



Eyjafjallajökull: it's a blast!

Following six days of European airspace closure, which caused planes to be grounded and misery for thousands of travellers, the travel industry is trying to catch up with the backlog of passengers, as well as counting the cost of the disruption. Mandy Aitchison reports

Hundreds of thousands of travellers around the world were stranded – many with just their holiday clothes and cash in foreign climes, while others were stuck at home having booked holidays weeks and even months before. As the UK's Civil Aviation Authority kept its stance that 'safety is the priority',

airlines around the world put pressure on authorities to allow aircraft to fly certain routes at certain heights; a move that was eventually allowed on the morning of 21 April. Concerns that another eruption of the Icelandic volcano, called Eyjafjallajökull,

continued on p11

All about timing

According to Squaremouth, the US-based website for comparing travel insurance policies, the most common mistake made by travellers with pre-existing medical conditions is missing an all-important deadline for buying insurance, simply because they don't know that such a deadline exists. Charlotte Hodgman has the details

In many cases, as soon as the first payment is made toward a cruise, tour, hotel room or airfare, the proverbial clock starts to tick. From the date of that deposit, travellers from America are typically given between nine and 30 calendar days, depending on the policy, to purchase travel insurance – or else their pre-existing condition will not be covered. Chris Harvey, chief executive of the website, warned: "Travellers make that first payment, sometimes months in advance, in the belief they can wait to buy travel insurance for a heart condition, diabetes or recent heart surgery. Actually, with a few exceptions, pre-existing medical coverage is only available for a short time." Harvey did, however, mention two plans, offered by CSA Travel Protection and HTH Worldwide, which are the exception to the rule when it comes to deadlines.

For US travellers with pre-existing medical conditions, Harvey offered his top 10 tips, saying: "Arming travellers with knowledge is the single best way to protect their trip investment." His advice included telling travellers that there is no need to pay more necessarily as a result of a medical condition – "As long as insurance is bought within the set time, coverage of a pre-existing condition doesn't cost anything extra because it isn't considered a policy upgrade." It was also noted that

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Deadly clashes in Thailand

At least 28 people have been left dead after clashes in the Thai capital, Bangkok, between the military and protestors. Following violence in Bangkok that killed three more protestors on 22 April, tourists have been warned to stay inside to avoid being caught up in the skirmishes. Mandy Aitchison reports

Commonwealth Office (FCO) changed its travel advice to include warning travellers against all but essential travel to Bangkok, as well as other areas of the country. Anti-government protestors have rejected negotiations with the current leaders and insisted they would not give up their fight for early elections. In violent clashes, Thai troops fired rubber bullets and teargas at thousands of red-shirted protestors

who gathered in central parts of Bangkok, bringing the city to a virtual standstill. Fighting in the street descended into chaos, and spread to the popular tourist haunt of Khao San Road. One Japanese tourist, reportedly mistaken for a protestor, was beaten by troops until he was rescued by bystanders. Following the violent

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Lost luggage mystery explained

A new study by the International Association of Aeronautical Communications (SITA) has found that in more than half the cases of lost luggage, the loss occurred during aircraft transfers. The second most common cause of lost bags was a failure of ground staff to load the luggage, followed by ticketing errors



and security issues. The good news for travellers and insurers, though, is that the number of bags lost by airlines over the past year is falling.

According to the *SITA 2010 Baggage Report*, there was an overall drop of 23.8 per cent in the number of air passengers' bags that have been mishandled over the past year, leading to a saving of US\$460 million for the world's airlines – 2009 was the second year in a row that airlines have managed to lower the number of bags they lose.

The report continued: "While the vast majority of mishandled bags are restored to their owners within 48 hours or less, just 3.4 per cent (850,000) of all 25.025 million mishandled bags go either unclaimed or, in rare instances, are actually stolen."

Francesco Violante, chief executive officer of SITA, said that some of the improvements in the number of bags lost could well have been the result, quite simply, of fewer passengers thanks to the fall in tourism. However, he added: "Improvements in baggage handling systems and passengers checking in fewer bags to avoid extra fees have also contributed to the overall decline."

Preparation is key

Under a new British Foreign and Commonwealth (FCO) initiative, students aged between 16 and 18 who are planning to travel abroad can now benefit from an interactive website and advice sheets during their personal, social and health education classes at school. The initiative has been set up in response to the number of young Britons finding themselves in trouble abroad through not having adequate insurance or cultural knowledge of their host country. Chris Bryant, FCO minister, said of the scheme:

Insurance cutbacks 'false economy'

Bob Atkinson, travel insurance specialist at comparison website moneysupermarket has warned customers using the site that trying to save money by not purchasing insurance for holidays – whether they are in the UK or far away – is a 'false economy', as nobody can foresee what mishaps can occur. He added: "Foregoing travel insurance for a UK break could be a

costly false economy. You never know what is waiting around the corner to spoil your break away. Research carried out by the website found, worryingly, that 49 per cent of users would choose not to cover their belongings while they travel around the UK, even though cover for solely UK holidays can be very cheap.



"One of the great excitements of modern life is more of us can travel abroad than could do 30 years ago. But you have to be very careful when you go abroad, and doing a little bit of research before you go can make an enormous difference." He continued: "There are so many things that can go wrong, such as health problems, accidents, getting into trouble with the

police, becoming a victim of crime, and young people have got to take precautions."

The website forms part of the FCO's Know Before You Go campaign and features an interactive globe with key information on 15 countries likely to be visited by students as well as short films and scenarios teenagers could find themselves in when travelling.

ADAC-AmbulanceService

The Wings of Medical Assistance

ADAC (Allgemeiner Deutscher Automobilclub) is the most important German automobile club and the third-largest world-wide. Founded in 1903, ADAC looks back on over one hundred years of history.

Robert Glueck, Head of Marketing and Sales for ADAC medical assistance talks about the ADAC-AmbulanceService and its world-wide patient repatriation services.

Q: Robert, in building its Ambulance Service, ADAC wrote a chapter of medical history. What were the beginnings?

RG: The German air rescue system came into existence in 1970 on the initiative of ADAC. A pioneer of German air rescue, ADAC recognised early on what a huge medical potential fast airborne assistance had. By founding the ADAC-Ambulance Service in 1973, the German automobile club took its medical assistance services across borders.

Today, the ADAC-AmbulanceService is not only one of the leading European players in the world-wide patient repatriation business but also a competence centre when it comes to the medical assistance side of mobility and tourism. Around the clock, our medically trained staff takes emergency calls from around the world and provides active assistance.



DO 328 are spacious enough to ensure professional medical care

Q: What are the services the ADAC-AmbulanceService provides?

RG: We organise and execute world-wide inter-hospital transfers and patients' repatriations – by ground ambulance, on scheduled flights or by ADAC-owned, intensive care ambulance jets, if necessary. Highly qualified medical staff with emergency, intensive care and aeromedical specialisations accompanies the ambulance flights. This all happens under the organisational and medical responsibility of the ADAC-AmbulanceService. We attend patients and their loved-ones personally. Over 40 ADAC physicians work with the attending doctors on-site to clarify the medical issues. Our service also recommends the German hospitals or specialists most in line with the patients' wishes and requirements based on the diagnoses received.



One of two Dornier-Fairchild 328-300 jets from the ADAC fleet

Q: Doesn't this involve detailed knowledge of the local infrastructures, both in terms of medical options and transport?

RG: Yes, indeed, therefore ADAC runs its own assistance centres in the European holiday destinations and in the USA. Here, highly trained multilingual responders, many of them physicians and highly familiar with the local conditions, first contacts etc., are able to arrange fast and competent assistance. Our vast geo-database provides reliable information on international medical infrastructures and helps the ADAC-AmbulanceService stay abreast in terms of hospitals and physicians available abroad.



The LearJet 350 from the ADAC fleet

Cancer sufferers made to pay

According to research by UK cancer charity Macmillan, eight per cent of people who have suffered from cancer have had resort to travelling without cover as a result of 'overpriced' travel insurance because of past medical conditions. Despite some specialist travel insurers saying that they can provide cover at affordable premiums for those who have been diagnosed with cancer or other critical conditions, one former cancer patient – Fiona Macrae, who set up her own company to address the issue – disagrees, claiming that many insurance companies are 'insensitive'. She said: "After you've been through your treatment, you don't want to be telling someone constantly about it on a phone call, a stranger, discussing personal medical information, with what can sometimes be kids in call centres. I found that distressing and soul destroying really. In the end, I thought, I don't want to go away, it's too much."

Consumer watchdog Which? also claims that many people who have had a serious illness are effectively 'blacklisted' by travel insurers. Jenny Driscoll from Which? commented: "The figures show about one in three of us will have cancer. Many of us will go on to make a complete recovery and the insurance industry does need to catch up." She continued: "Okay, if conditions have a big risk that should be reflected in the policy, but people should be getting fair deals." Nick Kirwan from the Association of British Insurers had some advice for those seeking travel insurance: "The sorts of things people could do to make it a much more affordable situation or even travel without insurance, is to travel in Europe where they can get reciprocal medical treatment under the reciprocal arrangements with the National Health Service. That will be much more affordable for them."

Luxury tourist train in fatal crash

A luxury train full of international tourists has crashed in South Africa, killing a pregnant woman and a crew member, and trapping dozens of passengers in mangled train coaches. The train sped downhill out of control before it derailed. According to press reports, rail officials advised both passengers and crew to attempt to jump from the train as it moved quickly towards Pretoria, after attempts to apply the train's brakes failed. After the train derailed, train carriages smashed into one another and turned on their sides, forcing emergency workers to cut holes into the roofs of the antique wood-panelled cars to rescue the survivors.

The passengers on the train included 44 Americans,

four people each from France, South Africa and Britain, and three from Germany. Apart from the fatalities, a further five passengers were critically injured in the accident, nine were seriously hurt and another 35 were slightly hurt.

The Associated Press has reported that the rail journey began in Cape Town and was nearing its destination, Pretoria, when it stopped for what was normally a routine change from an electric to a steam locomotive. However, the train began moving after the electric engine had been removed, but before the steam engine could be attached, and gathered speed while it rolled down a slope. In all, 17 train carriages derailed just outside a train station in Pretoria.



Oceana cruise ship

P&O

Back to base

A cruise ship that saw 120 passengers fall ill with suspected cases of norovirus during a two-week voyage in the Caribbean has returned to the UK – P&O's *Oceana* liner docked in Southampton, UK, where it then prepared to leave for a weekend trip to Bruges in Belgium.

Passengers onboard the vessel have complained that they had to pay for medical treatment on the ship, but a spokeswoman from P&O confirmed that any fees should be reclaimed through travel

insurance policies. She said: "Medical treatment used to be free but nine months ago we changed our policy. We do recommend that passengers reclaim it from their travel insurance." Some cruise lines insist that passengers carry travel insurance with them, and prove it, before they are allowed to board the cruise ship, which eliminates the concern that the high medical charges seen onboard cruise ships will cost the passenger more than they thought.



Q: Off the top of your head, could you give us an idea of the scope and size of your operations?

RG: The ADAC-AmbulanceService attends to some 47,000 patients annually and organises transport in over 15,000 cases – ground and air. We cover an important part of the flights with ADAC's own fleet of ambulance aircraft – Dornier-Fairchild 328-300 jets, Beechcraft Super King Air 350 turboprops and various Learjets. Converted specially for aeromedical transport and equipped with the latest in IC technology, the aircraft are quiet and stable in flight and meet the highest standards in hygiene. The cabin pressure can be adjusted to

suit the patients' conditions. In the roomy and flexible Dornier-Fairchild 328-300 Jets we can even accommodate a patient's family. If the patients' diagnosis requires it, the ADAC-AmbulanceService will fully organise alternative transport options – on stretchers, sleepers, seats or the PTCs.

Q: The ADAC-AmbulanceService is headquartered in Germany. That's also where its fleet of ambulance aircraft is based. How can the ADAC-AmbulanceService execute ambulance flights world-wide?

RG: We use our own fleet primarily in Europe,

the Middle East and North Africa. Because some of our planes are very flexible, they can also fly to Asia or the USA. However, in the world-wide patient repatriation business, we rely mostly on our wide-area "wing-to-wing" network of partners.

"Wing-to-wing" shuttle flights allow us to bring our patients home quickly and cost-effectively. Of course, selecting the right partners is crucial.

They must meet the high quality and process standards of the ADAC-AmbulanceService to prevent any loss of quality for our patients.

Robert, thank you very much for talking to us.



Preparing a patient for take-off



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AXA advises football fans

An estimated 20,000 England football fans are expected to head out to South Africa this June for the FIFA World Cup, so AXA has issued some timely advice to customers who want to watch some live football this summer. The large crowds that gather at football games are prime opportunities for pickpockets to take advantage of, and tourists are told that the best thing they can do is to keep belongings to a minimum, and to keep anything that could be easily stolen, such as a credit card, in a zipped pocket or hidden money belt. Tourists have also been told to be particularly vigilant at cash machines in the street, which are targeted by South African thieves. "Similarly," continues the advice, "keep your match tickets with you – if your luggage and tickets end up missing the plane, you may end up missing the game. Following a valid claim for accidental loss, theft or damage, AXA will cover the 'face value' of event tickets but cannot offer a replacement ticket."

Car travel was also highlighted as a risk, with drivers and passengers being advised to keep the doors locked while in transit, be alert and not to leave valuables on any spare seats, as car-jackings are relatively common in the country. The popular pastime of shark cage diving off the south east coast of South Africa was also mentioned, with AXA urging tourists to make sure they are covered for such dangerous activities under their travel insurance. Alison Patrick, AXA's head of travel, commented on the warnings given to tourists: "We don't want to ruin anyone's fun while they're at the World Cup, but it is really important people understand the risks and that they mitigate those risks by being sensible while they're away and taking out some insurance before they go. At a big event like this, the potential for things to go wrong are even higher than on a regular holiday – we anticipate one in 18 people might end up in a situation where they could claim on their insurance."

Backpacker fraud 'rife'

According to UK-based company InsureandGo, backpackers are continuing to make false and inflated claims on their travel insurance policies. InsureandGo states that one in five of the claims it has received on its policies taken out by backpackers are submitted just days before the policy term comes to a close, which the company suggests indicates that tourists could be trying to recoup some of the cost of their trip as they realise their final expenditure. The average backpackers insurance policy sold by the company has a term of 29 weeks, and it is significant that 20 per cent of claims are made within the last 21 days before the cover expires – the number of claims received this way account for 24

per cent of settlements made by the insurer. Perry Wilson, founder of InsureandGo, made his views clear when he said: "The submission of fraudulent backpacking insurance claims is rife." He continued: "The case last year of the two British law graduates in Brazil (*ITJ* 104, September 2009, **Wish you were here**) highlights the existence of this problem and the fact that overseas police forces are cracking down on it. We are concerned that as more gap year trips are being taken because of the current economic climate, more claims will be made and some of them will be fraudulent."

Customers left grounded by policies



transport – just one third of insurers said they would pay out if the hotel, car hire company or other supplier at the destination went out of business. Rochelle Turner, head of research at *Which? Holiday*, commented: "Holidaymakers tend to assume that if they've taken out travel insurance, they'll be covered for disasters beyond their control – an airline or hotel chain going bust, or getting caught up in an act of terrorism. The travel insurance industry must up its game to start to provide policies customers can rely on, or at least make their policies clear rather than hiding exclusions in the small print." With a number of airlines going bust over the past 12 months, airline failure cover has become a familiar part of many travel insurance policies, but some 59 per cent of insurers included in the *Which?* survey did not provide cover for scheduled airline failure, leaving many travellers, quite literally, grounded. Additionally, of the travel policies examined by *Which?*, only two covered terrorism, industrial action, end-user supplier failure and scheduled airline failure.

New research by *Which? Holiday* has revealed that many holidaymakers could be left out of pocket by unclear small print and exclusions in travel insurance policies. The report found that half of the insurers questioned would not pay out if holidaymakers missed their flight due to heavy traffic, but might pay up if people were delayed as a result of public

Travel agents live to see another day

A film contest launched by independent Australian company iTrek, entitled *The Travel Agent Is Dead*, has been canned after it was blasted by travel insurance company Travel Guard for taking 'agent bashing' to a 'new, unacceptable level'. Dan McGinnity, vice president of Travel Guard North America, said: "This particular programme is in direct conflict with Travel Guard Worldwide's corporate philosophy and, more importantly, violates the long-established trust we enjoy with our travel agency partners. While Chartis Australia underwrites iTrek's travel insurance products, iTrek is not and has never been a Chartis or Travel Guard company."

In a letter forwarded from McGinnity to Travel Guard North America's chief executive, Dean Silvey, McGinnity said: "What disturbed us most about the iTrek promotion is that it stood in such stark contrast to our view of the travel agency community, here in the US and in all markets around the globe. Despite the market dynamics at play in other world regions, we can say with confidence that US travel agents are alive and well." It continued: "Since our inception, we have been a strong and responsive partner, and a vocal advocate of the value that travel agents offer to business and leisure travellers."


The American Society of Travel Agents (ASTA) added its voice in support of the cessation of iTrek's negative marketing campaign, and wrote to the company to urge them to stop their campaign.

ASTA president and chair Chris Russo said: "Travel

agents are far from 'death'; in fact, all signs indicate a healthy industry. Today's travel agents offer outstanding services through both personal contact and their websites." He continued: "Rather than shunning the Internet and progress, travel agents have embraced online technology, not only in promoting themselves and their services, but in assisting their clients in finding the best value and travel options to suit their needs."




Chris Russo



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After nearly 2 years of planning and construction, JET I.C.U. is pleased to have taken possession of their **new hangar facility** at Brooksville's Hernado County Airport.

The Owners

Mike Honeycutt is President, and his business partner is Fred Judy, VP and Chief Pilot. They have personally overseen the entire project from design to move in, and are delighted with the near 30,000 sq feet of hangar and office space. Fred commented: "There is still much to do, but we are operational and all the fine tuning that a move like this needs takes a little longer than you plan for. But we are really pleased with the outcome. Compliance and permitting take their own time and moving our fuel tank brought its own problems, but with that all completed it will allow us to start to offer FBO services and aircraft management, in addition to our air ambulance business."

Fleet

JET I.C.U. has a dedicated fleet of Learjets that includes two 25s, one 36 and a 55LR. The thinking behind that is for ease of operation regarding pilot training and maintenance. It enables a more cohesive approach and ultimately delivers a more cost-effective service to our clients. Our 25s provide us with access to the Caribbean, Mexico, North America and Canada. The 36 and 55LR give us a truly global reach with their long-range capabilities. We are especially proud to have the 55LR with its mid-sized cabin and bathroom, as it gives us the ability to be very competitive in the international market.

Maintenance

Our maintenance department deals with most situations, with our highly skilled mechanics giving 24-hour coverage. Keeping our fleet flying is their priority and they are always ready to do that, be it day or night. Our chief mechanic is Brian Fanning, who heads the team and has a fantastic 'can do' attitude.

Medical Department

The medical department, which is under the direction of Dr Darren DePalma, provides excellent skills and experience, which complements the seamless service we strive to deliver. Achieving our EURAMI accreditation within six weeks of application was a direct result of the hard work and dedication of the team. They are proud of their department and the work they do. This is regularly acknowledged by the testimonials we receive from relatives and patients of completed transports.

Training

Our commitment to patient care demands that we continually sharpen our skills and stay abreast of the latest equipment and techniques. Our doctors, nurses, medics and respiratory therapists are required to maintain certification in their specialty through clinical rotation and continuing education.

Team Work

JET I.C.U. has a team culture – maintenance staff, medical personnel and of course the pilots, all have to interact with each other to provide the standards we expect in transporting a patient. Everyone is interdependent during a transport mission; the goal is to get the patient delivered as quickly and safely as possible. Do we always get it right? Not quite. Do we ever make mistakes? Yes. Anybody who says otherwise may not be telling the complete truth. We learn from our errors and seek to improve on a daily basis.



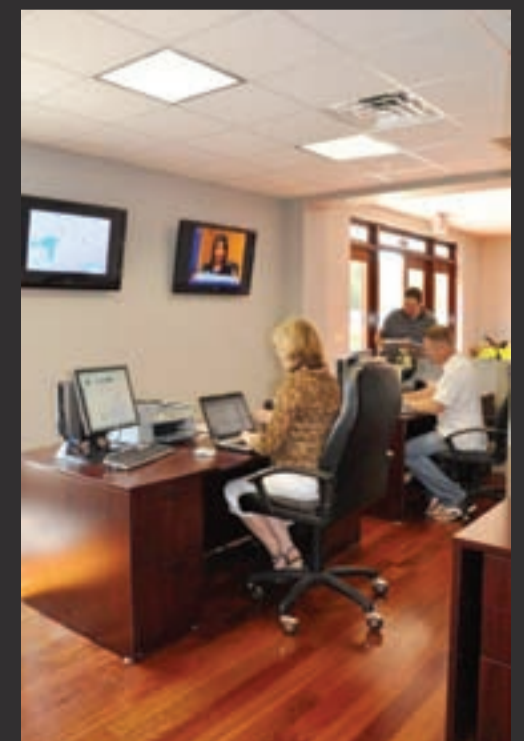
Investment

JET I.C.U. is proud to be serving the travel insurance industry and hopes that its reputation continues to grow. The company is committed to developing a dedicated service and continues to invest in providing levels of excellence that exceed the norm. Our hangar – with over \$2 million invested, new equipment, aircraft and the entire infrastructure required, demonstrates that commitment. Our wish is to encourage our clients – old and new – to take advantage of our desire to be the best and give them the comfort and quality they seek for their patients.

Achievements

Mike Honeycutt added: "The company really has made tremendous progress, from its beginnings in 2003, to the present day. I am very excited by how the company is moving forward, in the last 16 months we have faced many challenges, including a restructuring of the ownership due to my original partner moving on. This allowed me to bring in new people with vision and experience. Together, we have steadily built our reputation and profile, made an impact on the international market, built a new facility and are about to increase our fleet with a fifth Learjet. We gained our EURAMI accreditation last November in Athens, which incidentally for us, was by far the best ITIC we have attended. We also put forward the

concept of The International Council of Air Ambulance Transport (ICAAT) which is now making progress, and although there will probably be a name change to The Air Ambulance Alliance, the principle of operators getting together to work on common goals is another exciting initiative to be involved in. To say I am proud of these achievements would be an understatement – but that's how I like it."





Editorial Blog...
Rant

Iceland ...

... is a European island country located in the North Atlantic Ocean about halfway between Britain and Greenland ... or if you are unfamiliar with Europe and geographically challenged; it's near Baghdad. Once the quiet boy of Europe, this land of 320,000 people is now in severe danger of having an ASBO (anti social behaviour order) slapped on it by the rest of Europe.

To paraphrase the immortal words of the Monty Python team ... 'name three things Iceland has done for us':

1. Eirek the Red (*Eiríkr rauði*) who apparently named Greenland!
2. Cod Wars (Iceland v United Kingdom 50's to 70's)
3. Bjork – an Icelandic singer, composer and actress. She is best known for being slightly left field, and for her unusual voice. She sings mostly in English but sometimes in Icelandic.
4. The banking collapse – Icelandic banks famously collapsed dramatically during the recent credit crunch, leaving debts of billions of Euros around the globe.
5. Eyjafjallajökull – the volcanic eruption in the glacier Eyjafjallajökull has managed to do what wars and terrorist actions have, to date, failed to do – shut down virtually the whole of European airspace.

Okay, so that's five... it's close to three.

The poor Icelandic people, it's getting so bad that you can't go out in the rest of Europe without being embarrassed!

And here's a fantastic little snippet lifted from the Icelandic tourist board's website:

"The Icelandic Tourist Council held a meeting at noon today, 16 April 2010, whereupon it was decided to issue a press release stressing that day-to-day life in Iceland is just as usual, even though the volcanic eruption in Eyjafjallajökull glacier on the south coast of Iceland has made a profound impact and generated dangers in a specified area. In other parts of the country, Icelanders' daily life is proceeding quite normally."

Well that's nice to know, so the rest of us in Europe (and particularly the UK) will also just go about our normal daily business of trying to repatriate family, friends and colleagues in a re-enactment of the 1940 Dunkirk evacuation.

Nice one guys ... or *ágætur einn krakkar* as we say in Icelandic.

If you've got anything else up your glacier, any chance you could keep it to yourself?

(with apologies to Iceland and its wonderful people.) Talking of ashes, how about the attempt by two German ladies to smuggle their recently deceased husband/father as a passenger onto an Easyjet flight from Liverpool, UK, to Berlin, Germany? Brilliant! The excuses were excellent: "He was pale but wasn't dead," "He always sleeps like that" (with sunglasses on?) "My Willi only died at the airport ... his fingernails turned blue all of a sudden. At home he was still warm – I swear!" These were some of the quotes ... great!

We at *ITIJ* think this is a dead serious matter, which we trust the authorities won't bury, and we're sure stiff penalties will be imposed over this grave affair.

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Happy and healthy in Havana

With millions of tourists heading there each year, Cuba's mandatory travel insurance rule could bring the country a new source of revenue. Milan Korcok has the details of the new requirements issued by the Cuban authorities

In following up its announcement that all visitors to Cuba must have travel medical insurance effective from 1 May 2010, the Castro government has confirmed to *ITIJ* that all international travel insurance policies (except those from the US) will be acceptable for entry purposes. For visitors without insurance, bare bones policies offered by Cuban companies will be available at ports of entry. According to a government directive, visitors will be required to show, on demand, a travel insurance policy, insurance certificate or travel assistance card valid for the time they stay in Cuba. The requirement will apply to all tourists and other visitors, Cubans living abroad visiting family or friends, and foreigners



temporarily living in Cuba. Diplomats and representatives of accredited international organisations will be exempted. Upon initial release of the government order, rumours swirled through the travel industry that only policies issued by international travel insurance companies 'approved' by the government would

be accepted for entry. Cuban government tourism sources in Canada confirmed that there was no official list of approved companies and that all *bona fide* travel medical policies from Canada, the UK, Europe and other countries would be acceptable, with the exception of the US, which has long embargoed commercial trade with Cuba.

The government announcement noted that residents of the US travelling to Cuba, such as American residents with families on the island, would have to buy their insurance policies in their home country through agencies associated with the Havana-Celimar Company, as "US insurance companies do not provide coverage in the Cuban national territory." Despite a decision made early in the Obama administration to ease relations with Cuba and allow more telephone access and travel by Cuban-Americans to visit their families at home, the US

embargo on doing business with Cuban entities remains intact. Some see the recent move to sell travel insurance to uninsured travellers as a way to siphon much-needed cash into Cuba's economy as well as to protect Cuba's hospitals, clinics and doctors from tourists skipping out without paying their bill. The Cuban directive noted: "The Cuban health system guarantees the necessary medical care through a network of policlinics and hospitals, covering every corner of the island. Primary healthcare is provided in most of hotel facilities." For those arriving without insurance, policies provided by companies affiliated with Cuba's Asistur will be available for purchase on the spot. A sample policy provided by Asistur shows the benefit levels to be significantly lower than those of existing international travel insurance companies. Premiums, however, are comparable or in some cases higher – depending on the policyholder's age. There are also considerable limits on pre-existing conditions. An Asistur policy costing 2.50 Cuban Convertible Pesos (CUC) per day would provide a medical or accident benefit of up to CUC7,000, along with a CUC5,000 illness or death repatriation benefit, CUC25,000 civil liability, and CUC4,000 to cover material loss or robbery. (CUCs are exchangeable only within the country and approximate the value of the US dollar. CUCs are used primarily by foreigners in stores, restaurants, hotels and taxis that previously accepted payments in US dollars). By comparison, most international policies provide at least £1 million coverage for medical emergencies and international repatriations, as well as coverage for many stable and controlled pre-existing conditions.

Martha Turnbull, president of Canada's Travel Health Insurance Association, said that in addition to the lower benefit levels offered in the Cuban plans, they do not cover such essential elements as repatriation to a hospital at home, emergency evacuation to a US mainland facility or travel by family members to the patient's bedside, benefits that come as standard in most international policies.

An uncomplicated air ambulance repatriation mission from Cuba to Canada can cost \$25,000 or more. In addition, she said, 'Cuban insurers don't have the same capability as international assistance companies in dealing with foreign government insurance plans or acquiring hospital bed placements in foreign countries for patients requiring repatriation'.

Canada has a particularly acute interest in Cuba's new insurance requirement – of the 2.4 million foreign tourists who visit Cuba each year, almost 950,000 are Canadians.

Turkey top the table

UK-based travel claims and assistance provider ONE Group has revealed that Turkey had the highest prevalence of gastroenteritis claims in 2009. Immediately following Turkey in terms of the number of claims received was Egypt, then the Dominican Republic, Spain, the US, Ukraine, Bolivia, Cyprus, Israel, and Equatorial Guinea. The findings, which come from ONE Group's travel insurance brand Insurewithease.com, suggest that while Turkey and Egypt have grown as hot summer and winter destinations, travellers need to remain cautious when it comes to food, drink and hygiene. Ian Gilmore, chef operating officer of ONE Group, commented: "It is vital that holidaymakers take precautions to minimise the risk of becoming ill; little things such as drinking bottled water and avoiding salad and ice cubes can make a big difference. Unfortunately, there is still a chance of falling ill or having an accident, no matter how many precautions are taken, and that's where the value of a 24-hour medical emergency support team comes in."

Rate hike for pensioners

A survey by Internet travel site Moneysupermarket.com has revealed an alarming rise in travel health insurance costs for British pensioners, immediately after they reach the age of 65 – senior citizens over 65 can pay anything from double to four times more than they were paying before their birthday for travel insurance products. The survey also warned that the over 65s should expect a hike in costs over the next year, with increases of 174 per cent expected for European travel and 131 per cent for worldwide travel.

Speaking on behalf of moneysupermarket.com, Bob Atkinson advised pensioners who plan to spend their retirement travelling to prepare themselves for higher travel insurance costs. He then emphasised the importance of shopping around for the best travel insurance product for the money spent, adding that the cheapest is not necessarily the best policy, and that a cheap policy that doesn't have adequate coverage could end up costing the traveller more if an emergency situation were to arise.

Travel escapes Irish levy

Consumers with health insurance and travel cover will not be subjected to a price levy that could be imposed on other Irish insurance products, as a result of crisis in which the Quinn Insurance company finds itself. Ireland's Financial Regulator applied to the country's High Court for interim administrators to be appointed to the insurer after it learned that €448 million of its own assets had, in fact, been used by the insurance company to guarantee €1.2 billion of the Quinn Group's debts over a five-year period. At the moment, Quinn Insurance has a deficit of over €200 million in its reserves, prompting concern that it would not have sufficient funds, were it to receive a sudden influx of claims.

As a result of the deficit, Ireland's finance minister Brian Lenihan has confirmed that the introduction of a levy on some other insurance products could be introduced if Quinn Insurance were unable to meet its claim obligations out of its own reserves. He added: "Clearly, there is no call on the need for a levy at this stage. When the administrator has conducted a preliminary review of the company, he will be in a better position to know exactly how to proceed." The levy would not be the first of its kind, if it does happen – between 1984 and 1992, an insurance levy of two per cent was imposed on all non-life insurance premiums to cover the costs of the collapsed PMPA insurance company. Sean Quinn, owner of Quinn Insurance, is understandably upset at the move from the Financial Regulator, arguing that the move was 'highly aggressive and unnecessary', and could put 5,500 jobs at risk from across the Quinn Group.

Everything but the kitchen sink

Following research, which has revealed that British Asians, along with many other travellers, pack more than just spare socks and a toothbrush when going abroad, the British Foreign and Commonwealth Office (FCO) is encouraging people visiting family and friends in Pakistan, Bangladesh, India and Sri Lanka to take out travel insurance before they leave.

The research found that a quarter of the 1.2 million British travellers who visit South Asia every year fill their suitcases with chocolate, pickles, baked beans and spices, along with more unusual items such as microwaves, toasters and even mops and cupboards. With one in two respondents estimating the value of their shopping abroad to be around £15,000, it is important that these goods are covered. In addition, falling ill in a South Asian country and not having adequate travel insurance could lead to costs of over £20,000.

Phil Lord, spokesman for the FCO, commented: "It's always great to take some familiar items with you or take presents for your friends and family, but don't let them overshadow serious preparation like getting travel insurance. Accidents and illness can still happen if you are spending time in family and friends' homes or shopping for your wedding day."



Health insurers get thumbs down

International travel insurers seeking partner companies in the United States are likely to find the results of a new national survey of American hospital executives disconcerting, if not downright disappointing. *ITIJ* investigates the matter further

The survey, released in April by Revive Public Relations, a national firm specialising in healthcare, revealed that all hospital respondents tended to regard health insurance companies negatively when it comes to business practices. But some were regarded more negatively than others, and this creates something of a quandary for international travel insurers seeking access to the health plans' domestic preferred provider organisation (PPO) networks, case management and admissions services, preferential fee structures and claims management. According to the survey, the nation's two largest health insurers, United HealthCare and Wellpoint/Anthem were ranked as the worst in terms of satisfaction by the hospital executives surveyed. At the same time, Aetna topped the list as the most favourable for the fourth year in a row, followed by Cigna. Even so, the positive rating for all payors, including Aetna and Cigna, eroded over the past year.

The survey targeted hospital leaders who negotiate managed care contracts with national health insurance companies. The participants represented 24 per cent of hospitals in the US and they were asked to compare the seven largest health insurers or insurer groups (United HealthCare, Cigna, Aetna, Coventry, Humana, Wellpoint/Anthem and the local state or regional independent non-profit Blue Cross/Blue Shield plans) and rate them on more than a dozen categories from image and reputation, to detailed contract negotiations, provider payments, and claims processing issues.

The survey noted that while

continued on p11

Mental health cover warning

Specialist travel insurance provider PJ Hayman has warned consumers in the UK that mental health problems – even those that are more common such as depression and stress – are often not covered by standard policies. As Peter Hayman, director of the company, explained: "As many as one in six of the UK population has suffered from a mental health problem, and a quarter of these people seek professional treatment for this. However, if an individual has a diagnosed mental health disorder, many travel insurers may refuse to cover them, even if the disorder is managed." The problem is multi-faceted, as not only do many travel insurers not provide coverage for common and well-managed mental health disorders, many people with those health problems are unaware they will need to declare it when they purchase insurance for a holiday.

Two dead in avalanche

Two French skiers have been killed in the third avalanche to hit British Columbia in recent weeks. The 65 and 19-year-old pair were descending a mountain near Revelstoke after being dropped off by helicopter, said police, and were discovered with the help of avalanche beacon locators, but could not be resuscitated.

A third man was caught in the same avalanche at Wells Gray Provincial Park but was uninjured.



Ryanair drops charges

Ryanair and AXA Travel Insurance have announced a reduction in the airline's travel insurance cancellation and curtailment excess from £75 to £15. Ryanair passengers who purchase the insurance on the airline's website will be covered for up to £500 for irrecoverable unused travel accommodation costs and other pre-paid charges. Richard Zann, AXA Travel Insurance sales director, commented on the move: "We are committed to offering Ryanair's customers a competitively priced, comprehensive travel insurance product, which provides them with confidence when travelling."

Tragedy in Australia

A British holidaymaker has drowned in the sea off Elouera beach in Cronulla, southern Sydney, Australia – the 59-year-old man was pulled unconscious from the sea after his family reported him missing, but resuscitation attempts failed and he was pronounced dead at the scene.

Police spokeswoman Joanne Elliott said of the tragedy: "We believe the man was missing for a while, as family members were in the surf looking for him. A 15-year-old boy we believe to be part of the group was helped from the surf, suffering what we think to be hypothermia and shock." She continued: "We believe the man was a tourist in Australia, which is terribly sad."



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Legal fees cut for insurers

A recent innovation by Costas Andrea of Global Recoveries Limited claims to help insurers deal with international third party recoveries in-house. Traditionally, where an insurer has a potential recovery abroad, the case is sent to UK solicitors, who, in turn, instruct foreign lawyers. The insurer, therefore, pays two lots of legal fees – the UK lawyers' and the foreign lawyers'. In his latest offering, Costas provides clients with access to a global network of lawyers, built up over 20 years.

Most are exactly the same ones currently used by UK solicitors and all are used to dealing with recovery claims and insurer clients. Language is not a problem, as all correspond in English. In-house training of staff is provided and a rolling training scheme implemented, which includes presentations by visiting foreign lawyers. Any increase in staff costs is dwarfed by the huge savings on legal fees. Back-up is also provided to help with those problem cases or difficult jurisdictions.



Lastminute covered

Mondial Assistance in the UK has signed a three-year pan-European contract with lastminute.com, an online travel and leisure retailer. Around 165 million people log on to lastminute.com every week to review the best deals on offer, and someone books a holiday once every 15 minutes through the website. Under the terms of the agreement, Mondial will deliver online travel insurance and assistance to customers booking flights, city breaks and package holidays through the travel site, across France, Germany, Italy, Spain and

the UK. Customers are offered the insurance during the booking process. Nick Smith, group head of travel extras at lastminute.com, said: "Our partnership with Mondial over the past eight years has been extremely successful, and this agreement confirms our relationship throughout Europe and provides the opportunity to increase ancillary revenue sales dramatically. The service we, and our customers, receive from Mondial Assistance has been of the highest quality, and we are delighted to be continuing our partnership for at least another three years."

Sopriz and TII team up

Global travel website Sopriz.com has announced the completion of its integration with travel insurance provider Travel Insured International (TII). As a result of the partnership, travel insurance plans are now offered to all travellers while they are on the Sopriz website searching for airline tickets, hotels and car rental agencies.

Good Neighbour helps retirees

In order to help female retirees in the US find adequate coverage, Good Neighbour Insurance has created several insurance options for seniors, along with developing its website so that it now offers helpful suggestions and links, as well as a short video about senior travel. Jeff Gulleon, founder of the insurance company, said: "The travel industry at large and travel insurance brokers in particular must respond to the needs of these [travellers]. Good Neighbour Insurance is prepared to help active and vibrant women go beyond the traditional retiree travel coverage to offer a wider range of products for various activities." The various activities that senior women would like to see covered in their travel policy, continued Gulleon, include medical evacuation, adventure sports, volunteer activities in dangerous countries, and trip interruption.

Global risk service launched

CEGA Group Services has developed a new global risk service that is aimed at supporting company employees while they travel and work overseas. The new service includes the provision of pre-travel advice and a risk assessment, global security, occupational health services and rehabilitation. According to CEGA, all aspects of the service can be branded to match a client's name, and can be accessed via a single 24-hour telephone number. "Its integrated nature will both save time and minimise costs through the utilisation of a combined global network of approved suppliers and expertise in medical cost containment," added the company. CEGA joined forces with Health Management Ltd, a UK-based provider of occupational health services, and red24 to develop the new service.

Comprehensive policies on offer

The Benefit Guys recently announced the introduction of a new travel insurance package of benefits available to consumers through Independent Affiliation Insurance Brokers (IAIB). John Kovats, co-founder of The Benefit Guys, said: "Consumers want to shop 24 hours a day, be able to do it online, and yet have access to a local person for assistance if they need it. The Benefit Guys was established to service those consumer needs – the coast-to-coast network of Broker Affiliates can help local consumers." Having spent 25 years serving the public in the insurance sector, John co-founded the company with his son Jordan to 'meet the needs of the 21st Century insurance consumer'. John noted: "Travel insurance often creates confusion with the travelling public. They are unsure of coverage because they hear terms like 'pre-existing conditions, deductibles', terms like that. They often wonder if they are getting the right protection and only find out at claim time when something goes amiss."

NEWSWIRE

Mapfre Asistencia has reached an agreement with Chilean airline LAN Airlines whereby Mapfre will provide travel assistance for the airline's crewmembers when they travel on duty.

Mondial Assistance has been chosen by Dogtag 100% Proof Travel Insurance to provide insurance and assistance services for Dogtag's clients.

BaoViet Insurance Corp. has tied up with HSBC Vietnam to provide travel insurance on the bank's website, due to an increasing demand for travel among the Asian population.

Seven Corners, Inc. has launched its Wander Frequent Traveler plan, which provides multi-trip flexibility on an annual basis, allowing travellers to be covered for an unlimited number of trips that last for less than 30 days.

Apollo MT, a brokerage firm that protects Alaskans and Washingtonians against the unexpected cost of an emergency medical transport, has announced a new partnership with AAA MountainWest.

Rock joins Traveltek

Rock Insurance has become the first insurer to join technology provider Traveltek, meaning that users of Traveltek's website are given access to different travel insurance plans in a deal that has been designed also to boost agents' commissions. Antony Martin, managing director of Rock Insurance, said: "Our partnership with Traveltek opens up a new distribution channel for us and offers Traveltek's customers access to a wide range of travel insurance products at competitive prices and with great commission rates. With online travel insurance conversion rates typically outperforming call centre sales by around 300 per cent, we are confident that the partnership will prove beneficial to all parties involved." Kirsty Orr, deputy managing director of Traveltek, added: "The integration of Rock Insurance onto the Traveltek HolidayMaker platform is a 100 per cent complement to our customers' current 'all inclusive dynamic packaging' system. The ability to 'up sell' is key in any business in order to increase overall margins, and with the power of Traveltek driving our customers' websites, and our agency selling systems, selling Rock Insurance's products will offer a simple and effective way to increase commissions."

Eco-providers network launched

The Europ Assistance (EA) Group has boosted its automotive assistance service provider selection policy by creating the first pan-European network of eco-responsible service providers. Through the creation of the EA First Selected Green Network, the company now offers its automotive sector customers access to a network of responsible partners that guarantees them environmentally friendly intervention procedures and eco-responsible services. These include alternative mobility services in case of a breakdown or accident, such as electric or low-emission vehicles and bike rentals, green taxis and special urban transport networks.

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Eyjafjallajökull: it's a blast

continued from p1

could cause further disruption were voiced by geologists, but after days of travel chaos, most people were glad to be offered at least a small chance of being able to actually reach their intended destination. The volcano affected many thousands of travellers, travel agents and airlines, and, of course, we can't ignore the knock-on effects the disaster will have for travel insurers. The advice for travellers from most sources is 'contact your airline', as they are liable to get passengers to their destination, but some airlines are not giving passengers accommodation or food expenses. After contacting their airline, travellers have been advised to contact their tour operator, and failing that, their travel

insurer. There have been many press reports about which insurers will cover travellers who have been affected by the volcanic eruption, and it seems that the event has demonstrated that the industry could become more cohesive and give travellers a better idea on whether or not they are covered. One comment from a price comparison website owner in the UK pointed out that four days after the eruption began, he contacted the main travel insurers that appear on the website, none of whom were able to give him an answer as to whether or not they were covering the incident. For all the effects that the volcano has had on the affected industries, please see our volcano special, on p 26.

Deadly clashes in Thailand

continued from p1

clashes, several countries have issued warnings against travelling to Thailand, including South Korea and Australia, in moves that could seriously affect the country's lucrative tourism industry.

The latest violence is part of a long-running uprising by the mostly rural-dwelling supporters of former Prime Minister Thaksin Shinawatra, who are accusing the ruling elite of orchestrating a military coup against him in 2006 amid allegations of corruption. The protestors are calling for the immediate dissolution of parliament and for the current leader, Abhisit Vejjajiva, to leave the country.

On 19 April, Thai troops entered Bangkok's Silom Road business and tourist district to deter anti-government 'red shirt' protestors, who braced for battle by stockpiling stones.

Following weeks of violence, protests and uncertainty in Bangkok, the situation became worrying enough for hotel owners to take action. Reports published in the British press stated that some of the city's finest hotels are turning guests away in fear of violence occurring on their doorstep. The Grand Hyatt and InterContinental hotels in Bangkok have told guests they have to leave, while The Four Seasons remains open but has closed all four of its restaurants and its cavernous lobby is empty. The hotel operators are concerned for the safety of the guests, with a spokeswoman for the Grand Hyatt saying: "The situation is very tense. We are re-locating guests to other hotels for their safety."

An ongoing standoff between armed soldiers and anti-government protestors is causing concern for

tourism operators, although plenty of tourists are still using Bangkok as a hub to travel to the rest of the city. Advice on the UK's Foreign and Commonwealth Office says that tourists should exercise extreme caution throughout the country, and avoid demonstrations and large gatherings.

Apichart Sankary of the Federation of Thai Tourism Association said that hotel occupancy in the capital, which is usually around 60 to 70 per cent at this time of year, stood at an average of just 30 per cent, with hotels in the protestors' zone having lower rates than that.

The violence, it would seem, looks set to continue, as a late-night grenade attack was carried out on Sunday 25 April on the home of Banham Silapa-Archa, a former prime minister whose Chart Thai Pattana party is part of the current governing coalition. At least eight people were injured in the incident.

Around 5,000 holidaymakers, half of them British, are being forced to camp out at Bangkok airport with no firm offers of flights home or accommodation being provided by airlines. They are also unable to return to the city after Tharit Pengdit, the head of Thailand's security bureau, warned tourists to stay away from the city centre. One tourist commented: "It's absolutely crazy. None of the airlines seem to be getting together and offering seats so we can get back."

British ambassador Quinton Quayle said: "We are urgently working with tour operators, airlines, and the Thai authorities to help British nationals return to the UK as soon as possible. We have assisted in getting people access to medical care and advising them how to get funds transferred."

All about timing

continued from p1

it is not just pre-existing medical condition coverage that can be lost if a traveller is unaware of the deadline. AccessAmerica, one of the most popular insurers in the

US, requires travellers to buy insurance within 14 days of their initial trip deposit, otherwise they will waive their right to cover for supplier default as well.

Health insurers get thumbs down

continued from p9

United HealthCare showed some improvements year-to-year, it was still ranked least favourably compared to other major payors, eliciting a 65 per cent unfavourable rating by respondents. Actually, this is a 33-per-cent net improvement over last year's survey. Aetna topped the 'favourable' list for the fourth year in a row followed by Cigna. Sixty eight per cent of hospital execs responding to the survey gave Aetna a positive ranking. Cigna received a 65 per cent positive ranking. United HealthCare spokesperson Cheryl Randolph directly challenged the Revive survey's results and methodology. In an email to ITIJ, Ms Randolph wrote: "This selective, non-scientific, web-based survey misrepresents the positive relationships that United HealthCare has with most hospitals." She said "We find it interesting that Revive singled out United HealthCare as the most difficult payor when in their own surveys, United HealthCare ranked #1 in reimbursement rates

and #2 in the remaining three out of seven categories surveyed: timeliness and responsiveness, fewest claim denials and fixing claims."

She noted also that the number of respondents surveyed is a small fraction of the hospitals in the US and it could not be determined how many of the respondents were from within United HealthCare's hospital network of more than 5,000 hospitals nationwide. She said a 2010 JD Power and Associates National Health Insurance Plan ranked United HealthCare #1 national in member satisfaction. In focusing on contract negotiations between insurers and hospitals, the respondents gave the 'Worst in 2010' ranking to WellPoint/Anthem for their reimbursement rates, timeliness and responsiveness, fewest claims denials and fixing claims. United HealthCare was ranked worst in 2010 for being easy to deal with, honesty and candour, processing and paying claims.

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Bleak outlook follows Australian storms

Insurance Australia Group (IAG), the country's largest domestic home and motor insurer, has been forced to cut its insurance margin for the second time in less than a month after it was inundated with claims from the hailstorms that hit Perth and the cyclone that recently passed through Queensland. As a result of the number and high expense level of the claims, IAG has revised its full-year insurance margin guidance to between nine and 11 per cent; it had previously been predicted to be between 10.5 and 12 per cent. Mike Wilkins, managing director for IAG, put a brave face on the reduced margin: "While the vagaries of the weather have again forced us to refine our full-year guidance, I continue to be confident that the fundamentals and underlying performance of our business remain strong." IAG received more than 25,000 claims after the Melbourne storms, amounting to around A\$340 million. For the Perth cyclone, the company has seen over 13,500 claims.



UK life review released

Fitch Ratings has published its latest review into the UK life insurance retail distribution sector, which discusses the current distribution landscape, how it is likely to change as a result of the Financial Services Authority's (FSA) Retail Distribution Review (RDR),



as well as the likely impacts on consumers, advisers and life insurers. In contrast to some other European markets, UK life insurers' investment products are sold predominantly through independent financial advisers (IFA), rather than banks. Under the RDR proposals, there will be increased transparency to customers about the status of investment advice being given, with a clear distinction between 'independent advice' that is based on a comprehensive analysis of the market, and 'restricted advice', which is based on products available from a limited number of providers. There will also be increased professional requirements for investment advisers, with the most onerous being those for independent advisers.

In Fitch's opinion, however: "The most significant proposal is that advisers will no longer receive sales-based commissions from insurers; instead, they will charge fees directly to their customers." The agency believes that this step-change in how investment advice is paid for, with explicit charging of fees to customers, will lead to:

- Some short-term disruption to the market, as it adapts to the new rules;
- A shift of some customers away from the IFA sector and towards cheaper, restricted advice or no advice

at all, although Fitch believes that IFAs will continue to be the dominant sales channel for insurers' investment products;

- The development of the market for non-intermediated and restricted-advice sales of relatively simple investment products;
 - An opportunity for bancassurers to gain market share; and
 - An end to commission-driven mis-selling of investment products, with the removal of sales-driven adviser remuneration leading to better-tailored advice and improved policyholder persistency rates.
- The report continues: "From a credit quality perspective, although the RDR seems unlikely to materially affect UK life insurers in aggregate, Fitch believes that the impact on some individual companies could eventually be significant. Insurers that offer simple investment products through low-cost channels stand to gain, and those that are over-dependent on smaller adviser firms stand to lose." The report goes on to state that the likely winners from the RDR will be consumers, who should no longer be exposed to commission-driven mis-selling of investment products, and insurers, who should benefit from improved persistency rates as a result.

Kidnap cover on the rise

According to reports in local newspapers, kidnap and ransom (K&R) insurance policies are becoming more popular for high-profile company executives and individuals in India. It has been predicted that the trend will continue its upward rise, as more Indian companies expand overseas to countries that have dubious safety records, such as Angola or Nigeria. Although the majority of those who purchase the policy are corporate entities operating in remote, sensitive or terror-prone areas, the policies are also increasingly targeting high-net-worth individuals based in India.

Areas of particular concern include centres of urban growth such as software and business processing organisation hubs such as Gurgaon, Noida, which adjoins Delhi, India's IT capital; Bangalore; the commercial centre of Mumbai and industrial areas such as Rourkela – all of which are becoming prey to a growing clutch of kidnapers. Police in India say that the country now ranks among the top 10 nations in the world in terms of the number of kidnappings that happen there each year – and that does not include the kidnap cases that are not reported to the police.

Willis criticises watchdog

The world's third-largest insurance broker by market share, Willis, has criticised a decision by regulators in the US to lift a ban on commission payments that has been in place since 2005, the argument being that such payments represent a serious conflict of interest. Contingent commissions were paid to brokers once business they had passed onto insurers reached a certain volume or produced a certain profit. The ban was put in place by then New York attorney-general Eliot Spitzer, but the attorneys-general of New York, Illinois and Connecticut, along with the insurance Departments of Illinois and New York, have now agreed to change the terms of the ban. As a result of the changes, Willis, Aon and Marsh



Grahame Millwater

& McLennan – the world's largest insurance broking firms – will have to comply with a less onerous compliance regime, although the entire broking industry is going to be subject to harsher transparency requirements. They will, however, be able to accept contingent commissions. Grahame Millwater, group president of Willis, said that although he was pleased that the arduous compliance regime was over, he was disappointed that contingent commissions would be allowed again: "We are inherently against the conflicts of interest that contingent commissions entail ... we would have hoped the playing field would have been levelled by people coming to the conclusion that contingent commissions should not be allowed."

Greg Case, chief executive of Aon, said the company has no plans to start accepting contingent commissions again, and welcomed the new transparency rules: "We strongly believe that it is in the best interests of clients that state regulators use their authority to require clear and consistent disclosure of the compensation of brokers and agents." A statement from Marsh & McLennan did not make reference to the commission payments, but welcomed the restoration of a level playing field. Arthur J Gallagher & Co., the fourth biggest broker in the US, has said it will accept the commission payments.

NEWSWIRE

French insurance group AXA has been fined \$1.9 million by the New York State Insurance Department for violations that include making inaccurate or incomplete disclosures.

A mainland Chinese conglomerate is said to be in talks with UK-based Prudential on plans to sell the Greater China operation of AIA, the Asian life insurance unit of AIG that Prudential is acquiring.

India is to extend the deadline for insurers and other financial institutions to disclose earnings based on a new accounting standard, according to Bloomberg.

AXA has announced that its Malaysian subsidiary, AXA Affin General Insurance Berhad, has received approval from Bank Negara Malaysia to acquire 80 per cent of BH Insurance Berhad from Boustead Holdings Berhad and 20 per cent from Felda Marketing Services Sdn Bhd.

Hank Greenberg has begun to sell down the last of his stake in AIG, the US insurer he led for more than 30 years, after striking a deal to cash in more than two-thirds of his remaining stake for \$278.2 million.

The Ministry of the Interior in the UAE has signed a Memorandum of Understanding with the Emirates Insurance Association as part of efforts to reduce accidents and increase awareness of traffic safety.

American Life Insurance Company (Alico) has no plans to make redundancies in the Middle East following its \$15.5-billion sale to US life insurer MetLife.

AES International, a London-based financial services provider, has been allowed to operate in Dubai through the acquisition of City Life Insurance Brokers in the UAE.

The Indian Government has said that it has no plans to divest its stake in the country's sole domestic reinsurer, General Insurance Corporation, according to reports in the local media.

Syria's insurance industry should reach US\$500 million in premiums by the end of 2011, up from \$313 million in 2009.

The Dubai Health Authority has dispatched a team of 'mystery clients' to investigate insurance abuse and fraud in the industry, after a high level of abuse was discovered among the network of providers serving the Enaya insurance programme.

Aon Benfield and Guy Carpenter have agreed that reinsurance rates for 1 April renewals continued the decline seen on 1 January this year across most lines of property/casualty insurance business.

A committee appointed by the Indian Insurance Regulatory and Development Authority (IRDA) is making recommendations relating to mergers involving insurers. The recommendations include allowing policyholders an option to leave the company if their insurer is acquired by another.

The Non-Life Insurance Rating Organisation of Japan has raised its reference loss cost rate for property/casualty insurance by an average of just under 1.5 per cent, according to the Kyodo news agency.

US-based New York Life Insurance is set to quit Haier New York Life Insurance, a 50-50 joint venture it established with Chinese company Haier Group in November of 2002.

Insurance jobs safe in Spain

While Spain is proving to be one of the biggest victims of the current economic crisis, its insurance companies have managed to buck the general trend in job cuts that has hit other parts of the financial sector, according to a report by one of the country's leading business dailies. David Ing reports

Over the last two years, the Spanish insurance industry has created 2,800 jobs, says the newspaper *Cinco Dias*, 1,160 of them in 2008 and even more last year, at a time when the banks in particular have been steadily downsizing and the country as a whole has shed more than two million jobs. The biggest single creator of new jobs is reported to be Adeslas, through its growing presence in the health sector, adding just over 1,200 new jobs in two years. But, overall, the insurance industry has seen the number of workers "remain stable and even grow gradually," and unlike many of the jobs being offered in Spain at the moment, most of the posts are not just on temporary contracts. With national unemployment rates soaring from 8.3 per cent at the end of 2007 to 18.8 per cent two years later, the total number of people out of work in Spain at the end of last December had reached 4.3 million. In 2009 alone the banks shed more than 6,000 jobs. "The differences in behaviour between the two sister financial (areas) is clear," says the report, with banks suffering particularly from their close links with the severely affected real estate sector. "Insurance has gone the other way," it said. "The companies still managed to raise their turnover through policies by 7.6 per cent in 2008 and another 1.2 per cent in 2009." Another factor that has worked in favour of job security in insurance is the fact that the sector has not seen many mergers, "another of the elements that can produce reductions in staff." The brokers have also weathered the economic storm fairly well, according to the president of umbrella organisation Adeco, with the most affected being those companies that specialise in car and construction insurance.



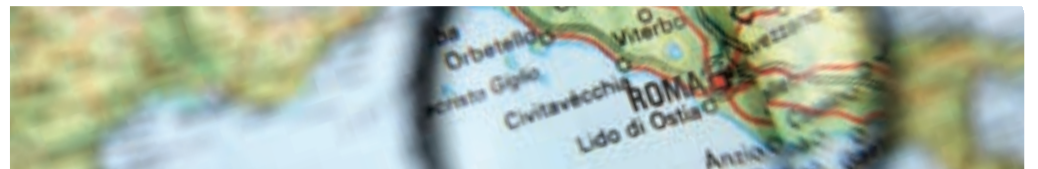
Korean industry partners with CII

The UK's Chartered Insurance Institute (CII) has entered into a partnership with the Korean Insurance Institute (KII) to extend professionalism within the Korean industry. The KII, which was established in 1965, is dedicated to the promotion and development of the Korean insurance industry by nurturing creative professionals and providing them with fundamental knowledge. The partnership with the CII will see industry-leading trainers visiting Korea to supply innovative and global training courses. The support will take the form of courses, workshops and research. Sandy Scott, chief executive of the CII, said of the tie-up: "This partnership brings us closer to realising professionalism on an international scale. By supplying the KII with training support we will help to showcase insurance as a strong and prominent profession in Korea."

The agreement was signed while the newly appointed KII president Chi-Joong Kim was attending a CII event in London. Chi-Joong Kim noted: "Working with the CII is a great opportunity to enrich our pool of experts and further enhance our competitiveness as a quality education provider."

Fitch focuses on Italy

Fitch Ratings' most recently released report focuses on the life and non-life insurance industry in Italy, where outlooks for both sectors remain negative. According to the report, Italian insurers' underwriting profitability deteriorated in 2009 amid challenging trading conditions, particularly in the motor business; while competitive pressure on tariffs and the effects of the global recession hampered companies' technical results. Claims experience, continues the study, has been negatively affected by higher costs for personal injuries in response to a court ruling on the cost of bodily injury claims. In Fitch Ratings' view: "Those companies in Italy that have been growing fast in recent years and are highly geared to motor insurance are suffering the most from the recession, but could be in a better position when the market finally picks up. On a more positive



note, property and casualty insurers that reduced capacity offered to the market before the global recession, reserved prudently in prior good years, or managed to rebalance their business mix in favour of more profitable non-motor lines, have outperformed the market in 2009." As a result of these conditions, Fitch expects the non-life combined ratio for the 2009 underwriting year to deteriorate to 105 per cent from 99 per cent in 2008. With regards to life insurance, meanwhile, sales started to recover in 2009, which is a reflection of the considerable acceleration of traditional protection, with-profit and unit-linked guaranteed products distributed via

bancassurance channels. Fitch believes that consumer searches for protection and more attractive yields could support demand in the coming months, forecasting high, single-digit growth for the year. The report states: "Life margins have generally improved as protection sales edged up and higher sales volumes fed through to the bottom line. Companies also slashed minimum returns on new contracts or reduced profit participation rates for policyholders." However, it continues: "Despite the strong recovery in sales in 2009, existing challenges in matching minimum guaranteed returns and an unstable underwriting experience (eg surrenders, persistency – will exert pressure on life margins."

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Hanoi reports first cholera patient in 2010



for Tropical Diseases in March in a serious condition, but has since been discharged. The patient was first treated for the illness in a private hospital, where she failed to recover, so was moved to the tropical diseases specialist facility with poisoning symptoms, dehydration and exhaustion. Nguyen Hong Ha, the deputy director of the Central Hospital for Tropical Diseases, said that after five days in care, the woman

A 28-year-old woman from the Tay Ho district has become the first victim of the year to suffer from cholera – she was hospitalised at the Central Hospital

recovered completely. The Central Epidemiology Institute has been investigating the possible sources of cholera, as yet with no success.

Chikungunya protection possible

Researchers in one of the teams at the US National Institute of Allergy and Infectious Diseases (NIAID) have developed a vaccine that could immunise travellers and locals against Chikungunya. To do so, the scientists used virus-like particles resembling particles of the Chikungunya virus, but which are unable to cause an infection. The virus-like particles (VLP) are recognised by the immune system, which then produces antibodies to combat the virus. According to the researchers, VLP can therefore be used safely as a vaccine in order to obtain specific immune reactions.

Published in *Nature Medicine*, the results of the study

show the immunisation strategy was successful in monkeys, resulting in a stimulation of the humoral immune response, and, consequently, the production of antibodies, just as a conventional vaccine would. The researchers are keen to begin clinical trials in order to better assess the safety and efficacy of the potential vaccine in humans. Anthony Fauci, manager of the NIAID, commented: "Higher levels of travel and international trade, and possible climate change, are contributing to the spread of mosquito-borne diseases to new areas. [So] the discovery of effective and safe human vaccines against Chikungunya and other insect-borne diseases is a priority for world health."

Meningitis vaccine welcomed

Responding to the news that drugmaker Novartis has launched a new vaccine that can protect travellers against four types of meningitis, Sue Davie, chief executive of the UK's Meningitis Trust, said: "We ... fully support vaccine development, which extends protection against meningococcal disease. The new Menveo® vaccine ... can protect British travellers from four major strains of meningitis that they are at risk of contracting while travelling to different parts of the world, particularly in Africa, in just one vaccine." The new vaccine protects against the meningitis strains A, C, W-135 and Y, and is also the first of a new type of vaccine, called conjugated, to be available in Europe.



Yellow fever concern



The Cameroonian Ministry of Health has reported three cases of yellow fever, which were subsequently confirmed by the Pasteur Institute in Dakar. Yellow fever is endemic in the forest regions and grasslands of sub-Saharan Africa, although urban epidemics have also been reported over the last 30 years. In September 2009, a case of yellow fever was reported in the area of Buea, resulting in a major vaccination campaign in those districts that were considered to be at risk of infection. The latest case has prompted another round of vaccinations to take place, with the target group being over 250,000 inhabitants. Vaccination against yellow fever is compulsory for anyone travelling to Cameroon.

Flu concerns rise

An annual travel trends survey carried out by travel website TripAdvisor recently revealed that UK holidaymakers are increasingly concerned about catching illnesses such as the flu while they are overseas. Despite such worries, TripAdvisor points out that research from the Post Office has shown that 44 per cent of British tourists do not research the need for vaccinations before they head abroad. The research from the TripAdvisor survey also showed that seven per cent of UK travellers' holiday plans would be affected by an illness during the coming year, demonstrating the importance of comprehensive medical cover in travel insurance policies.

Comoros warning

Europ Assistance has warned travellers heading to the Comoros Islands that since the beginning of the year, a rise in the number of cases of unexplained fevers has been reported in the Comoros archipelago, and six out of 15 cases have tested positive for breakbone (dengue) fever. The Institut Pasteur in Madagascar has identified a case of sero type three breakbone fever in a person who had recently travelled to the islands, returning from Moroni. So far, this is the only case of native type three breakbone fever reporting in the archipelago and probably in the region, where breakbone fever is not an endemic illness. The last major endemic of breakbone fever documented in the Comoros Islands was in 1993.

Norovirus returns to haunt Celebrity

In another sign that cruise ships need to clean up their acts, the third straight Celebrity Cruises ship to leave from Charleston, South Carolina, has recently become the victim of an outbreak of norovirus. Hundreds of passengers and crew became ill, but the passengers had high praise for the way in which the outbreak was dealt with. One passenger said: "They just couldn't have done more. They had clear plastic over all the food at the buffet line, [and] at every doorway they had wipes or spray." However, such measures failed to contain the virus. Dr J Michael Kilby, a professor at the Medical University of South Carolina, said of norovirus: "It's sort of infamous for sticking around. A whole slew of people can be sick in 48 hours because it








has a short incubation period." The US Centres for Disease Control and Prevention said the cause of the latest outbreak had yet to be determined, while Celebrity Cruises spokesperson Cynthia Martinez told reporters that the company is bringing in around 50 additional crew members to Charleston to help clean, and a local company will steam the carpets in all staterooms and public areas.

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Calmer seas in the Caribbean

According to the Caribbean Tourism Organisation, (CTO) a total of 22.1 million people travelled to the region in 2009, down from 22.9 million in 2008. Despite this disappointing result, the organisation is predicting a rebound in visitor numbers this year, after the figures picked up slightly in the last quarter of 2009. The first quarter of 2009 saw a 6.6-per-cent decline in the number of tourists, but this fell to a six-per-cent fall in the second quarter, a two-per-cent drop in the third quarter, while the fourth quarter saw an increase of one per cent.

Following on from the hopeful final part of 2009, the CTO has predicted a three-per-cent growth this year as the global economy starts to pick up and consumers are once again considering long-haul holidays. Part of the group's positivity stems from cruise association figures, which show that cruise visitor arrival numbers in the Caribbean rose by 1.4 per cent in 2009, followed a three-per-cent drop in 2008. Hugh Riley, CTO general secretary, said: "We, along with our destination, hotel and cruise partners, have continued to promote the region and we feel that in an increasingly hectic world with all the related pressures, now, more than ever, life needs the Caribbean and we're here to make life easier for our visitors."

Easter break exodus

Figures from the Association of British Travel Agents (ABTA) have shown that more than two million holidaymakers travelled over the Easter

weekend, with Spain coming top in the list of destinations. Egypt has also continued the strong growth it witnessed last year, with Sharm El Sheikh proving the most popular resort in the Red Sea, while Tunisia and Turkey have also become more popular this year. For those families who have a little more money and wish to go farther afield, Florida is the destination of choice, followed by the Dominican Republic.

Winter sports enthusiasts in the UK, meanwhile, are using Geneva as their point of entry to the Alpine resorts of Switzerland, France and Italy. Those heading off on city breaks are choosing, in order of popularity, Paris, Amsterdam, Dublin, Milan and New York. For those people wishing to stay in the UK, London, Edinburgh and Manchester are leading the field, although there are plenty of people travelling to the Channel Islands and renting cottages in Cornwall, East Anglia and Northumberland.



Spending jumps by 25 per cent

New research from the UK's John Lewis and Waitrose partnership card has revealed that overall consumer spending on travel was up by 25 per cent in February this year, compared to the same period last year. According to the companies, more consumers are heading off on holiday, with spending on airlines up by 37 per cent compared to February 2009, while spending on holidays rose by 23 per cent, travel agents enjoyed a 25-per-cent rise, and hotels have seen a 19-per-cent increase in spending by consumers.

In terms of where people are heading on their holidays, it seems Europe is back in business – Rome was the top destination, overtaking New York, while Berlin jumped from ninth to fourth. There is good news for British tourism firms as well, as spending on caravans and motor homes has also risen by over 25 per cent. Martyn Saville, principal researcher for Which?, the company that carried out the research, commented on the findings: "While these figures are undoubtedly good news for the travel industry, consumers still want to get the most out of their money. If you're heading off on holiday, it's vital to choose a competitively priced travel insurance policy that offers sufficient cover for your needs."

The myth of the AIG traveller

It has been much vaunted in the travel press that the AIG effect has been controlling the income of luxury hotels and resorts, as the usual business trips, conferences and meetings are held online so as not to attract bad publicity. It seems now, though, that findings from Smith Travel Research (STR) has shown that high-end hotels will fare better than other establishments this year. The company also claims that US luxury hotels have witnessed growth of up to eight per cent in the past few months, with much of it coming from a rise in corporate travel. Mark Lammano, president of STR, commented: "If you look at the luxury segment over the last few months, there has been a substantial recovery at the high end. It has the best demand performance in 2009." He went on to predict that luxury hotels and resorts will recover from the slump of 2008 at a

faster rate than some other market segments. "The AIG effect was more myth than reality," continued Lammano, "if it existed at all, it went away in a hurry." According to those in the industry, higher-end hotels are offering concessions such as lower prices on amenities, audio-visual discounts, free welcome cocktails and complimentary meeting space. So, while the number of business meetings taking place in luxury hotels has fallen, Tim Ryan, vice president of sales for *The Lodge* at Pebble Beach and *The Inn* at Spanish Bay (both luxury resorts in California), says that bookings from companies are on their way back up. The lack of negative press in recent months has certainly helped the situation, according to Ryan, who said: "The perception issue is still there, but planners seem to be able to make a better argument for holding a meeting at a resort."



Carnival cruise ship

Cruise numbers climb

The UK Passenger Shipping Association (PSA) has released figures that show the number of cruise passengers from Britain will rise to 1.75 million next year. The forecast is well above the 1.53 million who took a cruise in 2009, which was itself an increase of four per cent on the previous year. The Association has attributed the growth to the value for money and high standards provided by cruise companies. The Association's figures also show that there was a seven-per-cent increase in the number of people joining a cruise ship in a UK port last year, while the number of passengers who chose the fly-cruise option increased by two per cent. For UK-based cruisers, the proximity of the Mediterranean Sea continues to lure high numbers

of tourists – 595,000 passengers cruised the Med last year, signifying a 39-per-cent share of the market. Northern Europe and the Caribbean are competing for second place with 295,000 and 275,000 passengers respectively.

Bill Gibbons, director of the PSA, said at a recent conference: "The UK cruise industry proved resilient in 2009 despite the very difficult economic climate and much of this success can be attributed to the all-inclusive nature of cruising and the very high standards of quality and service. These are values intrinsic to cruising and will continue to encourage greater numbers of passengers, with the PSA predicting 1.65 million Brits taking a cruise holiday in 2010."

Rate hike for World Cup hotels

A new survey commissioned by the South African Minister of Tourism, Marthinus van Schalkwyk, and carried out by Grant Thornton South Africa has found that hotels in Cape Town are hiking their prices well above the normal peak season rate. The survey was commissioned as a result of international reports of price gouging during the World Cup football tournament in June 2010. In total, 2,479 accommodation establishments from nine provinces responded to the survey. The survey results showed that in Johannesburg, 65 per cent of accommodation facilities are charging rates that are 50-per-cent higher than their normal peak season charges. In Durban, 53 per cent of establishments are increasing their prices by 50 per cent or, in some cases even higher, than the peak

rate, while in Cape Town, 20 per cent of those surveyed said they were hiking their prices. Grant Thornton's survey attributed the fairer pricing in Cape Town to an excess in the supply of accommodation and the recent opening of new hotels in the city, which added to the already good levels of supply. Cape Town Tourism chief executive Mariette Du-Toit Helmbold said of the issue: "I strongly believe that our consistent messaging around responsible pricing and the industry's commitment have paid off – setting an excellent standard for Cape Town in long-term pricing legacy and sustainability." She warned that other countries that had hosted international events recently and hiked prices 'damaged their brand' by doing so.

Family travel rises

A new study by TripAdvisor has found that an impressive 92 per cent of US travellers with children are planning to take at least one family holiday this year – a rise from the 88 per cent seen at the same point last year. One-third of families have said they are planning to take both a foreign and a domestic trip, which is a rise of five per cent on the number of families with the same plans a year ago.

Other findings of the US TripAdvisor survey show that the five most popular activities that families plan to indulge in this year are relaxing at the beach; visiting a historic site; visiting a museum; visiting a national park and visiting an amusement park – thankfully for travel insurers, all of these activities sound relatively safe!



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Korea plans medical tourism boom

According to the Korea Health Industry Development Institute, the number of foreigners heading to Korea for cosmetic procedures and plastic surgery is on the rise, with more than 50,000 tourists travelling to Seoul for medical procedures in 2009. Choi Hang-do from the Urban Competitiveness Headquarters said in a statement to *The Korea Times*, that: "We [the city government] plan to promote Seoul's outstanding medical services in co-operation with other big international events such as the G-20 summit in November."

Traditionally people have visited Korea for less invasive cosmetic surgery procedures such as

Botox injections, but now travellers are visiting the country for complex plastic surgery procedures at cheaper rates than those charged in other countries, according to the Institute.

City officials are planning to select collaborative medical institutions to help promote medical tourism across various sectors, including dermatology, plastic surgery and dentistry, following the opening of the Seoul Medical Tourism Support Center last year. They also plan to strengthen the city's overseas marketing campaigns to increase revenue for the medical tourism industry – on average, medical visitors tend to stay longer and spend more money than general tourists.

Filipinos predict bright future

Dennis Arroyo, director of the Filipino National Economic Development Authority (NEDA), has stated that the medical tourism industry in the country is expected to be worth US\$3 billion by 2015. Speaking at a press conference after the NEDA-Cabinet meeting held in Malacanang, Arroyo said that around 200,000 foreign patients are expected to visit the Philippines every year. The Central Philippines tourism super region has 44 hospitals and health facilities accredited for

medical tourism by the Department of Health and the Department of Tourism, three of which have also been accredited by the Joint Commission International.

Arroyo added that state-of-the-art facilities, competent healthcare professionals, excellent English communication skills, reasonably priced medical services and the innate hospitality of the Filipinos would help promote the country's medical tourism industry further.

Mexico steps up its game

A new initiative has been launched by the Mexican federal government's Tourism Secretariat in an effort to rejuvenate medical tourism in the country – around 650,000 visitors are expected to arrive and spend US\$50 million over the next 10 years. According to Rodolfo Elizondo, secretary of tourism in Mexico, the project sought to enlist all private hospitals of international status to create a specific offer that will primarily be promoted within the Hispanic communities in Texas and California, where most people do not have health insurance. Forty medical facilities have been listed as quality hospitals by national and international standards, eight of which are Joint Commission International (JCI) certified – another 50 hospitals are to be integrated into the programme over the next 10 years, with an investment of \$1,025 million.

Private consultant Ricardo Haneine confirmed that elective services such as cosmetic surgery, ophthalmology and oncology as well as basic cardiology and chemotherapy treatments, will initially be offered for the first five years of the programme; these will be followed by more specialised services in the sixth year.



Part of Mexico's plans to build up the country's medical tourism sector over the next two years includes training a group of bilingual Spanish-English nurses.

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MTA certification achieved

The US-based Medical Tourism Association (MTA) has announced the first medical tourism facilitators/ medical travel facilitators to be certified by the MTA's Medical Tourism Facilitator Certification/Medical Travel Facilitator Certification – the first facilitators to be certified are Debson Medical Tourism, Surgical Trip and MedVoy Inc.

The certification process itself can take up to 120 days to complete and healthcare leaders from around the world have developed the standards.

Jessica Johnson, director of operations at the MTA, said: "Our certification programme has successfully completed the pilot programme stage. The best practices outlined in the programme have been used by many companies as a blueprint for developing their business models in the medical tourism industry." She continued: "We know that patients will find a tremendous value in understanding what services can be made available to them and that their facilitation partners have transparency at the forefront of their business practices."

Meanwhile, Tom O'Hara of Surgical Trip commented: "We are very excited to be one of a select few facilitators to receive certification. This certification will show insurance companies, employers and health insurance agents that we hold ourselves to the highest standard when it comes to patient practices, processes and Health Insurance Portability and Accountability Act privacy."



Medical tourism on the increase

Research by the Deloitte Center for Health Solutions has revealed that medical tourism is increasing and broadening in both popularity and scope, with more than 648,000 US residents travelling abroad in 2009 – a figure expected to increase to 1.2 million by 2012.

Despite many people travelling abroad for the usual cosmetic procedures such as tummy tucks and facelifts, many others are now venturing outside their home country for surgery such as a hip and knee replacements, cardiac procedures and major dental work, said the survey. It is thought that a number of factors are fuelling the growth, including the low cost of medical procedures abroad (which can be as much as 80-per-cent cheaper than in the US), more international hospitals earning accreditation by the Joint Commission International, and US employers who provide health insurance to their workers starting to include coverage for care abroad. Gary Ruehle, a former resident of St Petersburg who started A New You, a company that helps co-ordinate medical tourism trips to Thailand, said: "It's dangerous to say you can save a lot of money, because it sounds too good to be true. But the care is state-of-the-art." Commenting on the price of a heart bypass, which can cost \$130,000 in the US but only \$25,000 in Thailand, Ruehle said: "That puts it in the realm of being affordable for people who don't have insurance. Plus, you can have the surgery, and a week of exotic vacation."

Malaysia eyes up Singapore market

Singapore's Health Minister Khaw Boon Wan has recently implemented the city-state's 'elective hospitalisation overseas option' for members of its healthcare programme, just as other players in Malaysia's medical tourism industry have launched a number of measures to welcome an expected surge of Singaporeans seeking medical treatment and therapies there. The programme is bannered by Medisave, Singapore's mandated national medical savings scheme, which allows individuals to place between 6.5 and nine per cent of their monthly income into personal Medisave accounts to pay for certain medical expenses – the company currently has around 2.9 million account holders and holds some SD42 billion in funds.

Prior to the introduction of the new programme, Singaporeans could only use their Medisave accounts in local hospitals and for emergency hospitalisation abroad, but can now use them for hospitalisation and day surgeries in 12 selected hospitals in Malaysia. In fact, according to experts, Singaporeans can save up to 50 per cent on their medical bills by choosing to have their medical treatment in Malaysia.

Minister Khaw Boon Wan said: "The scheme gives Singaporeans more choices, especially for those who want to seek cheaper but good quality treatment from private hospitals overseas." He added: "The old policy restricted the people who travel and work in Malaysia from using their Medisave and was thus a strain on their pockets."

According to reports, the expanded Medisave service is gaining interest with a 'surge' of inquiries from Singaporeans. The development is also a boost to Malaysia's medical tourism industry and the country's hospitals have already initiated partnering with tour operators and airline companies to offer efficient, hassle-free and seamless travel between the two countries.



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Appointment supports brokers

In a move designed to add to the support available to brokers and companies wishing to set up individual or group international private health insurance schemes, international private medical insurer MediCare International has appointed Joseph Thomas as business development manager with immediate effect. In his new role, Joseph will have responsibility for building corporate sales and developing broker networks within the UK and overseas. Joseph has worked for MediCare for over four years.

David Pryor, senior executive director of the company, said: "Joe has a good understanding of the challenges facing both brokers and companies

in this market, having worked extensively within the business. Joe brings dynamic ideas and real added value to our corporate sales team."

Fortis invests in Parkway

Indian private hospital chain Fortis has agreed to buy TPG's 23.9-per-cent stake in Parkway Holdings, a Singapore-listed group, giving Fortis access to south-east Asian markets. Parkway has 16 hospitals with 3,400 beds spread across six countries, including India. The latest investment by Fortis will serve to increase the hospital group's network to 62, which the company said will make it the biggest network in Asia, with more than 10,000 beds.

Malvinder Mohan Singh, chairman of Fortis Healthcare, commented on the deal: "This acquisition will significantly expand our footprint across the region and place us strategically for geographical and clinical leadership in Asia, a big step closer to our vision of establishing a global healthcare delivery network."



BUPA hit by rising costs

BUPA has cited the rising cost of cancer care as one reason for the sharp fall in annual profits in its UK and US divisions. All is not lost, though, as the company managed to report a four-per-cent rise in its surplus for the year to £428.2 million. However, in the UK and North American divisions, the surplus fell by 16.8 per cent to £39.8 million – a drop of 58 per cent on a year earlier.

Ray King, chief executive of the international healthcare insurer, said that the fall was due, in part, to the impact of the global recession, as customer numbers fell by five per cent as a result

of falling employment figures. He also warned that, while the number of claims paid by BUPA has remained relatively steady, the cost of each claim has risen significantly. He added: "We have seen higher-value claims coming through. Cancer is growing in society and treatments grow and drugs are very expensive."

King also mentioned that despite a predicted freeze in public sector pay in the UK, the company is not seeing any sign of National Health Service employees wishing to transfer to the private hospital sector. "In Spain, we have seen that," he added. "We are finding that

CIGNA builds African network



CIGNA International has added 47,000 healthcare facilities to its network in Africa as part of its launch of CIGNALinks® Africa in Kenya, Tanzania and Morocco. As a result of the launch, the CIGNA International Expatriate Benefits (CIEB) network now stands at more than 140,000 doctors, hospitals, and clinics outside the US, providing access to care for globally mobile employees and their family members worldwide. CIGNALinks® Africa integrates CIEB's global coverage with the administrative services and healthcare facility networks of the Medical Services Organisation (MSO) and MSO's joint venture, the Global Access Health

Network, both of which are located in South Africa. The CIGNALinks® Africa network expansion is also designed to offer customers substantial discounts when accessing the local network for care and to reduce out-of-pocket expenses at the point of care. Sonny Patel, CIEB's senior director of global health solutions, commented on the expansion: "CIEB launched CIGNALinks beginning in 2005 to simplify the claims process and healthcare payment for expatriates and their families. The programme integrates CIEB's global medical plans with the administrative services and networks of local healthcare organisations.

Meanwhile, CIGNA has launched a new website for insurance brokers who sell health benefit plans to companies in the US with between 50 and 250 employees. The site features a funding selection tool to help brokers determine which plan funding option will best fit their clients' needs, as well as offering information on products and continuing education courses.

Promotions for Clements

US-based Clements International, a provider of insurance solutions for expatriates and international organisations, has announced several promotions in key positions for the company. Dan Tuman, former vice president of commercial insurance, is now vice president of insurance sales. Dan joined the company in 2000 and has over 20 years of experience in the industry. As vice president of insurance sales, he leads the retail and wholesale divisions.

Lisa Kennedy-Mitchel, former director of operations, is now assistant vice president of operations. Lisa joined the company in 2005 and has over 10 years of management experience in the financial services industry, serving both corporate and individual clients. As assistant vice president of operations, one of her primary duties has been to serve as the liaison for the Peace Corps, as well as manage CorpsCare account representatives.

Michael Crosset, former director of marketing, is now assistance vice president of marketing. Michael joined Clements International in 2000, and has over 10 years of marketing and graphic design experience. Last but not least is Smita Malik, formerly commercial insurance account executive, who has been promoted to director of commercial insurance sales. Smita joined the company in 2006 and has over 14 years of insurance experience. As director of commercial sales, she specialises in customised insurance solutions for clients including fleet solutions, political risks, cargo, professional liability, directors and officers' liability, general liability, excess, credit, energy, aviation and war risk.

Chris Beck, president of Clements International, commented on the appointments: "Each of these individuals has been instrumental in our company's rapid growth and success. We are confident that they will be even more effective in their new roles as Clements continues to establish itself as a leader in international insurance."



Dan Tuman

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Benefits brought to bear

According to the results of a survey undertaken by Mercer, companies in the Gulf Co-operation Council are taking more notice of the importance of employee benefits, which are becoming increasingly important elements of reward packages. The survey shows that medical plans have not only become more common among the 80 companies surveyed, but they also include better benefits. It was noted in particular that more companies are including cover for dental and maternity care, both of which were around 20 per cent more popular than they were in 2007. However, Mercer's survey also showed that the increase in benefits is a double-edged sword – a marked increase in the number of claims is fuelling premium inflation, which, for many employers, lies between 10 and 15 per cent annually.

Head of Mercer's benefits consulting team in the Middle East Callum Burns-Green said of the situation: "The type of medical cost management that has become common in other markets such as the US, where employers take an active role in wellness initiatives to educate employees on the risks of certain lifestyle choices and facilitate access to health initiatives, should be considered from the longer term perspective of reducing medical insurance claims and resulting premiums. Employers and their advisers will also need to get underneath claims data to be able to structure discussions with providers around whether certain levels of premium increases are justified for their employee groups. In short, employers will need to consider proactive measures to address premium inflation if costs are to be controlled."

IPMI essential for expats

Steve Nelson of UK-based international private medical insurance (IPMI) company April Medibroker has reminded companies with internationally placed staff that IPMI is a 'must have' for expats. According to the company: "The cost of medical treatment is rising all around the world, and with real pressure on public finances, access to publicly funded healthcare for expats – which was always limited – is becoming nigh on impossible. Expatriates have to accept that they either take out PMI – or face the real possibility of being unable to access health when they most need it."

Nelson added: "Expats need advice as the range of plans, benefits and costs is wide. The market is far from commoditised and high-quality advice can help an expatriate to identify the plan that is right for the circumstances and their pocket."

AGB launches social media tool

Aetna Global Benefits (AGB) members now have access to an additional online resource, designed to help them navigate their benefits more easily and achieve optimal health. Aetna's international business segment has launched its presence on social networking site, Facebook, specifically designed to enhance the service experience for the organisation's 400,000 members.

Donna Otten, head of AGB, said of the move: "We are committed to developing and leveraging online capabilities that can be accessed anytime from wherever our members are located. Our presence on Facebook is an extension of our commitment to provide them with enhanced, helpful services

and valuable information so they can make better-informed decisions about managing their health." AGB will initially focus its efforts on creating an online community for its diverse and geographically dispersed members and prospective individual customers. This complements existing online member resources, such as the AGB secure member website. The organisation's Facebook page will include frequently updated information on its international provider community of more than 61,000 healthcare providers outside the US, as well as approximately 900,000 in the US; news feeds and videos; and health and wellness information. Otten added: "Social media is an additional, innovative way to engage and educate our members on how



best to use their plan benefits to achieve and maintain a healthy lifestyle. We will continue to leverage the power of technology to deliver key information and resources to our customers and members."

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Ambulance shuttle flights: Year-round ambulance shuttle services are operated from the Canary Islands, Morocco and Spain to Europe. Seasonal ambulance shuttle services are also operated from holiday countries in the Mediterranean, especially from Turkey and Greece, and from Egypt. Every winter, Tyrol Air Ambulance operates ambulance shuttle flights for injured winter sports tourists from the Austrian Alps, Northern Italy and the French Alps to the Benelux, Scandinavia and England.



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Flights go up in smoke

The eruption of an Icelandic volcano on 21 March 2010, and the subsequent plume of ash that swept across the world, choked air space across the globe, and left aircraft grounded and passengers and patients stranded. *ITJ* takes a look at how the Eyjafjallajökull ash cloud affected the provision and performance of air ambulance companies

With airports across Europe on shutdown and all domestic and commercial flights grounded, the worldwide air ambulance industry was severely affected by April's volcanic eruption, with the European air safety body Eurocontrol unwilling to risk the lives of passengers and staff.

In the UK, medical flights from RAF Wittering were suspended, along with air ambulances covering Rutland and Lincolnshire, although flights from RAF Cottmore in Rutland remained scheduled.

Speaking at the time about the disruption, Simon Harris, general manager for East Midlands Ambulance Service, said: "Air Ambulance flights have had to be grounded due to the safety risk associated with the ash travelling south

from the Icelandic volcanic eruption. While the helicopters are grounded, air ambulance crews will respond to emergency calls in fast response ambulance vehicles." Elsewhere in the UK, the Yorkshire Air Ambulance, the East Anglian Air Ambulance, West Midlands Ambulance Service and the Great North Air Ambulance all grounded their helicopters. Some military aircraft, however, were able to make flights, and a critically ill patient was flown from Scotland to London by military helicopter.

Other air ambulance companies found that they had aircraft stranded in all four corners of the globe. Swiss Air Rescue service Rega had grounded aircraft in Brindisi, Italy and London, UK, but confirmed that rescue flights within Germany were not affected by the ban. One of the rescue flights carried out by Rega during this time involved flying from Brindisi, Italy, to Bergen in Norway, to transport two seriously injured children to Boston, US, after they suffered severe burns in a gas

explosion.

Elsewhere, a rescue helicopter from the Shetland Coastguard braved the volcanic ash to assist a woman on Shetland who was in a 'life or death' situation after it was deemed that transporting her by ferry would take too long. The chopper's pilot confirmed that there was evidence of ash deposits on the helicopter upon its return to base after the mission. Martin Sykes, watch manager at Shetland Coastguard, commented: "After discussions with ambulance control, we realised that this was a life-or-death situation with the casualty in a very serious condition. The helicopter crew made the difficult decision to fly through the clouds of ash, mist and rain in a bid to save the woman, who is now receiving treatment in hospital."

Light at the end of the tunnel was spotted in some areas of the UK, as the flight ban on the Midlands Air Ambulance service, based in Shropshire,

Worcestershire and Staffordshire was lifted at 4 pm on Thursday 15 April – Warwickshire and Northamptonshire services also resumed at 7 am that day. Helicopters from UK-based Kent, Surrey and Sussex Air Ambulance took

to the skies once more on Monday 19 April, but were only permitted to respond to emergencies – during the team's three-day 'no fly' ban, specialist medical teams had responded to 13 calls by road. *ITJ* spoke to Patrick Schomaker of European Air Ambulance, who confirmed international air ambulance companies were feeling the effects; at the time of writing, the company had one jet stranded in Dakar, Senegal, where the crew was waiting with the German patient until European airspace was re-opened. FAI rent-a-jet were also heavily affected by the closure of European airspace, with various staff members and jets stranded in various places around the world – Volker Lemke was trying to get back from Moscow when *ITJ* spoke to him.

At the time of writing, UK air space had finally re-opened after the six-day shutdown, although worldwide, some no-fly zones remained where ash levels were deemed to be at levels unsafe for flights to take place.

ambulance companies found that they had aircraft stranded in all four corners of the globe



Maui County announces funding plans

Charmaine Tavares, mayor of Maui County, Hawaii, has announced a proposal to fund the county's air ambulance programme for the fiscal year 2010-11 with just under US\$235,000 in unanticipated property tax revenues, and just over \$437,000 from the county emergency fund.

Tavares commented: "Many in the community have requested that I reconsider my earlier proposal to remove funding for the state's air ambulance programme in the county's budget proposal. I had hoped to see the state Department of Health and Maui Memorial Medical Center come forward to pay for this important service, which is part of their overall mission."

She continued: "However, the state and hospital appear to be unable to meet this responsibility in fiscal year 2011. I urge them to include the full funding necessary for the air ambulance in their own budgets in future years."

New air ambulance for Manitoba

Theresa Oswald, health minister for Manitoba, Canada, has announced that the Manitoba government is to put Ca\$9.7 million into the air ambulance programme to purchase and kit out a new Citation C-560 aircraft, to replace Lifeflight's older jet – the cost of the plane is \$3.7 million, with an additional \$6 million to be spent on equipping the aircraft to carry critically ill patients. Oswald said: "The new air ambulance builds on our commitment to improving emergency medical care for all Manitobans, regardless of where they live, while supporting the front-line medical staff who provide these critical services."

Steve Ashton, infrastructure and transportation minister, commented: "Our province continues to support critical infrastructure projects that improve the daily lives of Manitobans. This jet is another example of a cost-effective and strategic investment that will benefit critically ill people, their families and communities for years to come."

Lifeflight jets currently transport around 600 critically ill Manitobans from isolated rural Canadian hospitals and nursing stations to care centres in Winnipeg each year.



CareJet

CareJet celebrates

In November 2007, CareJet flew its inaugural international air ambulance transfer, carrying a patient from Guam to Hawaii. Just over two years later, the company saw its Westwind II jet accomplish its landmark 50th flight, transferring a critically ill member of the US Department of Homeland Security from Belau National Hospital to Guam's Naval Hospital. Of the 50 medical flights that CareJet has completed, 30 have been patients from the Commonwealth of the Northern Mariana Islands and 16 patients have been flown from Guam's hospitals to other facilities around the world – six were self-paid; five were covered by insurers; four came at the request of the military; and one was funded by the Medically Indigent Program. The busiest month for the air ambulance firm came in December 2009, when a total of nine international transfers were completed.

36-hour wait for medical flight

Australia's Northern Territory aeromedical service is in crisis, according to one man whose wife had to wait 36 hours for a medical evacuation. The woman from Wadeye, Port Keats, endured a 36-hour wait with a broken leg before being flown to the Royal Darwin Hospital.

Lionel Rosenberg, the woman's husband, said that he spoke to Darwin hospital's emergency ward, where staff told him that there was only one plane service to territory patients and that the department had been trying 'for 15 years' to get ministers to improve the situation for 'folks who are working out in these remotes'.

According to the Territory Health Department, that day there was an 'unusual and exceptional demand' for medical retrieval, with 24 patients requiring medical evacuation in a 30-hour period. Dr Dale Friair, director of retrieval at the hospital, added that of the 24 patients needing treatment, there were 16 in the most urgent category who required immediate transport and the woman with the broken leg was clinically assessed as a priority-three category, with priority-one and two category patients being flown to Darwin first. Furious, Rosenberg stated that the situation creates a danger for people working in isolated communities: "The doctor at the emergency ward said it works on a priority basis, life threatening or otherwise ... [But] I defy anyone to sit in a gurney for 36 hours with their leg broken in two places."

AirMed UK expands its fleet

AirMed UK has added a second Learjet 35A to its fleet, and has recently celebrated the aircraft's inaugural flight to London Oxford Airport, UK. Rupert Dent, managing director for the company, said: "The arrival of this second Learjet 35A takes AirMed into a new era of operations and is a great way to celebrate our 25th anniversary." The aircraft has been upgraded with Raisbeck and Avcon modifications, and is fitted out for intensive care transfers, with the additional option of double stretcher.

Netcare 911 gains EURAMI accreditation

In April, Netcare 911 became South Africa's first aeromedical emergency evacuation specialist to be accredited by the European Air Medical Institute (EURAMI). EURAMI approved the award of 'Full Accreditation – Special Care' for the fixed and rotor-wing operations of Netcare 911 after a three-day on-site audit of its operations in Johannesburg and Durban performed between 25 and 27 February 2010. This is the highest level available, confirming the proven capabilities of Netcare 911 in the air transportation of special high-risk patients, said Eurami.

In the Netcare 911 accreditation report compiled by EURAMI, Dr Michael Weinlich noted the 'exceptionally high' medical standards in South Africa. He stated that the trauma and emergency medicine standards and training levels of doctors, nurses and paramedics were particularly high and followed strict international guidelines. Referring to Netcare 911, Weinlich said: "The operations of Netcare 911 are medically driven. The focus is on state-of-the-art treatment of patients. Experienced medical crews maintain a high medical standard, which is driven through ongoing quality management."

Commenting on the news, Tumi Nkosi, managing director of Netcare 911, said the award was a major milestone for the provider. She added: "The EURAMI accreditation of Netcare 911 represents a guarantee of service excellence for patients utilising the international aeromedical services of the company. It also attests to a high level of safety and quality in terms of capabilities, medical

management and qualifications, aircraft configuration and equipment, operational issues, communications, management policies and quality management. With its accreditation, Netcare 911 joins an elite, international corps." Nkosi went on to say that the EURAMI accreditation of Netcare 911 formed part of a broader strategy aimed at expanding the international footprint and service offering of South Africa's largest private emergency services provider. Netcare 911 is only the second aeromedical emergency evacuation specialist in Africa to receive EURAMI accreditation. This status is also held by Kenya's AMREF Flying Doctor Service, which was the first non-European, non-US air rescue provider to be accredited by EURAMI.

James Crawford-Nutt, Netcare 911 international business development manager commented: "Attaining EURAMI accreditation ... provides our local and fast growing international patient client base with the knowledge that their safety and well-being are in the best possible hands ... insurance companies providing [travellers with rapid repatriation under expert medical care] would want to fulfil the needs of their customers, while ensuring that the service on offer is of world-class standard." EURAMI is a non-profit organisation comprising medical professionals and operators from 27 countries throughout the world. The organisation works for the development and standardisation of quality standards within the field of aeromedical emergency rescue.

Ugandan funding hopes

The Uganda Ambulance Services Group, a privately owned company, has appealed to the country's government to set up a fund that would pay for the emergency airlifts of accident victims. Eric Walford, the organisation's chief executive, told a newspaper in Uganda that many victims die at the scene of their accident, and many more die whilst en route to a medical facility due to the lack of immediate medical attention and a quick transfer to an appropriate facility. He added: "The first hour after an accident is crucial because there is the likelihood that death could be prevented if the patient is immediately attended to."

Walford made the comments during a staged demonstration on airlifting accident victims, during which it took just four minutes to take the accident 'victim' from the scene to Kololo airstrip – the same journey by ambulance took 20 minutes. It was noted that high traffic on major roads in the cities can make it very difficult for road ambulances to transport victims to hospital in time. At the demonstration, Walford also attempted to dismiss the perception that air ambulances can only be used by rich people, by saying that saving lives was the priority of Ugandan Ambulance Services – regardless of a victim's financial or social status.

Skyservice Air Ambulance lives on

Canadian passenger service Skyservice Airlines ceased operations on 31 March 2010 after a receiver was appointed by the Ontario Superior Court of Justice. The move was reported to have been due to the airline's high level of debt, coupled with a climate of falling demand.

Meanwhile, Skyservice Business Aviation Inc., which incorporates Skyservice Air Ambulance, has been keen to highlight its separation from the failed airline. Russell Payson, chief executive officer of Skyservice Business Aviation, gave *ITIJ* the following statement: "Skyservice Business Aviation Inc. is not affiliated in any way with Skyservice Airlines. Today's announcement from Skyservice Airlines has nothing to do with Skyservice Business Aviation. We continue to operate as usual and wish to assure all clients, suppliers and employees that Skyservice Business Aviation is in no way affected by today's announcement." Payson added that Skyservice Business Aviation continues to provide fixed-base operations, private charter services, managed aircraft, air ambulance and maintenance support for commercial and private air transport. Skyservice Airlines separated from Skyservice Business Aviation Inc. when the airline was bought by Vancouver-based hedge fund Gibraltar Capital in 2007.

Out in the cold

The government of Australia's Northern Territory has chosen New South Wales-based charity Careflight to take over the Territory's aeromedical service from the current provider, Pearl Aviation. The Australian Nursing Federation has said that 16 nurses from the service will lose their jobs, as Careflight will provide its own pilots and medical staff for the six-month contract, and the Territory nurses will have to re-apply for their jobs. The Nursing Federation's Yvonne Falckh commented: "The nurses are very upset and they are very concerned because they feel they haven't been communicated with properly. The Federation says the nurses are worried if they apply for jobs with Careflight the pay and conditions may be less, and Careflight may not win the ongoing contract." Willen Westra Van Holthe of the Opposition has stated that it is 'unacceptable that 16 specialist nurses have not been given any certainty of being offered jobs with the new provider'.

Helijet International extends contract

Richmond-based Helijet International has bagged a two-year contract extension to provide the British Columbia Ambulance Service with dedicated Learjet air medical services, worth US\$9 million. The contract, which commenced in April 2010, will see the company dedicate its Bombardier Learjet 31A aircraft to flying patients throughout British Columbia, Canada, around the clock. Danny Sitnam, chief executive and president of Helijet, commented: "We're proud to play such a key role in the delivery of critical healthcare to communities and people throughout the province. This continued service provision is a reflection of the experience and dedication of our flight crew, engineers, and the entire Helijet team on the ground."



Helijet International's Learjet 31A

Helijet International

RFDS opens new transfer station

The new Royal Flying Doctor Service (RFDS) transfer facility station has been opened at the Wagin Air Strip, funded by a AU\$100,000 grant from the federal government stimulus package. Volunteers from the Wagin Aero Club and community members have

worked on the building over the past few months, which houses patients as well as the ambulance and its operators in comfort. In addition to the new building, the project has also seen the updating of the runway for RFDS plane and helicopter use.

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Lava saga

ITIJ's Charlotte Hodgman and Mandy Aitchison take a look at the different industries that have been severely affected by the eruption of the Eyjafallajökull volcano in Iceland

The travel insurers

Travel insurers are now preparing for claims from customers who have lost out on accommodation they had pre-booked as a result of their flight being cancelled, although many hotels are offering different dates of stay to guests who have been affected by the ash cloud. The media are telling travellers that their first port of call should be the airline they booked with, followed by their accommodation provider – if neither of these avenues yields any results, they should then contact their travel insurer.

As ever, the fact that no two policies are exactly the same is also causing plenty of confusion among travellers, with many reading their small print for what will probably be the first time. A spokeswoman for RBS Insurance said customers with insurance bought through Direct Line, Churchill, NatWest and RBS could be able to claim for lost accommodation: "If a customer has a flight cancelled and is refunded by the airline, but still has accommodation that they can't cancel or use, these claims can be considered under travel delay leading to trip abandonment. Customers will need to provide written official evidence to support any claims where it is reasonable to request such evidence." Over-50s insurer Saga has said it will honour all claims of this nature as long as customers obtain a letter from the airline to confirm the flight was cancelled due to the weather conditions. Aviva policyholders, though, will not be able to claim. A spokesperson for the insurer said: "Cancellation or abandonment of your holiday covers specific events only, such as injury, illness, death of the person insured or their travelling companion/relative, redundancy or damage to your home by fire, flood or storm." Fortis has said it 'will be treating the volcanic ash incident as a bad weather event, which means that customers may be entitled to claim under the terms of their travel insurance policy. Customers are advised to check their terms and conditions'.

Jayson Westbury, chief executive of the Australian Federation of Travel Insurers, said that while insurance policies differed, his discussions with the travel industry left him with the impression that insurers would not walk away from travel claims on the 'act of God' exclusion clauses, provided travellers had a policy in place before the volcano erupted. A report in the *New York Times* said that industry officials are treating it as a weather-related event in their policies and companies have typically covered non-refundable prepaid travel that pays stranded travellers US\$150 to \$250 a day, up to a maximum of \$1,500. Daniel Durazo, director of communications for Access America Travel Insurance and Assistance added: "Thousands of our customers have been affected and we expect to pay out up to seven figures in travel insurance-related claims."

Jim Grace, president and chief executive of InsureMyTrip.com had reassuring news for travellers: "The good news is that travellers who purchased insurance on or before 13 April when this situation first became a public phenomenon, have important coverage benefits available to them. Despite the bizarre nature of this event, travel insurance can and does provide very real protection for a situation that no one could have predicted."

The travellers

There's no doubt about it, mankind's reliance on air transport has been fully realised by the recent lava saga, and newspapers across the world have regaled readers with tales of epic journeys made by thousands of desperate travellers. One British family paid more than £8,000 to get their son back to the UK to sit his A-Level exams – and even hired a private boat to take them across the Channel. The family managed to catch a flight from Madrid to Paris on Thursday 15 April, and then spent almost £590 on a taxi to Calais. After being told there were no ferries available, Ken Caskie and his wife hired a private boat to take them back to Dover at a cost of £800. Mr Caskie, 53, of Woking, Surrey, said: "We spent £8,000 extra on getting back. It's madness, but we had to get back for my son Max's psychology exam and his friend Cameron's politics exam." Elsewhere, three UK Royal Navy ships were

dispatched to France and Spain to rescue some of the 300,000 Brits stranded across mainland Europe. Tourists collected by the 570-ft ship, *HMS Albion* from the Spanish port of Santander, joined 500 troops returning from Afghanistan who had flown to Madrid, and took the ship to its capacity of 1,150 including crew. Even the rich and famous couldn't escape the bedlam caused by the volcano eruption. British actor and Monty Python John Cleese was stranded for days in Norway, so paid \$5,000 for a taxi to Brussels before boarding a train to London, while US singers Usher and Adam Lambert were unable to carry out promotional duties in Europe. Rockers Status Quo were stranded in Moscow after two live shows – the group were planning to take a 24-hour train journey to Poland, where they would then start driving to a ferry port. Whitney Houston, meanwhile, had to board a ferry to make it across the Irish Sea to perform in Dublin.

No-fly zone

In the six days that European airspace was closed as a result of the Icelandic volcano eruption, airlines lost more than US\$1.7 billion in lost revenue, according to IATA – the International Air Transport Association. For the first three days of the eruption, when disruption to air travel was at its highest, lost revenues reached \$400 million a day. There was, however, a small, almost

imperceptible silver lining to the groundings – the industry's fuel bill would have been \$110 million a day less than normal.

Giovanni Bisignani, chief executive of IATA, commented: "At the worst, the crisis impacted 29 per cent of global aviation and affected 1.2 million passengers a day. The scale of the crisis eclipsed 9/11, when US airspace was closed for three days. For an industry that lost \$9.4 billion last year and was forecast to lose a further \$2.8 billion in 2010, this crisis is devastating." He continued: "It is hitting hardest where the carriers are in the most difficult financial situation. Europe's carriers were already expected to lose \$2.2 billion this year – the largest in the industry." Bisignani made four specific requests from governments to aid the recovery of the airlines affected by the crisis, one of which was to address unfair passenger care regulations. He said: "This crisis is an act of God – completely beyond the control of airlines. Insurers certainly see it this way. But Europe's passenger rights regulations take no consideration of this. These regulations provide no relief for extraordinary situations and still hold airlines responsible to pay for hotels, meals and telephones." In his opinion, the regulations were never meant to pay for extraordinary events such as the days of closure recently seen. He also asked for governments to examine ways to compensate the airlines for lost revenue – following 9/11, the US government provided \$5 billion to the airlines that had been grounded; the European Commission could provide similar assistance.

The volcano affected airlines around the world, with Qantas in Australia cancelling dozens of flights at an estimated cost of A\$1.5 million a day. The move to restrict outbound travellers from Australia came as accommodation in the transit hubs of Singapore, Hong Kong and Bangkok was described as 'extremely limited'. Lufthansa lost an estimated £22 million per day; British Airways around £20 million a day; while Emirates lost around £10 million a day,



plus £1 million due to providing accommodation and meals for 6,000 stranded passengers. The airlines are expected to have little joy with their insurers either – a spokesman for Munich Re said: “Normally the airlines are not insured against cancellations.” Munich Re, along with Swiss Re, are two of the world’s largest airline reinsurers, acting as a backstop for insurers such as Allianz, providing cover against damages from crashes or liability claims. Hannover Re, which also has a significant share in airline reinsurance, said that business interruption at airports was also not covered by insurers. Munich Re said the disruption caused by the cloud could spark an interest in insurance coverage that has been lacking up until now: “For Munich Re, it would not be a problem to offer (flight) cancellation coverage, but up to now there has not been demand in the market. Maybe that will change now.”

A spokesman for Aon Limited said: “Successful claims against standard airline liability insurance policies due to delays as a result of the volcanic eruption in Iceland are unlikely. This is a natural event and there has not been any actual damage to aircraft or property at this stage.” Magnus Allen continued: “Equally, this is such a rare event that it is unlikely to have been covered under business interruption policies. Under the European regulations, EC261/2004, the obligations on operating airlines should be limited or excluded in cases such as this, where an event has been caused by extraordinary circumstances that could not have been avoided even if all reasonable measures had been taken.”

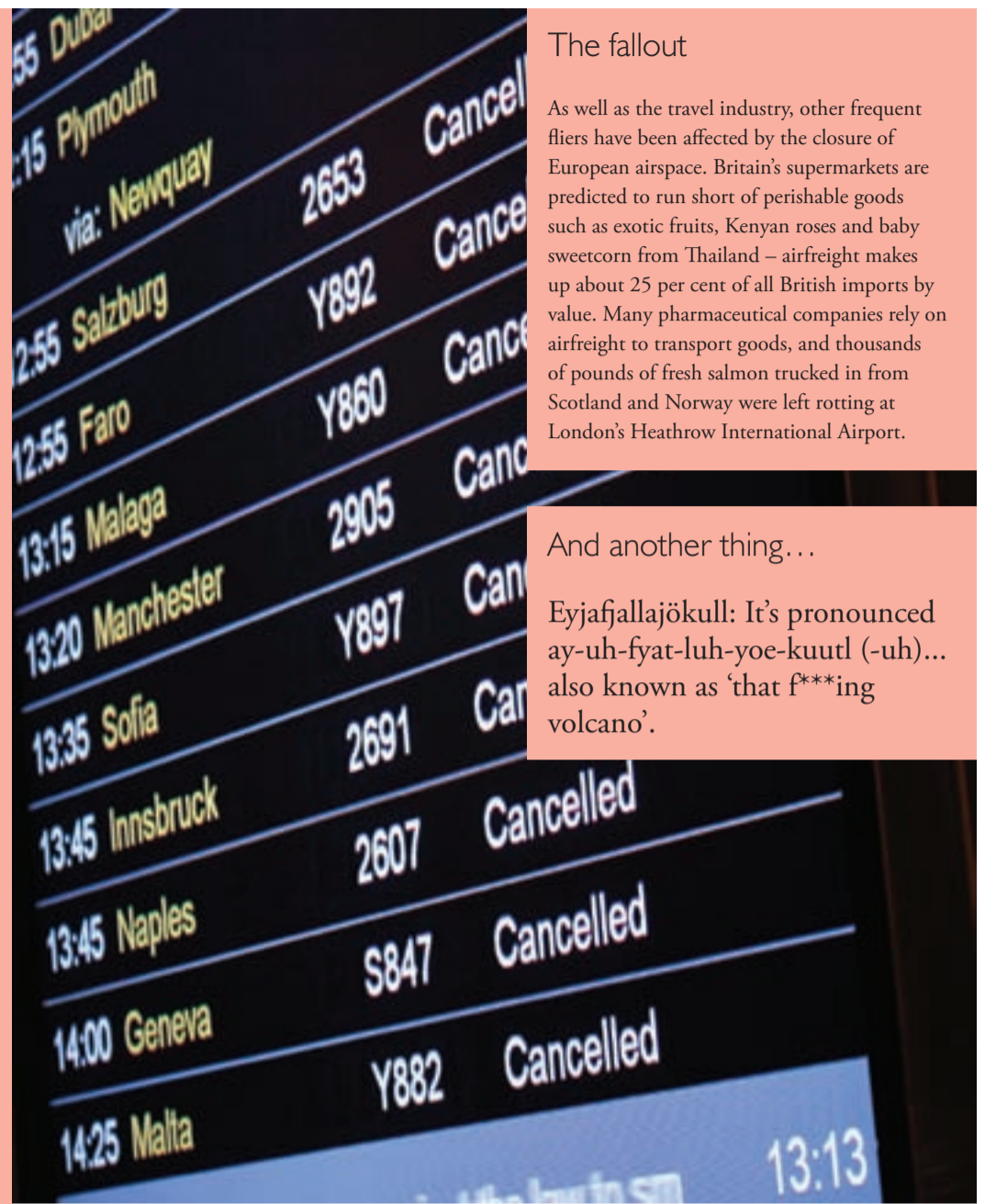
Loretta Worters, spokesperson for the Insurance Information Institute, noted: “In terms of business interruption for the airports, there would be none because there is no physical damage to the airport or planes. So certainly this will be a financial setback for the airlines.”

Alternative transport

There were a few people and companies that benefitted from the volcanic ash, not least of which were train and ferry firms. Eurostar, the well-known cross-Channel rail operator, saw its passenger numbers grow by 50,000 during the first four days of cancelled flights, as vast numbers of British holidaymakers headed for Paris and Calais, while European travellers stranded in the UK arrived at London’s St Pancras train station hoping for a train home. As a result of the high numbers of people needing transportation across the Channel, Eurostar ran at least five extra services each day, although prices for the newly offered seats were higher than they would normally have been. Nicolas Petrovic, chief executive of the train line, said: “We are doing everything we can to help as many passengers as possible at this difficult time. We’re putting on extra trains and making 30,000 seats available at a special price.”

Another sector of the transport industry that benefitted from the disruption was the ferry companies operating around Europe and the English Channel. William Gibbons, director of the Passenger Shipping Association, said: “I don’t think there is any shortage on capacity. I don’t think the navy ships will be of any use at the French Channel ports.” He was making reference to the move by the British Government to send out Navy ships to rescue stranded tourists from France and Spain. Gibbons added: “This all seems to have been done rather hastily. The Channel ports are no busier than on a typical summer’s day.”

Chris Jones, a spokesman for Brittany Ferries, said there were plenty of spaces onboard their ships for tourists in need, while P&O Ferries said it had seen more than ten times the number of daily bookings usually seen in April, but the company has managed to accommodate everyone wanting to travel from Calais to Dover.



The fallout

As well as the travel industry, other frequent fliers have been affected by the closure of European airspace. Britain’s supermarkets are predicted to run short of perishable goods such as exotic fruits, Kenyan roses and baby sweetcorn from Thailand – airfreight makes up about 25 per cent of all British imports by value. Many pharmaceutical companies rely on airfreight to transport goods, and thousands of pounds of fresh salmon trucked in from Scotland and Norway were left rotting at London’s Heathrow International Airport.

And another thing...

Eyjafjallajökull: It’s pronounced ay-uh-fyat-luh-yoe-kuutl (-uh)... also known as ‘that f***ing volcano’.

The tour operators

The ash cloud may be dispersing, but the costs to tour operators and travel agents look set to linger for some time. TUI Travel plc, a unit of travel operator TUI AG, says disruption caused by Iceland’s volcanic eruption has cost it at least £20 million (US\$31 million), estimating that daily costs would run at between £5 million and £6 million per day. The company confirmed that around 90 per cent of customers in Britain who were due to go on holiday and whose flights have been cancelled were choosing to re-book their holidays for a later date.

Meanwhile, Thomas Cook, which had more than 50,000 British holidaymakers stranded overseas, partnered with Celebrity Cruises to bring tourists home. The company also ran a series of rescue

flights for customers in Mexico, the Dominican Republic and Cuba, while others were brought back from Italy and Spain via coach and ferry. The cruise company also teamed up with TUI UK, Thomson Holidays, First Choice and the Co-operative Travel Group to rescue stranded travellers.


Speaking six days after the airspace shutdown, Mark Tanzer, chief executive of the Association of British Travel Agents, welcomed the announcement of the initial lifting of the current air travel restrictions over UK airspace. He said: “This is very good news for passengers. It will enable the normalisation of travel arrangements to begin, but this will necessarily be a phased process, due to length and scale of the suspension. Priority will be to return overseas passengers to the UK as soon as possible.”

A Voyageur perspective

Even Bristol-based Voyageur felt the effects of Iceland’s eruption after conference organisers Denise Clements and Kirsty DiClaudio found themselves stranded in Istanbul, Turkey, after heading out there to organise November’s International Travel Insurance Conference. The initial plan was for the pair to fly to Rome and then onwards to Paris, where a train would be the next mode of transport back to the UK. However, unlike most action movies, all did not go as planned, and nearly one week after they were supposed to fly direct from Istanbul to London, UK, Denise and Kirsty made it back to the office. Their journey involved flying from Istanbul to Athens, Greece, and then Athens to Madrid, Spain, where they then hired a car and drove to Caen, France, where a ferry

brought them back to Portsmouth and home soil. Seventy hours of non-stop travelling later, they were back in Bristol. Phew!


Meanwhile, medical repatriation specialist Voyageur 24 was inundated with telephone calls from anxious travellers confused about what they should do and whether their flights and extended hotel stays would be covered as the ash cloud descended. Many of those calling for hotel stay extensions were school parties and others wishing to book hotels near to airports. The team reported a breakdown in communication between airlines and insurers, so many travellers were left unsure as to what, if anything, would be covered by their policy. Moreover, as airlines fight to clear the backlog of people trying to return home, those in hospital abroad waiting to be repatriated via commercial airline have been pushed to the back of the queue.



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paramount to a proper assessment of the claim. Often CCTV footage can provide an indelible imprint on the circumstances surrounding a particular event, and this is regularly canvassed during every investigation. Recovery is always an option for an insurer if there is evidence of third-party negligence. Such avenues of enquiry may come to light during an in-country investigation so it is therefore imperative that investigators gather evidence, including copies of all insurance coverage, regardless of parties involved. During a recent investigation into a fatal accident in Thailand, the travel insurer accepted the claim, and during the investigation the tour company openly provided copies of all their tourist, vehicle and liability insurances and were fully co-operative in the proceedings. Although the insurer may not wish to proceed with recovery against the tour company given the sensitive nature of the claim, the family is in an informed position to seek an appropriate response from the company. Whether the claim has the potential for recovery, the task for investigators becomes much harder weeks, or even months, after the event.

Managing the process

Centricity has developed a number of key initiatives over recent years to better serve their clients and streamline the claims referral process. Like many companies, the use of a Web-based case management system allows not only

investigators, but also clients, to access their case referrals as well as review the progress of the case in real time. Traditional email correspondence is still used, but the real value is being able to update clients on the road with iPhone and Blackberry devices. The industry has seen rapid growth in data-mining technology and analytical solutions over recent years, but it has taken some time for insurers to take that leap of faith, due in part to the high cost of implementation, together with the additional ongoing management fees. Despite all the bells and whistles proffered by the myriad of applications, they will remain a tool to aid in the investigation, and are, for some, a very good tool. Identifying the fraudulent claims and controlling the associated costs is without doubt the catalyst for a profitable business. As investigators, we rely on the expertise within the claims department to effectively analyse and evaluate each claim for potential fraud or inconsistencies. Some companies, such as the Cega Group, use a team of in-house fraud specialists to review each claim before referring it for investigation. A dedicated team can scrutinise each claim and only those that meet certain criteria are sent for investigation, saving unnecessary expenditure on random 'hunch' referrals. Europ Assistance and Global Response have similar teams, which review and analyse claims, providing an improved value-added service for their clients.

As investigators we rely on the expertise within the claims department to effectively analyse and evaluate each claim for potential fraud or inconsistencies

Conversation management is another tool used by in-house claims teams and investigators. A well-structured interview can often draw out inconsistencies in a claim and the circumstances surrounding the events leading up to the loss. These interviews can yield significant savings if conducted by well-trained interviewers.

Case studies

Some of the more critical cases handled in recent years are all early intervention matters where there has been significant differences in the original loss notification and the findings of an investigation. There have also been tragic cases where the apparent negligent actions of a third party have resulted in serious injury and even death. From an early intervention standpoint, the key to gathering the evidence when investigating these claims is to be on the scene within 24 to 48 hours, no matter where the country or what the logistics. There is overwhelming evidence that this strategy and commitment has saved insurers hundreds of thousands of dollars, and it's not a hidden agenda or looking for a loophole so the client can deny the claim – that argument does not carry any weight with professional investigators whose role it is to gather all available evidence, not make decisions and judgements on claims. Far too many personal injury cases result from excessive consumption of alcohol. Unfortunately,

only when it's too late do the true facts begin to emerge, and that raises further issues for the insurer. Often key witnesses have left the area or the police file has been closed pending the outcome of court proceedings. Take the case of a claimant fishing in Eastern Europe. The first notice of loss indicated that he was electrocuted and killed while standing in water. However, the subsequent investigation found that he and his friend had entered a restricted area, out of bounds to the general public, a fact that was only discovered after an onsite visit two days later. The victim's long fishing pole had, in fact, touched high-voltage wires as he was getting it out of the back of the car. ■



Phil Peart is the principle of Centricity Consulting. He is a licensed investigator with over 30 years' experience and has handled thousands of investigations on every major continent,

uncovering thousands of dollars worth of insurance fraud. He has assisted companies such as Amex Travel, CEGA and AIG.

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Xof711/wikipedia

A sporting chance

With more people than ever embarking on adventure holidays, Roger St Pierre questions whether the decision to cover some sports but not others is based on a whim, or on solid statistical research

Everything in life involves a risk factor. It's part of the human condition, and why the insurance industry exists. However, there are some for whom danger is a positive addiction and for whom risk taking is a lifestyle choice – with possibly fatal consequences. It's for risk assessors and life actuaries to assess just what activities they are prepared to cover.

The problem lies with the wide divergence of underwriter opinion on just what is dangerous and, to the outsider at least, it seems that decisions on what, or what not, to cover, are based more on perception than on the actual facts.

Fatal bowls'

So, what leisure pursuit has the most deaths per 100,000 participants? You'd be surprised to know it's lawn bowls, with three times more deaths on the greens each year than are seen on the rugby pitch over the same period.

Of course, this is because most of those who take part in lawn bowls are elderly and sometimes even the mild exercise levels involved prove too much for participants.

Perhaps more surprising is the high mortality rates seen on the golf course. This isn't just down to overweight business people overdoing it at the 19th hole; the culprit is lightning, which claims many of its victims out on the greens and fairways.

Yet few insurers refuse cover for golf or, for that matter, lightning strikes. Nor do they demand big loaded premiums if they are to include cover for playing cricket – though there's statistically four times more chance of death or serious injury from being hit by a cricket ball, which travels through the air at well over 100 mph, than there is of being pummelled unconscious in the boxing ring.

It's amazing, but while 1,523 American golfers die of lightning strikes each year without policy exclusions, – around 450 of them in Florida alone – any activity that involves sharing the water with sharks is almost

certain to be denied cover by most insurers. Yet only three of the world's 450 species of shark are actually man-eaters and there have been just 869 recorded attacks globally since 1990, of which only 114 were fatal. Last year's shark bite death toll was just four.

Nor are shark related activities anywhere near as dangerous as simply sitting relaxing under a

coconut tree, an activity – or should that be lack of it? – that takes around 250 lives a year.

Brent Escott, managing director of Australian tour

operator Club Direct, commented: "People worry incessantly about being bitten by sharks when they come here but I suggest that they would be better advised not to sit under a coconut tree!"

Similarly, the *Tour de France* bicycle race, which sends its riders toiling up, then hurtling back down, lofty mountain passes, hitting speeds of close on 60 mph, often with a sheer drop at one side, is renowned for its spectacular crashes.

Yet since the first Tour in 1903, there have only been two riders killed in fatal accidents on the road – Francesco Cepeda in 1935, and Fabio Casartelli in 1995.

But, Adolphe Hélière was electrocuted by a jellyfish whilst bathing on a *Côte d'Azur* rest day in 1910, while in 1956 the official taking photos who stepped in front of André Darrigade on the *Parc des Princes* track during the final stage of the race, was killed by the impact.

Although underwriters generally regard road cycling as a coverable activity, most don't feel the same about mountain biking, even though the raw statistics show there is negligible difference in injury rates between these two branches of the same activity. World and Olympic champion track cyclist, Sir Chris Hoy, said: "It annoys me when insurance

people start talking about cycling being dangerous. I was recently out of competition for a few months myself, but it's a truism that in competition there are very few serious accidents. The crashes can be spectacular but, in most cases, it's just a matter of cuts and grazes.

He continued: "When it comes to leisure cycling and bicycle commuting, the published statistics can be made to look bad. That's because they are based on accidents per mile when they should be calculated according to time at risk – an hour's cycling being a whole lot safer than an hour spent sitting in a car."

There is, though, a huge difference in risk levels between cross-country skiing and the more extreme downhill skiing activities.

The ever-widening diversity of wintersports activities, some of them almost suicidally dangerous, make an underwriter's job very difficult

The ever-widening diversity of wintersports activities, some of them almost suicidally dangerous, make an underwriter's job very difficult. The recent 2010 Vancouver Olympics luge tragedy, which took the life of competitor Nodar Kumaritashvili from Georgia, has only served to highlight the risks involved. Using special skis and aerodynamic suits, speed skiers hit 160 mph in what is the world's fastest non-motorised sport, and other snow-sports are getting faster and faster.

Many sports are now extremely safety conscious, which explains how the one-time regular carnage of car and motorbike racing has been drastically

underwriters generally regard road cycling as a coverable activity, most don't feel the same about mountain biking

reduced. Of course, the sports with the most injuries can be very different from those with the highest

Top 10 hazardous sports
... and they aren't the ones you might first think of

Lawn bowls

Forget skydiving, white-water kayaking and tightrope walking, lawn bowls is, amazingly, the number-one killer among all sports. Time-worn bones and joints lead to more injuries than in any other sport, plus the sheer age of the competitors ensures the highest death rate of any sport

Base-jumping

Some 175 base jumpers have perished since the craze, which involves jumping off a fixed object with a packed parachute, took off 30 years ago. Since it is an illegal activity insurance coverage is out of the question, but that seems to be no deterrent

Horse riding

Equestrian activities of all kinds, from pony trekking to racing and show jumping, accounted for 128 US fatalities per 100,000 participants last year – compare this with boxing at a relatively lowly 1.3 deaths per 100,000

Golf

More than 4,000 people die on golf courses each year, mostly from heart failures induced by unaccustomed exercise. Some five per cent of all lightning strike deaths take place on the greens and fairways of the world

Rock climbing

America's insurance industry gives this activity a Category Five rating, deeming it only marginally less dangerous than such truly bizarre Category Six pursuits such as blind archery and naked knife fighting

Sea angling

Over-keen fishermen get swept off the rocks or cut-off by the incoming tide. Sea angling accounts for hundreds of deaths around the world

Motorcycle racing

The infamous Isle of Man TT is, beyond question, the most lethal race in all sport. It has claimed 220 lives in 100 years

Cheerleading

Over-enthusiastically warming up the ball game crowds led to 20,000 reported injuries in the US last year, with spinal injuries and leg fractures common. In fact, the girls are more at risk of injury than the guys out on the field. It's more dangerous than any other sport for women.

Cave diving

It's too easy to lose your bearings in a pitch-black cave 100 feet beneath the waves. More than 500 cave divers have died in the Gulf of Mexico and Caribbean since 1960, according to the San Marcos Recovery Team in Texas, US

Rugby

Arguably the world's most brutal contact sport, mostly played without protective clothing

death rates – among the former being, believe it or not, American-style cheerleading, which, these days, tends to involve a degree of gymnastics. Form human pyramids and you must take the consequences!

In recent times there's been a veritable explosion onto the scene of so-called extreme sports and specialist brokers have emerged to cater for this new and highly specialist market. Protect Direct Online is a UK-based specialist independent brokerage offering tailor-made life and travel cover for individuals involved in dangerous sports and pastimes. "There's not many risks that cannot be covered, provided the activity is itself within the law," said a spokeswoman for the company, adding:

Frequently excluded activities;

- Abseiling
- Base-jumping
- Canyoning
- Climbing
- Motorsports
- Heliskiing
- Hunting
- Ice hockey
- Motorsports
- Off-piste skiing
- Parachuting
- Polo
- Potholing
- Power boating
- Scuba diving
- Tobogganing

"The rate we can get depends on the varying levels of re-assurance used by the companies we go to."

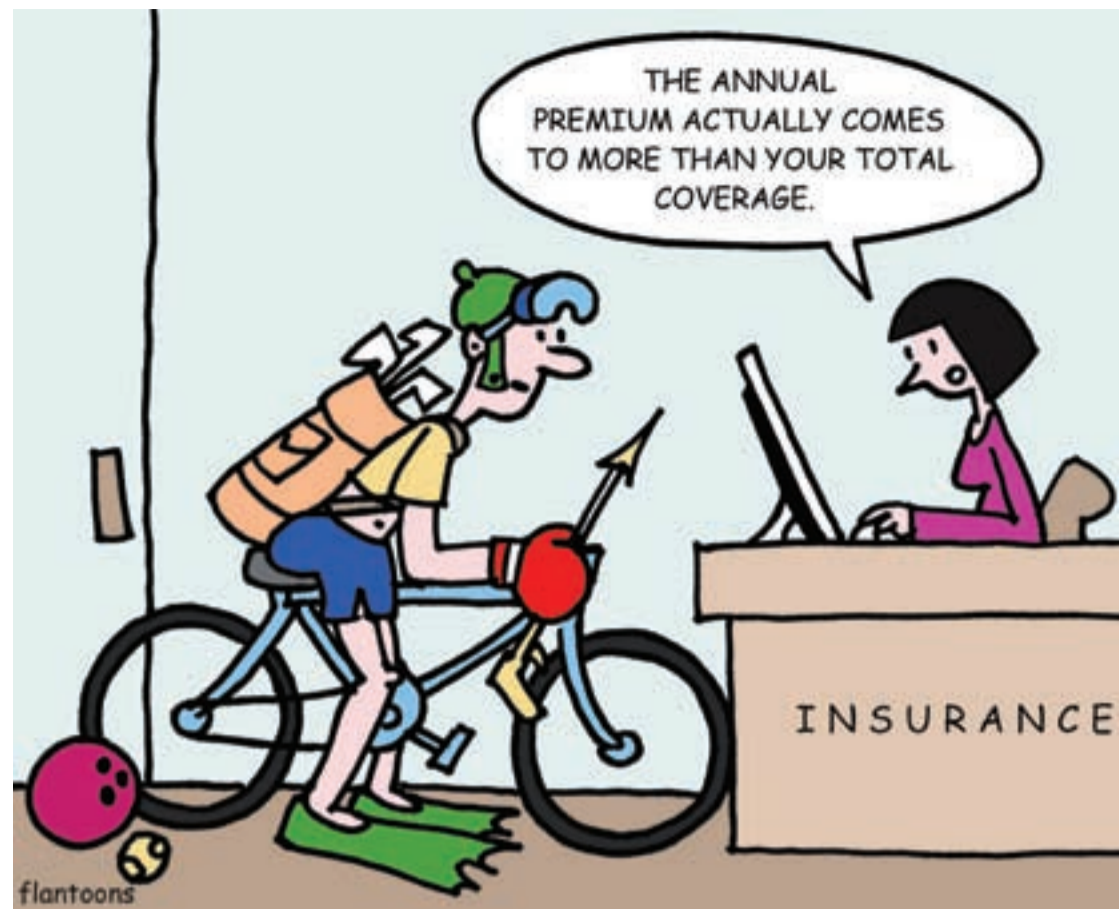
Sports Activity Travel Insurance aims its products directly at those who wish to indulge in sports while on holiday. These activities can range from such extreme sports as bungee jumping and sky diving to more standard pastimes, such as golf or windsurfing. Cover can cost over 50-per-cent more than a standard policy, but when even a minor injury can cost £500 for treatment and a major injury can result in a bills for many thousands, the public should be made more aware of the need to carefully check their levels of cover and act accordingly.

Specialist health insurer Unum takes into account not only the nature of the sport, but also how the activity is conducted. Colin Young, the company's underwriter, commented: "If it is motorised hang-gliding we want to know they've got a pilot's licence. If it's parachuting we'd want to know it is being conducted within a properly organised club."

However, while addicted enthusiasts know the ropes and how to go about getting cover for dicing with death, albeit at often-stratospheric premiums, it is the ordinary holidaymaker who can all too easily come unstuck. Before renting a holiday resort moped, jet ski or skidoo, travellers should dig deep into the small print of their travel insurance policy to ensure the particular activity is covered.

One Internet blogger said: "I think it is fair to say that most holidaymakers would not consider jet skiing to be an adventure sport. I myself was allowed to jump on a jet ski in Barbados with my brothers. We were given no lessons and our only protection was our life jackets." The blog continued: "It was only on returning to the hotel that I discovered to my horror that our Direct Line insurance policy did not cover us. It was a daunting paragraph to find tucked away on a page of already overly small and wordy print." It's the diversity of just what cover is offered as standard and, too often, the lack of an opportunity to add extra risks at an additional premium that is upsetting many consumers.

Travel agent Vince Cutting, of London-based Dulwich Travel, commented: "There's a totally bewildering divergence between insurers when it comes to deciding which sports truly are dangerous and which can be covered as standard. Surely, if



if underwriting really was based on accident statistics rather than purely arbitrary decisions then all the insurers would be including or excluding much the same list of activities

underwriting really was based on accident statistics rather than purely arbitrary decisions then all the insurers would be including or excluding much

the same list of activities." He added: "Consumers would then be able to make an informed decision on whether or not they needed to seek wider cover." ■

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Before renting a holiday resort moped, jet ski or skidoo, travellers should dig deep into the small print of their travel insurance policy to ensure the particular activity is covered

A world-class system

The healthcare system in Australia is one of the best in the world, and the assistance services on offer are not far behind, according to Roger Allnutt, who assessed the situation for international travellers heading Down Under

The island continent of Australia is roughly the same size as Western Europe, yet has a population of just over 22 million. About 80 per cent of the country's population lives in cities – such as Sydney, Melbourne, Brisbane, Adelaide and Perth – that are mainly located on the coastal edges, principally along the eastern and southern part of the continent. There are large regions that have only small, scattered towns or are unpopulated.

Settlement of Australia by people now known as Aboriginal and Torres Strait Islander peoples or Indigenous Australians, occurred some tens of thousands of years ago. Settlement by people from Great Britain, and subsequently other countries, began in 1788, resulting in a present day population with a diversity of ethnic backgrounds.

In the nineteenth century, Australia was governed as a number of British colonies. Since 1901, though, Australia has been an independent nation having a federal system of government, with origins in the British system of government and law. The Constitution established a Commonwealth (federal) Government, giving its Parliament powers in specified fields.

Originally, the only Commonwealth health power was in quarantine matters. However, in 1946, the Constitution was amended to enable the Commonwealth to provide health benefits and services, without altering the powers of the States in this regard. Consequently the two levels of government have overlapping responsibilities in this field.

The Commonwealth currently has a leadership role in policymaking, particularly in national issues like public health, research and national information management. The States and Territories are primarily responsible for the delivery and management of public health services, and for maintaining direct relationships with most healthcare providers, including the regulation of health professionals. Australia is a developed country with a generally high standard of living, and a high standard of medical

facilities and care. It also has a strong and innovative medical research tradition responsible for a number of important breakthroughs that have benefited patients around the world.

Healthcare delivery

The States and Territories deliver public acute and psychiatric hospital services and a wide range of community and public health services, including school health, dental health, maternal and child health, and environmental health programmes – the State and Territory governments directly fund a broad range of health services, and the Commonwealth funds most medical services out of hospital, and most health research.

There is also a large and vigorous private sector in health services. The Commonwealth Government considers that strong private sector involvement in the provision of health services and financing is essential to the viability of the Australian health system. For this reason, the Commonwealth Government provides a 30-per-cent subsidy to individuals who acquire private health insurance and has introduced additional arrangements to foster lifelong participation in private health insurance plans. Private health insurance can cover private and public hospital charges (public hospitals only charge patients who elect to be private patients in order

to be treated by the doctors of their choice), and a portion of medical fees for inpatient services. Private insurance can also cover allied health/paramedical services, such as physiotherapists' and podiatrists' services, and some aids and appliances, such as spectacles.

A mix of public and private sector providers deliver health services – the quality of healthcare provided is high in both sectors. The majority of doctors are self-employed, although a small proportion consists of salaried employees of the Commonwealth, State or local government. Salaried specialist doctors in public hospitals often have rights to treat some patients in these hospitals as private patients, charging fees to those patients and usually contributing some of their fee income to the hospital. Other doctors may contract with public hospitals to provide medical services – there are many independent pathology and diagnostic imaging services operated by doctors. Public hospitals include hospitals established by governments and hospitals that were originally established by religious or charitable bodies but are now directly funded by the government. There are a small number of hospitals built and managed by private firms providing public hospital services under arrangements with State governments, although most acute care beds and emergency outpatient clinics are in public hospitals. Large urban

public hospitals provide most of the more complex types of hospital care such as intensive care, major surgery, organ transplants, renal dialysis and specialist outpatient clinics.

Private hospitals are owned by for-profit or not-for-profit organisations such as large corporate operators, religious operators, and private health insurance funds. In the past, private hospitals tended to provide less complex non-emergency care, such as simple elective surgery. However, some private hospitals are increasingly providing complex, high-technology services. Separate centres for same-day surgery and other non-inpatient operating room procedures are found mostly in the private sector, although many public hospitals provide such services on the same site as inpatient care.

As mentioned, the quality of healthcare in Australia is high. The first point of contact for most patients is to see a general practitioner, and if more detailed advice is required, a patient can be referred to a specialist. Although the number and availability of general practitioners varies across Australia, most large hotels in the major cities have arrangements with doctors who would be available for consultation for travellers in need of medical care – the patient would be expected to pay the practitioner after the consultation.

The largest and most comprehensive hospitals are located in the major cities and these offer a wide range of treatments. The top hospitals (and many of these are also teaching hospitals) are equivalent to the best in the world. Outside the major cities, while the standards in smaller regional hospitals are still high, the range of treatment options may vary. However, for most travellers, the need for hospital treatment is usually the result of an accident such as a broken limb from a fall, for example, or a more major accident, such as a road accident. In these cases, the traveller should first seek, or would be taken to, a nearby accident and emergency section of a hospital – usually a public hospital.

The emergency department of the hospital would

The States and Territories are primarily responsible for the delivery and management of public health services, and for maintaining direct relationships with most healthcare providers, including the regulation of health professionals



then usually issue an account for the services rendered, including both charges for the treating doctor(s) and for the cost of the hospital stay. It would be up to the patient to cover these costs and seek reimbursement from their insurer. It is up to the individual hospital to determine the fees charged; there is no 'set' fee for specific services across the country, or, as in the US, 'usual, customary and reasonable' charges.

For emergency treatment for patients from countries with which Australia has a reciprocal agreement, however, these fees would be waived. Unlike some other countries where evidence of capacity to pay is required as a prerequisite before treatment is commenced, no patient needing emergency care in Australia would be denied treatment. There are some innovative solutions to health issues arising out of Australia's unique history and needs.

The aim of the national healthcare funding system is to give universal access to healthcare while allowing choice for individuals through a substantial private sector involvement in delivery and financing. The major part of the national healthcare system is called 'Medicare'. Medicare provides high-quality healthcare that is both affordable and accessible to all Australians, often provided free of charge at the point of care. It is financed largely from general taxation revenue, which includes a Medicare levy based on a person's taxable income.

When Medicare began in 1984, the Medicare levy was introduced as a supplement to other taxation revenue to enable the Commonwealth Government to meet the additional costs of providing the same level of care for the whole population.

The Medicare levy is paid by individuals at a basic rate of 1.5 per cent of taxable income above certain income thresholds. Taxpayers on high incomes who do not have private health insurance pay an additional one per cent of taxable income as part of the levy.

Private health insurance is an important component of funding of healthcare in Australia, providing about 11 per cent of total national healthcare funding. For insured people, it provides added benefits such as choice of doctor, choice of hospital and choice of timing of procedure. Private insurance can also assist with meeting the costs of private sector services that are not covered by Medicare, such as dental, optical, physiotherapy and podiatry services.

Air ambulance cover

Australians, and people who visit the country, are lucky to have at their service the Royal Flying Doctor Service (RFDS), which began as the dream of the



A mix of public and private sector providers deliver health services – the quality of healthcare provided is high in both sectors

Rev. John Flynn, a minister with the Presbyterian Church. He witnessed the daily struggle of pioneers living in remote areas, where just two doctors provided the only medical care for an area of almost two million square kilometres. Flynn's vision was to provide a 'mantle of safety' for these people and by 1928, his dream had become a reality with the opening of the Aerial Medical Service (later renamed the Royal Flying Doctor Service) in Cloncurry in outback Queensland.

Over the next few years, the RFDS began to expand across the country. By the 1950s, the RFDS was acknowledged by former Prime Minister Sir Robert Menzies as 'perhaps the single greatest contribution

to the effective settlement of the far distant country that we have witnessed in our time'.

Today, the RFDS operates a fleet of 53 fully instrumented aircraft with the very latest in navigation technology. It operates 21 bases across Australia, delivering rural healthcare to remote areas by aircraft. Every day, the RFDS takes the finest care to Australia's furthest corners so that anyone who lives, works or travels in remote and rural Australia can enjoy the best of health.

In addition to the RFDS, each state and territory operates other medical retrieval systems to bring patients to major hospitals for medical treatment. The CareFlight Group, for example, is one of

Australia's largest air medical retrieval operations, carrying out more than 3,000 domestic and international missions each year. CareFlight integrates its own full-time critical care doctors, air crews and dedicated medical helicopters and retrieval jets to dramatically reduce response times, significantly improving patient outcomes.

There are other companies providing similar services and these include CareFlight International, Mediflight and Ozevac. These companies become involved if the insurer of the patient contacts the company for assistance or the patient initiates contact directly if they do not have travel insurance. For example, Ozevac uses some of the latest medical equipment



Although the number and availability of general practitioners varies across Australia, most large hotels in the major cities have arrangements with doctors who would be available for consultation for travellers in need of medical care – the patient would be expected to pay the practitioner after the consultation

with Learjet air ambulances that come equipped with Lifeport stretchers. Expert doctors and nurses are specifically chosen to meet the individual needs of each case.

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national not-for-profit organisation that forms part of Australian Red Cross. It is supported by the governments of Australia and is responsible for providing the Australian community with safe, high-quality blood and blood products, and organ and bone marrow services for transplantation. It does this with the support of more than half a million voluntary blood donors. Rigorous screening takes place before donations of blood are taken and no payment is made to the donor.

International travellers

Because Australia has a high-quality healthcare system, with low costs compared to some other developed countries, it is an excellent destination for patients seeking treatment that they cannot access in the country where they live. People wishing to visit Australia for this purpose should, before arriving, obtain the appropriate type of visa and make arrangements for treatment and payment. Eight countries have reciprocal healthcare agreements with Australia. These are: Great Britain, Finland, Ireland, Italy, Malta, the Netherlands, New Zealand, and Sweden. Visitors (but not visitors studying in Australia) from these countries are eligible for Medicare assistance for immediately necessary medical treatment (but not for prearranged treatment). Under the agreements, hospital treatment is provided only if the patient elects to be a public patient.

The terms of the various agreements differ. The major differences are that the agreements with Ireland and New Zealand cover only hospital

treatment and pharmaceutical benefits, and the agreements with Italy and Malta cover only the first six months from the date of arrival in Australia. Note that reciprocal healthcare agreements do not cover treatment if the purpose of the visit to Australia is to have treatment.

Other visitors are not eligible for Medicare and should arrange for comprehensive health insurance to cover unexpected healthcare costs during their visit to Australia. The regulated private insurance used by people eligible for Medicare is inappropriate for this purpose since it does not usually adequately cover doctors' fees for in-hospital medical services. People coming to Australia for the purpose of having treatment should ensure that they are fully informed about the costs they will need to meet. People coming to Australia for the purpose of study are required to purchase special low cost health insurance known as Overseas Student Health Cover.

Assistance matters

There are several assistance companies operating in Australia to aid travellers in need. Mondial Assistance Australia has built up a network of over 1,600 medical specialists, including air ambulance services, spanning the entire nation. According to the company, Our medical consultants are members of bodies such as International Society of Air Medical Services (Australasia) or the International Society of Travel Medicine and cover activities ranging from emergency rescue operations to interpretation services. This personnel base is supported by an extensive range of portable medical evacuation equipment and allow

In addition to the RFDS, each state and territory operates other medical retrieval systems to bring patients to major hospitals for medical treatment

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IAG collectively manages over 351,000 travel assistance cases a year, with nearly 18,000 travellers being evacuated

for an international mobile response giving Mondial Assistance a strategic advantage when responding to emergency situations.” AXA Assistance Australia also boasts complete coverage for travellers who find themselves in need of help – no matter how remote a part of the Outback they find themselves. The company states: “Corporate strength, combined with our global network of Alarm Centres, professional medical providers and correspondents, enable us to respond efficiently and sensitively, to any emergency medical or travel situation around the globe. In every case, we provide immediate solutions in a caring, responsible and cost-effective manner, whatever the profile of your customer; from international expatriates in the need for permanent protection, to high-maintenance business travellers, requiring on-the-spot answers.” It adds: “Pre-arranged special rates, priority access to local facilities and PPO discount capabilities guarantee we always deliver the best service at the best price.” ACE Assistance also operates in Australia, offering insured travellers emergency medical evacuation, medically supervised repatriation, legal assistance and compassionate visits if the policyholder is travelling along and is hospitalised for more than a week. It also provides for payment of approved medical services



or a redirection of hospital accounts straight to ACE Insurance. ING Australia has its own in-house emergency assistance team, Omega, which offers help to outbound Australian tourists. QBE Australia also offers Omega assistance to outbound travellers, as do

several other Australian travel insurers. Cover More, a well-known Australian insurer, offers emergency medical assistance through its sister company, Customer Care Pty Ltd, which it claims is ‘one of the region’s leading assistance providers with our own medical and technical people based in Australia’. It is a member of Insurance Australia Group (IAG), which provides assistance services for over 127 million policyholders each year. IAG collectively manages over 351,000 travel assistance cases a year, with nearly 18,000 travellers being evacuated annually.

All Australians travelling overseas are advised to purchase comprehensive health insurance, regardless of whether or not they are travelling to countries with which Australia has a reciprocal healthcare agreement. The bottom line for travellers to Australia and for Australians travelling overseas is the vital importance of taking out comprehensive travel insurance, including medical insurance, for the duration of their trip. The costs of medical assistance in many countries can be astronomic including, where necessary, repatriation to the traveller’s home country.

Outbound Australians

Medicare covers only services rendered in Australia. Australians visiting countries with which Australia has reciprocal healthcare agreements are generally covered by the host country’s public healthcare system while they are in the host country. Australians planning such visits, though, should contact Medicare to check the details of what is covered by the agreement in each country before arriving there.

Healthcare provided while in transit to or from these countries is not covered by the agreements and nor is the cost of repatriation in cases of serious illness or death. In visits to other countries, the full costs of healthcare will be generally charged to the traveller and no assistance will be available from the Australian Government.



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Russian rescues

ITJ recently caught up with Natalya Butakova, business development manager at AP Companies, for a chat about the Russian assistance market and its potential for growth

First of all, let's start with some background information: where were you born, where were you educated and where do you live now?

I was born in Turkmenistan (the former USSR), then I lived in Almaty, Kazakhstan (again in the former USSR) for about 10 years with my parents before we returned to Turkmenistan. I also lived in the US for one year, where I graduated from school in 2001 before returning to Russia to live and work in Moscow. I got my university degree in Moscow, and was married in December 2009.

What was it like growing up in the Soviet Union?

Growing up in the Soviet Union was great for me; I had a happy childhood. We didn't have many material things, but what we did have brought us so much pleasure and joy. It was safe for us kids to play in the yard without supervision (which is just not possible in Moscow now). It seems like people were very kind and open back then, and most people had more or less the same level of income, so were not envious of each other and had nothing to hide from each other. We ate only natural and healthy foods: fresh meat, vegetables, and fish; no sausages or fast food – we simply did not have it back then. My overall impression from that time is carefree and bright – maybe because I was growing up in the Soviet Union or maybe because my parents just took good care of me!

What is the most memorable part of your childhood?

I'm a big sweets lover and the most memorable part of my childhood would be my birthdays when my mother would make a beautiful birthday cake for me and my friends and decorate it with real rose petals dipped in a special recipe of eggs and sugar. Those edible petals seemed so magical and special to me as no one else's mother knew how to make them. Besides, it was always so beautiful, so I loved those birthday parties when I was a child.

The difference between your childhood and then living in the US for a short time must have been a real culture shock. Do you think it gave you an insight into the type of assistance needed by expatriates?

You are absolutely right: it was a culture shock for me when I arrived in the US and yes, that experience did help me to get a better understanding about 'service' in general and about medical assistance in particular. I still use that experience in my everyday work. Knowing at least a little bit more about expatriates helps me to provide them with better assistance. More than that, while in the US I was an expatriate myself and so I know what it feels like to be in a foreign country and what kind of assistance you expect and need.

How did you become involved in the travel insurance industry in the first place, and how did you come to your current role?

Starting in 2001, I spent three years in a private hospital in Moscow as a direct insurance billing

in the US I was an expatriate myself and so I know what it feels like to be in a foreign country and what kind of assistance you expect and need

manager. Even back then, we treated tourists and I was involved in providing different assistance services for them (even though at that time I had no idea that they were 'assistance' services). I helped our patients to prolong their visas if they expired, accommodate their relatives in a nearby hotel, and bring their luggage from the hotel to the hospital if they needed to stay in for longer. So, at that time, it was part of the service, and in many cases I assisted patients and their families outside of my normal working hours because I simply enjoyed helping people when they were stranded in a foreign country alone, scared and sick.

Then, for two years, I was general manager at a new private Western-style clinic in Moscow. I was involved in everything from planning the landscape around the clinic and licensing the facility, to admitting the first patient and ensuring the successful overall operation of the facility. I then wanted more international experience, which a single private clinic could not give me, and hence for the past three years I have worked for an international assistance company in the position of business development manager.

What prompted the name change from Assistance Plus to AP Companies?

Due to some internal changes the business was divided by shareholders, and as a result there appeared to be two companies with similar names. Several partners and clients started to mix us up, so the decision to change the name of the company was taken. Moreover, many of our clients expressed their wish to put our logo on their membership cards, and the 'AP' name is shorter and so can fit more easily.

Do you see the Russian outbound travel market as providing great potential for firms like AP Companies? There are thousands of people who now have the money to travel, but have you seen evidence of more travellers buying insurance?

All Russian tourists venturing abroad are obliged to buy travel insurance, either from the Embassy before getting their visa or from their travel agency. With more people travelling, more people are buying travel insurance policies, and so there is a great deal of potential for our company when it comes to the future provision of assistance services.

International companies can sometimes find it difficult to operate in Russia due to regulatory challenges. What advice would you give an insurer who is looking for an assistance or air ambulance partner in the country?

I agree with you when you mention 'regulatory challenges' and that mostly relates to the inability to place a payment directly to a Russian bank account i.e. to the medical or any other provider; so many insurance companies are forced to work through a local assistance company.



My advice would be very simple: look for responsiveness and prompt reaction for whatever you ask for (be it emergency medical help or just a request for a list of available hospitals) from the assistance company you are looking at as a potential long-term partner, as I believe these two characteristics are very important in our business.

How many Russians are travelling abroad for treatment outside of their own country? AP Companies provides insurance for travellers seeking treatment elsewhere in the world, but what proportion of the business is dedicated to this particular service?

Receiving medical treatment abroad has become very popular among Russian people. The most popular destinations among Russians historically were Germany, Switzerland, Austria and Israel. But recently we have noticed new destinations becoming more and more popular, such as Singapore and Japan. These places attract Russians with their state-of-the-art modern medical equipment, new developments in medical science, and an innovative approach to treatment. AP Companies provides outbound medical tourism services to Russians, facilitating the needs of the patient from the point of choosing a suitable medical facility to returning home after treatment. It is a rather large portion of our business, around 30 per cent.

If you could do any other job in the world, other than the one you have right now, what would it be?

I would be a psychiatrist, I think. This field has always attracted me.

What is your favourite movie, and why?

I love Agatha Christie and I love all the movies based on her stories.

What motivates you in your work life?

I like what I'm doing and my successes inspire me.

If you were having a 'dream' dinner party, who would be there – apart from your family?

I would invite Mr Medvedev, the Russian President, and Mr Putin, the Russian Prime Minister.

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- | | | |
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|  AIR AMBULANCE INTERIOR |  CLAIMS SUBROGATION |  MEDICAL ESCORT ON COMM. AIRLINE |
|  AIRCRAFT PERFORMANCE SOLUTIONS |  COMMERCIAL REPEAT SPECIALISTS |  MEDICAL PROVIDER |
|  ASSISTANCE COMPANIES |  CRITICAL CARE PATIENT TRANSPORT |  MEDICAL SCREENING |
|  CATASTROPHIC CLAIMS SPECIALIST |  FUNERAL DIRECTORS |  RE-INSURANCE |
|  COST CONTAINMENT |  HEALTHCARE CLINICS |  TRAVEL AGENTS |
| |  HOSPITALS |  WEB & DESIGN SERVICES |

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CATEGORY KEY

-  AIR AMBULANCE
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-  AIRCRAFT PERFORMANCE SOLUTIONS
-  ASSISTANCE COMPANIES
-  CATASTROPHIC CLAIMS SPECIALIST
-  COST CONTAINMENT
-  CLAIMS MANAGEMENT
-  CLAIMS SUBROGATION
-  COMMERCIAL REPAT SPECIALISTS
-  CRITICAL CARE PATIENT TRANSPORT
-  FUNERAL DIRECTORS
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-  MEDICAL PROVIDER
-  MEDICAL SCREENING
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CareFlight Group 

Medical and Tasking Centre

PO Box 5078, Robina Town Centre, Queensland, 4230 **AUSTRALIA**


24hr tel: +61 7 5553 5955 email: airambulance@careflight.org.au
 fax: +61 7 5553 5914 website: www.cmsairambulance.com

CareFlight International 

Sue Robshaw – *Co-ordinator*

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tel: +61 1300 655 855 email: international@careflight.org
 fax: +61 2 9689 2744 website: www.careflight.org

Medical Wings 

Dr Sommart Somsiri – *Medical Director*

222 Room 3259, Bangkok Int Airport, Viphavadee-Rangsit Rd, Sikan, Don Muang, Bangkok 10210, **THAILAND**

tel: +662 247 3392 email: m.w@medicalwings.com
 fax: +662 535 4355 website: www.medicalwings.com

MEDICAL ESCORT ON COMMERCIAL AIRLINES (ASIA)

Medic’Air International 每递安国际 

Dr Huaqun Gao – *Medical Director*

885 Renmin Road, Huaihai China Building, Room 808, 200010 Shanghai, **CHINA**

tel: +86 2163 558289 email: operations@medic-air.cn
 fax: +86 2163 558285 website: www.medic-air.com

AMREF Flying Doctor Service 

Dr Bettina Vadera – *Medical Director*

Wilson Airport, Langata Road, PO Box 18617, Nairobi, **KENYA**


tel: +254 20 6000 090 email: emergency@flydoc.org
 fax: +254 20 344 170 website: www.amref.org

Greek Flying Doctors 

Dimitris Kanellis – *Manager*

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 fax: +30 210 674 0634 website: www.greekflyingdoctors.gr

Redstar Aviation 

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Voyageur Aeromedical Travel 

Marc Lucas – *General Manager*

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tel: +44 (0)117 927 3554 email: marc@voyageur.co.uk
 fax: +44 (0)117 925 5940 website: www.voyageur24.com

MEDICAL ESCORT ON COMMERCIAL AIRLINES (EUROPE)

Air Ambulance Network 

Kirk Pacheco – *President*

905 Martin Luther King Jr Drive, Suite 330, Tarpon Springs, Florida 34689 **USA**


24hr tel: +1 727 934 3999 email: inquiries@airambulancenetwork.com
 fax: +1 727 937 0276 website: www.airambulancenetwork.com

Life Flight International Inc. 

Chris Connor – *Operations*

Victoria International Airport, Viscount Business Center, 103-9800 McDonald Park Road, Sidney, British Columbia, **CANADA**

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 fax: +1 250 656 9394 website: www.lifeflight.ca

MedEscort International 

Craig Poliner – *President*

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MEDICAL PROVIDER (NORTH AMERICA)

AMREF Flying Doctor Service 

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tel: +254 20 6000 090 email: emergency@flydoc.org
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Voyageur Aeromedical Travel 

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 fax: +44 (0)117 925 5940 website: www.voyageur24.com

TRAVEL AGENTS (WEB & MEDIA ADVERTISING)

V Creative Design 

Steve Annette – *New Media Director*

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tel: +44 (0)117 929 4636 email: info@vcreativedesign.co.uk
 fax: +44 (0)117 925 2040 website: www.vcreativedesign.co.uk

DIARY DATES

12-13 May
International Travel Insurance Conference – Domestic
The Grand Hotel, Brighton, UK

12-15 May
Physicians Insurers Association of America AGM
Palm Springs, California, US

19-20 May
British Insurance Brokers Association Annual Conference
ExCel Centre, London, UK

24-26 May
4th Asian Insurance CFO Summit
Singapore

2-3 June
Insurance Conference 2010
London, UK

6-9 June
24th Annual Caribbean Insurance Conference
Marriott Frenchman Reef Hotel, St Thomas, US Virgin Islands

6-9 June
IIS Annual Seminar
Madrid, Spain

9-11 June
America's Health Insurance Plans Institute 2010
Las Vegas, US

15-16 June
AIRMIC Annual Conference
Manchester, England

15-17 June
International Travel Insurance Conference – Pacific
Park Hyatt Saigon, Ho Chi Minh City, Vietnam

21-22 June
9th Insurance Conference on Catastrophe Insurance in Asia
Seoul, Korea

22-23 July
4th Asian Conference on Microinsurance
Vietnam

25-30 July
Clinical Considerations in Aeromedical Transport Course
University of Surrey, UK

20 July-1 August
Helicopter Medical Flight Crew Course
University of Surrey, UK

10-12 August
Vermont Captive Insurance Association Annual Conference
Sheraton Hotel & Conference Center Burlington, Vermont, US

8-9 September
Waypoint AirMed & Rescue 2010
London Oxford Airport, Oxford, UK

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Grapevine

Repatriation desperation

Here at the *ITIJ* offices, we know that repatriation of remains can be an expensive operation – another reason travel insurance is a good idea – but two German women recently tried to save themselves the cost by boarding an aircraft home from the UK with the body of a dead relative accompanying them in a wheelchair. According to press reports, staff at Liverpool's John Lennon airport became suspicious when one of the women tried to check in on the man's behalf. Suspicions that all was not as it might seem were first raised by the airport worker who was asked to assist the gentleman – unbelievably, the women had been organised enough to book assistance for their (ahem) 'disabled' relative, so airport worker Andrew Milea was waiting for their taxi outside the airport when it arrived. When he was asked by one of the women to lift her relative out of the taxi and into a wheelchair, Milea said: "I immediately felt unsure about the situation, but I did my best to help by carefully lifting the man from his seat. To my horror, his face fell sideways against mine; it was ice cold." Although the party reassured the handler that the man 'always

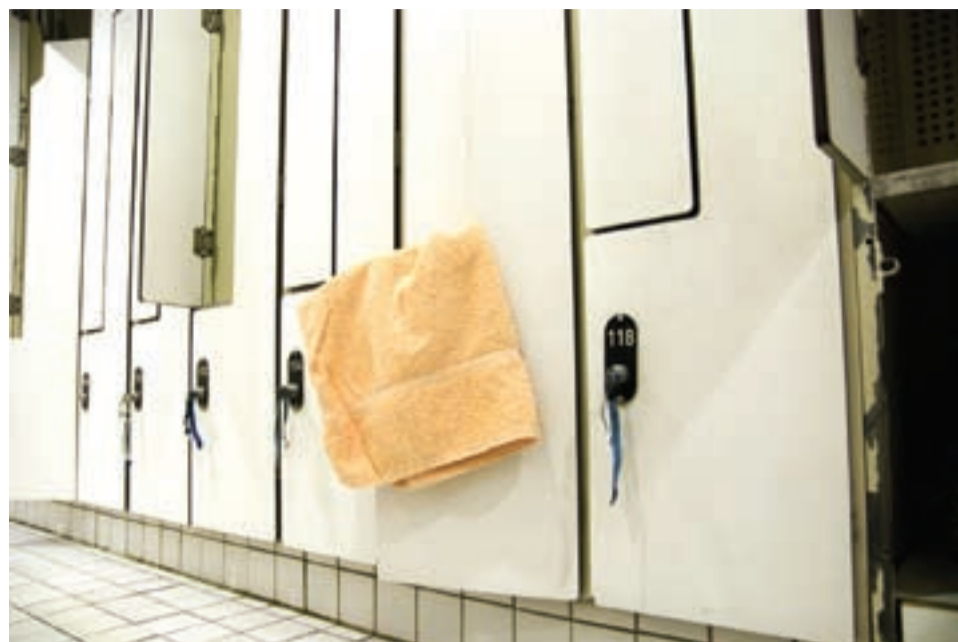


slept like that', Milea was concerned enough to notify security, having put the party at the back of the check-in queue. Security staff eventually persuaded the group to leave the queue and go into a side room, where first-aid staff confirmed that the man had died.

It is thought that the man had died the previous day, and had been put into a wheelchair with a pair of sunglasses on to try and conceal his true condition. The women were arrested on suspicion of failing to give notification of a death, but have since been released on bail.

Wacky attractions tempt tourists

More visitors than ever are heading towards TripAdvisor's top 10 wackiest attractions – the first of which is The Toilet Seat Museum in Alamo Heights, Texas, US, where the lure is over 700 decorated loo seat lids displayed in an over-sized garage. Another attraction of note that is pulling in the tourists is Carhenge, which



features jalopies (old, dilapidated vehicles) painted grey so that they look (vaguely) like Stonehenge in the UK. The third-wackiest attraction was Cadillac Ranch, where tourists can see 10 graffiti-covered Cadillacs sticking out of the ground. The Museum of Pez Memorabilia (yes, there is actually one) in California came in fourth, while Gatorland in Florida was the fifth most popular destination on TripAdvisor's list.

Burglar targets spa resorts

Police in Germany are said to be hunting a serial thief who is targeting German tourists' valuables while they make the obligatory dash to reserve the best sun lounger in the morning. While the rest of the spa guests head down to the pool area,

the thief uses a device that breaks the code of the electronically-secured doors of the lockers, takes cash and credit cards, then locks the door again, showing no sign of forced entry at all. Officials have released a picture of the burglar – complete with his own beach towel so he doesn't look suspicious – so that other resorts do not let him in. A spokesman for the local police said: "It's a clever scam. We want to know how he is opening the lockers and why nobody seemed to wonder why he didn't mind being last to the sun loungers."

Kung-fu crew

Terrorists beware, as there could soon be a new army of people willing to fight them – the US Association of Flight Attendants, a union of 55,000 people, has recently lobbied Congress to implement more stringent safety measures onboard flights over US airspace, with the measures including hand-to-hand combat training for all crew members. Corey Caldwell, a spokeswoman for the association, told the *LA Times*: "For better or for worse, once the cabin doors close, the flight attendants are the last line of defence." At the moment, combat training for flight attendants is voluntary, with



employees who decide to take it attending the lessons on their own time.

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Bump joins American Jets

American Jets Air Ambulance has appointed David Bump as its new programme director. Jim Hoehn, president and chief executive officer of the company, said that David Bump's experience and qualifications are a great match for the company, adding that his experience 'will afford us the ability to broaden our public relations activities while expanding flight operations and performance'. He added:



David Bump

"Dave's proven leadership and organisational skills, coupled with his knowledge of the air ambulance industry, will allow American Jets to continue our industry leadership while enhancing the services we provide to our patients and their family members." David has played an active role in the US air ambulance industry for some years now, starting with a clinical role as a flight paramedic before working as a public relations co-ordinator, accreditation site surveyor and director of programme development.

ebis hires Seebus

ebis Risk Services has announced the appointment of Harry Seebus as international business development manager, effective immediately. Seebus joined ebis having recently developed his own business as an independent consultant specialising in counter-fraud, verification and brand protection solutions. Catherine Bunton, managing director of ebis Risk Services, commented: "We are delighted to



Harry Seebus

welcome Harry as a member of our team. Harry's wealth of experience in the counter-fraud and risk prevention arenas will be of great benefit in developing business in our core markets."

Seebus added: "It is a pleasure and a privilege to be working for ebis, which has proven to be such an effective partner in preventing and investigating risk."

Zurich movers

Zurich Financial Services Group has made a series of changes in its global life and finance departments, starting with Debra Broek, who was chief financial officer (CFO) of Global Life, and is now deputy head of investor relations. In her new role, Broek will support and report to the head of investor relations Malcolm Gilbert, and will be located in Zurich. Elsewhere, Joachim Masur, who was group controller, has now taken on Broek's former position of CFO of the Global Life division. In his new role, Masur will be responsible for leading the division's finance team to support the delivery of the division's strategic aspirations.

Finally, Scott Egan, formerly group head of operations, planning and performance management, is now group controller. He succeeded Joachim Masur. In his new role, Egan brings together the group controllers' team with his existing group planning and performance management responsibilities.

RMS chooses vice-president

California, US-based Risk Management Solutions has announced that Christer Pehrson has been given the role of vice-president of client development. Pehrson has more than 15 years' experience in the insurance industry in senior leadership positions for companies including Guy Carpenter and Aon Benfield. He will work directly with RMS clients to identify strategic opportunities for growth. Before joining RMS, Pehrson served as executive director of Aon Benfield, where he co-managed the company's best practice initiative to serve global reinsurance clients, with particular responsibility for European clients. Pehrson said of his new role: "Over the course of my career, I have seen the value RMS brings to clients and to the industry. RMS is in an exciting phase of developing next-generation products and solutions, and it's an excellent opportunity to join such a value-creating and client-centric company."

New appointments for Prudential

Rob Devey, chief executive of Prudential UK and Europe, has been appointed to lead the integration of Prudential Corporation Asia and AIA Group, taking up the role with immediate effect. Prior to joining the company in 2009, Rob was managing director at Lloyds Banking Group.

Sykes is good to go

ONE Group has announced the expansion of its business into the medically impaired sector, and has appointed Iain Sykes as managing director of the new company, which will launch in June this year under the name goodtogoinsurance.com. The company will specialise in travel insurance for medically impaired travellers, with no upper-age limit imposed. Iain has played an instrumental role in the development of the proposition, based on his 40 years' insurance industry experience, the last decade of which has been focused on travellers with pre-existing medical conditions. Speaking of his appointment, Iain said: "I am delighted to be joining the ONE Group, which has firmly established itself in the travel insurance sector for high-quality customer services, combined



Iain Sykes

with an innovative approach to insurance solutions. The company's insurewithease.com brand regularly achieves top ratings on a number of consumer websites, and its claims handling and assistance divisions are highly regarded within the industry." Iain is working with Danny Palmer, who has recently been appointed insurance manager for the company. Danny has worked in the travel insurance industry since 1993, predominantly focusing on services for the tour operator/travel agent sector working for a number of major brokers.

Healix promotes Morgan



Dr Finn Morgan

Healix Group has strengthened its medical resources with the promotion of former chief medical officer Dr Finn Morgan BS, BSc, FRCS to the board, as group medical director. Dr Morgan will ensure that the medical focus at the heart of the company is maintained and enhanced to sustain the business's position in the travel insurance and healthcare trust markets. Dr Morgan joined Healix in 2003 and has been responsible for the development of its medical services over the past five years. In particular, he has spearheaded the nurse-led


approach the company applies to both its medical assistance and healthcare services. Dr Morgan said: "We have a very clear commitment to putting medical expertise at the centre of all our services, and that gives us a unique ability to combine medical care with cost containment without any detriment to patient welfare – whether it be in the case of medical assistance for travellers injured or ill abroad or for individuals covered by one of our Healthcare Trusts."

Assuralia chairman selected

At the annual general meeting of Assuralia, the trade association for Belgian insurance companies, Fortis' chief executive officer Bart De Smet was appointed as its chairman for a term of two years. Jozef De Mey, chairman of the Fortis board of directors, commented: "Bart De Smet is an experienced top manager, who has devoted his entire career to the insurance business. The board of directors views this appointment as confirmation that he is the right man in the right place to continue Fortis' development as an international insurance group."



Bart De Smet



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