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# From East to West





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# Foreword

“ Welcome to this book celebrating the 30th Anniversary of our company. It covers some of the milestone events and key people involved in our growth, from our early days to our position today as International SOS, the world’s leading medical and travel security services company.

Many people have been with us from the very beginning. Some are featured here but inevitably we cannot cover every person, event and opening. For those of you who have been with us for a while, we hope this book brings back some wonderful memories. For those who are new to us we hope it tells the story of how we pioneered a new industry.

At the heart of this history are our clients. They too have been pioneers – often working in remote and extreme locations – and it is through these partnerships that we have developed the unique service we offer today.

Together we have protected and saved many lives and that is the greatest privilege. On a daily basis we also improve the health and security of many more lives and that too is a matter of much pride. Our employees, providers and clients all share this common purpose. It is what drives us all, as we constantly strive for new and even better ways to deliver.

Every call we answer, every act of advice or assistance we give – each one is important. And each one involves many people – both on the front line and behind the scenes. Every single person connected with this history has made a special contribution and we thank each one of you.

It is a great pleasure working with you. Together we have achieved much and, of course, there is more to do. We look forward to continuing this amazing adventure together. ”

**Arnaud Vaissié**  
Co-Founder, Chairman and CEO

**Dr Pascal Rey-Herme**  
Co-Founder, Group Medical Director



**01**

**Early Days in Asia**

*Pascal was trained at the University of Paris Medical School and had emergency training when he was working for the SAMU (Service d'Aide Médicale d'Urgence) in France in the late 1970s. The SAMU is the largest pre-hospital care organisation in Europe responsible for transporting patients with a medical team. This was to be excellent experience for the future.*

*Arnaud's career began by completing a course in Economics and Political Studies at the prestigious Institut d'Etudes Politiques in Paris. He began his career working for the Clou Group of Germany. He worked in France and Germany and then headed - and turned around - its American subsidiary, Compass Inc., in San Francisco.*

*Arnaud's father was a doctor and at one point Arnaud thought he too might become a doctor. Instead he became a very successful entrepreneur.*



# A Great Idea

Many CEOs say the success of their company is about being in the right place at the right time, plus a portion of luck. International SOS is no different. In the early 1980s military service was compulsory in France for 18 year olds, but medical students could defer their service until qualified, then serve two years working for the government instead. One such young doctor, Pascal Rey-Herme, decided to do just that and asked to be sent to Quebec. But it was not to be. The French President was due to visit Jakarta, Indonesia and the French Embassy needed to put a Medical Attaché in place for the visit. So Pascal was posted to Jakarta instead – he had no idea where Jakarta was, but he agreed to go. As it happened the Presidential visit did not happen but Pascal’s appointment went ahead. And so our story begins.

Pascal arrived at the French Embassy in Jakarta on 13 December, 1981. As Medical Attaché he was responsible for the medical care of the Embassy staff and he quickly saw that medical facilities in this developing region were inadequate. He persuaded the Consul to let him build a clinic within the Embassy compound for French people in Jakarta.

Pascal also began to advise French expatriates and companies on health issues. Once a month, he travelled to French company sites, often in remote places, to review their health facilities. He made sure procedures were in place to evacuate and transport any patients to the nearest centre of medical excellence, if needed.

The poor quality of medical services was a problem for western companies operating in Indonesia and other developing countries in Asia. An increasing number of expats and business travellers working for these companies wanted international standards of healthcare. The companies had insurance cover but in reality they were not getting the assistance they needed. European assistance companies gave a great service in Europe and Africa, but when it came

to calling for assistance in Asia they often did not know which doctor to call. Furthermore, both medically and geographically, it was not practical to transport patients directly back to Europe or the US.

Pascal saw the opportunity: A local service, delivering medical and other assistance, to expats and foreign travellers of international companies operating in Asia. He was keen to follow the French approach to assistance: Specialists go to the scene of an accident, a patient’s home or place of work, to stabilise the patient; if needed they then send the patient to hospital. It was about providing local knowledge and assistance with the ability to transport patients to centres of medical excellence; in South East Asia the centre of medical excellence was Singapore.

Pascal decided to discuss his idea with the ideal person: His childhood friend Arnaud Vaissié. Pascal shared his concept with Arnaud who visited him in Jakarta in 1982. Arnaud liked the idea and was keen to help Pascal develop it further, although he had no plans to be a part of the business.

Pascal finished his government service in 1983 and returned to France. He tried to get a French assistance company to set up in Singapore and take his idea forward, but they rejected the plan.

That Christmas Pascal went travelling again. In the US he met up with Arnaud who, seeing Pascal’s enthusiasm, suggested he return to Asia to see if it was possible to proceed without partnering an existing business.

Pascal reported back, positively, to Arnaud. Arnaud then began visiting Singapore and Jakarta for long weekends, spending time talking to potential customers and associates and working on a detailed business plan with Pascal.

On one occasion Arnaud and Pascal met a fellow French expatriate, who was a very prominent CEO of a company in Singapore, and explained their vision. Having heard their presentation the CEO pronounced that the idea was a very bad one and would never succeed. On leaving the CEO’s office Arnaud turned to Pascal and told him he was now utterly determined to make it work.

Pascal, meanwhile, was busy finding local doctors to help deliver his concept, beginning in Jakarta. In July 1984 a foundation, SOS Medika, was created, made up of national doctors, led by Dr Inggriani Gandha (Dr Inge). SOS Medika was to provide the assistance service in Jakarta, supported by Pascal as foreign advisor. Dr Inge had studied abroad and understood the concept of emergency assistance so she was the ideal partner.

In September 1984, Pascal and Arnaud registered a Singapore company, Asia Emergency Assistance Pte. (AEA) fully owned by the two of them. This was to be the company headquarters and key Alarm Centre (now called an Assistance Centre). Not only was Singapore a centre of medical excellence in South East Asia, it was also a hub for local airlines, making it the ideal destination for medical evacuations.

Arnaud moved out to Jakarta in October; his wife Claire arrived in December, having temporarily given up her job with the French Treasury. They planned to stay for just a few months in Jakarta to support the development of SOS Medika and then move to Singapore where they had established the AEA headquarters. As Claire says:

“We were both quite young, just married and had great jobs. It meant a huge cultural change, but we just said, ‘why not?’ and did it.”



# Singapore - A Centre of Excellence

Arnaud and Pascal had a clear vision: To provide an assistance service throughout Asia, linking emerging countries with the services available in advanced countries such as Singapore, Hong Kong, Australia, New Zealand and Japan. Central to this service delivery was having a deep understanding at the local level in each country.

At that time companies, especially European ones, were looking at Asia as a whole rather than as a set of separate countries. Our service had to reflect this and be available throughout Asia. Western countries saw Asia as a continent of both challenges and opportunities. They were rather nervous of the rapid development of Japan and aware that China was beginning to open up. Accessing medical assistance in the emerging countries was another challenge for them - for us it was an opportunity.

Singapore was our global headquarters from the start and from where we launched our expansion into Southeast Asia. Countries such as Indonesia, Malaysia, and other Southeast Asian countries were using it as a centre of medical excellence. As Arnaud says, "It was an early example of health tourism."

As well as being a centre of medical excellence, Singapore had a positive attitude towards business. Lee Kuan Yew, the founder and Prime Minister of Singapore seen as one of the great statesmen of Asia, had the vision to see that Singapore could be a platform for the growth to come in Asia. He prepared his people to adapt to these changes, making English the working language. On recognising that China would become the next global power he further insisted that the Chinese community in Singapore should drop their dialects and learn Mandarin in addition to English. Singapore was open for business - it was the ideal base for AEA.

Once the Jakarta operation was up and running, Arnaud and Claire moved to Singapore, in June 1985, just a few weeks before the birth of their first child. Our location in Singapore was in the American Hospital in Joo Chiat Place. To complement the set up in Indonesia, Pascal and Arnaud convinced the Managing Director of the Hospital, Philippa Wyber, that the hospital would benefit from hosting AEA's Assistance Centre. Affiliating with AEA, and offering assistance through the hospital's 24 hour emergency capability, would bring benefits to all, not least those in need of assistance.

Philippa Wyber agreed and allocated two patient rooms to us which were transformed into offices. Our co-operation with the hospital grew and we were allocated more space when the hospital built an extension to house its medical offices. Then on 14 July, 1992 we moved to Odeon Towers. This move to a fine office block, not far from the Raffles Hotel, symbolised how much the company was growing.

As well as having excellent hospitals, Singapore was leading the way in developing medical rescue capabilities. Arnaud and Pascal spent time creating contacts and accessing these developments. As part of this we worked with the Singapore military which wanted to enhance its medical transport capabilities.

We supported the establishment of a helicopter company, helped equip it with medical kit and shared training on how to conduct medical transports. We were often called to transport Singaporeans, who had been injured in traffic accidents in Southern Malaysia, back to Singapore. Some of our medical team were also trained to be winched down from the helicopter. We then did this for real when one of our senior doctors was winched down to a Russian container ship; he helped airlift a Russian doctor who had suffered a fall and had concussion and an anterior brain injury.



“From Day One, Minute One all we ever did was talk about work. It was great fun and absolutely thrilling – a fast pace from the first minute.”

– Claire Vaissié



Laurent holds a Master's degree in Business Administration from Paris Business School (ESCP) and a Master's degree in International Law from the Sorbonne in Paris.

He joined AEA in 1989 having spent ten years in the insurance business, where he gained considerable international experience, including working in the Middle East and Jakarta. Today as Group Managing Director, together with Arnaud, he is responsible for overall management and control of the group's businesses worldwide.

*Left: Dr Lyndon Laminack and Sandy Johnson responding to a call, Singapore Assistance Centre, early 1990s.*

## Building a Team

Arnaud began working on selling memberships to multinationals throughout Asia, whilst Claire put in place some much needed bookkeeping and administrative systems.

As well as acting as foreign advisor to SOS Medika, Pascal regularly visited Singapore to work with Arnaud. He was known as Dr Pascal in Jakarta, where the custom is to use only a person's first name, and more formally known as Dr Rey-Herme in Singapore; for a time Lisa Tan thought these were two different people!

Lisa is one of a group of exceptionally talented people who joined early on, were critical to our success and are still with us today. Other members of that group include Sandy Johnson, Dr Roger Farrow, Dr Myles Neri and Laurent Sabourin; we will come across all of them many times in the course of this history. It was very much a matter of bringing on board like-minded people who shared our values and were excited at the prospect of working in a start-up environment.

Everyone shares similar memories of those days. It was an adventure, unstructured and highly entrepreneurial. It was a modest set up so everyone did everything. Sandy says she still has to stop herself picking up a phone when she is in an Assistance Centre, whilst Lisa recalls often screaming at people, "Get going to that plane now!"

Roger spent much time in Singapore helping to organise the air evacuations and providing medical assistance. When Pascal was in Singapore, Roger swapped locations with him and worked out of Jakarta. Roger recalls constantly carrying bags of coins so he could call in from phone boxes, and the excitement when mobile phones were introduced. Pascal, ever keen on technology, was an early adopter of mobiles. His first Ericsson phone was huge, and the networks very unreliable, but Roger enjoyed being able to borrow it. Arnaud remembers that phone well, as it "made Pascal look like a security guard in a James Bond film." Roger once dropped Pascal's mobile in a swimming pool – but he would rather not mention that story!

For the teams in both Singapore and Jakarta it was all about building relationships, not just with potential clients but with local providers: Including aviation companies and, of course, doctors in every place where assistance might be needed. This network grew and grew, and our Global Accredited Network is a key feature of the company today.

We were creating a unique business. Most companies set up in developed markets; right from the start we operated in a combination of developing and more developed markets: We went from East to West. As everyone so often says:

"Our Founders had the vision, took the opportunity and made the most of it. Equally important, we had the right offering, thanks to the partnership between the businessman and the doctor."

Arnaud Vaissié – "We were a small but compelling company. Big companies went with us because we had something of value to offer them: High quality medical services with local knowledge and understanding."

“ The patient-centred, medically-led, 24/7 concept instilled in our Jakarta clinic by Pascal has been the model we have since applied all over the world. ”

— Adriaan Jacobsz







## Major Milestone Our Learning Curve in Jakarta

### Our Approach and Our People

Whilst Singapore was to be the headquarters of the company, Jakarta was the pilot – the first developing country where we would provide assistance, backed up by Singapore. What we learnt in Jakarta was to be replicated in other emerging countries. Jakarta offered the perfect learning curve. Pascal already had contacts there plus it was a large and complex place – a huge archipelago – and many foreign businesses were setting up there.

House calls got off the ground with the national doctors providing a good service, backed up by Pascal; feedback was positive. However, whilst the notion of emergency assistance was well established in France, people in Indonesia were not familiar with doctors visiting their home, they were more used to going to a clinic or emergency room. A clinic was called for. So Dr Inge used her local knowledge and contacts to get the necessary permits and the SOS Medika clinic opened its doors.

At the time clinics in Indonesia were open 24 hours but doctors were rarely present at night. Operations staff only involved a doctor during the night if they felt it was absolutely necessary. With around 31,000 doctors serving a population of 180 million in Indonesia, getting to see a doctor could be very difficult. Because doctors were so rare they were rather revered and this tended to make them a little arrogant. Doctors sometimes saw four patients at the same time and there was little discussion or choice of treatments offered.

We took a totally different approach. Dr Inge and Pascal both had extensive experience of healthcare in Europe and they wanted to apply the same principles in Indonesia. The Jakarta clinic was the

first clinic in Indonesia to offer direct access to a full clinical team, around the clock. As Dr Inge points out:

“Pascal emphasised right from the start that the patient was at the centre of any decision. That is still the foundation of this, and every International SOS clinic, today.”

The clinic was run to international standards and this has become a benchmark of our offering. It provided primary health care to expats and their families, as well as emergency care and stabilisation prior to transport.

Much of the early money was spent on supplies – foldup mattresses and easy-to-carry emergency equipment. ECG readers, defibrillators, heart monitors and respirators were used in the clinic and taken on calls, which was seen as quite revolutionary by our clients.

Doctors were on duty 24/7 with further back up a phone call away. People called Pascal day and night. Dr Inge observes that, “He can be woken at 3 a.m., he gives clear advice, then goes straight back to sleep.”

In 1985 we had a staff of 35. There were five doctors (three during the day, two at night), as well as nurses, ambulance drivers, someone to do x-rays, and a cook who is still with us today. As patient demand grew so did the team, with the critical arrival of Dr Myles Neri, and then Dr Rene de Jongh, joining as co-ordinating doctors; our national staff has expanded too. In the mid 1990s Pascal moved to Singapore to focus on the rest of the business, but he still spends time in Indonesia. Dr Inge remains in charge in Indonesia.

*First Alarm Centre  
(now called an Assistance  
Centre), Prapanca,  
Jakarta, Indonesia.*



## Fascinating Fact No. 1

We now have more than  
11,000 employees, of whom  
half are medical professionals.

“People telling  
us it would fail  
inspired us to  
carry on.”

— Arnaud Vaissié

## Our Clients

In the early days a large proportion of our clients were international oil and mining companies, such as Schlumberger and BP. Word soon spread and their contractors began to seek our services too, as did companies from other industries and sectors; one such company was Alstom. For our corporate clients we created a range of membership packages offering different levels of service. Tourists and other individuals could also call us for advice or visit the clinics.

Membership was open to all, but to begin with only foreign companies and visitors would attend – and it was towards them that we targeted our services. Recent years have seen the emergence of a middle class looking for better care in Indonesia. This has altered the demographics; more than 60% of people attending our Jakarta clinics now are nationals.

Consistent with our principle that the patient comes first, we did not turn anyone away. Doctors are doctors and if anyone called for advice, or came to the clinic with cuts and bruises or similar ailments, they would be attended to, whether or not they were members. That spirit of compassion, and positive energy, instilled by Pascal and Dr Inge remains at our heart today.

Dr Inge: “There are no favourite clients.  
All patients are equal.”

## Our Services

Then, as now, anyone needing assistance would first call our Assistance Centre. This could be for a variety of medical reasons: To seek simple medical advice, for example about what medication to take, arrange a house call, or in more extreme cases seek medical transportation. Callers also sought advice on non-medical matters, such as how to replace a lost passport. We have always been willing to help callers with basic advice whether or not they are official members.

The Jakarta Assistance Centre has been involved in helping people in numerous major incidents over the years: The Jakarta bombings and civil unrest, plane crashes, the tsunami, the Bali bombing and many others. These are covered in more detail in later chapters.

Although non-emergency calls have always made up the bulk of our calls, the ability to deal with emergencies has been a selling point throughout our history. Pascal’s knowledge of emergency assistance gave us a leading edge in those early days. We stabilised patients on-site, or in the clinic emergency room, and, if needed, transported them to the best hospitals.

Adriaan Jacobsz: “The patient-centred, medically-led, 24/7 concept instilled in our Jakarta clinic by Pascal has been the model we have since applied all over the world.”

“ There are no favourite clients.  
All patients are equal. ”

– Dr Inge



“It’s not about being a business or making a profit. It’s about keeping the spirit of being doctors and helping people.”

— Dr Inge



*Dr Inge trained as a doctor in Germany then went back to Indonesia to undergo her 'adaptation' for her Indonesian medical qualification. She was very concerned about the poor state of healthcare in Indonesia at the time. She decided to try to change the system by going into politics. She was elected as a Member of Parliament which was a great achievement for a woman at that time. However, she found it hard to make substantial changes to the system, so decided to make a difference through her medical practice instead.*

Over time the range of services we provided broadened considerably. Our Jakarta clinics now offer dentistry, a paediatric practice, a diabetic clinic, a well-woman clinic, a weight-control clinic and acupuncture. The Cipete clinic has an area set aside to carry out health checks for client company staff members, as part of their healthcare programmes. In addition, anyone going to the US requires a health check as part of their visa application; we are the sole provider of this service in Jakarta.

The Jakarta clinics now see around 7,500 patients per month in total, with around 5,000-6,000 visiting the Cipete clinic. Around 20% of our patients are Japanese and there is a special desk staffed by Japanese speakers to welcome and help them. For non-Indonesian patients, English is the default language and our multicultural staff offer many other languages between them. Adriaan Jacobsz says:

“The equipment in our Indonesian clinics and the services provided by our teams there are outstanding. Visitors frequently comment that the standard is higher than anything they have seen in their home countries. The same is true of our clinics across the world.”

## Our Training

One of the early challenges was to find enough quality staff to deliver services to our very high standards. Our Jakarta training centre was established to train people, to international standards, to work in our clinics and our clients' remote locations. We train nurses, paramedics and doctors, before they are sent on-site and on an ongoing basis. This training and quality control has often been the deciding factor in persuading companies to outsource their services to us. We cover every detail of how to equip and organise a remote clinic room and how to use the latest emergency equipment. We also offer many courses on first aid at different levels, plus medical evacuation training.

Because ours was a unique service we had to train people to do the job; then they were often poached by our clients, hospitals and other healthcare and assistance providers. This is still a challenge, but as Dr Inge says: “It is frustrating to train people up then lose them, but it's flattering too. It shows we are training them well!”

Dr Inge has come across people all over the world, working in healthcare, who once worked for us. It makes her happy that they are contributing and that we helped them on their journey.

Dr Inge: “I feel as if we have made a difference to healthcare standards in a way that my being a politician could never deliver. I hope we stay known as the company that helps people when they are in a medically unlucky situation. It's not about being a business or making a profit. It's about keeping the spirit of being doctors and helping people.”

*Children's waiting area,  
Jakarta Cipete Clinic,  
Indonesia, 2007.*



## Fascinating Fact No. 2

We provided 395,000 consultations in our primary care clinics in 2013.

### Our First Flagship Premises

At the very start of operations in late 1984 the team was based in a room in Jakarta Hospital. The next base was in a small house in Jalan Prapanca Raya, in South Jakarta, where we set up our first Assistance Centre and clinic.

In 1988 Dr Inge was going to lunch with Arnaud when they walked past a plot of land for sale. Dr Inge thought it would be the perfect site for a bigger and better clinic. Used to the business habit of renting rather than buying, Arnaud tried to dissuade her, but Dr Inge was determined. She went to her bank and, using a certain amount of charm and cheek, suggesting she knew the manager rather well, she managed to get an appointment with him. Despite having no idea what a balance sheet was, she told the bank manager she was a doctor, wanted to build a clinic and needed some money. Intrigued, the manager asked to meet with someone who actually understood finance. Arnaud provided the requisite information and the manager lent the money to buy what was to become Clinic Cipete. Later the bank manager told Dr Inge he knew she must be honest as she did not even pretend to know anything about finances.

Dr Inge's cousin in Germany was an architect, and when she was in Germany Dr Inge worked with her cousin on various designs. Using this experience, and with help from friends and family, Dr Inge made a model of the clinic she wanted. She showed the

model to Arnaud who was very impressed with it. The project went ahead with Dr Inge closely involved throughout. She visited the site every morning and afternoon, to check progress and scrutinise every detail; she monitored the quality and quantity of all incoming supplies and inspected each stage of the building works. The works were finally completed in 1991 and the team moved in.

Business continued to grow and soon bigger premises were needed. As a result of the financial crisis in 1998, a plot of land next door to the Cipete clinic became available and Dr Inge bought it. As times were politically unsettled it wasn't until 2007 that everyone felt ready to make the commitment to invest in building the extended clinic and offices we occupy today.

In 1985 we opened another clinic in Kuningan, in the heart of the business area. It is open Monday to Friday and Saturday mornings, and like the Cipete clinic it is equipped to the highest possible standards.

The Cipete site houses our clinic, Assistance Centre and offices and is seen by all as a most impressive set up. In addition to the huge business operation and high tech equipment it houses, upstairs bedrooms are provided for female duty managers staying overnight, and the rooftop room can be hired out by staff for weddings and parties, in return for a small contribution to charity. The café serves 1,000 meals a day. We have certainly grown a lot since those early days.

# Accessing Asia

## Turning a Problem into an Opportunity

One day, in Hong Kong, Arnaud went to meet the regional head of the largest credit card company in the world. In the taxi, on the way to the restaurant where they were to meet, Arnaud realised he did not have his credit cards with him. On arrival Arnaud told the manager that he would arrange for payment of the bill to be guaranteed by our Hong Kong office. The manager seemed very dubious but Arnaud insisted on making a phone call to our Assistance Centre. Arnaud's guest then arrived and they sat at their table. As they were going through the initial pleasantries the Head Waiter, just off the phone, approached them. He addressed Arnaud with some deference saying, "Sir, you can order as much as you want." The guest looked surprised so Arnaud smiled and said, "Let me tell you an assistance story." The Assistance Centre had done its job and Arnaud was able to demonstrate, quite perfectly, how we really could help those who mislaid their credit cards. The guest was suitably impressed and a long standing business relationship, core to our Hong Kong operation, was born.

Right from the start the Founders' vision was to expand across Asia. This was achieved by following customers into new regions. If we were already working well with a client in one place, that increased our chances of persuading them to work with us in another. Ideally we entered new territories to service a set of customers, rather than a single one, to spread the risk and costs. That was the general approach, but each country was given a certain degree of autonomy to act independently and take whatever opportunities came its way.

It was not easy. We had effectively invented a new industry and we had to persuade clients both of the need for such a service and that we could provide it. The multinationals present in Asia usually had their headquarters elsewhere, so being heard could be difficult. We had to show them that we could deliver locally where others could not.

We tended to work with the same clients - larger, global customers with set requirements, especially those in the oil, gas, mining, construction and engineering industries. Insurance companies were

important clients too. They wanted to sell insurance in Asia but could not deliver assistance services in those areas - whereas we could.

We often started with a representative office in a capital city or major business centre. From there we would develop our network of providers and seek potential clients. In many countries restrictive rules on foreigners doing business meant we often worked with national partners in joint ventures. It took time to get clients fully on board, so we had to take it slowly, use our resources sparingly and grasp opportunities when they arose. Operating in less developed countries tended to further compound the complexities and challenges.

Mui Huat Tan, now head of our Asia Region, was very involved in developing this part of the business back then. He recalls:

"We shared an entrepreneurial spirit that drove us all. We dealt with every difficulty and made the most of our opportunities. Everyone had this attitude. It is still so today."

*January 2000, new Bangkok office opening, Thailand. Dr Pascal Rey-Herme attending the Thai monk blessing ceremony.*



Each country has a similar story to tell and many achievements to be proud of. The following highlights are a small selection of key moments during the 1990s in Asia:

### Hong Kong

Our first office opened in 1986, to help support clients in Hong Kong and those with operations in China which was just beginning to open up. As our next opening after Jakarta and Singapore this was an important step in creating a regional presence and expanding our network into North East Asia.

Hong Kong had many of the same qualities as Singapore: An advanced medical system, very good telecommunications, efficient transportation, high quality hospitals and clear rules of law. It was the obvious port of call for surrounding countries, such as the Philippines, and it was right next to China. Importantly Hong Kong had a fast growing economy, was business friendly and very interested in innovation.

As Arnaud says: “Hong Kong was fundamental to our development. It was the twin of Singapore and the necessary next step to demonstrate our Asian capability to offer a service throughout the region.”

### Myanmar

We first started our operations in Myanmar in 1987 but business was slow. In 1995 we signed a Memorandum of Understanding with the Ministry of Tourism whereby every traveller to Myanmar would have access to a clinic and in return the government would pay a fee for each tourist. Mui Huat, who joined the company in May 1995, was given the task of setting up this clinic and 24/7 Assistance Centre in just 60 days. Pascal gave him some drawings, helped him find some contractors, and together they did it.

In principle, the Memorandum of Understanding should have been very lucrative; in practice, despite Mui Huat's best efforts, the money was not forthcoming. Similar agreements were made in other countries; they too were financially unrewarding, but they did help nurture our relationships with the relevant authorities.

### South Korea

The Seoul office and Assistance Centre opened in 1989.

### Thailand

We opened our office in Bangkok in 1986, and in 1994 upgraded it to a full-scale Assistance Centre. As was often the way, we started with one major client and gradually attracted others.

### Taiwan

In 1993 we opened our operational office in Taipei and upgraded it to a full-scale 24/7 Assistance Centre in 1994.

### Mongolia

The Ulaanbaatar operation began in 1994. We partnered with Mrs Sarangerel Luvsanvandan, Director of Medica Mongolia LLC to open an affiliate clinic, SOS Medica Mongolia Clinic, in April 2004. The clinic services have grown to include dentistry, rehabilitation and pain management, traditional medicine, health screening and immigration medical examinations. There is also a branch clinic in Zaisan. The team has now grown to over 150 people, with nine of the medical team internationally certified in Advanced Cardiac Life Support and eight in Paediatric Advanced Life Support.

### Philippines

The Manila Assistance Centre opened in 1996.

### Malaysia

Our Kuala Lumpur office opened in 1996, in a serviced office with a national General Manager. We moved to a new office and set-up the 24/7 Assistance Centre in 1997. This has become a large centre of activity for us and part of our medical services operations are managed regionally out of Kuala Lumpur.

### India

International SOS started its operations in India in 1998. Today we employ over 200 full-time staff and operate out of three offices in Bangalore, New Delhi and Mumbai.

Our specialist Security Information Centre is also based here.

### Cambodia

The late 1990s was a time of civil unrest and many companies were leaving. We had no presence in Cambodia but we had clients there and they wanted help getting out. Action was called for. In 1998 Dr Philippe Barrault went to Cambodia and found that the US government was looking for medical support in their Phnom Penh Embassy. Not only did he persuade them that he could build a clinic within six weeks, he did just that, thereby opening up another good opportunity to work with the US government.





*Dr Philippe Barrault  
and Mike Hancock,  
first consultation room,  
Ho Chi Minh City clinic,  
Vietnam, 1994.*



## Fascinating Fact No. 3

In 2013 we carried out  
61,421 employee health  
checks and 30,109  
immigration checks.

“They recruited like-minded people and gave them the opportunity to get on with it.”

— Mike Hancock

### Focus on Vietnam

Vietnam is an excellent example of our entrepreneurial spirit in action, responding to client needs and finding the right people.

In the early 1990s Philippe Barrault was a young French doctor. Like Pascal he chose to swap military service for working for the French government, in his case the French Consulate in Ho Chi Minh City. He often had to help overseas patients return home so he was aware of the various assistance companies, and in particular ours, which “really stood out from the rest.” Philippe got to know Pascal and over time they talked about the opportunities in Vietnam. For many companies it was ‘the place to be’ so it was decided we should be there too.

Philippe joined us and started working in Ho Chi Minh City, with a local doctor and a British nurse. They provided assistance, and evacuations where needed, for expat employees of the oil and gas clients. The service was well received but it was not enough. People were able to speak to Philippe by phone but they also wanted to see him in person. They regularly turned up at the office and Philippe was often found examining them in the waiting room – as a doctor he was not going to turn anyone away. The expat employees also wanted the same service for their families. In short they wanted a clinic. We listened.

The Ho Chi Minh Clinic was set up in 1992, supported by eight oil and gas companies as founding members. The Oil Services clinic became very busy and, as word spread, expats working in other industries wanted to have the same service. So, in 1993 a bigger clinic was opened with access to all.

Philippe then focused on setting up the Vung Tau operation to help service the burgeoning offshore oil rigs business. Much of Philippe’s work at this time centred round getting patients off the rigs and transporting them to centres of medical excellence for treatment.

Personal contact was at the heart of the early business and was the basis of sales and marketing. Another key feature of these early days, typified in Vietnam, was working with national partners; in some countries this was a legal requirement. In Vietnam our national partner was the Oil Service Company of Vietnam, a state owned company with responsibility for supporting the needs of all foreign oil workers. As part of this cooperation we set up a joint venture (JV) with OSC, a British Catering company; the JV was called OSCAT. Mr Ta Minh Long was put in charge of the JV; he is now the Director of International SOS Vietnam.

In those days there was little formal selling and even less marketing. That gradually changed, especially when Mike Hancock became General Manager of Vietnam in 1994 and when Mui Huat Tan came on board. Mike had previously worked for OSC; with his experience in Vietnam and his ability to build clinics he was well placed to help develop the business.

Having put the onshore clinics in place the next step was providing medical services on-site – be it on a rig or in a factory. This started out as emergency medical care and then expanded to providing broader medical services (now called Medical Services).

Mike Hancock: “We were only in our thirties but the Founders trusted us to do the right thing. They recruited like-minded people and gave them the opportunity to get on with it.”

*Left: Clinic pharmacy,  
Hanoi, Vietnam, c. 2000.*





## Major Milestone Attention to Detail in Japan

The development of our Japanese business was entirely different from our approach in other countries. This time we were not responding to client needs but were proactively seeking business. This was a decision made by Arnaud very early on as Japan had become the giant of Asia; it was clear to him that being able to build a business in Japan would drive global credibility around the world. He was right.

In the 1980s we were not big enough to be known by Japanese companies outside Japan so we had to go there and make ourselves known. Arnaud and Sandy Johnson spent a lot of time building relationships with Japanese companies, explaining our proposition to them. It was both exciting and challenging and Sandy fondly remembers how isolated she sometimes felt as the only Western female in this very different cultural environment.

The hard work paid off and a breakthrough came in 1988 when AIU Insurance, part of the AIG Group, appointed us to be their assistance company for Asia Pacific. This meant our services were at the disposal of their policy holders when travelling in that region, for assistance or medical treatment – subject of course to the terms of their insurance policies. In 1992 we reached another milestone when Tokio Marine, another insurance company, chose us as their appointed assistance company for Asia Pacific. Between them, AIU and Tokio Marine covered half of all Japanese travellers.

Before appointing us, Tokio Marine sent teams to Singapore, Jakarta, Hong Kong and Brisbane to audit our operations. We were able to demonstrate both our consistency of approach and our knowledge and understanding of Asia, in particular,

of the Japanese market. We also showed our ability to pay attention to detail, which is fundamental when doing business with the Japanese.

Lisa Tan, a fluent Japanese speaker with special responsibilities for the Japanese business, understood this perfectly. When Tokio Marine visited Jakarta, Lisa went to the hotel where they were staying and checked every aspect of each room they were going to be in. She provided additional ashtrays for these notoriously heavy smokers. She was on hand throughout their visit, ensuring rooms were at just the right temperature and everything was clean and in perfect working order. It paid off: We got the contract to service Tokio Marine in Asia Pacific. Today, we provide services to Tokio Marine on a global basis. As Lisa says:

“These wins made other insurance companies see us differently and helped our business grow.”

Another key event was setting up of a subsidiary in Japan to manage our business there. This took the form of a joint venture with C-ITOH, which was finalised on 11 December, 1989. C-ITOH, known today as ITOCHU, was the largest trading company in Japan at the time and, in sales terms, the largest in the world. Arnaud worked closely with the senior managing director of the company at the time. It was an enlightening experience as he recalls:

Arnaud Vaissié: “It was quite extraordinary to match what was still a start-up company with the largest company in the world.”

# “If you can service Japan you can service the world.”

— Lisa Tan



*Lisa Tan (far right next to Arnaud Vaissié), Singapore Assistance Centre with Japanese Insurance clients, December 1999.*

*Lisa Tan joined us in 1988. She spent two years setting up and upgrading the Assistance Centre operations in Seoul and Hong Kong. In 1991 she returned to the Singapore Assistance Centre as Operations Manager. She then focused on building the Japanese business. The dedicated Japanese department was established, in Singapore, in 1994, headed by Lisa. She now has global oversight of the quality of the service delivery to our Japanese clientele.*

The growing Japanese business gave us the volume to set up throughout Asia, opening facilities in Kuala Lumpur, Seoul, Taipei, Manila, Bangkok and Tokyo. We set up dedicated service desks in our Assistance Centres for our Japanese clients, staffed by Japanese speakers. The first was in Singapore with an initial staff of seven, which gradually grew to 38. Since then other Japanese Service Desks have been set up in Sydney, Paris, Philadelphia and, of course, Tokyo itself.

As well as the direct impact on our business growth, the Japanese experience had many indirect benefits, as Arnaud had predicted. Because we had to demonstrate to the Japanese our ability to deliver, we were forced to formalise our operations and network of contacts. This was an excellent discipline and, as Pascal says, “fundamental to our capability to grow.” Pascal points out that the world of emergencies is all about getting someone from A to B. But the Japanese take that for granted; they want to know in advance how it will be done and to test and verify all procedures. The concept of medical assistance was new to the Japanese so being able to explain it to them, in writing, was a useful exercise. We had to learn to listen, especially to any complaints, and stop assuming we were always right, which Pascal ruefully points out, was “very difficult for a French doctor!”

Lisa trained her staff to deliver that detail daily. For example, if arranging a medical transport on a call, once the doctor had finished speaking to the patient, the Customer Services Executive took over, asking how many bags the person had, where their passport was and so on. Questions which might irritate some nationalities serve to calm others.

## Paying Attention

Lisa has hugely enjoyed her time working with our Japanese clients. She believes that as a foreigner to them she has been able to see things differently, whilst her fluency in Japanese has of course been vital. Two cases particularly stick in Lisa’s memory, and reflect the service approach she developed:

The first was an avalanche in Nepal, near Mount Everest, in November 1995. It hit a Japanese trekking group, killing 13. It was the biggest mountaineering disaster of its kind at the time. After the initial emergency and rescue had ended, Lisa spent a great deal of time making arrangements for the return of the bodies of the deceased. It had been suggested that the deceased should be simply cremated on the mountainside but, as Lisa fully appreciated, that would be quite wrong for the Japanese.

She recognised the spiritual importance of returning the deceased to their families, and that this should be conducted with absolute dignity and respect. It was arranged for embalmers to go to the site and for coffins to be built. Lisa sent a Japanese speaker to smooth the way and deal with any local complications and customs involved in handling mortal remains. As the families arrived, they were flown by helicopter to see the accident site; the families then returned home on the same plane as the deceased. Typical of our company culture in such circumstances, money did not get in the way. We did what we needed to do – down to the last detail. The key insurer also dispatched two claims adjusters to work with us on-site, to expedite all arrangements and deal with any queries about insurance coverage.

“ The Japanese experience taught us that we could meet the needs of the largest organisations in the world. ”

— Arnaud Vaissié

As Lisa emphasises; “In cases like this team work is vital. The network of providers, and the wonderful support we get from local government agencies, Japanese consulates and embassies, are key to our continued success.”

Lisa’s other memorable case also involved a fatality. An elderly Japanese couple was visiting China when the wife had a cerebral haemorrhage. Their insurer agreed to cover the expenses of an evacuation to Hong Kong as the nearest place of medical excellence. But the husband and family really wanted to take the patient home, as she was possibly dying. Lisa spoke with the insurer and the family got their wish; their return to Japan was fully covered by the insurers. Lisa persuaded them that the husband was very frail and it was better for all to go back to Japan. Sadly, the lady died soon afterwards, but Lisa took heart in knowing she had helped her get home and be with her family.

Lisa Tan: “The Founders’ trust and support made me bold enough to use my knowledge to create a service delivery matching Japanese expectations. Prior to that, I had the knowledge but not the experiences.”

Arnaud Vaissié: “The Japanese experience taught us that we could meet the needs of the largest organisations in the world.”



*Right: Japanese tourists trekking in sight of Mount Everest, Nepal, 2002. Credit: Corbis.*

**02**

**Remote Locations**

# First Steps

Many of our first clients were energy, mining and infrastructure (EMI) companies. Southeast Asia at that time was a profitable and growing business location for these companies, with many major construction projects, mining operations and oil and gas explorations underway. Companies were obliged by law to provide medical care to their employees; they wanted to, but needed help. They had already begun to outsource services such as catering, logistics and transport; we were to become Asia's first company to offer outsourced medical services.

We got to know a number of EMI companies, and spent time talking to them about their challenges. We already had a reputation for delivering high quality primary and emergency medical services through our clinics and Assistance Centres. Pascal could see that we might be able to provide services in these remote locations too but he did have some reservations. Employing large numbers of staff and supporting projects remotely, plus training many medical professionals to international standards, would change the face of the company's operations.

But, as always, the Founders were happy to adjust their vision and make the most of any opportunity that came their way. Dr Inge also became more involved at this point. With her extensive local knowledge she was able to develop appropriate relationships with local authorities; she was also able to help model the services so they were fully compliant with national health objectives. Her unique ability to identify competent national staff, both medical and managerial, gave tremendous strength to a rapidly growing operation.

AEA's first major project was in 1988, when a French construction company was commissioned by the Indonesian government to build Jakarta's new

international airport. It needed to offer medical care at the construction site which was over three hours' drive from the city. The company sought Pascal's advice and he recommended creating a field clinic which would offer emergency and primary care services on-site. He went on to design and equip the clinic, and supply and supervise its medical staff.

## East Kalimantan Mine, Borneo

The next opportunity was to deliver these services more remotely and on a larger scale. The first mining company to work with us was the Anglo Australian group Rio Tinto, one of the largest mining companies in the world. In 1991 Rio Tinto, with BP, established Indonesia's largest coal mine, KPC, Kaltim Prima Coal, stretching across 90,000 hectares, in East Kalimantan – an hour's flight from the nearest big city.

We had already helped Rio Tinto with medical transports to Singapore, and many of their employees had attended the clinic in Jakarta. We convinced them to let us visit the Kalimantan site and assess what medical services were needed there. We were engaged and set about providing first class emergency and primary healthcare for the growing population.

At the start we had one doctor and a paramedic working from a temporary container clinic; this soon grew. Not only did the workers need to be cared for, but also their families and local communities. Rio Tinto/KPC effectively had to build a town, including schools and other facilities, to house them. What was once a small exploration site became the administrative centre of the area, and the population grew to 18,000.

We had to build a health service to serve the needs of this wider community. Rio Tinto gave us every support as it was committed to caring for its people and the local community. The provision of medical services at KPC grew and, as the project matured into Indonesia's premier producing coal mine, our services likewise expanded. This project became the standard to which all foreign mining companies then aspired.

When Rio Tinto and BP sold the mine to a local company, BUMI, our contract was terminated and we were replaced. However, a year later we were asked to return – the community was relying on the quality care we provided.

We still operate one large clinic plus a number of satellite facilities with over 70 staff across the mine site. Our clinics offer emergency and routine outpatient care, maternal and infant care, dental care, medical check-ups for employees, and more extensive public health care, containing diseases like dengue and TB. We also provide leading occupational health services and are promoting healthy lifestyles to the workforce and their families.



*Coal conveyor belt section – KPC mine, Borneo, Indonesia, 2013.*

LEVELS  
DEFIBRILLATION SAFETY RULES

- Check apex & sternal  
paddles correctly  
positioned
- paddle  
sternal  
the st
- Use pa  
initially  
rhythm





# Learning to Adapt



*Myles initially trained in Australia in specialist surgery. He was attracted to the dynamic medical, entrepreneurial and multicultural environment of AEA. He worked closely with Pascal in the early days in Jakarta until the mid 1990s when he moved to London and focused his attention on developing remote site medical services around the world and health consulting opportunities.*

## Fascinating Fact No. 4

The largest site we support has over 20,000 workers.

*Left: Medical Training Centre in Jakarta, Indonesia, 2008.*

Dr Myles Neri was passionate about providing quality medical services to remote sites right from the outset. He believed the early work with Rio Tinto and KPC was absolutely fundamental:

“It taught us a vast amount about remote working and what these large companies needed. We gained credibility through working with the world’s largest mining company and became a reference point for something new. We demonstrated to companies the value of providing quality medical services to look after their dependent populations and host communities. Outsourcing was to become a real option for these companies.”

It was an incredibly busy time. On the back of our growing reputation, other major companies (such as BHP and Newmont) engaged us too. Rio Tinto took us to other project sites (Kelian Gold Mine in Kalimantan) and other countries (Madagascar and Papua New Guinea), as did our other clients. Accompanying and partnering our clients in new locations to support their health needs became a central feature of our business expansion.

We also began working with oil companies in their remote sites. They were more regulated than the mining industry, but had exactly the same needs, so again we had to quickly learn how to deliver what they wanted in line with all applicable regulations.

Dealing with such huge projects in challenging locations required a lot of resources. This meant recruiting and developing national medical staff to treat the large national populations on the sites. We set up a training centre in Jakarta to help the medical staff learn the special requirements of working in these locations, and ensure they reached the standards required by us and our client companies.

We also worked out the optimum way of building and equipping the clinics. As we have seen, Mike Hancock was heavily involved in Vietnam in the early 1990s setting up mobile clinics for oil industry clients.

We learnt what our customers needed and how to manage the complicated regulatory environment of permits and licences. We developed the skills to work with local partners and relevant authorities to get the job done. In short, we delivered a fully integrated service appropriate to the particular environment.

Myles reflects:

“Our clients held our hands and moved us on. We all taught each other and grew the services together. The time was right, outsourcing was in vogue and we became the pioneer in our field to deliver high quality international standard medical services in partnership with our clients. But as ever, their trust in us was always based on our commitment to quality and the confidence of our prior performance.”

# What our Clients Say

We have many longstanding clients in this area, some of whom have been kind enough to give their thoughts on International SOS for this book.

"The life of an SLO in Dubai is never dull. On a typical day I might arrange air tickets to or from remote corners of Africa, Kazakhstan or the Middle East, sort out the logistics for an emergency staff placement, schedule a Dubai induction for new staff, and chase our remote based staff for their timesheets. We receive calls at any time of day or night from staff whose flights are delayed – we have to do whatever it takes to re-route them so there's no service disruption on site. Looking after our medical staff and making sure they are happy is a key part of the job."

— Site Liaison Officer, Dubai

## Kaltim Prima Coal (KPC)

PT Kaltim Prima Coal, now owned by Bumi Resources, still runs the East Kalimantan mine. Mr. Endang Ruchijat is KPC's Chief Executive Officer and has more than 30 years experience working in various mining operations in Indonesia. He has known International SOS for a long time. As Mr Ruchijat points out, mines tend to be in remote locations so it's essential to have systems in place for dealing with any incidents. In the early 1980s, in the days before mobile phones, radio contact could be variable so having help at hand was vital. We were selected to support the East Kalimantan mine because we were, "Simply the only company that could provide such services then." Although there are more providers now for medical transports, KPC still prefers to use us as we "have more expertise and provide a broader service than anyone else."

KPC welcomes the fact that our service has broadened so much over the years. Mr Ruchijat is very keen on the occupational health services and public health programmes which we are working on with KPC. He concludes: "We are very happy indeed with the service we get from International SOS."

## Pertamina Hulu Energi

Pertamina Hulu Energi is an oil company involved in a major offshore project. It has finished its exploration phase and hopes to get authority to start full production in the next year or so. Our doctor and paramedic provide medical support to their staff.

Geri Achsan, now HSE manager of Pertamina, has known International SOS for a long time through different companies he has worked with. For many years he has been involved with developing

Emergency Response Plans which include planning for medical evacuations. He believes companies would choose us because of our ability to manage such emergencies.

There are more providers today, but Geri believes we still stand out. A regulatory body sets national standards for the industry and a trade association promotes those standards. According to Geri, those industry standards closely reflect the ones International SOS has historically set for our clinics, air ambulance, risk assessments and other services.

Pertamina used us for a medical transport in early 2014. Pertamina organised getting the injured person off the rig, then we organised transportation from shore to Balikpapan Hospital, using a commercial aircraft. Thanks to the forward planning on both sides, all went according to plan. Geri believes that it is becoming easier to find good doctors, but our ability to organise air transportation – be it via air ambulance or commercial flights – is hard to compete with. Our 24/7 support, and our relationships with hospitals across the region, are added advantages.

These days there is more focus on prevention. At a corporate level we are working with Pertamina to help develop their corporate health guidelines and we assist with staff training. Industrial health was a luxury five years ago but now people are moving towards it. Geri Achsan believes that providing occupational health and industry health consultancy is an important move forward which benefits everyone.

*Right: Tanjung Bara Clinic Lab, KPC Site, Borneo, 2013.*

“International SOS sets the standards in this industry from end-to-end.”

— Geri Achsan

### Family Friendly

Andrew Lye works as General Manager Operations for Rio Tinto at their site near Fort Dauphin, Madagascar. He lives in the expat community with his wife Judith and their two boys, Marcus, aged 11, and Aidan, aged 9. They come from Australia and this is their first posting abroad. Madagascar is one of the poorest countries on earth and it has been a major adjustment for the whole family, but an exciting one. With two small children to look after, the availability of adequate healthcare support is a must. This is provided by International SOS and both Andrew and Judith speak warmly of their experience. They have had many trips to the Rio Tinto on-site clinic, run by International SOS, and their mobile App means they can contact an English speaking doctor at any time of day and night. This has given them huge piece of mind. Judith adds:

“We know people who have had medical transports to Johannesburg. These happen quickly and efficiently – no one ever questions if it’s necessary. It’s really good to know that extra back up is there.”

Both agree that without the International SOS service they would not have made the move to Madagascar. As Andrew puts it:

“It’s a great security blanket.”



“International SOS did a fantastic job. We couldn't have asked more of them. It was a difficult time in difficult conditions and required great professionalism.”

— Robert Schroeder





## Major Milestone

# Freeport, West Papua – Setting the Industry Standard

Freeport – McMoRan is a US mining and oil company with operations across the world. The Freeport mine in West Papua contains the largest gold deposit known to man, and is also the second largest copper mine in the world. The raw ore is mined as high as 12,000 feet, and transported as concentrate to the port facilities in the lowlands; there it is bulk shipped to processing facilities across the world. Sea, plains, rainforest, tall mountains, glaciers, deep valleys and ridges make up the equatorial landscape. The clinic locations are spread over 70 miles apart and Jakarta is a six hour flight away.

Before the presence of the Freeport project, there was no developed medical infrastructure in this region. As the mine developed so did the need for medical support for the employees, subcontractors and the local population. These populations massively increased when Freeport decided to treble the output of the mine. In 1992, with the mining town in the highlands of Tembagapura reaching capacity, it was decided to build a modern city, Kuala Kencana, in the lowland area, complete with a golf course and hotel. It was to house the non-construction and non-mining population and their families.

Freeport wanted to set up the best possible healthcare system for its employees and the local community. Dr Morrison Bethea (Senior Vice President and Medical Director, Freeport), a cardiac surgeon in New Orleans and Freeport's Medical Advisor, looked at a number of providers, including ourselves.

Dr Bethea met Arnaud and Pascal in the autumn of 1992. He remembers it well: “They were two very impressive young Frenchmen. They were dynamic, enthusiastic and full of energy.” He invited them to visit the Freeport site and prepare a proposal. As a

result we were appointed to provide site medical services, starting in January 1993. Dr Bethea also had a need for public health support, but decided to hold back on that decision until we proved ourselves. In Dr Bethea's words, we very quickly demonstrated, “an exemplary ability to manage the site medically.” In April of that year he asked us to help with the public health programmes as well.

Myles and Arnaud were involved from the start. It was an enormous challenge – bigger than anything we had done before. We created a complete medical infrastructure for the site. Although one hospital already existed in Tembagapura, it needed upgrading; we refurbished it to a level of excellence and took over its management. Today Tembagapura Hospital has 54 in-patient beds, two operating theatres, a busy emergency unit, and out-patient and medical check-up services. The hospital service is supported by a radiology department with CT scanning, a pathology lab, a physiotherapy department and a six-bed high-care unit. Maternity and psychology services are also available. Medical staff and specialists are available on-site 24/7.

For the people in the lowlands we set up the Kuala Kencana Clinic. This has a busy emergency room with eight beds, an out-patient department and medical check-up facilities. The clinic is supported by a radiology department and pathology lab, capable of carrying out a comprehensive suite of tests. A physiotherapist and medical staff are on-site 24/7. In addition we operate seven remote clinics within the area, staffed 24/7 by paramedics. We also operate Waa Banti Hospital, a community hospital for the native population in the highlands; it has 72 beds and provides radiology, laboratory and out-patient services.

## Fascinating Fact No. 5

We have provided on-site medical training for doctors working at remote sites in Libya, Russia, China, Kazakhstan and Nigeria.

Robert Schroeder, VP Freeport Indonesia, recalls that over the years we have worked together to deal with many challenges. There have been major mass casualties, traffic accidents, floods, landslides and a whole array of medical emergencies. He believes that our medical evacuations, complete with escort doctors, have saved a number of lives. Our doctors and medical staff have always been on hand to help in such situations, and as he says, "This wasn't what they signed up for, but they always responded magnificently."

During a recent major underground mine collapse, which fell on a training room causing multiple fatalities and badly injuring many others, we immediately started stabilising the injured and worked closely with the mine's rescue teams. Robert Schroeder says: "International SOS did a fantastic job. We couldn't have asked more of them. It was a difficult time in difficult conditions and required great professionalism."



*Dr Morrison Bethea (at centre) with International SOS medical staff, Freeport clinic, West Papua, Indonesia, 2005.*

*Community service at Freeport site, West Papua, Indonesia, 2005.*



Dr Bethea adds that every time we have been called out to retrieve a patient, if that patient was alive when we arrived, the patient survived: A record he describes as "phenomenal."

Dr Bethea is equally pleased with the broader service we provide in support of Freeport's occupational health and extensive CSR commitments. Our occupational health agenda includes carrying out check-ups for workers, and compiling, analysing and reporting data on health trends.

The malaria control programme involves distributing insecticide-treated bed nets to more than 10,000 households around the mining site, spraying insecticides in nearly 55,000 residential rooms annually, plus improved drainage control and maintenance. This outstanding programme has won international recognition and many prizes.

Freeport received the Global Business Coalition Award for Best Medical programme in 2012. The GBC Health Awards celebrate the best corporate programmes addressing global health needs. Our malaria prevention and HIV programmes with Freeport have also won awards and ILO recognition. In 2013 Freeport's Congo project won a further GBC award for its clean water programmes which have eradicated cholera and water borne infections from the surrounding villages.

We have also worked with Freeport to reduce the very high levels of tuberculosis in communities around its projects. Other public health education projects include lectures and seminars promoting

safe sex, explaining the dangers of HIV/AIDS and other sexually transmitted diseases. Health risks, such as raised blood pressure, high cholesterol and obesity are being addressed too, along with help to stop smoking.

This broad range of health promotion activities has become a reference point for us with our EMI clients worldwide.

Dr Myles Neri: "It has been a privilege to partner Dr Bethea and Freeport, and with them share a vision and common purpose which has led to the establishment of the world's finest mining company medical services. Freeport oversaw and worked closely with us to design, implement and execute these immense medical infrastructure projects and we are very proud of what this partnership has achieved."

Robert Schroeder: "International SOS' professionalism and knowledge of what's needed, plus Freeport's willingness to provide the infrastructure, has been a winning combination. Over the years a lot of very good doctors have been supporting us and together we have overcome many challenges. The service has continued to grow and change with our needs. It's a great relationship."

Dr Bethea: "International SOS continues to deliver wonderful healthcare and public health to our company. I would not change a thing they do."









## Major Milestone

# Sakhalin – Service Delivery in Extreme Environments

Sakhalin Island, which lies off the easternmost coast of Russia, is a land of extremes. Winter lasts from five to seven months, summer for only two to three months: A climate which is both severe and changeable. Two major oil companies, ExxonMobil and Royal Dutch Shell, have led two separate consortia to develop oil and gas fields there.

We first became involved in 1993 when Pascal carried out a feasibility study for the provision of healthcare for the two projects. Sandy Johnson accompanied him on one visit and recalls: “The landscape included weeds and broken bottles. The local hospital housed donated medical equipment that had never been used. There was a lot to do.”

Our relationship with Exxon Mobil was again thanks to our prior performance; we had carried out a number of life-saving medical transports for them and many expats frequented the Jakarta clinic.

We visited the site and gave our assessment. As always we had to demonstrate that we appreciated the needs of this extreme environment, understood the regulations and could work within the system – training and developing national staff to create a medical service that meets international standards.

In 1998 we were appointed to provide the general medical services on-site – both during the construction and when the sites were fully operational. At the same time we were asked to provide a similar service for Sakhalin Energy, Shell’s oil and gas pipeline and refinery project. As is often the case in remote locations we set up a joint clinic for both companies, and their contractors, to use. The 24-hour clinic had a team of doctors, pharmacists, and administrative staff.

It was a very challenging environment. There were frequent fluctuations in the electricity supply, which caused problems with our equipment, and we had to import most of our supplies, including the many pharmaceuticals needed.

We established the clinic, including a room fully equipped to stabilise a patient in an emergency. If needed we could then transport the patient to a centre of medical excellence for specialist care. Over time we developed full primary health care for the employees and contractors and their families. As with other projects, broader occupational health schemes were also initiated.

Ever conscious of the need to develop good relationships and partnerships, we held regular meetings with the Russian medical fraternity in the region. We used these partly as social events at which we could network, and partly to foster the exchange of ideas on serious medical topics. The Russian medical system was isolated from the Western world for many years, so interchanges like these were helpful to all. The Russian healthcare authorities have been enthusiastic partners, keen to learn from and work with us. We have been proud to have trained many of their doctors in accredited emergency care skills.

In 2012 we moved the main city clinic in Yuzhno to a new larger facility to cater for the expanding demands of Exxon and Sakhalin Energy, all year round.

Dr Myles Neri: “Sakhalin Island represented our first venture into remote site medical service provision in Russia. It laid the foundation for a unique national service which has seen us become the provider of choice to joint venture Russian oil operations throughout the vast continent.”

*Left: Emergency recovery room, Sakhalin Clinic, Russia, 2012.*

A silhouette of a worker in a hard hat and safety gear stands on a platform of an offshore oil rig. The worker is holding a thick rope or cable. The background is a sunset sky with orange and purple hues over the ocean. The rig's structure is dark against the bright sky.

“ We developed the skills to work with local partners and relevant authorities to get the job done. ”

— Dr Myles Neri

### Notable Infrastructure Projects

Ahafo and Akyem: Ghana.  
Anglo Gold: Mali.  
BHP: Kalimantan.  
BP: Azerbaijan.  
Exxon Mobil: Sakhalin.  
Exxon Mobil: Chad/ Cameroon.  
Exxon Mobil: PNG.  
Exxon Mobil: Kearle Lake, Canada.  
Freeport: Cerro Verde, Peru.  
Freeport: Tenke-Fungurume, DRC.  
Freeport: West Papua, Indonesia.  
Newmont: Sumbawa, Indonesia.  
Rio Tinto, KPC and Kelian Gold: Kalimantan.  
Rio Tinto: Lihir, PNG.  
Rio Tinto: Madagascar.

# Notable Oil & Gas Projects

Servicing remote locations has become a big part of our business.

## Fascinating Fact No. 6

We provide on-site medical staffing and assistance on over 250 oil rigs.

### Chad-Cameroon Pipeline project

A complicated project, for a consortium headed by Exxon Mobil. A pipeline was being built from Southern Chad to Cameroon. It involved drilling 300 production wells, and constructing pumping stations at intervals along the pipeline which passes through five climatic and environmental zones. We provided medical staffing, medical assistance, security assistance and medical transports. Ten clinics were operating during the four year construction phase and 150 of our people were employed there. Dr Laurent Arnulf was team leader. As a French speaker and doctor he was ideally suited to procure the medical partners and resources needed, and build the right relationships. Laurent observed: "Our 15 years experience in helping companies establish remote site medical facilities really came into play on this project. Our medical staff delivered solutions based on a combination of their medical expertise and their hands-on experience of dealing with the complex logistics of setting up multiple sites and working with multiple operators."

### PNG

This extensive Exxon Mobil project includes a gas field in the highlands with a pipeline passing through the lowlands and under the sea to a gas refinery in Port Moresby, Papua New Guinea. Given the health and safety risks, exposure to infectious diseases, and the overall complexity of the project, we were chosen as sole service provider – again thanks to our history and reputation. The project began in 2009 and became our largest field project to date. At its height 50 expats and 300 national staff members were involved, looking after a population of 18,000 employees and dependents, and running between 22 and 35 clinics and field hospitals at different stages. In late 2014 the project was nearing completion and we continue to deliver the medical services during the production phase.

### The Kara Sea project

This is another Exxon Mobil project, carried out as a joint venture with the Russian oil company Rosneft. It is the most complicated and expensive drilling programme ever. The Kara Sea is one of the most challenging environments in the world. The project involves a semi-submersible drilling rig attended by 13 support vessels and 2,000 workers. In nine weeks we mobilised a team of 40 Russian and international medical staff, plus advanced medical equipment including telemedicine and tele-radiology. The project is supported by our London and Moscow Assistance Centres, our Dubai medical services platform and the Houston Office: Our global reach supporting a single project.

As we have seen, much of this expansion derived from our reputation based on past performance. The acquisition of International SOS Assistance in 1998 opened some new doors. In 2009, our acquisition of Abermed, a UK-based provider of occupational health and remote medical services to the energy sector, further extended our geographical presence.

Today we look after more than 800 remote locations, from providing a single paramedic on an oil rig to fully staffed hospitals. Medical services support the world's major oil service, construction and mining companies and now we are extending this expertise into government and UN environments. As Pascal says:

"Much of this is down to the hard work and vision of Dr Myles Neri. Right from the start and still today, he helps our client companies realise the importance of quality health care, which encourages them to partner with International SOS."

**03**

**Beijing and Beyond**

# First Steps



*Arnaud and Pascal at  
The Great Wall of China, 1996.*

## Our growing infrastructure in China

- 1989 *Beijing office and Assistance Centre opens.*
- 1995 *Beijing International SOS clinic (BIC) opens.*
- 1997 *Shanghai office and Assistance Centre opens.*
- 1999 *Larger clinic in Beijing opens.*
- 2000 *Clinics in Nanjing and Tianjin open.*
- 2008 *Even larger Beijing premises to house expanded clinic, Assistance Centre and regional office open.*
- 2011 *TEDA clinic opens.*
- 2012 *Shenzhen clinic opens.*
- 2013 *Chengdu office opens.*

China is another good example of how the company has grown by responding to client needs, through building local knowledge and understanding, and being in the right place at the right time. It is also an example of the importance of learning how to adapt to different cultures and regimes and how to work with governments to create a mutual benefit.

We began by providing assistance services within China from Hong Kong, helped by a local network inside China. We then looked for ways of being based in China while keeping full control of our operations. After many failures we finally convinced the Beijing Red Cross to be our partner. We had just finalised our licences when the political situation deteriorated, culminating in the events in Tiananmen Square in June 1989. Whilst many companies left China we decided to stay and go ahead with our partnership with the Beijing Red Cross. On 26 July 1989 we were given the go ahead to open an office and Assistance Centre with a view to opening a clinic with the Beijing Red Cross later on.

Sandy Johnson, who played a big part in developing the early business, explains that China was a complex environment. Whilst the central government saw the advantage of having better standards of care to attract foreigners, the local health bureaux tended to be more resistant to our presence as they were reluctant to receive outside help. It required a delicate approach:

“We emphasised that we were there to create a bridge, to help foreign nationals navigate the system. We weren’t telling them how to treat their citizens, or competing with the local hospitals. It was all about working with people and creating partnerships. That’s the approach we took in all places and it’s an important part of our company culture. It’s something Arnaud and Pascal have always been very good at.”

Medical transports were a good example of how we learned to build these constructive relationships. In the late 1980s we were receiving a number of requests to evacuate patients from China to Hong Kong. However, it was extremely difficult to gain authorisation for foreign aircraft to enter China, and most Chinese aircraft were not authorised to land in Hong Kong. We reached an agreement with a branch of the Chinese Army whereby we could charter the aircraft they used to transport officials, which we equipped with our own stretcher and medical team. These military aircraft could reach most ‘controlled areas’ in China but could not land in Hong Kong; so we landed in Shenzhen and the patient then went by Chinese road ambulance to the Hong Kong border for transfer to a Hong Kong ambulance. Such complex operations not only benefitted the patient, they provided a platform on which to build better services in the future.

We gradually began to support corporate clients as they built their operations in China, especially our colleagues in the oil and gas industry. From this base we moved on to support manufacturing companies. We helped them take care of their travellers as they set up and planned their operations, enabled them to identify and manage health risks in the construction phase, and provided ongoing support once they were up and running. As with our work in remote locations, we were helping companies meet their obligations to their staff, and showing them how on-the-spot care could save lost time and costs.

Sandy further recalls that we were early adopters of delivering corporate wellness programmes: “We paid great attention to detail. We even adapted western healthy eating guidelines to accommodate typical local diets, including tofu and other local foods.”



## Fascinating Fact No. 7

Our remote sites include places as geographically diverse as Omsk in far North East Russia, the Mauritanian Sahara desert, Lihir in Papua New Guinea, and Arequipa in the Peruvian Andes.

Attracting tourists was another desire of the government and again we were happy to help. In 1993 we established a co-operation with the National Tourism Administration of The People's Republic of China whereby they could refer tourists in need of assistance services to our Assistance Centre.

As well as building our client base we needed to deliver an excellent service. When Dr Myles Druckman joined the company in 1996 he was given the task of managing the Assistance Centre and improving the service offered by the Beijing clinic.

General family medicine was still in its infancy at this time so Myles focused on developing the services at the Beijing clinic, encouraging the doctors to build up their own practice: A unique offering for its time. At its inception this clinic had just three rooms. Myles worked on setting up a larger clinic in mid 1999. This was an entire building with 25 examination rooms - a huge project which paid off very quickly as client demand soon made this one too small as well.

With oil and gas companies rapidly expanding there was increasing demand for clinics on remote sites. Myles took a road show to universities to attract English speaking young doctors. He consciously selected young doctors as it was essential to get staff who would be comfortable following the strict treatment protocols which we were creating for clinics in remote locations.

We also developed a Chinese doctor training programme - to create both world-class family practice doctors and those who could work independently in a remote setting. These were the first 'emergency' doctors in China. We created a comprehensive internal training programme so that our young Chinese doctors could ultimately build their own local practices. Today, many of our former Chinese doctors run their own practices, and a number have been recruited by global corporations as Medical Directors. We are delighted that our China medical staff alumni have played a key role in improving the practice of primary medical care in China.



*Left: The facilities at our Beijing clinic have undergone many changes and the team has continued to grow. Here is our nursing team in January 2014.*

*Medical Evacuation, Western Tibet, China, 1993.*

*There was an evacuation of an elderly Japanese lady who suffered from high altitude sickness and other complications whilst travelling. The Black Hawk helicopter had recently been bought by the ground forces of the People's Liberation Army. The mission was to fly the patient from Ali District in Western Tibet to Kashgar in the west of Xinjiang. There it met a Challenger aircraft, with a medical crew, which transported the patient to Beijing. After a long recovery in a hospital in Beijing the patient finally returned to Japan.*





# Service Highlights



## 1993

August, Beijing Red Cross Joint Venture.

## 1995

In September the Beijing United Nations 4th World Conference on Women was held with Hillary Clinton as the keynote speaker. We managed a number of assistance cases in support of the attendees.

## 1998

The acquisition of International SOS Assistance opened new doors as the brand was already known in China.

## 2001

Following an agreement with the People's Liberation Army to use their aircraft in 2001, we handled the first international medical transport to China from West Pakistan.

## 2003

During the SARS epidemic our clinics were appointed as 'high fever clinics for foreign populations'. This was a significant statement of recognition by the Chinese government and again increased our credibility with clients.

## 2005

The Fortune Global Forum was successfully held in Beijing from 16-18 May. International SOS was designated by Time Warner and the Beijing City government to provide the medical and emergency services.

## 2006

Our history-making first flights.

## 2008

Beijing Olympics.

## 2008

We offered important aid during the Wenchuan earthquake in Sichuan, establishing a crisis centre in Chengdu and providing regular daily updates to clients. Our public health specialist accompanied the Red Cross to provide on-the-ground medical support. We later donated funds towards the rebuilding of schools and community clinics.

## 2009

During the civil unrest in Central Africa we evacuated 200 people via Dubai back to Beijing. John Williams vividly remembers the plane arriving to the sound of thousands of fireworks - it was in fact Chinese New Year, but it made a great welcome.

## 2010

We were the assistance provider to The People's Insurance Company of China at the Asian Games in Guangzhou.

## 2013

We opened our office in Chengdu to access western China. Chengdu is a booming centre of Southwest China and the government is working hard to attract more foreign investment. We are very involved in this massive movement to the west of China.

## 2013

Reflecting the dynamic status of Chengdu, the Fortune Global Forum was held there in June and attended by the CEOs of the Fortune 500 companies and other leaders. We provided medical standby services and security support at the event.

## 2014

We were the assistance provider to the insurance sponsor at the Nanjing Youth Games.

# 北京市红十字会





## Major Milestone

# Beijing Red Cross Joint Venture: A Vital Step in China

When permission was granted to open the Representative Office in 1989 the agreed vision was that a clinic would ultimately be set up with the Red Cross.

In China the Red Cross is closely linked to the government. Today, the Honorary President of the National Red Cross is Mr Xi Jinping, the President of China; the President of the Beijing Red Cross is the Vice Mayor of Beijing, and the Honorary President is the City Mayor.

Once more, developing the right relationships of trust and credibility was vital. As part of this process Arnaud and Sandy hosted members of the Red Cross on a fact-finding visit to our base in Singapore where we were able to demonstrate our service offering. This was followed by a visit to Paris of Mr Bai Jai Fu (the Chairman of the Beijing Red Cross and former Vice Mayor of Beijing) who had requested to see for himself the French emergency system; Pascal had mentioned this to him several times.

The timing was not ideal as, following events in Tiananmen Square, France had cancelled all visits of Chinese officials. However, the Mayor of Paris, Jacques Chirac, was supportive and, with the help of his old medical colleagues, Pascal managed to show the Chairman facilities within the French emergency system. This culminated in a ride across Paris in an emergency ambulance and an official welcoming ceremony at Paris City Hall by invitation of M. Chirac.

A joint venture was agreed with the Beijing Red Cross in August 1993 and the clinic officially opened on 1 January 1995. The agreement

was a vital step in establishing our presence in China and being able to provide an enhanced service. In China the Red Cross is funded only partly by public donations so, as part of our agreement, we committed to make an annual donation to the Beijing Red Cross.

Our relationship with the Red Cross strengthened and on 27 August 2002 we jointly launched a '999' emergency ambulance and response service. We were now able to offer access to immediate medical help through an Emergency Response Centre, supported by 100 dedicated ambulances and a hospital and trauma unit. When foreigners called they were transferred to our Assistance Centre and we managed the case; the Red Cross dealt with cases involving nationals. As well as having general access to the ambulance fleet we had one ambulance dedicated to the Beijing clinic. John Williams, at the time Managing Director for China said: "This partnership brings our respective services together so we can deliver an unmatched medical service to the citizens of Beijing and its international visitors."

This relationship continued to grow, leading to our joint activities in support of the 2008 Olympic Games which was another Major Milestone for the company.

On 7 July 2008 we signed an agreement for a further 15-year cooperation with the Beijing Red Cross and our relationship continues to flourish.

Subsequently the 999 service has further expanded its delivery platform by offering helicopter transfers in and around Beijing; it took possession of its very first owned helicopter in October 2014.

*Left: John Williams giving a speech after he was selected to be the Honorary Member of the Board of Directors, Beijing Red Cross Society, in Beijing, June 2004.*



“The successful completion of these two direct medical flights bears testament to the capability and experience of International SOS in China and Taiwan.”

— John Williams



## Major Milestone

# We Make History: Our First Direct Flights from Mainland China to Taiwan

The first evacuation flights between mainland China and Taiwan in 2006 were further major milestones. We were the first company to undertake such a transport and we still make the most medical transports. Previously, due to the very sensitive relationship between Taiwan and mainland China, direct flights could not take place so any medical transports had to go via Hong Kong. Flying direct cuts several hours off the transit time which can make all the difference when transporting critically ill people.

The landmark agreement to allow air access to chartered flights across the Taiwan Strait, for emergency medical rescue, was signed by China's Cross-Straits Aviation Transport Exchange Council and the Taipei Airlines Association on 14 June. We had been actively lobbying authorities on both sides of the Straits for this outcome for 18 months, and our Medical Director at that time, Dr Tsai, was highly instrumental in bringing this about.

We had the privilege of being the first private organisation to be allowed to operate the route.

On 14 September a 72-year-old Taiwanese man suffered a stroke while visiting relatives in Dongguan, Guangdong Province. He was put aboard a dedicated International SOS air ambulance and so became part of the first flight to cross the Straits directly since 1949.

This was quickly followed by the first mass repatriation. On 11 September a tour bus was en route from the Heilongjiang to Jilin province in Northeast China, carrying 20 Taiwanese nationals. It overturned and plunged into a river in Yanji. The local emergency services went to the scene, to transport the injured to the nearest hospital in Yanbian. On hearing about the accident we dispatched a doctor and an operations specialist

to help out at the hospitals. Three of the patients were so seriously injured that it was decided to evacuate them to Beijing for further treatment. Our medical teams escorted them.

By 17 September, the remaining patients were ready to return to Taiwan. As many were seriously injured, an Airbus 320 was chartered from Taiwan and converted into an air ambulance. It had stretchers, intensive-care equipment and oxygen supplies, plus seats for those patients with lighter injuries, and family members. To help with this major operation we brought in teams from Beijing, Taipei and Hong Kong, including six doctors, eight nurses and two operations specialists.

On 19 September, eight days after the crash, 14 patients (five of them on stretchers) and their families, plus the medical support team, took off on the pioneering flight from Yanji airport. They arrived safely in Taipei just after midday. To undertake a similar mass casualty flight in the past we would have had to mobilise two large aircraft, with a transit stop in Hong Kong or Macau, then transfer the patients into another aircraft, go through immigration clearance, and sort out various logistics before finally completing the journey.

Both flights were regarded as major events and widely reported across all media. John Williams said:

“We are very proud to be part of this cross-Straits initiative. The successful completion of these two direct medical flights bears testament to the capability and experience of International SOS in China and Taiwan, not only in managing individual cases but also mass casualty situations. It is also a reflection of our excellent working relationships with the government and health authorities on both sides of the Straits.”







## Major Milestone

# Beijing Olympics 2008 – A Showcase to the World

The Games of the XXIX Olympiad took place in Beijing in 2008. They were held across 37 competition venues, hosting 28 summer sports with 165 men's events, 127 women's events and ten mixed events. It was expected that there would be 2.5 million visitors in China during the period with billions watching worldwide.

As one of the most significant occasions in any calendar this was an excellent opportunity for International SOS in China to showcase its services to the government, the organisers and sponsors, and our own clients.

Thanks to our partnership with the Beijing Red Cross we were able to play a major assistance role in support of the Games. The Red Cross was appointed as an assistance provider to the event and organised a large team of volunteers to service the first aid stations at various venues. We added further support by providing assistance services to sports participants, umpires and international tourists.

We actively worked with the Beijing Olympic Games Committee for two years in the run up to the games. We were appointed as the sole assistance provider to the insurers of the games, and – together with our partners at the Beijing Red Cross – provider of choice for the Committee; this was another important step for us.

For companies, whether foreign or domestic, the games offered a great marketing opportunity as well as the ideal venue for entertaining clients. Visa International alone hosted 9,000 guests at the games. We specifically targeted the key sponsors and major multinationals attending the games to present our integrated medical, security and concierge client offering.

It was a fantastic opportunity but it presented lots of challenges too. Whilst Beijing, Shanghai and other city centres had premier standard hotels, healthcare at the time was still rather variable. Those unaccustomed to living in China could find the administration frustrating. Ambulances were not of an international standard and waiting times could be lengthy. Payment for treatment was usually required by cash in advance, with credit cards rarely accepted. Local hospitals had limited experience of dealing with international medical insurers, which could be a barrier to receiving prompt attention.

Problems with air pollution and the heat and humidity of August were additional health challenges. Cultural differences, security fears and simply dealing with so many people raised further concerns, as did the fact that the games were being held across seven different cities. There was a lot to do.

We created a dedicated Olympics team to liaise with the organisers and support our clients. We were closely involved in the Preparatory Games too; these were held in the months before the main event to test the venues and systems.

We made every effort to make sure we had the right set of services our clients would need before, during and even after the event, including the Paralympics which took place immediately after the Olympics. An extensive range of medical, concierge and security services were put at our clients' disposal. Our Assistance Centre was geared up to receive a high volume of expected calls and the clinics prepared themselves for extra visits. On-site 24 hour clinics were set up at key hotels. A full team of medical, security and operational experts was on constant standby and extra help was brought in from Singapore and elsewhere.

“ The games further helped us build our reputation with both clients and the government. ”

— John Williams



Above: International SOS banner from the 2008 Beijing Olympics.

Right: Beijing, July 2003. Arnaud Vaissie, John Williams and Dr Zhang Xizeng (just retired as Director of the Beijing Red Cross at the time of this picture), meeting with Mr Wang Wei, Head of the Beijing Olympic bid team. We presented our credentials to support the 2008 Beijing Olympics together with our partners at the Beijing Red Cross Society.

As well as emergency assistance, we helped our corporate clients with broader primary and occupational health support and emergency preparation. Our service offering included carrying out security surveys, ensuring all operations were compliant with local regulations, checking fire safety, health and safety and evacuation procedures, plus full crisis management and scenario training.

The games were a great success and so was our part in them. In the month of August 2008 we managed 5,353 clinic visits and 7,402 calls to the Assistance Centre. We handled 1,691 cases, twice as many as normal. Some of these were high profile cases and involved us working closely with the relevant authorities. In one case a US citizen who been stabbed needed to be returned to the US. The case received high media attention. The Mayor of Beijing contacted us to find out how long it would take to get clearance for the patient. When we told him we already had it he was genuinely amazed.

It was a busy time and as John Williams explains:

“Our success was due to hard work and having the right infrastructure. We had 20 years experience in China, with an established network of providers and solid relationships with both local authorities and national government. The games further helped us build our reputation – with both clients and the government – as the leading provider of integrated medical and security solutions.”

The games did bring their lighter moments too. John was an official torch bearer. As he was born in the Year of the Dragon and is Welsh, John carried a Welsh flag, complete with Welsh dragon, the dragon being his special connection to China. He described that day as “a once in a lifetime experience”. Mui Huat Tan was also chosen to carry the torch. He spent hours in preparation, carrying the torch just a short distance, but he too truly enjoyed the moment, calling it “a very great honour and well worth all that practice”.





# Further and Future Developments

## Fascinating Fact No. 8

The five most common backgrounds of employees working in travel security are: The military, private security, police, government and intelligence services.

“Government Services have become an increasingly important part of our business.”

— Nick Peters

In China we started out by assisting expatriates exclusively. Since then health care standards have significantly improved and our service has changed in response. Expats are less reliant on our emergency clinic services today but we still help them understand the language and access local doctors and what can be a complex culture. We also continue to adapt our preparation and prevention agenda for clients with changing circumstances – for example, we are increasingly helping them address the growing problem of air pollution.

We are further growing the business by helping the Chinese when they are abroad – a different service to looking after visitors to China. We are working with a number of Chinese companies in Africa and the Middle East, assisting them to look after their workforces and carry out medical transports when needed. We are helping these companies reach the international standards that employees increasingly expect.

In recent years we have been further assisting those government agencies who are sending employees abroad, for example to Sudan and Iraq. In 2009 we agreed with the Chinese Ministry of Foreign Affairs to look after all their envoys travelling abroad and we still do so.

We are also ensuring that Chinese is spoken in more Assistance Centres, including London, Philadelphia and Johannesburg.

The business has gone through a period of rapid development and today we have 600 staff in China and a network of over 800 hospitals and providers. Each year, we answer more than 250,000 calls and manage over 25,000 cases, of which over 400 are medical transports. We also provide general medical services to more than 40 remote sites within China.

## Government Relations

Government relations has always been a particular feature of our activities in China, spearheaded by John Williams. When John joined in 1998 as General Manager he had a background in insurance, had spent ten years in Beijing and spoke fluent Mandarin. He was General Manager for a number of years then specialised in legal, partner and government relations. As he recalls:

“It was a very complex operating environment; the legal framework was evolving fast and was constantly being tested. It was vital to understand the language and culture to get the nuances. Unforeseen obstacles could rise up at any time so we had to stay on our toes.”

As Nick Peters points out: “Winning and maintaining government contracts is a very different process from our corporate activities and is becoming an increasing part of our global business.”

But even government relations has its lighter side. John spends much of his time building good relationships with local and national officials and dignitaries. On one famous occasion, accompanied by Arnaud, Pascal and Dr Myles Druckman, at a reception he was persuaded by the karaoke-loving local mayor to sing a song. It was so well received he was forced to sing another. Luckily John has a very good voice and has often gone beyond the call of duty with a suitable song.

**04**

**Globalisation & Growth**

# Expansion

## Fascinating Fact No. 9

We care for clients across the globe, from more than 700 locations in 89 countries.

A key feature of our company is that, although started by two Frenchmen, it was firmly established in Asia. It grew up and expanded in the East and then moved West.

We have seen how the company began, offering assistance and clinical services, especially to expats and business travellers, in places where healthcare standards were low and in remote client locations. Driven very much by client needs we continued to open clinics and Assistance Centres in new places. Space does not allow us to cover every opening, but each one was special in its own way.

At the same time we developed a presence, albeit small at first, in developed countries where our clients were based. We spent time building relationships with the Energy, Mining & Infrastructure (EMI) companies who needed our services in their remote locations; we also sold our services to insurance companies who had policy holders travelling to, or living in, Asia who might be in need of assistance.

By the late 1990s we had a good foothold in Asia. For some time it was a niche offering, any competition was local and no one could match our depth and breadth of service. But gradually other assistance companies began to compete in those markets and their quality of service began to improve. We needed to start competing on global terms with a presence outside Asia.



*Sydney office reception, Australia, 2010.*



# Australasia



Moving into Australia was a natural step. With many Australians travelling and living in Asia the insurance market was an obvious partnership for us to develop. Insurance companies sold the cover and we delivered the assistance on the ground.

Arnaud Vaissié, Sandy Johnson and Dr Myles Neri all worked on this. Myles recalls being on a fact-finding trip in Australia with Arnaud when they were invited to dinner at the Queensland Club. Yet again singing was involved – this time the evening began with a rousing rendition of God Save the Queen, much to Arnaud’s surprise. But as ever, all entered into the spirit of the evening with as much enthusiasm as they could muster!

Sandy also travelled back and forth from Singapore, helping to develop relationships with potential clients. When they finally reached agreement with the major insurance company, Sun Alliance, she put a red ribbon round the written contract and formally presented it to Arnaud. It was indeed an important stepping stone. Other insurance wins followed, including a major contract with Commercial Union.

Opening the office in Sydney in 1994 was another stepping stone. It increased our visibility and brought an added benefit: Attracting many Australian medical staff who wanted to work in Asia; this formed an important part of our expatriate workforce.

The Australian Assistance Centre was also strategically important to service Japanese insured tourists and company employees working in Australia, as well as offering an outbound platform for Australian insurance policy holders. We established a Japanese clinic in Sydney in 1995 and developed an extensive Japanese provider network across Australia and New Zealand to assist travellers.

Building partnerships with insurance companies and offering assistance to inbound and outbound travellers was also the basis of our business in New Zealand, where we opened our Auckland Assistance Centre and office, in 1999.

Meanwhile in Papua New Guinea we continued to build our remote site services for oil and gas and mining clients and established the first air ambulance service out of Port Moresby. As our reputation grew we expanded the delivery of these services on the mainland with the enormous LNG infrastructure projects in Queensland and other Australian states.

Back in Australia: In July 2014 we set up a subsidiary company Response Services Australia to design and deliver specialist emergency response, rescue and recovery services nationwide. This new business unit was created to address specific client needs in the Australian domestic market place. As Michael Gardner explains: “This investment has enabled us to develop a professional and effective yet nimble suite of first response emergency services.”

“An effective yet nimble suite of first response emergency services.”

— Michael Gardner

*Left: Sydney Assistance Centre, Australia, 2010.*

Australian customs officials and navy personnel escort asylum-seekers onto Christmas Island 21 August 2013, after they were rescued by the Australian Navy ship HMAS Parramatta from a crowded boat that had foundered at sea.  
Credit: Corbis



“ I’m proud of the service we offer and proud of everyone involved – working in what are often challenging situations. ”

— Dr Myles Neri



## Major Milestone

# Supporting the Australian Government

In the early 2000s a growing number of immigrants were arriving in Australia from Asia and other parts of the world. Those who could not enter legally would typically arrive by boat and land on Christmas Island – an Australian protectorate and the first land fall for those coming from Asia. The Australian government decided that all illegal maritime arrivals were to be put into mandatory detention, pending an assessment of their claim for asylum.

The detention centres were in rural and remote locations, and were often at former air bases or army camps. The Australian government made the commitment that all detainees would receive the same level of medical care as Australian citizens. However, delivering emergency care, routine primary care, psychiatric and psychological care, as well as providing public health screening and supervising referrals to the Australian health service was a tall order. Dr Myles Neri led an Australian team which advised the government that these medical services needed to be professionally managed to guarantee the health and care of all detainees. Although many commentators were critical of the detention policy, this was an opportunity to help the government meet its commitment to deliver appropriate standards of healthcare. We were appointed to manage this for the government, in the growing number of centres across Australia.

For the first six months the service reported directly to the company running the camps. However, it soon became clear that this complex situation needed direct access to the relevant government department. A subsidiary of International SOS was formed – International Health and Medical Services (IHMS) – to deliver this care exclusively to the Immigration Department. This was our first contract for the provision of remote site services to a government department; it was an important contract from a medical services perspective and a key step in understanding how to develop partnerships with governments.

We made a clear commitment to deliver an integrated, holistic healthcare service in an ethical, professional manner that reflected the government's commitment to this population, without any form of discrimination, and with appropriate dignity, humanity, cultural and gender sensitivity. The demand for these services quickly grew. Hundreds of people each month were trying to get into Australia. They were vulnerable populations with high incidences of infectious diseases – such as TB, typhoid, malaria, HIV and STDs – as well as other chronic medical conditions such as heart disease and diabetes. They required prompt and accurate health assessments and treatment.

The detainees were also subject to many psychological problems. They had often been subject to torture and other traumas in their home countries, they had been through challenging times, a difficult journey and were now in detention. We were asked to help with this too. Although provision of mental health care on this scale was new to us we were happy to accept.

At one time there were over 4,000 people in detention across 26 centres on the mainland and recently the IHMS remit has been extended offshore to two centres (on Manus Island, PNG and Nauru) with a team of more than 350 people.

Dr Myles Neri: “We are extremely proud of the services we deliver to detainees and of the highly skilled professional staff who are dedicated to deliver this care, in the most challenging of circumstances, in the most remote of locations. We are uniquely equipped to provide this service, and I am pleased that we have been able to help the government honour its commitment to deliver comprehensive medical care to this vulnerable group of people.”





# Africa



As we developed our remote locations in Asia a number of our clients were also opening up operations in Africa. This gave us an opportunity to offer our services there too.

A major entry point was Nigeria, with the acquisition of Service Medical International (SMI) being seen as a Major Milestone.

Another key acquisition, in August 2000, was Medical Rescue International (MRI) which specialised in medical staffing and consultations for the oil, gas, mining and construction industries, founded by Dr Paul Davis. MRI had a staff of 200 medics, paramedics and nurses operating in 21 African countries, including remote sites in Botswana, Lesotho, Namibia, Mozambique, Swaziland and Mali. As well as a strong client base, MRI brought with it good contacts with governments and NGOs, a growing area of interest for us.

Among some of the client projects we have serviced in the African continent are:

- A sea defence project in Ghana
- A telecoms infrastructure project in the DRC
- A gold mining company in Tanzania
- An offshore production platform in Angola
- An aluminium smelting plant in Mozambique
- A major road construction project in Mozambique
- A zinc mine in Namibia
- A major dam construction in Lesotho
- An aluminium smelting plant in South Africa
- A gold mine in South Africa

In 2014 we entered a strategic alliance with the West African Rescue Association (WARA). WARA runs a number of highly regarded clinics, operates 24 hour emergency rescue services in the form of both ground and air ambulances, and provides medical support services on remote sites. By joining forces we were able to offer the best of both organisations to benefit our respective clients.

As Olivier Ryder explains: “Our partnership with WARA reaffirms our joint commitment to the West African Region, a growing investment destination for our clients.”

Our operations in Africa have been supported by our growing business in South Africa. The development of the air ambulance service in South Africa is described in ‘Leading the Way in South Africa’. It also made a name for itself in training on-site doctors for our clients. A number of our staff in Johannesburg had teaching backgrounds plus lots of A&E, ICU and air ambulance experience. They developed a series of teaching modules including occupational health, emergency care training and offshore survival training. Trainees were registered as students with the South Africa Medical and Dental Council which meant they could get hands-on experience, something that is not usually available to foreigners. This was another example of making the most of our networks and spotting an opportunity.

The South Africa team also worked on sourcing reliable supplies of drugs and equipment for the African countries. Experience had shown that places such as DRC, Tanzania, Zambia and Mozambique lacked infrastructure which made it very difficult to source medical supplies. The logical solution was to control the entire supply chain – an approach we have applied elsewhere.

## Fascinating Fact No. 10

We have delivered over 600 remote evacuation plans for sites in deserts, jungles, forests, sub-arctic tundra, on mountains and offshore installations.

*Left: Medical evacuation training, Tau Tona gold mine, South Africa, 2007.*

“It is not a hierarchy, it is a true partnership.”

— Dr Laurent Arnulf





## Major Milestone

# Learning from Experience in Nigeria, with SMI

Service Medical International (SMI) was a Paris based company providing medical staffing, consulting, training services and medical equipment. In the 1990s, as we were planning to develop a presence in Africa, SMI was already there. It ran two clinics in Port Harcourt, Nigeria: One for Schlumberger – the world’s largest oilfield services company – and a shared clinic for employees of other oil and gas contractors.

In 1994 Arnaud and Laurent Sabourin began discussions with the founder of SMI, Dr Jean Michel Lichtenberger. With its presence in Nigeria, and a number of clinics elsewhere in Africa, we saw SMI as the stepping stone to both the African and European markets. We acquired the medical services function of SMI.

A key member of the SMI team was Dr Laurent Arnulf, its Medical Director. Laurent had worked for SMI since 1991 and had a great deal of international experience. In Nigeria he was the site doctor for Schlumberger having set up the shared clinic in Port Harcourt in 1992, with SMI’s Nigerian medical partner Dr Bob Yellowe. As well as being a “fantastic” Orthopaedic Consultant, Bob was an Olympic athlete. As Laurent describes, “We shared the same vision and became close friends. Our friendship and partnership remains extremely strong today.”

Having seen the need for a clinic to service the oil and gas contractor community, Laurent had organised funding from different companies based in Port Harcourt, then dealt with all the logistics, and overseen the building, equipping, and running of the clinic. At the start the clinic was shared by eight oil and gas contractor clients. It was very successful and within a couple of years the eight clients became 20, then more than 50. Laurent’s combination of medical

and business skills, and the experience of setting up a very successful clinic in this challenging African environment, was to become useful for our company.

Arnaud and Pascal saw the Nigerian business as “a jewel to preserve,” but they also saw the need to align it to international standards. Laurent worked closely with Laurent Sabourin to make sure the operation was correctly structured. In any country this involves organising the same five elements: Local medical partnerships, a local legal entity, medical facility licensing by the Ministry of Health, doctor registration with the country’s Medical Board, and drug importation and distribution licensing.

To respond to the growing success of this first shared Port Harcourt clinic, a brand new clinic was opened in the Aba Road camp. This clinic still provides state of the art primary and emergency services; additional annexes have been set up in Amadi and Onne, also in the Port Harcourt area. Meanwhile, the Warri Clinic, which opened in 1994, has been redesigned and the Lagos Clinic opened in 2004.

The experience in Nigeria was to be replicated many times in new territories, and as we have so often found, working with local partners was key to our success. These excellent and long standing partners include Dr Ernest Ideh, in Warri and Dr Alan Fatay Williams based in Lagos.

Dr Arnulf: “Our local partners have an excellent understanding of the environment, they understand the law and any local constraints or specific requirements relating to the delivery of our services in their country; they are our best ambassadors. There is no hierarchy imposed on them, it is a true and key partnership.”





## Major Milestone

# Going Global – We Acquire International SOS Assistance



Claude A. Giroux, a Canadian, was on vacation with his five daughters in Sardinia when a fire engulfed their campsite. The youngest child was badly burned and vital documents, and money were lost. It took Giroux three days to get adequate medical help for his daughter and the funds to get home. As he says, “There I was with all the insurance in the world and plenty of money at home. Yet I was helpless.” That experience gave him the idea to set up a company to provide emergency medical services for people travelling and working abroad. The result was International SOS Assistance S.A. incorporated in 1974. Giroux focused on selling services to corporations in North America, offering 24/7 medical and other assistance services for travellers abroad. Over the next few years the company succeeded in building a strong presence in the US and Europe.

AEA had many customers in common with International SOS Assistance and by the 1990s Claude Giroux was trying to build credibility in Asia. At the same time we were looking to expand into other markets beyond Asia, not least as we needed to support the increasing global operations of our corporate clients. Arnaud realised very early on that a combination of the two companies would be very powerful. However, not everyone shared his view. The International SOS Assistance model was much less doctor-focused compared with AEA and this reduced the credibility of that company in the eyes of some of our senior staff. But Arnaud was determined and spent a lot of time meeting Claude Giroux in different venues around the world, convincing him we were the right company to sell to.

*Left: Claude A. Giroux (founder of International SOS Assistance), Arnaud Vaissie and Dr Pascal Rey-Herme, signing off on the acquisition of International SOS Assistance by AEA International, Geneva, Switzerland, 1 July 1998.*

## A Walk in the Park

In May 1998, at a crucial stage of the negotiations Arnaud met Giroux in New York. Giroux was living near Central Park and they went for a walk there to discuss the acquisition. It was early morning and a very sunny day. As Arnaud vividly recalls, “Claude came up with a number. He told me not to be cheap and that I should run with it.” They sat on a park bench and Arnaud responded. He would accept the number but in return he wanted a 30 day exclusivity period to find the finances and close the deal.

When Giroux called his investment bankers and told them of the exclusivity deal they strongly advised against it, saying he should consider other options. But Giroux kept his word and Arnaud had his 30 days.

Arnaud went back to Singapore and worked day and night with Laurent Sabourin to do everything needed. As Arnaud says, “it was an extraordinarily tight window, but we did it.” We were very much helped by Philippe Pellegrin, a banker, who knew the company well and did all he could to assist. He managed to sign off the bank syndication just one day before the Asian financial crisis hit. One day later and the money would not have been available to us. Other money was raised through private equity capital increase, involving partnerships with Paribas, Suez Industries and JP Morgan Capital. As Arnaud points out:

“These were world-class organisations and they really helped the company’s future growth. It was an extraordinary event – both to raise the finance in 30 days and to manage it just before the financial crisis hit.”

“ This is the year we became the undisputed number one in our field. ”

— Arnaud Vaissié



The acquisition was completed in July 1998 and is widely recognised as one of the most significant steps in the company’s history. The acquisition was a perfect fit due to each company’s relative strengths and weaknesses: International SOS Assistance, whilst half our size, had a strong presence in the US, was certainly better known in Europe than we were, and had a relatively small presence in Asia. Despite our success, AEA was not well known outside Asia and the brand Asia Emergency Assistance rather tied it to that territory in customers’ minds. The acquisition provided a client base in the markets we wanted to develop as well as an international brand; it also brought with it a new product: Security services. In addition, given the economic crisis in Asia expanding westwards was the right move at the right time.

### Becoming the World Leader in Our Industry

As a result of the acquisition we became the world’s leading medical assistance company. The company now had more than 2,000 employees, 25 Assistance Centres, 18 international clinics, 100 remote medical facilities across five continents, and a client base of more than 2,500 of the world’s leading multinational companies.

This was an enormous step and there followed the major task of integrating offices, staff, phone lines, IT and more. 1999 became a year of consolidation. International SOS Assistance had three regional offices: Philadelphia, Geneva and Singapore. Our US outpost at that time in Seattle was moved to Philadelphia, where it remains today; the offices in Geneva and London became platforms for our expanding European operations and their Singapore office merged with ours.



The next step was to rebrand the newly combined company. For the first year a joint name was used: ‘AEA International SOS Assistance’, or informally ‘AEA/SOS’. Meanwhile much time was spent deciding how best to brand the company in the longer term. Those who had a strong affinity for AEA were reluctant to take on the International SOS identity, but as Pascal pointed out: “It’s a great brand and a very large amount of money has been spent acquiring it, so let’s use it!” And so the new brand became the shorter ‘International SOS’.

“‘WORLDWIDE REACH. HUMAN TOUCH.’ perfectly describes our capability and culture, then and today.”

— Nick Peters

## Fascinating Fact No. 11

On any given day, members call our Assistance Centres eight times per minute.

Equal thought went into the visual elements of the logo and how the International SOS name appeared. As a healthcare company we had to demonstrate our very close proximity to our clients and at the same time underline our global capabilities. After much deliberation the ‘globe’ was adopted as part of the logo. A series of graduated lines, it represented both our international presence and our speed of response. The italic text of International SOS was chosen to “demonstrate movement and confidence but also conservatism.”

Implementing the new name and logo, and changing all the collateral worldwide was a major exercise. A series of launch events to celebrate this new phase in the company’s history was held around the world. The first took place in the Singapore HQ on 22 September 2006 with a gathering for employees and clients.

The acquisition did take some adjustment internally. Embracing what some once saw as the enemy was difficult for a few, plus offices had to be closed where both companies were present in the same city. Selecting which office to shut could be a challenge, as Pascal pointed out: “It was sometimes difficult to decide and there were passionate people on both sides.”

Even some of our clients were a little surprised by the acquisition but they soon appreciated the broader service they could now expect. It was disruptive, and it was a huge investment, but it proved to be well worth it. As Arnaud said at the time:

“This has been the most dynamic year in our company’s history. We now have a very large presence in the US and Europe. This is the year we became the undisputed number one in our field.”



International SOS Assistance's Geneva office, mid 1990s.

# North America



## Fascinating Fact No. 12

The most northern site supported by International SOS is at Disko Bay, Greenland, 150km north of the Arctic Circle.

Many of our early clients in Asia had head offices in the US. This is where decisions on outsourcing were made. We realised that to attract other US-based multinationals we had to get to know them in the US as well as Asia.

In 1994 we bought Maritime Health Services; this company was based in Seattle and offered medical assistance to local fishermen. It was a starting point for our US business. A key player from this time was Julie McCashin whom Arnaud and Pascal had met during her time working with other assistance companies. They invited Julie to help develop the US operation.

Julie was based in Texas and focused on building relationships with the Houston oil and gas companies. They were drilling at sites across the world and we could offer them the services they needed to look after employees at those remote locations. Julie travelled up and down Latin America building her network and, as she describes it, “Doing just whatever needed to be done.” In the days before the internet she relied on phone books for her research. She frequently returned from trips with as many as seven phone books in her suitcase.

It was tough at times for Julie as an “East Coast, liberal democratic girl in this bastion of male Republicanism,” but she coped, starting with “dressing the Texas way” from early on. Sometimes the older men would say: “Sweetie, you don’t know what it’s like in the field” to which she would reply with a list of her recent site visits. “That soon quietened them!”

Julie also developed contacts beyond the oil and gas sector, with other companies moving into Africa such as Archer Daniel Midland and General Electric.

As Julie explains: “We were very good at looking at where our clients were and mapping our resource development to their geography and their needs. We showed them that we could do what they needed.”

The US team made progress but it was slow going at times. The acquisition of International SOS Assistance was a Major Milestone and significantly raised our profile in the US.

As well as building our traditional EMI clients in remote locations, the US business has branched out into other sectors.

With a growing understanding of the need to provide medical support to employees while on-site, to keep them healthy and productive, companies have become increasingly interested in opening clinics at the workplace. This is offering many new opportunities especially in the world of IT and entertainment on the West Coast.

As we will see in ‘Preparation and Prevention’ both Dr Robert Quigley and Dr Myles Druckman have led a number of initiatives to encourage companies to be better prepared for pandemic and other events. The US has also been the base for the development of our online services, as described in ‘Tools of Technology’.

Throughout this time another important part of the business has been our relationship with the US government and our Major Milestone: TRICARE Overseas Program.

*Right: Internal meeting in Philadelphia office, US, 2013.*







“ We are very proud to serve our nation’s heroes and their families. ”

— Kelley Harar



## Major Milestone

# TRICARE Overseas Program: Our major contract with the US Department of Defense

TRICARE is an integrated, global healthcare programme of the United States Department of Defense Military Health System. TRICARE provides health benefits for military personnel, military retirees, and their dependents; globally it has more than nine million healthcare beneficiaries. We have been involved in this programme as far back as 1998 when we provided services to the US Military in the Asia Pacific region. By 2002, International SOS was operating three major contracts with TRICARE: In Latin America, Europe, and Asia Pacific.

Sandy Johnson led the TRICARE team from the start and saw it as a very important step:

“TRICARE put us on the road to understanding how you deliver and structure such services and the different nuances involved in building partnerships with governments.”

TRICARE is another example of how our business has expanded over the years. As we exceeded the Department of Defense’s expectations, they wanted to expand these services. In 2003, the three contracts were combined into one, called TRICARE Global Remote Overseas. This included supporting US military personnel serving in Consulates and Embassies in approximately 240 locations around the world.

On 16 October 2009 International SOS was awarded the contract to provide healthcare support services for the US Department of Defense TRICARE Overseas Program. The new contract extended our services to all military bases outside the US. Today, we provide medical care and case management, network management, education, enrolment, claims processing, and 24/7 customer service for nearly 500,000 active duty personnel, retirees and dependents. The service spans more than 207 countries and territories.

Dedicated TRICARE Regional Service Center teams at our bases in Philadelphia, London and Singapore are on call 24/7 to manage and support these services. These teams include 250 International SOS staff, specialists in customer service, medical case management, provider relationship management, and logistics. The programme management office is in Philadelphia.

The TRICARE Overseas Program is now a very significant part of our business. For those who provide the service it is also very rewarding.

Sandy Johnson: “The hundreds of thank you notes and emails, as well as the excellent ratings we receive from our TRICARE customers, continue to inspire us in the work we do each day.”

Kelley Harar: “We are very proud to serve the US Military’s heroes and their families and we are strong because of our global staff.”

*Left: US Army soldiers in front of the new European headquarters of the US Army in Wiesbaden-Erbenheim, Germany 2012. Credit: dpa/Corbis.*

# Europe



*Opening of our new headquarters and Assistance Centre, London, 29 March 2012: London Mayor Boris Johnson with Dr Pascal Rey-Herme and Arnaud Vaissié.*

Expanding our business into Europe brought further challenges. The concept of assistance had begun in Europe and all the key assistance companies still had a very strong presence there. In contrast, by the late 1990s, we still had very little presence in Europe.

The acquisition of International SOS Assistance brought with it offices in Geneva and London and better visibility for us in Europe. This was followed by a number of other acquisitions and key events:

2009: The acquisition of Abermed. Based in Aberdeen, Abermed provides occupational health and medical services to the global oil and gas industry. The acquisition helped strengthen our geographic presence in oil and gas and accelerated the globalisation of Abermed's specialised products, including UK-trained rig medics and occupational health services.

2013: We acquired three further companies to form the International SOS business in West Norway; this significantly strengthened our occupational health and medical staffing services in this area.

In recent years our involvement with the emerging concept of Duty of Care has also formed an important part of our client offering in Europe.

Another challenge was trying to cover all the large disparate markets. Europe is made up of a number of countries, with many different languages and cultures. Our task was to be 'local' for the Germans, French, Dutch and all the rest, keeping true to our practice of staying close to our customers and always speaking their language.

We achieved this by setting up Assistance Centres in London, Paris, Frankfurt, Madrid, Prague and Geneva, as well as offices in key centres such as Milan, Brussels, Amsterdam, Stockholm and

Copenhagen. This was a key investment for the group but it paid off. International SOS is now a success in all key European markets; we are the market leader in providing international medical and travel security solutions to European multinationals.

## Our HQ in London

In 2001 our Hammersmith offices became our second global headquarters, alongside Singapore. Creating a second HQ in Arnaud's words was, "A logical step, better reflecting the realities of global businesses today." London was selected due to its position in the world's time zones, because it is a major aviation hub and because English is the prevalent language in the world of business.

In 2012 the London HQ moved to brand new offices in Chiswick Park. This eco-friendly setting provided an open plan environment and excellent IT and communications platforms.

The Corporate Sales and Marketing function moved to London, enabling it, in Philippe Arnaud's words, "to be more balanced and closer to our clients whose headquarters were in the Americas, Europe, Middle East & Africa, whilst our HQ in Singapore remained closer to our customers in Asia." The London team has since grown considerably.

Boris Johnson, the Mayor of London, officially opened the new HQ in March. He described the company as having a "World-class reputation for offering an unmatched service to its clients."

*London Mayor Boris Johnson addressing International SOS clients, employees and key stakeholders at the new London office opening, Chiswick Business Park, 29 March 2012. French Ambassador to Great Britain M. Bernard Emié, standing at left next to Arnaud Vaissié.*

“International SOS has a world-class reputation for offering an unmatched service to its clients.”

— London Mayor Boris Johnson





*Assistance Centre for the Americas,  
Philadelphia, US, 2013.*



## Major Milestone Extending our Reach to South America

The expansion of our business into South America began much later in our history, but with the development by the multinational extractive industry of major mines, and oil and gas production it was a natural progression.

Brazil, in particular, is flourishing. It has a rapidly growing economy, huge offshore oil deposits and is an extremely popular destination for international travellers and expats. Our clients began to open up operations in the area and, as ever, our strategy has been to follow them to meet their needs.

We opened our Latin American office in 2009, initially in Miami and then moved it to Houston, Texas. We began by consulting our EMI clients on the particular health problems their workers were facing, and suggesting ways of helping them. We also set about identifying national medical partners who had knowledge of local needs and locations, and shared our values and commitment to healthcare.

Our partnership in 2011 with International Health Care (IHC) was a major milestone in our development. IHC was providing assistance, occupational health services, and medical staffing services to oil companies and their service companies working remotely and offshore in Brazil. It employed 70 professionals and had a portfolio of more than 50 clients. It was a perfect fit and within three years of the partnership, under the leadership of Dr Ivan Drummond and Dr Tatiana Perecmanis, we have become the leading medical services provider to the international oil and gas industry in the region. We now have a number of Brazilian multinationals as members too.

Our growing reputation led to new opportunities, in particular supporting FIFA during the 2013 Confederations Cup and the 2014 World Cup in

Brazil; both were very high profile, successful events. During the World Cup we handled 8,500 cases; building on our experience at previous World Cups, we also offered a wide range of medical, security and concierge services before, during and after the event. We are now preparing for the Olympics in 2016. As Dr Drummond says: "The spotlight is very much on us all at the moment and will be for the next two years."

Throughout this time we have continued to expand our South American presence through our corporate client base – both international and domestic. In 2012 we established a joint venture in Peru, providing a full range of remote medical services for Freeport's Cero Verde copper mine expansion, involving 89 medical staff and four clinics. Freeport's insistence on having one high quality medical service provider across its global operations gave us the perfect opportunity to establish ourselves in Peru.

We have been supporting the rapidly developing oil and gas industry in Columbia and Bolivia too. In each place we achieve this by engaging national partners and working with them to deliver a quality service.

Dr Myles Neri continues to lead on the development of this business sector. He enjoys using our experience elsewhere to develop new business, although as he points out:

"I don't quite know what is going to happen on any given day. I have a reputation for causing all the chaos and complications in the company with these schemes. But it's great fun, especially when it pays off!"





# Our Clinics

International SOS Clinics		Opening Date*
<b>Algeria</b>	Hassi Messaoud (2) Adrar	2005
<b>Angola</b>	Luanda Ilha da Luanda	2003
<b>Azerbaijan</b>	Baku	1996
<b>Cambodia</b>	Phnom Penh	1998
<b>Chad</b>	N'Djamena	2004
<b>China</b>	Beijing Nanjing Shenzhen Tianjin Tianjin - TEDA	1995
<b>Ghana</b>	Takoradi Accra Kumasi	2000
<b>India</b>	Mumbai	2014
<b>Indonesia</b>	Jakarta (2) Denpasar (Bali)	1984
<b>Iraq</b>	Basra IEC	2011
<b>Kazakhstan</b>	Aktau Almaty Astana Atyrau	1995
<b>Kurdistan</b>	Erbil	2011
<b>Mongolia</b>	Ulaanbaatar	2004
<b>Mozambique</b>	Pemba	2006
<b>Myanmar</b>	Yangon	1987
<b>Nigeria</b>	Lagos Port Harcourt (3) Warri	1989
<b>Papua New Guinea</b>	Port Moresby	1998
<b>Russia</b>	Yuzhno-Sakhalinsk	1998
<b>Vietnam</b>	Hanoi Ho Chi Minh City Vũng Tàu	1992
<b>Yemen</b>	Sana'a	2006

Occupational Health Clinics		Opening Date*
<b>Brazil</b>	Rio de Janeiro	2012
<b>Norway</b>	Kokstad Haugesund Stavanger	2013
<b>Peru</b>	Arequipa	2014
<b>UK</b>	Aberdeen Dyce Stockton-on-Tees	2009
<b>US</b>	Anchorage, Alaska (2) Deadhorse, Alaska Kenai, Alaska	2014

RMSI Clinic		Opening Date*
<b>Afghanistan</b>	Kabul	2006

\* The dates shown are the dates - and places - of the first clinic openings in each country. Other openings followed, in the places listed, at different times.

*Clockwise from top left: Port Moresby, Papua New Guinea; Phnom Penh, Cambodia; Aktau, Kazakhstan; Lagos, Nigeria; Beijing, China; Jakarta, Indonesia.*



# Our Assistance Centres

“It’s quite exciting as you never know what a call is going to be about. It could be minor. It could be life or death. In reality we are able to solve a large number of requests during the first call without having to hand them on. You have to be able to multi-task, listening to the caller as well as updating the system and thinking through the next steps. Most clients speak English but I quite like it when I get the chance to use my Spanish. It’s great to get to the end of the day and know you’ve really helped someone.”

— Assistance Centre employee

Assistance Centres		Opening Date
<b>Australia</b>	Sydney	1995
<b>China</b>	Beijing Shanghai	1989 1997
<b>Czech Republic</b>	Prague	1998
<b>France</b>	Paris	1996
<b>Germany</b>	Frankfurt	2004
<b>Hong Kong</b>	Hong Kong	1989
<b>India</b>	New Delhi	1998
<b>Indonesia</b>	Jakarta Denpasar (Bali)	1984 1987
<b>Japan</b>	Tokyo	1996
<b>Malaysia</b>	Kuala Lumpur	1997
<b>New Zealand</b>	Auckland	1999
<b>Philippines</b>	Manila	1996
<b>Russia</b>	Moscow	2005
<b>Singapore</b>	Singapore	1985
<b>South Africa</b>	Johannesburg	2001
<b>South Korea</b>	Seoul	1989
<b>Spain</b>	Madrid	1998
<b>Switzerland</b>	Geneva	1998
<b>Taiwan</b>	Taipei	1994
<b>Thailand</b>	Bangkok	1994
<b>United Arab Emirates</b>	Dubai	2009
<b>UK</b>	London	1999
<b>US</b>	Philadelphia	1998
<b>Vietnam</b>	Ho Chi Minh City Hanoi	1994 1994

*Clockwise from top left:  
Seoul, Korea; Beijing, China;  
Paris, France; London, UK;  
Philadelphia, US.*

**05**

**A Changing World**

# Disasters and Diseases

## Fascinating Fact No. 13

We have more than 10,000 clients including multinational companies, governments and NGOs.

Right from the start, the development of our business was very much driven by us responding to the needs of our clients. In turn those needs were often driven by external events. The early years of the new millennium brought with them a series of pandemics and natural disasters, and new forms of security threats. Each one brought a different challenge and the way we responded further enhanced our reputation.

As described in 'Our Air Ambulance Service' during the 1990s we built our ability to evacuate patients quickly and effectively from diverse and distant places. In the early years those medical transports tended to be of a single patient. The mass evacuation from Bali in 1993 gave us the experience in dealing with larger numbers. What was to follow added a whole new dimension to our service delivery.



2009 Swine flu H1N1  
Japan on alert.





## Major Milestone

# Fighting an Epidemic: SARS, 2003

Severe Acute Respiratory Syndrome (SARS) is a disease that attacks the respiratory system of humans; the symptoms are flu-like. This infamous outbreak is believed to have begun in November 2002 in southern China. From there, in early 2003, it spread to Hong Kong and beyond to infect individuals in 37 countries. In total there were 8,273 cases reported with 775 deaths.

At first the outbreak went undetected. The medical community, and even the WHO, did not know what it was. It was a disease, but which one? There was a clear need for information in such cases: Information that was balanced and did not over or understate the situation. Our clients were relying on us for that vital information and advice.

We established a dedicated SARS support team made up of senior medical professionals, including Dr Pascal Rey-Herme, Dr Philippe Barrault and Dr Doug Quarry. They were in daily contact with each other as well as advising and directing staff in all our locations. We ensured that all involved were following the WHO and US Center for Disease Control protocols for protecting the health of carers and patients whilst, as always, remaining compliant with national regulations. Our doctors were on call 24/7 and our clinics were ready for action.

But what would that action be? People in the general population with SARS were put into local hospital isolation units. Our clients asked us what we would do if one of their employees caught the disease. They did not want sick staff members put into local hospitals, but there was no way of evacuating SARS patients due to the risk of spreading the disease. The UK and US had isolation units for transporting patients but these were far too big and required a military transport plane.

Pascal gave the challenge to Dr Roger Farrow and he immediately got to work. At first Roger tried to adapt Gamow bags; these bags are used to help mountain climbers with altitude sickness by providing a small inflatable, pressurised portable chamber for them. But as soon as the collapsible Gamow bags are opened to let the patient out, any contaminated air escapes too, so clearly this was not ideal for an infectious patient. Undeterred, Roger then designed a collapsible device with a negative pressure interior and special High Efficiency Particulate Air (HEPA) filters to ensure only clear air would be emitted. He took his early prototype detailed drawings to the Australian company who was manufacturing the Gamow bags. They managed to produce the first Portable Medical Isolation Unit (PMIU) in just ten days.

*Portable Medical Isolation Unit.*



## Fascinating Fact No. 14

Our employees speak 99 languages and dialects.

The PMIU had three pairs of gloved ports in the design, and a small transfer pouch so that medical staff could deliver medication to the patient during transport, plus four equipment ports through which monitoring cables and intravenous lines could be introduced,

The PMIU had to be small enough to fit into any ground ambulance or other vehicle able to take a stretcher, including all the aircraft used by International SOS. Its first outing was to transport a Taiwanese SARS patient from a remote island in the South China Sea, by air to a hospital in Taipei.

The PMIU's longest flight was conducted for New Zealand's Ministry of Health. A Korean visitor to New Zealand was diagnosed with Multiple Drug Resistant Tuberculosis and was incarcerated in an Isolation unit in Auckland City Hospital. As no airline would accept such a patient, the PMIU was the only option available to take the patient back home to Korea. The flight in a Gulfstream IV air ambulance covered 11,000 kms and took over 11 hours.

The invention of the PMIU was a groundbreaking step, typical of the 'never say no' attitude of the company, the invaluable expertise of its staff and its thirst for innovation. Over time the PMIU has gone through various revisions and improvements but it remains basically the same as Roger's blueprint. A commercial derivative of the PMIU is still being used today in the transportation of patients with Ebola from West Africa.

As well as dealing with cases on the ground, using our contacts and information sources around the world, we provided members with regular and reliable updates. A SARS Online Guide was put on our website to provide easy access to critical information about each SARS-affected country, including details on travel, schools, consulates and local medical facilities.

Based on this experience we adopted the same approach for the avian flu outbreak in December 2003. Our clients wanted one single repository of reliable, real-time information that they could access 24/7. We provided this and looked at how we could further improve our client offering to respond to such events.

Arnaud Vaissié: "To me the Portable Medical Isolation Unit is a reflection of why International SOS is in existence: To make the impossible become possible."

*Right: Travellers waiting outside Guanzhou train station during SARS epidemic, February 2003, Guangdong Province, China. Credit: Corbis*





“The tsunami was one of the worst catastrophes many of us can remember. More than ever we were capable of helping out.”

— Dr Pascal Rey-Herme





## Major Milestone

# Tsunami, 2004 – How We Cared in a Catastrophe

Dr Pascal Rey-Herme: “The tsunami was one of the worst catastrophes many of us can remember. More than ever we were capable of helping out.”

On 26 December 2004 a huge earthquake occurred beneath the sea off the coast of Indonesia and triggered a massive tsunami. When the tsunami hit land it devastated parts of Indonesia, Sri Lanka, India, Thailand, the Maldives and Malaysia. More than 300,000 people died and many communities were destroyed. It was one of the biggest natural disasters of modern times. It also defined our company. The tsunami was our greatest challenge to date, and the way we responded was vital to our credibility.

As soon as the tsunami hit we began to get calls. The first came from Banda Aceh on the Indonesian island of Sumatra. Deaths were being reported. As more and more calls came in from different locations we realised a tragedy was unfolding. We immediately activated crisis management teams from different centres, consisting of logistics, medical, operations and security experts. Teams were deployed to Phuket in Thailand, Male in the Maldives, Colombo in Sri Lanka and Medan in North Sumatra, Indonesia.

Within 18 hours we had established a full-scale Assistance Centre in Phuket with IT, telecoms, medical, security and administrative staff. The team was based in a hotel away from the beach so it was relatively safe from the direct impact of the tsunami, but the working conditions were very challenging. Dr Roger Farrow recalls how Pascal managed to get a second phone line installed. The hotel said they could not do it so Pascal

arranged it himself – phone lines are vital tools in these circumstances and Pascal would not take no for an answer. As Roger recalls:

“The next thing we knew, there was Pascal instructing a man on a ladder across the street to tap into an existing line. We were soon connected.”

Our temporary base became very popular with the other assistance companies and government representatives who all needed help and access to these phone lines. At such times there are no competitors. We were happy to help and much help was needed.

The situation was very difficult indeed. The local hospitals were full of patients with overworked medical staff trying to attend to this huge influx of patients, many of them foreigners. The tsunami had severely disrupted all road transportation in the affected areas with mountains of debris covering coastal roads. Roger recalls the “very distressing sights of thousands of bodies, but it was the many babies who had died that affected everyone the most.”

North Sumatra in Indonesia was hit the worst. The earthquake and subsequent tsunami killed over 127,000 people and more than 94,000 went missing. The first International SOS teams arrived on 27 December 2004. A support team, made up of two doctors and two paramedics, went to Medan and we sent security and operations teams to Banda Aceh, by truck and by helicopter. This was no easy task. Given the total destruction, maps were no help at all. But our people got there and immediately started helping.

*Left: After the tsunami, Banda Aceh, Sumatra, Indonesia, 31 December 2004.  
Credit: Corbis*

“Half the town was gone, the hospital was flowing with mud, bodies were everywhere.”

— Mike Hancock

## A Personal Experience

Dr Philippe Barrault was in the Seychelles on holiday when the tsunami hit. He was about to board a boat with his wife and daughter when he saw the sea level suddenly drop. The Captain of the boat yelled ‘Run’ and everyone did. Philippe could hear the mooring ropes snapping under the strain and boats crashing into each other as they were sucked downwards. He did not know what was happening and just wanted to get his wife and daughter to safety. Philippe was witnessing at first hand how disturbing such events can be. As he says, “normality simply disappears.” Thankfully this story ended well as Philippe and his family escaped unharmed and returned home to Singapore. Philippe was soon back at work helping those who had been less fortunate.

We helped whoever we could, not just our members. We began by assessing the situation on the ground. Using our resources and local awareness we were able to give immediate support to agencies such as AusAid - the Australian government overseas aid programme - and the EU mission.

The medical team worked in the general hospital. We helped clean up the hospital and supported the delivery of technical, surgical, nursing, laboratory, management and administrative assistance.

As sporadic incidents of violence had been reported, a security team was also deployed and it assisted with a non-medical evacuation by helicopter of eight Indonesians from Singkil, a coastal town near Banda Aceh, to Medan.

Overall, more than 70 staff, a third of them medical professionals, worked on the ground around the clock to help clients and others, supported by the Assistance Centres in Singapore, New Delhi, Kuala Lumpur, Jakarta and Bangkok. Many of our people worked full time for three weeks, and often throughout the night.

The way we responded was regularly featured on CNN. It was one of the biggest natural disasters to date, and we had clients all over world who had people visiting these popular destinations when the tsunami struck.

Despite the conditions we managed to evacuate the first patients out of the area on 27 December. In total we evacuated more than 100 injured victims on air ambulances, chartered aircraft or commercial flights. The majority were tourists vacationing in Thailand; the youngest was just seven years old.

Our teams helped more than 2,000 individuals and their families and relief organisations working in the affected areas, providing medical and travel advice and organising medical treatment, situation updates and repatriation of mortal remains. Our security experts also assisted those in search of their loved ones and we helped French government representatives in Thailand identify any French people who were in hospital and then get them back home.

Pascal's powers of persuasion came in handy again. The French Foreign Minister came to Phuket in the presidential plane, loaded with emergency supplies and people to help out. We were asked to assist with the unloading and transfers to the newly established Assistance Centre. Pascal realised the plane would return half empty so he obtained authorisation from the minister to use the empty seats to take injured French tourists home.

On 28 December 2004, we launched a tsunami update website providing the latest information on all affected regions.

## Little Things Matter Too

Phuket Airport presented Pascal with a further problem to solve. He came across an elderly French couple and their daughter. The husband had Alzheimer's disease and the wife and her daughter had injuries sustained in the tsunami. The wife was very distressed as the family were trying to get back to France but the only airline with spare seats would not allow them to take their beloved puppy on board. The wife appealed to Pascal who rallied his troops.

Whilst Mui Huat Tan was phoning the airline's head office to persuade them to change their minds, Pascal made a direct appeal to the airline's local management team at the airport. Meanwhile Dr Roger Farrow spotted a film crew approaching the crying women and pointed out to Pascal that the threat of publicity could be useful leverage. Their combined efforts paid off. The airline changed its mind and said the dog could go on board as long as it was sleeping.

Luckily a senior French anaesthetist was also returning to France so Pascal asked him to keep the puppy asleep during the flight. Neither of them had sedated a dog before so they had to guess the dosage. They got it right and the dog slept happily all the way home to France.

## North Sumatra Relief Fund

North Sumatra was closest to the epicentre of the earthquake and suffered the greatest devastation. Mike Hancock describes the scene a day after the tsunami hit Banda Aceh:

"It was devastation on a massive scale. Half the town was gone, the hospital was flowing with mud, bodies were everywhere. The medical staff were traumatised - they and their families were affected too. As well as the physical damage there was great psychological damage."

We decided to set up the International SOS North Sumatra Relief Fund to support the community in the medium to long term. The fund had raised over \$350,000 US dollars when it closed in May 2005 and we worked closely with AUSAID to identify suitable projects.

For the fund's inaugural project, International SOS teamed up with the International Baccalaureate

Organization to deliver Level 2 first aid training to 24 teachers from the Aceh Besar and Banda Aceh districts of Sumatra.

Another project funded a three-year nursing scholarship programme for 40 top students attending the Politeknik Kesehatan (POLTEKKES) Departemen Kesehatan RI Jurusan Keperawatan - the public nursing academy in Banda Aceh which was largely destroyed by the tsunami.

Mike Hancock who was administrator of the fund says:

"The North Sumatra Relief Fund allowed us to develop a co-ordinated structure to support the provision of well-trained medical staff to the community. Many of the medical staff in Aceh had simply disappeared and NGO demands had drained much of the national health service's workforce. The training provided by the fund helped to develop careers for many orphaned youngsters."



*Right: After the tsunami, Banda Aceh, Sumatra, Indonesia, 27 December 2004. Credit: Corbis*



## Additional Security

Recent years have seen an upsurge in political unrest and terrorism across the world. We had developed significant expertise in medical evacuations of patients, but clients' needs change over time. We began to be called upon to rescue healthy people from difficult places, for security reasons, and in large numbers.



## Major Milestone

# Jakarta Unrest, 1998 – Our Clients Turn to Us

By early 1998, President Suharto's thirty-year grip on power in Indonesia was loosening. With the economy in crisis, demonstrations, violent clashes and riots erupted on the streets. By 21 May the pressure was so great Suharto was forced to step down, but the unrest continued.

Travellers and expatriates were desperate to leave the country, and the US government advised all its citizens to depart as soon as possible. The road to the international airport was closed and it became impossible to get on any commercial flights out of the country. Our clients turned to us – they knew we had the knowledge and ability to arrange flights and they assumed we could deliver.

These were not medical evacuations, but that did not stop us. Everyone in our Jakarta location, including Arnaud and Pascal, was hands on. Within a few hours, a plan of action was in place.

We secured rooms at the only airport still in operation, the Halim Military Airport, so that our medics, supported by Michel de Ponteves and other team members, could help the few remaining immigration and customs officers handle the very complicated and time consuming task of processing hundreds of passports, exit visas and exit taxes. The exit taxes were a problem as the banks were closed, making it impossible for many people to get the cash needed. We resolved this by having a supply of Indonesian Rupiah sent in from Singapore.

We also established a safe haven in town where foreigners could wait until their planes had arrived at the airport and were ready to depart. This was

to minimise the amount of time passengers would spend at the airport, which was a potential target. Once everything at the airport was ready the passengers were taken there on escorted buses and transferred to a room set aside for them. With the minimum of delay they then boarded their waiting planes.

The flights went to Singapore where our people again joined together to do whatever needed to be done: Arranging ground transportation, travel arrangements and hotels for everyone we evacuated from Indonesia. Organising the evacuation of so many people in such a short time was an enormous logistical challenge. During an intense three-day period, over 4,000 people were successfully airlifted out of the country. Many of our staff in Jakarta and Singapore did not sleep for 56 hours.

Our clients were delighted that were able to help them in their hour of need. We learned a lot about how to plan for, and identify, major incidents at the early stages: From practical steps, such as setting aside an area at airports to receive members, to developing more strategic crisis management plans.

The Jakarta evacuation had gone incredibly smoothly given the circumstances but we – and our clients – realised that might not always be the case. Also, as our medical personnel pointed out, they had handled what was actually a security evacuation; in future such events needed to be managed by security professionals. As well as developing our thinking on crisis planning we focused more attention on security risks and responses and recruiting specialists in the field.

*Left: College students unite and call for Suharto to step down as President of Indonesia, Jakarta, 1 May 1998.  
Credit: John Stanmeyer/VII/Corbis*

*“Scott was a no nonsense manager who brought enormous skills to our company. He was deeply caring and always placed his family first.” \**

*“Ben was a wonderful individual and will always be remembered as a friendly, hard working, innovative and gifted young professional.” \**

*Scott Lysaght and Ben Roberts in Jakarta, Indonesia, 2002.*



## Personal Loss

Tragically, in the Bali bombing we lost two staff members from our Jakarta office who were in Bali for a rugby tournament.

Ben Roberts was Medical Services Operations Manager in Indonesia from mid-2001. He was severely injured but managed to rescue another person as he made his way out of the carnage. He was stabilised in the Bali clinic then evacuated to Singapore General Hospital. He died on 7 November, his girlfriend and family were by his side.

Scott Lysaght joined in July 2001 and was Business Development Manager for the Oil and Gas sector. Scott was enjoying life in Jakarta with his wife and baby daughter. He is believed to have been killed at once.

Scott and Ben were the best of friends as well as being close colleagues. They shared an adventurous spirit, a passion for travel and a deep love of sports. They are both very sadly missed.

*\* Excerpt from the written tribute to Scott and Ben by Arnaud and Pascal*

## Emerging Terrors

In the early 2000s a series of bombings and other events further illustrated the new order of medical and security risks the world was now facing. There was a growing realisation that such threats were likely to come, not only from conflicts between nation states, but from individuals and groups, some of whom were gaining access to sophisticated weapons. Unlike the traditional tactics of warfare, terrorists often targeted civilians to maximise the impact of their actions.

The 9/11 attack on the World Trade Centre in 2001 irreversibly put security high on the agenda of organisations across the globe. Terrible things could happen even in a safe place like New York; potentially no one was safe. As we see in ‘Tools of Technology’ an immediate offshoot of this was the need for employers to be able to track and trace their people in the event of an incident, and be better informed so people could avoid high risk areas in the first place. As we began to respond to these needs, events kept happening:

## The Bali Bombing

On Saturday 12 October, 2002, a combination of a suicide bomb and a car bomb, set off by a militant group in the tourist district of Bali, killed 202 people. A happy holiday resort suddenly turned in to a site of devastation. Our team from the nearby clinic went straight to the scene and worked through the night. They helped more than 50 casualties suffering from burns, fractures, smoke inhalation and head injuries.

Pascal was about to board a 14 hour flight from Europe to Singapore when Mike Hancock alerted him about the incident. Pascal gave Mike and

Dr Philippe Barrault ‘carte blanche’ to do whatever was needed. Together with Dr Roger Farrow and Patrick Deroose they arranged for a Hercules C130 transport plane to be sent in, plus doctors and nurses from Jakarta. A security expert was also dispatched from Singapore. The cost was high and at this point only three clients were known to need assistance but the team had the go ahead. As Philippe points out:

“This is a typical example of how Arnaud and Pascal have always put medical care before monetary costs. Such moments explain why I am still here today. The decision made no business sense but at the end of the day we are doctors.”

In total we evacuated 16 critically injured casualties to Singapore.

The loss of our own staff members, Scott Lysaght and Ben Roberts, in the Bali bombing was the first time we had lost anyone in such tragic circumstances. Back then, everyone in the company was fairly young, so personal bereavements were quite rare. As well as mourning the loss of Scott and Ben, those who survived realised that being in the front line made them vulnerable too. Staff who were with the company at the time remember the effect the loss of Ben and Scott had on everyone; that loss is still felt today. As Arnaud has said:

“It was a very intense and emotional experience for all of us, it was a tragic situation and it involved our own people.”

*Right: Investigators comb through the rubbles of the Sari Club, as they search for clues to the bombings that killed 202 people, mainly foreigners, in Bali, Indonesia, 15 October 2002.*

*Credit: John Stanmeyer/VII/Corbis*



“It was a very intense and emotional experience for all of us, it was a tragic situation and it involved our own people.”

— Arnaud Vaissié



During 2003 and beyond many other events triggered calls for mass evacuations:

#### **West Africa, 2003**

We helped clients throughout a series of events in Liberia, Cote d'Ivoire, Burundi, Sao Tome, Mauritania, Sierra Leone and Guinea-Bissau.

#### **Jakarta, 5 August, 2003**

The Jakarta Marriott Hotel bombing killed 12 and wounded 150. We helped 27 members and many others.

#### **Jakarta, 9 September, 2004**

A bombing outside the Australian embassy in Jakarta killed nine and injured 180. Again we were there to give emergency help wherever needed.

#### **Lebanon-Israel conflict, July 2006**

350 members were evacuated out of the battle zone in nine days.

In each case, as well as carrying out the evacuations, we kept clients informed about the local security conditions, helped assess their risk exposure, provided advice and developed contingency plans. By 2003, 50% of our corporate clients were subscribing to our combined medical and security plans, twice as many as before 9/11. Today this is the norm.

We put more effort into raising awareness of security issues and our security risk assessments became very popular. The security side of our business was growing and the Founders felt we needed to build our capacity further. This led to another Major Milestone – our joint venture with Control Risks.



“The alliance integrated the security operations of both companies at the point of delivery giving our clients high quality risk assessment combined with an on-the-ground response.”

— Richard Fenning, CEO, Control Risks



## Major Milestone

# Joint Venture with Control Risks, 2008 – Securing Our Future

Established in 1975, Control Risks is the world's leading independent business risk consultancy. Its large team of expert consultants provide advice and support about strategic, operational and reputational risks to companies across the world.

While we were often asked by customers to strengthen our security offering, Control Risks found that many of its customers were suggesting that they should also provide medical advice and assistance services. In the autumn of 2006 Richard Fenning, Control Risks CEO, contacted Arnaud proposing a chat. They met for lunch at the River Café by the Thames in London and so began a long series of discussions via email & phone. We shared many of the same clients and, whilst our core businesses were different, there was a place in the middle where we overlapped. Ours was primarily a medical company and Control Risks had a strong focus on security; neither wanted to undertake the core business of the other, but clients wanted a broader service. Arnaud and Richard Fenning agreed to meet in that middle ground.

In early 2007 they signed a Memorandum of Understanding. Teams from both companies then came together to start planning. This first project meeting was held at the Apex Hotel in London. Laurent Sabourin, Tim Daniel and David Cameron were all closely involved. As Tim explains, it was “very complicated with lots of moving parts to think about, including organising a joint venture (JV).” In September 2007 the Heads of Agreement were signed and in January 2008 the JV was announced. David Cameron ran the JV at the start which was, Tim adds, “a very challenging task.”

Richard Fenning, CEO, Control Risks

“The alliance integrated the security operations of both companies at the point of delivery giving our

clients high quality risk assessment combined with an on-the-ground response.”

The JV consisted of a joint operating unit, Travel Security Services. All the travel security people from Control Risks plus all our security people joined together to form a highly specialised team, more than a hundred strong, making it the biggest such team in the world. A 24/7 Global Security Desk, based in London, became the hub of all activity, supported by regional security centres and a Global Information Centre, was set up in New Delhi, to report on any travel security threats and travel disruptions. Both companies already had sophisticated software to track travellers anywhere in the world. Work immediately began to combine these, resulting in TravelTracker which became the leading software of its type.

Our two companies have a strategic alliance to support our respective clients, by offering each other's services to those clients. For example, we offer Travel Risk Awareness Training and Control Risks provides Hostile Environment Training for people going to hostile places. As appropriate, we offer the latter to our clients, on behalf of Control Risks, to complement our own training.

Tim points out that “the strategic alliance was a vital experience in showing us how we could find like-minded people and create constructive working relationships with them. Being self-sufficient had been a huge benefit in the early years, but as we grew we needed to adopt other approaches to offer an even broader service. This alliance taught us a lot about how to “conduct JVs and acquisitions efficiently.”

Arnaud Vaissié: “We could see that in a crisis our clients wanted both medical and security advice. Bringing together the two leaders in the field created a world leader.”

# The Challenges Continue

Recent years have seen continued disasters, diseases and security threats. Here are just a few:

## 2008: Mumbai terror attacks

We dealt with 3,000 calls. One was from a man in the Taj Mahal Palace Hotel, where the terrorists were shooting people in their rooms. He was advised to leave his room immediately. He survived. The occupants of the two rooms on either side of his were not so lucky.

## 2009: Another bombing in Jakarta

International SOS and Control Risks helped nearly 200 individuals from over 40 multinational organisations. We evacuated eight victims to Singapore for medical treatment and repatriated the mortal remains of four more.

## 2009: Swine Flu H1N1

The outbreak was not as serious as everyone at first feared. But only time tells that. We had to prepare for the worst from the start.

## 2010: Haiti earthquake

We dealt with 90 evacuations, 3,000 Assistance Centre calls, and helped hundreds find their way out of the country.

## 2010: Iceland volcano

With European airspace locked down for six days, our London and Paris Assistance Centres received 65% more calls than usual.

## 2011: This was perhaps our most difficult year so far with an extraordinary combination of events:

- The Arab Spring began in Tunisia, and moved to Egypt and Libya. We handled more than 3,000 evacuations.
- The Christchurch earthquake.
- The Japanese earthquake and tsunami which triggered the Fukushima nuclear meltdown. Again we had to demonstrate specialist knowledge – advising clients on both the immediate and long term risks posed by the power plant.

These were all very different situations requiring constant action and prioritisation. Our teams worked solidly for six months and yet again showed that we really can meet every challenge that comes our way.

*Smoke rises from the Taj Mahal Palace Hotel after the terrorist attack in Mumbai, India, 27 November 2008. Credit: Corbis*

### **2012: Mali crisis**

We assisted 70 people and took hundreds of calls.

### **2012: Middle East Respiratory Syndrome Coronavirus (MERS-CoV)**

With many deaths occurring from a previously unknown coronavirus, our information and advisory services were again in action.

### **2013: A new flu virus**

The authorities in China announced that three people had been infected with Avian Influenza A(H7N9) - another deadly virus requiring our attention.

### **2014: South Sudan crisis**

We organised 234 evacuations.

### **2014: Ebola**

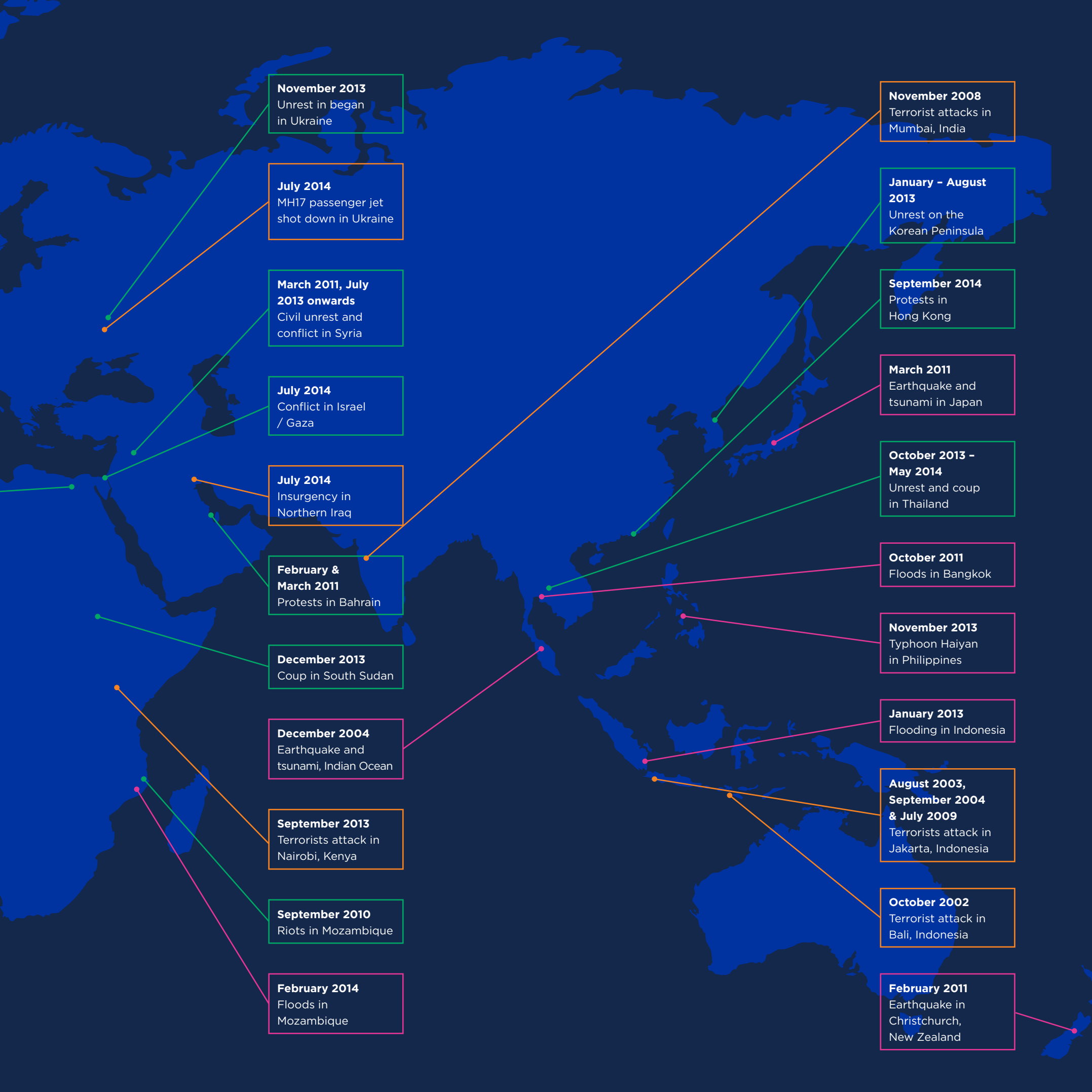
The outbreak of this lethal disease was a key concern, especially for our clients based in West Africa.

In each case we have offered a range of responses: From keeping clients informed of unfolding events, to providing on-the-ground medical and security assistance, and building on each experience to better prepare for future events.

# Key travel security events requiring information, advice and assistance



- Natural disasters
- Political unrest
- Terrorism



**November 2013**  
Unrest in began in Ukraine

**July 2014**  
MH17 passenger jet shot down in Ukraine

**March 2011, July 2013 onwards**  
Civil unrest and conflict in Syria

**July 2014**  
Conflict in Israel / Gaza

**July 2014**  
Insurgency in Northern Iraq

**February & March 2011**  
Protests in Bahrain

**December 2013**  
Coup in South Sudan

**December 2004**  
Earthquake and tsunami, Indian Ocean

**September 2013**  
Terrorists attack in Nairobi, Kenya

**September 2010**  
Riots in Mozambique

**February 2014**  
Floods in Mozambique

**November 2008**  
Terrorist attacks in Mumbai, India

**January - August 2013**  
Unrest on the Korean Peninsula

**September 2014**  
Protests in Hong Kong

**March 2011**  
Earthquake and tsunami in Japan

**October 2013 - May 2014**  
Unrest and coup in Thailand

**October 2011**  
Floods in Bangkok

**November 2013**  
Typhoon Haiyan in Philippines

**January 2013**  
Flooding in Indonesia

**August 2003, September 2004 & July 2009**  
Terrorists attack in Jakarta, Indonesia

**October 2002**  
Terrorist attack in Bali, Indonesia

**February 2011**  
Earthquake in Christchurch, New Zealand





# Sports Supporters



*FIFA World Cup final, Brazil 2014.  
Credit: Corbis*

## Fascinating Fact No. 15

We have delivered baseline health surveys on four different continents.

Not all global events result in death and disaster. Sports events in particular can be occasions of great celebration and, with cheaper travel and better communications, more people want to attend or watch them. As well as a high local attendance these events attract a high viewing profile.

International SOS has been closely involved in many of these events too: Often as the official assistance company, or supporting major clients who are using the event as an opportunity to reward staff and VIP guests. As well as making sure everything goes like clockwork for clients and their guests, we have to be prepared for the unexpected – travel problems, security threats, accidents, illness and many other challenges.

We start planning two or more years in advance and offer clients a range of medical, security and concierge services, before, during and after the event. A good example – and Major Milestone – was the 2008 Beijing Olympics.

We have also been involved with the 2000 (Sydney), 2004 (Athens) and 2012 (London) Olympics as well as the 2007 Special Olympic Games in Shanghai and the Winter Olympic Games in Torino (2006) and Vancouver (2010).

All eyes are now on Brazil. With the 2014 FIFA World Cup behind them Brazil is getting ready for the 2016 Summer Olympics. Although the World Cup went well, some security concerns remain and these have been compounded by the spread of tropical diseases, such as dengue fever to built-up urban areas. We are working closely with our joint venture partner International Health Care (IHC) to prepare for all eventualities.

We have been involved in a number of FIFA events as well:

- 2006** FIFA World Cup in Germany
- 2009** FIFA (Under 21) World Cup in Nigeria
- 2010** FIFA World Cup in South Africa
- 2013** FIFA Confederations Cup in Brazil
- 2014** FIFA World Cup in Brazil

Our involvement in these high profile events includes providing emergency support via our Assistance Centres as well as pre travel safety and health advice and information. Having witnessed at the Confederations Cup riots which had been organised via social media, we also monitor Twitter and other channels to keep ahead of developments.

**06**

**Any Time, Any Place**

# Our Air Ambulance Service



*First dedicated air ambulance (rented Lear 36) early 1990s.*

Our 'WORLDWIDE REACH. HUMAN TOUCH.' is what makes International SOS special. Over the last 30 years we have created the resources and unique capability to be able to advise and assist members wherever they may be and transport them across any distance and any terrain.

Medical transports by air were part of our proposition from the earliest days of the company. These were handled from our headquarters in Singapore. To start with, we chartered aircraft to carry out any urgent medical transports. We took whatever suitable aircraft we could locate and converted it into a temporary air ambulance. We were soon able to convert a plane into an air ambulance within 20 minutes, taking out seats to make room for a stretcher and adding key medical equipment. Our very first evacuation was using a turboprop (a Beechcraft) but we soon became familiar with many other types of aircraft.

The medical transportation of patients frequently involved travel to remote and distant locations, often across international borders. This in itself made it hard to find suitable aircraft operators. Medical missions had to be flown by pilots who really understood the complexities of carrying seriously ill patients by air. They also had to be able to fly in and out of remote sites where conditions might be rudimentary. Plus they had to obtain flight clearances and landing permits and deal with other logistics such as refuelling and the airports' operating hours. Again, developing the right network of people was key to the solution.

Patrick Deroose is a good example of us bringing in the right people at the right time to the fledgling company. Patrick is Belgian and in 1985 was a nurse at Singapore's Mount Elizabeth Hospital. Having heard of him through mutual contacts, Pascal invited him to help with some medical transports as his nursing and language skills were much needed. Although Patrick was working full time, he agreed to help out. He recalls that some of his early jobs were on an HS748 which carried fish in the mornings and was used as an air ambulance in the afternoons. His wife was not happy with the fishy smell that returned home with him!

As well as urgent medical transports by air ambulance, Patrick escorted patients who were medically stable enough to be transported on commercial flights, either on stretchers fitted by the airline, or as seated patients. He also helped source the medical kits used in the transports and ingenuity was often needed. He remembers carrying on board one plane a ventilator which had to be run on car batteries.

"Connecting it with crocodile clips in an oxygen rich environment was not ideal, but it worked. We had to find solutions. You could say there was never a dull moment!"

“It was all about learning as you go and listening.”

— Patrick Deroose

## Fascinating Fact No. 16

We put the first-ever air ambulances in Port Moresby, PNG, Lagos, Nigeria and Abu Dhabi, UAE.

Another key member of the team was Dr Roger Farrow who joined us in 1987. He was trained in aviation medicine and had experience of military medical transports; he too brought vital practical experience to the job. Roger likewise remembers how challenging it was in those days. To give just one example, in 1988, the team had to transport an extremely ill patient from Singapore to a hospital in London. Long haul commercial travel was not an option for this very ill patient, so a small Learjet 36 was used. This required multiple technical stops at Madras, Abu Dhabi and Cyprus before finally reaching Heathrow. As Roger says:

“Stopping in the middle of the night, while the aircraft was being refuelled needed careful planning as the patient could never be removed from the aircraft. With little of the sophisticated medical equipment available today, we had to take the utmost care to monitor the patient to ensure they

remained stable through each stage of the flight. It was challenging.”

Flying at night was a constant problem as many of the smaller airports in the region have only daylight operating hours. Many times we had to call up airports and persuade them to stay open so we could land. As ever local knowledge and being able to speak the relevant language was important. Lisa Tan recalls phoning one airport operator and speaking to him in his native Malay. He was reluctant to cooperate so Lisa asked him: “Imagine if this was your son needing help. What would you do?” The airport was kept open for us.

When Lisa moved over to focus on building the Japanese business in 1993, Patrick joined full time as Operations Manager. It was a big step but he soon adopted the company culture:



*Air ambulance evacuation from Thailand, early 2000s.*

*Left: Patrick Deroose, medical evacuation, mid 1990s.*

*Right: Dr Neil Nerwich and Lyn Baczocha, on the way back from an evacuation, Sydney Airport, 2002.*



## Fascinating Fact No. 17

During every hour of every day, there are two aircraft in the sky evacuating or repatriating our members.

“It was all about learning as you go and listening. Listening, showing respect and being physically present. That way you can achieve a lot.” Today, Patrick is General Manager at International SOS Corporate Assistance Department in Philadelphia.

Times were different then. Many refer to it as ‘cowboy country’. We often had to talk our way into and out of difficult situations. On one occasion Pascal had to use all his negotiating skills to get a patient quickly through immigration by explaining to the authorities why he was escorting a patient without travel documents. Another time, whilst an air ambulance was on a stopover in Rangoon, the team was arrested for failing to have the right permissions in place. It was challenging, exciting and a great learning curve for all.

### Money Matters

For each trip we had to convert whatever aircraft we were using into an air ambulance. Whilst our medical team got all the equipment on board, others would get the necessary permits, sort out refuelling and all the other logistics. Our target was always to get the aircraft in the air within two hours of being dispatched. It would often be ready to go, on the tarmac, as we waited for the final clearances to be confirmed. Despite this efficiency, as the business grew, so did our need for a full time air ambulance. In 1997 we became the first assistance company in Asia to have a 24/7 dedicated air ambulance.

We bought a Falcon 200. It was a beautiful machine, fully equipped to deal with the medical transport of patients from remote areas and over long distances. It had a double tandem stretcher layout, built-in oxygen and suction equipment and three power

sources; and it was set up to carry neonatal patients in special incubators. It also had satellite communications and dual high frequency radios so we could communicate with our Assistance Centres.

As Pascal says:

“It put us in a position where we could respond to medical evacuations quicker than before, and far faster than anyone else in this region.”

However, buying and equipping this aircraft was a huge investment for the company and was not something we repeated. In future we opted for long term leases and other arrangements with aircraft operators. It was all part of the learning curve.

Patrick recalls a case early on when he dealt with a call from a ship asking us to help a sailor who was vomiting blood. Patrick and the team got the sailor to hospital in a helicopter which had to land on the top of the container ship. The patient survived and later went home to China. However, the inexperienced Patrick had failed to collect payment. With some trepidation he met Laurent Sabourin in his office to tell him that this very expensive medical transport remained unpaid for. Laurent’s only question was: “How is the patient?”

Most of the patients that came our way were employees of member companies or insurance policy holders; in the early days about 10% of our members were also private individuals. Whoever they were, we first got the transportation underway then sorted out the finances. As Lisa Tan says:

“We knew people didn’t injure themselves on purpose to get money out of us!”



# Our First Mass Evacuation

## Fascinating Fact No. 18

We have helped our members using speedboats, 4x4 off-road vehicles, snowmobiles, a hovercraft in a mangrove swamp, mules and more.

In 1994 our capabilities were put to the test with a mass evacuation. In Bali, a group of elderly French and Belgian tourists were travelling in a mountainous area when their coach tumbled into a ravine from a road on the side of a volcano. Many of the passengers were injured, some seriously, with multiple fractures. A number of people died at the scene. A French insurance company representing some of the passengers quickly contacted us and the Singapore Assistance Centre took over responsibility for organising the evacuation.

Knowing that local medical facilities were limited and overwhelmed, the decision was made to bring all the survivors to Singapore for treatment of their injuries. This meant calling in our teams in Jakarta and Bali. The Singapore and Bali teams triaged the patients – assessing and stabilising their injuries and

prioritising the order and urgency of treatment – ready for evacuation. The Jakarta team organised and equipped a medium sized Fokker 50 aircraft and converted it into a multi-patient air ambulance by removing and replacing half the seats with stretchers.

Roger and Patrick were part of the medical team sent from Singapore. They took with them vital medical equipment, including 15 stretchers. Dr Farrow directed the triage and the patients were prepared for transport. Meanwhile, our logistics teams sorted out passports and other travel documents in collaboration with the insurance company and the relevant consul in Bali. Upon arrival in Singapore, 14 ambulances were ready and waiting. Just 20 hours from the time we received that first call, all the patients were safely in a Singapore hospital.

*Clockwise from top left: Bali bus crash scene, Indonesia, January 1994; chartered plane, Jakarta airport; outfitting the plane; loading up patients; attending patients; ambulances on arrival in Singapore.*

*Right: Dr Roger Farrow, air ambulance evacuation of a baby from Jakarta to Singapore for intensive neo-natal care, 1995.*



“ A private plane travelling from Nigeria in the middle of night was usually seen as suspicious. ”

— Dr Fraser Lamond



*The Falcon 10 jet air ambulance was our first contracted aircraft in South Africa and remains in the fleet today. It has flown more than 10,000 flight hours on air ambulance missions – that’s more than 8.3 million kilometres on 1,800 missions – over its 14 years of service. This equates to 207 circumventions of the Earth or 11 return trips to the Moon.*





## Major Milestone

# Leading the Way in South Africa

Developing the air ambulance business in South Africa was another example of spotting an opportunity and careful timing. Before our entry into the region the existing air ambulance service was very variable. The poor quality of healthcare in most areas of Africa meant that medical transports were frequently needed, but they tended to be on chartered aircraft hastily adapted with differing degrees of medical service quality, and often staffed by people unfamiliar with the special needs of patients in flight.

Developing our air ambulance service in South Africa was brought about by the teamwork of Dr Ian Cornish and Dr Fraser Lamond. Ian was a qualified medical doctor with experience working in the trauma unit at Johannesburg Hospital, heading Emergency Medical Services for the Transvaal. He joined us in June 1999. Fraser joined soon after; he too was a doctor with significant experience in emergency service delivery, including air evacuations. Fraser was our first Co-ordinating Doctor and Medical Director in South Africa, whilst Ian managed the business. As elsewhere in our history, this close partnership between medical and business functions paid off.

All agreed that developing a quality medical transport service would put us on the map, and the way to do that was to have a dedicated air ambulance. Using their knowledge and contacts, Ian and Fraser found a suitable plane, and by guaranteeing 30 hours a month usage we gained exclusive access to it.

The Falcon 10 arrived in June 2000 with its permanent stretcher system. Extra equipment was installed and it was ready to go. Almost immediately it was called into action to collect a six-year-old boy from Abidjan who had been bitten by a snake. The

boy and snake reached Johannesburg within a few hours and the boy went straight into intensive-care. The snake was identified as a West African Carpet Viper and the appropriate treatment was given. Without this speed of reaction the child would probably have died. It was a great start.

Fraser spent time maximising the equipment on the plane and training its staff. He recruited and trained dedicated doctors who understood the difficulties of working in confined spaces and dealing with pressure changes on the physiology of sick patients. Ours was South Africa's first dedicated jet air ambulance and the first air ambulance service to have dedicated staff trained in aviation medicine.

The timing was right too. South Africa was one of the few places in Africa with decent medical care (the other was Egypt), but in the past patients had not wanted to be evacuated there due to the political situation. By the end of the 1990s that was changing. Post-apartheid, South Africa became an acceptable destination.

Another problem was flight clearances. In the past some air ambulances had been used to smuggle diamonds, and that gave such services a bad reputation. As Fraser says, "A non-scheduled private plane travelling to Nigeria in the middle of night was usually seen as suspicious." Having a dedicated and clearly branded air ambulance allowed officials to see regular and consistent ambulance activity. Both the company and the plane became known to the authorities, in a positive way, and this made getting flight clearances much easier. Over time we built up permanent clearances for 13 different African countries. As in Singapore our standard was to be in the air within two hours of a call out. Most companies were looking at three to four hours, so this gave us a clear competitive edge.

*Falcon 10 - permanent stretcher system.*



## Oops!

Before he joined the company, Ian was invited for an interview in Singapore. When he went into Arnaud's office for his third interview of the day his first word was "No." He had been working for a French company and did not enjoy it. He had been invited to Singapore for an interview and arrived without knowing who he was to meet - now he had already met two Frenchmen and Arnaud was the third. The idea of working for the French was "not possible." Arnaud replied that both the idea of recruiting from a competitor, and giving a business management role to a doctor, were "not possible." Ian accepted the job offer.

Our reputation for reliability and excellence was building. So was our overall business. Many companies were starting up in Africa, especially in mining, and they needed our services: Emergency assistance as well as our more general medical services. South Africa had good healthcare, it was closer than Europe, and its airspace was less crowded. If medical transportation was needed it was the desirable destination. We met the increasing demand by introducing two more air ambulances; these were both Learjet 35As. By 2009 we were flying about 40 missions a month, totalling 180-200 hours. This service was the busiest in the International SOS group, indeed in the whole world of air ambulances.

The timing was right and so was our service delivery. Fraser continued to strive for excellence. He got external companies to carry out Aviation Safety Audits, and in 2001 we participated in the formulation of the South African CAA Part 138 standard for air ambulances. He then embarked on the lengthy process of gaining CAMTs (Commission for Accreditation of Medical Transport Services) certification. This very strict standard, established for US air ambulances, was achieved in 2007. Re-accreditation is undertaken every three years and we were successfully re-accredited in 2010 and 2013.

In 2010 we also sought and achieved European Aero Medical Institute (EURAMI) accreditation which also remains current. We are the only air ambulance company outside the US and Canada to have both CAMTS and EURAMI accreditation.

We also developed our own brand: Air Rescue Africa. The economics of South Africa meant we had more private clients there than elsewhere and it was important to address them directly. As well as developing an Air Rescue Africa website, we advertised on TV and handed out pamphlets and pens to travellers at airports. This was an unusual step for International SOS but right for these clients.

Today Air Rescue Africa has grown from a service consisting of one dedicated jet air ambulance with a few dedicated medical staff, to a fleet of three air ambulances and a team of 45 medical and support staff, providing services around the clock.

As they were in Asia, the early days of the air ambulance service in Africa were both difficult and exciting. Getting patients from remote hospitals, into the air and to a destination hospital is a journey of many parts and many challenges. Memories of planes landing at tiny airports, often at the dead of night, stick in the minds of those who were there. And again, success was down to hard work, huge expertise, and having the right contacts and local knowledge. Both Fraser and Ian enjoyed these times greatly. Dr Ian Cornish has just retired so let's give him the final word:

"Ours is a fascinating business full of passionate, remarkable people. It's unique. It has been an honour to work with such exceptional doctors, nurses, pilots and others, and be part of a team that has made a real difference to so many people's lives."

“It is always with delight that we look back on such cases... it can change a destiny.”

— Gayle Partridge

## Precious Cargo

Every patient is special but inevitably some cases stay in the memory for longer. The flight nurses on our Air Rescue Africa operation recall the lasting impact of assisting in the transportation of young babies:

“These little (and sometimes tiny) beings can send you on an emotional rollercoaster ride because their conditions improve rapidly but can also deteriorate in a heartbeat.”  
- Erica Tattersall, Flight Nurse.

“Sometimes the parents are the most challenging part of a journey. However, I always try to put myself in their position and remember how fragile these little lives are. I try to remain calm, kind and patient and focus on the most important priority: Keeping the baby stable.”  
- Sue Beddy, Neonatal Flight Nurse.

“It is always with delight that we look back on such cases - realising that the appropriate movement to a centre of medical excellence can turn tragedies into triumphs - it can change a destiny.”  
- Gayle Partridge, Chief Flight Nurse.



*Air ambulance transportation of a baby in Accra, Ghana, 2007.*

## Key Dates and Aircraft

“Today our air ambulances are intensive-care units in the sky with a full range of sophisticated aviation-compatible medical equipment.”

— Dr Ian Cornish

### September 1997

Start of Air Rescue Asia, with an air ambulance based in Singapore (Falcon 200). Later replaced by a Learjet 35A.

### April 1999

Start of Niugini Air Rescue, with a Citation 550 based in Port Moresby, PNG.

### January 2000

Start of Air Rescue China with a Hawker 800 in Beijing.

### June 2000

Start of Air Rescue Africa with a dedicated Falcon 10 based in Johannesburg.

### 2002

Start of European Air Rescue with a Learjet 55 in Stuttgart, Germany.

### February 2006

A Learjet 35A is added to the Johannesburg fleet.

### June 2008

A second Learjet 35A is added to the Johannesburg fleet.

### November 2010

A Learjet 45A is based in Abu Dhabi, UAE.

### November 2010

Dubai, UAE receives a Hawker 800.

### October 2013

A Citation 560XL is based in Tianjin, China.

# Creating Worldwide Coverage

## Fascinating Fact No. 19

The highest altitude site supported by International SOS is in Papua, Indonesia at 3,900 metres.

As our business developed, more air ambulances were introduced to create worldwide coverage. We wanted to be where our clients needed our capability, rather than just aiming for general coverage. For example, whilst Papua New Guinea is a relatively small place, it has complex terrain, highly changeable weather and very limited medical care. We have many mining, oil and gas clients there operating in difficult remote conditions. A rapid evacuation response can be essential, so we decided to place an air ambulance there. Dr Neil Nerwich, who has played a major role in establishing our air ambulance service coverage, describes New Guinea Air Rescue as a “vital service which has saved a number of lives since its establishment.”

Our air ambulances in South Africa and the UAE are dedicated full time to International SOS and the others are primarily reserved for us. Although the vast majority of flights are on our own jets, we also have access to a range of other aircraft including executive jets, helicopters and even military and wide-body aircraft.

These credentialed third-party providers are subject to a very significant auditing process. Our standards remain very high. As Ian points out: “Today our air ambulances are intensive-care units in the sky with a full range of sophisticated aviation compatible medical equipment.”

The air ambulance service is closely supported by our Assistance Centres who keep in touch with patients and their families. They can map progress of flights through satellite tracking and speak to those on board via satellite telephony.

We have also set up regional aviation desks in Frankfurt, Johannesburg, Singapore and Philadelphia. They are staffed with dedicated 24/7 aviation

specialists who can secure flight paths and clearances quickly. They also co-ordinate major events and mass evacuations.

On average, across the entire operation, we perform 1,600 air ambulance missions per year and fly 12,000 flight hours (eight million km). On any one day we have an average of four to five flight missions active.

In future, with healthcare standards improving across the world, there may be less need for medical transports. Competition is increasing too – although the standards of some services is questionable. As Roger says:

“You get what you pay for. Certainly our clients really appreciate the excellent quality and breadth of service we provide.”

Air ambulances are for extreme cases. The majority of patients go on scheduled flights, on stretchers, or accompanied by a doctor or nurse. Airlines can be a little reluctant to have sick people on board and have special rules and procedures set down by their medical departments. This caused delays and complications in the past so, in our usual spirit, we solved the problem by setting up our own travel agencies to deal with all these arrangements. They are based in Dubai, Hong Kong, Sydney, Johannesburg, Paris and Singapore to provide worldwide cover. They have developed good relationships with the airlines and know how to smooth the way for sick travellers. As well as keeping us in control of the whole medical transportation chain, the travel service also organises travel for our many staff, thereby providing further efficiencies and economies of scale.

“ Our clients really appreciate the excellent quality and breadth of service we provide. ”

- Dr Roger Farrow

## Fascinating Fact No. 20

Less than 3% of all the cases we manage require an air ambulance or any type of patient movement.

We have developed an excellent capability to transport patients long distances by scheduled airlines, even those with complex medical conditions. For example, we transported a French patient from Sydney to Paris, with a mechanical life support device, so he could then undergo a heart transplant in France. Airlines have come to

recognise our expertise in transporting patients and several have granted us automatic clearance to move medical patients on board their aircraft. Some airlines have even outsourced to us the process of recommending whether or not a passenger with medical problems is fit to fly.



Right and far right:  
Air ambulance Lagos  
Nigeria 2013 - Learjet 45.



# Telemedicine



*Doctor looking at x-ray on computer in London, UK, 2014.*

We have always been keen to keep abreast of technological developments, and in particular innovations in telehealth services, to better meet our clients' requirements. Telehealth is the delivery of all health-related services, including information, via telecommunications technologies. At its simplest level that could be giving a person information and advice over the phone. Our Assistance Centres have been pioneers in this arena, delivering this from their inception, and of course still do so today.

Telemedicine, a branch of telehealth, is the use of telecommunication and information technologies to provide clinical healthcare at a distance. This is clearly a key area for our support of remote medical services. From providing information over the phone we advanced to being able to 'store and forward'; for example, taking a photo of a patient's lesion, storing it as a soft copy file then attaching it to an email. With further technological advances we were able to send and receive ECG results, x-rays and radiological images. This is particularly useful in supporting doctors and patients on remote sites, or seeking a second opinion from an expert located elsewhere.

Another development is the ability to have live video interactions. As more remote sites have gained access to the internet, and bandwidth has increased, we have been able to transmit increasingly sophisticated data and information.

As Dr Neil Nerwich points out:

"This very significantly enhances the care we can offer. The remote site medical professional and patient are able to receive improved remote medical support and that in turn can improve the overall outcome, including the urgency of medical evacuations."

Philippe Arnaud adds "we are working with best in class providers to deliver this video capability. This is another example of our strategy of working with partners as we continuously seek to innovate and enhance our global products and services with new technologies. We call this our 'Going Digital' programme."

We have implemented these leading-edge video conferencing solutions for key clients such as Shell, Exxon and Noble Drilling on 30 remote sites. This has grown from just two remote sites in 2011. Our IHMS sites also utilise the technology to access specialists.

During our Kara Sea project with Exxon, the medical and operations teams in our London Response Centre\* ran live video conferencing, via satellite connections, directly to the medical rooms on the vessels. These vessels were deep inside the Arctic Circle, several days travel from the nearest hospital, making this enhanced medical support invaluable. The telemedicine solution also featured advanced diagnostic equipment, including an x-ray system that could capture an image on-site, then transmit it via satellite to a radiologist for specialist review, as well as to our own medical team.

\*Our Response Centres provide dedicated occupational health support to our offshore clients - including specialist medical advice, treatment triage guidance and best practices in occupational health planning. We have five International SOS Response Centres worldwide: In Johannesburg, London, Kuala Lumpur, Sydney, and Rio de Janeiro.



“ You never know what is going to happen. ”

— Adriaan Jacobsz

## Fascinating Fact No. 21

We support 1,000 vessels with our at-sea and onshore maritime health solutions and 3,500 vessels with our medical supplies.

### Making a difference in practice

A client employee was on board a vessel in the Kara Sea when he suffered severe abdominal pain. They were several days from land and any suitable medical facilities. The medic on board the vessel was concerned that the patient might have a perforated gastric ulcer, a life threatening condition, and initiated a telemedical call with the our London Response Centre doctor.

The Response Centre doctor performed a consultation with the medic and patient, streamed by video including transmission of x-rays, ECG and other diagnostics. The doctor was able to fully assess the patient's clinical status, initiate appropriate treatment and rule out a serious diagnosis. Having received an optimal level of telehealth remote care, the patient recovered and returned to work - a good result for the patient and also avoiding a highly disruptive and costly medical transport back to shore.

In another offshore case an employee on an oil platform in the North Sea sustained a crushing finger injury. A teleconsultation was held between the medic on the platform and our London Response Centre doctor. Digital images of the injury were sent to the London Response Centre through store and forward technology. These were forwarded to a Hand Surgeon at the Royal Aberdeen Infirmary who concluded that the patient might have a fracture and tendon injury. An urgent medical transport was arranged to take the patient to Aberdeen for surgery.

Thanks to receiving the optimal treatment within just a few hours of the injury, the suffering to the patient, including the possibility of long term disability, was minimised.

*Response Centre Doctor (Dr Jean-Samuel Wartel) checking a patient's hands range of movement, Singapore, 2014.*



# MedAire



*Joan Sullivan Garrett, founder of MedAire.*

## MedAire Today

MedAire handles 41,000 medical and security cases annually.

Nearly 3,000 aircraft use the MedLink service.

MedLink receives 80-100 in-flight calls and 60-80 gate screening calls per day.

MedAire trains nearly 5,000 aviation crew per year on how to handle inflight illness and medical emergencies.

MedAire has over 600 yachting clients worldwide who use its MedLink service.

Injuries and illness inevitably happen in extreme and remote locations, but they also happen to regular travellers and crew members on board aircraft and ships, as well as the crew members. As travel gets cheaper, and with people living longer and venturing further, the risk of medical incidents is bound to increase.

We were the first medical assistance provider in Asia to offer telemedical services to a major commercial airline. In January 2000, we signed an agreement with Singapore Airlines to provide medical advice to cabin crew members via in-flight telephone links to our Singapore Assistance Centre. Crew members were also taught to use basic diagnostic equipment, which we supplied to the aircraft, to check the patient's pulse, blood pressure and temperature.

Similar arrangements followed with other leading airlines, including Ansett Australia, Emirates, Virgin and Lufthansa, plus a number of private corporate jets.

Providing assistance to those in the air and at sea took another step forwards in 2008 with the acquisition of MedAire, one of our competitors. MedAire was well established as a specialist provider of medical equipment and training to many major airlines and private corporate jets, as well as super yachts and commercial maritime clients.

MedAire was formed in 1985 when Joan Sullivan Garrett, a critical-care registered flight nurse with over 20 years' medical experience, had a simple yet revolutionary idea. She wanted to bring first-class medical care to any traveller in need and so she

started the company – MedAire. Today, MedAire continues to focus on helping people in the air and at sea.

MedAire recognises the particular challenges passenger and crew face in the air and at sea from the moment an incident occurs. As Grant Jeffery explains:

“A whole series of enquiries have to be made, including whether there's anyone on board with relevant medical experience, what impact the environment will have on the patient and whether a diversion may be necessary. In these conditions, what we do is make it easier for the captain and crew to concentrate on a safe passage and the wellbeing of all passengers.”

Grant points out that to make every journey safe for every passenger, three elements need to be in place: A crew trained to recognise and manage medical emergencies; the right medical equipment on board; and the ability to get acute advice from a doctor who understands the confines of an aircraft or vessel. Grant calls this “the three Es: Education, equipment and expertise.”

Arnaud Vaissié: “MedAire's vast experience in the unique, fast-growing aviation and maritime industries makes it an important part of the International SOS group. Together we can manage medical events end-to-end, and in virtually any type of environment.”

# “Our tagline is Expert Care, Everywhere.”

— Grant Jeffery



*Medical assistance training of crews, on a private jet (top) and yacht (bottom).*

## In the Air

MedAire’s specialist service includes a team of doctors based at the emergency department of a hospital in Phoenix, Arizona, known as MedLink. MedLink is there to respond to calls from in-flight crews and advise on caring for any passengers or crew members during the flight, as well as pre-flight advice about anyone who may feel ill before boarding. MedAire provides bespoke medical kits which the MedLink specialists guide the flight crew on how to use. MedLink doctors also help pilots and captains decide whether or not a diversion is needed.

In one case an elderly lady on a flight from Dubai to Sydney, five hours away from arrival, developed chest discomfort and difficulty breathing. She thought it was an exacerbation of her asthma and used her Ventolin inhaler, however there was no improvement. The crew connected the passenger to a Tempus telemedical device and transmitted her vital signs and ECG to the MedLink doctor in Phoenix. The doctor determined that the lady was having a heart attack, directed the crew to administer medication from the aircraft medical kit and recommended diverting the flight to Perth. On arrival in Perth the patient was rapidly transferred to hospital and underwent an emergency procedure. She had a very good recovery from a life threatening condition, thanks to this telemedical intervention.

## At Sea

A similar service is provided for super yachts, and the commercial maritime industry. Being at sea can bring its own problems as journeys can last many days, so a mild illness can develop into something much more serious. Greater exposure to local diseases due to food, water or insects can cause further problems. Slips and falls and sunstroke are also common.

Again, the vessels have bespoke kits on board equipped for their specific needs, and usage is remotely directed by the MedLink team. Designated crew members are trained how to react in such cases. They are taught how to administer CPR and stabilise patients, whilst calling MedLink for further support.

One case involved a 52-year-old able-bodied seaman on board a vessel bound for the Philippines. One week into his voyage he notified his crew he was ill with a cough, fever and chest discomfort. He had been ill for a week before boarding but had not told anyone. MedAire assessed the situation and suspected tuberculosis. The patient was isolated and MedAire gave treatment recommendations until he reached port. When he arrived at port it was found he did have TB and needed to be hospitalised. The Philadelphia Assistance Centre organised this and also arranged to have the rest of the crew tested.

Grant Jeffery:

“Our tagline is ‘Expert Care, Everywhere’. It aligns seamlessly with the rest of International SOS’ services, and truly states our essence and our mission to our clients.”



## Fascinating Fact No. 22

In 2013, through L.E. West International, we delivered: 350,928 new medical kits, 166,268 refurbished medical kits and 4,157,378 pharmaceutical shipments.

“We ensure clients have an end-to-end solution, by integrating our medical supply services into all our core offerings.”

— Philippe Huinck

*Left: Packing a medical kit, Sydney office, Australia, 2010.*

*Right: Medical supplies, Paris office, France.*

# Our Global Medical Supply Services

Providing the right medication at the right time to our clinics is obviously essential, but in some locations this can be a challenge. As we saw in Globalisation and Growth, our South African team put a lot of effort into ensuring supplies reach different parts of Africa, whilst MedAire ensures the right supplies are available in the air and at sea.

Equally, our medical teams in remote locations need to know exactly what has been supplied and that they can trust it. This is particularly so when treating patients remotely using telemedicine. Knowing exactly what has been supplied can save critical time in an emergency.

Being in full control of all drug and equipment supplies means we can provide an end-to-end integrated service. In 2011 we acquired SMI's medical supplies division and also L.E. West Limited – the leading supplier of pharmaceuticals, medical equipment and first aid supplies worldwide. Through a combination of organic growth and further acquisitions we created a global network of fulfilment centres to assemble and deliver bespoke medical kits and medical equipment for our aviation, maritime, oil and gas and government clients.

Supplying medications is not always an easy task. It involves sourcing high quality cost-effective

supplies, ensuring they are transported at the right temperature throughout the supply chain, complying with national regulations as the goods cross borders and maintaining quality control and traceability.

Philippe Huinck:

“We ensure clients have an end-to-end solution, by integrating our medical supply services into all our core offerings.”

“It can be very exciting, needing to source urgent medical supplies within a short time frame. We can often receive a critical request from a remote clinic for a number of medical items that are required quickly, which can range from medicines to large pieces of equipment – all needing to be bought, picked, packed and shipped within a tight deadline. It's very gratifying knowing we play such a crucial role in helping the medical professionals on the ground do their job by providing them with the medical supplies they need.”

– Medical Supply Services Officer







## Major Milestone

# RMSI – Helping People in Hostile Places

Rob Lamb has been an officer in the Royal Australian Navy and an intensive-care flight paramedic; he ran a helicopter rescue base and has a Master's degree in Health Science. Above all he describes himself as an adventurer. One of his hobbies is BASE jumping.

In 2004 Rob worked in Iraq as an armed medic for an Australian security company, contracted to the US Department of Defense. He realised there was a lack of medical support for the many foreign civilian contractors working for the military. Whilst many of them had insurance cover, assistance companies had no providers in these hostile territories. In some cases lives were lost as a result. This inspired him to act and turn his love of adventure into a new business.

He decided to set up in Afghanistan. In 2006, with a staff of just one paramedic, he developed a ground and air ambulance service for expats in Kabul. Along the way he met an International SOS manager and offered his services. Looking a little sceptical, our manager told Rob he would be interested once Rob could prove that his operation – both staff and equipment – met our stringent standards.

Rob carried on building his business. Soon he had a clinic, a ground and air ambulance service in Afghanistan, and a contract providing emergency services for the US Department of Defense in Iraq. The team was expanding rapidly with many doctors, nurses and paramedics servicing a growing client base.

Having met the standards required he became a provider to International SOS.

In April 2010 Laurent Sabourin invited Rob to meet him for lunch. Laurent said he was impressed with Rob's service and suggested taking the relationship forward. In September Rob met Arnaud, Pascal and Laurent in Paris. Rob found the synergy between his three hosts 'amazing'. Nervous of meeting this successful trio, Rob had carefully prepared answers to financial questions – an area he felt weak in. But Arnaud put him immediately at ease, telling him: "We want you for who you are and what you are doing. We do not want you to change, we will support you." That proved to be the case.

*Left: RMSI medical crash crew service transferring patients arriving by Black Hawk helicopter to the US Military Casualty Support Hospital, Al Assad Airbase, Iraq, 2009. Mass casualty incidents were a common reality during the peak of the Iraq war, where RMSI were contracted to support both military personnel and the contractor population.*

“ Our partnership with RMSI is another step towards our commitment to clients. ”

— Laurent Sabourin



*Rob Lamb in 2008, inspecting the RMSI team's delivery of emergency medical services to the US Department of Defense in Iraq.*

## Fascinating Fact No. 23

Today, our staff includes 1,200 doctors and 200 security specialists.

The strategic alliance was announced on 10 October, 2010. RMSI became the sole provider for International SOS when delivering medical services in hostile environments, providing those services to the same standards as International SOS. It was a win-win; many of our oil and gas clients who wanted to be in such territories were happy to go with RMSI on the back of our support.

Laurent Sabourin explained the rationale behind the alliance:

“Our partnership with RMSI is another step towards our commitment to clients, offering them the specialist resources and expertise needed to keep their global workforce healthy and secure wherever they work or travel. It is another example of the highly integrated services we can now offer.”

The business rapidly developed and that brought some challenges. When fighting in the hostile environments died down, the oil and gas clients wanted to revert to their traditional International SOS service. Meanwhile, decision making in the much larger RMSI, with approximately 500 staff, had become more cumbersome. So, in April 2014 another meeting was held in Paris. As Rob explains: “Chapter two in our history began – back to our roots.”

Much of RMSI's traditional business was folded into the operations of International SOS in the EEMEA region, and RMSI now focuses on ‘rapid deployment medical and rescue’ services. RMSI is now centred on a dedicated team of field specialists, mostly ex-military, who can be called upon to go anywhere at any time. They focus on extreme risk operations such as supporting journalists in Gaza or carrying out dedicated medevac services for the UN troops in Mali. They often work with Control Risks for particular evacuations and escorts. This all suits Rob and his team as they are very used to hostile environments and war zones.

As well as the ‘rapid deployment special missions’, RMSI has a series of ‘central operations’. These are often in support of government services, for example, running field hospitals in Mogadishu and the Central African Republic for the UN, and providing an emergency response service for a NATO base in Afghanistan.

Rob believes this refocusing of responsibilities between RMSI and International SOS is ideal. The business has benefitted from shared clients and adopting our high standards. Plus Rob hugely values the support and advice he receives, “even if Laurent does hold his breath every time I go BASE jumping!”

*Right: RMSI medical evacuation team collecting a patient from the German military hospital in Herat, Afghanistan 2007, evacuating first to Kabul and onwards to Dubai. The small dirt runway required using a turboprop aircraft instead of a jet for the evacuation.*







**A Broadening Service**

# Preparation and Prevention

## Learning from Experience

In the late 1990s Dr Neil Nerwich received a call from the medical director of a major organisation requesting assistance for a very unwell expatriate employee in China. We evacuated him to Singapore where he sadly passed away from rabies. He had moved to China with his family to work. They had subsequently bought a puppy from a local market, and, as puppies sometimes do, it nipped people. The puppy subsequently died and the family were told that distemper was the cause. In fact the puppy had had rabies and transmitted the virus to the father. The family was not immunised against rabies prior to deployment and were not fully aware of the rabies risk.

The organisation recognised the need for well-structured, standardised medical screening, immunisation and travel education prior to deployments. We helped develop this programme, then known as 'Corporate Care', and it was subsequently rolled out to many organisations as 'MedFit Services'.

When people think of International SOS, medical evacuations are likely to spring to mind. Of course that is, and always has been, at the heart of the company, and it makes for many exciting stories, but we do far more than that.

Our presence in developing countries, combined with our local knowledge and multilingual capabilities, meant we were often the first place travellers turned to for help. From very early on our Assistance Centres dealt with many 'technical' or 'non-medical' calls; a typical example is travellers with lost wallets or passports.

As Laurent Sabourin says:

"Our company has always been about resolving and preventing crises. With the exception of adding security offerings and responding to the advent of the internet, which came later, in general terms the services we provide today were there at the beginning. What has changed is the world around us and how we deliver those services."

We have increased our geographical reach and moved into different sectors, for example, government outsourcing services. Our products and services have also become more sophisticated, adapting to the changing needs of clients, across the globe.



*Air pollution, Shanghai 2014.*

In 'Remote Locations,' we saw how we expanded our services to include occupational health, community health and other initiatives.

Over time we have extended these services to our other clients with a growing emphasis on preparation and prevention. From a medical perspective we looked at reducing accidents and the spread of diseases as well as promoting health and wellness. Dr Olivier Lo adds:

"Without a doubt over the last decade, the industries we are servicing are moving beyond using our health programmes for enhancing preparedness and health crisis resolution. Today, we see more sophisticated health risk management models being used by organisations to mitigate the economic burden of poor health and increase productivity. Simultaneously, we have seen a progressive global change in the HSE legislative landscape that is motivating our clients to find better ways to provide a safer and healthier workplace for their employees. In short, prevention of ill health has become a priority for our clients in addition to providing treatment services for their global workforce."

Dr Myles Druckman and his team have identified that failed international assignments due to preventable medical events can be 'saved' by screening high risk personnel at appropriate points. Using a novel methodology, Myles has been able to demonstrate to clients significant returns on investment with this approach. Thus not only – and most importantly – have lives been saved, improved productivity and reduced costs have also resulted.

From a security perspective we have also helped people better understand travel risks and how to improve personal security.



“Prevention of ill health has become a priority for our clients in addition to providing treatment services for their global workforce.”

— Dr Olivier Lo

## Pandemic Preparedness

It was clear from our experience with both SARS and avian flu that clients were looking to us, not just to respond to those affected but to help minimise the impact of future outbreaks on their organisations. Following the 2003-2004 avian flu outbreaks we created a Pandemic Preparedness website to give our clients the latest information and help them better prepare should a pandemic strike. Other sources of information now available are our Pandemic Reference Guide, regular email updates, Pandemic Special Bulletin emails and our webinars.

We also worked further on formalising our framework for dealing with such events. As Philippe Arnaud points out, “on the back of avian flu, in partnership with our medical professionals starting with Dr Doug Quarry, we created our first Medical Consulting product, ‘Pandemic Preparedness Planning,’ designed to help our clients prepare in case a serious influenza pandemic occurred. This was a very exciting time that jump started our Medical Consulting business.”

Many clients asked us to perform assessments of their specific locations, and prepare detailed Pandemic Preparedness Plans, outlining potential threats and mitigation plans. Our work in this area has proved very popular with our clients and the recent concerns over Ebola have increased interest in preparing for the worst. As Dr Doug Quarry points out, “Our Pandemic Plans introduced the concept of the Action Table, in which mitigation strategies proportionate to the risk and impact are introduced.”

Of course businesses can be affected by far less than a pandemic and this has also been a focus of

our service offering. Dr Myles Druckman’s work on how infectious diseases such as TB can impact a business was developed into a white paper and then became the Health Incident Plan.

## Raising Standards, Raising Awareness

Our knowledge and experience of pandemics and other events is unique, and over many years we have collected a vast amount of information on medical cases and traveller movements. This has led Doctors Druckman and Quigley to produce a number of academic papers, applying statistical analyses to this information to see what it reveals. These include two important papers published in the highly regarded Journal of Occupational and Environmental Medicine (JOEM):

- ‘Country Factors Associated with the Risk of Hospitalization and Aeromedical Evacuation Among Expatriate Workers’ was published in 2012. It looked at the association between different country risk ratings and the incidence of medical evacuations for expatriates, and pointed to the potential to reduce risks through pre-trip medicals and providing on-site medical services in high risk countries.
- ‘Assessing the Risk of Work-Related International Travel’, published in 2014, looked at the risks faced by business travellers visiting countries with different levels of risk, and how such risks could best be mitigated.

Other publications by Dr Quigley have reported on cases involving complex medical interventions. In the aviation health sector, Dr Paulo Alves has


published several papers on his excellent analysis of inflight medical events on commercial airlines, and has demonstrated the significant benefit of ground to air medical support. As well as sharing our experience, these academic publications add to our reputation for medical excellence.

We are also keen to make this information and advice available to broader audiences. As well as keeping our members informed, through online updates, webinars and other means (see Tools of Technology) we raise awareness at industry level. In the early 2000s we began a series of medical and security seminars and roundtables in different parts of the world; and our experts continue to deliver speeches and posters at industry meetings and conferences. For example:

- After the 2010 Ash Cloud we produced a briefing paper in association with the Association of Corporate Travel Executives on lessons learned.
- In the EMI sector, Dr Laurent Arnulf sits on the industry-wide International Oil and Gas Producers (IOGP/Ipieca) Health Committee which develops guidelines for the oil and gas industry to reflect emerging policies. Areas covered include onshore and offshore primary and emergency care, remote medicine, medical evacuations, public and occupational health, CSR and Duty of Care.

Recent years have also seen an increase in our media exposure, especially in the US. Both Dr Quigley and Dr Druckman have given many interviews to CNN, The New York Times, CNBC and other influential outlets, on public health concerns.



→  Left Baggage

行李寄存  
Simpanan Baga  
手荷物預り所

←  Toilets

洗手间  
Tandas  
お手洗

←  Car Park 2A

停车场 2A  
Tempat Meletak Kere  
駐車場 2A

 Car Park 2B  
 Train to City  
 System 11A/B

EXIT

EXIT

2



## Major Milestone

# Duty of Care – Recognised for Thought Leadership

The notion of protecting employees in the workplace, and staff travelling on business, derives from a number of different incentives. There is the natural desire to protect fellow humans from harm. From a purely financial perspective, injury or illness among staff can cause significant disruption and associated costs. In recent years a further reason has been increasingly recognised: A legal Duty of Care.

Protecting employees in the workplace is gradually becoming enshrined in law, at least in most industrialised countries. The duty extends to employees when they are on assignment or travelling in other jurisdictions on behalf of their employer. Although laws differ country by country this duty is being increasingly recognised through a combination of legislation, common law and codes of practice. In effect, this means that companies are expected to support their travelling employees as much as reasonably practical. Providing pre-trip medical check-ups, information and training to employees, as well as advice and medical and security assistance during travel or assignments abroad, helps employers satisfy their Duty of Care responsibilities.

Since we provide advice and assistance services, both in the workplace and to travellers, and given our growing emphasis on preparation and prevention, the emerging Duty of Care proposition became a natural discussion point between us and our clients, particularly in Europe, Australasia and North America. Although in 2008, the global financial crisis meant that all activities were potentially a target for budget cuts, Laurent Fourier, who heads our European business, points out that the Duty of Care became a ‘must have’ not a ‘nice to

have’. Laurent adds that it was helpful that Arnaud actively pushed the formalisation of the Duty of Care offering as a strategic imperative for the Group.

We began to talk to our clients about Duty of Care, explaining that simply being insured is not enough. Before going abroad, everyone – workers, students, interns or volunteers – needed preparation and training. They needed to know the risks. Whereas previously we had traditionally talked to HR, we now also began to address senior risk managers and security managers. Our knowledge and contacts in this field gave us immediate credibility.

To help our clients address their Duty of Care responsibilities, our legal and marketing teams asked Professor Dr Lisbeth Claus, a global HR expert, to review the emerging law in a selection of countries. In 2009, she produced a White Paper on ‘The Duty of Care of Employers for Protecting International Assignees, their Dependants, and International Business Travellers’. This found that whilst the legal position in each country was diverse, there was a general obligation on employers to protect the physical and mental health, safety, security and well-being of employees, wherever they work. The white paper advised companies to standardise their Duty of Care responsibilities at the highest level and develop an integrated risk management strategy. It also set out some best practices to act as a starting point.

*Left: Business travellers,  
Changi airport, Singapore.*

“ We explored the concept of the moral and legal duty companies owe when sending people abroad. ”

— Greg Tanner



*Expatriate and local workers on an oil drill platform.*

To show our clients what other companies were doing, we commissioned Professor Dr Claus to conduct a benchmarking study of 628 companies. Published in 2011, it found that whilst awareness of Duty of Care obligations was increasing, companies differed greatly in the way they addressed such risks. Again some best practices were suggested. Sector reports were then produced setting out the results in more detail. For example, for the scholastic sector and the global extraction, energy, engineering and construction industry sector.

We have continued the discussion with clients through our website on Dialogues on Duty of Care and its associated blog and webinars, as well as seminars, breakfasts, articles and executive briefings. The Duty of Care concept is a responsibility which we are well positioned to address, and it is now embedded in our marketing, communications and other propositions and presentations to clients.

Laurent Fourier believes that Duty of Care has been a key factor in the growth of our preparation and prevention portfolio, allowing a new expansion phase for the group, while offering more added value for our clients. It is clear from client feedback that we are widely recognised as a thought leader in this area. He concludes:

“Developing a clear framework and portfolio of solutions to assist our customers in addressing their Duty of Care has helped all parties better understand their responsibilities and what actions are needed. We are now even better placed to help customers meet their responsibilities when sending workers abroad.”

But Duty of Care is not just a European concept: The legal framework is also recognised in other regions, including the US and Asia. More and more people are travelling, in all types of jobs, and more frequently. Whereas once companies might have supported their senior managers when travelling they now realise that the duty applies at all levels.

Greg Tanner, Group General Counsel, points out that whilst international organisations often understood their responsibilities when sending employees abroad for some time, our involvement made a real difference:

“We explored the concept of the moral and legal duty which companies owe when sending people abroad and formalised it in a language that made it easier for businesses to address their responsibilities. We are helping them do what they need to do to reduce their risks. We have made a significant contribution to developments in this area, for the benefit of employees who travel and their employers.”

### Award Win

The Duty of Care Benchmarking Survey was declared ‘Best Research Study of the Year’ as part of the Expatriate Management and Mobility Awards for Thought Leadership, in September 2012.



## Fascinating Fact No. 24

Our 2011 global Duty of Care benchmarking study is the largest ever commissioned. It surveyed 628 companies across 60 countries.



### The International SOS Foundation

To research and support the Duty of Care concept, beyond our own business to a broader audience, we provided a grant for a foundation to be set up. The International SOS Foundation was established in 2012, based in the Netherlands.

The International SOS Foundation is a registered charity and is a fully independent, non-profit organisation. It has the goal of, “improving the safety, security, health and welfare of people working abroad or on remote assignments through the study, understanding and mitigation of potential risks”.

The Foundation has produced a number of white papers providing advice on Duty of Care for different industries, as well as general advice and checklists for people working abroad. A website, regular blogs, a LinkedIn network, webinars and seminars all support its communications. The Foundation is the leading repository of Duty of Care information and materials.

The Foundation works closely with the leading HSE and occupational health institutions and other international organisations with interests in this area. Dr David Gold, previously a Senior Civil Servant with the ILO, is a senior consultant to the Foundation. He was instrumental in setting up the Foundation and in September 2013 helped bring together leading international health, safety and security experts to develop a Global Framework.

The Global Framework aims to help organisations establish travel safety, health and security policies, allocate roles and responsibilities, plan and implement procedures and evaluate progress.

Kai Boschmann who manages the Foundation says:

“The Global Framework is another excellent contribution to awareness and understanding in this area. It offers organisations practical support in establishing their policies and procedures on Duty of Care, so turning the concept into a reality.”

Next, the Foundation works with the Global Road Safety Partnership (GRSP) to help mitigate the risk and impact of road accidents faced by business travellers and expatriates working abroad. Our experience has shown this to be a major cause of injury to travellers.

Similar work is carried out in the US by the International Corporate Health Leadership Council™ (ICHL), a non-profit corporation which we were also instrumental in establishing. ICHL is a forum where leaders in corporate health and medical services, thought leaders, researchers and other stakeholders can meet, exchange ideas and issue reports. It aims to help reduce risks, and improve the delivery of health services to international business travellers, expatriates (and their families) and employees (in emerging environments) wherever they may live or work. The council has produced its first report on ‘Corporate Health Trends’; this recommends ten health-related actions for international organisations in supporting their mobile workers.

### Award Win

In October 2014, the Global Framework won the highly-contested ‘Best Thought Leadership’ category at the Forum for Expatriate Management’s annual EMMA awards in the Asia-Pacific region.



# Local Community Projects

Extractive industry projects are often in remote areas in developing countries where health infrastructure is limited. There is often a lack of clean water and diseases such as malaria, tuberculosis, cholera, STIs, HIV and filariasis are endemic and can quickly spread. Mining companies are increasingly addressing these problems as part of their CSR and sustainability commitments. They recognise that their impact on host communities, and their licence to operate, are sometimes linked to their delivery of such sustainable programmes. This is part of what Dr Myles Neri describes as “a new paradigm in public private healthcare partnerships”, whereby company health initiatives are delivered by an experienced company such as International SOS, in conjunction with local health authorities.

We have increasingly become involved in such activities, both as part of our own CSR commitments (see Supporting Others) and our service delivery to clients. Our work with Freeport on malaria control in West Papua has already been mentioned; the award winning programme with Freeport in the Democratic Republic of the Congo (DRC) was another Major Milestone.

Some of the other local community projects we have worked on with our clients include:

**Newmont Ghana:** The Integrated Malaria Control Programme consists of a workforce programme plus support for a community malaria control programme. It won the Global Business Coalition Best Workplace HIV/TB/Malaria programme award in 2010.

**Newcrest PNG:** This public health management programme, established in 1998, includes mother and child healthcare, plus malaria, HIV, tuberculosis control, and filariasis and Yaws eradication programmes.

Working with USAID and partnering with the Centre for Global Health Security at Chatham House, London, and the mining industry in the DRC, we are field testing an Emerging Infectious Diseases (EID) risk assessment tool kit to help companies combat EIDs and other disease outbreaks.

Working with Rio Tinto/Newmont in Indonesia for over ten years, in conjunction with Rotary International and Interplast Australia, to do lip and palate repairs and burn/scar revisions for over 3,000 community members.

Another Rio Tinto project, in the remote jungle area of central India, is also supported by our medical team - who work with Rio Tinto to provide high-quality health services to the local community.

Working with Freeport and local governments to establish community health facilities and hospital services in the Congo and Indonesia.

Dr Myles Neri:

“Our partnership with the extractive industry has helped us become a world leading medical services partner. It has also given us the opportunity to create award winning programmes, thought leadership and innovation in areas such as baseline health studies, health impact assessments and sustainable community health initiatives.”



“ This achievement reflects the valuable contribution Freeport and International SOS have made to malaria prevention and health development in this area. ”

— Arnaud Vaissié



## Major Milestone

# Freeport McMoRan, DRC – An Award Winning Partnership

We have already met Freeport McMoRan, one of the world's leading producers of copper, gold and molybdenum. Freeport operates in many parts of the world where there are serious community health risks including lack of clean water and sanitation, and a range of infectious diseases. These areas tend to have very limited access to health services.

The Democratic Republic of the Congo (DRC) brings particular challenges: It is a post conflict environment and is extremely impoverished. Freeport's introduction to this area came when it bought US company Phelps Dodge, in 2009, and took over its Tenke Fungurume copper mine in the Katanga Province.

We became involved very soon after. In fact Dr Myles Neri already knew the site well and had a number of concerns about its healthcare standards. He raised these with Dr Bethea who immediately went there, ahead of any other Freeport executives, to investigate with Myles. We were tasked to work with Dr Bethea, to design and implement a proper medical service to look after all Freeport's employees on the site. We worked closely together. As the Chairman of Freeport, Mr James R Moffet, put it at the time, "Our two companies are joined at the hip."

As in West Papua we provided medical services to the staff plus broader public health services. Baseline research showed very high malaria prevalence among local employees, their families and the surrounding community, so malaria control was identified as a priority. This was to be the first professionally run large-scale control programme on a mine site, carried out in that country.

To get the project underway our medical experts examined the biology and ecology of the local disease-carrying mosquito, looked at infection rates and insecticide resistance patterns and carried out

community surveys to get a better picture of the local knowledge, attitudes and practices. It became clear that different groups would require different levels of intervention.

We embarked on a programme of indoor spraying, provision of long-lasting insecticide bed nets, and drainage control to deter mosquito breeding. Meanwhile our on-site clinic provided prompt and accurate malaria diagnosis and treatment, available to all workers and their families. For the local community, Freeport provided one bed net per family, and we helped train the national staff in the early identification of malaria and held regular workshops on awareness and prevention.

Since the programme's inception, malaria incidence among employees and in the community has decreased from hyper-endemic to a prevalence rate better than any other region in the Congo.

In November 2011, Dr Benjamin Atua Matindi, Director of the National Malaria Control Programme from the DRC's Ministry of Health in Kinshasa, visited Tenke Fungurume and declared the site "a centre of excellence for malaria control in the country."

In May 2012 the malaria programme gained Freeport first place in the Workplace/Workforce Engagement category at the prestigious GBCHealth Awards in New York.

Dr Bethea: "International SOS was instrumental in making this happen – their expertise and dedication to our cause were absolutely vital."

Arnaud Vaissié: "This achievement reflects the valuable contribution Freeport and International SOS have made to malaria prevention and health development in this area."

*Malaria prevention programme,  
Freeport site, Democratic Republic  
of Congo, 2011.*

# Concierge and Lifestyle Services



*Towing services in Sydney, Australia, mid 2000s.*

Right from the start Assistance Centres dealt with lots of non-medical cases. Initially known as 'technical cases' these covered home assistance, auto assistance, language assistance, claims advice, pre-trip consulting and other travel related services. We were ideally suited to help in all these situations. Our staff members were trained to follow protocols and knew how to deal with clients' requests – often in a single call.

As people began to travel more to Asia we received more travel assistance requests – often about lost travellers cheques and lost or stolen credit cards. We had a contract with a major credit company to assist with lost credit cards, and provide other travel and medical assistance services; this was a significant contract for a number of years. For another company we helped their members in Asia who had lost their travellers cheques. Working with both these companies taught us a lot about meeting client needs.

The acquisition of International SOS Assistance brought in significant new business. For example, in South Africa, it ran Vodacom Mobile's 112 emergency call service for fire, police and ambulance; it dealt with thousands of calls each day, many of them helping with people in highly critical situations.

We also worked with many insurance companies to 'enhance' their service offering to their customers. For example, basic motor accident cover might be enhanced to include roadside assistance, such as over the phone diagnosis of problems or sourcing towing services.

We developed networks of plumbers and electricians to respond to requests for emergency home repairs, handled claims for insurance companies, and managed customer enquiry lines for consumer goods manufacturers and a chemical company.

This part of our business was profitable and reflected our entrepreneurial spirit but it also required finding a lot of suppliers (such as plumbers and mechanics) which took time and required resources. In around 2008, it was decided to decommission the 'non-core' services, especially the purely domestic ones. As contracts ended we did not seek their renewal.

Conscious of the significant opportunities on the concierge side of the business (a natural extension of our assistance services) we decided to focus on a quality service for exclusive groups of clients, such as 'platinum' level loyalty card programmes, banks and airlines.

Again we progressed through organic growth and acquisitions. In 2011 we acquired VIP Desk, founded by Mary Naylor, the North American provider of industry-leading concierge services, customer care and loyalty programmes. This was followed by the purchase of EMSM, the leading concierge and lifestyle company in South Korea.

“ With Aspire Lifestyles we now have a world-class offering of products and services. ”

— Brian Loo



## Aspire Lifestyles

Our premier concierge service did not quite fit with our International SOS brand. So in 2012 the enhancement team set out on the rebranding journey. In April 2013, the Aspire Lifestyles brand was born - to provide global concierge and benefit solutions which identify and meet the aspirations of our clients' most valued customers.

Aspire Lifestyles' mission is to 'deliver the exceptional, without exception'. Its portfolio of products and services includes airport services, wellness, security, local and global custom benefits programme development, experiences and more. Our clients trust and rely on us to enhance brand interaction with their most valued consumers, making them feel important and in turn, increasing engagement, brand loyalty and advocacy.

Today, Aspire Lifestyles serves over 1,200 clients and a combined member population of more than 60 million. Aspire Lifestyles partners with clients in many industries including financial institutions, insurance companies, luxury retailers and premium automotive brands. Calls are handled by concierge consultants in dedicated Aspire Lifestyles concierge centres.

Brian Loo: "With Aspire Lifestyles we now have a world-class offering of products and services developed specifically for premium client programmes serving the affluent consumer segments. We aim to be the number one provider in this space, with our innovative solutions and first-class service backed by a global infrastructure that only an industry leader can provide."

## Fascinating Fact No. 25

We have 86 offices worldwide.



*Right: Aspire Lifestyles Call Centre in Shanghai, China, 2014.*

**08**

**Developing a  
Global Infrastructure**



# The Tools of Technology

Technology-based services have become a major part of our offering to clients and are fundamental to our ability to provide a truly global service. Having experts on hand 24/7 requires access and co-ordination, and that in turn means making the most of available communications and information technologies. Some of the telemedicine technologies we use today have already been mentioned.

It was somewhat different in the early days in Asia when there was little technology available. Even the phone systems were basic; it could take weeks to get phones installed in our Assistance Centres. Telexes, faxes, notebooks and spreadsheets were the usual tools within AEA at that time, as they were in other similar sized companies. But running Assistance Centres, communicating with remote locations and building up a network of providers meant making the most of emerging technologies.

In the late 1990s we undertook a number of website developments to support our business operations. One of the most significant projects was WINIS (Worldwide Implementation of a New Information System) which began in 1998. As members were



*Tracking flights, Philadelphia Assistance Centre, US, 2013.*

increasingly travelling to different places, and therefore receiving support from different Assistance Centres, it was essential to create a single, centralised customer list that everyone could access. WINIS started this process of global standardisation.

As well as centralising information about our clients, we needed to keep track of our growing network of providers. Again this information lay in different Assistance Centres in physical files. SPIN (the Service Provider Information Network), developed by Dr Doug Quarry and Thierry Watrin went online in November 2002. It was followed, in 2004, by a global case management system. Developed by Mark Crawford and later supported by Linda Lee. It aimed to ensure that anyone dealing with a case, from any Assistance Centre, would see the same details in real time. Whilst WINIS was eventually replaced by salesforce.com, SPIN and Case Management are still used today.

Once work to develop internal systems and processes was underway, the need to develop client-facing services was addressed. Although a website existed with basic information it needed enhancing to deliver a good service to members. This was formalised in 2000 when SOS On-Line Division was set up under Tim Daniel.

As Tim explains: “The aim was to capture the vast knowledge and expertise in the heads of our people and share it with clients in a meaningful way. SOS On-Line paved the way to offering an industry-leading online and on-call solution. This made a very powerful combination of information delivery.”

We have already seen how information and advice was put online to keep members informed of unfolding events such as SARS, Avian flu and the tsunami. A more proactive approach was also needed.

This was the time of the .com revolution and creating SOS On-Line was seen as a natural step – it was exactly what clients were expecting. At a time when the company was looking to raise funds, it was also an important way of adding value to the company in the minds of potential investors.

The first step was to move operations from Singapore to Philadelphia. This was done mainly for technological reasons. Tim’s team gradually built up a huge database of medical and security information for access by members; by 2005 more than two hundred Country Guides had been produced. Reflecting the multilingual nature of the company, these were available in English, French, Spanish, Japanese and Chinese. The site could also serve as a secure repository for employees’ emergency contacts and medical history – another useful feature for clients. The content and languages of SOS On-Line have continued to grow; today there are 226 Country Guides and 390 City Guides.

Arnaud Vaissié: “As a global 24/7 operation we have to be able to access the expertise of our people all around the world at any time. The extraordinary pace of telecommunications and IT developments over the last 30 years has massively helped. We rode on the waves of these advancements and we continue to harness emerging technologies to better serve our clients.”

“After the air crash in the Hudson River in January 2009, thanks to TravelTracker, clients were able to find out within minutes if they had employees on board.”

— Tim Daniel





## Major Milestone

# TravelTracker – Locating Employees When it Matters Most

Another client need was for trip-specific information to be proactively provided prior to a traveller's departure. This requirement had been raised in 1998 during discussions with a Canadian client (Nortel Networks) which was sending engineers to China. They wanted their people to have basic travel advice before they went, which in turn meant knowing where they were going to, and when. As ever, responding to our client's needs, we established a basic service; it was a matter of linking to the client's travel service database, to retrieve travel information and pass it on to the travellers and their managers. It was well received but again much of the effort was being done manually, relying on photocopiers and highlighter pens. Tim and his team set about creating automated emails: Automated Travel Advisories (ATAs).

Relying on us more and more for information about travel arrangements, clients often informally asked where their employees were. The team was looking at ways of providing this when 9/11 happened. The US aviation system was suddenly shut down and many companies struggled to locate their staff, both in the US and around the world. Many had no idea what to do. Within days, a client who had sadly lost employees on one of the hijacked planes called for a web-based tool to track all travelling staff. Other clients articulated the same need. The idea now became a priority project. Travel Locator was launched just three months later in December 2001, providing clients and individual members with travel itinerary information. It was compiled from the global reservation systems data used by travel management companies, and was retrievable by region, country, flight number, or hotel booking.

As Tim explains: "To collate such information on all a company's employees used to take days. Now this information was available at the push of a button. Travel Locator was an important step and it was exactly what our clients wanted. Again it was a case of seeing the opportunity and being in the right place at the right time."

The software went through a number of upgrades, each adding functionality. A significant step took place after the joint venture with Control Risks in 2008. Until then ATAs and Travel Locator were sold separately, although many clients bought both, and Control Risks had similar offerings. Following the JV the best features were combined to create TravelTracker, described by Tim as "a best of breed system."

TravelTracker is the world's leading software in its field. It tracks around 2.5 million international travellers each year and is heavily relied on by clients during major incidents. TravelTracker has proved itself time and time again in crises around the world, including civil unrest in Libya, Egypt, and Tunisia, the Moscow airport bombing, the ash cloud, the Haiti crisis, the Chilean earthquake and the Japanese tsunami and nuclear disaster.

# Technology Advances

From the start, telephony has been at the heart of our operations. Pascal's first mobile phone has already been mentioned! He was equally keen to install satellite phones in our air ambulances so everyone could stay in touch during those difficult hours. In 2004 we went a stage further, enabling clients to use iridium satellite phones to contact their nearest Assistance Centre from anywhere on the planet – a huge benefit for those working in the oil and gas, mining, commercial shipping and fishing industries. For those nearer to home, the introduction of smartphones brought yet more expectations from our clients. A first step was to introduce TravelTracker Mobile.

Being able to check itineraries is one thing, but companies often want to know the real-time location of their employees, especially in a crisis. In 2010 this led to another major product development: The Membership App. At first this was for the BlackBerry, and versions for iPhone and Android devices followed in 2011. The App was an electronic copy of the International SOS membership card, providing a one-click dial to the nearest Assistance Centre. Now called the Assistance App, it offers access to current medical and security updates for the current location. Using the 'Check In' button immediately informs the user's company of the user's exact location: A major benefit in a dangerous situation.

As Gregoire Pinton explains, "Being able to download our App to a smart phone is of great value to our clients. At the push of a button they can access any Assistance Centre – it adds a whole new level of safety for our members."

The App has won a number of awards including the prestigious EMMA Award for the Most Innovative Use of Technology in 2011. EMMA awards are presented by the Forum for Expatriate Management, in recognition of "the industry leaders, business successes and rising stars in the global mobility industry."

As Philippe Arnaud concludes: "Tim very successfully created the information and tracking services, with TravelTracker as the flagship, and this journey has since been expanded with the 'Going Digital' strategic initiative to enhance all our products with the latest innovative technologies."

## Award Win

International SOS won the "Most Innovative Use of Technology in Global Mobility" award at the 2014 EMMA's (Expatriate Management & Mobility Awards) for our TravelTracker solution, its integration with TravelReady Plus, and its seamless integration with our Assistance Centre platform.

## Game Changers

### Notable Technology Advances:

It has been a long journey from telexes and notebooks to the range of technology-based services we offer today. But as Tim Daniel points out:

"Our aim is not to have the latest gizmo but to have industrial strength applications that will work in the difficult locations and situations in which our members find themselves. Technology is part of a broad client solution rather than an end in itself. It is the combination of technology plus knowledge plus action that is our true strength."

We are making mobile phones a source of useful information too. An example of this, pioneered by Dr Myles Druckman, is adding a QR Code to our medical kits so users can call up detailed usage instructions and advice on their iPhones.

**TravelReady** was introduced in 2004, a web-based tool linked to TravelTracker that encourages people to prepare for higher risk destinations using reminders and checklists specific to the country of destination. Inbuilt follow ups help ensure compliance.

**Malaria Online Learning** was introduced in 2007.

**'Spot The Risk'** is an online tool for improving travel safety and awareness, introduced in 2012.

Website on **Air Pollution** was introduced in 2014.

Regular **webinars** to provide medical and security advice to clients.

## Fascinating Fact No. 26

We input over 600 security reports into our Travel Security Online system every month.



*TravelTracker, 2014.*



*International SOS  
Assistance App, 2014.*

# Assistance Centres



*First Assistance Centre staff at Prapanca, Jakarta, Indonesia, late 1980s.*

## Fascinating Fact No. 27

In 2013 our Assistance Centres received a total of 4.9 million calls.

Assistance Centres have always been at the heart of the company and core to our global service delivery. In the early days they were called Alarm Centres; this was changed to Assistance Centres to reflect the fact that most calls are for a wide range of help and information rather than just emergencies.

### Local Knowledge

Our first two Assistance Centres were in Singapore and Jakarta. As we expanded into different countries throughout Asia, we opened further Assistance Centres to provide a local service. This was provided by nationals who spoke the language, knew the country and understood the culture; they were led by international co-ordinating doctors and other experts. That remains our approach today. We have 27 Assistance Centres delivering services in over 90 languages, all over the world, fully operational 24/7, every day of the year.

Throughout these years the Assistance Centre staff have dealt with calls on a vast range of topics, from travellers with lost wallets to members in remote locations seeking help for a severely injured worker. Whilst many of the calls each Centre deals with are similar, there are inevitably regional differences. For example, the Johannesburg Assistance Centre has dealt with many calls about animal incidents with tourists. As Dr Fraser Lamond puts it: "The big five – Lions, Leopards, Buffaloes, Elephants and Rhinos – have certainly made their presence felt in Africa!" Snakes, spotted hyenas and hippos have also made their mark on many unfortunate members.

The number of calls we receive varies between Assistance Centres and changes over time as our clients' needs alter. In one place a mining operation might scale down, whilst another place may start to boom; we have to adjust accordingly. The content of calls has also changed. With better standards of healthcare in many countries, and people better prepared for travel, fewer medical transports are needed. Our focus on awareness and prevention has likewise increased the amount of medical and security information we proactively provide to our members prior to travel.

### Highly Trained

Dealing with the calls to our Assistance Centre is a very challenging job and requires a broad range of skills; for example, one caller might want us to recommend a dentist, the next might need support after a colleague has suddenly died. Our Customer Service Executives (CSEs) are the first to answer calls. They handle non-medical and non-security matters, such as confirming the time of an appointment or dealing with other administrative tasks.

The CSE immediately passes all calls seeking medical or security advice to the medical or security member of the call answering team. Having a medical professional as part of our call answering team is what sets us apart from other companies and has done since our early days. Today security experts are also part of that team.

## A Heartening Story

In March 2013 the Philadelphia Assistance Centre received a call: A US citizen in Panama had had a massive heart attack and needed to be transferred to Florida, as the nearest place of medical excellence. The call was escalated to Dr Quigley; his assessment was that the patient had only about a 20% chance of survival and that depended on giving him a mechanical heart and getting him back to the US.

Artificial hearts are very specialised devices, not available in Panama, but Dr Quigley, leveraging our Global Assistance Network unit, was able to access one almost immediately. The Philadelphia medical and operations teams were able to pull together a team of cardiac specialists and dispatched them straight to Panama with an artificial heart. Meanwhile they arranged for the relevant hospital privileges for this team of foreign (US) doctors to perform surgery in the Panama hospital, which they did within one hour of arrival. It was the first time this operation had been carried out in that country and by a foreign medical team. The aviation and operations teams orchestrated the landing of a second air ambulance which was waiting on the tarmac to return the patient to the US (Miami) where he was discharged 30 days later. It was a memorable event for all.

Dr Quigley: "I was so proud to be part of this multidimensional organisation that could so quickly pull together an aviation and medical team, supported by our Assistance Centre which kept in constant touch with everyone. No other operation in the world could do that logistically and operationally. That's what we rehearse for. It's why we are here and it's incredibly rewarding."

Noel Zuniga, the patient: "Had it not been for International SOS I would not be here today. There is no doubt about that."

“Having a doctor always available really does make a fundamental difference.”

— Dr Neil Nerwich

The team on the call desk needs to stay calm, listen carefully and give the caller the confidence to impart the necessary information. They need to be flexible and creative, at the same time as following procedures and knowing when and how to further escalate a call within the professional hierarchy of the company.

Pascal: "Our members call us for a solution not just a medical opinion. The best specialist may know what to inject but if he is not part of a team that can get the medication to the patient on time and is capable of inserting the needle in the right place, then he is a deadweight!"

Having a doctor always available really does make a fundamental difference. An important memory for Pascal was the call received in one of our Assistance Centres at midnight. This was not a call from one of our members seeking medical assistance but a request to guarantee payment of medical expenses. As this was deemed to be an administrative matter the CSE began to deal with it. It then emerged that

the payment was in fact for future medical treatment – surgery at a specified hospital to amputate the leg of a 19 year old American girl. The CSE immediately passed the call over to the call desk doctor. The doctor quickly realised that alternative treatment at a different hospital would be a better option and suggested this. We were then asked to take over the case medically; we did so and the young lady's leg was saved. The team spirit between the Customer Service Executive and the doctor on our call desk altered her life.

Mock calls and scenario planning have become a key part of our training. Siow Yen Goh, Manager of the Singapore Assistance Centre, spends much time checking that people are up to the task; as she says, "Some calls can be stressful. People need to have emotional maturity." Recognising this, a few senior staff on her team are specifically assigned to manage repatriations after death, and all staff are offered counselling after major events, such as the tsunami.



London Assistance Centre, 2013.





## Linda Recalls

Linda Lee has been with us since the early days. Like many she joined us while still quite young and moved up the career ladder, taking on more and more responsibilities. To start with she worked in the Singapore Assistance Centre dealing with both medical and non-medical calls. The latter included dealing with lost credit cards and travellers cheques. She even remembers receiving a call from someone asking her if she could obtain some morning after pills!

Working for two years on nights gave her the time to look at our systems and processes and she made many suggestions on how things could be improved – this was to become her strength. She also helped with training – especially on call handling. After many different roles Linda now works on designing and implementing business applications for the medical services platform.

Linda made the most of every opportunity and even found herself attending the 1998 Nagano Olympics to support one client's customer services operation (see below). She emphasises that her career has very much been helped by the accessibility of the Founders. She remembers early on suggesting to Arnaud that there should be a dedicated team in the Assistance Centre for non-medical calls as the number of these had hugely increased. He liked the idea and gave her some guidance on how to present her vision to her senior managers. She did and her concept was adopted.

Linda: "Arnaud was very patient and often helped me. His door really was always open."



“Today, our Assistance Centres include medical, health and security experts, aviation specialists and ground logistics personnel.”

— David Johnson

In the last few years co-ordinator nurses have been added to these teams. They were first introduced in Sydney by Dr Nerwich; London, Johannesburg, Philadelphia and other Centres followed. Neil recognises that nurses are high calibre professionals who understand all about the medical equipment, transportation needs and other aspects of medical assistance. He sees them as “a great medical asset, integral to our service provision across the group.”

“I took one call involving a patient at sea who was suffering with intense abdominal pains, which turned out to be a burst stomach ulcer. Although the priority was to get him to land, I needed to maintain close contact with the medic on board to make sure his condition didn't worsen. We were constantly on the lookout for serious complications like internal bleeding. Ultimately, it was our fast action, recommendations and constant monitoring that ensured the patient was evacuated, seen by an appropriate surgeon and restored to full health as quickly as possible.”

– A Co-ordinating Nurse

As David Johnson points out: “Today, our Assistance Centres contain a large number of highly trained experts. These include medical, health and security experts, aviation specialists, ground logistics personnel and in-house travel agents as well as Assistance Centres fully dedicated to specific clients such as TRICARE.”

To meet the specific needs of some industries we have set up ‘Response Centres’ around the world. These offer specialist services to remote, offshore and other locations in the event of employee injuries or illness. They are manned 24/7 with medical professionals who have an intimate knowledge of some of our clients' internal occupational health and safety procedures. When such events happen a number of official reporting requirements come into play, such as those set out by the US Occupational Safety and Health Administration (OSHA). As well as offering extra medical support to the on-site staff, our experts can help ensure appropriate procedures are followed and client reports are correctly prepared. As Neil explains,

“This is a growing area of service provision which integrates our on-site medical services and assistance services in a highly specialised way.”

PHILLY 20:00:01  
LONDON 01:00:01  
PARIS 02:55:51



“Every time we help someone is a sweet moment.”

— Siow Yen Goh

### Listen Carefully

Our language skills are a matter of great pride, but accents can sometimes defeat us. A co-ordinator was once rather bemused by a call from an oil rig reporting that a worker had “suffered an attack by a goat.” This seemed very unlikely and the caller was asked to clarify. On the fourth repetition it finally became clear that the rig worker had actually “suffered an attack of the gout.” We were happy to help him.

### Systems in Place

As these services have developed and expanded a number of systems have been put into place to ensure consistency of quality and delivery:

- Transmission meetings are held every morning and evening on shift changes to hand over calls and agree follow-up actions.
- Assistance Centres are part of a global network so that calls can easily be transferred to access experts or other language speakers in other Centres; plus some travellers simply prefer to be put through to their ‘home’ Assistance Centre.
- The Case Management System means all authorised staff in all centres can access the same real-time records.
- With many clients we have medical emergency response plans in place, so that all lines of communication and levels of response are agreed in advance.

- We have developed our own medical transport standards and assistance centre standards to ensure a consistent level of quality service, globally. These are regularly subject to independent audits.
- Business continuity is tested monthly – ensuring all calls and cases can be readily switched from one Assistance Centre to another. From time to time such transfers happen for real. For example, in October 2012, during Hurricane Sandy, as a precaution we diverted all calls from Philadelphia to London, for three days. The only difference our clients noticed was “hearing those lovely English accents.”

Ricus Groenewald: “No two days are the same, no two cases are the same, no two calls are the same, still you can always learn something from every experience and use it every time you assist somebody.”



Left: Beijing Assistance Centre, China, 2014.

Right: Paris Assistance Centre, France, 2013.

# Building a Global Network

## Counting on Camels

Patrick Deroose recalls the rescue of a group of Spanish mountaineers from near the base camp of K2, the Himalayan mountain, in 1994. The climbers fell and were suffering from frostbite and bruises; they were exhausted and needed help. This involved first sending camels to the base camp to meet them – we were able to supply the camels thanks to the knowledge of our local contacts. Then came complicated helicopter manoeuvres at altitude to airlift the climbers. This was followed by the long journey home on a fixed wing air ambulance to the nearest centre of medical excellence. There the climbers received full medical assessments and emergency treatment, before being transported home.

Patrick Deroose: “This complicated journey was only achievable thanks to the work done by the Global Accredited Network (GAN) in establishing not only a capability but above all good relationships. We had people in place, in every place who we could count on, and that made all the difference. That saves lives.”



As we saw in ‘Early Days in Asia,’ we gradually built up a team of corresponding doctors who could be sent out to help our client members wherever they were. As with the rest of our business much depended on building up such networks. For example, if a medical transport involved meeting a patient accompanied by a local doctor, we would record that doctor’s details for future reference. Over time, based on personal experience and recommendations, the list gradually grew.

To start with, the network was pieced together fairly informally rather than through any systematic process. Working with our Japanese clients, as in so many other areas, made us more professional. We had to clearly demonstrate that we had a genuine network of quality people in place. Our US clients were equally keen to see such proof. In the early 1990s we set up our Global Accredited Network (GAN) department to formalise the network’s existence. In November 2002 all this information was incorporated into our Service Provider Information Network (SPIN) database to provide online access.

Our TRICARE contracts took us a stage further as the US Department of Defense insisted on credentialing. We helped define the credentialing requirements then we had to visit each provider to verify they met those standards, for example, checking that professional licences and medical indemnity cover were all in order. We then applied many of these checks to our own network, thereby raising standards across the board.

We have forged strong links with a range of individuals, companies and institutions. These include doctors, administrators of public and private hospitals, owners and operators of air and ground ambulance companies, security providers, routine care clinics, and many types of travel providers – from logistics companies to hoteliers and airlines. A number of these providers have worked with us for many years.

Thierry Watrin: “The Network Department works closely with our specialist medical, security, aviation and logistics teams to identify the best and most appropriate providers. The Network Department then carries out the thorough process of credentialing. Feedback systems are in place too; if negative feedback is received the matter is always investigated.”

That early list has grown to a network of over 76,000 global providers, of which approximately 65,000 have been personally visited and vetted by a member of the GAN team.

Dr Pascal Rey-Herme: “Providers are the people many of our clients see first. They are the face of the company and play a vital role.”



## Day Care

“ Providers are the people many of our clients see first. They are the face of the company and play a vital role. ”

— Dr Pascal Rey-Herme



Crisis room

# A Professional Approach

“It used to be the Wild West, now it is rather more structured.”

Some describe our early days as “chaotic,” others put it more positively as “highly entrepreneurial.” Certainly everyone was very busy building our client base and our range of services. People were given a lot of freedom to develop the business in each country according to local needs. For a long time this worked well, helped by the fact that we were a relatively small group of people; everyone knew each other and communicated regularly.

But as we became bigger we needed to build a clearer, more disciplined structure. In short, we had to become more professional. Our clients wanted greater consistency too; they saw that our service offering was different country by country. As Arnaud said in the Founders’ millennium message, we had to optimise our products and processes and move “to an outward focus with the customer at the centre of our thinking.”

Without losing our all-important entrepreneurial spirit we began to accept that we could not do everything and follow every opportunity. We created definable products and consistent services, later decommissioning those which did not fit our core offering. As Nigel Pool points out, this is a “natural phase” in the growth of most companies. They start out as entirely entrepreneurial then they have to “settle down and organise – decide where to grow next.”

The joint venture with Control Risks added a further impetus to our need to organise ourselves. We renewed our focus on medical and security services. In recent years we have also rationalised our client base, focusing on direct selling to corporate clients, whilst building our relationships with governments and NGOs.

We have built a strong corporate team, bringing in senior people to develop our Finance, HR and other functions. We have put those structures and systems in place and become professional. But we have done so without losing sight of our fundamental beliefs. Yes we are more efficient, but we still put a patient’s needs, and our continuous drive to increase capabilities, above the desire to maximise profits.

“It used to be the Wild West, now it is rather more structured.”

## Operations

We consolidated our different operations: Assistance, concierge, security and medical services under one operations umbrella. We then set about developing a comprehensive set of guiding policies, standards, procedures and processes. In 2011 London achieved ISO accreditation for the Assistance Centre and this was followed in 2012 when we achieved ISO 9001 – 2008 quality management accreditation across our complete operations structure.

Many of these cases require the involvement of more than one Assistance Centre. For example, if an American falls ill in Myanmar, the Myanmar Assistance Centre is likely to be involved, and input from the teams in Hong Kong and Philadelphia may be required too. This can raise the possibility of different opinions emerging about what course of action to take. Even though our doctors are professionally trained and follow clear protocols, in some cases doctors do sometimes disagree. To avoid such disagreements and ensure a unified approach to treatment is always given, based on the best advice, we have created clear escalation procedures.

*Left: Medical assistance meeting in dedicated crisis meeting room, Paris office, France, 2013.*





“ We have worked closely with our clients to develop quality systems and we apply the same criteria to our own operations. ”

— Mike Hancock

## Fascinating Fact No. 28

In 2013 we carried out 17,502 medical evacuations/repatriations, 2,252 repatriations of mortal remains (RMRs), and 253 security evacuations.

Our Corporate Assistance Department (CAD) was established in 2000, headed by Dr Roger Farrow, with Dr Pascal Rey-Herme, Lisa Tan, Patrick Deroose, Dr Neil Nerwich, and Dr Philippe Barrault. These are senior medical personnel, with vast shared experience. One member of the CAD is always available to give medical assistance in complex or problematical cases. Advice is given over the phone so that a real conversation occurs. The CAD member has the final say and since its inception this has brought tremendous order to the system. Today 17 individuals represent the CAD and although primarily medical in skill set, the CAD also includes operations and security decision makers, the latest of whom is Ricus Groenewald, who joined the team in November 2014.

Every event teaches us something new, and capturing that experience is key. After SARS and Avian Flu much time was spent formalising and documenting our approach to such events. This effort, by Dr Doug Quarry, David Cameron, Mike Hancock and others has culminated in a very robust Crisis Management structure.

Each country has a Crisis Management Team (CMT) made up of people from each function (plus alternates) and a Crisis Team leader. Their job is to help clients in a crisis or other unexpected event. If needed, an incident can be escalated to regional level and ultimately up to corporate level, where decisions can be communicated across the group within 30 minutes. Mike Hancock and David Cameron are the Corporate Team Crisis Co-ordinators, reporting to Pascal. The CMT process identifies the steps to be taken at each point, from establishing an immediate response and initiating a plan of action, to the final stages of recovery and review.

## Ebola – Crisis Control

The CMTs at country, regional and corporate level have been called upon many times. In 2014 a key issue for the team was Ebola. The outbreak began in December 2013 but only came to international attention in March 2014. Over the next few weeks it took hold with Guinea, Liberia, Sierra Leone, Nigeria and Mali all affected. Throughout this time Dr Andre Willemse and his medical team worked with key clients in the region to provide educational support and develop contingency plans. As the situation worsened we convened the Regional Crisis Team in Paris led by Dominik Schaerer, Joël Gosset and Ricus Groenewald, supported by our Paris assistance and medical teams, including Cédric Beguin, Mamoun Mustafa, Lucas Cohen and Dr Yann Rouaud, and at corporate level by Dr Neil Nerwich, Mike Hancock and David Cameron.

It was clear that a number of clients wanted to move non-essential staff from Liberia. The team pulled in medical, operations, security, aviation and other specialists to find a solution. This was a very challenging task but over the following three weeks, two charter flights and 120 commercial transports were undertaken, the most complex being 139 passengers moved from Monrovia, to Johannesburg, via five different and highly complex routing options.

Dr Doug Quarry and Dr Irene Lai developed our Ebola website, which is open to the public and a highly regarded source of information internationally. In addition, they oversaw the development of tools and materials to help our local teams on the ground support those clients remaining in the area. We helped at least 40 clients, with Ebola-specific education and training and advice on risk reduction, including staff screening. The marketing teams supported the crisis

*Left: October 2014, UK, Heathrow airport announces screenings of passengers for Ebola virus. Credit: Corbis*

“ ‘Client & Market First’ is now deeply embedded in our Sales and Marketing teams; we have a globally integrated sales force which gives us a clear competitive advantage. ”

— Philippe Arnaud



*From left: Hien Dang, Philippe Arnaud and Kai Boschmann, in London office, 2014.*

with numerous client information webinars, generating press coverage around the world, and developed and launched a free Ebola App. The crisis teams, helped by our supply service team also organised the provision of personal protective equipment, whilst our remote site medical staff have helped set up a number of fever clinics for clients across West Africa.

We also provided education and information via our website, webinars, printed materials and telephone support from our Assistance Centres. By mid November 2014, our website had more than 600,000 visitors, some 10,000 hits per day. In total we have handled more than 1700 enquiries and requests about Ebola.

For 60 days we held daily CMT meetings to co-ordinate our response across our different functions. The Regional CMT continues to meet weekly to monitor and review the situation and the Corporate CMT has convened 20 times on this subject alone.

Mike Hancock commented: “Since March 2014, over 250 international SOS staff across four continents have been involved in supporting our clients in the fight against Ebola and to create safe working environments. Where absolutely necessary they have found evacuation solutions to safe havens in what has proved a highly complex and fast changing environment. The passion, commitment, professionalism and dedication of all those involved has been outstanding. It is this ‘never give up’ attitude that makes International SOS what it is.”

## Sales & Marketing

Sales and marketing in the early days was all about personal contacts and networks at local levels: Our small team of people visiting companies, explaining how we could help them. The nature of our business meant there was a limit to what we could say about our satisfied customers; medical cases required privacy and discretion and we had to respect corporate confidentiality; relationships with governments brought additional levels of sensitivity. In addition, our teams tended to focus on local activities so there was limited global co-ordination.

As our clients became more global they started to request a more universal and more sophisticated approach. The acquisition of International SOS Assistance, and our change of name, gave us a more global outlook too. Tim Daniel began building the foundations of a formal sales and marketing function and over the years many others contributed to the process. In 2009 Philippe Arnaud created a long-term strategy called ‘Client & Market First,’ with nine strategic initiatives, moving our regional management teams even further towards a globally aligned approach. These initiatives were supported by increased investment in sales and marketing.

*Marketing team meeting,  
London, UK, 2013.*



In the years following the acquisition of International SOS Assistance our sales had grown ten-fold. As we moved to a leadership position our proposition also moved from selling specific services to becoming consultants and advisors to our clients – helping them identify the right solutions to their international healthcare and security issues. To achieve this we built a bigger and more sophisticated sales team around the world, supported by extensive sales training, and Philippe pioneered a talent management programme to foster career transfers between the regions. Our customer relationship management software also helped create a more structured approach to communicating with our clients.

We organised ourselves to put our clients' needs at the heart of the organisation: our 'Client First' approach. We began by segmenting key markets into groups (such as energy, mining, infrastructure, corporate, aviation, government, etc.) to ensure a more focused service. For some clients, we created a global account management structure to mirror their complex organisations.

We listened to the market trends ('Market First'), and, helped by our branding strategy, worked at ensuring a consistent offering to our global clients. This led to our 'Productisation' and 'Going Digital' strategic initiatives. We also launched a number of key global distribution initiatives, one of which aims to build on our strategic alliance with Control Risks. Our relationship with the insurance industries has

always been important to us. As we have seen, in the early days, bundling our services into insurance policies for travellers was a key part of our business, as was partnering with the insurance industry in serving the needs of our common corporate clients. These relationships remain important to us and we have developed global distribution initiatives to make the most of our insurance partnerships and to establish a referral programme with travel management companies. Another global distribution initiative is 'cross-border cooperation.' This has helped move us from being a series of individual national sales and marketing teams, to a harmonised global team of people who constantly communicate across countries.

'Client & Market First' is now deeply embedded in our sales and marketing teams; we have a globally integrated sales force which gives us a clear competitive advantage.

Philippe Arnaud: "Everyone has worked hard to implement these innovations and transformational strategies into our daily way of working, everywhere in the world. Many of the 'Client & Market First' strategic initiatives have become the mindset of our sales and marketing staff. I thoroughly enjoy career-managing our sales and marketing talents, mobilising them to implement these strategies and motivating them to be passionate like me about our business and its growth."

“ Strong brands are built from the inside out. To galvanise us together, we have refreshed our visual identity. ”

— Kai Boschmann



Above: Our Brand Evolution

## Our New Logo

We have also been reviewing our brand proposition – the basis of what we stand for – and fine-tuning our company vision, mission and values. Following an extensive programme in 2013 this is now understood and lived by employees all around the globe.

We were then ready to turn to the outside world and establish our new brand proposition with customers, partners and stakeholders. Strong brands are built from the inside out, delivering on their promises. To galvanise us together as strong brand ambassadors, we have updated our global brand with a refreshed new visual identity (logo). The rebalancing of 'International' with 'SOS' better represents the way our services have broadened to include preparation and prevention.

As Kai Boschmann points out, our tagline, 'WORLDWIDE REACH. HUMAN TOUCH.', continues to perfectly describe the essence of our business.

The rollout began in 2014 and continued into 2015, to coincide with different country celebrations of the company's 30th Anniversary.

Kai Boschmann: "True to our 'Client and Market First' strategy, our new brand strategy, brand architecture, and new values were tested with clients, end-users and key stakeholders. It achieved a resounding 'thumbs-up'; with one stakeholder commenting: "...the new look shaves 100 years off the old logo." I am very thankful to have been allowed to lead this brand evolution on behalf of our Founders."

“Our independence sets us apart.”

— Nigel Pool



*Nigel Pool presents at Annual General Management Meeting, Phoenix, US, 2014.*

## Finance

Developing a worldwide infrastructure, including clinics and equipment, investments in technology and other systems, as well as many acquisitions, has inevitably required significant financial resources. As we have seen, in the early days money was tight and influenced the rate at which the business developed. In Nigel Pool's view, managing cash flow was been critical to the company's ability to survive and grow:

“People pay a lot of attention to banks and external financing, and that is important. But what's really important was managing the working capital. Getting money in from customers, and paying suppliers on time became an absolute discipline.”

As the company grew and became more professional and structured, the finances came under more control. In 2001, Nigel Pool became the first CFO in the company and set about further strengthening the systems. All those entrepreneurial managers who were used to flexibility and freedom found that their latest ventures often had budgets attached to them! But that did not stop money being found when real opportunities arose. Investments in essential technology and equipment, as well as numerous acquisitions continued, even during the global financial crisis of 2008.

The acquisition of International SOS Assistance in 1998 had been a massive step. Many smaller acquisitions followed, particularly since 2008 in what has been a time of rapid growth. Acquisitions of course require capital, and from time to time the idea of going public was raised – usually by people outside the company. Whilst small companies often

like to grow and go to market as a sign of success, our senior management sees going to market purely as a way of raising money, and there have always been other ways to do that.

Growth has been financed by reinvesting into the company and through some external financing. This has enabled the Founders to keep control of the company and maintain it in private ownership with all the freedom that brings.

Arnaud is more interested in describing the company's size in terms of numbers of employees rather than the turnover figures, but whichever way you look at it the growth has been impressive.

### **1985:**

Turnover: \$0.5m | Employees: 70

### **2001:**

Turnover: \$250m | Employees: 2,500

### **Today:**

Turnover: \$1.5bn | Employees: more than 11,000

The growth of company has been close to 15% per year, mainly through organic growth helped by acquisitions. As Laurent Sabourin says:

“This puts us in a strong position especially as we continue to deliver a more sophisticated client offering. With more companies needing global support and more governments outsourcing, the prospects for sustained growth look good.”



“It’s a compassionate company and that’s very rare.”

– Leigh Lawson

### An Early Interview

Dr Myles Neri first came across the company when Pascal called him about a reference Myles had given for a colleague whom Pascal had interviewed. They talked and Myles was intrigued by what Pascal told him about the company. Shortly afterwards he found himself in Singapore, being interviewed for potential positions in Jakarta and Hong Kong. Myles met Pascal at the American Hospital of Singapore. He was in the middle of a complex medical transport so they ended up talking about that instead of the job. Myles then accompanied Pascal to Changi Airport and helped him prepare the case. On Myles’ return to Australia he was told he had the job – but as Myles points out, due to the rather unusual interview procedure, “both of us had completely forgotten to specify whether the job was in Jakarta or Hong Kong!”



*Above: Dr Myles Neri and Francesca Viliani in the clinic at the Freeport mine, Democratic Republic of Congo, 2014.*

### Human Resources

In those exciting early days of the company, everyone was busy, people were constantly travelling and their roles evolved as new opportunities came along. Detailed written contracts and job descriptions simply were not a priority and recruitment tended to happen through personal networks.

Just as other areas of the business became more professional over time, so did HR. Job descriptions, remuneration, and all the other usual aspects of HR have gradually become part of our infrastructure.

Recruitment processes have been formalised, although the Founders are still very involved in the process, as are other senior managers. Due to our matrix structure, when senior people are recruited they have to undergo a number of interviews; some say it “feels a little like joining a family.”

In the early days training mostly took place through personal mentoring; senior personnel spent much time passing on their skills and knowledge. With so many people joining, new ways had to be found. As standard operating procedures were developed so too were training modules to ensure global consistency and quality delivery. This was further underpinned by the evolution of our values and our quality charter.

HR systems are now in place but recruitment remains a challenge. Finding the right people with the right skills is not easy, especially given the numbers we need to support the growth of the company. Currently we are recruiting more than 2,000 people per year, which works out at ten new people every working day. This is where being industry leader is a disadvantage – there are no obvious competitors to poach from!

Jennifer Westen: “We are committed to building a world-class HR function by recruiting the right people to continue to grow our business. We are a people-focused business so recruiting, retaining and developing the right talent is critical to support our culture which is based on our values of Passion, Expertise, Respect and Care.

We are a dynamic and growth-oriented business that offers exciting opportunities globally for people who wish to have a challenging and unique career experience.”

09

**Our Culture**



# Our Founders Set the Style

“Pascal and Arnaud’s strong medical and personal ethics, and their passion for excellence, have shaped this company and the people who work in it.”

— Dr Roger Farrow

The culture within International SOS sets us apart, and many see this as fundamental to our success. As this brief history has shown, the company has been through many changes, but its underlying service offering has stayed the same. Its culture has also remained intact – not least because Arnaud and Pascal are still at the helm and continually reinforce the ethos that guides us all.

Dr Roger Farrow likens Pascal and Arnaud to the dominant bee in a beehive, whose influence and behaviour affects everyone else.

“Just as the queen bee affects and directs the behaviour of the whole of a beehive, so Pascal and Arnaud’s strong medical and personal ethics, and their passion for excellence, have shaped, stamped and ethically influenced this company and the people who work in it, continually and irrevocably.”

Right from the start Arnaud and Pascal took on people who shared their values. Many of them are still with us today – and very much hands on –

which helps in reinforcing our culture. Likewise Arnaud and Pascal still find time to talk to staff, ask questions and offer help. They are genuinely interested in all aspects of the company, and always available. As Pascal insists, “Generals must be in the trenches, on the front line.”

This high level of involvement evokes a very strong work ethic throughout the company. ‘Passion’ and ‘perfection’ are often heard words, with passion being one of our four core values. People do work very hard, but the atmosphere within is equally relaxed and welcoming. Again this comes from those early days: Everyone was young, on first name terms, friendly and helpful to each other, as they were to our clients.

Of course, with the growth of the company, certain things have changed. The Founders have had to delegate far more. Finding the right people to delegate to, and empowering them, has become one of the Founders’ key responsibilities, thus ensuring that the company and its culture stays on track.



*Medical evacuation,  
Lagos airport,  
Nigeria, 2013.*



# A Working Trinity

Laurent Sabourin joined the company in 1989, as Group Managing Director, since when he has been part of 'the trinity' that runs the company. It is the relationship between these three – consensual working, constantly communicating – that is seen to be at the heart of the company's success. They each bring a different skillset and each plays a different role:

Arnaud, as Chairman and CEO, provides strategy and direction – he is the company's visionary. He is often described as "extremely smart" with "an amazing memory"; he is noted for his high level of engagement with clients, employees and others. Many claim to have been "charmed by his charisma" into joining the company.

Pascal delivers the medical excellence and embodies the 'Care' value of the company. He is

widely respected for his integrity and has a reputation for being exceedingly calm under pressure – this was especially important in the early days when many staff were still inexperienced. He is seen as "passionate," "an excellent problem solver" and noted for his "extremely concise directions."

Laurent makes sure the company "works on a day-to-day basis." Despite the fact that he describes himself as the "ultimate administrator – the least interesting person in the company to speak to," he is greatly respected inside the company. He is seen as having "huge energy and able to handle vast amounts of information with extraordinary attention to detail."

Arnaud Vaissié: "Laurent joining us a few years from the start brought a new dimension to the company, thanks to his analytical skills and extreme intelligence."

*Left: Pascal, Arnaud and Laurent meeting with a Vietnamese Health Minister delegation – Singapore December 1996.*

*Right: Laurent, Arnaud and Pascal – Singapore Changi Airport new office opening – 2013.*



# Multinational and Multicultural

“ I found myself in Indonesia, being briefed by a Texan and shown round by a Frenchman – truly international! ”

— Gregoire Pinton

Our company is a child of globalisation. Started by two Frenchmen in Asia, it has always been consciously multicultural; indeed, the mix of international skills, experiences and languages was its selling point. That diversity remains, at all levels of the company, today.

As Arnaud and Pascal hired new people they favoured those who had grown up or lived and worked abroad, especially if that was in Asia. We also attracted people who wanted to work in different – and often challenging – environments.

But despite this multicultural approach, there was a clear determination not to be ‘colonialist’ – in every location we have always worked closely with nationals and our national partners have been vital to the success of the business.

Gregoire Pinton: “Soon after I joined I found myself in Indonesia, the boss was an Indonesian lady doctor, I was reporting to a Texan and was shown around by a Frenchman. It was truly international!”



*A multinational workforce in action: Assistance Centre team transmission briefing, Beijing, China, January 2014.*



# Ernst & Young Entrepreneur Of The Year 2009 awards Singapore

## Entrepreneurial

One of the most common descriptions of the company is that it is 'entrepreneurial'. We have indeed created a new industry. Whatever the challenge, the spirit has always been to "say 'yes' then find a way." Equally if something really isn't working we are happy to move on and change with the times. The fact that we have remained privately owned has been key in giving us the freedom to do what we want.

Everyone is encouraged to take responsibility, come up with ideas, and solve problems. All efforts are treated with respect - there's no such thing as a bad idea. Equally, we do not welcome repeated mistakes - especially when people's lives are at stake. People work as a team to make sure they get it right.

Arnaud won the Ernst & Young Entrepreneur of the Year Award, 2009, in Singapore.

Mr Wong Ngit Liang, Chairman of the judging panel, described Arnaud as embodying "the true spirit of entrepreneurial excellence and commitment to continue making a difference to people's lives."

*Arnaud Vaissié receiving the 2009  
"Ernst & Young Entrepreneur Of The  
Year Award" in Singapore.*

# The Right People and Relationships

“It’s not about making money but doing the right thing.”

— Arnaud Vaissié

## Fascinating Fact No. 29

The most southern location where we have employees is in Auckland, New Zealand.

As Arnaud Vaissié says, “It’s easy to borrow money, but hard to find the right people.” As he built the business he was keen to hire people with experience; often from medical, military, security or insurance backgrounds. As we became more structured we also welcomed senior people with experience of major multinationals. All tend to be highly intelligent, high calibre people delivering a high value service.

Creating the right relationships is important too. At International SOS there are no silos or divisions; every function is part of a whole. The successful trinity between Arnaud, Pascal and Laurent has been repeated at business unit level. Particularly in the early days, the three-way combination was General Manager, Medical Director and a Local Partner – the latter was essential in bringing that all-important local knowledge. Again, all three were equal.

This remains the case today. Doctors do not report to business managers, everyone works with each other. Doctors tend to make quick decisions which have to be right; businesses tend to review options and take a more collegiate approach; so the two do not usually work well together – except in our company, where we work very hard at making it work. Similarly our security experts play an equal role in decision making, working with and not for the GMs. It is all about creating a culture based on respect for the individual and appreciating the expertise they each bring. It requires a lot of discipline and mutual respect.

Philippe Arnaud: “Just after I joined I was working with a medical director on the concept of the occupational health product. There he was in a formal suit when he told me he had just come back from a three day trek in the jungle to rescue a client’s sick employees. I thought to myself, “this company is really cool and unique!”

## A Common Purpose

Everyone in the company – not just those at the front line – sees themselves as being in the job of saving lives. When responding to a crisis, workloads can be very heavy and the atmosphere intense. This tends to be highly motivating, creating a sense of common purpose. People can be very moved by what they do and, as we saw, the loss of two employees in the Bali bombing certainly left its mark.

We are not a charity, but a business. Even so, time and time again we have offered a humanitarian response rather than worrying about profits – and that in turn gives us much to be proud of. The fact that we care comes from the top and is deeply embedded.

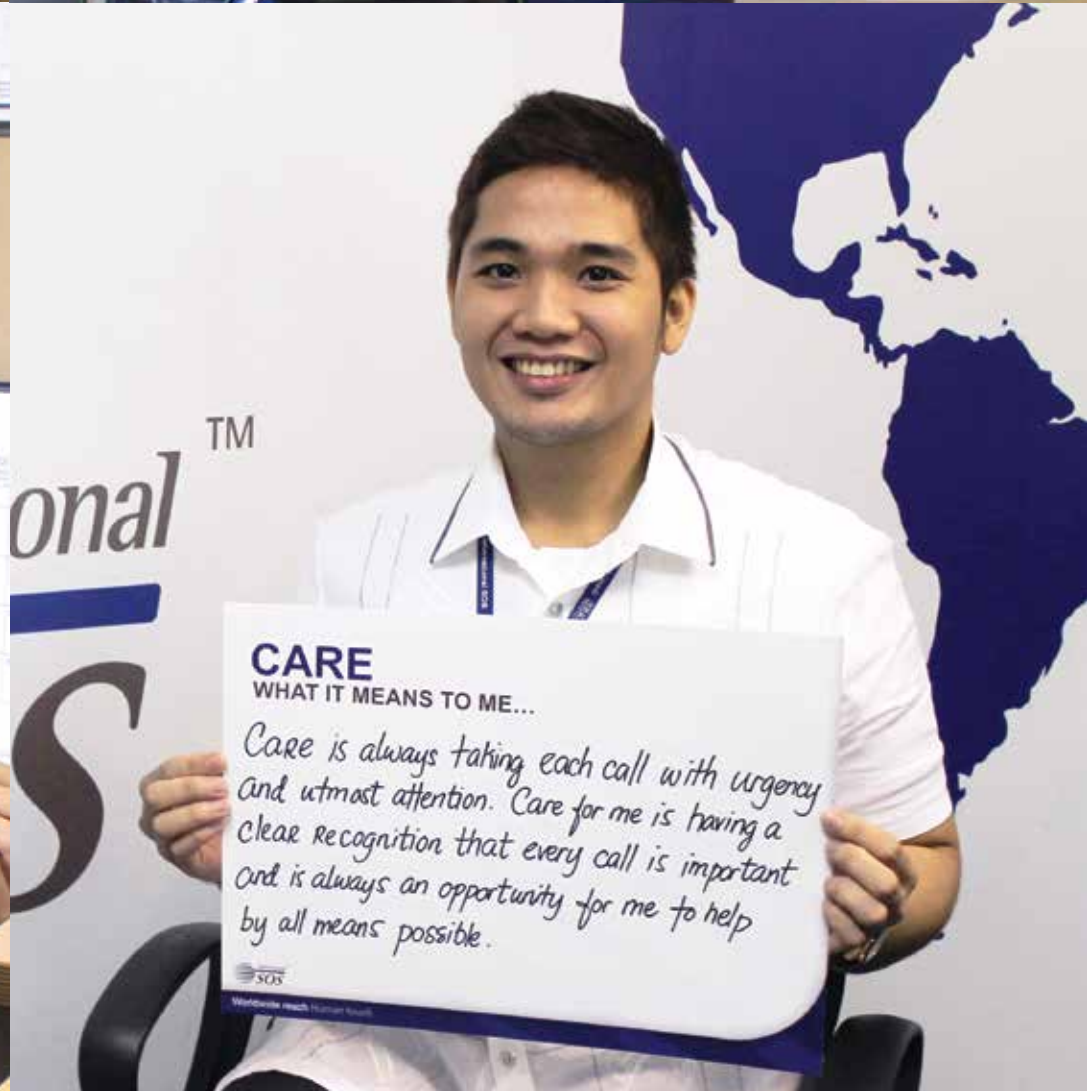
Arnaud Vaissié: “It’s not about making money but doing the right thing.”

Dr Morrison Bethea (Senior Vice President and Medical Director, Freeport):

“International SOS has always delivered its services at the highest level of professional and ethical standards. Their integrity is beyond reproach. In terms of competency and honesty they are hard to beat.”

*Right: Air ambulance evacuation, Tianjin, China, 2014.*







“Business can be good.”

— Arnaud Vaissié

## Fascinating Fact No. 30

Our employees worldwide comprise more than 60 nationalities.

# Supporting Others

Our business is about helping others. Our expertise in healthcare and education also makes a difference in our workplace, and in our surrounding communities. Our emphasis on healthcare in the workplace includes a commitment to reduce illness, accidents and injuries. We encourage our staff to get appropriate vaccinations for travel, and partake in preventative health measures. All employees, whether or not they are medical professionals, are required to undergo CPR and defibrillation training. This essential training has saved many lives.

We support a number of charities. Our work with the North Sumatra Relief Fund has already been mentioned. Another charity is A Child's Dream, established in 2003, dedicated to helping children in the Mekong valley in Thailand and Cambodia who suffered in the humanitarian crises. From our local offices we have helped build nurseries, schools,

vocational training centres and colleges. In addition, we have provided support to healthcare programmes such as the Children's Medical Fund.

Our support for the International SOS Foundation aims to encourage others to improve the safety, security, health and welfare of their workforces. Our environmental and sustainability policies reflect our continuing commitment to protect our planet.

Our employees and individual offices support a wide range of projects including tree plantings, charity walks and runs, and a variety of fundraising events. In the healthcare arena many are actively involved in promoting blood pressure and other health checks, as well as giving wellness talks to local schools and other community groups.

Arnaud Vaissié: “Business can be good.”

*Left: Passion, Expertise, Respect and Care are our shared company values across the world.*

*Right: Taking care of an injured patient, Lagos clinic, Nigeria, 2013.*



**10**

**Final Reflections**

“It has been a pleasure to work with such passionate people and wonderful to have been able to save so many lives.”

— Arnaud Vaissié

**30 YEARS**  
WORLDWIDE REACH. HUMAN TOUCH.

**Arnaud Vaissié** “We’ve moved from being an emergency company to being recognised as market leaders. Many of our clients have been with us since the beginning and these lasting partnerships result from our ability to respond to our clients’ ever-changing needs. This constant innovation is part of our DNA – it’s what our clients expect from us.

That in turn is thanks to our staff and global network. International SOS’ ability to bring together a wealth of capabilities, a diverse mix of people and cultures from around the world, truly sets us apart. It has been a pleasure to work with such passionate people and wonderful to have been able to save so many lives.”

**Dr Pascal Rey-Herme** “A key element of our success is our fundamental belief that whenever a member calls they will be able to quickly access a doctor or security professional. It is that direct relationship with the professionals, and the rest of the team, that makes a real difference.

Many of our people started at a young age and have grown to become absolutely fundamental to what we do in certain parts of the world. I am very proud of them and of what we have achieved.”



*Dr Pascal Rey-Herme and Arnaud Vaissié.*

**30 YEARS**  
WORLDWIDE REACH. HUMAN TOUCH.

30 years of  
pioneering  
medical and  
travel security  
risk services.

1985

Arnaud Vaissié and Dr Pascal Rey-Herme recognise great demand for international standards of healthcare among the expatriate community and international organisations in Asia.

Opens Headquarters and Assistance Centre in Singapore.



Opens office, Assistance Centre and clinic in Jakarta.

1988



Building our business in Japan.

1989

Opens Assistance Centre in Hong Kong and an office in Beijing.

1992



Major partnership with Freeport in West Papua.

Move of Singapore Headquarters and Assistance Centre to Odeon Towers.

Tokio Marine partnership in Asia Pacific.

1993



Joint venture with Beijing Red Cross begins.

1994



Acquires medical services function of SMI.

1995

Opens Assistance Centres in Asia, Australia, US, and clinics in China and Vietnam.



1985 Jakarta, Indonesia



1992 Move to Odeon Towers, Singapore



1995 Beijing, China

1998



AEA International acquires International SOS Assistance Headquartered in Philadelphia and Geneva.



First TRICARE contract with US Department of Defense.



Dealing with unrest in Jakarta.

Further expands network in Russia and Eastern Europe.



Appointed to provide services at remote location of Sakhalin.

1999

AEA International is renamed International SOS.

2000



Air ambulance service in South Africa takes off.

2003



Fighting the SARS epidemic.

2004



Opens a new clinic in Lagos, Nigeria.

IHMS contract with Australian Government to help care for detainees.



Responding to the tsunami.

2006



'First Flights' between mainland China and Taiwan.

International SOS expands its operations across the world.

Operations in North Africa and the Middle East are managed out of the new Assistance Centre in Dubai.

2008



Strategic alliance with Control Risks to deliver travel security services.

MedAire becomes part of the International SOS group.



Major assistance role at Beijing Olympics.



TravelTracker software launched.

2009

Partners with Abermed, further strengthening presence in the North Sea.

Opens a new clinic in Takoradi, Ghana.

Opens Latin American Division with offices in Miami, Sao Paulo and Rio de Janeiro.

Arnaud Vaissie awarded Ernst & Young Entrepreneur Of The Year Award 2009 - Singapore.



2008 Control Risks



2008 MedAire



2009 Abermed

2010



Strategic alliance with RMSI.

International SOS named 'Enterprise of the Year' in the Singapore Business Awards 2010.

2011

VIPdesk, the North American provider of the industry-leading concierge services, customer care and loyalty programmes merges with International SOS.



International SOS and International Health Care launch a joint venture in Brazil.

International SOS expands medical distribution services through acquisition of L.E. West, EMC, Shenton Pharmacy and Nutracare Pharma.

Medical supplies division of SMI acquired.

2012



Freeport malaria programme in DRC wins award.

International SOS expands its China clinic network to Tianjin Economic-Technological Development Area (TEDA).

International SOS acquires EMSM, a leading concierge and lifestyle company in South Korea.

Second corporate HQ opens in Chiswick Park, West London.

2013

Aspire Lifestyles, a leading global brand for loyalty, concierge and assistance solutions, launched.

International SOS strengthens its occupational health and medical staffing services through the acquisition of Kokstad BHT, SBHT and Haugaland HMS in Norway.

L.E. West International acquires Medshop Australia, a leading supplier of medical equipment, supplies and consumables.

MedAire, an International SOS company, acquires Aerosafety, a medical supply chain company.

Acquisition of Nordic Medical Services (NMS) a market leader of clinic services, road ambulance and rescue services in Kurdistan, Northern part of Iraq.

2014



Duty of Care programme wins award for Thought Leadership.

Support in the fight against Ebola in West Africa including the launch of a publically available website - providing the latest information on developments, travel advice and how individuals and organisations can respond. [www.internationalsos.com/ebola/](http://www.internationalsos.com/ebola/)

International SOS enters into a partnership with AMAS Medical Services in India.

Carlson Wagonlit Travel (CWT) joins International SOS' travel partnership programme.

Acquisition of AeroMed in Mozambique.

Response Services Australia launched to address specific client needs in the country, designing and delivering specialist emergency response, rescue and recovery services nationwide.

Strategic partnership with WARA (Western Africa Rescue Association), a leading clinics and medical services company in West Africa.

2015



Celebrating 30 years of service for International SOS.

Launch of refreshed International SOS brand.



2012 Tianjin, China



2013 Aspire Lifestyles



2014 Malaria projects



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