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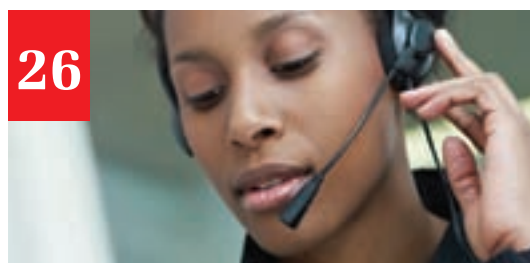
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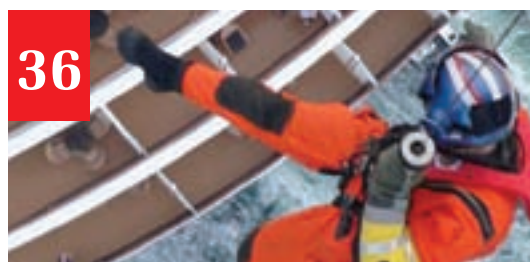
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Mind over matter



With the number of people suffering from mental illness rising, more assistance companies are seeing an increasing number of cases involving such clients needing treatment and repatriation to their home country. **Deborah Phillips** gives her expert opinion on the logistical difficulties of repatriating patients with a mental illness

The repatriation of patients with a mental illness from one country to another is becoming an increased necessity in today's society. To date, there has been a degree of reluctance from some assistance companies to become involved in such repatriations due to the increased risk factors present and problematic circumstances that may arise. Now, however, there is a growing understanding in the assistance industry of the best way to approach repatriations involving patients with a mental health issue, and there also exist specialist repatriation companies who cater specifically for these types of patients. The words 'mental illness' carry a stigma and automatically generate negativity, alienation and

fear through lack of understanding. However, mental health problems are found in people of all ages, genders, countries and cultures – from the young and lively partying in Ibiza, to forces personnel in war-torn countries. We are all susceptible to succumbing to a mental health illness at some point in our lives. It is a fact that one in four adults experience at least one diagnosable mental health problem in any one year and one in six experiences this at any given time. (The Office for National Statistics *Psychiatric Morbidity* report, 2001).

Common problems

So what happens when mental illness strikes while someone is in a foreign country – whether this concerns a new case or a case involving a relapse or exacerbation of an existing mental illness? What are the associated risks and potential barriers surrounding the safe repatriation of such individuals, and to what extent are these attributed directly to the patient or to attitudes towards mental illness?

There are many articles, continued research and medical advancements for improvements to service provision for repatriating patients with medical needs, but these improvements do not appear to cater for mental health patients. All aeromedical transfers can involve logistical problems, legal

The repatriation of patients with mental illness should be no more complicated than the repatriation by any medical assistance company of a patient with a spinal injury, neonate or a ventilated patient

complications and risk – not just those involving a patient with a mental illness – however, all of these hurdles can be overcome or the risks sufficiently mitigated.

Aside from the stigma still surrounding mental illness, the most common problem factors or issues to consider when repatriating such patients are:

- Lack of medical insurance
- Logistics and ease of access to international transport
- Effective communication with airlines/ferry terminals
- Documentation and paperwork
- Avoidance of unnecessary publicity
- Cross-border legislation
- Potential aggression and challenging behaviour

The repatriation of patients with a mental illness should be no more complicated than the repatriation by any medical assistance company of a patient with a spinal injury, neonate or a ventilated patient. The UK's Disability Discrimination Act 2005 would suggest that travellers with mental health issues should not face as many challenges in accessing travel insurance as they did prior to the law's introduction. So should insurance companies cover all mental health illnesses in pre-existing conditions? Policies should effectively cover for long-term psychiatric illness. It then follows that

if a person with a recurrent serious mental illness such as bipolar affective disorder or schizophrenia suffers a relapse during their travels, travel insurance will cover their treatment or repatriation. However, this is often not the case and travellers

Good, effective communication and liaison, prior to and during the transfer, will result in a safe and effective repatriation with minimal disruption or upset

must check what is and what is not covered. One increasingly common barrier is that of airlines and the 'fear factor' that surrounds the thought of someone onboard a flight with mental illness. Obtaining permission to board the plane is often more difficult than the actual transfer itself. As stated by the Aerospace Medical Association in 1996: "Patients with psychiatric disorders

whose behaviour is regarded as unpredictable, aggressive, disorganised, disruptive or unsafe are felt unsuitable for travel by air." However, in reality, the risk to the airline and its passengers is no greater than that of a rowdy, slightly intoxicated bunch of lads heading off on a stag weekend to Prague. Many people with a mental illness continue to work, have families, play sport and function daily without others being aware they are ill. It is occasions where their actions, or some other factor, may trigger their condition causing it to exacerbate in presentation and where intervention is required because they cannot cope. In such circumstances, specialist escorts have a number of means at their disposal for effectively dealing with agitated patients travelling by air.

On the move

Primarily, a patient must be declared fit to travel by a consultant psychiatrist prior to transfer. This assessment must include associated risk factors, such as the potential risk of aggression or disruptive behaviour. Even when a patient does present with such risk, though, there are medications available that can be administered prior to leaving the treating hospital that will address these behaviours, thus reducing the potential risks involved in a transfer. In such circumstances, a registered mental health nurse >>



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one in four adults experience at least one diagnosable mental health problem in any one year



should also accompany the escort/s to monitor the patient's wellbeing and administer further in-flight medication if needed.

In addition, escort staff should be trained in physical intervention techniques to effectively manage any presentation of violence and aggression, and secure holds can be used in-flight should the need arise, without the need for disruption or upset to fellow passengers. Staff can also be trained in the application and safe use of handcuffs, should risk factors dictate the requirement for a higher level of security.

The number of staff deployed for a repatriation depends entirely on the severity of the illness, the client's current presentation and the associated risks and issues that may occur to the possible detriment of the patient or the public. Hence, a patient who presents with a lower level of risk may only require one or two escorts for a safe and effective repatriation.

Prior to a patient being released from the treating hospital, the repatriation staff should spend time communicating with the patient and building up a rapport. If the nurse escort then felt the patient was not fit to travel or there were some concerns with the risk assessment, this should be reported immediately and all concerns should be alleviated before the transfer takes place.

It is important to remember that each patient transfer is different, yet there are procedures that need to be followed and questions that must be asked that remain consistent for each case. By organising the complete journey from the initial phone call, including arranging flights and staffing, a repatriation company can undertake complete risk assessments both at the time of the booking and again upon arrival at the hospital where the patient is being detained. It is vital that the escort liaises with the discharging unit in relation to any medication requirements and with the receiving unit/hospital within the patient's country of origin. It is also essential to liaise with entities such as the Home Office, embassies and hospital trusts to finalise arrangements and ensure protocol is in place prior to a transfer.

Raising awareness

The attitude towards and understanding of mental health continues to change slowly in some countries, but there will always be a stigma and uncertainty about mental illness. There has been a big increase in recent years in the number of transfers of patients with mental illness, and no age or gender is exempt – our youngest patient so far was just seven years of age and the eldest was 97 years old. There are many people/patients stranded in foreign countries suffering from mental illness who need to get home to their families and friends, but it seems that, for many, this is not happening – or not happening quickly enough – and this needs to be changed. The assistance industry needs continued development of service provision in order to provide the expertise and professionalism necessary to transfer and repatriate patients as soon as possible so they can get the care and support needed.

Airlines could assist in this process by making more provisions for mentally ill patients, such as allocated/dedicated seating on planes separated from other passengers, or by employing mental health liaison officers to assist with airport procedures and special requirements; or providing less invasive waiting areas for patients to help alleviate symptoms such as paranoia.

The safe repatriation of patients with a mental health illness is what we are trained to do. It is the fears of others with regards to 'what could happen' that create many of the hurdles and boundaries we face. However, as with any form of transfer, such issues need to be managed well.

Success of a service is dependent on the experience and knowledge of the operational team, the employment of highly trained professional staff and an in-depth, up-to-date risk assessment on the patient being repatriated. Good, effective communication and liaison, prior to and during the transfer, will result in a safe and effective repatriation with minimal disruption or upset. The resolution of the above complications and hurdles paves the way to a smoother, less complicated process and, assuming that all of the above factors have been addressed, the element of avoidable risk should be minimal.

Ultimately, a successful repatriation comes down to the knowledge and experience of the escorting staff and their duty of care to the patient and surrounding public. Therefore, a company's investment in training its staff is not only a necessity; it is priceless to ensure that the needs of both the patient and the public are met.

Repatriation of patients with a mental health illness is a specialist service that requires specialist staff with a clear and knowledgeable understanding of mental illness. Nonetheless, with the assistance and understanding of international transport services, this process can be made less complicated and more effective, which may go some way towards making a daunting experience a little less traumatic for the individual being returned home and in many cases would enable their situation to go un-noticed by the public. From our experience, more often than not, it is legislation and protocol that inhibits the repatriation of patients with a mental health illness – the patients themselves are, well, just that ... patient! ■

Deborah Phillips

is managing director of Rapid & Secure Ltd, a specialist ambulance service for patients with mental health illness founded in 2004. She has worked for 30 years as a nurse, including 18 years in intensive care units within the UK and the Middle East, accident and emergency departments, renal dialysis units and coronary care units. She was a medical case manager for an insurance company assessing patients, post acute trauma, on their discharge from hospital to their homes assessing, evaluating and implementing their requirements and support services.



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Where is assistance heading?

In today's converged and globally connected world, assistance services are being utilised by a growing number of people in all corners of the globe. Whether travelling for business or pleasure, medical and travel assistance is now an integral part of journey preparation in many countries, and it comes via an increasing number of channels. **Abasse Asgaraly** looks at how this global industry has evolved, what have been its key milestones, and where it is heading over the next three to five years

Evolution of the assistance model

We need only to go back a relatively short distance in time in order to better understand the genesis and development of the assistance industry. The industry's key milestones are also important, however, to gain an insight into future trends that are set to shape the global assistance industry:

1962: Birth of the concept of emergency assistance services, with the creation of Europ Assistance in France. Its founder, the late Pierre Desnos, revolutionised the idea of travel safety by instigating the payment of a small amount of money in order to get a level of medical security unknown at that time. In Western Europe, leisure travel was very much concentrated on destinations such as Italy, Spain, Portugal and North Africa. At this time, Greece and Turkey were still considered 'exotic' destinations. Initially, the main function of travel assistance was to offer medical evacuation or repatriation, as many

of these holiday destination countries did not have adequate medical or healthcare systems. Bringing back patients to their home country was the purpose of travel assistance.

Early 70s: Emergence of group 'inclusion', where travel assistance started to be bundled into travel insurance or credit cards (with Amex leading this trend). Travel assistance thus became a marketing instrument. Until the early 70s, most of the available assistance products were sold on an individual basis through financial institutions (banks) or travel agencies. Insurers, however, were looking for enhancements to their travel insurance coverage and assistance services were a perfect fit for them, thus including assistance services with insured benefits became widely popular. This trend was further developed by credit card organisations when they added assistance services into their cardholders' benefits.

1978: Important legislation introduced in France, which assimilated travel assistance as a branch of insurance. This law was rapidly expanded throughout Europe, and allowed assistance companies to self-underwrite their products, so long as they followed strict solvency ratios and implemented mandatory reserves. The effect of this new law was quite dramatic, with many small assistance companies simply disappearing as they did not have the required financial strength.

The early 90s: This period saw the rapid commoditisation of assistance, which was added to different products – from a growing number of credit cards to auto/home insurance policies, airfares, affinity products, and so forth. Only price mattered, though, with assistance companies modelling their services around large volumes of customers. There was little or no innovation at all. The only thing that mattered was to be able to say ‘me too, I have it, and I can do it at a lower price than what you had’.

September 11, 2001: A day that changed the world's perspective of travel assistance, and saw the emergence of travel security assistance services and the idea of ‘duty of care’ for corporations as well as travel organisers. Terrorism, political unrest, natural and man-made disasters added a whole new dimension to the demands on travel assistance companies, and still have a large impact on insurers and payers.

Maturation of emergency assistance

We have begun to witness rapid change in the mix of assistance companies' clients, with corporations asking for additional protection for their business travellers or expatriates. In turn, insurance companies, who are often the payers for the costs associated with medical or healthcare benefits, are very concerned by rapidly growing costs and have asked for their better control and management. Thus, clients and payers are looking for global capability, better cost control (commonly via PPO networks), a much tighter eye on benefits, and a higher level of exclusions. Since the early 90s, travel assistance companies have realised that medical care in North America – and increasingly in other countries around the world – is extremely expensive. Managing medical expenses through specialised networks (PPOs), partnerships with healthcare providers, or even implementing their own medical resources has been a matter of survival.

Corporate and leisure travel have expanded worldwide and now reach some of the most remote countries of the world, such as Bhutan and the Himalayas. Assistance companies have had to follow or precede travellers by establishing new networks in these places, additional suppliers, new capabilities and new partnerships. Furthermore, as countries around the world are constantly improving their medical and healthcare services, so the need to evacuate patients has significantly diminished. When a medical evacuation is organised, patients are often brought to the best and nearest medical facility: assistance no longer automatically offers evacuation to the patient's home country. As a result, assistance companies have had to expand and enrich their services, with more emphasis now placed on personal or home assistance.

New services have, however, been added to meet



the evolving needs of business and leisure travellers in response to a rapidly changing environment, with more protection for travellers and governmental scrutiny of the obligations of service providers (duty of care, security assistance services, travel tracking and monitoring, mandatory requirements for travel risk planning, and so forth). Among them, let's mention medical tourism, where patients receive specific treatments or procedures in countries where the costs are much lower than in their home country. Usually, access to such medical

Managing medical expenses ... has been a matter of survival

tourism is based on individual decisions that equate wait times with the cost benefit of going abroad to receive a specific medical procedure. Telemedicine, which allows medical directors and other such staff to virtually ‘touch’ patients remotely, monitor their vital signs, and transmit large imaging files (X-rays and MRI), and medical second opinion services, which are currently imbedded into life or critical illness insurance policies, have both been launched by assistance companies to enhance their home care assistance products. However, assistance companies have not fully captured the opportunity of providing medical second opinion services, and organisations such as Best Doctors are now leading such service provision to insurers.

In addition, high levels of concierge services have been integrated into upper-scale travel assistance and travel insurance programmes. This product differentiator is, naturally, popular with policyholders and is something that is well utilised.

Further special mention needs to be made of travel security assistance services. Security assistance services were created as a guarantee to evacuate people in case of political risk or unrest. Today, this product has evolved into providing intelligence, country-specific risk ratings, political and economic analysis, and trigger points. Most risk managers and HR people want to know, ahead of time, the risks their employees are going to face when they travel anywhere in the world. Furthermore, mandatory duty of care obliges corporations, as well as organisers of travel, to ensure the personal safety and security of their employees or their customers. It is no longer sufficient to say ‘I have added travel insurance and assistance coverage’ to get out of this responsibility: under the new requirements, corporations and large travel organisers now have access to the likes of travel tracking tools and security reports, most of them web-based and static.

And what of the structure of assistance providers? Today, many of the major assistance companies have an insurer as their key shareholder: for example, Europ Assistance with Generali; Mondial Assistance with Allianz; AXA Assistance with AXA Insurance; World Travel Protection with Zurich Insurance, and so on. These tie-ups picked up pace in the mid-1990s when insurance companies began to realise that assistance services are a natural and compelling add-on to their insurance coverage, and that by investing in such companies they could provide added value to clients while providing input on the type of assistance services offered and how they are offered. In fact, many of the major assistance companies were set up with the financial backing of large insurers – such as Europ Assistance with Generali; Mondial Assistance with Allianz, and so forth. However, it took almost two decades for the parent companies (insurers) to fully realise the true value that assistance >>



programmes could bring to their insured clients. At the same time, International SOS is an independent, global assistance organisation, and the International Assistance Group is a unique organisation constituted of over 38 independent assistance companies from five continents who work together on common goals, co-ordinated assistance platforms and integrated databases. Other independent assistance companies operate at a local – and increasingly international – level in many countries around the world, especially in areas where inbound or outbound tourism is booming.

On the horizon

Travel assistance providers are rapidly embracing new technology and platforms, primarily utilising mobile and smartphone devices, which is changing the way we receive emergency services. Today, travellers are well equipped with the latest communication tools, such as the BlackBerry, iPhone or Android devices, and access to emergency medical, travel security and travel assistance services is moving rapidly onto such devices. What critical advantages do they offer?

- They are real-time: at the click of a button, the traveller is connected to the assistance centre. Often, the traveller's personal information automatically pops up on the computer screen of the assistance provider, who will know who they are, where they are, and have immediate access to the traveller's critical information, such as their emergency contacts, allergies, and so forth.
- They are proactive: travellers don't need to find their membership or policy number; rather this is embedded into the smart phone.
- They are location-aware: this is a fundamental element in the delivery of personalised and customised emergency assistance services. Most smart phones have a GPS (global positioning system) that constantly tracks the location of the mobile phone. With the GPS, or Assisted GPS (which uses network resources to locate and use the satellites in poor signal conditions), it is now possible to deliver critical and time-sensitive information to the traveller and to help them be fully prepared before a catastrophic event happens, or at least inform them that something important, serious or tragic is happening in the location

where they are, allowing them to change their route or itinerary, if possible or appropriate.

Examples of such apps or services developed by assistance providers include World Travel Protection's real-time, proactive, location-aware emergency services app Nomadz; International SOS's medical and travel security mobile app; and MPassport by HTH, which provides travel security information and access to local medical provider data on a global scale.

Besides technology, assistance providers are making inroads

Travel assistance providers are rapidly embracing new technology and platforms ... which is changing the way we receive emergency services

in other areas. While most of the European assistance companies that were at the forefront of the development of the assistance concept have remained in their comfort zone of emergency medical, travel and roadside assistance services, new players, especially in North America and Asia, have rapidly developed innovative solutions, moving into new fields such as ID theft protection and travel tracking. It is also important to highlight that new players have not had to deal with the legacy of the past where large investments were made in IT and database

development. Today, we have distributed models within PCs, laptops and on mobile smart devices, available throughout organisations and not just the privy of specialist IT staff. Current models are not only more powerful, but are very cost effective. Furthermore, companies in developing assistance markets are quickly changing the mix of their offering to adapt to changing customers' needs and requirements. Asia Assistance, for example, has developed a compelling mix of services that are perfectly matched to their evolving customers' needs, including a large portfolio of roadside assistance, combined with ID theft, medical second opinions, high-end concierge services, and their own air ambulance aircraft.

Where will the new frontiers of assistance be? Probably in emerging markets such as China, India or Brazil.


Over 58 million Chinese travelled overseas in 2011 and it is expected that by 2020, this number will reach 100 million! Over 17 million Indians travelled abroad in 2011 and this trend is growing rapidly. It is noteworthy that over 900 million mobile phones are in use today in China, and China Mobile alone has over 650 million subscribers! We are talking about mind boggling numbers and changes on the horizon as assistance services in such countries continue to develop in terms of the products that are produced for the local market, how they are distributed and to whom they are distributed, and the medical networks established locally.

The assistance industry certainly suffered during the recent economic recession, which saw a significant drop in leisure travel around the world, with fewer vacation days being taken, less tourism expenditure, shorter distances travelled, and more domestic tourism. At the same time, businesses looked at different options to better manage their travel-related costs, with a larger utilisation of video-conferencing systems, conference calls, and new technology such as Skype to avoid travel altogether. We also saw a travel freeze in many Fortune 500 companies. Furthermore, the assistance industry is extremely vulnerable to economic and political changes. For example, the Arab Spring and the turmoil in Greece, Portugal and potentially Spain have major impacts on the travel and tourism industries, indirectly affecting assistance companies. Even strong and well run assistance organisations could become vulnerable and a target of acquisition due to such unpredictable changes.

The future of the industry, then, will be geared towards 'personal services' tailored to the wellbeing and comfort of subscribers. With a rapidly ageing population around the world, new needs are emerging in terms of home care, remote monitoring, medication compliance for chronic diseases, access to wellness and prevention, providing easy access to travel safety and security information, and certainly, a rapid shift onto mobile, smart phones and smart handhelds. The availability of assistance services on mobile phones, in particular, is dramatically changing the way assistance is delivered to the end-user, and this will continue to develop as clients look to partner with innovative assistance partners, and customers rely on assistance providers to better manage their expectations. Furthermore, in a globally competitive environment, customer service has become a strategic vision for better customer retention, enhanced image, increased customer loyalty and a better control of the 'churn' rate. Today, and increasingly so into the future, it is the focus on personal, tailored services that will shape the way assistance is produced, delivered and marketed. ■



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CASE STUDY

Critical communication



Blake Yturalde of US-based Commercial Medical Escorts reports on a case undertaken by the company where time and coherent information sharing were significant factors

Problem

In 2011, a 79-year-old woman was traveling alone on a 12-night cruise on the *Pacific Princess*. During the cruise, the patient began to experience lower back pain, which she believed was coming from an injury sustained through dragging luggage around the harbour a few days earlier. Several days of continuous acute back pain that began to get increasingly worse prohibited the patient from leaving her cabin, effectively ruining her vacation. After being evaluated by the ship's physician, it was determined that she was having chronic back pain and an X-ray showed a compression of FX L2. The patient had PMH (past medical history) of peripheral neuropathy, spinal stenosis and aortic stenosis. Whilst the physician recognised the need for the patient to return home, the cruise was currently at sea in the Mediterranean, quickly approaching the Port of Piraeus in Athens, Greece. The *Pacific Princess* would arrive into the port at 9:00 am on Saturday and would depart promptly at 4:00 pm the same day. The patient was travelling alone. The physician's medical recommendation was a nurse escort repatriation to the patient's home with pain management. The medical escort provider received the request for transport at noon on Friday; all necessary arrangements had to be finalised quickly, as the nurse's departing flight to Athens was at 4:30 pm on the Friday evening. If the nurse did not depart on the Friday evening flight, she would not have made it to Greece to meet the arriving ship; not meeting the ship would have

required an unnecessary hospital visit for the patient, cost to the insurer and more complex paperwork for all involved.

The patient was currently on Coumadin and would need morphine for her pain during the repatriation; something that the treating physician would have to personally provide the flight nurse with upon arrival at the ship. For these reasons, it was critical that the nurse meet the ship prior to its departure.

Solution

The travel assistance company, as the insurance policy provider for the patient, was contacted. The treating physician communicated with the medical director at the travel assistance company to review the patient's medical history and determine what would be needed for medical evacuation. The travel assistance company contacted a medical escort provider to provide a nurse escort for this case. The medical escort company had to provide a quote in an efficient manner to be reviewed by the travel assistance company to ensure that the patient's benefits covered the repatriation.

The nurse's flight departed at 4:30 pm, and this was the only flight that would enable the nurse to get to the port in time. The flight would land in Athens at 12:20 pm, and the Port of Piraeus was one hour from the airport. Ground transportation was arranged to pick up the nurse at the airport and bring her directly to the Port of Piraeus, where she would be greeted by the port agent. After arranging the nurse's flight, contact was made with the doctor on the *Pacific Princess*, whilst the ship was still sailing the Mediterranean Sea. The doctor was provided with a copy of the itinerary, the nurse escort's name, passport number, passport expiration, and date of birth. All of this information was required for her to gain security clearance once she arrived at the dock. The medical escort company's chief flight nurse maintained contact with the ship physician throughout the case management process. All necessary documents

were obtained, including fit-to-fly documents for airline medical clearances. The patient's medical condition and fit-to-fly documents were sent to the airline, at which point the airline noted the reservation, alerted the airport ground staff, and flight crews. Wheelchair assistance was confirmed for the patient, which would allow her to move quickly through the airports without having to walk long distances, and wait in long lines. Meanwhile, the treating physician distributed medical disembarkation details to all the appropriate parties on the *Pacific Princess*. The patient remained within the medical centre until the arrival of the nurse escort. Arrangements were made through the *Pacific Princess* staff, the medical escort provider and port agent for the nurse to come onboard the ship when she arrived at the terminal. The medical escort company communicated throughout the process with the treating physician to ensure all clearances had been made, and that upon the nurse's arrival to the port, access to the ship and patient would be granted. As the nurse was boarding the ship to pick up the passenger, medicine (morphine for pain management) and all the necessary medical records, the cruise was already boarding passengers for its next departure, which was taking place in one hour.

Result

The flight nurse arrived into Athens on time and after going through customs and immigration, ground transportation took her to Port of Piraeus. Upon arrival at the port, the flight nurse was greeted by the port agent, who paged the ship for the treating physician. The patient was seated up in a wheelchair, alert, and very excited to see the nurse who would accompany her home. The treating physician and the nurse exchanged medical information, then the flight nurse was given the pain medication prescribed to the patient as well as the fit-to-fly letter and discharge paperwork.

The patient and the medical escort were escorted off the ship whilst crew members assisted with the patient's luggage, and ground transportation then took the nurse and the patient to the airport hotel, where two adjoining rooms had been arranged. At the hotel, the flight nurse assisted the patient with in-room dining, and the following day the flight nurse transported the patient from Athens, Greece to Atlanta, Georgia, in the US. The patient experienced no issues throughout the transport in business class seats and was delivered home safely. ■

Authors

Blake Yturalde

founded Commercial Medical Escorts, Inc. (CME) in 2006 after years of critical care air ambulance and medical escort experience. He oversees the daily operations of Commercial Medical Escorts, Inc. and works directly with clients regarding new and existing contracts and logistical planning. In conjunction with the chief operations officer, he plans and implements the policies and procedures, while ensuring the highest level of customer service and patient care is being practiced.



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Redressing the balance

With more emphasis commonly put on the cost of a policy rather than the value of the protection it affords, isn't it about time travel insurers better marketed the assistance element of their policies? Milan Korcok questions whether travel insurers have got their priorities right

Until you file a claim, or call for medical assistance from Bali, or lose your credit cards and passport to a pickpocket in Budapest, travel insurance is a phantom, a business transaction signifying only a promise, an abstraction, a 'what if?'. You pay your money, get a little card or piece of paper with an emergency number on it, and in the great majority of cases, that's the end of it. Nobody expects or wants to use travel insurance benefits because that usually means something bad has happened. But when it does, that little card becomes priceless. Most travel insurance websites are boring, sparse on information except for their promotion of 'cheap' rates, and they could easily be interchanged with each other without losing, or gaining much marketing punch. In effect, they don't tell much about the full coverage transaction, the many parts that make up the insurance product, the people and the efforts that go into fulfilling

the value that the little card represents.

But there are exceptions: one HTH International website, for example, features on its homepage a testimonial video, 3.5 minutes long, in which world travellers Robert and Margaret casually, but persuasively, tell the story of what the other part of the transaction is all about. They relate how, whilst Robert was trying to photograph a segment of a historic wall in southern France, he lost his footing and fell off the wall, seriously dislocating his

perhaps (insurers) haven't been focussing attention on their greatest strength

leg. Whilst on route to hospital, Margaret called the HTH emergency number, got right through to an actual person – no phone tree – and after telling assistance co-ordinator Todd Taylor of their plight, confessed the call 'truly changed our lives for the better'. As they related it, Todd immediately contacted hospital staff, doctors, and administrators verifying coverage, assuring them of direct payment, and 'staying' with them until they arrived home. For Robert and Margaret this was a revelation. For Taylor it was all in a day's work. As he related on the video, being seriously injured or ill is stressful enough: but when it happens in a foreign country, where travellers are going against a different culture, a different medical system, and usually a different language, it can be overwhelming. They need a lot of help, but when they get it right, the experience can be truly life changing. What happened to Robert and Margaret is not unique. Neither is the response provided by the assistance co-ordinator. This kind of interaction happens perhaps hundreds of times a day throughout the globe and is generated by travel insurance assistance companies and personnel routinely. What is noteworthy about it, is its use as a marketing inducement right on the homepage of a site selling insurance products.

Does price trump service?

Search any number of travel insurance websites in the US, Canada, the UK or Australia, and the most frequent keywords in the marketing pitch are 'cheap', 'discounts', or 'get a quote'. The marketing pitch is about the front end of the transaction – how easy it is to buy, instead of what it is the client is buying, an important part of which is the assistance available in case something bad happens. Assistance is the payoff that distinguishes one product from another; it's the service the client should expect, whether it's a routine handoff of a ministroke patient to a hospital in Manhattan, or the helicopter evacuation of a missionary with a shattered hip out of a mountain village in Peru. Without the assistance services, there is no product to sell. Yet what do customers know about assistance? What are they told? Do they know who they are dealing with? Do they care?

are a necessity in order to meet client needs and protect the insurer's brand. "Educating purchasers on what they are buying is something we should all strive to achieve," says Rivelis, stressing that "marketers of travel insurance have a great opportunity to bolster their services deliverable when promoting their products and ... (by emphasising) these aspects of the policy."

Assistance is the front line

From the early days of travel insurance, when assistance meant going to the aid of an auto or bicycle rider broken down on a lonely stretch of country road in northern Europe, to the current use of intercontinental jet repatriations and satellite-enabled telemedicine, the capability of assistance services challenges the imagination. Experts in aviation medicine now generally concur that there are very few patients, in even critical condition, who cannot be safely and beneficially returned to their home countries for treatment, or at the very least, be evacuated to high-quality hospitals, from almost any location in

the world. And if repatriation is not called for, the reach of multinational assistance personnel, quality medical professionals and case managers is virtually limitless. During the 2004 Christmas tsunami that ravaged countries bordering the Indian Ocean and Andaman Sea, emergency assistance professionals representing insurers worldwide waded into the thick of the destruction, rummaging through hospitals in Sumatra, Sri Lanka, and Thailand, seeking out their clients' patients, triaging, assessing, where possible evacuating by whatever means they could find, not only their own client's patients, but whoever else needed to be helped. Through their knowledge of the local customs, culture and physical and medical landscape, they added another dimension to the meaning of emergency assistance. They showed that assistance was more than a nominal telephone re-routing service, a hotel re-booking operation, a chase for missing luggage. They put hands on patients and boots on the ground. Many providers of assistance services and marketers of travel insurance products are coming to >>

Travel insurance sometimes gets a rough ride from a media sceptical about its role

Assistance can sell

Rob Upton, director of emergency medical assistance and claims handling for UK-based risk management and claims handling company CEGA, believes more could be done by marketers of travel insurance to raise the awareness of assistance services 'particularly as they are proven to be beneficial to both the customer and the insurer'. He says: "In many cases, the assistance is carried out under the insurer's brand as a seamless part of their service. The customer associates the positive experience with the ... insurer's brand rather than the assistance company, which is one of the benefits a good assistance service delivers. We receive a large number of letters from customers telling us that their assistance experience will encourage them not only to remain loyal to their insurers, (but) also spread the word about the insurer's capabilities." David Rivelis, senior vice president of Canada-based Active Care Management (ACM), a provider of medical and non-medical services and claims management, says that though price is more often than not the major focus of travel insurance marketing campaigns, assistance services provided within the policy should also be highlighted to the consumer. It is when an emergency occurs, he says, that the value of a travel insurance policy is revealed, and 'as our world becomes smaller and travel destinations more exotic, the emphasis on the services provided by assistance companies is of paramount importance'. Consumers should be made aware of what they can expect in the event of an emergency, says Rivelis, especially 'as older travellers continue to explore new and far reaching destinations'. Medical capabilities, multilingual capabilities and an understanding of cultural differences



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believe that is the imagery marketers can use to better inform customers of the depth of their service and the multidimensional nature of the product they sell. If so, it signals a change in the way many insurers may seek to sell their products.

There are some who argue that emphasising 'cheap' insurance is antithetical to its purpose. They say it denigrates quality and value and substitutes 'savings' and 'discounts'. Travel insurance is portrayed as a free pass to a carefree environment: 'leave your troubles behind'. You get a quote; that's all you need to know. But this only obscures the real purpose, which is to step in and restore order when that 'carefree' environment disintegrates and bad stuff happens.

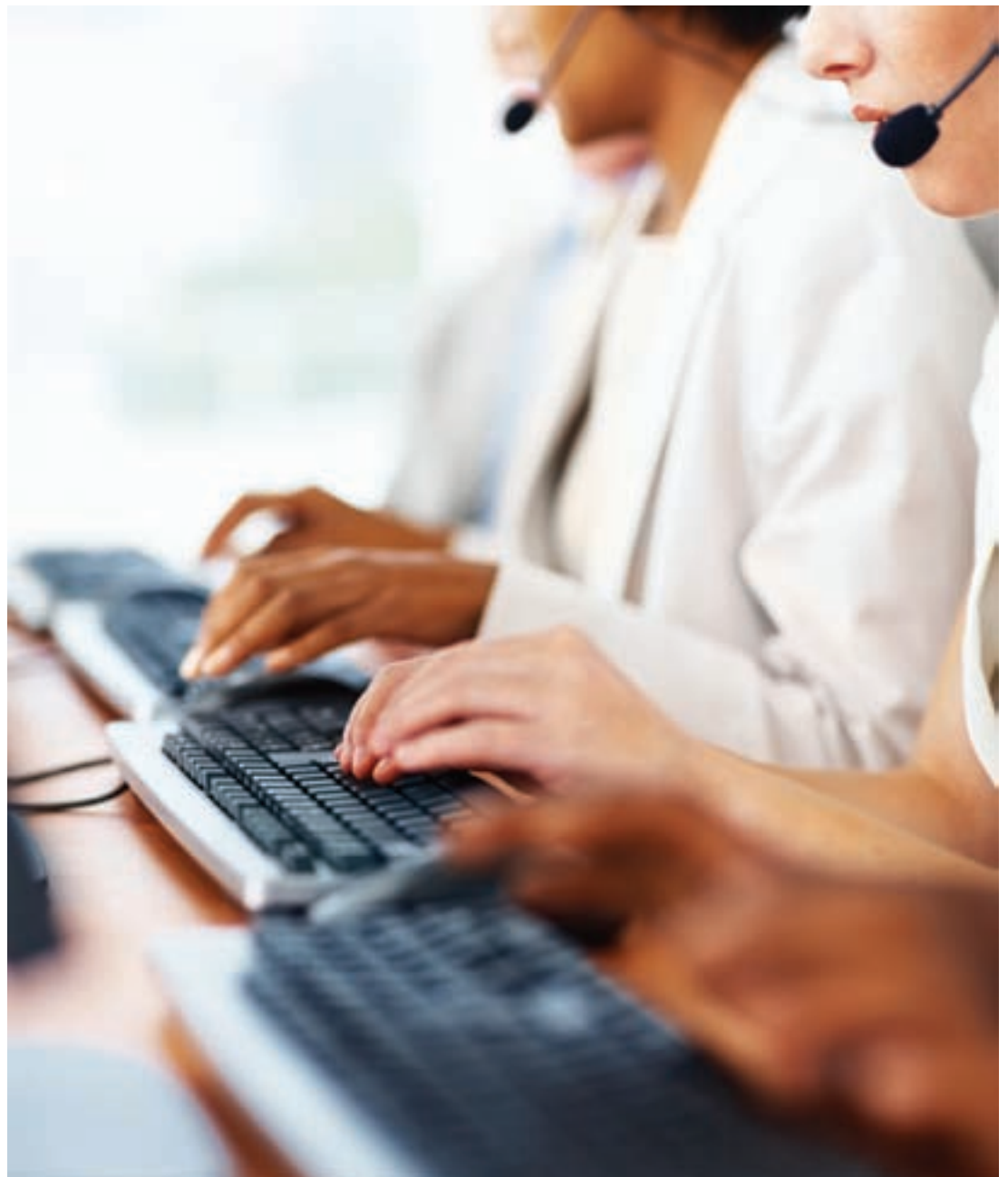
Robin Ingle, chief executive of Ingle International, a Toronto-based multi-plan brokerage and assistance service provider, asserts that 'too many insurance companies are more concerned about the discounts they get and not the immediate service they need to provide for a traveller in need'. He says: "With all of the hysteria about wars and natural disasters, travellers need to know that they have a helpline as close as a phone, mobile device or computer. Travellers, when away from home, need backup and the assurance that assistance is there for them." He notes that in the last two months, his firm's assistance service has dealt with gunshot survivors, bus crashes, head lice and victims of theft. In effect, assistance can't be slotted into little boxes. It reflects the entire range of human experience.

When Icelandic wind drifts virtually grounded most of European air travel for weeks, there was not an assistance company in the world unaffected by the disruption. When Egypt burst into flames igniting the Arab Spring, assistance professionals in this tourism-rich country found new and ingenious ways to safeguard their clients' charges until temperatures cooled, borders opened up, and evacuations became possible. When northern Japan was shattered by a historic earthquake and then a lethal tsunami, crisis management teams from several international emergency assistance services were on the ground in a matter of hours, locating clients, evacuating them to safe ground, re-routing their travel within and out of the country, managing their medical care, and generally trying to restore order in a landscape literally moving under their feet. (For details about how the assistance industry stepped up during the Japanese disaster, please see the *ITIJ 2011 Assistance and Repatriation Review*.)

Should insurers 'brand' their assistance partners?

CEGA's Rob Upton believes the assistance role is best achieved in a seamless continuum. "It is important for customers to understand the extent of the assistance support available and how to access it, rather than the role of the assistance company as a third party," he asserts. "The customer is buying into the insurer's brand and expects a level of customer service commensurate with the values attributable to that brand. This is why we invest so heavily in training staff in our clients' brand values, philosophies and standards." He adds that he doesn't know of any UK assistance company with the means or desire to create a recognised consumer brand. Nonetheless, he says: "We are now seeing corporate insurance buying decisions being driven by a positive market reputation of the assistance company, so our role is certainly being recognised in some areas."

Maria Caceres, director of assistance for US-based Seven



Corners, Inc., a broker and assistance provider of travel and international medical insurance plans, concurs that insurers should be more proactive in identifying and showcasing their assistance company reliability, brand, reach and range of services. She says assistance services should be an essential part of any marketing effort: "Branding the assistance services, using testimonials, reaching out to potential assistance-only clients, and

positioning the assistance company services (among its equals (partners))." It's also important, says Caceres, for the customer to know the role of the assistance company within the context of services being offered by the insurer: "They should know all the benefits included in the plan they are purchasing and proactively ask the questions necessary to (make the) travel experience enjoyable." She adds: "Assistance services are, in my opinion, an important component for travel insurance plans and a great sales tool."

Travel insurance sometimes gets a rough ride from a media sceptical about its role and outright hostile when a story about a denied claim surfaces. Even though denied claims are rare, it only takes one to dominate the headlines. Yet a story about a young cyclist being airlifted to a hospital at home from the Pyrenees after falling off a cliff makes a nice little sidebar, but it's no headliner. Consequently, insurers and their marketers may have a tougher job selling the value of their product, but perhaps they haven't been focussing attention on their greatest strength. Says ACM's Rivelis: "The value of a travel insurance policy ultimately comes to light in the event of an emergency. The marketing of these capabilities is more important than ever before." ■

"We are now seeing corporate insurance buying decisions being driven by a positive market reputation of the assistance company"

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World focus: China

The assistance industry in China continues to expand and develop as new and established assistance providers enter the market.

Dennis Lu looks at the ever-growing demand for assistance services in China, the unique operating environment present in the country, and the challenges involved in setting up and running a successful assistance operation

The great potential of China's medical assistance industry is being unleashed in line with record growth in the number of outbound Chinese travellers, which totalled 70 million in 2011. This number represents a remarkable year-on-year upsurge of 22.6 per cent from 2010. Statistics from the China National Tourism Administration, meanwhile, indicate that inbound overseas traveller numbers saw a tepid growth of 3.8 per cent amidst a gloomy world economy, standing at 27.1 million in 2011. However, provided this growth momentum continues, and with outbound Chinese traveller numbers expected to exceed 100 million by 2015, China is considered a major destination country for inbound tourists and a major origin country for outbound travellers. To satisfy the potential

demand from both inbound and outbound travellers, domestic and overseas insurance firms are busy developing new health and travel insurance products to enrich the mix of their services portfolio, vying for more high-margin business instead of the

domestic and overseas
insurance firms are
busy developing new
health and travel
insurance products

over-competitive and low-margin generic products. This is also the reason why many major overseas emergency assistance firms have been enhancing their presence in the enticing China market, in order to gain a foothold.

Unfortunately, however, too few of these international market players have so far been very successful in 'localising' their operations or have

made meaningful progress with their ambitions, no matter how worthy the effort. And only recently have some become aware of the huge gaps within China's emergency assistance industry, and started to reconsider their market approach to China – with assistance providers already established in China changing their approach to service delivery to better tailor it to the local market; and additional overseas providers deciding to join the marketplace. Furthermore, certain attempts to cut costs or keep costs as low as possible, such as using one-man shops to fulfil medical evacuation missions for expatriates, have to stop, as they will eventually backfire and sabotage established assistance providers and the Chinese assistance industry as a whole, leaving no winners in this field.

Getting it right

To view the bigger picture and demystify China's medical assistance industry, we have to look at its key elements, most of which we are all very familiar with, and understand that each of these key elements is shaped by China's regulatory environment, its medical excellences and standards, operational competency, human resources, and so forth. A new market entrant that has been very successful in an overseas assistance market will not find success in China by copying and pasting their established assistance model. An entry strategy into China will be more successful if it is tailored to bridge the huge gaps between the emerging

Chinese assistance market and the established assistance market in the developed world. The first hurdle for new entrants into the assistance industry in China is to obtain a government licence to establish local operations, which involves enduring lengthy procedures to deal with red tape and regulatory complexities. As we all know, the medical assistance sector is intensively regulated in China, as are other hospital and medical services, under the supervision of the Ministry of Health and other government agencies. Due to the time-consuming approval procedures for gaining a local license, established market players such as CSOS, which holds a government-approved licence to offer trans-regional medical evacuations, are few and far between. This is a challenging situation, and new market entrants have few options for growing their business. Although waiting for a licence takes time, once obtained, it is, naturally, easier to manage and control your own risks if you establish your own assistance operations in China. However, while waiting for their licence to be approved, overseas assistance firms have the option of partnering with a qualified local licence holder. This is the safest and most convenient way for overseas insurance or assistance firms to localise their service delivery capabilities ahead of receiving approval to commence their own assistance operations from the government. The only challenge for both parties is to find a win-win solution for how to work together.

A new market entrant ... will not find success in China by copying and pasting their established assistance model

Medical challenges

No matter which avenue new market entrants opt for when starting out in the assistance industry in China, the real challenges are still to come – and these are medical in nature. Overcoming these challenges is a huge task, and tests the delivery capability of any medical assistance service provider.

Thanks to its vast territory, mainland China (excluding Hong Kong, Macao and Taiwan) has about 14,328 hospitals, consisting of 9,443 rated and 4,885 non-rated facilities. Among them are 1,399 level-three hospitals (top-tier) that represent the best medical staffing, expertise, infrastructure and services, but they are also often over-crowded due to the volume of patients they receive. A large chunk of these hospitals are still government-

owned, not-for-profit institutions, and they have the best specialist doctors and most advanced medical equipment even when compared to the growing number of private hospitals in the country. Thanks to the medical reform programmes being carried out in China, however, there are more private and profit-making hospitals in the country, which provide high-end, specialist services; but most private hospitals are relatively small in size, and those capable of providing services at the same level as the private Shanghai East International Medical Center (selected by the US government to serve President Barack Obama if a medical emergency took place during his visit to Shanghai in 2009) or the private United Family Healthcare facilities are very few in number.

Such complexity within the healthcare system poses a huge challenge for assistance companies when it comes to establishing a hospital network that covers the whole nation, as this, naturally, needs to be truly functional and well maintained. Furthermore, despite having the best medical equipment and doctors, top government-owned hospitals have few incentives to accept the idea of guaranteed payment by a third party, or to sign a provider agreement with an insurance or assistance firm. Most hospitals, therefore, accept only cash or a bank card upon discharge of a patient. In addition, although most of us are accustomed to a high standard of emergency medical services (EMS), with developed infrastructures in >>



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North America or Europe, China is still not ready to embrace a national EMS standard, signifying another huge gap in the service delivery capabilities of assistance firms in particular. In fact, only a few Chinese assistance firms are able to comply with international EMS protocols. The deep-rooted cause of this may stem from China's medical education system itself. Even today, no medical school in China offers a diploma or other educational programme focused on emergency medicine. Accordingly, few Chinese doctors are aware of such standardised practices utilised by their counterparts in the western world, and drugs, for example, might be administered

based on the doctor's own empirical experience rather than evidence-based best practice. This helps to explain why Western doctors are keenly welcomed into the medical assistance sector in China, and why competent assistance firms either hire Chinese doctors educated and having practiced overseas or they hire doctors trained locally on rigid training programmes that cover patient-centered medical practices, advanced EMS training, advanced cardiac life support certifications, code of conduct and the like.

Manpower is key

As mentioned, China suffers an enormous shortage of qualified general practitioners who could renovate the hospital system, and doctors who are familiar with patient-centered practices. But this is just a part of the human resources challenge in China. The burgeoning medical assistance industry also demands a great deal of talent on the operational side, and bilingual operational staff with a sound knowledge of the assistance industry and relevant experience are quite difficult to come by. This is one of the most challenging issues for an international assistance firm, as without strong operational capability, service quality to clients is far from satisfying.

Finally, maintaining a balance with regards to pricing competitiveness and service quality is always a subtle issue to address. Leading the

attempting to be over-competitive on price, at this stage, will only cause great disturbance and chaos within the market



world's manufacturing boom, many international companies have moved their manufacturing base to China as the country offers low-cost manufacturing services. In a similar way, it would seem that some

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overseas assistance providers think that it's possible to enter the Chinese assistance market by sourcing a low-cost service partner. Certainly, making use of some of the one-man assistance shops that

have cropped up may help lower costs, but service quality and the safety of clients are almost always the trade-off, which is not worth the risk, as once a company's reputation is put into disrepute, it could take decades to restore consumer confidence in that brand.

Only companies that are able to address the regulatory, medical, operational and human resources challenges apparent in China can hope to thrive in the country's assistance industry. And it is encouraging to see that there are a number of such companies that have proved capable of rising to and meeting these challenges, with several independent players now established in the marketplace.

Let's conclude by considering a quote from Sam Walton, founder of Wal-Mart, who said: "There's only one boss: the customer. And he can fire everybody in the company from the chairman on down, simply by spending his money somewhere else." Price competition in China's medical assistance industry isn't a rational consideration at this early stage of the emergency assistance industry's growth. Attempting to be over-competitive on price, at this stage, will only cause great disturbance and chaos within the market, and will eventually benefit none. At the end of the day, customers deserve a caring service of the highest quality, and we have every reason to do our best in their hour of need. ■

Author



Dennis Haikuan Lu is the co-founder, president & CEO of China SOS International (CSOS), and has over 16 years of global professional experience. Before founding CSOS, Mr Lu served for several years as assistant chairman of Golden Meditech Holdings Limited, and played an important role in major hospital and TPA M&A projects. Mr Lu worked with the Fortune 500 ITT Corporation from 2004 to 2008, and with Xinhua News Agency as a financial editor for five years upon graduation from Beijing Foreign Studies University in 1995. He received his MBA degree from William E. Simon School of Business Administration, University of Rochester, in 2004.





Hans Biekmann, chief executive officer (CEO) of marmassistance, spoke to *ITIJ* about his globetrotting past, the current state of the Turkish assistance market and forthcoming challenges facing the wider assistance industry

Where did you grow up and where were you educated? What's it like living in Istanbul?

I grew up in Amsterdam, was born and raised in the heart of the city and was educated in several other parts of Holland. Istanbul is an amazing and exciting city. There are 16 million people – the entire population of the Netherlands – in one city. It is enormous, crowded and a place where you can experience Islamic and Western European cultures living together. It is a city of many contradictions; from an historical point of view, it is very interesting and certainly from a business point of view today, the place to be!

What was your first ever job, and how did you come to work in the global travel assistance industry?

After I graduated from university, I started to work as a psychotherapist in a clinic for alcohol and drug addicts. Although it was quite an interesting experience, I have to say, it was not really my scene for work. I felt uncomfortable in that role and left after a couple of years. Nevertheless, I learned a lot over, which was certainly useful for the rest of my career. After that, I started working for the assistance industry, which was more a coincidence than anything else.

At that time (1985/1986), it was hard to get a job. I had been offered a role with an asthma centre in Davos, Switzerland, but decided just before I had to leave to instead go for a job with the ANWB Emergency Centre in The Hague, as I thought it would fit me better. You could say it was a clear choice, but for me it did not feel like it. You never know what would have happened if I had chosen to work in Switzerland instead. Maybe it would have been worse, or maybe better. Just imagine ... I could have opened my own private clinic for asthma treatment in Switzerland after a couple of years, and then charged such

high rates for foreigners that the health industry would have had to 'cost contain' me ... such is life.

What attracted you to the CEO role at marmassistance? Had you worked with the company previously as network director for ARC Europe?

I have known about marmassistance since it was founded in 1986. In the same year, I started to work for the international assistance centre of the ANWB, The Royal Dutch Automobile Club. From an operational viewpoint, I worked with marmassistance during the first few years I spent with ANWB, but then in 1998 I started a new position at ARC Europe that required even more intensive co-operation.

Marmassistance is a very dynamic organisation and very open to new developments. The charismatic personality and strong leadership of Dr Mustafa Atac is a major part of how the company has progressed to its current market-leading position. Mustafa, a friend for many years, convinced me to take over his role and I feel very privileged to have been invited by him to do so.

When you accepted the role of CEO, Dr Mustafa Atac said your new challenge was to establish the company as a market leader in Turkey, the Caucasus and the Middle East. How do you plan to achieve this aim?

In the Turkish marketplace, the company is already a market leader for medical travel assistance and medical cost containment serving inbound tourists. However, there are always areas in which the company can improve. For us, it is a matter of consolidation and further expansion. In addition, the company will now focus on products serving Turkish citizens, travelling either outbound or domestically.

For the Middle East and Caucasus regions, several actions and projects have been planned and some are up and running already. More details will follow on this soon.

How does marmassistance use technology to ensure the process of providing assistance around the world runs as smoothly as possible?

Our proprietary apps for the roadside assistance products are launched as white label tools to our B2B clients. Furthermore, there are several developments to serve online emergency calls and information calls via apps,

telematics, in-car units and smart phones.

In our classic medical and travel assistance organisation, contacts are purely B2B related. Our management information system is tailor-made and developed following the needs of the specific clients that want or need them. Most of that is communicated online.

What do you consider to be the biggest challenges currently facing the assistance industry, and what challenges do you foresee in the coming years?

The assistance industry should stick to its basic principles

the temptation to go for cheap assistance can only lead to short-term success, but will inevitably damage the reputation of the assistance industry overall

to serve and satisfy the insured person and the insurance company, producing high-quality services. I believe that good quality of service will finally win market share from cheap, low-budget services. In my opinion, the temptation to go for cheap assistance can only lead to short-term success, but will inevitably damage the reputation of the assistance industry overall. Fierce price competition in the industry, though, may force a number of players to go for lower-cost services.

In the future, I think that as an industry, we will face more travellers coming from and to destinations that were previously unknown and unpopular. Everybody is now aware of China as a growth market in terms of both inbound and outbound travel, but the Caucasus, the Middle East and Africa are also growing regions in the travelling world.

Consumer understanding of the small print in their travel insurance policies is an ongoing

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issue, as is consumer knowledge surrounding the assistance element of their policy. Do you see this problem with Turkish consumers of travel insurance?

The Turkish market is immature and not saturated. Running risks is part of the natural lifestyle – at least, compared with Western European and North American lifestyles – so covering risks is not a natural habit over here, although things are changing. Travel insurance was, up until now, just a mandatory part of obtaining a Schengen or other type of visa, but with the rise of the Turkish economy and gross domestic product over the years, people have started to understand more about the necessity of these kinds of protection products. Regarding consumer understanding of travel insurance, the product, its benefits, benefit levels and claims should be presented and marketed in a simple and very straightforward way. This keeps it clear and understandable for both consumer and seller.

What do you do to ensure costs are controlled for patients in Turkish hospitals in popular resorts such as Antalya?

First of all, I have to say that the quality of medical services available in Turkey has shown a dramatic increase over the last few years. Quality in many cases can even exceed the levels seen in Western European hospitals. We do lots of things to keep the prices low – it is an extremely advanced activity that we do in-house. We negotiate prices, audit and monitor the hospitals on quality and financial processes, perform line-by-line checks of invoices, and much more. Furthermore, we are in continuous discussion with the Turkish Ministry of Health to discuss general price policies and quality. We have a team of eight full-time doctors and a medical dispatch team in-house. This summer, one of our doctors will be in the resort areas, visiting and monitoring hospitals, doing medical cost control on the spot, supporting our in-house team. Moving forward, I would like to discuss the issue of healthcare expenditure with Western European tour operators, and question their role in Turkey and the effects of price increases in Turkish private hospitals as a consequence.

If you could do any other job in the world, what would you do, and why?

Well, in my previous job, I agreed with my former deputy that he could be my boss if I can have the position of HR manager of the table dancing bar we are going to run! But seriously, I would like to do a job where freedom, travel and creativity all come together. So, freelance photography or something like that.

What are you most proud of, both personally and professionally?

I am very proud of my family, my wife and my sons – twins by the way! One is studying at the University of Maastricht and the other one is in the starting blocks for an international Judo career, and is part of the Dutch Olympic Youth Team.

I am also proud of and very honoured by what I have achieved so far myself in my professional life. The high points include: establishing a new office for ANWB in Munich in 1995, creating a global assistance network for ARC Europe in 2002, founding and establishing the

RussianAutoMotoClub in Moscow 2009, and today I feel very proud of leading marmassistance.

What do you do in your spare time?

Less and less, to be honest! Visiting friends, walking on the boulevard by the Marmara Sea. Tomorrow, of course, I will start my fitness programme again!

If you were having a 'dream' dinner party and could invite anyone you like, who would be there, and what would you eat?

The food will be hot and spicy because I like that. It would be more relaxed and cosy just to have dinner with my own family and friends – I hardly see them since I moved in Istanbul.

Where was the last place you took a vacation?

Where would you like to visit next?

I went to Bodrum, Turkey, in 2010, and in 2011 I we

This summer, one of our doctors will be in the resort areas, visiting and monitoring hospitals doing medical cost control on the spot, supporting our in-house team

briefly visited old friends in Bavaria, Germany, in the village where we lived before. The current idea we have is to return – by the end of the year – to Nepal and India, and if possible even Tibet. Here's hoping! ■

The advertisement features a red background. At the top, the text "Worldwide Air Ambulance the African Connection" is written in white. Below this is a globe with a white airplane flying over it. The globe is labeled with "NORTH AMERICA", "EUROPE", "ASIA", "MIDDLE EAST", and "SOUTH AMERICA". At the bottom left is the AMREF Flying Doctors logo, which includes a map of Africa and the text "AMREF Flying Doctors". At the bottom right is the European Aeromedical Institute logo, which includes a caduceus and the text "Accredited by European Aeromedical Institute". In the center bottom, it says "24 Hour Control Centre". At the very bottom, there are contact details: "Tel: +254 20 6992299 / 6992000 / 315454 / 315455 / 6002492", "Mobile: +254 (0) 733 639 088 / 736 035 9362 / 722 314 239", "Fax: +254 20 344170 / 6000665", and "Email: emergency@flydoc.org".

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vaccinations despite
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have life-threatening
infectious diseases,
according to the UK's
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Worldwide

983

million -
the number
of worldwide
international tourist arrivals
in 2011, representing a growth
of 4.6 per cent when compared
to 940 million in 2010

France

90

per cent
of French
children
under 12 now
wear a helmet for skiing
- the result of a long
campaign by Medecins de
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Guyana

3

British nationals
required consular
assistance in
Guyana in the period
April 2010 to March 2011
- one hospitalisation,
and two arrests

Atlantic

165

people
have gone
missing
at sea since 1995,
according to the US-
based International
Cruise Victims
Association

Greece

112 British tourists were arrested in Greece in 2010/11 compared to 222 the year before. British consulate staff were called in to assist with 797 cases in the same period compared to 923 the previous year.

Laos

22 tourists died 'river tubing' while in Vang Vieng, Laos, in 2011.

Thailand

38 tourists and expat residents have died on Phuket between 1 January and 25 June this year, according to Thai police figures.

Maldives

2 The number of hospitals on the Maldivian island of Malé: the government-owned Indira Gandhi Memorial Hospital (IMGH) and the privately owned Abdurahman Don Kaleyfan Hospital (ADK). ADK accepts some insurance plans, but IGMH does not.

Hong Kong

27.2 billion US dollars is the amount Hong Kong took in international tourism receipts in 2011.

Malaysia

1 out of every 211,864 dives is a fatality, according to the Diver's Alert Network 2010 Diving Fatalities Workshop Report.

Oman

50 countries now have organisations accredited or certified by Joint Commission International, with recent the accreditation of Muscat Private Hospital in Oman.

South Africa

8 million tourists visited South Africa in 2011, driven by 14.6-per-cent growth in the number of tourists arriving from Asian countries.

Australia

201,660 consular services were provided by Australian consular staff in 2010-11, compared to 186,235 in 2009-10.

Lost in translation



As economies in the developed world address their problems and travel statistics remain static, other nations are seeing their outbound tourist numbers increase significantly. **Robin Gauldie** asks what global assistance providers are doing to ready themselves for these new waves of tourists

In a notorious Monty Python sketch, first performed in 1971, an unfortunate Hungarian visitor to Britain attempts to buy cigarettes. Unfortunately, he is equipped with a phrasebook that translates his innocent Magyar requests into nonsensical or lewd English phrases such as 'My hovercraft is full of eels' and 'My nipples explode with delight'. Hilarious mayhem ensues. In Sofia Coppola's 2003 movie *Lost in Translation*, Bill Murray and Scarlett Johansson play two Americans adrift in Tokyo, similarly struggling with the language barrier to amusing effect.

But when vital information is lost in translation in a real-world emergency, the results are far from funny. They can be fatal. Nations such as China and the post-Soviet republics are emerging as ever more popular travel destinations but also as fast growing tourism sources, with China estimated to generate more than 57 million outbound travellers now and predicted to produce up to

100 million a year by 2020. So – just like the inbound tourism industry in destinations favoured by these new markets – the travel insurance and medical emergency sectors must face up to new linguistic challenges. English, and other major European languages, can no longer be treated as 'universal' languages that will be fluently spoken and clearly understood by every member of the assistance chain.

Changing times

Paul Doran, head of travel operations at Mondial Assistance UK, notes that the very concept of a globally understood language can change. "As it stands, English is the universal language in the assistance and insurance sector and is generally the language of choice for communicating between two parties. At Mondial Assistance, French used to be the universal language, but now all correspondents and co-ordinators handling overseas assistance must speak fluent English," he said. "This requirement will continue when the UK business formally

English, and other major European languages, can no longer be treated as 'universal' languages

becomes Allianz Global Assistance later this year." Most of Mondial's medical assistance co-ordinators are fluent in French and/or Spanish in addition to English, and its team also includes German, Italian and Portuguese speakers, says Doran. "Of course, language barriers can prove to be a challenge in certain situations, most recently in emerging tourist destinations or remote provinces in more established markets."

So, while English is vital, other languages are becoming increasingly important. "English still goes a long way as a universal business language in the field of international assistance, but languages are still a valuable asset and resource for international assistance companies, says Adam Hvid, of SOS International. "At SOS, 38 languages are spoken, if not daily, then regularly."

European Air Ambulance (EAA) starts with an advantage, based as it is in Luxembourg, a country with four official languages (French, German, Dutch and its own Letzebuergesch) and where English too is very widely spoken. "In the pool of physicians we employ we can already count an impressive array of language skills: French, German, English, Dutch, Spanish and Portuguese, which helps us take care of most cases," said Patrick Schomaker, director of sales and marketing for the company.

However, he notes an increasing trend for vacations in more exotic countries worldwide. The petrochemical industry also generates demand for an ever-expanding range of destinations as oil companies seek out and explore new fields. Schomaker added: "We have seen an increase of missions for leisure travellers to Asian destinations and for business travellers to oil producing countries in Central Asia, such as Kazakhstan, Uzbekistan and Azerbaijan, the Middle East and West Africa, especially Nigeria and Angola." EAA flew missions to almost 90 countries last year, ranging from Albania to Zambia, Schomaker says. As a result, the company is increasingly confronted with cases where its own staff have no common language with the local treating doctor and hospital staff.

Problem solving

Solutions to communications difficulties are multiple. Using professional interpreters has been shown to improve communication and patient satisfaction as well as cost savings, but such services are – perhaps incorrectly – perceived to be inefficient. New technology, ranging from telephone interpretation to mobile computer technology at the bedside, presents another approach. Toshiba has been working for several years on development of fully functional instant voice translation software for its TG01 smartphone, offering instant voice translation initially between

there is as yet no substitute for the professionally trained interpreter or translator



Chinese, English and Japanese, with a vocabulary of 30,000 words in each of the three languages. Launched last year, MediBabble Translator is a free, professional-grade medical translation tool that claims to offer a portable, widely available, real-time communication solution. Its developers, Alex Blau and Brad Cohn of the University of California San Francisco School of Medicine, say the app 'has the potential for profound impact and is too important to sell – which is why we're giving it away'.

Blau and Cohn have drawn on their experience in working in emergency settings in Ecuador, India, Thailand, Cambodia and South Africa, as well as in the US, to develop the app, with translation between English and Spanish, Cantonese, Mandarin, Russian and Haitian Creole available as a free download and modules for French, German, Urdu, Hindi, and Gujarati under development. All of the phrases featured in the app have been translated from English by professional translators and vetted and recorded by professional hospital interpreters. However, it cannot as yet be used in situations where neither party speaks English. Meanwhile, New York based Ectaco has been refining its voice-to-voice translation hardware and software since 2002, when it launched its first SpeechGuard products to meet demand from US military and law enforcement agencies. Ectaco's latest Speechguard MD-5 has been specifically designed for the medical and rescue community.

The hands-free, eyes-free units can be configured to contain up to 20 languages, translating instantly between languages to repeat 'loud, concise and even-tempered commands' in any language. "Non English speaking people can input anything they want to say and have it repeated for them in English," says Ectaco product manager Boris Krol. But such technology has its own issues. It is not yet capable of managing linguistic nuances such as sarcasm, or the famous British penchant for understatement, or culturally sensitive issues. "I wouldn't write it off, but it's definitely challenging to solve assistance issues by voice translation," says Adam Hvid. "There would be legal issues that would need to be addressed in case of harm done by wrongful translations. It sounds like a challenging endeavour."

However, Hvid says, SOS International already has a number of apps that it finds useful in many aspects of case handling. None of these has voice translation, but access to different language platforms is available.

However, conventional co-operation between assistance companies and medical providers at either end of the process remains essential and there is as yet no substitute for the professionally trained interpreter or translator.

"For more exotic languages, we rely on partners worldwide who help us deal with these specific cases," says Patrick Schomaker. It's a process, he says, that works both ways. ■



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Living dangerously



As recently as the 1980s, reporters, photographers and television crews working in conflict zones could assume that they would be treated as neutrals by all sides. That has changed. Robin Gauldie reports on the new challenges facing the assistance industry

From Afghanistan and Iraq to Somalia, Mexico and Colombia, local militias, guerrillas, criminal cartels and the 'security forces' of rogue governments now regard journalists, civilian contractors and workers for non-governmental organisations (NGOs) as legitimate targets for kidnap, murder and extortion. According to the monitoring group, the Committee to Protect Journalists (CPJ), casualties in 2011 were the highest ever, with 18 journalists

killed on dangerous assignments. The heaviest losses last year, when deaths during dangerous assignments such as the coverage of street protests reached record levels, occurred in the Middle East and Africa. More than 900 journalists have been killed in the last 20 years.

When a high-profile foreign correspondent on assignment from a major international news-gathering organisation dies in action, the event

is often treated as a high-profile news story. The deaths of US reporter Marie Colvin – a veteran of conflicts in the Middle East, Sri Lanka (where she lost an eye), Chechnya, Kosovo, Sierra Leone, Zimbabwe and East Timor – and French photographer Remi Ochlik in Homs, Syria in February, along with the plight of several of their colleagues trapped in the beleaguered city, received extensive coverage worldwide. The deaths of unknown freelancers or local 'stringers' working for foreign media – and often going to places that are considered too dangerous for visiting staff correspondents – receive far less prominent coverage. In either case, insurance coverage that provides appropriate assistance is key for anyone working in a danger zone.

Safety net

Independent news gatherers may be at greater risk than staff journalists if they fail to take

More than 900
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“As no one is responsible for providing freelancers with insurance, they have to provide their own.”

out adequate insurance to cover assistance and repatriation from high-risk zones. In the UK, news organisations, like other employers, are legally required to provide their employees with adequate insurance cover, says John Toner, freelance organiser at the UK's National Union of Journalists. Similar guidelines apply for the rest of the EU, the US, Canada and Australia. However, Toner notes: “As no one is responsible for providing freelancers with insurance, they have to provide their own.”

That makes it cheaper for news organisations to send freelance journalists, rather than staffers, to conflict zones. The CPJ notes that there was a high proportion of freelancers among last year's victims. But there is also a temptation for independents to skimp on assistance cover.

Colin Peartree, head of safety and security at 1st Option Media Safety, a specialist safety and risk management service for media organisations, says even seasoned freelancers sometimes risk travelling without adequate insurance. “When I ask experienced journalists what their medevac plan is, they often reply: ‘we have a satellite phone,’” he says, “But when I ask them: ‘Who are you going to call and what are they going to do about your emergency?’ they are flummoxed.” He continues: “If you are unlucky enough to require an evacuation, make sure you have the contacts for a reputable evacuation company and know what their capabilities are.”

Peartree also says ‘hostile environment’ courses can benefit people working in hazard zones by helping them to make split-second decisions and make them more aware of the common dynamics of a hostile situation. “The more aware an individual is, the better that decision-making will be,” he says. In some cases, assistance providers may insist on clients undergoing such courses – which can cost up to £2,000 in the UK – as a condition of coverage.

One major provider of help to media professionals is the International Committee of the Red Cross (ICRC), which since 1985 has operated a hotline for journalists on high-risk assignments. Last year, the ICRC received requests for assistance from more than 60 reporters, photographers and camera operators, according to Dorothea Krimitsis, who manages the hotline. “The ICRC often steps in when nobody else can,” Krimitsis says.

As a humanitarian organisation, it makes no charge for its services. But it will only do for journalists

what it can do for other civilians in similar situations, and can act only in places where it already has staff on the ground.

Some of its assistance missions – such as the evacuation of more than 30 journalists from Tripoli, Libya, in August 2011 – have received extensive media coverage. In May this year, ICRC representatives helped to negotiate the release of French war correspondent Romeo Langlois, taken prisoner by the Southern Bloc of the Revolutionary Armed Forces of Colombia (FARC) whilst covering an operation against the left-wing guerrilla group.

But Krimitsis stresses that confidentiality is a key tool of the organisation's work. The ICRC, she says, has to earn and maintain the trust of everyone it has to deal with, gain access to places where no

other organisation can operate, and often has to work in highly sensitive situations.

In capable hands

Ignoring advice against travel from official government sources such as the UK Foreign and Commonwealth Office or the US State Department would invalidate many standard assistance policies, which is where specialist companies offering ‘extreme assistance’ cover tailor-made for journalists come in. They include providers of travel risk management, emergency medical assistance and claims handling such as Europ Assistance and CEGA. “It is important to look at the evolution of this industry in extreme hazard areas, specifically Iraq and Afghanistan,” says Richard Knight, logistics manager at >>

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Europ Assistance USA. During the early days of both wars, Knight says, the accepted protocol was that coalition forces served as primary medevac teams, evacuating from the initial incident site to the nearest major base. Once the patient had been assessed and stabilised, the military would arrange onward transfer to Europe. As the conflicts became more drawn out and more civilians began to work in these countries, a need emerged for an alternative to military evacuation, especially as the military began withdrawing from these areas. Thus, Knight says, private medevac teams came into play. "There were some really professional teams, who are still around today and operate excellently, and some not so excellent teams, who went in to make a fast buck and not surprisingly are not around today. From a global capabilities standpoint, the major providers are typically the same providers one would find in the standard corporate duty of care space, although some have more experience than others in these high-risk areas." For example, he says, Europ Assistance in the US performs a lot of evacuations out of Iraq and Afghanistan due to its support of several large insurers who provide Defense Base Act coverage. In fact, the company has seen its activity in this area more than double in the past three years. The US Defense Base Act mandates insurance coverage for civilian employees working outside the US on government contracts. According to Juan Peña Núñez, manager of global risks at CEGA, assistance provider to BBC journalists, with regards to NGOs and civilian contractors in conflict zones and geographically hostile areas around the world, the main logistical

challenges facing assistance services revolve around restrictions on freedom of movement, general accessibility, communication, poor infrastructure, final sanctions and embargos, failure of financial systems, bureaucracy and corruption. War or a natural disaster can severely damage an entire medical, transport and communication infrastructure overnight, he points out. Without warning, airports or landing strips may become inaccessible due to them falling into the hands of the opposition, or to crater damage, cluster bombs, debris, general insecurity or the existence of a no-fly zone. That means extractions may be limited to daylight operations because of security concerns, inoperative landing lights, or damaged radar and navigation equipment. "Overcoming these challenges is dependent on an assistance provider's experience, its contacts and intelligence on the ground, and its network of appropriate medical facilities around the world," says Peña Núñez. Real-time knowledge, a flexible approach and a realistic level of expectation are all crucial, as is communication. "An assistance provider will need to know exactly who to contact in situ and how to do so quickly. It will need to do everything from negotiating with hostile local governments, accessing local support, if available, and liaising

with an individual's family members and/or a company director back home. Our role is both proactive and responsive, covering everything from pre-deployment anticipation and minimisation of risk to timely provision of emergency medical transport," Peña Núñez says.

"We recognise that effective assistance in hazardous areas can draw on the skills not just of the specialist assistance company, but also of official bodies within the destination country." These may include the United Nations (UN), NATO, local governments and aid agencies. "The level and availability of local support and its influence will vary by country and an assistance provider must be fully aware of and foster relationships with destination-specific resources," explains Peña Núñez.

He also agrees with Peartree in saying that clients working in hazardous regions can help to mitigate the challenges faced by their assistance providers by preparing themselves before deployment. "Organisations can engage the services of a specialist security and risk mitigation firm, whereby staff can be given specific hostile environment training ranging from contingency/emergency planning to security awareness, medical training, cultural awareness and conflict management," he says.

Peña Núñez's views are further echoed by Alex Puig, regional security director, Americas, International SOS and Control Risks. "Conflict zones typically see higher levels of theft, violence, infectious disease, scams and political and bureaucratic corruption," Puig says. "You must contend with the fact that the country's critical infrastructure may be severely restricted or entirely non-functional, making it difficult to complete even seemingly basic tasks."

Duty of care

Assistance companies also have a duty of care to their own staff. "Extensive pre-deployment >>

Real-time knowledge, a flexible approach and a realistic level of expectation are all crucial





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measures must be taken to protect assistance staff sent to hazardous zones and missions must be undertaken voluntarily. Measures should include a detailed pre-deployment risk assessment, tailored briefings and training and the provision of specialist equipment, including multiple communication and tracking tools,” says Peña Núñez.

Alex Puig concurs: “It is critical that any teams deployed by an organisation or its assistance provider have completed the highest levels of training on emergency medicine, security procedures, logistics, diplomatic relations and negotiation.” He says mechanisms must be in place to maintain communications with assistance and evacuation staff at all times, and whenever possible, a headquarters or centre of operations should be established within a reasonable distance from the location of the evacuation.

Depending on the country and circumstances, local primary response providers such as the military, police or ambulance services may be best placed to respond quickly to an emergency. “Any responsible assistance provider must maintain strong working relationships with government, military and diplomatic counterparts in the regions where they operate,” says Puig. “There are times when an operation must transition from a privately led effort to a military-controlled mission.”

Assistance may also be called on from organisations such as the UN, Red Cross or international NGOs, and incidents that occur in remote, isolated areas of conflict may require an element of self reliance from those concerned in moving the patient. In

mechanisms must be in place to maintain communications with assistance and evacuation staff

the absence of any ambulances or medical vehicles, some primary evacuations may require the team to use non-medical features, such as four-wheel-drive vehicles, saloon cars or vans, as well as makeshift stretchers.

Peña Núñez cites CEGA’s successful evacuation

of a journalist who was shot and wounded whilst working in Sirte, one of the final strongholds of pro-Gaddafi forces during the last days of the Libyan revolution. The region was subject to some of the fiercest fighting in Libya, communication and transport by road were severely limited, with continuing NATO airstrikes and a no-fly zone. Limited in-country diagnostics and concerns about the extent of the patient’s internal injuries led CEGA to conclude that it faced a situation that was beyond the capacity of local hospitals, and the in-house medical team decided to evacuate as soon as possible. The patient was transferred straight away to the nearest hospital outside the immediate conflict zone. That evening, CEGA organised a second transfer, with armed security, to Tripoli, where he was kept stable in hospital overnight. Having secured NATO permission to fly in and evacuate the patient the following day, CEGA Air Ambulance then flew him to a specialist military hospital in central Europe, where he underwent a successful operation to remove the bullet and made an excellent recovery.

All in a day’s work? Perhaps, for assistance companies with the capability to operate in danger zones. So long as the person in need of evacuation has the right cover, backed by an experienced, specialist assistance provider, it seems they are in capable hands. ■

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A DAY IN THE LIFE OF ... An international funeral director

ITIJ spoke to Vanda Castro, manager of Memora International, and international department manager for Servilusa, about her role and the challenges it presents

Although we recognise that no two days are ever the same for you in your role, could you describe how a 'normal' working day might begin for you, and how it might progress?

You never know when a working day starts and ends in the international funeral business, because we work 24 hours a day, given global time differences. Today, we communicate mainly through email, with only occasional use of a phone or fax machine. The first job in my day is to check emails to follow up on new cases, then we check the cases we already have in hand and we update our customers regarding each case.

On one day, we could be dealing with the repatriation of a deceased to the UK, and simultaneously be organising a repatriation to a completely different location in the world. We adapt our work to each destination country's unique requirements, considering its own legal and cultural demands.

With me having the added responsibility of being a manager of the international department for Portugal and Spain, I have to travel quite a lot, not only between Spain and Portugal, but also to visit clients and attend international events. It is during these events or visits that we develop much of our work and we learn a lot.

What are some of the key skills required to work for an international funeral director?

One of the key skills – in order to be able to interact

effectively and efficiently with global service providers, partners, clients and families – is, of course, foreign language capabilities. Experience is another very important credential, because the organisation of international repatriation is a very specific job and, without knowledge of the workings and complexities of the industry, international funeral staff couldn't reach their main objectives. It is advisable to catalogue your experiences to create procedures and adapt them to the situations you have in hand. No less important is to know your way around the international market – know the right people, and know the best and most appropriate way to carry out your business in every country or city in which you may need to work.

What do you consider to be some of the key challenges for international funeral directors today?

The organisation of the international repatriation of mortal remains comes with the ongoing challenges of dealing with the varying mentalities and customs of other countries, and adapting to quite distinct realities. Today, Portugal and Spain are both in complicated economic situations, which does not help the international funeral industry. In the last three years, the immigrants who previously had a stable job have largely returned to their home countries, or moved to another country, and the immigrants who still live in Portugal or Spain, given the nonexistence of economic resources, opt for burial or cremation at the place of death, rather than being repatriated home for burial. We are, as an industry, also in a dramatic situation with tourism numbers falling considerably in both countries, given the increase in local pricing, which makes the large tour groups choose other destinations. Thus, another avenue of business has been effectively curtailed.

What are the most rewarding parts of working for an international funeral director?

It is extremely gratifying to feel useful and to be able to help families in their time of need. Generally, we deal with situations where the deceased has passed away outside of their home country, whilst on holiday or when working abroad, and they may have been alone or travelling with family. In any case, we have to deal with very delicate situations, because a death abroad is always something unexpected, so we do our best to reduce the suffering of the families, who are either far from home or far from their departed loved one. We are their support and they trust us to do everything we can to have the repatriation underway in the shortest possible timeline.

Could you describe a complex or out-of-the-ordinary case you have handled recently, and explain how any issues were resolved?

In this industry, it is not uncommon to be presented with a complex situation because there isn't a standard procedure that applies to all cases. Sometimes, an apparently simple case turns out to be extremely difficult – for a variety of reasons. However, one of the more complex cases we have dealt with in recent times involved a British national who died in Kyrgyzstan,

there isn't a standard procedure that applies to all cases

and whose family lived in Spain. The repatriation to Spain was organised by a local funeral company, but they did not perform the proper steps required for the entry of the deceased into Spain, so the local authorities wouldn't authorise the removal of the deceased from the airport because the documentation was incomplete and some necessary procedures hadn't been carried out – for example the deceased had not been embalmed. This situation lasted for about five days, but we were able to offer a solution by consolidating our efforts with a number of other entities involved in the process.

From which countries is it most difficult to repatriate mortal remains due to the country's legal or cultural restrictions?

There are many countries that pose cultural and legal complications, but if the funeral director knows what to expect and understands the complexities of local laws and customs, even with several formalities to be taken into consideration, these shouldn't be too much of an inconvenience to repatriation. We only have to follow the rules for each country.

We are faced with real problems when countries don't have adequate laws or regulations. In these cases, of course, our work is harder. I believe you can't say there's a specific country that affords complications, but I can say, however, that generally repatriations from Latin American countries require a lot of bureaucracy; for example, we have to obtain translations for all the necessary documents and we have to obtain an apostille for the majority of the documentation. In Spain, getting an apostille normally takes four or five days – after we get the necessary documentation, we have to go to the consulate, and each consulate has different procedures. If we organise a repatriation to an Asian country, we have to consider other kinds of procedures; for example, we have to respect cultural issues and we have to translate all the documentation, which can be challenging.

What are the legal requirements of Portugal and Spain when it comes to dealing with mortal remains?

Both Portugal and Spain are among the countries that undersigned the Agreement for the Transportation of Human Remains on 26 October 1973 in Strasbourg, which was signed by the majority of the European countries and defines the principal procedures for the repatriation of human remains.

In Portugal, there are certain legal obligations to consider when it comes to repatriating deceased out of the country. Namely, the deceased should be shipped in a casket lined with zinc to a minimum thickness of 0.4 mm, sealed in the presence of the authorities. The health department also issues a document stating that the casket poses no danger or harm to public health, and as such the deceased may be transported out of the country. In Portugal, it is not compulsory to carry out any preparation or conservation of the deceased. In Spain, the deceased needs to be embalmed if they are to be transported by air. It is also necessary to obtain a permit from the health department in the place of death, as well as the health department in the city from which the deceased is departing Spain.

How do you overcome issues relating to cultural or religious beliefs when those of the deceased may not match those of the country in which he or she has died?

Today, numerous cultural and religious communities are found throughout the entire world. Of course, all beliefs need to be respected, and we always proceed according to the wishes of the family.

Normally, we don't encounter any conflict between the wishes of the family and the requirements of the country in which the deceased has died regarding necessary procedures for taking a body out of a country to return it home, because religion cannot override the legal issues;

Assistance companies also need to know who to approach if they find themselves in the unfortunate position of dealing with a client who has died



Vanda Castro

so if the country requires the embalming, embalming must be performed and the family accept that. For example, as already noted, Spain insists on embalming the body if the transportation will be done by airfreight, and, if the family, for religion issues, doesn't accept the embalming, the other option is to do the funeral at the place of death, because otherwise we cannot do the repatriation.

When it comes to working with either embassies, consulates, or the international travel insurance and

assistance industries, are there any processes or issues you would like to see amended?

Yes, indeed. If the consulates and/or embassies and insurers changed some of their procedures, our work could be simplified. Regarding consulates and embassies, there are a number of situations we do not understand, such as inconsistencies and a lack of organisation. For example, consulate X in Barcelona might request certain documents from the undertaker, but the same consulate in Madrid might not request the same documents. Furthermore, the same consulate in different locations may or may not request payment for the legalisation of documents. This lack of uniformity with regards to procedures for the same consulate obviously does not help our work.

Furthermore, some insurance companies take three to six days to provide a guarantee of payment to an undertaker, leaving families waiting. This, of course, is a problem because families are keen to know what's happening.

When was the international department at Servilusa created? Why was its development so important for the company?

The international department of Servilusa in Portugal was created in 2000, borne out of the increased demand for such services from the country's growing expatriate population and higher numbers of leisure travellers. Until then, funeral directors only dealt with international repatriations occasionally. With the creation of our international department, we were able to provide our stakeholders with a firm business strategy. We created a specialised international repatriation team exclusively to deal with these kinds of services, and are still the only funeral director company in the country that has a dedicated international department.

In 2010, we expanded the international department to Spain (Servilusa is a one of the companies of the Mémora Group in Spain) and created a new brand for our international funeral services – Mémora International. This brand is now used across our Portuguese and Spanish operations, which consist of nine support centers, with our headquarters in Lisbon.

There are a growing number of funeral directors moving into the global repatriations marketplace. What should the international assistance industry be looking for within such companies to ensure they select the right partner?

The growing number of international funeral directors is very important, as we now have alternatives and solutions in different places, whereas previously it could be difficult to arrange repatriations from more remote destinations. This growth is, obviously, related to the increased mobility of people around the world. Despite the benefits that come with having an increased number of international funeral directors around the world, however, we need to get to know any new partners well. Assistance companies also need to know who to approach if they find themselves in the unfortunate position of dealing with a client who has died. Their best option would be to choose an international funeral director partner that has experience in the international co-ordination of repatriations and a proven track record in this industry, that has extensive language capabilities, and that understands the workings of the assistance and travel insurance industries. ■

Dr Dafna Givati and **Rowland Raikes** spoke to *ITIJ* about the inherent and unusual challenges faced when a seafarer needs medical evacuation and repatriation

The maritime industry remains, by its very nature, one of the most globally diversified enterprises in the world. Ownership of ships has spread well beyond traditional ship-owning nations such as Greece, and the crews that keep the ships at sea, the tankers, bulk carriers, container ships, ro-ro car carriers, specialist support vessels, ferries and cruise ships on the water come from at least 46 different nations.

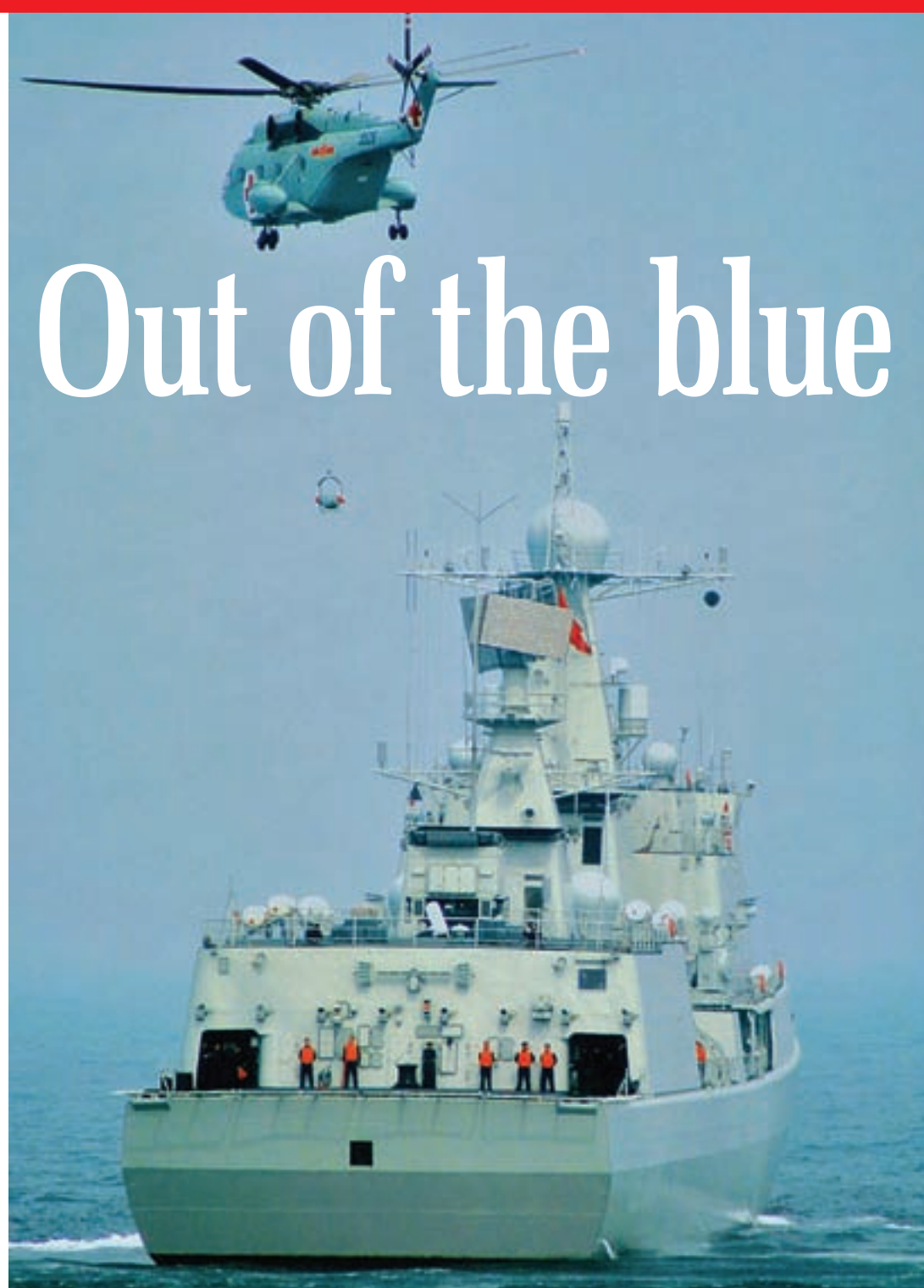
There are in the region of 800,000 ratings and 400,000 officers involved in the industry, although only about half of those will be at sea at any one time. Over the last 30 or 40 years, the number of seafarers from the countries traditionally providing them in Western Europe and the developed world has steadily declined. Nowadays, the vast majority come from the Philippines, but there are also large representations from India, China, Indonesia, South Korea, Russia, Ukraine, Poland and other Baltic States, and the Black Sea littoral.

Maritime medical insurance

Employers of seafarers are, of course, responsible for their general wellbeing, particularly when they fall ill or suffer injuries, but this may happen many miles away from their home and indeed anywhere in the world. General health or travel insurance might be considered appropriate, but that is not the way that these risks are covered in the maritime world. All ship owners and managers belong to mutual insurance organisations called Protection and Indemnity Associations – P&I Clubs for short. The Clubs cover their members for third-party liability risks, among other matters, and also provide personal injury cover for the crews. This cover pays for emergency treatment wherever they may be, repatriation when required, and a degree of aftercare and rehabilitation depending on their employment contract.

The amount that the ship operators themselves have to pay for medical care and repatriations depends on the terms they have negotiated with their Club. Cruise lines, for example, take on most of the risk themselves and are virtually self insuring everything except for the very largest of claims, which rise into the hundreds of thousands of dollars.

P&I Clubs have been in existence for several hundred years and traditionally appoint correspondents as their local representatives in or around the world's ports. The correspondents will deal with a wide range of insurance-related matters for their Clubs and their ship owning members including, in conjunction with the ships' agents, overseeing emergency medical treatment for ships' crews.



In case of emergency

In the event of crew sickness or injury, the ship's master may make use of a telemedicine service such as that provided by The International Centre for Emergency Medicine. On receipt of advice, if the patient cannot be treated any longer onboard the vessel, the ship's agent and insurers' correspondent will normally make the initial arrangements for local coastguard assistance and then hospitalisation as required. This sounds easy, but the ship may be many miles and days away from any assistance and if it has to divert from its planned route, this may incur expensive compensation to those who have chartered the vessel.

Once the patient is taken ashore – by helicopter, pilot vessel or down the gangway – and is safely in

The amount that the ship operators themselves have to pay for medical care and repatriations depends on the terms they have negotiated with their Club



Photos courtesy of International Medical Escort

a hospital or clinic, then at this stage an assistance company appointed by the insurers or ship owners may become involved. Their doctors will need to liaise with local medical authorities and advise their clients about the nature of the illness or injury, and the prognosis, and then give advice about the method and timing of repatriation and of the care the patient needs on arrival in his or home country. The problems to be overcome now will be familiar to many working in the assistance field.

Obtaining medical information

The patient may be in a clinic or hospital in a Third World country where medical assistance is not of the highest order. The clinic or hospital may only answer the telephone intermittently, and then only in the local language, and may not have email. Local doctors in ports may only speak their own language – English is widespread, but less so in some countries such as China, Japan, some areas of South-East Asia, Russia, Ukraine, parts of Africa and South America. Furthermore, diagnostic equipment may be rudimentary or not working, and a definitive diagnosis may be difficult to obtain. The ease of obtaining information in a major port such as, say, Antwerp, is of a different order to somewhere such as a remote port in equatorial Africa.

Flight route considerations

Some ports are conveniently near to a major international airport, so that even a severely incapacitated patient may be taken home in a large modern scheduled aircraft in some comfort. Many, however, are not, and planning to take a stretcher patient home from a hospital in a small port in Southern Argentina to Manila or Sri Lanka poses special problems. It is surprising how seafarers always seem to have their accident or illness in a part of the world furthest away from their own country.

The easy answer is to do the journey in an air ambulance, but the distances often involved are such that the cost is often prohibitive. It may be that a hybrid journey using an air ambulance to reach the major airport for onward stretcher travel is required. There may even be a need for a further air ambulance at the other end as well.

The withdrawal of stretcher services from US carriers, British Airways and some others, has made planning the repatriation of more incapacitated patients considerably more difficult in recent years, but on the other hand, the improved comfort in first and business class has opened up other possibilities, as has the Patient Transportation Compartment unit in Lufthansa wide bodied jets.

Equipment and staff

The repatriation doctor will need to consider, with the treating doctor, the qualifications and number of escorting staff required for the patient, and any special equipment needed. Perhaps a doctor and nurse or paramedic are required for a long, complicated journey? (Invariably, they are.) What staff are needed to take a paranoid schizophrenic from Northern Norway to a small

town in Peru? What drug regime is to be followed? Will there be difficulties in transiting airports with such a patient? It is surprising perhaps that there are quite a number of escorted repatriations of mentally disturbed seafarers; but the life is not an easy one, far away from family support. Some orthopaedic patients may require additional mattresses such as vacuum/Spenco or the like, others will need additional oxygen, particularly of course cardiac patients. Will a drip be needed? Can it be done in this aircraft on that route? Will the airline provide the oxygen on the small feeder aircraft from our remote port on an Indonesian island or Southern Chile? If not, perhaps the doctor will need to take a portable oxygen concentrator. Will it be allowed on this aircraft? Does this particular small airline have any idea? All these questions, and more, must be answered before the repatriation can begin.

It is surprising how seafarers always seem to have their accident or illness in a part of the world furthest away from their own country

Preparing for the repatriation

To set the scene, we must imagine that our sick or injured seafarer, who perhaps has had a heart attack or stroke, or fallen down into the hold and suffered orthopaedic injuries, probably left his ship in a hurry, was perhaps lowered down in a stretcher into a pilot boat, and without much time for the collection of personal belongings.

We usually prefer to arrive at the treating hospital one day before the repatriation flight. This is very important, even in cases where it has been easy to obtain all the information about the patient in advance.

In nearly every case we see, there are logistical issues that we need to solve. Usually, the patient won't have his passport and seaman book. It can be at the shipping agency, or at the hospital, or even, in the worst case, still on the ship on the way to the next port, and it is better to have it in hand (it is quite frustrating to come to collect the patient, and find out that his passport is locked in the hospital's safe, and the key is with the manager, who spends his weekend in another town).

When a seaman has been evacuated from his vessel with urgency, he usually has no entrance stamp in his passport. It is better to try to get confirmations before the flight, and avoid delay in an airport's immigration department.

Most seafarers' repatriations are long distance ones. An escort (or escorts) is travelling with >>



the patient on ground transportation, through airports, on to flights, connections, and sometimes staying with them in hotels if a layover is needed. A repatriation can last as long as 48 hours or more. One escorted repatriation of a cardiac patient from Durban, South Africa to the Kiribati Islands in the Pacific, took six days.

Meeting the patient, and his treating doctor, one day before the flight, is crucial for a successful trip. At this meeting, the escort must get all the medical information, and prepare everything for the repatriation – I never leave without the English medical report, and medications for at least 72 hours in the event of delay en route.

It is important to get to know the patient, and explain what is going to happen. This is especially important in cases of mental illness, when the patient must know and trust his escort. There must be written instructions for the hospital staff about preparing the patient before the flight – which medication they should, or shouldn't give, what treatment (for example, haemodialysis the morning before the flight) and in relation to bowel preparation.

The escort must find out if there is a suitable ground ambulance, how far it is to the airport, if the ambulance team is familiar with the arrangements of entering the airport, and make sure of the time he should leave the hospital with the patient.

The repatriation

Treatment is, of course, the same as in other repatriations. The emphasis is on the long period that the escort needs to be with the patient. During this time, time zones are changing, and medication times must be adjusted.

We usually try to send an escort who speaks the same language as the patient (especially for Russian seafarers, who often have a very limited command of English). One of the most important things is to talk to the patient. They are usually very excited, they are not used to being sick, they are afraid of losing their job, and they are going home to meet

the family, sometimes after a long period at sea. Long-distance stretcher patients must lie on a special mattress, and it is often advisable to give these patients some tranquilizers in order to help them sleep most of the way.

As this industry knows well, time between flights can last from as short as an hour to as long as a day. It is vital, therefore, that we know in advance what the medical facilities of the airport will provide, as well as be prepared for an overnight stay either at the airport clinic, or if it is possible, at a hotel nearby.

It is normally fairly straightforward catching connecting flights at large hub airports that have a lift, ground ambulance service and a clinic, such as Paris Charles de Gaulle, or Amsterdam Schiphol, but most of the time we don't connect there, so these benefits are not ones we see that often. One of the problems is that airport clinics are not in the sterile airside area, so the escort and the patient must pass immigration (and sometimes the patient doesn't have the proper visa; for example, the Schengen visa that is required for some nationalities to travel in Europe).

Problems start when there are flight delays. A missed connection is always a problem, but when it is with a patient, the logistics are complicated. It is not simple to book another flight (especially if the patient needs a stretcher or oxygen onboard). Sometimes we have to hospitalise the patient until new flights are booked. Escorts must always

One escorted repatriation of a cardiac patient from Durban, South Africa to the Kiribati Islands in the Pacific, took six days

understand that a two-day repatriation can easily turn into four days.

One of the most exciting times of a repatriation mission is when the seafarer meets his family. The escort must be ready for medical events regarding the excitement of the family welcoming home a member they have not seen for some time and were concerned about, such as syncope (fainting) of the wife, or cardiac events. I prefer to ask the family to wait at the hospital, and not at the airport, but there is usually no control over this aspect and the meeting may complicate a smooth transfer to the receiving medical facility.

Conclusion

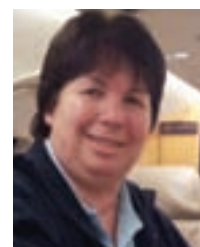
The medical repatriation of seafarers has some aspects peculiar to itself: the type of financial and insurance support that is unique to the maritime industry, the difficulties of disembarkation in distant ports, the complicated logistics involved in planning a route home over several days and continents perhaps involving multiple connections. Escorts must also be mindful of the social and welfare aspects of a seafarer's unique existence, and the effect this has on his or her medical condition. The many different nationalities, languages and customs must also be taken into consideration. Those involved in the business, particularly the flight doctor and nurse or paramedic, must be very flexible, prepared to take the initiative when encountering travel or medical problems in places where support is not immediately at hand, and have a lot of stamina. ■

Author

Rowland Raikes co-founded a maritime security consultancy in 1988, following 22 years' service in the Royal Navy, including sea command, and at the same time creating Medical Rescue International. He has been involved with the occupational health and medical repatriation of seafarers since then. Clients include all the major maritime P&I Associations and many large shipowners and managers worldwide.



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