undoubtedly, the heatwave has been a wake-up call to the vulnerability of elderly people in a country where 10% of the population will be 75 years or older by 2020. "It sounded an alarm," says Nourhashémi. "While the population will probably age better and better, vulnerable elderly people will exist. So whether it's heat or cold or an epidemiological problem, it's up to us to anticipate their needs." ■

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