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# US tackles fee manipulation



New York Attorney General Andrew Cuomo

Following a case brought by the city's Attorney General to bring transparency to medical billing, UnitedHealth Group has agreed to help fund an independent database that will determine fair rates for out-of-network care. Milan Korcok has the details

In a drive to end medical services fee manipulation, New York Attorney General (AG) Andrew Cuomo has forced America's largest health insurers to divest their interests in the proprietary databases upon which they set their 'usual, customary and reasonable' (UCR) fees, and hand those functions to an independent, non-profit third party with no potential for conflict of interest. Citing the need to bring 'transparency and independence to a broken system', the attorney general announced that UnitedHealth Group, the nation's second largest health insurer, will pay \$50 million to a qualified non-profit organisation to establish an independent database that can be used to determine fair out-of-network reimbursement rates for consumers throughout the United States. Out-of-network refers to those fees paid for medical services by providers outside one's domestic managed care health plan,

and are the rates international travel insurers must contend with. The action comes several months after Cuomo charged UnitedHealth Group Inc. with manipulating UCR charge data and defrauding patients of hundreds of millions of dollars in overpaid fees. At the time, Cuomo announced that he had subpoenaed Ingenix, Inc., the nation's largest provider of medical services billing information, its parent UnitedHealth Group, and three of its other subsidiaries, as well as insurers Aetna, Cigna, and Empire Blue Cross Blue Shield (a unit of Wellpoint). In the suit, the AG charged that Ingenix distorted its database so as to set provider reimbursement rates artificially low, thereby leaving patients on the hook for large co-payments and out-of-pocket expenses. Cuomo described it this way: "United insurers knew most simple doctors visits (in greater metropolitan New York) cost \$200 but claimed to their members the typical rate (as provided by Ingenix) was only \$77. The insurers then applied the contractual reimbursement rate of 80 per cent, covering only \$62 for a \$200 bill – leaving the patient to cover the \$138 balance." The Attorney General's investigation claimed the Ingenix data intentionally skewed UCR downward

through faulty data collection, poor pooling procedures and lack of audits. It estimated that the rate of underpayment by insurers ranged from 10 to 28 per cent for various medical services. Ingenix used the insurers' billing information to calculate UCR for individual claims by assessing how much the same, or similar, medical services would typically cost, taking into account the type

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# Oz disputes to rise

According to the Australian Financial Ombudsman Service's annual report, travel insurance disputes are rising in number as complaints from consumers relating to all areas of finance increase as the global financial crisis hit home. Mandy Aitchison has the latest news from the ombudsman

Colin Neave, ombudsman for the Australian Financial Ombudsman Service, said there was little doubt that the economic situation has had an effect on the number of disputes the Service has seen. In total, there were 360 disputes relating to travel insurance in 2008, and Sam Parrino, general insurance ombudsman, has forecast that this figure will increase during the next 12 months. "Travel is likely to continue to punch above its weight given the increasing number of civil unrest and terrorism-related incidents, as well as more frequent severe weather-related events." He added that many Greek Australians had been caught up in the violence that exploded in Athens in December last year, which has also meant an increase in enquiries, and will likely lead to more disputes. He added, however: "Pleasingly, the industry has adopted a very supportive attitude and some companies are paying claims where, probably legally, they are not required to; so that's a positive for the customer." Parrino also pointed out that warnings to travellers on the Department of Foreign Affairs and Trade website are becoming more frequent, 'therefore it's really important that

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# Visa rules in play

Since 12 January, an Electronic System for Travel Authorisation (ESTA) has been in place to determine the eligibility of visitors to the US under the Visa Waiver Program (VWP). Under the ESTA rules, passengers need to apply for a visa online no later than 72 hours before departure and are required to provide the same biographical details that were previously required on the green visa waiver form. Approved ESTA applications are valid for two years and allow for multiple trips to the US, although new ESTA approval will have to be sought if the individual obtains a new passport within that period.



Unfortunately, the move to online visa application has not been as widely publicised as might have been hoped, and a recent survey has shown that 60 per cent of

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# ITIJ

International Travel Insurance Journal

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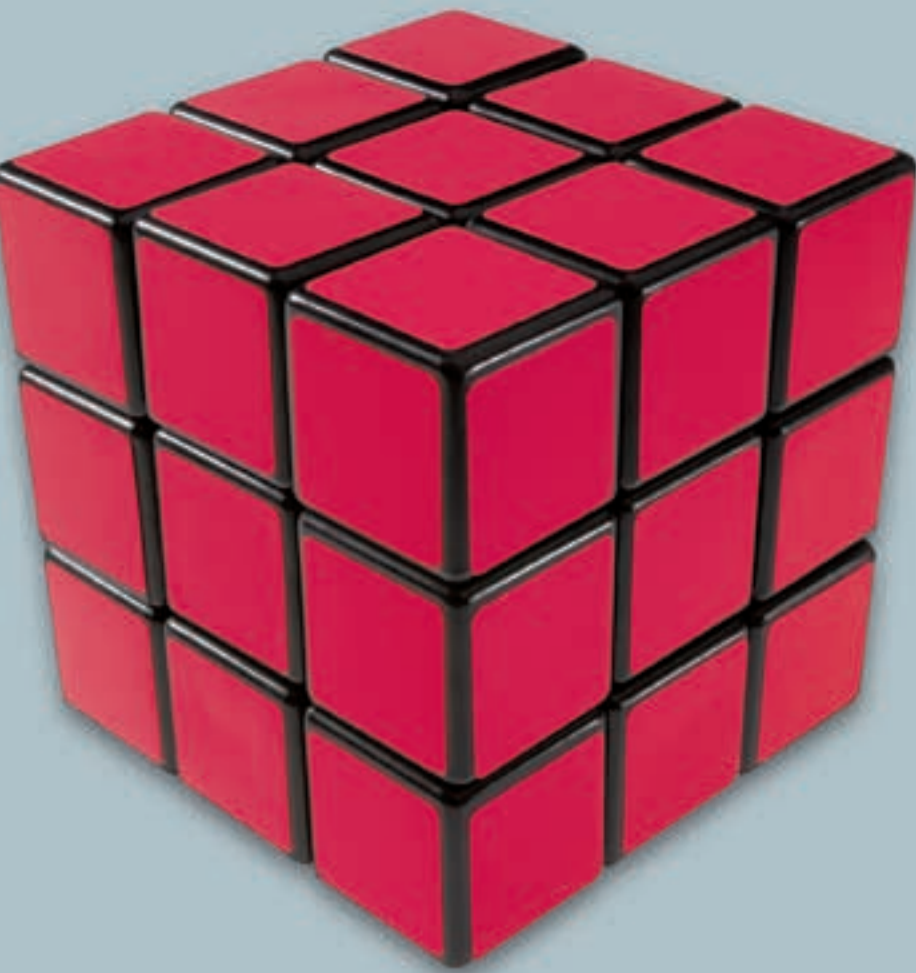
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## Compulsory travel insurance plea



A local radio DJ from the UK has called for a law forcing holidaymakers to take out travel insurance after being injured in a moped crash in Crete. Dean Willis from Derby suffered leg fractures and severe burns when he was knocked off a moped in the tourist hotspot of Malia. Although he had insurance that paid for his care while in Greece, he did not have travel insurance that covered the cost of repatriation with a medical escort. Instead, his family and friends raised over £8,000 to pay for the cost of the flight home, airport transfers and an accompanying doctor. Following his experience, Willis wrote to his local Member of Parliament Bob Laxton, asking him to take his argument for legislation to the Houses of Parliament.

Willis is very clear in his view: "I want it to become compulsory for people to have travel insurance before they go away. It should be something that is the responsibility of holiday companies or airlines when they sell tickets." Laxton commented: "I think the idea of bringing in legislation is something that is worth looking at and I will be happy to sit down and discuss this. There are a lot of potential issues with mandatory legislation, but, it is worth considering."

## One in five skiers at risk according to new research from UK travel insurer

New research from UK travel insurer esure has revealed that one fifth of British skiers who have already hit the slopes this winter did so without insurance. The study found that 400,000 British holidaymakers heading to the snow could be leaving themselves open to hundreds of thousands of pounds worth of medical bills.

Of the 20 per cent of those surveyed who did not take out any form of cover, five per cent assumed their European Health Insurance Card would cover them for any treatment they needed; 10 per cent said they had chosen to accept the risks of skiing without cover; while four per cent admitted to simply forgetting to purchase travel insurance before they left. Mike Pickard, head of esure travel insurance, warned travellers that just picking any insurance policy on price might not be enough, as some cheaper standard policies will not cover the insured for certain types of activity such as snowboarding. A specific winter sports policy is best, he advised.

In related news, research from online insurance comparison site MoneySupermarket has found that British holidaymakers who are travelling long-haul to their winter holiday destination would be better off choosing an annual insurance policy as it could



offer better cover for less cost. It points out that a family of four heading to the US could pay £60 for annual cover, as opposed to £76 for single-trip cover. However, for short-haul destinations, single-trip cover remains the most cost-effective option. Andy Leadbetter, managing director of insurance at MoneySupermarket, told consumers: "I strongly stress the importance of checking the small print on your policy for all winter sports you intend to do, especially if you plan to go off-piste. Medical treatment can be extremely costly whilst abroad and so medical expenses and personal accident cover are a vital part of the policy." The website recommends consumers buy an insurance policy with at least £2 million in medical cover and £1 million in personal liability cover.

## IRDA finds illegal travel sales

Travellers from India have been warned that two insurance firms are selling medical travel insurance policies in the country without mandated permission or a licence from the Insurance Regulatory and Development Authority (IRDA). Ukrainmedstrakh of Ukraine and Belgosstrakh of Belarus, together with their broker Radiant Overseas, are not registered with IRDA, but have been selling travel insurance to Indian nationals who wish to venture to former Soviet-bloc countries. Following complaints by customers, IRDA is trying to find out how the insurance companies have been allowed to do business, and has requested relevant information from the Finance Ministry.

Rajeev Rai Saxena, director of Radiant Overseas, told *The Hindustan Times*: "We do not need permission or licence from IRDA. We are a service provider in Ukraine, therefore IRDA rules/guidelines are not binding on us." Saxena continued by saying that the companies have permission to operate from the Finance Ministry and Reserve Bank of India. IRDA, however, wants the Ministry's decision to be reviewed, with one official being quoted as saying: "We plan to take the matter up with the government again."



Radiant Overseas was granted permission to operate in India before the IRDA Act began in 1999. The company operates by taking payment for the insurance it sells in Indian rupees, while receipts are given out in Grevna, the Ukrainian currency. Rajesh Dubey, a local lawyer, believes this way of operating is in violation of India's Foreign Exchange Management Act. Other complaints about the way the insurance companies and their broker have acted include one to IRDA by Indian businessman Mahesh Shah, who said Ukraine Embassy officials has 'orally compelled' him to buy a travel medical policy from Radiant Overseas even though he already had a National Insurance policy.



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## AmEx predicts steady sales

New figures released by American Express Travel Insurance show that the predicted drop-off in travel insurance sales has not actually come to fruition, despite the doom and gloom forecasts made by some in the industry. American Express said that figures for the uptake of travel insurance remained constant throughout December last year. The company stated that although the credit crunch is forcing some people to re-think their holiday plans for 2009, others are not willing to forego their time away, but are instead seeking different destinations. A trend noted by American Express and confirmed by the Association of British Travel Agents (ABTA) is that British travellers are avoiding the eurozone countries, where their money won't go as far. Chris Rolland of American Express commented: "We have seen no evidence to suggest Britons will be foregoing their winter breaks this year, despite economic conditions forcing people to pull the reins in on their spending habits."

## Travel Insured urges cover addition

Travel Insured International has noted that many US travellers are taking their car or another form of ground transportation to 'closer to home' cruise departure points, and has thus urged travellers to purchase a travel insurance policy that provides cover if a departure is missed due to a car accident or common carrier delay.

Travel industry publications are reporting an increasing trend of cruise lines relocating ships with international itineraries to 'closer to home' ports in the US, which are more accessible and

affordable to travellers when air travel is limited by flight schedule cuts or expensive tickets.



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## Travel woes boost insurance

Travel firm Geckogo and travel insurance provider World Nomads have teamed up to announce the results of their latest travel survey of 1,162 people worldwide. They found that 43 per cent of survey respondents answered that they felt 'terrible' about the current economic situation, yet a mere 15 per cent have cancelled a holiday as a direct result of the downturn. Fifty-one per cent of respondents planned to travel the same amount this year as they did in 2008, while 22 per cent said they would be travelling more. When looking solely to American holidaymakers, the figures showed that 68 per cent felt 'terrible' about the economic environment, and 22 per cent have cancelled a trip as a result of it. In addition, 40 per cent of Americans plan to fly less this year, and 44 per



cent plan to spend less money on their next holiday. Good news for insurers, though, is that 10 per cent of respondents said they are more likely to buy travel insurance as a result of the troubled economy, and only seven per cent said they would cut out the expense of travel insurance before cutting other costs first, such as trip duration. Sixty-three per cent of global consumers said they purchase travel insurance at least 'sometimes' before they travel, while 32 per cent buy it for every trip. Forty-two per cent of those who responded to the survey said they consider emergency medical and dental coverage to be the most important reason for purchasing travel cover.

## Premiums up for India

The terror attacks in Mumbai in November 2008 have triggered a rise in travel insurance premiums of up to 10 per cent for those still seeking to travel there. According to Indian newspaper *The Economic Times*, visitors from the UK, US, France and Australia are likely to pay more in 2009 for their cover. Praveen Gandhi, CEO of corporate travel insurance provider Carlson Wagonlit, said: "The travel insurance premium for corporate travel is fixed on an annual basis. It may rise significantly in the beginning of 2009, when they are renegotiated." According to travel industry insiders, the number of foreign visitors to India dropped by 2.1 per cent in



November 2008. Future Generali managing director and CEO Deepak Sood noted: "The actual impact of the terror attacks will be clear in the next few months. Certain countries have issued travel advisories, which means that the travel insurance premium for visiting India will go up and impact the country's inbound tourism." Amadeus India managing director Ankur Bhatia added: "Air ticket bookings to India have declined by 18 to 20 per cent so far in December as against last year." In his opinion, although premiums for travel to India could rise quickly, they will also fall again once it is perceived as safe.

## Accident definition examined

The UK Court of Appeal has ruled that a British Airways passenger who was injured while boarding a plane did not have an 'accident' as defined by the Montreal Convention, according to Blake Laphorn, the law firm representing the passenger. The company said it was the first time the Court of Appeal had been asked to determine the meaning of the word 'accident' in the context of the Montreal Convention, which relates to accidents that take place onboard aeroplanes. The passenger, Mrs Barclay, was attempting to get into her seat in a Boeing 747. She had to lean backwards, as the seats in front were reclined, and injured her knee as a result of slipping on a plastic strip. The Court of Appeal has ruled that this was not an 'accident', referring to a definition from a US Supreme Court judgement that an accident is an unexpected and unusual event, external to the passenger and not attributable to the normal operation of the aircraft, according to Blake Laphorn. Said Nish Kanwar, head of Blake Laphorn's travel team: "The decision, whilst upholding the status quo, produces a number of anomalous outcomes. For example, deliberate terrorist



or passenger activity that causes injury would constitute an accident. Tripping over a bag left in the aisle would also constitute an accident in the UK, but not in the US. Similarly, if some aspect of an aircraft that causes injury can be demonstrated to be inherently dangerous, but is nonetheless compliant with airline regulations and a normal part of the aircraft, there will be no accident within the Montreal Convention." Blake Laphorn is understood to be seeking permission to take the case to appeal at the House of Lords.

## Growth maintained in US sales

US-based online travel insurance provider World Nomads has demonstrated that sales of travel insurance have continued to rise over the past several months, despite warnings from providers that customers could skip the purchase of travel insurance in a bid to save money. Statistics from World Nomads has shown that sales of travel insurance have continued to grow even while the actual number of people travelling has fallen. Chris Noble, general manager of the company, said the firm has noted an increase in the number of travel policies being purchased: "As the credit crunch begins to hit people's wallets, travellers are recognising they need to have adequate travel insurance to protect themselves while they are away. When dollars are scarce, travel insurance is even more vital, because it protects against those unexpected expenses that occur when something goes wrong on the road." Between October 2007 and October 2008, World Nomads saw an increase in sales of 28.1 per cent, while in August 2008, there was an increase of 21 per cent on the same month in 2007. In further confirmation of Noble's industry view, during the first two weeks of December 2008, the company's website experienced a 34-per-cent increase in transactions when compared to the first two weeks of November. Noble added: "The figures clearly show that people still have the desire to keep travelling, but anecdotally, we know that travellers are also equally as keen to look after their wallet at the same time. With the recent volatility in many tourist destinations, safety and security has become top of mind for many travellers who may have previously not been so concerned."



## Editorial comment

In *ITIJ*, we often focus on specific areas of travel insurance cover in order to explore underwriting trends, how policies vary around the world, and examine whether specialist cover is preferable in some cases. This issue of *ITIJ* tackles cover for safari trips and travel insurance for young people taking part in study trips abroad – two growing travel sectors. Look out for future features on cover for children, faith tourism, and cancer in which we ask: Are travel insurers doing enough? What makes your product stand out? And is it time to rethink your underwriting?

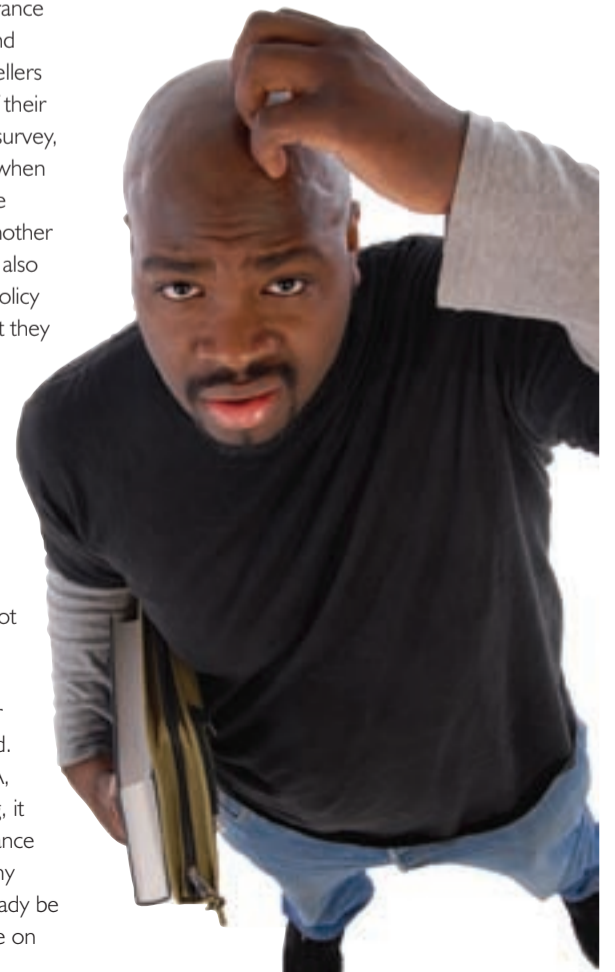


Meanwhile, as *ITIJ* evolves to continually bring you the news and analysis that matters most, we sharpen our focus on global healthcare in our World Markets features. This section will provide an even more in-depth look at access to and quality of care in different countries around the world, bringing you the latest on healthcare provision in these countries. At the same time, I hope you're enjoying our re-vamped Profile section, which aims to uncover the personalities behind some of the industry's most challenging job roles, and to provide an insight into the lives and careers of the people that work in the global travel insurance marketplace.

**Sarah Watson**  
Editor  
sarah@itij.co.uk

## Ignorance is not bliss

A national survey about travel insurance carried out by Trusted Choice and the Independent Insurance Agents & Brokers of America (IIABA) has found that an alarming percentage of American travellers do not fully understand several key aspects of their insurance coverage. For the purposes of the survey, respondents were asked if they thought that when they rent a car their personal motor insurance policy will cover any damage they cause to another vehicle or other related expenses; they were also asked if they believed their home insurance policy would cover lost luggage, and whether or not they believed they were covered in the event that they become ill or injured, no matter where in the world they were. The survey revealed that nearly one third of those questioned did not think that or did not know if their current policy would cover them in the event of an accident in a rental vehicle. Seventy-five per cent of respondents did not think they would be covered or did not know if they would be covered in the event of an airline losing their bags, and 35 per cent didn't know if they would be covered by their medical insurance if they were to fall ill abroad. Robert Rusbult, president and CEO of IIABA, commented: "With so many people travelling, it is imperative that they understand their insurance needs and rights before leaving home ... Many consumers do not know when they may already be covered or where they might have gaps while on vacation."



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## FSA regulation welcomed



Sainsbury's Bank has welcomed the new Financial Services Authority (FSA) regulations, which bring the sale of travel insurance by UK travel agents within the jurisdiction of the regulator. The bank, whose consumer offerings include travel insurance, claims that during the last year, over 400,000 travellers in the UK buying travel insurance have been misled by 'unscrupulous' travel agents. The figure is based on the results of a YouGov survey of nearly 2,150 people carried out in November, which suggested that one in twenty people who bought travel insurance from a travel agent was told they were obliged to buy the cover with their holiday. Sam Marrs, Sainsbury's travel insurance manager, said it will be much harder for travel agents to use such methods under FSA regulation. Marrs added: "Our research shows that up to as many as 8.1 million people could have bought insurance from travel agents over the past 12 months and the new regulation will provide consumers with valuable much needed protection."

According to the survey, as many as 17 per cent of travellers purchasing travel insurance from a travel agent were not told what their policies did and did not cover.

## Warning for airlines over compensation

The European Court of Justice has ruled that passengers must be compensated by an airline if it cancels a flight for technical reasons, apart from in a situation where 'extraordinary events' are to blame for the cancellation. The duty to prove 'extraordinary circumstances' lies with the airline itself.

The ruling follows a claim against Italian flagship carrier Alitalia made by an Austrian couple who were unable to take their scheduled flight from Vienna to Brindisi via Rome due to an engine defect on the Alitalia plane. The airline transferred them to an Austrian Airlines flight instead, but as the Alitalia flight had only been cancelled five minutes before the scheduled departure time, the replacement flight was later and the couple arrived in Brindisi four hours later than they had planned. The defect on the Alitalia plane had been discovered, though, the day before the incident. When Friederike Wallentin-Hermann claimed compensation from the airline, Alitalia refused to pay him the requested amount: €260. As a result, the plaintiff took Alitalia to court in Austria and the Austrian Commercial Court asked the European Court to define the concept of 'extraordinary circumstances' that would exempt an airline from paying compensation. The decision made by the European Court was that technical problems that come to light during maintenance of aircraft or on account of failure to carry out such maintenance do not constitute, in themselves, 'extraordinary circumstances'. The statement continued:

"Compensation may, however, be refused if the technical problems stem from events which, by their nature or origin, are not inherent in the normal exercise of the activity of the air carrier and are beyond its actual control."

## US tackles fee manipulation

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of service and the location.

The Ingenix data, encompassed in its Prevailing Health Charges System (PHCS) and Medical Data Research (MDR) was, according to its own reports, based on 1.3 billion charges collected from more than 100 health plans, and was the largest reference resource used by health plans and other healthcare payers and cost containment companies in negotiating their own reimbursement schedules. Thomas Strickland, executive vice president and chief legal officer of UnitedHealth Group, said in a statement related to the Cuomo agreement: "We are committed to increasing the amount of useful information available in the healthcare marketplace so that people can make informed decisions... We are pleased that an independent not-for-profit entity will play this important role for the marketplace." United was not required to make restitution nor did it admit any wrongdoing. Other insurers named in Cuomo's investigation are expected to put funds into the new data collection entity.

Cuomo's agreement with UnitedHealth stipulated that the owner of the new fee database would be the sole arbiter and decision-maker for all data protocols and methodologies used in developing data, would make its rate information available to all insurers and consumers nationwide, and would use data to conduct academic research and help improve the health system. It is expected the data entity would be affiliated with a university.

Cost containment companies representing international travel insurers have long and often complained that lack of reliable data not only about average charges, but payments actually made, have forced them to work in the dark when negotiating contracts with providers and especially with the tier of domestic insurers and preferred provider organisations they use as surrogates with providers. Nick Fitzsimmons, director of managed care for Global Excel Management Inc., told *ITJ* that if this organisation attempts to make UCR more reasonable, "then yes, this could be very useful. If anything their mandate should bring more transparency which will be good for the payer. I'll be watching this closely." "I see

this is a positive move by Attorney General Cuomo, one that may have something of an impact on our industry," agreed Mike Starko, managing director of OneWorld Assist Inc. "Anytime we see more transparency in our industry it is helpful, and certainly the conflict of interest that UnitedHealthcare had with Ingenix left a very poor impression."

One of the recurring issues concerning travel insurers and their cost containment representatives is the possibility that providers who were grossly under-reimbursed by payers on the basis of these low-ball data might come back and sue for restitution. Several suits seeking restitution for underpayments have been launched by US hospitals against foreign insurers. Lack of clarity of the American UCR system has bedeviled not only foreign payers but domestic ones too. Aggravated by local cost-of-living variations, supply and demand differentials, and wildly fluctuating wage levels across the country, what is reasonable and customary in one community or postal zone can be quite different in a neighbouring one. Even federally regulated Medicare rates are subject to great fluctuations, and very few providers consider Medicare rates 'reasonable' although some international insurers insist they represent adequate reimbursement.

### UnitedHealthcare settles litigation with AMA

Just two days after concurring with the New York Attorney General's agreement, UnitedHealthcare Group announced settlement of class action litigation brought against it eight years ago by the American Medical Association (AMA), health plan members, healthcare providers and state medical societies. The AMA, claiming that UnitedHealth had been rigging its prevailing rate data, said previously in a statement: "We believe UnitedHealth's UCR calculations can't withstand close scrutiny because they rely on flawed data and invalid statistical methods. Though admitting no wrongdoing, UnitedHealth will pay a total of \$350 million to fund the settlement for health plan members and out-of-network providers in connection with services performed since 1994.

## Visa rules in play

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British travellers are unaware of the requirement. UK-based travel insurance provider Essential Travel has warned travellers that any policyholder caught unawares and arriving in the US without the necessary forms will not be covered by their travel insurance if they are not allowed into the country. Stuart Bensusan, insurance director at Essential Travel, told consumers in no uncertain

terms: "Sadly ignorance is no excuse. We don't expect US immigration officials are going to be lenient to anyone who turns up without the necessary clearance, and anyone who forfeits their holiday because they don't have an ESTA won't be able to claim on their travel insurance: it's their responsibility to secure the necessary travel documentation."

## Oz disputes to rise

continued from page 1





people understand what the exclusions are [on their travel policy]. Of the 360 disputes recorded last year, 335 were related to exclusions or pre-existing medical conditions, prompting Parrino to add: "It's also important for insurers to continue to modify their policy documents and sales and marketing material to ensure customers don't have to be rocket scientists or mathematicians to understand what is and isn't covered." The two issues that prompted the highest number of disputes were, unsurprisingly, pre-existing medical conditions and the loss of 'unattended' luggage. Meanwhile, an *American Express Platinum Card Travel Trends Survey* has polled 1,001 Australians over 18 years of age, and found that 56 per cent are more likely to financially protect themselves by taking out travel insurance in the next 12 months. The findings are at odds with a survey performed in 2007 that found one in three Australians never, or only sometimes, travel insured.


Luisa Megale, vice president of public affairs for American Express, believes the change in consumers' attitude can be attributed to 'unfortunate events in popular overseas travel destinations'. As a result of civil unrest and terror attacks, people are now seeing travel insurance as essential. "These are uncertain times and people are feeling the pinch," said Megale, "Insurance is essential. If an incident was to occur overseas and a traveller isn't insured, it may now be more financially difficult for them to cover the expense." The survey also found that one in ten Australians still aren't going to purchase insurance before their next trip, however, and of this group of daredevils men (51 per cent) are significantly more likely than women (27 per cent) to do without such cover. When asked the reasons why they wouldn't buy the insurance, 62 per cent thought it was too expensive, 41 per cent said they wouldn't need it and 13 per cent admitted they had never thought about it.

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## Airline failure added by Saga

Over-50s UK insurer Saga has moved to further protect its millions of customers by introducing extra protection into their policies that covers scheduled airline failure. And unlike some other insurers who are expecting their customers to pay extra for the added cover, Saga has included it in the normal price of a policy. In the event of a scheduled airline going bust, the new cover provides Saga-insured travellers with up to £1,500 for each insured person, for the cost of flights paid for in advance, or the cost of return flights to the UK. The cover on single trip and annual policies began on 2 January 2009. Paul Green, head of communications for the Saga Group, commented: "In today's uncertain economic climate, the savvy independent traveller needs to check if their insurance covers airline failure if they want to travel with confidence in 2009."



## Re-launch brings travel comparison

UK insurance comparison service Insurancewide has recently re-launched its website, with the addition of a brand new travel insurance comparison tool. It claims to be the only complete travel insurance comparison service in the market, providing guaranteed live prices and a guaranteed minimum level of cover, with immediate 'buy now' links to current policies from the top travel insurers. Unlike some other comparison sites, only one form has to be filled out by the consumer, and their details are then saved for their next visit, making the comparison easier. Speaking on the re-launch, chief executive James Harrison said: "This project has been two years in the making. We've simplified the user experience, but behind the scenes we're proud of our attention to detail."

## EA testing remote medical solution

Europ Assistance (EA) is in the process of testing its Remote Control Aid (RCA) during this year's Vendée Globe sailing race. The RCA is a unique remote interactive medical solution for isolated locations, and the single-handed yacht race serves as the perfect platform for testing the system.

The highly technological solution will offer isolated patients, such as those on oil rigs, remote and interactive medical assistance via communications devices such as PDAs, mobile phones or laptop computers. Throughout the course of the race, Dr Jean-Yves Chauve, the official race doctor, together with teams from Europ Assistance's international health solution division, will be modelling the typical profile of an 'isolated patient'. It is thought that by modelling all routine and emergency health incidents encountered by skippers in the race, EA's teams and Dr Chauve will build up a prototype for a virtual doctor's practice.

## Free winter sports cover

Supermarket giant Tesco is now offering consumers free winter sports cover with its travel insurance policies, to ensure that more people heading off for some winter sports action over this season are comprehensively covered. The offer is open to anyone buying an annual insurance policy with Tesco Travel Insurance and covers the conventional activities such as skiing and snowboarding, as well as providing cover for slightly more unlikely sports, including tobogganing and curling.



## Mondial enjoys busy New Year

Mondial Assistance has tied up with Malév Hungarian Airlines to introduce a new online service for Malév customers. Through Mondial's travel insurance packages, passengers can subscribe to cancellation insurance on the airline's website.

Meanwhile, Mondial has won a contract with TUI Travel UK & Ireland to provide a complete travel insurance solution for its agents and customers. The agreement means that TUI Travel will become an appointed representative of Mondial, with the assistance company providing underwriting capacity for both the UK and Ireland through its insurance arm Elvia Travel Insurance International. In addition, Mondial will provide claims management and international medical assistance to TUI travellers. In-branch sales and compliance training is to be delivered in partnership with Citybond Suretravel, which will act as the medical screening provider for the contract. Nick Longman, distribution director at TUI Travel, said of the deal: "Mondial Assistance offered us reassurance at every level, providing us with regulatory solutions and the highest level of staff training. The quality of Mondial's claims management and global assistance capacity are recognised worldwide, ensuring we can provide travellers with the best level of cover all over the world."

Further afield, Mondial has announced the successful launch of its Contact Centre Program with India's IFFCO TOKIO General Insurance Co. Ltd. The centre manages customer calls from all over the country and works with multi-lingual staff at all times. In other news, Mondial has rolled out QAS Pro address verification software across its US operations in order to improve its customer service and operational efficiency. QAS Pro verifies all addresses collected at Mondial Assistance's call centre to reduce postal costs, ensure accurate client details and comply with insurance regulations. The software allows employees to verify addresses as part of their normal routine, as the technology is integrated directly into the company's PeopleSoft application. "Whether the employees are selling travel policies, processing travel claims or providing support services, customer addresses are being verified to improve our operational efficiency," commented Paul Hampton, manager of application administration for Mondial Assistance.

AM Best has confirmed Mondial's safe status by affirming its financial strength rating of 'A' and its issuer credit rating of 'a+'.



## Free redundancy cover for fliers

British regional airline Flybe is now offering a free 'travel insurance extra' to its customers, enabling them to obtain a full refund if they or a member of their party lose their jobs before travelling. The offering, which comes under the group's 'book with confidence guarantee', enables those who book flights, car hire or hotels to be safe in the knowledge that if they are made redundant, their money can be recovered. One condition, though, is that the insurance is only available to those people who have been in continuous employment with the same employer for more than two years. Flybe said that it had introduced the extra cover as a reaction to the current economic pressures facing the UK, with high levels of job insecurity and thousands of jobs already gone in the manufacturing and engineering industries. Mike Rutter, chief commercial officer at the airline, noted: "These are unprecedented times and Flybe wants to do our bit to keep the economy moving. That's why we're introducing our completely free redundancy cancellation cover so that consumers can book with us secure in the knowledge that if they lose their jobs before they travel, Flybe will give them a full refund."

## Medical screening made easy

Travel & Medical, operator of the TAMIS risk assessment system, has formed a partnership with IT support and software development consultancy Octavia Information System (OIS), to launch

a white-labelled, online, self-screening service to customers. The software will enable travel insurance providers to offer Travel & Medical's TAMIS solution as a branded service directly to their customers. TAMIS is an underwriting tool designed to evaluate the risks associated with insuring clients with pre-existing health problems. It automatically calculates the recommended additional premium and/or increased excess for that client, based on the assessment of risk that has been generated from the completion of an online questionnaire. OIS has worked alongside Travel & Medical to develop the system further, so that it now allows call centre operators to intervene in 'real time' via telephone, Web chat or email while an application is being processed online. The system has been developed as a hybrid solution, which allows insurance providers to balance the efficiencies of Web-based self-screening with the medical expertise of trained operators.

Rob Pole, Travel & Medical CEO, commented: "This new integrated service will allow insurers to offer self-screening, and where necessary, seamlessly transfer customers to a trained call centre operator if they encounter any difficulties. This will allow insurers to reduce their loss ratios, while allowing travellers to make full declarations with the minimal amount of fuss and bother."

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## Mumbai loss could reach \$600 million

Reinsurance brokerage Guy Carpenter has estimated that insured property claims arising from the 26-28 November terrorist attacks in central Mumbai could reach as high as US\$600 million, or Rs29.5 billion. Quite aside from the property claims, insurers are also facing claims for loss of business, lives lost and public liability. The fact that nearly all the properties targeted were well-known and, in the case of the hotels, luxurious, is increasing the cost of the claims. One estimate from an industry figure has placed the total property losses incurred by the Taj Mahal Hotel and the Oberoi Hotel alone to be around Rs8 billion. While the Taj Mahal Hotel is insured by Tata AIG, the Oberoi is insured by state-owned insurer New India Assurance; both insurers have recently appointed assessors to survey the extent of the damage and estimate the cost of claims that will be forthcoming. The owners of the Taj have already said that their insurance will cover all losses associated with the terror attacks.

In addition to the cost of reconstructing the damaged parts of the hotels and other properties, such as The Leopold Café and the Nariman House Jewish Centre, it is almost inevitable that the insurers will be paying out millions for loss of business. Parimal Shah, a property insurance surveyor, told Asia Insurance Review: "The loss from the interruption of business for Taj is expected to be in the range of Rs3 billion. The loss for the Trident-Oberoi is estimated to be around Rs500-750 million." Regarding life insurance claims from the incident, which claimed the lives of 170 people and injured nearly 300, insurers are saying it is still too early to gauge the extent of the claims. Some insurers,

though, who issued public liability policies to the luxury hotels and personal accident policies with a terrorism extension to employees, could face significant claims from the kin of the dead and injured. A senior official of the General Insurance Corporation of India has said that the country's terrorism risk pool stands at around Rs13 billion and is sufficient to cover all claims arising from the Mumbai attacks. As a result of the attacks, the Insurance Regulatory and Development Authority has said it expects the Indian insurance industry to develop new policies that offer



The Taj Mahal Hotel

cover against terrorism. J Hari Narayan, chairman of the regulator, said: "Terror insurance products are bound to be upgraded and the rate of premium might change depending upon the evolution of new products that the industry may come up with." The terrorism risk pool is there to ensure that insurers are not overtly affected when claims are made following a terror attack. At the moment, there are 12 public and private sector insurers in India that provide terrorism insurance cover as an add-on to a standard fire policy.

## Increased interest in offshoring and outsourcing

At the 2008 Annual Meeting of the Casualty Actuarial Society, actuaries were told that US insurance and actuarial firms are increasing their outsourcing numbers, offshoring and importing actuarial talent from overseas. Key to the successful implementation of such practices, delegates were told, are good management practices and an understanding of foreign cultures. Speaking at the meeting, Michael LaMonica, vice president and chief actuary for Allstate Insurance Company, highlighted that outsourcing (the transfer of specific processes or work-streams from one organisation to a third party) is different from offshoring – a process that seeks to identify those work streams that can be performed by an insurer's captive organisation in another country. He continued: "Outsourcing and offshoring can be undertaken not only as a cost saving device, but also to access a larger talent pool with unique skill sets, and even to gain exposure to different thought patterns. To determine whether offshoring is appropriate, it is useful to consider the ease of knowledge transfer, the potential for required change and the need for additional flexibility." In LaMonica's opinion, 'projects requiring extensive training in actuarial methodologies, such as rate level indications, are less suited for offshoring' – although if a firm has strong enough training, such problems could be averted. On the other hand, projects that involve minimal change, such as those involving state or lines of business that typically require a lower level of regulation, could be acceptable for outsourcing, although each project is unique and there should be no 'accepted practice'.

LaMonica also gave a word of warning to those insurers that are considering outsourcing or offshoring:



"[The initial] cost advantages may erode over time due to wage inflation in developing nations and the phase out of government subsidies." Another problem that comes hand-in-hand with outsourcing is the need for good staff who can effectively manage a remote operation – as well as the retention of such staff. James Kunce, chief actuary of The Medical Protective Co., a medical malpractice insurer, said the firm bases its outsourcing decisions based simply on resource gaps and the need to staff for business initiatives. In Kunce's view, the key to successful outsourcing lies in the creation of a culture whereby the outsourced team still feels like part of the home office team: "You should include the outsource team in staff meetings by scheduling meetings at times when all can attend. The US manager needs to be available when there is overlap – both early and late." Ideally, he added, the US manager should visit the offshore office at least once a year, and members of both teams should be involved in joint training sessions to increase team building.



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## Challenging year ahead in US

Standard & Poor's Ratings Service (S&P) has warned insurers operating in the US that the deteriorating economy will present serious challenges for almost every company in that market. A recent report by the firm, entitled *For North American Insurers, Strong Risk Management And Capital Adequacy Are Key Defences Against Recession*, points out that although insurers have always been aware of the capital management strategies and risks present in the equity and credit markets, such awareness is even more vital during difficult times, when mistakes that usually would not have such a large impact could be disastrous. S&P's report also noted that in 2008, the firm's outlook on several US insurance sectors was revised to negative, and anticipated that more downgrades were likely during 2009. Other challenges foreseen by S&P include the strength of insurers' balance sheet, which will likely erode this year, weak pricing and losses suffered from unsafe credit and equity markets. In order to counter the effects of such challenges, S&P has urged strong enterprise risk management, stating that: "Insurers that can best identify, aggregate

and control their liquidity, credit and market risks during this economic downturn will be most able to manage their capital needs efficiently and incur the least erosion to their creditworthiness." Regarding the future for personal lines insurance exclusively, S&P said it revised its outlook to negative from stable as a result of significant catastrophe losses in 2008 combined with lower investment income and higher investment losses triggered by the financial market turmoil. The report states that S&P believes, in the coming 18 months, the number of personal lines companies with negative outlooks could increase, and further downgrades should be expected. The company also believes the current economic crisis will continue throughout the course of this year, 'extending the challenging operating environment faced by insurers'. It continued with a word of caution: "Errors in strategic judgement and execution of business fundamentals could hurt some insurers and their ratings, having greater impact on the bottom line than when growth was high and operating margins were more robust."



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Nick Starling

## Rise in fraud cover predicted

US-based Marsh has issued a bulletin from its London office, which predicts: "A sharp rise in the number of UK companies buying fraud insurance protection [in 2009], as the world economy continues to deteriorate. Marsh also expects the number of insurance claim notifications relating to fraud to grow in 2009." As Dean White, managing director in the Financial and Professional Practice division, explained, a credit crunch will nearly always bring out the worst in people: "Historically, when times are hard fraud increases; individuals come under increasing pressure to make ends meet and many businesses are struggling to stay afloat. In such circumstances, unlawful practices which would otherwise have been viewed as unacceptable, such as the manipulation of accounts, false revenue booking, insider fraud and the selling of information to organised crime, may appear a lucrative option." White went on to forecast that insurance claims notifications will continue their growth this year, with financial institutions likely to lead the table of victims in terms of monetary value. The Association of British Insurers (ABI) has also noticed an increase in fraud and has released details of the most common deceptions uncovered so far. In particular, the ABI has noted an increase in 'front end fraud', where the customer has either lied or failed to disclose material information that affects their premium in order to bring the price down. Most commonly, this has been seen in motor insurance, where parents add their child as a named driver onto their own insurance, when in fact the child is the main driver of the vehicle. The non-disclosure of motoring convictions is also on the up, as is conveniently 'forgetting' about previous claims. Nick Starling, the ABI's director of general insurance and health, told consumers: "Honesty is the only policy. Cheating to get cheaper insurance puts your cover in jeopardy, with potentially disastrous consequences."

## Reinsurers weather the storm

AM Best, the financial ratings agency, has given the US life reinsurance sector a stable outlook for the year, following a period of change that witnessed several players leave the market. The reinsurance rating is at odds with that given to the US life insurance industry, which saw its outlook revised to negative last year. In its report on the matter, AM Best said it believes the capital pressures facing many direct writers of insurance will most likely 'renew their appetite for reinsurance'.

Other reasons pushing the reinsurance sector forward include the fact that other sources of capital relief – usually provided by the capital and credit markets – have dried up, thus increasing cession rates. AM Best also points out that life reinsurers in particular are in a strong position, as they can increase their prices while continuing to only selectively underwrite. However, warned the ratings agency, reinsurers should remain careful with their own capital management, while persistent competition and increasingly complex regulation mean heightened enterprise risk management capabilities and pricing discipline are essential. In confirmation of AM Best's predictions, Peter Hugger from Asia Capital Reinsurance Group told the *Singapore Business Times* that, given the global economic situation, 'most likely, direct insurers are going to purchase more reinsurance'. He continued: "We cannot deny that certain businesses may slow down, because certain projects that are insured may be delayed. So, there could be some small reduction in business segments."

The latest report from Willis Re has also served to calm nerves in the industry, as it states: "The global reinsurance industry has remained substantially unscathed by the unprecedented turmoil in the global capital markets, with a capital case still largely intact and liquid, although access to new capital in 2009 will become more difficult and expensive in the current economic climate." Willis Re's report examines the rate changes across numerous regions and products and has found evidence that, with 1 January renewals, reinsurers are taking 'meaningful price increases in capital-intensive lines of business'. Peter Hearn, CEO of Willis Re, commented on the report's findings: "Reinsurers, while not currently impaired, have recognised that in the current financial market climate, obtaining new post-event capital will be both difficult and expensive. As a result, reinsurers are seeking to optimise returns on existing capital bases via constrained risk appetites and elevated risk charges."



## Chinese market shows resilience

AM Best has reported that continuing premium growth is predicted in China, despite the financial turmoil experienced by western markets. The firm has attributed the expected rise to the relatively early stage of development in which the country's insurance industry finds itself, as well as the very low level of penetration insurance products have. With insurance penetration standing at the moment at just 2.85 per cent and an insurance density of just 532.4 yuan (US\$1 = CNY6.8) per person, the potential for insurers remains. In particular, AM Best highlighted the rural sector as the 'engine of growth' for the industry as a whole – in the first seven months of 2008, premium income from the rural sector was five times higher than had been seen a year before.

The Xinhua news agency, however, has reported that China's insurance premium growth slowed to 42 per cent in the first 11 months of 2008, down from 47 per cent in the first 10 months, a reflection of the global malaise. Wu Dingfu, chairman of the Chinese Insurance Regulatory Commission (CIRC), told the news agency that premiums totalled more than 915 billion yuan, but added that while premium growth remained significant, insurers' investment income was shrinking. CIRC has, as a result, told insurers to widen their investment portfolios and encouraged them to buy equity in private firms and invest in infrastructure projects.

In further confirmation of China's continued – if slightly more limited – growth, *China Economic News* has reported that insurance intermediaries in the country are multiplying and also becoming involved in larger projects. The segment has apparently experienced such tremendous growth that CIRC has started to monitor its activities and aims to improve the laws and regulations surrounding such companies in order to devise a supervision mechanism for the sector. According to CIRC's figures, around 80 per cent of the 4441.6 billion yuan premium revenue received by insurance firms in the first half of 2008 was achieved through an intermediary.

## SAMA introduces regulations to combat fraud in the insurance sector

The Saudi Arabian Monetary Agency (SAMA) has introduced new regulations in an attempt to combat fraud in the insurance sector. The new statutes are mandatory for all insurance and reinsurance firms operating in Saudi Arabia, including the branches of foreign firms and insurance intermediaries. The new regulations state that insurance companies are required by law to create plans to counteract fraudulent activity and to then pass on any information gathered about the fraudster or their fraud to the concerned authorities and SAMA. In addition, the law states that a separate department should be set up to execute

emergency plans that will stop fraud in its tracks – auditors and IT experts will be consulted in the formation of the department. Furthermore, companies are also required to update their emergency counter-fraud plans and strategies to suit changing environments, so the companies remain one step ahead of the fraudsters. SAMA has classified common fraudulent practices into three separate categories: internal fraud, which involves a company's board members or employees; fraud committed by the insurance intermediaries or agents against their clients or customers; and fraud that is practiced by clients or third parties.

## Obama promises regulation

US President Barack Obama has promised to strengthen financial regulatory agencies and crack down on Wall Street 'greed and scheming' in an effort to restore stability to a floundering US economy. Obama has already named veteran regulator Mary Schapiro as chairwoman of the Securities and Exchange Commission and Gary Gensler to head the Commodity Futures Trading Commission, and said he has charged them with leading 'a board overhaul' of the financial regulatory system currently in place.

## NEWSWIRE

### Former chief executive of Aviva Patrick

*Snowball has teamed up with BC Partners and Apollo Management for a possible bid for Royal Bank of Scotland's insurance assets, which were put up for sale last year.*

### Munich Re has said that financial damage

*and loss of life caused by natural disasters made 2008 one of the most devastating years on record, and showed the impact climate change is having on the environment. Weather-related catastrophes pushed the firm's losses to \$200 billion.*

### Three Japanese non-life insurance

*companies are considering a merger that would create the largest company in the Japanese industry and the fifth largest in the world by premiums. The firms are: Mitsui Sumitomo, Aioi and Nissay Dowa.*

### North Korea's state-owned insurance

*company has won a long-running legal battle against a group of London market reinsurers that had refused to pay out on a claim relating to a helicopter crash in Pyongyang.*

### The French government has unveiled plans

*to underwrite €5 billion of credit insurance for risky companies in a bid to prevent a collapse of confidence in lending between businesses.*

### The UK's Chartered Insurance Institute

*has announced its decision to 'terminate the proposed merger with the Australian professional body ANZIIIF after a number of financial discrepancies have emerged in ANZIIIF's accounts'.*

### Zurich Insurance Ireland Limited has

*announced its name change to Zurich Insurance Public Limited Company.*

### Assicurazioni Generali has announced

*that Standard & Poor's has affirmed the company's 'AA' ratings and revised its outlook to negative from stable. The outlook change reflects the increasing pressure on the group's capitalisation.*

### Munich Re is extending its research

*and quantification capabilities through a cooperation with the market-leading modelling firm RMS. The companies will embark on research in new and emerging areas of risk modelling and hope to expand the frontiers of risk modelability and insurability.*

### Aviva has confirmed that its Dutch-based

*Delta Lloyd Group and ABN AMRO Bank Netherlands are to continue their insurance joint venture, known as ABN AMRO Insurance.*

### Shin Kong Financial Holding has signed a

*private placement deal with Dai-ichi Mutual Life Insurance to sell NT\$7.96 billion in equities to the Japanese life insurer. On completion of the deal, Dai-ichi Mutual Life's shareholding in Shin Kong Financial will increase to 14.99 per cent.*

### Swiss Re has reacted to what it described as

*'the unprecedented turmoil in the capital markets' by arranging a \$1.5 billion letter of credit facility with JP Morgan. The world's largest reinsurer has seen significant erosion of its capital position since last year.*

### Mario Vitale, chief executive of Zurich

*Global Corporate, has said the company is in a position where it can consider acquisitions, bucking the trend of the markets.*

## Swiss Re focuses on Takaful

Swiss Re's latest Sigma study has explored the possibilities for insurance in emerging markets, with a focus on Takaful insurance. The report states that in the non-life sector, 'emerging market premiums grew by 11.6 per cent in 2007'.

The fastest growing areas were South and East Asia, which saw 13-per-cent growth, while in Eastern Europe and the Middle East, premium growth stood at 12 per cent. Daniel Staib, one of the co-authors of the study, noted: "The non-life sector benefited from the strong economic environment and the introduction of new compulsory lines in the Middle East. [In addition], the motor and property businesses continued to dominate the emerging markets insurance landscape in 2007, with motor insurance outperforming the non-life market as a whole." Regarding the life insurance sector, meanwhile, the report stated that growth in emerging markets had stalled slightly, down to 14 per cent in 2007 from 18 per cent a year earlier, while premium volume amounted to \$223 million.

**The launch of new products and the increasing market share of bancassurance – the provision of insurance services by banks – also contributed significantly to the sector's results**

Although there was a slowdown in growth, co-author of the study Prudence Ho noted: "The strong performance of the stock markets in the first three quarters of 2007 led to increased sales of investment-linked life products. The launch of new products and the increasing market share of bancassurance – the provision of insurance services by banks – also contributed significantly to the sector's results." The report also predicts what the future could bring for emerging markets in this difficult operating environment, and has noted that regulation is on the cards, as some countries are making a 'push for the introduction of more stringent capital requirements'. It continued: "Another development is the expansion of microinsurance, which extends coverage to low-income individuals." Staib added: "Insurance in emerging markets is expected to grow at a slower pace in 2008 and 2009, but its longer term growth prospects remain positive. Factoring in these considerations, average annual growth is likely to drop from the 2002 to 2007 levels of 11.4 per cent



in life and 10.6 per cent in non-life to seven to 10 per cent in life and three to eight per cent in non-life between 2008 and 2013." Swiss Re's report also covers the swift growth of Takaful insurance in Islamic countries, noting that 'various Islamic insurance models that comply with shariah, the body of Islamic religious law, have been adopted in Muslim countries; Takaful is the most accepted model'. It goes on to explain exactly what Takaful insurance is: "Takaful is a system based on the principle of mutual assistance (ta'wun) and voluntary contribution (tabarru), where risk is shared collectively and voluntarily by a group of participants.

Through payment of a voluntary donation and the clear definition of the type of loss, impermissible elements such as uncertainty (gharar) and excessive risk taking are removed from the contract." Any company that wishes to become involved in the Takaful insurance industry must do several things first, however. Takaful insurance involves the creation of a shariah supervisory board that would oversee insurance operations and compliance with Islamic law; the separation of shareholder and policyholder funds; the commitment to distribute technical profits to shareholders and the avoidance of investment in non-shariah-compliant issues or companies.

## AIG update: latest sales

AIG's woes seem to be continuing, after the 'Miracle on the Hudson' plane crash in which all the passengers and crew survived, but sadly the plane did not – and it was insured by AIG. Still, all is not completely woeful for the troubled insurer, as it has managed to sell the Hartford Steam Boiler Company to Munich Re for \$742 million. The deal continues the German reinsurer's acquisition of niche businesses to help counteract the cyclical nature of general insurance and reinsurance. For AIG, the deal highlights the pressure it is under to sell its assets, despite the fact that many would-be prospective buyers are not inclined to buy anything at the moment.

In the Philippines, meanwhile, AIG has moved a step closer to selling its local unit following the release of a detailed information memorandum to potential buyers. Philippine American Life and General Insurance Co. (Philamlife) is the nation's largest insurer with an estimated value of \$1 billion. A number of Filipino groups have reportedly expressed interest in buying the firm: Banco de Oro Unibank has joined with Generali and Malaysia's Kuok

Group to make a bid, while the Metropolitan Bank and Trust Co. could form an alliance with AXA to become involved.

Back in its home territory, AIG has also sold \$39.3 billion of assets to a fund established by the Federal Reserve Bank of New York. The new fund, Maiden Lane II, has been created to hold mortgage liabilities from an AIG securities lending portfolio that caused huge losses to the firm last year. AIG said it agreed to add \$5 billion in cash to the fund, which will hopefully eliminate all liquidity issues associated with the failed securities lending programme operated by the company, as well as facilitate the repayment of its debts.

AIG also announced in January that it would sell its AIG Life Insurance Co. of Canada unit to BMO Financial Group, parent of Bank of Montreal, for around C\$375 million. Toronto-based AIG Life of Canada sells insurance and retirement savings products such as universal and term life plans, critical illness plans and annuities. BMO has said it will take on AIG's 400 employees and 400,000 customers.

## IAG to exit UK mass market

Insurance Australia Group Limited (IAG) has announced it has agreed to sell its mass market distribution businesses in the UK for a total value of £73.5 million (approximately A\$165 million), in line with its strategy to concentrate on its profitable specialist motor underwriting business in that market. The sale will be effected through two separate transactions: IAG's UK insurance branch network will be sold to Swinton Group for £50 million and IAG's Hastings and Advantage businesses

will be sold via a management buyout for £23.5 million.

Michael Wilkins, managing director and CEO, said he was pleased to have finalised the transactions, adding: "Since we stated our intention to sell the mass market distribution businesses of our UK operations, we have considered a number of divestment options. We believe the transactions represent the best outcome available to IAG shareholders, particularly in light of the deterioration in market conditions."

## All-inclusive demand grows

British online travel agent lastminute.com has had to increase the availability of its all-inclusive holiday options for 2009 after demand for such packages grew significantly in 2008. The retailer saw demand for all-inclusive holidays rise by an impressive 21 per cent in 2008 and believes that the trend will continue this year as people seek to save money. Lastminute also noticed a trend among holidaymakers who were reducing the length of stay of their holiday as a means of cutting costs, with the firm noticing a definite shift to 10 days from 14. Even in luxury destinations such as Dubai, the firm has noted a shift downwards, with customers going from a five-star to a three-star hotel. In confirmation of what other polls have found, non-eurozone countries will be the ones to benefit from a weak pound – booking numbers to Tunisia increased by 71 per cent in 2008, while in Istanbul hotel sales rose by over 50 per cent. Lastminute also found that destinations where the pound has held its value slightly better, such as Bulgaria and South Africa, will also see benefits as a result of the economic situation. Andy Washington, travel sales director for lastminute, said: "Our customers are determined to keep on holidaying but they will watch their pennies and make sure they do not break the bank when away. Destinations where the pound is still strong, all-inclusive holidays and the UK are all great cost-saving options."



## Skiers stay at home

Ski and snowboard specialist tour operators are having a hard time of it at the moment, a fact confirmed by new research that states three out of four potential British skiers and snowboarders are going to stay at home this season in order to afford a summer holiday. Of those intrepid holidaymakers who do still plan a skiing trip this season, 76 per cent are looking to make a range of cost-cutting measures in order to make their holiday that bit more affordable. Such savings ideas include taking packed lunches to the slopes (36 per cent), while over a third of respondents to the survey said they were going to have to downgrade the accommodation they were planning to stay in. The poll was conducted by ICM, who surveyed over 1,000 people on behalf of Insure and Go. Founder of the travel insurer Perry Wilson commented: "People are nervous about spending a lot of money in the current financial climate, but if they look hard there are many ways for skiers and snowboarders to save money on their winter holiday. Some countries are much cheaper to ski in than others and you can make a big saving by borrowing ski clothes off friends or taking packed lunches onto the slopes." Of course, it should be considered by holidaymakers that if they go to a very cheap, under-manned ski resort in Eastern Europe, the standards of health and safety on the mountains, including search and rescue personnel, could be more limited than that in central Europe.

## Affordable holidays win

According to a poll of more than 2,000 people by UK online travel comparison site MoneySupermarket, the average number of holidays planned for 2009 will increase to 1.8 million from 1.5 million in 2008. However, almost 20 per cent of those surveyed would be looking for cheaper holidays, and another 50 per cent admitted to reassessing their holiday plans for the year in light of the recession. Just 28 per cent of respondents said they would not be changing their holiday plans as a result of the economic situation.

Bob Atkinson, a travel expert with the online provider, said the research had shown that the type of holidays people will take and the destinations they are going to visit this year are changing noticeably: "There is a growing trend of short breaks in the UK – with short-haul European breaks destined to be the main casualty of the current economic climate. At a time when European resorts are seeing some of the best snowfall in years, demand for ski holidays – often seen as an additional break – is also down

this season, so for those planning time on the slopes, tour operators have some fantastic deals around." He also said that for British holidaymakers, the 'current weakness of the pound [means] consumers will be paying a lot more attention to what's going on with exchange rates'. He continued: "For example, with the strength of the euro, destinations outside the eurozone are seeing huge growth. Places such as Turkey, Bulgaria, Egypt and other North African countries are high on the holiday agenda for 2009." In confirmation of the statistics shown by MoneySupermarket's research, a new report from the UK's Foreign and Commonwealth Office (FCO) and the Association of British Travel Agents (ABTA) has also shown that Turkey, Egypt and Mexico will enjoy an increase in British travellers this year. *The FCO & ABTA Travel Trends Report* shows that the number of Britons going to Egypt has risen by 38 per cent in the last year, while visits to Turkey have

increased by 32 per cent. The FCO is concerned that travellers are going further from home without doing any research on their destination, however, which has led to recommendations that tourists familiarise themselves with local laws, check travel advisories, get vaccinations and obtain 'comprehensive medical travel insurance'.

The report, which researched both the travel industry and its consumers, found that with many tour operators cutting their capacity in 2009, the one in five Brits who are planning on finding a last-minute bargain could find their choice severely limited. It also found that 41 per cent of people who plan to



go abroad this year are concerned about not having enough spending money. Disappointingly, figures in the report show evidence of a significant reduction in annual travel insurance policies being taken out in winter 2008 compared to the previous year, prompting a warning by the FCO that Britons should remember to take out single-trip cover if they decide not to renew their annual policy. Frances Tuke, spokesperson for ABTA, commented on the report: "Over the past few years, we have seen travellers becoming more adventurous and travelling further afield and this will continue in 2009 as non-eurozone countries will offer very good value for money, often at very high standards. But when travelling to these destinations, it is very important to check Foreign Office advice and ensure you make sure you see a health professional who will recommend what vaccinations you may need and what precautions you should take."

## Korea aims high in 2009

The Korea Tourism Organization (KTO) has said it plans to develop higher value tourist programmes as well as improve the country's general tourism infrastructure in order to attract over seven million foreign visitors in 2009, and in doing so earn over \$10 billion. KTO president Oh Jee-chul said:

"Tourism worldwide is expected to slow down due to the economic slump but we will make efforts to reach our goals with active marketing."

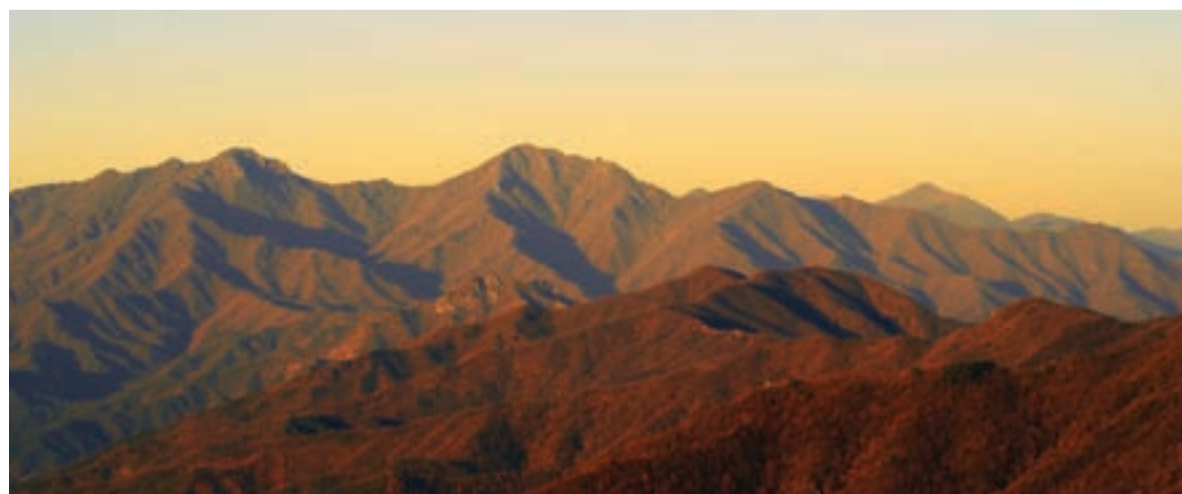
Key aspects of the plan include the development of 'green tourism' activities, which could be plentiful given Korea's unique wildlife in the demilitarised zone, the migratory birds in Suncheon Bay, and the mud flats that stretch for miles in western coastal areas.

Jee-chul has also recognised, however, that 'hospitality is also important'. "We'll set up more foreign language signs, provide more mid-priced lodgings and certify tourist-friendly restaurants," he added.

Most notable among the possibilities for Korea's tourism push is the White Head Great Range, also known as Korea's backbone, which runs through the peninsula from Mount Baekdu on the border with North Korea and China, to Mount Jiri in the south. David Mason, a university professor who has devoted himself to researching and trekking the range, said:

"It is the mountain range that dominates and defines the Korean peninsula, and separates many of its traditional regions from each other. You can't really talk about the geography of Korea without talking about the concept of the great range." He continued: "It is the remaining ecological treasure house of Korea, and it is essential to preserve it as much as possible, in balanced harmony with 'green tourism' development. The tourism potential of the great

range has begun already, with mountaineers and hikers testing their skills and fitness in its challenging environment. As Mason points out, "The White Head Great Range has a great potential to become a major tourist attraction, as the trail along its crest is both one of the world's great adventure-hiking scenic trails and a pilgrimage that includes all the great Oriental traditions like Buddhism, Taoism, Shaman and Neo-Confucianism."



The White Head Great Range

## Thailand campaign launched

Following the well-publicised protests in Bangkok, when protestors took over both the local and international airports, the Tourism Authority of Thailand (TAT) is launching a 'Thailand Super Deal' promotion in a bid to help the country's tourism industry recover lost ground. The campaign focuses on the 'amazing value' that can be found on the

authority's website, where there are links to accommodation deals, package tours, shopping bargains and other incentives. Under the programme, individual travel and tour operators and hotels can present their own unique offers, with the support of the TAT. Tourism and Sports Minister Chumpol Silapa-archa has told travel agents and hotels that he would take swift steps to mitigate the damage done to the industry by the protests in order to get as much out of the remaining high season as possible.

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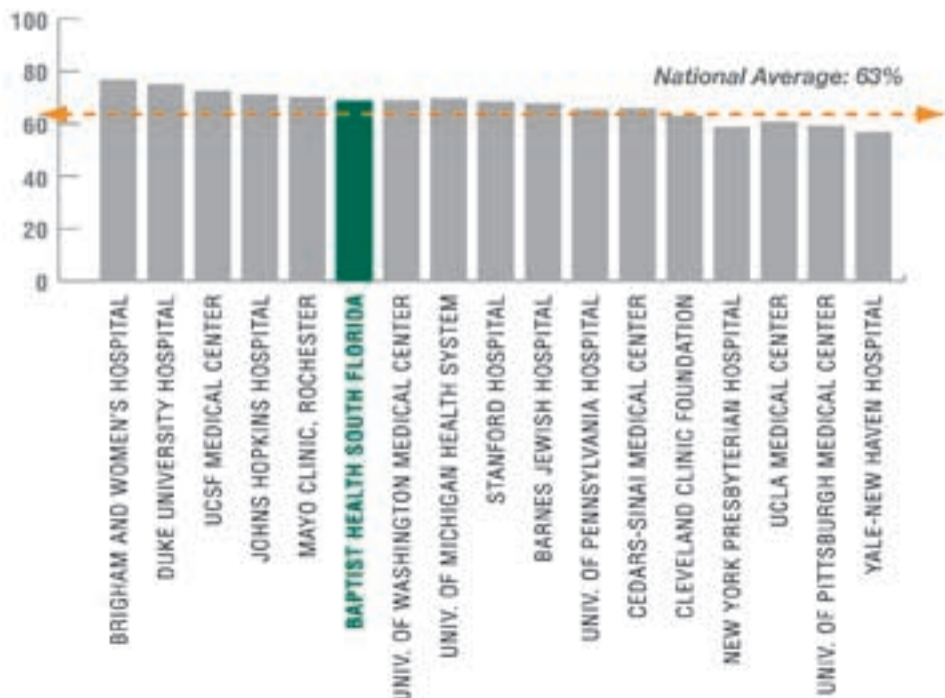


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## Bird flu emerges in Cambodia

The Ministry of Health in Cambodia has announced a new confirmed case of human infection with the H5N1 avian influenza virus. The 19-year-old male from Kandal province developed symptoms at the end of November 2008 and initially sought medical attention at a local health centre. The presence of the virus was confirmed by the National Influenza Centre, the Institut Pasteur in Cambodia, on 11 December.

The patient is currently hospitalised and a team led by the Ministry of Health is conducting field investigations into the source of his infection. Contacts of the teenager are also being identified and given prophylaxis. The Ministry of Health in Indonesia has announced two new confirmed cases of human infection with the H5N1 bird flu virus. One of the victims was a nine-year-old girl from Riau province, who developed symptoms and was hospitalised in November 2008; she subsequently recovered and was discharged from hospital a few weeks later. Laboratory tests were used to confirm the presence of the virus and investigations into the source of her infection were found to indicate poultry deaths at her home just days before she fell ill. The second case was in a two-year-old female from East Jakarta, who developed symptoms on 19 November and died 10 days later in hospital. Investigations into her infection found that she had been at a live bird market around a week before she presented with symptoms. On 22 January, the Ministry of Health announced two further



confirmed cases of human infection with the virus. A 29-year-old female from Tangerang District in the Banten Province developed symptoms in December 2008 and died just three days after going to hospital. The subsequent investigation indicated that she had visited a wet market to buy fresh produce, including chicken meat, on a daily basis. None of the victim's family has developed symptoms. In the second case, a five-year-old girl from Bekasi City in West

Java died on 2 January after two weeks of illness. The reason behind her infection is thought to have originated from another wet market. Of the 141 cases of human bird flu confirmed in Indonesia, 115 have now been fatal.

On 19 January, the Ministry of Health in China reported three new cases of human infection with bird flu. The first case is that of a 27-year-old female from Jinan City, who developed symptoms on 5 January and died on 17 January in hospital; the source of her infection has yet to be confirmed. The second case involves a two-year-old girl from Luilang City – at the time of writing, she was being treated in hospital and was in a critical condition. The source of her infection is also as yet unknown. The third case of bird flu involves a 16-year-old male from Huaihua City, who is also in a critical condition in hospital; it is known he had been exposed to sick and dead poultry. All three cases of bird flu have been confirmed by the national laboratory.

## Vaccine trial offers hope

The *New England Journal of Medicine* has published the results of trials in Africa of a new malaria vaccine, with

impressive findings. The tests show that the vaccine more than halved the number of serious bouts of the

disease in small children. Early trials undertaken in Mozambique showed that the vaccine reduced by almost a third the number of cases of malaria that warranted hospital admission. In the latest trials, which took place in Tanzania and Kenya, such cases were reduced by 53 per cent in five- to 17-month-old babies.

The trials in Tanzania and Kenya were the latest in a series of trials designed to test the efficacy of the vaccine, called RTSS, which is being developed by GlaxoSmithKline Biologicals. The improvement in the newest results has been attributed to using a different adjuvant system, a compound that is used to enhance the body's response to the actual vaccine.

Christian Loucq, director of the Path Malaria Vaccine Initiative, said of the latest tests: "The study results strongly show that our investments in developing malaria vaccines are beginning to pay dividends. We are closer than ever before to developing a malaria vaccine for children in Africa."



## Cholera in Zimbabwe

The Ministry of Health in Zimbabwe had reported a total of over 11,000 cases of cholera, with 484 deaths, since August 2008 of the same year. At the time of writing, the overall case fatality rate stood at four per cent, but has reached 30 per cent in some more rural areas where hospitals began to close due to lack of equipment. Of the total number of cases, 50 per cent have been reported from Budiriro, a high-density suburb of the capital Harare, while Beitbridge, a town on the South African border, has reported 26 per cent of all cases. There are concerns from the South African health authorities that the disease could spread to that country due to the large number of Zimbabweans trying to access healthcare

and medicine there. The health authorities have already confirmed several cholera cases in South Africa, Botswana and Mozambique.

The Ministry of Health and the World Health Organization, together with other health sector bodies including UNICEF, have established a comprehensive cholera response plan to address the are procuring emergency supplies and staff to try to curb the outbreak.

At the same time as action was being taken by the World Health Organization and many others, President Robert Mugabe claimed that the cholera outbreak in the country was under control and that Western powers were using the disease as an excuse to enter the country.

## Alarm bell sounds in Botswana

The city of Francistown in Botswana has been put on high alert after two more people were diagnosed with cholera, bringing the number of infections to four – all cases are spill-over from the cholera epidemic currently being experienced in Zimbabwe, which has so far claimed nearly 1,000 lives, with 18,000 sick.

In response to the outbreak, health authorities in the city have asked food outlets to take precautionary measures to prevent the disease from spreading. Food vendors have been told to wash fruit and vegetables thoroughly before consumption; the sale of salad has been stopped and produce that is normally touched is pre-packed. A door-to-door campaign has also been started by officials to raise awareness of the disease and how to stop it.

The US Centres for Disease Control and Prevention (CDC) has said that although most travellers are not at high risk for contracting cholera, they should be aware of the outbreak and make sure they are taking steps to prevent themselves falling prey to the disease. Although no vaccine for cholera is available in the US, travellers can significantly reduce their risk of contracting it by following the CDC's safe food and water advice. Such advice includes talking to your doctor before departure about getting a prescription for an antibiotic to treat traveller's diarrhoea; only drinking water that has been boiled for at least one minute; and eating only foods that have been thoroughly cooked and are still hot, or fruit that you have peeled yourself.

## Pain-free vaccinations

Good news for Australians who are travelling overseas – emla, a topical anaesthetic, has been approved by the Therapeutic Goods Administration for use prior to vaccinations for people of all ages, making painful vaccines a thing of the past. Travellers often need protection against viruses and diseases such as hepatitis A and B, typhoid and rabies, and emla can help to ease the pain that occurs during vaccination by numbing the area before needle insertion.

One Sydney-based practitioner, Dr Piazza, believes that emla could encourage those who have a phobia of needles to get vaccinated prior to a holiday, whereas before they simply would have not bothered: "Until now, many people avoided certain procedures because of the pain associated with that procedure. Importantly, emla can help to minimise the number of people not completing their vaccination schedules."

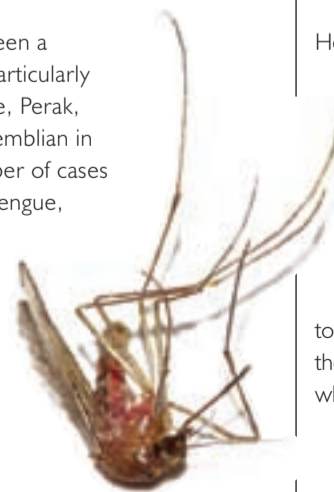
Emla should be applied one hour before the vaccine needs to be given, and can be left on for

up to five hours for adults and four hours for children. It is available without prescription from pharmacies as a patch for needles and the anaesthesia of small areas.



## Dengue outbreak in Malaysia

There has recently been a significant increase, particularly in the states of Johore, Perak, Malacca and Negeri Semblian in Malaysia, in the number of cases of chikungunya and dengue, illnesses which are endemic in urban areas in most of the states in the country. The French Ministry for Foreign and European Affairs has thus strongly urged travellers wishing to visit the region to follow general recommendations regarding protection, such as wearing long clothing and using insect repellent that contains DEET.



## Ebola alert in Tanzania

Health officials in the town of Mwanza have been placed on alert amid fears that there could be an outbreak of the Ebola virus in Tanzania. It was recently reported that the virus has been found in the neighbouring Democratic Republic of Congo (DRC), where it was first observed in the 1970s. Dr Meshak Massi, Mwanza's regional medical doctor, said health authorities were working with other organisations to scrutinise everybody arriving in the country from the DRC to check for symptoms of the disease, which is marked by a severe fever and internal bleeding.

According to health officials, travellers should be aware that the onset of the illness is usually quite sudden and characterised by a fever, headache, joint and muscle pain followed by diarrhoea, vomiting and stomach pain. For some patients, the virus can also present itself through a rash, red eyes, hiccups and internal and external bleeding.

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## Riley earns certification

Officials at US-based Riley Aviation have announced that the company has been granted Federal Aviation Administration (FAA) certification to operate as an air ambulance service. The company will now serve as a fixed-wing air ambulance company, using an aircraft that has been specifically designed to transport patients to and from the US, Canada, Mexico and the Caribbean. Although private charter operations will continue as usual for the majority of the Riley fleet, two of its Cessna Citation light jets have been equipped with LifePort medical equipment, including a single-patient stretcher with advanced life support services fully contained in its modular base. It also features a stretcher loading system that allows easy patient loading through a normal aircraft door. In order to qualify as an FAA-certified air ambulance, aircraft must be fitted out with medical oxygen, suction and a stretcher, isolette or other approved patient restraint/containment device. Each flight must also have at least two medical personnel onboard, which could be a combination of critical

care registered nurses, paramedics and/or respiratory therapists. David Riley, president of the firm, said at the announcement: "We have a long history of providing comfortable, convenient flights to people needing special treatment at the Mayo Clinic and other regional centres. We've always been interested in taking the necessary steps to become an air ambulance



service – finally, now seemed to be the right time." Riley will support a 24-hour response phone line and employ trained medical personnel for in-flight medical care.

# Worldwide Air Ambulance the African Connection



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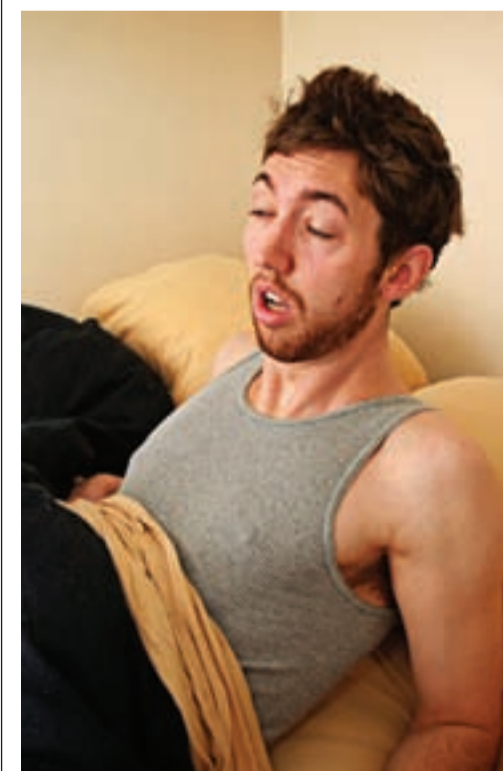
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## Pilots urged to sleep during night shifts

A white paper released by the US National EMS Pilots Association (NEMSPA) makes it clear that pilots should obtain sleep at night when possible and that operators should provide appropriate facilities for sleep. The white paper, prepared by Dr Mark Rosekind, an expert in the science of sleep and fatigue, discusses the problems with EMS pilot schedules, circadian rhythm disruption and cumulative sleep debt.

Regarding schedules that require day sleep, Rosekind writes that due to circadian factors, day sleep is significantly shortened and sometimes disrupted. Therefore, he says, night work can result in acute sleep loss, creation of a cumulative sleep debt, and circadian disruption. "Since the circadian clock does not physiologically adjust to night work," he adds, "then having a sleep opportunity (e.g. at night in a worksite sleep facility) is a critical strategy to address a well-documented safety risk. Providing specific guidance on managing these day/night transitions would maximise the use and effectiveness of worksite sleep facilities."

NEMSPA stated it strongly believes that pilots should come to work well rested, but also advocates having dedicated sleep quarters. According to Gary Sizemore, spokesperson and past-president of NEMSPA, the paper 'should go far in answering questions that contribute to the [sleep] debate'. The paper also emphasises the importance of education and training for dealing with fatigue. NEMSPA is currently working with Dr Rosekind to develop a training programme specifically tailored to HEMS pilots and their medical teams, aiming to minimise the negative effects of fatigue in air medical operations.



## Elliott Aviation completes interior

Elliott Aviation has completed a custom air ambulance interior in a Beech King Air B200 for Intermountain Life Flight, a division of Salt Lake City-based Intermountain Healthcare. The completion included the installation of a two-place divan on the left side of the cabin, a Spectrum stretcher, Spectrum Overhead Servoplex and Raisbeck crown wing lockers. Elliott Aviation has performed numerous air ambulance interior customisations since opening its completion centre in 2003. In September 2008, the firm received a Supplemental Type Certificate for a custom-designed medical stretcher base as part of

an air ambulance interior it installed in a Beechjet 400A for AirMed International. Ron Jennings, director of technical sales for Elliott Aviation, said: "These projects illustrate how the Elliott Aviation design team can create customised solutions for aircraft owners and operators to meet their mission needs. These air ambulance interiors are excellent examples of our individualised approach to each project." Intermountain Life Flight operates four helicopters and three fixed-wing aircraft, staffed by highly trained and experienced nurses, paramedics, respiratory therapists and physicians.



Elliott Aviation

## Indian air ambulance causes false alarm

Miscommunication between an air ambulance pilot approaching Calcutta and local air traffic control (ATC) resulted in the airport authorities rushing medical help to the tarmac for a non-existent patient. The pilot asked air traffic control for permission to land for the 'medical evacuation' of a critical patient on a ventilator. Air traffic personnel assumed the patient was onboard and pressed the alarm button. The Deccan Aviation air ambulance was given priority landing over three other flights, while six aircraft were kept waiting for take-off. At 10 a.m., an ambulance carrying nurses and a doctor, and guided by a jeep, rushed to the parking bay ready to receive the 'critical patient', but found only medical crew onboard. The air ambulance had flown to Calcutta in order to airlift an accident victim to Mumbai. An airport official explained: "Thinking that the pilot was communicating a medical emergency, the ATC

cleared the aircraft for priority landing. We were expecting a critical patient on a ventilator [who needed to be taken to] hospital. But to our surprise, only doctors and nurses were found onboard. It was a unique situation." As the confusion continued, the departure of six aircraft, including a US Air Force craft, Air India's Guwahati flight and Biman Bangladesh's Dhaka service, was put on hold. The waiting planes were cleared for take-off at 10.20 a.m., airport officials said. The critical patient, Manoj Gupta, 35, was eventually brought from a private hospital to the airport. The flight took off for Mumbai with doctors, nurses and two of Gupta's family members onboard at 3.10 p.m.



## Spotlight on the Eurocopter EC 155



The Eurocopter EC 155 medium-lift twin-engine helicopter is a development of the AS 365N Dauphin 2, with a 40-per-cent larger cabin area, new rotor and glass cockpit. The aircraft first flew in 1997 and was certified by the French Civil Aviation Authority and the German Government Agencies in 1999, and for single pilot instrument flight rules operations in January 2000. The EC 155 has a five-bladed Spheriflex main rotor with an extremely low vibration level, while the shrouded Fenestron tail rotor was developed as part of the quiet helicopter research programme and has ten blades asymmetrically spaced around the hub. The result is that the overall noise level is more than three decibels below the latest required standards.

Capacity:	Medical crew	2
	Stretchers	4
Length:		14.3 metres
Rotor diameter:		12.6 metres
Cruising speed:		280 km/hour
Range:		857 km
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Service ceiling:		4,572 metres

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Conference sessions and a unique one-off air display will keep delegates informed and entertained, while a simulation challenge will pit medical crews against each other to reveal how real medical crews would fare in a variety of challenging situations.

This event caters for industry professionals operating in aviation sectors, such as:

- ■ ■ Fixed-Wing Air Ambulance
- ■ ■ HEMS
- ■ ■ Military
- ■ ■ Coast Guard
- ■ ■ State & National Law Enforcement
- ■ ■ Medical Equipment Manufacturers
- ■ ■ Mountain Rescue
- ■ ■ Ground Operators
- ■ ■ Medical Crews

### Highlights

#### Static Display

- Fixed-wing air ambulance
- HEMS aircraft
- SAR aircraft

An opportunity to display and to see medical configurations on all types of aeromedical aircraft.

#### Air Display

- SAR demonstration
- Aeromedical flight demos
- Parachute response
- HEMS retrieval
- Live dynamic rescue demos

*The theory put into practice...*

#### Emergency Treatment



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#### The Waypoint/Laerdal Challenge

Watch SAR and HEMS medical crews simulate onboard emergency treatment using Laerdal patient simulators. Various teams will battle against each other to provide the most accurate and timely response to 'patients' in a variety of challenging circumstances.

*The best performing crew wins the prize!*



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## The Airshow

AirMed & Rescue 2009 will incorporate a display of the latest in aeromedical technology, and the various aircraft used by SAR and air ambulance crews. Come and see for yourself the various aircraft configurations and equipment, and meet the providers as well as end users. The event will also comprise an exciting air display involving various demonstrations, including parachute response and retrieval techniques.

## The Conference

Workshops and educational sessions will take place throughout the two days. A wide range of speakers, made up of industry experts, will give presentations on various topics covering such issues as flight safety, cabin pressure, funding and liability, with workshops and panel sessions providing delegates with a chance to pose questions and put across their ideas.

## The Exhibition

AirMed & Rescue 2009 is offering delegates the chance to have their own booth in the Exhibition Hall, giving them a base from which to advertise their services for the duration of the event. There will be a bar in the Hall for delegates to refresh themselves during conference session breaks, and the Hall will also be the location for the Waypoint/Laerdal Challenge, where medical crewmembers can showcase their talents and no doubt competition will be fierce.

The cost of an exhibition booth is **£2,500 plus VAT**, which includes one full registration and one VIP entry per day.



## Conference Agenda

Our speakers and panellists are leading industry professionals who have been chosen to deliver an innovative outlook on their given speciality, while the panel sessions offer our delegates the opportunity to participate in expertly driven debate and pose questions to those same thought leaders.

### Day 1

- 10:00-10:30 Speaker: Swedish Air Medivac Program  
Hakan Osterhed, Sales and Marketing  
Manager – SAS Advanced Medical Air  
Transport Systems
- 10:30-11:30 Panel session: War zones – should non-  
military crews be allowed to fly into  
problem areas?
- 12:00-12:30 Speaker: European recommendations  
and regulations for HEMS medical  
crew training – Dr Terry Martin,  
Director – CCAT
- 12:30-13:00 Speaker: Sea level cabin pressure  
implications  
– Dr Thomas Buchsein, Medical  
Director – FAI
- 13:00-13:30 Panel session: Single or dual engine  
helicopters – what do pilots prefer for  
which job?
- 13:30-14:30 Lunch
- 14:00-15:00 Patient simulator demo competition:  
**The Waypoint/Laerdal Challenge**
- 14:00-15:00 Workshop: Differences in health  
systems and staff qualifications when  
travelling between countries, including  
liability/malpractice
- 15:00-16:00 Focus group
- 16:00-17:00 Live air demonstrations and display

### Day 2

- 10:00-10:30 Speaker: Helicopter flight safety –  
minimizing the risk of accident
- 10:00-11:30 Panel session: Pilot vs medic hours –  
focusing on antisocial hours, time on  
duty and time since last duty
- 12:00-13:30 Panel session: Should charity air  
ambulances be government-funded,  
and what are the benefits to US  
commercial operators?
- 14:00-15:00 Simulator finals
- 14:00-15:00 Workshop – Specialties of mountain  
ops, including crevasse and avalanches
- 15:00-16:00 Focus group
- 16:00-17:00 Live air demonstrations and display



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## Medevac Down Under

Australia is a large tourism conscious and traveller friendly country that covers an area of 7,620,000 km<sup>2</sup> and is the world's sixth largest country. The resident population is 20 million, about two thirds that of Canada (33m) and less than half that of England (51m), but the population is significantly swollen by a thriving tourist industry: over five million international visitors travelled to Australia last year. With such large numbers of tourists, clearly many visitors will fall ill or become victims of accidents. Their need for medical treatment often includes air ambulance transportation within national boundaries, internationally or both. Terry Martin takes a snapshot view of what services are available from the point of the emergency until repatriation of the patient

### Provisions

Pre-hospital care in Australia is, as you'd expect, alive and vibrant. Staffing follows the European model rather than the American, in that it is doctor-led, with support from well-trained nurses and very experienced paramedics. Specific training for the out-of-hospital environment is still growing, and new post-graduate training courses for all healthcare professionals are supported by professional organisations such as Flight Nurses Australia and the International Society of Air Medical Services (Australasia).

The country's few sparse urban centres are dwarfed by the wide open remoteness of the larger proportion of Australia's mainland and, although the population is small for a country of its size, almost half the population is dispersed in remote and rural areas. Tourists do travel to these

remote places, and there are long and desolate road journeys between destinations. All these factors ensured the inevitability of aeromedical services. The story of the Reverend John Flynn and his establishment of what became the Royal Flying Doctor Service (RFDS) is well known, and his forward thinking and insightful use of innovative new technologies in the 1920s have led to the growth of a successful aerial medical service with a network of 20 bases across an area equivalent to Western Europe. The current fleet of aircraft include the Beechcraft Kingair 200C and C90, Conquest C425 and Conquest II, Pilatus PC12 and Cessna Titan 404. These pressurised aircraft offer speed and the ability to fly longer distances above turbulence and bad weather. The RFDS proudly claims that nobody is more than two hours away from medical help.

Less well known, though, is the fact that Australia was also an early pioneer in the use of helicopters for emergency retrievals. The first HEMS unit was established in Melbourne only two years after the world's first civilian services in Europe and the US. Currently, there are numerous helicopter medical systems throughout the country. The Westpac Bank, despite recent downturns in global economy, still sponsors Helicopter Rescue Service (HRS) bases in five of the country's six states. The HRS helicopters

are dual role HEMS and Search and Rescue (SAR). There is also a mixed bag of HEMS programmes, some of which are state government services shared between the four main emergency services and some which are funded by charity or corporate providers. One well known example is NRMA Careflight, which is a charitable organisation contracted by state governments. It is a complex organisation that undertakes all aspects of aeromedical transportation from primary scene missions to international repatriations and, although based in Sydney, has branches in Orange, Brisbane and the Gold Coast. Careflight aircraft are staffed by flight trained paramedics as well as doctors who may be intensive care specialists, anaesthetists or emergency physicians. In addition to providing rapid response to accident scenes, the helicopters also have both SAR and inter-hospital transfer roles, whereas the fixed-wing aircraft are utilised to transport critically ill patients on secondary and tertiary level transfers. The organisation moves well over 1,000 patients a year.

### International repatriation

Once safely transported to an appropriate hospital and early medical management, some tourists require repatriation. Arguably, with a country the size of Australia, the logistics of international repatriation are no more complex than the transportation of patients across state boundaries,

and this reflects the fact that many organisations offer the full range of aeromedical services. As an example, Careflight International uses Westwinds, Citations, Beech jets and Lear jets to provide international tertiary and quaternary transfers to and from destinations in Australasia and the Pacific Basin. Clearly, most

tourists will have travel insurance from their own country and any medical assistance needed may also be sourced from home. In-country, apart from Australian-based medical assistance companies, such as Ozevac and Mediflight, there is also representation from international companies such as Mondial and International SOS. The geography and population demographics result in the heavy utilisation of dedicated air ambulances and there is an abundance of potential aircraft available for private charter. However, as more airlines are ceasing their stretcher services, it is reassuring to know that Qantas has retained the service as a 'goodwill' gesture.

### Major incidents

Finally, Australian citizens and tourists can take comfort in knowing that the Royal Australian Air Force (RAAF) has an expert medevac capability that has been well tested in response to recent civilian major incidents (both Bali bombings and in the tsunami), as well as in conflict zones. With the capability of 12 deployable stand-alone ICU platforms, supported by a full medical team, the RAAF fleet of Lockheed C130 Hercules aircraft has been supplemented by Boeing C17 Globemaster long-range aircraft that can carry up to 36 stretchers and 54 seated patients giving the RAAF a truly global operation.



Mediflight HEMS in South Australia

Dr Peter Sharley

## Enloe FlightCare gains accreditation

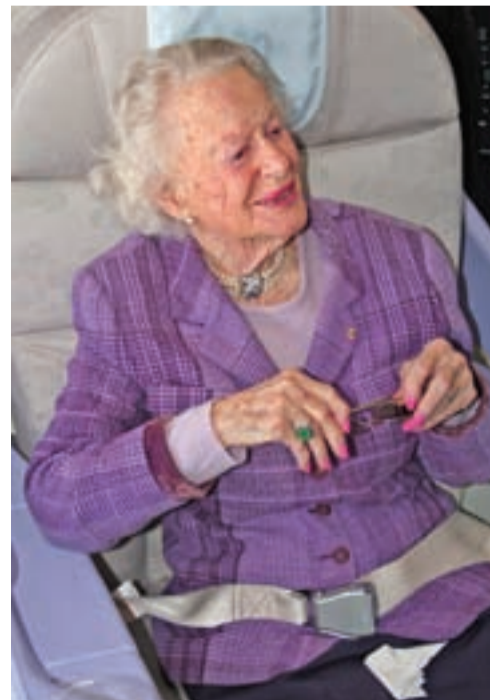
The Commission on Accreditation of Medical Transport Services (CAMTS) has awarded Enloe FlightCare, based in northern California, a full three-year accreditation. The organisation said the helicopter service provides 'highly skilled flight nurse/paramedic teams to care for adult and paediatric patients'. In a press release, Enloe said the FlightCare helicopter service was launched in August 1985 and was the first in California, north of Sacramento; since then, FlightCare has transported more than 12,700 patients in the area.

Judy Cline, trauma co-ordinator and chief flight nurse said: "The accreditation process was an arduous undertaking, but we feel it truly validates FlightCare's mission to promote and provide safe, high-quality, cost-effective air-medical transport to patients."

## Angel of the Outback passes away

The air ambulance community around the world is mourning the loss of the Angel of the Outback, otherwise known as Nancy Bird Walton, a pioneering aviator who operated an air ambulance service while still a teenager. Ms Walton died on Tuesday 13 January aged 93.

Gaining her pilot's license aged just 17, Ms Walton needed two cushions to reach the pedals and see out of the cockpit. With the help of her family, she bought a Gipsy Moth aircraft and flew around New South Wales promoting aviation and taking paying passengers on sightseeing trips. At the tender age of 19, she was hired to operate an air ambulance service in remote outback areas, her tasks including the ferrying of medical staff, and transporting patients and expectant mothers. She was then a Commandant of the Women's Air Training Corps during the Second World War and in 1950 founded the Australian Women Pilots' Association. When Airbus recently launched its A380, Qantas named its first aircraft after her, and Alan Joyce, the airline's chief executive, described her as a 'trailblazer for Australian women pilots and an inspirational figure in Australian aviation'.



Nancy Bird Walton

## Correction

In the last issue of *ITIJ*, the credit for the Air Rescue Africa photo was accidentally omitted; it should have been given to Gayle Partridge, chief flight nurse.

## HEMS hearings

The US National Transportation Safety Board (NTSB) will hold a public hearing on the safety of helicopter emergency medical services operations on 3 February. The three-day hearing, at the NTSB's Conference Centre in Washington, D.C. will be chaired by Robert Sumwalt. Commenting on the background to the hearing, Sumwalt said: "We have seen an alarming rise in the numbers of EMS accidents and the Safety Board believes some of these accidents could have been prevented if our recommendations were implemented. This hearing will be extremely important because it will provide an opportunity to learn more



Robert Sumwalt

NTSB

about the industry so that possibly we can make further recommendations that can prevent these accidents and save lives."

In January 2006, the NTSB issued a Special Investigation Report on EMS operations. The report analysed all EMS-related aviation accidents in the US, from January 2002 to January 2005. In this period, there was a total of 55 accidents involving 41 helicopters and 14 aeroplanes. There were 54 fatalities and 19 people were seriously injured. The report suggested that 29 of the 55 accidents could have been prevented if the following recommendations had been implemented: all EMS helicopter operators should install Terrain Awareness Warning Systems (TAWS); all EMS flights – even those with only medical staff onboard – should follow the more stringent safety rules for flights carrying patients and organs; all flights should be preceded by a formal flight risk evaluation; and dispatch procedures should include up-to-date weather information and assistance in flight risk-assessment decisions.

Les Dorr, a Federal Aviation Administration (FAA) spokesman, said the authority had 'worked extensively and aggressively with EMS helicopter operators to improve safety and to adopt better safety procedures and technology'. The NTSB acknowledges that the FAA is working to comply with these recommendations, but says it has not acted quickly enough. However, the NTSB cannot force the FAA to comply with its recommendations. Since the report was released, there has been a drastic increase in accidents, with nine HEMS crashes and thirty-five fatalities between January and November 2008. The surge has prompted the NTSB to hold the hearing and examine the issue of EMS accidents in more detail. The board will call pilots, medical personnel, managers and the FAA to address the hearing. Topics on the agenda include: operational structure, flight operations, aircraft safety equipment, training and oversight. Debbie Hersman, NTSB safety board member, said: "We need to put the foot down to the pedal here – people are dying."

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INTERNATIONAL TRAVEL INSURANCE CONFERENCE  
**BANGKOK 2009**

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# Snow-ward bound



**The type of claims resulting from winter sports holidays have changed over the years, but have things got better for travel insurers? David Craik analyses last year's claims figures for British skiers and asks what might be in store this season**

In the many countries of Europe that boast mountains covered in fluffy white snow all winter long, skiing and snowboarding are almost second nature for many residents. British skiers, on the other hand, despite the fairly stable skiing industry of Scotland, are generally 'have a go' skiers who may take to the pistes of Europe once a year for a winter sports holiday. However, where telling tales of skiing the great slopes of the world by day and enjoying the après-ski by night used to be the domain of the privileged or moneyed few, in recent years the joys of skiing have been experienced by a wider group of people boosted by cheaper flights to winter sport destinations. This has meant increased sales for travel insurers; but has it also coincided with an increase in claims? Here, we look at the UK claims resulting

injury rate, which in the early 1970s was at over five injuries per a thousand skier days, has dropped to below 2.5 per a thousand.

But it isn't all peace and calm on the slopes. Injuries still happen, yet the types of injury being seen have changed. As a result of new equipment such as ski-binding boots, the ISSS has noted a decrease in the number of sprains and fractures below the knee, whilst at the same time seeing an increase in the number of severe knee ligament sprains. This finding has been backed up by a recent study by the British Orthopaedic Sports Trauma Association. As well as blaming the modern, rigid, high boots for an increase in serious ligament injuries, Steve Bollen, president of the Association, also notes the poor fitness of beginner skiers and those who take to the slopes just once a year. He describes this as 'half-term syndrome', with inexperienced skiers attracted to the slopes but being under-prepared for the fitness requirements of the activity. Bollen's study of over 200 patients with ligament damage revealed that the numbers injured through skiing had risen

these trends in skiing numbers and injuries? Is the industry seeing more claims and if so how are they planning to tackle this?

## A range of experience

Travel insurer InsureandGo has been vocal about new patterns in skiing and the effect this might have on accident rates. It recently produced research that showed that 35 per cent of adults deliberately pushed themselves beyond their capabilities on the slopes because they have been jealous of others' ability. The company coined this behaviour 'piste envy'. It was concerned that this 'macho' behaviour would cause unnecessary accidents.

Further research from the firm revealed that 1.26 million British winter sporting adults (about one third) did not receive any training the first time they tried their activity, with many relying on friends and family to teach them the basics. The company also stated that 1.38 million people admitted to skiing or snowboarding whilst drunk, with 154,000 admitting to being 'very drunk'. Of these, 19 per cent said they had had an accident whilst being drunk, with four per cent saying they had caused a serious injury to themselves or someone else.

Speaking to *ITIJ* in May last year, Perry Wilson, then managing director, said the company had already seen an increase in the number of claims from injury in the year to date: "In 2007, we had 1,139 claims for fractures and dislocations in Europe. So far this year we have had 2,100. That is quite a rise." One of the worst areas for claims has been in France, with 601 claims in 2007 and 1,436 in 2008. "Italy has been the same as in 2007 and we have seen our first claims emerge from new skiing markets such as Poland, Serbia and Slovakia," adds Wilson. In Canada, the number of claims also rose by 25 per cent, but in the United States they were down 20 per cent.

However, figures are never straightforward. The number of InsureandGo's winter sports policyholders requiring in-patient treatment at hospital, i.e. the most serious injuries, fell to 254 for the 2007-2008 season – from 547 the previous

year; whilst claims for outpatient treatment have risen. "This tells us that we are treating more people but less are going into hospital and staying there," says Wilson. "There are more accidents but they are less serious, such as dislocated or broken fingers." He puts this down to the problem of less snow in Europe last season compared to other years. "When there is more snow, people tend to go faster and you get bigger smashes. Less snow means that skiers do not do the big runs. They go to the lower slopes where the quality of the snow is worse. If there is not as much of it then you get more accidents because of ice and rocks and trees emerging from the covering of snow. People go slower but you get smaller accidents," he explained. But he also blames a change in skiing behaviour: "Skiing has definitely become more accessible in recent years with cheap flights to France, for example. This could be a reason for the rise in injuries, because of the number of inexperienced skiers taking to the slopes." However, despite his company's recent survey, he plays down the drink factor in the number of injuries reported. "There is responsibility for drinking out there amongst skiers and indeed they wouldn't sell alcohol on the slopes if there was a serious problem," he argued. "People get a big brush and paint the majority with what the minority do. There is not a problem with people being drunk at lunchtime and taking to the slopes." All in all, an increase in claims will not mean a consequent rise in premiums. "Some firms might do that as a bit of scaremongering but we won't," says Wilson. "There will be no increase in premiums. We are seeing more outpatients than inpatients and that means smaller medical bills so we save money." Halifax Travel Insurance also experienced a difficult winter last season: a spokesperson said the company had experienced a 'dramatic increase in the average cost of winter sports claims'. The average claim cost was over £1,500 at the end of the 2007-2008 season, up from £640 the previous year. The reasons for this increase could vary, he said, "from a rise in operational costs for flights, pistes that are closed due to no snow or high winds for longer periods of time, or people taking more expensive ski equipment that gets lost or

## One of the worst areas for claims has been in France, with 601 claims in 2007 and 1,436 in 2008

from last year's ski season, ask what might be in store for travel insurers as a result of this year's season, and look at the development of new ski destinations around the world.

### Have-a-go Harry

It has been estimated that over three million British adults headed for the slopes last season (December to March). Given this growing number it would be logical to believe that there has been a corresponding increase in the number of skiing injuries over the years, but according to the International Society for Skiing Safety (ISSS) this has not been the case. It states that the overall skiing

from nine per cent in 1994 to 28 per cent in 2004. The majority of those being injured were women with an average age of 40.

Other skiing industry voices blame cheaper skiing trips for attracting more loutish behaviour to the slopes, with concerns of an increase in drunkenness amongst skiers leading to more injuries to themselves and to others. There are also worries about skiers going too fast. Indeed there are even plans to introduce speed cameras on skiing slopes in Switzerland to try to reduce the speed of skiers, and accident rates. The speedsters will be caught by hand-held radar devices carried by hidden ski-slope staff.

So what does the travel insurance industry make of



**I think this season will be dominated by the effects the global recession will have on skiing**

damaged. An increase in medical costs abroad would also account for the rise."

Three Halifax Travel Insurance customers experienced bad injuries and submitted very high claims, which may also have pushed up the average, according to the company. "In terms of the causes behind such claims we can't give a

definitive answer

as our data does not drill down to such thorough detail," added the



spokesperson.

"Accidents that occurred due to alcohol consumption would not be present in our claims data. It is also impossible for us to attribute an increase in accidents to an increase in inexperienced skiers. We simply don't have the relevant information to make such an assumption." Direct Line saw more of a mixed picture in terms of claims last season. Chris Price, head of travel insurance, said: "While the number of claims made for winter sports injuries has decreased over the past year the cost of claims has increased. This may reflect broader healthcare inflation as new technologies and

treatments are adopted by the medical industry." The company has also been appealing to novice skiers to invest in lessons and avoid skiing off-piste to limit the number of injuries. "They should make sure they have the right equipment, don't ski runs that are beyond their ability and keep family and friends informed of where they are going," added Price. "It is important that travellers don't ski when exhausted as many accidents happen at the bottom of slopes at the end of the day when skiers are less alert or the light is failing. Skiing after drinking alcohol should be avoided not least because it could impact on the ability to make a claim."

There was, however, a different picture at Swiftcover, which had seen just 85 claims on its winter sports policies towards the end of the last ski season, down from 132 the previous year. BUPA Travel insurance also experienced a 'slight decrease' in claims last season compared to previously, but disagrees with InsureandGo's Wilson on last year's quality of snow. "In the 2006-2007 season, the pistes were not well covered and there were injuries as a result of rocks showing through the



## When there is more snow people tend to go faster and you get bigger smashes

Aside from the US, longer haul destinations will always suffer from being too expensive for the majority of skiers and ... too extreme, cold or remote for the average intermediate UK skier



snow. It was one of our worst years. If snow changes its consistency then sometimes when you are skiing your left leg goes faster than your right with the obvious consequences," said head of BUPA Travel Nick Potter. "That year, such conditions resulted in more twists and strains. Skiers want to ski when they go on holiday, and on days when they should not have been on the piste they went out. But in the 2007-2008 season, the quality of the snow was a lot better and pistes were well covered." Furthermore, he does not see a correlation between cheaper flights and an increase in skiing accidents. "I'd like to know where you can go skiing where it is cheap. I would say that the cost of skiing is going up. We have not been impacted by this," says Potter. However, he does stress that skiers should pay closer attention to their behaviour on the slopes. "Skiing is a sport and you have to maintain a level of fitness for it. It is hard work and people should relax, take plenty of breaks and not overdo it. Après-ski is part of the experience but you should not drink if you are skiing. If it is not you that you are going to injure it will be the ski school party ahead of you."

### Current season and beyond

So, what of the current season? *ITIJ* caught up with Russell Dadson, a winter sports cover specialist in the UK, to see what he thinks the coming months might hold for those issuing snow sports policies, and to ask his views on emerging ski markets. "I think this season will be dominated by the effects the global recession will have on skiing, said Dadson. "We actually had a very good summer season with our specialist activity policies and we saw particularly good growth towards the end of the summer, perhaps because our clients were so fed up with being told how gloomy the world is, they felt compelled to go on holiday to get away from the bad news!"

However, Dadson thinks ski holidays, particularly at the lower end of the market (ie, once a year skiers, those new to skiing and those on lower incomes) will suffer from the effects of the credit crunch. Tour operators, he said, will probably

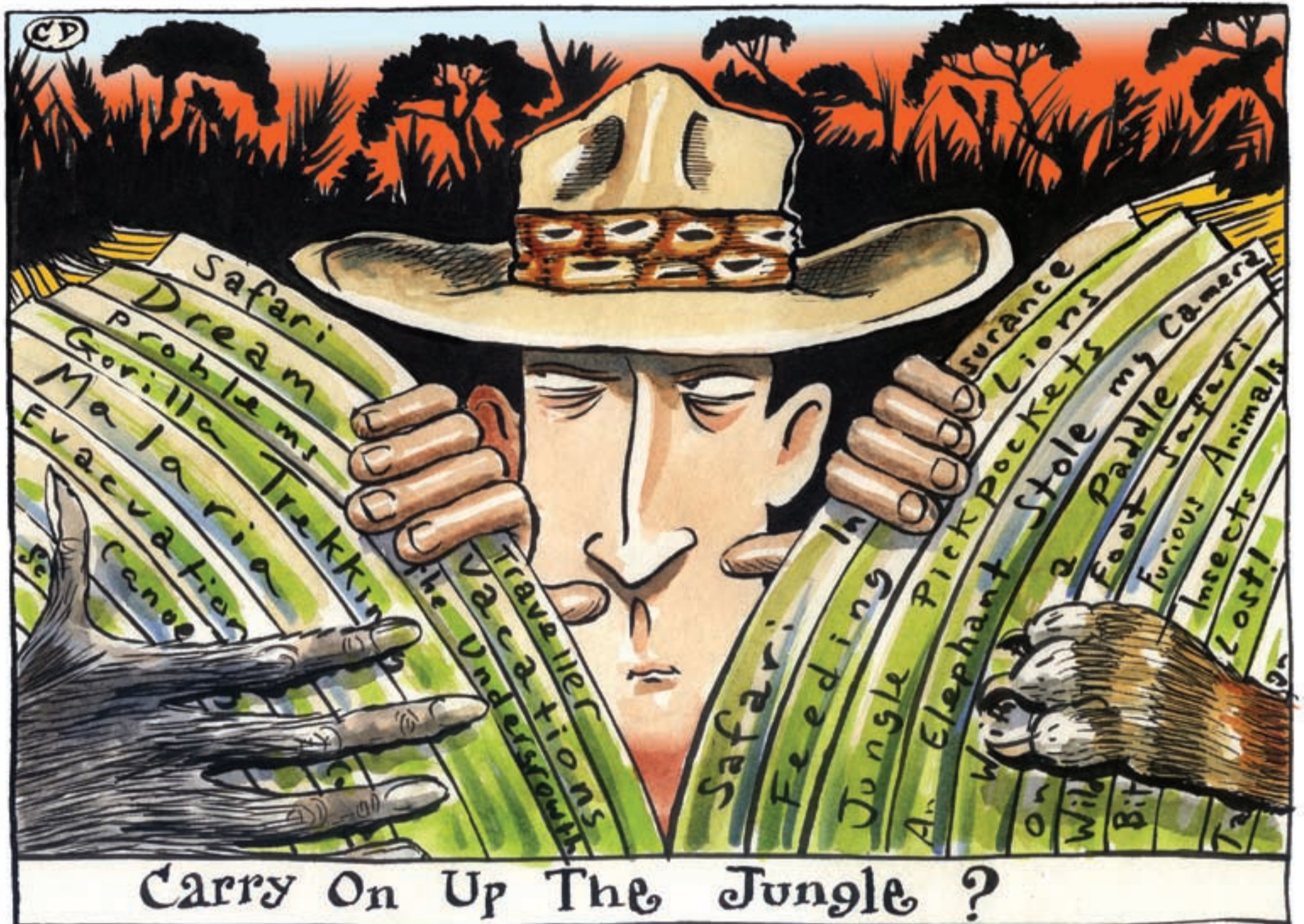
have to limit capacity to cover their own exposure in a depressed market, which will keep ski holiday costs up. This in turn will have an upward pressure on claims costs for cancellation claims, which are already being falsified as people struggle to afford to pay for their holidays.

In terms of emerging markets, at present Dadson's company Snowcard sees a very small number of policy sales for people travelling to South America and the Himalayas to ski. Likewise, Japan is not somewhere the UK market heads to unless they are already in Japan and want to have a day or two skiing. It is too crowded and limited compared to what they are used to in the Alps. And New Zealand is too far for a ski-only trip. Skiing in NZ would normally form part of a longer travel itinerary for most British skiers, although it is getting more popular with 'seasonaires' looking for a change. At the same time, there is some very good skiing to be had in Chile but again distance and cost put it beyond most UK skiers who are spoilt for choice in Europe, which is hard to beat for quality and the extent of skiing opportunity at an affordable cost. To ski in South America, you need to, again, either be there already or have a deep pocket and a desire to ski the world; it will never be mainstream, says Dadson.

The Himalayas are slightly different in that the opportunities there are yet to be fully explored. It is closer – not much difference to flying to the US – but the facilities there are not yet established. There are also political problems in the country that will put off many recreational skiers. To want to ski in India or Kyrgyzstan you have to be extremely adventurous and desperate for something more than Europe will offer. Aside from the US, longer haul destinations will always suffer from being too expensive for the majority of skiers and aside from the very small ski touring and mountaineering fraternity, too extreme, cold or remote for the average intermediate UK skier. ■

**With thanks to Russell Dadson of Snowcard Insurance Services**

# On safari: a variety of cover



Some tour operators that sell or specialise in safari holidays recommend tailored travel cover for such trips. Others do not. David Craik dons his pith helmet and goes in search of the various travel insurance options.

At the end of August last year, a tragic accident that claimed the lives of four members of Hollywood actress Helena Bonham Carter's family when travelling between game reserves in South Africa brought to the world's attention the potential risks faced by the safari tourists. It also made prospective safari travellers think carefully about what travel insurance cover they might need for a holiday spent seeking out some of the world's most beautiful animals in their natural habitat. Here we discover the ins and outs of safari holiday insurance coverage, and what kind of trip cover advice is given by different tour operators.

## Is standard cover enough?

First of all, tourists could opt for taking out a standard travel insurance policy with a small provision for safari travel. Direct Travel Insurance in the UK covers safari in a vehicle and on foot but only if a guide is present in its standard policy. A spokesperson says: "Personal liability cover is included but we don't cover you if you decide to wander off on your own to feed the lions." Some other standard travel insurance policies offer cover for safari in motor vehicles but not on foot unless an extra premium is paid; some stipulate the

need for guides to be present and no firearms to be used. Some differentiate risk between a UK organised safari trip and a non-UK organised trip with an extra premium to be paid in such a case. Most cover personal accidents and medical expenses. Another option open for the budding safari tourist is to follow the advice of their safari tour operator. Indeed, some recommend the use of standard travel policies as being adequate for safari travel. For example, due to its medical evacuation and cancellation coverage, US tour operator Safari Legacy recommends AIG Travel Guard for insurance to its customers. Jennifer Kunath, director sales and marketing for North America at Safari Legacy, says: "We believe that they offer the best coverage for trip interruption and cancellation insurance. We also highly recommend additional evacuation coverage through the air ambulance operator AirMed because accidents happen even on dream vacations." Similarly, tour and safari company Uyaphi, based in Cape Town, South Africa, does not see the need for specialist safari cover. It recommends the standard travel insurance cover of US-based Seven Corners. "This policy gives enough coverage for safari travellers," says Uyaphi's operations and sales director Verity Bester. "We have never been advised otherwise. I don't think it is necessary to have greater cover because you are on a safari or hiking or swimming." Bester adds that insurance should cover cancellation, loss of baggage and medical costs. "The latter is perhaps the one that people really overlook.

If you get malaria out in the wilderness you need to get out fast."

Other tour operators recommend more relevant, though not exclusively safari specialist, policies. Tim Best Travel in the UK is an independent tour operator that provides safari adventure travel in Africa and the Indian Ocean Islands. It has arranged travel insurance with specialist insurance broker Campbell Irvine, underwritten by AXA Insurance. The cover includes a 24-hour worldwide emergency medical service. If a tourist does not take out the recommended insurance then Tim Best Travel requires confirmation that they have an alternative policy that provides cover as wide as the specialist cover it recommends.

Campbell Irvine managing director Anthony Kaye says there are sound reasons why safari travel should have its own relevant cover. His company's policy concentrates heavily on the potentially hazardous nature of a safari trip. "There is a big difference between lying on a beach or sight-seeing round some European city than being in the middle of a veld somewhere in Namibia," he says. "We cover safari in vehicle and on foot, and gorilla trekking. You are also exposed to a wide range of wonderful activities when you go on safari – such as bareback horse-riding, kayaking and hot air ballooning – and our

policy has the flexibility to cover these activities. This is sometimes lacking in other travel insurance policies," he explains. "A safari trip may also have more than one destination – cities, camps and lodges – whereas a conventional package holiday will be one or two weeks in a certain resort. Our insurance therefore takes into account flight connections whilst a tourist is on their trip." Kaye adds that the policy goes beyond some more conventional insurance policies, which do not cover being accompanied by someone with a rifle. Campbell Irvine sees this as standard and a necessary part of the safety process. He says travel insurance policies should also have flexibility when it comes to tourists travelling to remote areas in Africa. "The Foreign



Office gives warnings on certain regions and sometimes safaris can travel into these areas en route. A lot of the Foreign Office advice is really about not going there on your own, and a travel insurance policy should have the flexibility to acknowledge that you are travelling to remote locations in a group." Furthermore, despite the dangers, the most frequent claims received as the result of safari holidays are in the areas of cancellation and low-value baggage. "If you are on safari, there is no good getting an insurance policy that says that if you lose a digital camera you have 24 hours to report the loss," continues Kaye. "You may be three days from a place where you can report it. Again you need flexibility. We have a clause that says it is sufficient to get a report from the tour leader or lodge owner confirming when the incident occurred." Tourists should also be careful of policy wording concerning preventative medicine, especially with the

company spokesman says: "We offer all the usual things you get on a standard insurance policy such as loss of personal items and loss of money. But because our activities tend to be a little more adventurous than lying beside the pool our policy gives additional cover." This will protect a safari tourist on foot and in a vehicle but also, as with Campbell Irvine, gives cover for additional activities that safari tourists may enjoy doing, such as white-water rafting. "Our tourists are going out generally in a purpose-built vehicle and doing dangerous activities," the spokesman added. "A high-street insurance policy will cover you for the minimum, such as curtailment and cancellation, but we can cover for the additional activities if a safari tourist wants to do them. Our underwriter has a very good idea of the holidays that we offer and the activities that are involved." The exclusions in the policy are straightforward. "If you decide to take your life in your own hands and decide that you want to leave your tour group and venture into a game park on your own, you are not going to be covered," the spokesman states. "Regarding claims, I can't recall any serious claim that our underwriter has received. The claims tend to be for pick-pocketed money, or loss or damage to watches and cameras."

**Increasing demand**

Kumaka is seeing an increase in the number of tourists going on their safaris: "There has definitely been a rise," said a spokesperson. "The desire of people to do this type of trip is strong. The only time it falls off is when there are political problems." Kumaka saw 3,000 customers go to Africa in 2007, which was up by four per cent on the previous year. This appears to follow a general trend in the number of safari tourists. South Africa National Parks tourism income surpassed the half billion rand mark to March 31 last year. Recorded guests were up from 4.5 million to 4.7 million, with the number of international visitors rising by 0.2 per cent. There was also a change in tourist behaviour, with 17 per cent more people choosing to camp overnight whilst on safari. Kenyan National Parks

**other standard travel insurance policies offer cover for safari in motor vehicles but not on foot unless an extra premium is paid; some stipulate the need for guides to be present and no firearms to be used**



the kidnapping of tourists whilst on a desert safari in Egypt. Statistics of deaths and injuries suffered by tourists on safari are difficult to find, but the Kruger National Park in South Africa recorded 13 deaths and over 40 serious medical emergencies such as fractures, head injuries and paralysis last year. So, with the obvious risk of being near wild animals, the number of people choosing to go on safaris increasing, and a change in their safari habits developing, should the insurance industry be looking at providing more specialist cover as they do for those who choose to go skiing? The spokesperson for Direct Travel says that if hard figures prove that more people from the UK are going on safari every year then the safari part of its policy would be looked at during the company's regular product meetings: "We think that our policy is pretty safe for safari travel and there is not a lot more we can do, but as a small

company we have the luxury of being able to adapt to the market and better service our customers without too much red tape. It depends on changes in the industry." Chris McIntyre, managing director of UK-based tour operator Expert Africa believes that insurers do not exclude a great deal for safari tourists. "There are one or two items such as the use of light aircraft when travelling between reserves, and safari on foot, which more should cover. Yes, there is more they can do, but they are not that far away," he said. As for the risk of accidents, Kaye of Campbell Irvine believes injuries on safari are still a rare occurrence. "These are unfortunate incidents, but there are issues, especially with vehicle accidents. The roads are poor and it is not a case of the Highway Code, it's a case of the biggest vehicle has priority." ■



threat of malaria in certain countries and the need to take anti-malarials. "There are people who cannot take them if they are pregnant and they sometimes won't be covered," warns Kaye. "There is also the importance of having good medical teams who can work in difficult terrains and can repatriate you if necessary. It is possible that you could phone up a high-street insurer saying someone has been injured in Uganda and they ask you where exactly that is!" Adventure travel operator Kumaka Worldwide recommends the insurance of World Nomads, which is specifically designed for adventurous independent travellers. It covers medical, evacuation and luggage such as iPods and digital cameras. A

has seen an increase from 1.6 million visitors in 2005 to 1.9 million in 2007. Pari Morse, of US-based independent travel insurance broker Columbine Consulting Services, adds: "Safaris are definitely becoming more popular vacations. Over the last five years, I have seen this part of my business grow from approximately 10 per cent to nearly 50 per cent." More families, primarily with teenage children, are going on such adventures, she explains. The risks involved in going on a safari are clear from the deaths of the Bonham Carter family. Other recent incidents include a British mother and daughter trampled to death by an elephant and

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## 10<sup>th</sup> ITIC Domestic Conference

19<sup>th</sup> & 20<sup>th</sup> May

### AGENDA

#### Day 1 morning - Tuesday 19th May

12.00-13.30 Registration and Social Networking Lunch

#### afternoon - Tuesday 19th May

14.00-15.30 Panel Session - **Scheduled Airline Failure and the Collapse of the Travel Industry**

Panellist **Michael Ward**, Sales & Marketing Manager - IPP

Panellist **David Moesli**, Deputy Director - Consumer Protection Group

Panellist **Andy Cooper**, Director General - Federation of Tour Operators

15.30-16.00 Coffee Break

16.00-16.40 **Policy Wording – Ten Top Tips**

Speaker **Martin Cutts**, Research Director - Plain Language Commission

16.40-17.30 Panel Session - **The Gender Directive**

Panellist *Obstetrician tba.*

Panellist **Daniel Scognamiglio**, Senior Solicitor - Blake Laphorn

Panellist **Scott Roberts**, Senior Broker - Acumus Insurance

18.30-20.30 Welcome Function

#### Day 2 morning - Wednesday 20th May

10.00-11.30 Panel Session -

**Mobile Phone Technology: the next generation**

Panellist **Nicholas Thurlow**, Director - Text to Insure

Panellist **Mike Penrose**, Commercial Security Director EMEA - International SOS

Panellist *Mobile Phone Company*

11.30-12.00 Coffee Break

#### afternoon - Wednesday 20th May

12.00-13.00 Panel Session - **Update on Age Discrimination**

Panellist **Kate Carr**, Assistant Director, Markets & Regulation - ABI

Panellist **Samantha O'Connor**, Head of Business Development - Columbus Insurance Group

13.00-13.30 **The Madness of TCF (Treating Customers Fairly)**

Comic Speaker **Geoff Whiting** – Comedian

13.30-14.30 Lunch

14.30-15.30 Focus Groups

19.30-24.00 ITIJ Finale Dinner at Rhodes House

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**Dates: 21st & 22nd May 2009**

## Programme of Events

- 9.30-10.30 Registration and coffee in the exhibition area
- 10.30-12.30 Workshop 1 – Specialist trainers show how to enhance your ability to manage angry, anxious and distressed clients
- 12.30-14.30 Lunch in the exhibition area and experience **The Waypoint / Laerdal Challenge**
- 14.30-16.00 Interactive air ambulance visits 
- 16.00-17.00 Air display incorporating demonstrations, including parachute response and retrieval techniques



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# Long-distance learning

Travel insurance is too often a low priority as students set off on their worldwide travels, but that represents opportunity for the travel insurance industry. Roger St. Pierre reviews this fast-growing market

Travel broadens the mind – that's a credo that seems engrained in the student psyche, worldwide. According to a survey of 2,300 young people from Canada, the Czech Republic, Hong Kong, Mexico, Slovenia, South Africa, Sweden and the United Kingdom, over half those polled place travel at the top of their priority list. Commissioned by the International Student Travel Confederation and the Association for Tourism and Leisure Education, the report revealed young independent travellers' main motivation as being a desire to explore and understand other cultures (83 per cent), followed by excitement (74 per cent) and increasing their knowledge of the world (69 per cent). Though 50 per cent of respondents had an annual income of less than US\$5,000, they were clearly prepared to save seriously and/or to work during their wanderings to fund themselves.

Combining travel with study is an increasingly popular method by which young people seek to venture abroad, and one that travel insurers have been quick to service. Says Frank Gillingham, medical director of US company HTH Worldwide: "The potential is huge, with between six and seven million students entering the US alone each year, and nearly two million undergraduate and graduate students studying outside their own countries – around 30 per cent of them in the US – which is the world's most popular educational destination.

"It's a highly competitive market, with insurers constantly coming up with innovative ideas to increase their share of business. Some, for example, now offer digital proof of insurance, whereby students can access their insurance details from a digital ID card, through their mobile phone or wireless device to satisfy doctors and hospitals that the patient has cover for their treatment fees."

## Risky business?

Insurers have some key issues to confront, however; most importantly the high risk among students of alcohol and drug abuse, psychological disorders, sexually transmitted diseases, chronic medical conditions and the sometimes-debilitating effects of culture shock. Adds Gillingham: "Alcohol use by students when they travel abroad is affected by such variables as different legal drinking limits, which are often lower than those that apply in their own countries, the feeling that they are 'on holiday' which can give full rein to having a good time, and differing drinking cultures.

"This cocktail of factors can lead to disaster, as witness the case of a male student travelling from the US to Madrid, who drank the equivalent of 30 beers during the flight and had to be taken home by his father, without ever having attended a single class in Spain." When it comes to writing up their policy clauses, insurers grapple with problems in trying to apply



exclusions concerning things like alcohol usage. Gillingham points to a court case concerning a man who jumped from a hotel balcony, aiming for but missing the swimming pool. Although his blood alcohol level had clearly been above the legal limit, thus seemingly invalidating his claim, the court case went in his favour as he had not been arrested and charged and, therefore, could not be deemed legally intoxicated.

Adds Gillingham: "Also to be taken into consideration by underwriters are the different legal drinking age laws in various countries and the attitude to so-called soft drugs like cannabis that, for example, are illegal in the US but may legally be used under certain circumstances in the Netherlands and other countries.

"Psychological disorders can also be particularly problematic for insurers. Conditions to consider include anorexia nervosa, bulimia, attention deficit disorder, panic syndrome, manic depression, schizophrenia, personality disorder and culture shock syndrome.

"Another factor to be taken into account is the difficulty sometimes experienced when trying to repatriate an unwell student, given that airlines may refuse to fly a passenger who is not stabilised." Since students are frequently seeking adventure, market demand pressures insurers into providing areas of cover for such potentially hazardous

activities as bungee jumping, downhill mountain biking, skateboarding and white water rafting, that might be excluded from a standard travel insurance policy. There are other considerations too. Besides

covering the above activities, as well as shark cave diving, sky diving, elephant trekking – some 110 specified activities in all – STA Travel includes cover for the repayment of student loans in the event of

death or disability, and cover for cancellation caused through the dreaded exam re-sit.

It is not surprising – given the size of the market – that many specialist insurers such as STA have emerged. Typical is the International Student Insurance Services (ISIS) set-up, whose policies have been specially tailored to meet the flexible schedules and limited budgets of young independent travellers. ISIS coverage is available through the International Association for Student Insurance Services (IASIS) as well as from the 5,000 offices in 120 countries of the International Student Travel Confederation (ISTC) that serve some 10 million students and other young independent travellers worldwide.

Serving student travellers for more than half a century, ISTC has blossomed from a concept formulated by student leaders to increase international understanding into a huge global network of the world's leading student travel organisations. Today, this



**It's a highly competitive market, with insurers constantly coming up with innovative ideas to increase their share of business**

network of specialist student travel organisations serves the 21st century's sophisticated young traveller with special flight ticket arrangements on more than 80 airlines around the world, their own globally recognised student identity card and a comprehensive range of surface travel, study and work abroad, adventure and cultural experience programmes.

Also among the specialist insurers to have emerged is World Nomads, whose student travel policies cover a wide range of adventure activities, including skiing, scuba diving and white water rafting. World Nomads provides its policyholders with a free travel journal, and also SMS security alerts to ensure they are well informed and can keep safe during their trip. This organisation's low-cost premium scales are typical of the market, affording, for example, three months cover to US policyholders for US\$158 (£31 in the UK, AU\$203 in Australia). To offer its wide variety of insurance packages, World Nomads partners with such insurers as Allianz Australia, Allianz New Zealand, America's BCS, Arch Capital Group in the UK and International Health Insurance, which is part of the BUPA group.

Whether it's for a few months travelling around Europe, a year hopping around the world from country to country, or for studies abroad, the UK's Insure & Go – part of Europ Assistance – has also successfully tapped into the student market, seeing it as a vibrant growth area. Insure & Go's Atlas Travel and Student Secure policies are underwritten through Lloyd's of London.

#### A growing opportunity

Money always rears its ugly head, of course, and the present credit crunch is having an impact on student travel. Typically, many American undergraduates take out a federally guaranteed student loan then top up their financial needs with a private loan from such lenders as Citi-group, Bank of America and JPMorgan Chase. Unfortunately, in recent strained times, many financial institutions have pulled out of the US\$85-billion student loans market because the credit meltdown has meant they are no longer able to package up such loans and sell them on. Says Joe Belew, president of the Consumer Bankers Association: "Banks are getting out. Part of the reason is that Congress has cut the levels of fees the banks are allowed to levy, making many student loans pretty much unprofitable. At the same time, being unable to securitise the debt, they have been left in the same vulnerable position they faced with mortgage-backed debt." As an example, Iowa Student Loan, which made 29,000 student loans last year, announced recently that it is stopping private loans altogether. Fewer loans, means less money for students to finance their travel aspirations.

In tightening their belts and their rucksack straps, young travellers are, unfortunately, too often cutting back on proper insurance coverage, yet many young travellers today are, according to recent research by Britain's AA Travel Insurance, lugging around an astonishing £1 billion worth of goods and valuables. The average young person's suitcase today contains



## The potential is huge, with between six and seven million students entering the US alone each year, and nearly two million undergraduate and graduate students studying outside their own countries – around 30 per cent of them in the US

around US\$600 worth of goods, reflecting the dependence of the present generation on such gadgetry as iPods, Blackberries, mobile phones and digital games.

An American Express Insurance Services survey of 10,000 student customers revealed that 75 per cent of them regarded their mobile phone as their most essential item when travelling, while 70 per cent said they would not leave the airport without a digital camera to hand.

However, despite carrying all those valuables, most student travellers are on a tight budget and too many of them, says Christian Young, head of AA Travel Insurance, neglect to take out proper cover: "I understand that students today want to stay in touch with their family and friends, and want to have lots of pictures to take home and show them but that only serves to make travel insurance even more crucial to them."

What is also of great importance is, of course, adequate coverage for medical treatment, personal liability, trip cancellation and interruption. Tom Griffiths, founder of gapyear.com, states: "Our research reveals, astonishingly, that most young travellers spend more time musing over what pen knife to take than they do over taking out a suitable travel insurance policy," he says, adding, "In fact, many young travellers don't actually know what travel insurance is or what it does.

They see it as an onerous obligation, rather than understanding how valuable it can prove to be when emergencies arise.

"Sadly, there's a prevalent attitude of invincibility among the young, who tend to think accidents and other bad things happen to other people and not them." Fortunately, proof of adequate travel insurance cover is now required when applying for most visas, including the J-1 student visa that secures admission into the US. Today, a growing number

of youngsters participate in the burgeoning global programme of social, cultural, academic and employment exchange schemes abroad, such as the Socrates and Leonardo projects, which facilitate the

mobility of more than 100,000 students and other young people within the EU countries each year. Such schemes represent an exciting challenge and opportunity to the travel insurance industry. ■





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offer policies specially tailored for such people. The most prominent Spanish health insurance companies are Adesias, Asisa, La Estrella, DKV Seguros, Mapfre, Sanitas and Winterthur. Prominent foreign-owned companies operating in the country include BUPA International, IHI, Innovative Benefits Consultants and HealthCare International, while brokers MEDExpat and Medibroker market the products of several companies.

However, recent law changes have made private health insurance provision more of a concern than it was previously among the expat community in Spain's only semi-autonomous region – Valencia. On 8 June 2008, a new provision within the Aseguramiento Sanitario del Sistema Sanitario Publico de la Comunitat Valenciana governing laws in the region came into force, defining just who is and is not entitled to free medical treatment. Those expats who are in possession of an E121 or who are working and are making social security contributions will continue to be covered, but there are concerns over the new status of the many early retirees who are resident but do not have E121 entitlements and will now likely have to pay themselves for treatment they previously received for free. Many expats, however, who have chosen to spend

Andalucian health authorities, the 243-bed Costa del Sol hospital, in Marbella, is typical of the best Spanish hospitals. On average, some 30 babies are born there each month but, given it's location in the heart of Spain's sun, sea and sand holiday playground, it's no surprise that many of the hospital's patients – 20 per cent and upwards – are tourists or expat residents. Not surprisingly, extra resources, including a volunteer staff of English and German translators, have to be laid on in summertime when the rate of emergencies rises from 140 cases to 355 or more a day. However, unlike many other European countries, in Spain, in-patients' families and friends are expected to play a part in the hospital care process by taking care of some of the feeding and general care duties and even being required to stay overnight with the patient.

#### Quality care

Spain's population is covered for treatment within a high-standard, nationwide public health system (the INSS) and as far as hospital quality, technology and general medical care are concerned, Spain is ranked seventh top nation in the World Health Organization's ratings. Even in the country's rural regions, where general public hospitals are usually

with large tourist and expatriate populations seeking private healthcare, there has in recent times been an increasing concentration of clinics into the aegis of big management groups, who now control more than 50 per cent of hospital activity across the country

their retirement on the Spanish mainland have settled in the southern Andalusia region. Doctors and medical staff there – like all other regions – are trained to the highest international standards. In fact, recent research indicates a 35-per-cent improvement in treatment standards in Andalusia. Excellent and very well equipped hospitals are to be found across the region's eight provinces – including Cadiz, Cordoba, Grenada, Málaga and Seville – and the larger hospitals in the big cities often specialise in specific areas of healthcare and treatment. For example, opened in 1993 and run by an independent company on behalf of the

found in the provincial capital, hygiene and treatment standards are of a very good standard. Access to care in these areas is an ongoing issue, but one that has been addressed in recent times by the Spanish Institute of Rural Health.

But, as happens in other countries, many people – and in Spain that's about six million patients – choose to take out a private health insurance policy, in order to avoid waiting list queues and also to provide themselves with a choice of hospitals. A wide range of cover is available, including some less expensive policies that only cover emergency treatment received in the home and/or on the way to the hospital, with the patient remaining responsible for costs incurred at the hospital itself.

Unlike in Britain and other countries where the dentistry and medical care services operate independently of each other, many Spanish health centres have resident dentists who provide free treatment to foreign holders of a European Health Insurance Card, as well as those registered within the Spanish social security system, while private dental treatment is less expensive than elsewhere, with around €10 charged for a check-up and between €40 and €50 for a white filling.

Free to pensioners, medicines prescribed under the social security system are priced at a 60-per-cent discount, while items like antibiotics and asthma inhalers that can only be obtained on prescription elsewhere, are sold over the counter at pharmacies in Spain – and are less expensive. The procedure for medicines prescribed by hospital outpatient departments is somewhat more complex. The patient must purchase the medicines from the *farmacia* then go to his or her own GP doctor with their copy of the hospital notes and the medicine labels to obtain a written prescription. Armed with all this, the patient returns to the *farmacia* to obtain the appropriate refund, which is then reimbursed to the pharmacist by the INSS.

Foreigners on long stay or taking up residence in Spain can arrange to be covered long term under



the national health system, provided they have paid healthcare contributions in their own country and that country has a reciprocal agreement with Spain. They will, though, need to register with the health authorities, with two copies of form E-121, even if they are in possession of a European Health Insurance Card. They will then be assigned to a health centre doctor.

Health service modernisation has been rapid. In 2006, the ministry of health and social services for the northern Cantabria region, home to the popular city of Santander, contracted iSoft to design and manage sophisticated new software for hospital tests carried out at health centres (Centros de Salud) throughout the region, a project undertaken in collaboration with local companies Indesis Consultoria Sanitaria and Loarco Sistemas. The iSoft

software allows the monitoring of all requests for tests received from medical professionals, regardless of whether they work in hospitals or the area's primary healthcare centres, which are responsible for the wellbeing of some half a million residents. With an increase in the take-up of private health insurance, and with large tourist and expatriate populations seeking private healthcare, there has in recent times been an increasing concentration of clinics into the aegis of big management groups, who now control more than 50 per cent of hospital activity across the country. Among the key hospital and clinic operators are Grupo Hospitalario Capio in Madrid, Barcelona, Toledo, Badajoz and Albacete; Grupo Hospitalario Quiron in Barcelona, Madrid, San Sebastian, Valencia, Zaragoza and elsewhere; Grupo Nisa in Madrid, Seville and Valencia; the



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Melilla. And also highly active in the region, and far beyond, is Spain Jet, with its fully equipped Falcon 100, Falcon 200, Piper Cheyene I and Piper Cheyene IXL air ambulances, working in collaboration with Private Sky Alliance Ltd, a London-based private air charter organisation, offering round-the-clock, round-the-year, evacuation services.

understand and contain medical expenditure. "The average medical stay for tourist patients treated in Spain in 2007 was 4.5 days, with a 5.5 day average stay for surgical intervention. This indicates that there are still a number of unnecessary 24-48 hour hospital admissions, which bring down the average median as compared to the average stay levels for the general population." Dr Virginia Villanueva, medical director and network manager at Mapfre Asistencia, who spoke at the recent International Travel Insurance Conference in Budapest, concurs: "Hotel doctors are known to alarm patients about ongoing health problems in order to get them to stay in hospital for longer than

## Figures released by the Institute of National Statistics show internal clinical management costs to have risen greatly in the past half decade

Hospiten Group, with facilities in the Canary Islands and on the Costa del Sol; Gestion Hospitalaria Balaer in the Balearic Islands; USP Hospitales in Mallorca, Barcelona, Madrid, Marbella, Seville, Madrid and other sectors; Grupo Xanit on the Costa del Sol and in Madrid; and Grupo Fermentia in Catalonia and the Costa del Sol. Of course, with the treatment of foreign patients comes the inevitable issue of repatriation. Spain is thus abundant in companies offering evacuation services. In the Canary Islands, Dr Negrin Hospital, which is one of Spain's largest university hospitals,

has an on-site heliport, which ferries patients into Las Palmas from the neighbouring islands of Fuerteventura and Lanzarote. Helicopteros Sanitarios, meanwhile, provides a 24/7 evacuation service, by road and air, along the Costa del Sol, between the busy resorts of Torremolinos and Sotogrande. Owned by a major Spanish textiles conglomerate, Mayoral Executive Jet, based in the busy resort city of Málaga, has two decades of experience in the air ambulance and sanitary flights business, covering the south of Spain, as well as Morocco, Algeria, Libya, and the Spanish North African enclaves of Ceuta and

### A question of cost

As elsewhere in these tough times, though, cost containment has become a major concern. Figures released by the Institute of National Statistics show internal clinical management costs to have risen greatly in the past half decade. The shortage of qualified doctors, the cost of technological improvements and the incorporation of advanced treatment techniques at the main hospitals across the nation have created an overall cost rise of 10 per cent – way above Spain's general inflation rate over the past two years. Additionally, there has been a 30-per-cent increase in the average salaries of public sector medical and surgical staff since 2005, and this increase has

necessary as they are being paid a commission by the medical services providers. Without close control, bills for treatment, medication and after-care have often been inflated." She adds: "Where assistance companies are not involved in the management of a case, the bill is often tailored to the patient's nationality, with Brits and Germans paying the most." Speaking at the same conference, Christiane Burniston, chairman and managing director of ChargeCare International, told delegates of the increasing number of European patients being sent to state hospitals by the growing number of companies offering third-party administration (TPA) services in Spain. The problem is, she said, that the subsequent bills sent by these TPAs are relatively very high, and

companies looking to make a recovery are often unable to obtain the necessary original hospital invoice required to do so, as the TPA will not allow access to it for obvious reasons. Adds Pablo Gonzala, medical director of MCI Spain: "Until recently, 95 per cent of inpatient admissions here were to private clinics, but these days tourist patients are increasingly being directed into the public health system and it seems that, in future, inpatient



admissions of such people to private hospitals will only take place when medically necessary." But what of the future of cost containment in Spain? Direct discounts, says Gonzala, will not be possible without the supplier's permission, payment times will be optimised through the use of online GOPs, and pricing tools and price lists will be more transparent. This, he predicts, will come about through a joint strategy between underwriters, assistance companies, cost containers and loss adjusters. ■

also affected the levels of medical fees in the private sector, where staff costs represent 57.2 per cent of the hospitals' internal costs. Add to this situation, the nature of the relationship between foreign assistance companies and Spanish clinics, which historically has been rather conflictive, and the need for cost containment becomes even more obvious. Key problems experienced by the clinics predominantly relate to the guarantee and payment processes; their main complaint being the delay in the issuance of guarantees and the rejection of cases that have been previously authorised – a situation closely related to the GP check, specific to the UK market. These disputes have led a number of clinics to cancel agreements for those circumstances in which the issue of guarantee is delayed. The main complaints cited by insurance companies relate to the treatment of non-urgent pathologies, prolonged hospital admissions and high cost per file. Comments Fátima Guillén Grande of Medical Claims International Spain: "Such disputes, plus the huge volume of potential tourist patients with an increasingly higher average age and a proven over-treatment in both public and private hospitals, make ever more important the role of cost containment companies that have the experience, ability and technology to

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**Please note:**  
 These ratings are an overview of what ITIJ believes to be a fair reflection of the general standards in the country, and do not represent any one hospital or service. ITIJ recognises that some individual facilities and services would receive different ratings than others, and to those shown in our chart, should ratings of each be done separately.

# A healthy career

Allen J. Brenteson, corporate vice president of Baptist Health, spoke to *ITIJ* about how he got to where he is today and the ways in which a hospital in a tourist hotspot copes with international patients and insurers



First of all, where were you born, where did you go to school, and where do you live now?

I am a native of Montana, where I went to the University of Montana, and later to the Thunderbird Graduate School of International Management. I now live in Miami, Florida.

What was your first job, what was your worst job, and how did you come to work in your current role?

My first job was working with a Fortune 500 chemical company. My worst job was my very first assignment, which was to develop a fungicide for disease control in the banana industry. The job involved walking through the jungles of Colombia and Ecuador and dealing with very large snakes, alligators and occasional jaguars. I came to work with Baptist Health through a very long relationship serving on the Board of Directors.

What has been your greatest achievement during your time with Baptist Health?

My greatest achievement with Baptist Health has been to organise and guide our International Division to be one of the largest in the United States.

Baptist Health has a good relationship with international insurers. How does it maintain this relationship?

Baptist Health has an internal insurance specialist, a finance team and a registered nurse, all of whom are fully trained and dedicated to providing top-quality service to insurance companies in order to help them navigate the complexity of the US system.

What is your attitude towards the cost containment industry, and how do you deal with the issue of discounting?

The philosophy of Baptist Health South Florida is to provide cutting-edge medical care at the best price. Our pricing policy is fully transparent and we offer the same price to every insurance company avoiding price discrimination.

How do you deal with the issue of PPO shopping and silent PPOs?

Our policy of price transparency helps us avoid silent PPOs and our contract strategy focuses on actual payers and not middle men.

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When it comes to treating international patients, how have hospitals

The medical tourism market is developing very quickly and US hospitals must offer state-of-the-art technology plus first-class personalised service if they want to stay in the business

adapted in recent times, and how do you see this industry developing in the future?

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## WR goes against the grain

In contrast to the dismal predictions that most companies are making for 2009, international expatriate insurer William Russell has forecast a positive outlook for intermediaries advising clients on international private medical insurance (IPMI) needs.

In particular, demand for protection products such as expat life insurance and income protection is growing rapidly, claims the company, as many expats switch their focus from investment to protection following the ups and downs of the global stock market.

William Russell believes that the scope for market growth and increased penetration of IPMI remains considerable, especially as demand is being driven by greater consumption of healthcare and the increased use of direct billing, which is enabling expats to access care more easily.

A further push forward for IPMI has come from several governments making health insurance a mandatory requirement for those seeking to enter the country, as has been the case in the UAE. Now, expats entering Malaysia via the My Second Home programme are obliged to have IPMI before their visa is granted. James



Cooper, sales director for William Russell, identified these countries as the 'hotspots for sales of IPMI', adding: "The fear of global recession has made many expats and their advisors focus more on protection products than investments and we are seeing strong

growth in demand for income protection plans as well as life insurance and IPMI. While it is likely that some international businesses with expat employees will rationalise their operations, the market is huge and unlike domestic PMI provision, which has become commoditised, the scope

for market growth and increased product penetration remains considerable."

In other news, William Russell has launched its 2009 Global Health Elite IPMI plan, which has improved benefits on it for both expats and their dependents.

The enhanced benefits include wider cover for organ transplants, chronic conditions, cancer treatment, maternity and dental care. The plans also have a new well-child benefit incorporated into them for Platinum members, which provides cover for routine vaccinations and developmental check-ups.

## Apollo joins Companion Global Healthcare Network

Medical travel firm Companion Global Healthcare Inc. (CGH) has added two new hospitals to its network – the Apollo hospitals in Bangalore and Delhi have both been accepted into the

Singapore, Thailand, Turkey, Ireland and Taiwan. All of its networked hospitals are accredited by the Joint Commission International, and all have completed CGH's credentialing process.



company's network of providers. This means CGH can arrange travel, set appointments and provide any other necessary services to its clients who wish to use either of these hospitals for medical treatment. Such clients potentially include US employer group members, who choose to undergo care abroad.

CGH offers surgery and other care to American patients at 13 hospitals in India, Costa Rica,

CGH president David Boucher noted: "We are proud to have these Apollo facilities in network and to expand our offerings to employers and individuals. Some of the employer groups that offer our network pay 100 per cent of the cost when a worker elects to have a covered procedure abroad – the company can save tens of thousands of dollars for a single procedure, and the worker is not responsible for a co-payment or deductible."

## UAE launches mandatory cover

From January, expatriates who are new to the UAE have had to provide evidence of a health insurance policy before they can apply for a working or even a visiting visa. For individuals and small companies who are not eligible for a basic plan, a process of underwriting and medical evaluation is now administered prior to the issuance of a policy. The premium calculation is

based on deductibles, medical conditions, age and gender.

Individuals and companies have a choice of over 30 different health insurers operating in the UAE, all with different underwriting criteria, so it should be possible for people of all ages, genders and those with pre-existing medical conditions to find a suitable policy.

## JCI workshops popular in Jordan

The USAID Jordan Economic Development Programme, a five-year initiative that aims to build up private sector companies in Jordan, has conducted two Joint Commission International (JCI) workshops centring on how hospitals can improve their standards and become accredited. The first workshop provided attendees with an overview of the JCI and included details of the standards JCI expects hospitals to meet before they will be assessed for accreditation as well as advising delegates on the process of preparation for accreditation.

The second workshop was aimed at Jordan's private hospital industry owners and operators and allowed representatives of such hospitals to discuss the JCI standards and how they might best be applied to Jordanian healthcare. In interactive discussions between the presenter and the audience, hospital compliance with standardisation was brought to the fore.

The JCI workshops were organised in partnership with the Private Hospitals Association (PHA), whose latest estimate shows that around 120,000 foreign patients generated between \$650 and \$700 million annually for the country. An overarching national strategy to increase the number of medical tourists and the revenue generated from such tourists has made international accreditation much more important, as it is through high standards that a good reputation is derived, and with the number of countries competing for the money of medical tourists increasing, those hospitals that do gain JCI accreditation could reap the benefits.

Dr Fawzi Al-Hammouri, chairman of the PHA, noted: "Four Jordanian hospitals have now acquired JCI accreditation. Highly qualified Jordanian physicians have secured an outstanding reputation for Jordan in the region and beyond."

## Healthbase partners with WellPoint

Healthbase Online Inc, a Boston-based medical tourism organiser, has joined up with WellPoint, Inc. to provide global healthcare coverage to members of WellPoint's affiliated health plan in Wisconsin. Healthbase will handle all the medical travel logistics and arrangements for WellPoint members who wish to take advantage of the offer.

According to Saroja Mohanasundaram, CEO of Healthbase: "[The company] will assist WellPoint members with co-ordination of the trip, medical appointment scheduling, digital medical records transfer and a concierge travel service."

Under the terms of the partnership, members who travel for certain non-emergency elective procedures, such as joint replacement, will have access to Joint Commission International's accredited hospitals in India, resulting in lower out-of-pocket costs for the patient.

Dr Razia Hashmi, vice-president and medical director for the health benefits company's national accounts division, noted: "Medical tourism is a promising option for improving access to affordable, quality healthcare. Working with Healthbase, our case managers will co-ordinate all steps of the

medical tourism process for members interested in receiving care overseas."

In related news, the Associated Chambers of Commerce and Industry of India (ASSOCHAM) has forecast that medical tourism in the country will grow between 22 and 25 per cent throughout 2009, a growth rate that it predicts will increase to 30 per cent in 2010 to reach a value of Rs95 billion by 2015. ASSOCHAM has estimated that currently, the Indian medical tourism industry is worth around Rs15 billion and 180,000 foreign patients visited India for treatment between April and December 2008.

Treatment Abroad, an online company based in the UK and dedicated to organising medical tourism packages, has recently highlighted the number of patients that are heading to Southern India, in particular Kerala, for their healthcare needs.

The website states: "Apart from the lower cost of healthcare and medical facilities, ease and affordability of travel are the other contributing factors attracting the majority of foreign tourists to India. Most are from the US, Europe and other Asian countries including Malaysia, Singapore and Taiwan."

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## Cover extended in Taiwan

Taiwan's Bureau of National Health Insurance has announced that state health insurance coverage will be expanded in 2009 to include payments for certain expensive types of surgery. The plan, which it is said will benefit 230,000 Taiwanese patients, will cover a further 23 types of surgery and cost NT\$340 million (US\$10.3 million). Of the surgeries that are now included in the cover, chip implants that fight against Parkinson's disease is one that is of great interest – one such operation costs nearly NT\$1 million, meaning that it had only been available to a very limited number of wealthy patients. Out of a total of 40,000 Parkinson's patients in Taiwan, about 10,000 are suitable to receive an implant. In addition, photodynamic therapy against certain types of cancer will be covered under the terms of the new plan, as will pancreas transplants for Type 1 diabetes patients.

## NUHC backs up corporates

Norwich Union Healthcare (NUHC) has announced an improvement to its Optimum Private Medical Insurance product, which has been designed to tackle one of the leading causes of employee absence: back and neck pain. From the beginning of the year, customers with the Optimum policy have enjoyed access to Back-Up – an expert-led support and rehabilitation service that utilises evidence-based medical guidelines for managing back and neck pain. The plan provides several advantages for clients, including not having to wait to see a GP. Instead, customers call the Back-Up service and speak to a dedicated case manager, who will conduct an in-depth assessment and offer practical and clinical advice and support to the insured. Where further action is required, the case manager will refer the employee for more treatment, such as physiotherapy. If the employee gives his or her consent, the case manager can also work with the client's line manager to advise how the employee can be helped at work. The Back-Up service has been on trial for over a year now, with NUHC trying it out on a number of clients as well as its own employees. The findings have been encouraging – 50 per cent of employees who used the service said it prevented them going absent or restricting their ability to perform effectively. The service also helped to lower claims costs, with 60 per cent fewer physiotherapy sessions needed and a 25-per-cent reduction in the number of cases that needed to be referred to a specialist. Rebecca Freebody, head of propositions management and market development at NUHC, said: "Back-Up has been extremely well received and offers tangible employee and employer benefits. Employees have prompt access to expert support and employers control both their absence and private medical insurance claims."



## Absence data lacking

Mercer's 2008 Pan-European Health & Benefits Report has shown that while most employers have access to simple data about the number of days for which employees were absent over a period of time, just 42 per cent of those surveyed can identify the cause of the absence. In addition, just one third of employers who participated in the study have access to data showing the direct cost to the company of an employee's time off for sick leave. At a time when most companies are trying to save money in all possible areas of the business, it seems that a lack of management over employee absence could be costing many more than they think. The survey showed that one fifth of respondents said their company could not access good data relating to the level, cause or cost of an absence. Mercer

surveyed 800 companies in 24 European countries in 2008 and revealed that, on average, employees are absent from their jobs for 7.4 days a year. Countries that experienced the highest levels of absenteeism include Bulgaria, where the absence rate was 22 days per year, while Turkish people would appear to be the most dedicated, or healthiest, with just 4.6 days off per year. In the UK, figures showed that employees take an average of 5.5 days off for sickness a year and in Spain it is 5.7 days. The top three causes of absence, according to the survey, were musculoskeletal problems, stress and mental health issues. Those companies that do have absence management



programmes shared the most commonly used components, which were formal absence policies and procedures (56 per cent), sick pay arrangements (38 per cent), case management and occupational health (37 per cent) and return-to-work interviews (36 per cent).

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## IMG expands portfolio

International Medical Group (IMG) has announced the release of two new plans to its insurance product portfolio. The plans, Patriot Platinum Travel Medical Insurance and Patriot Green Travel Medical Insurance, provide policyholders with plenty of benefits that have been tailored to their requirements. Joseph Brouger, president of IMG,

Among others, benefits include \$8,000,000 of cover, access to the company's Global Concierge and Assistance services and premium cover for in- and out-patient medical expenses. Cover is available from five days up to three years for US citizens travelling outside the US, and for non-US citizens travelling outside their home country.



said of the new products: "We are extremely enthusiastic about the addition of these products to our portfolio. We realise that the reasons people travel abroad are varied and therefore it is our goal to continually work with clients to offer a range of products and specialised services to meet their unique needs."

Patriot Platinum provides the maximum coverage available in a short-term travel medical product.

Patriot Green, meanwhile, is designed for the environmentally conscious traveller. As well as covering a collection of adventure activities, the plan includes an additional benefit that allows the insured to donate \$5,000 in the event of accidental death or dismemberment to an environmental organisation that impacts positively on global conservation. The donation is payable by IMG on the insured's behalf.

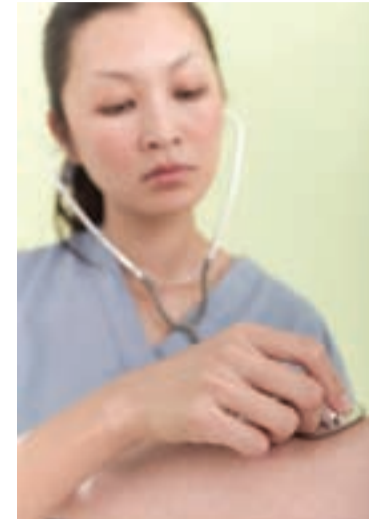
## How will Thailand fare?

The occupation of the prime minister's office by protesters, coupled with the eight-day siege at Bangkok's Suvarnabhumi International Airport has ended in a new prime minister being elected in Thailand, but the effects of the unrest have yet to be noticed by international hospitals. In an era when competition for medical tourists is hotter than ever, such an event could have been damaging for this industry, but private hospitals in the country have reported no problems in this regard. Phythai Hospital, for example, weathered the crisis by focusing on its Persian Gulf customers. Phythai Middle East and Africa regional marketing manager Sirirat Thongdonphum commented: "Political issues are no problem. I'm worried about the economy, even in the Middle East now as oil prices go down." Even following the closure of the international airport, Thailand's medical travel industry, estimated to be worth \$1 billion annually, saw limited effects. "There was no impact on my business," said Pete Mills, founder of Thailand4Health. He added that several clients of his patient assistance agency were in the country for treatment during the airport occupation, and 'most were happy at the prospect of a few extra days in Thailand'.

Another reason for the relative security of the industry is that during the occupation, Mumbai in India, another medical travel destination, suffered extremely violent terrorist attacks. By comparison, the unrest in Thailand was considered to be fairly tranquil. When considering where international

patients hail from, the attacks in Mumbai are more likely to put off American and British medical tourists from visiting the city, as those nationalities were targeted in the recent attacks – which could lead to more patients heading for Thailand.

Rudy Rupak, president of Planet Hospital, which arranges travel for medical purposes, said: "Demand has not abated as a result of the one-two punch of Bangkok and Mumbai." This, he added, was despite the company offering patients heading to either India or Thailand within 90 days of the incidents the opportunity to postpone their trip or change their destination – none did. Of course, it is not only individual medical tourists who could be put off by the recent violence in both countries – many Bangkok and Asian hospitals have contracts with governments in Gulf states and international insurers to treat expatriate employees. Bumrungrad Hospital in Bangkok recently signed one such agreement with BlueCross BlueShield of South Carolina. But the Americans aren't coming – in the 14 months following the signing of the agreement just one of BlueCross's 1.3 million members chose to undergo treatment in Asia. SenseTrak.com's global trends analyst David Amdal said, "I think Bangkok will eventually lose much of its US market to Central and South America, where Panama already has negotiations underway to allow Medicare reimbursement for procedures at approved hospitals. Costa Rica will move strongly now, and Brazil already has a lead in the region."



## Insurers urged to invest in healthcare

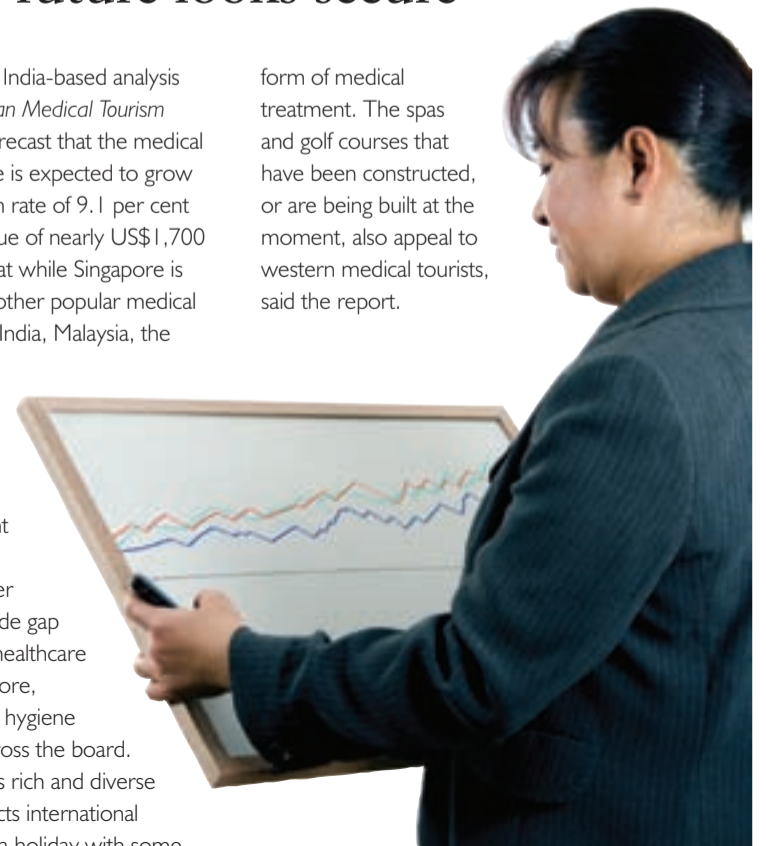
The China Insurance Regulatory Commission (CIRC) is said to be encouraging insurance companies to invest in medical institutions in order to better control their risks, according to *China Daily*, which quoted Wu Dingfu, chairman of the regulator. Dingfu reportedly claimed that investing in hospitals and clinics could also help insurers to develop their health insurance policies and deal more effectively with medical claims when they arise. Of course,

the possibility of a good investment return would help as well, and with healthcare being a commodity whose value is certainly only going to keep going up, it seems like a reasonable investment opportunity. In 2008, Ping An Insurance Group became the country's first insurer to invest in the healthcare sector, when it signed a deal with Ciming Checkup, a health examination service provider.

## Singapore's future looks secure

A new research report from India-based analysis company RNCOS, titled *Asian Medical Tourism Analysis (2008-2012)*, has forecast that the medical tourism industry in Singapore is expected to grow at a combined annual growth rate of 9.1 per cent until 2012, generating revenue of nearly US\$1,700 million. The report claims that while Singapore is more expensive than some other popular medical tourism destinations such as India, Malaysia, the Philippines and Thailand, it comes with the tag of 'most developed market', giving it a substantial edge over its neighbours. In addition, Singapore is thought of more positively in terms of infrastructure – in the other countries, there is often a wide gap between public and private healthcare provision, whereas in Singapore, resources, infrastructure and hygiene are more or less uniform across the board. Singapore is also noted for its rich and diverse cultural heritage, which attracts international patients seeking to combine a holiday with some

form of medical treatment. The spas and golf courses that have been constructed, or are being built at the moment, also appeal to western medical tourists, said the report.





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## Premiums up in Oz



Nicola Roxon will be making the final decision on premium increases

Private health insurance companies in Australia are said to be seeking permission to increase premiums by six per cent this year, according to the *Australian Financial Review*. Some smaller companies are

asking for increases of up to nine per cent, however, in order to cope with the increasing cost of healthcare provision. It has been estimated that health-related costs will rise by around nine per cent in 2009, thanks both to the country's ageing population and the expensive technology needed to treat them. Added to the insurers' problems is, of course, the current financial situation, which is forcing consumers to be more careful with their spending and leading some to cut their cover. In 2008, health insurers were allowed to raise their premiums by 4.99 per cent, but chief executive

of the Australian Health Insurance Association Michael Armitage indicated that the rise could be higher this year to offset the increase in payouts by health funds, which last year increased by over 10 per cent. No increases can be enacted, however, without the approval of health minister Nicola Roxon, who will take a decision on how much the insurers can increase their premiums in March. In related news, *The Australian* newspaper has reported that the private health insurance sector in the country will consolidate over the coming year, as the investment bankers behind many private organisations believe the current system is inefficient, creating a need for larger insurers to take over their smaller rivals. The Private Health Insurance Administration Council has estimated that, at the moment, 23 insurers each have less than a one-per-cent share in the marketplace, while there are a total of 34 providers in the market that are subsidised, at least in part, by the federal government. Making the health insurance spectrum even more difficult to operate in this year is the change to the public Medicare levy system, which could result in thousands of people abandoning their private medical insurance policies.

## Health insurers feel the heat

In a sign that health insurance companies are feeling the effects of a recession, both Aetna and Cigna have recently announced job cuts. Aetna has said it is to reduce its workforce by approximately 1,000 people, which is less than three per cent of the company's 36,000-strong employee base. This action, says the company, is designed to 'align administrative expenses with the company's growth outlook for 2009', as well as redirect precious resources into areas that have more potential for growth. As a result of the restructure, the company said it would incur costs of around \$35 million. Ronald Williams, chairman and CEO, said of the cuts: "These actions will reduce our operating costs and allow us to manage through the economic downturn from a position of strength. The fundamentals of our business are solid, and we continue to win in

the marketplace." The job eliminations have been targeted to ensure that they do not interfere with the firm's ability to meet its commitments to customers and growth targets in the future. Meanwhile, health insurer Cigna Corporation has announced its intention to cut 1,100 jobs from its workforce, around four per cent, and consolidate certain operations as it tries to cope with the effects of the economic malaise. The cuts should result in costs of between \$30 and \$40 million, which will show in the fourth quarter figures for 2008. Chairman and chief executive Edward Hanway told investors and employees: "Given the unprecedented economic situation we and our customers are facing, these actions are essential to ensure we can meet their needs for high value, cost-effective products and services."



## Gulf Healthcare consolidates position



Global Investment House announced recently that Gulf Healthcare International (GHI) is expected to report a two-fold increase in its net profits for the year ending 2008. GHI owns the Medsol brand of pathological laboratories as well as private clinics in Kuwait and the UAE. Based in Dubai, GHI has expanded aggressively in both the UAE and Kuwait in the past two years, and is now in the process of establishing its presence in Saudi Arabia. The company has seen its revenues increase dramatically in that time period, growing to almost US\$35 million in 2008 from \$14 million in 2006.

Shailesh Dash, managing partner at Global Capital Management, said: "The record performance of GHI is as a result of our continued efforts to grow

the company, both through organic and inorganic routes. From four laboratories in Dubai in 2006, we are now building a network of 14 laboratories [and] we have successfully established our operations in UAE and Kuwait and are exploring opportunities in other countries in the region." Medsol FZ is the Dubai-based subsidiary of GHI and offers a range of diagnostic services to local hospitals and private healthcare providers including clinical pathology, blood banking, immunology and many others. In 2008, GHI established itself in Kuwait by purchasing two laboratories and two medical centres, the British Medical Centre and German Medical Centre, both of which provide various medical services in the areas of general practice, dermatology, pathology and gynaecology.

## Tunisia to increase capacity

Tunisia is increasingly becoming a healthcare tourism destination, having treated some 102,000 patients in its various cosmetic clinics. In a move that it is hoped will give a further boost to the industry, a health tourism complex is to be built in the El Khabayat region near Gabes, a coastal town around 400 kilometres south of the capital Tunis. The complex will include several healthcare centres that use thermal waters, for which the region is renowned.

In addition, there will be luxury hotels, a golf course and a conference centre constructed in the same development. Tunisia is also the world's second most popular destination for thalassotherapy – the medical use of sea water. In 2007, 151,000 visitors, mostly from France and Switzerland, stayed in some of the 41 thalassotherapy units, which are authorised by the Public Health Ministry.

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Aircraft Performance Solutions

Assistance Companies

Catastrophic Claims Specialist

Cost Containment

Claims Management

Claims Subrogation

Commercial Repatriation Specialists

Critical Care Patient Transport

Funeral Directors

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Hospitals

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-  **Claims Management**
-  **Legal Services**
-  **Air Ambulance Interior**
-  **Claims Subrogation**
-  **Medical Escort on Commercial Airlines**
-  **Aircraft Performance Solutions**
-  **Commercial Repatriation 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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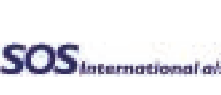
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# Grapevine

## Sat nav shortcut leads tourists into trouble



Three Norwegian tourists came under fire from local gangs after their satellite navigation system guided them straight through one of Rio de Janeiro's most dangerous slums. As a result of the minor detour, the three tourists decided to cut short their vacation in Brazil and headed for home after one of them, Trygve Killingtveit, was shot in the shoulder by one of the gun-toting locals. The men were returning from the beach resort of Buzios when they found themselves in the slums. They reportedly told police that the GPS system in the rental car recommended they turn off a main road into the city as it was the quickest route back to the airport, from where they had hired the vehicle. Despite sustaining injuries, Killingtveit managed to drive the car out of the slums and to safety.

## Life saving text

A British doctor volunteering in the Democratic Republic of Congo (DRC) used text message instructions sent by a colleague in London to perform a life-saving amputation on a young boy. David Nott, a vascular surgeon, was working 24-hour shifts for Médecins sans Frontières when the 16-year-old came into the hospital – his left arm had been ripped off and the wound was badly infected and gangrenous. He was told the boy had been bitten by a hippo while fishing, although it later emerged that he had been caught in cross fire between government and rebel forces, leaving him with just six inches of his arm.

Nott knew he needed to perform amputation, removal of the bone and shoulder



blade, but, having never performed the operation before, he contacted Professor Meirion Thomas, from London's Royal Marsden Hospital, who had. Thomas sent him step-by-step instructions back by text, but as Nott said: "Even then I had to think long and hard about whether it was right to leave a young boy with only one arm in the middle of this fighting. But in the end he would have died without it so I took a deep breath and followed the instructions to the letter."

The operation usually requires the back up of an intensive care unit and plenty of pints of blood – Nott had just one pint of blood and only an elementary operating theatre. Despite the odds against him, the operation was a success and the teenager made a full recovery.

## Dumbest fraud award

With the credit crunch hitting, insurers have voiced their concerns about higher levels of fraud, but some fraudsters are proving easier to catch than others. A case in point is Benjamin Anderson, who

did his best to convince Medicare that his claim for more than \$2,700 for obstetric and gynaecological care was valid. Unsurprisingly, it wasn't long before Medicare suspected something was off, and Anderson was subsequently convicted of creating false Medicare rebates. A spokeswoman for the company said: "Medicare Australia's suspicions were confirmed when the Gold Coast man stated the obstetrics and gynaecology claims were for services provided to him." As gynaecology literally means 'the science of women', and obstetrics deals with the care of women and their babies during pregnancy, it would have been difficult for him to use such services!



## DIARY DATES

- 2-3 March  
**3rd MENA CEO Insurance Summit**  
*Tunis, Tunisia*
- 24-26 March  
**9th CEO Insurance Summit in Asia**  
*Hong Kong*
- 29 March – 1 April  
**Society of Insurance Research AGM**  
*Las Vegas Flamingo Hilton, Las Vegas, US*
- 30 March – 1 April  
**The Life Insurance Conference**  
*Hilton at the Walt Disney World Resort, Florida, US*  
[www.Loma.org/lifeconference.asp](http://www.Loma.org/lifeconference.asp)
- 12-13 April  
**Middle East HR/Training Conference**  
*Dubai, UAE*
- 26-29 April  
**LUCID Conference**  
*Holiday Inn, Stratford on Avon, UK*  
[www.lucidconference.org](http://www.lucidconference.org)
- 26 April-2 May  
**18th International Congress on Ski Trauma and Skiing Safety**  
*Riessersee Hotel, Germany*  
[www.iss2009.com](http://www.iss2009.com)
- 4-5 May  
**Middle East Brokers Summit**  
*Dubai, UAE*
- 14-15 May  
**10th Asian Conference on Bancassurance & Alternative Distribution Channels**  
*India*
- 19-20 May  
**International Travel Insurance Conference**  
*Randolph Hotel, Oxford, UK*  
[www.itic.org.uk](http://www.itic.org.uk)
- 20 May  
**Insurance Day Summit**  
*London*
- 21-22 May  
**Waypoint AirMed and Rescue: Airshow, Conference & Exhibition**  
*Oxford Airport, UK*  
[www.airmedandrescue.com](http://www.airmedandrescue.com)
- 25-27 May  
**3rd Asian Insurance CFO Summit**  
*Hong Kong*

## The Claimers illustrated by Chris Duggan, story by Ian Cameron

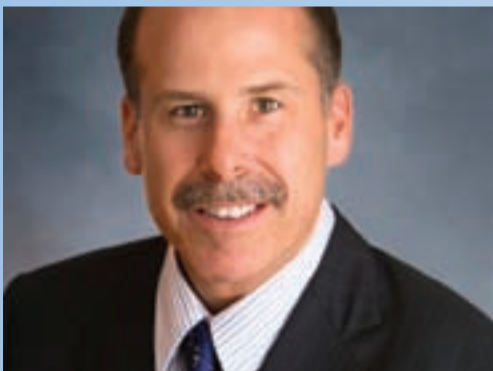
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## ACE appointments

ACE Europe has announced the appointment of Colin McKellar as director of Scotland, based in its Glasgow office. The company said McKellar 'will assume full management responsibility for all property and casualty and accident and health product lines in Scotland'. McKellar has been with ACE in the UK for the past five years in several different management positions, and has a further 30 years of experience working in the general insurance market in Scotland. McKellar commented: "It is an exciting time to return to Scotland with ACE. The financial strength of the ACE Group and our product range makes for a very compelling proposition for our customers and our selected broker partners." ACE Europe has also appointed Jim Duncan as property and casualty manager for Ireland, based in Dublin. In his role, he will assume full management responsibility for the company's property and casualty product lines, distributed through its Belfast and Dublin offices. Duncan brings with him extensive experience in the insurance industry, having worked for firms including Cunningham Lindsay and Chubb. Patrick Drinan, distribution and development manager for the UK and Ireland, commented: "2008 was a year of significant progress for ACE in Ireland. I am delighted to have someone of Jim's calibre and experience leading our P&C business in Ireland and driving forward growth in 2009."

In related news, ACE Limited has appointed David Wolf as president for ACE International Life. In his role, Wolf will be responsible for the firm's global life insurance and reinsurance operations. He will report directly to ACE Limited chairman and CEO Evan Greenberg. Speaking about the appointment, Greenberg said: "David understands the challenges of building an international life insurance operation and has extensive hands-on experience throughout the Asia region, which is one of the most important and fastest-growing territories for our life business. His



David Wolf

familiarity with China, in particular, will complement our strong presence in that dynamic market through our strategic investment in Huatai Life Insurance Company."

## IPP chooses Ward

International Passenger Protection (IPP), a firm that provides financial failure insurance to the travel industry, has announced that Michael Ward has become the new sales and marketing manager for the company. Ward brings with him over 17 years of travel insurance experience, including underwriting, sales and global re-structuring, and he managed the International Association of Student Insurance Services, based in Amsterdam.

In his new role, Ward will focus his efforts on extending IPP's capacity following its busiest year since inception 18 years ago. Paul McLean, director of international risks at IPP, said of Ward's move: "We are extremely delighted with Michael's appointment, especially during such a huge period of growth for IPP. With the world credit and banking markets in turmoil and uncertain times ahead, we are seeing demand for our products increasing tenfold, with, for example, scheduled airline failure insurance being one of the most important and crucial additions to travel insurance policies for 2009."

## Wilkes promoted at HCPL

Sarah Wilkes has been promoted to the position of business director of UK-based healthcare intermediary HealthCare Partners (HCPL). Ms Wilkes has worked for the health specialist intermediary for the past five years, contributing to the successful development of the firm's client base as well as promoting awareness of the brand. Over the past few years, she has worked predominantly within group medical plans. Speaking on her appointment, Ms Wilkes noted: "[HCPL] is well placed to maximise the opportunities available to us in the current economic market. In 2009, HealthCare Partners will look to build upon the success we have already achieved over the last 12 years and continue to grow our client base."

## Willis International names Fyfe as MD

Willis International has announced that Edward Fyfe is to take the position of managing director of its growing Latin American reinsurance operations. He is based in Lima, Peru and reports directly to Eugenio Pascal, CEO of Willis Latin America. The company stated: "In his new role, Fyfe will oversee all of the company's reinsurance offices in Latin America, continuing to work closely with Willis Global Markets International and Willis Global Specialities on single-risk business. Fyfe will also ensure that the offices continue to support Willis Re in the further development of its treaty portfolio."

Fyfe has been with Willis since joining as a graduate in 1984. He has formerly served at Willis Global Markets International in Miami, where he was responsible for property and energy, before taking on his current role as regional marketing officer for Latin America, responsible for carrier relationships and placement strategy. In addition to his new responsibilities as reinsurance managing director for Latin America, Fyfe will also continue in his role as RMO, maintaining client-facing opportunities relating to energy.

## Kraus to join AXA management board



Peter Kraus

Peter Kraus, chairman and CEO of AllianceBernstein, is to join AXA's management board in the course of 2009, subject to approval by the company's supervisory board. AXA has also recently announced the appointments of two new members to its executive committee: Veronique Weill is now group executive vice-president of IT and operational



Dominique Carrel-Billiard

excellence, while Dominique Carrel-Billiard is CEO of AXA investment managers.

Henri de Castries, chairman of the management board, said he was particularly happy to welcome

Kraus to the board: "I am convinced he is the ideal person to lead AllianceBernstein and that he will bring to AXA's management board his exceptional and intimate knowledge of both the asset management and insurance industry."

Speaking about the appointments to the executive committee, de Castries noted: "In turbulent times, the quality of management teams and governance solutions can be major differentiating factors. AXA's executive committee will be reinforced by the appointment of Dominique, who has very successfully developed AXA investment manager's franchise through this unprecedented crisis, while the



Veronique Weill

appointment of Veronique clearly demonstrates that industrial initiatives of our Ambition 2012 plan remain more than ever a priority of the group."

Carrel-Billiard joined the AXA Group in June 2004 as senior vice-president in charge of business support and development for the asset management, the US insurance and the reinsurance activities of the AXA group, and was appointed CEO of AXA investment managers in 2006. Weill joined AXA in 2006 as business services CEO and group executive vice-president of operational excellence and became group executive vice-president of IT and operational excellence in January 2008.

## AIG promotions

The international property and casualty arm of AIG, American International Underwriters (AIU), has announced a raft of executive appointments recently: first up is Ralph Mucerino, senior vice president of AIG, who has been named as the chief operating officer of AIU. Mucerino began his career with AIG in 1979 and has held various management positions of increasing responsibility through the years. In addition to senior underwriting and marketing roles, he has served as regional president for operations in Africa and the Middle East.

Elsewhere, Robert J. Thomas is to assume the position of president of the commercial lines division. Thomas is another 30-year veteran of AIG, and has held numerous executive positions with AIU over the years, including regional president for SEA/China and regional president for MEMSA; most recently he was executive vice president of the corporate accounts practice of AIU.

Julio Portalatin, who is already senior vice president of AIG Inc., president of AIG Europe SA and president of AIU's continental European region, has been appointed to the additional role of chief executive officer of the European region for AIU. Portalatin has been with AIG since 1993, and had held several different roles in the firm since then. Meanwhile, Alexander Baugh, vice president of AIG Inc., and managing director of AIG UK Ltd, has been chosen as chief executive officer of AIG UK Ltd. Baugh has over 25 years of experience with the firm, having originally joined AIU in 1983 as a financial lines underwriter.

## RMS enhances team



Steve Walden

US-based Risk Management Solutions (RMS) has announced the appointment of Steve Walden, who has joined the firm as general manager of its data solutions division. Based in Boulder, Colorado, Walden will be responsible

for developing new client relationships and creating innovative solutions to their exposure data quality problems. As Ajay Lavakare, senior vice president and managing director of data solutions at RMS explained: "Exposure data quality is one of the hottest topics in the industry, not only because of its implications on financial strength ratings and securing the right level of capital for regulatory purposes, but also its impact on reinsurance terms and conditions. Steve's impressive understanding of data quality issues will be a major asset to clients looking to improve their processes and find solutions to their data problems. The appointment reinforces RMS' commitment to this crucial industry issue." Walden has more than 15 years' experience with the software industry, most recently serving as vice president and general manager for Pitney Bowes Group I Software Centrus Division.

## Guardian adds to its team

Guardian Life Flight LLC, provider of domestic and international air ambulance services based in South Carolina, has announced the addition of Sam Kini, MD, to its team. With over 20 years of practising emergency medicine, Dr Kini is a valuable addition to the company. Jennifer Trapanese, chief operations manager at Guardian Life Flight, commented: "I'm so excited about having Dr Kini on our staff. I have worked side by side with him for several years and have been so impressed with his knowledge and expertise in emergency medicine."

Dr Kini has been on the faculty of MUSC in the division of emergency medicine since 1997, and is currently associate professor and residency director for the EM residency. He started his career in emergency medicine in 1998 after 13 years of general surgery practice. He currently serves on the CME committee at MUSC, South Carolina Medical Association and the American Academy of Emergency Medicine.

## Erratum

In last month's issue, *ITIJ* incorrectly stated that Zurich Financial Services had appointed Mario Vitale as chairman of global corporate. Mario Vitale was appointed CEO of global corporate; Geoff Riddell was appointed chairman of global corporate.

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