

Korean War Veteran

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Veteran suffers because of very common oversight

The Perils of Traveling to Korea without Medical Insurance Coverage

An incident happened during the recent Patriots and Veterans Affairs Korea Revisit program in April, when more than 90 veterans and their caregivers from Australia, Canada, New Zealand and the United Kingdom visited Korea.



Yongjin Jeon, the MPVA's director of international operations, personally escorts a Canadian veteran to the Air Canada desk at the Incheon International Airport on May 2, 2015 - seven days after other veterans on the April Commonwealth revisit left for their homes. The veteran was delayed by a costly medical stay at a Seoul hospital which entailed a considerable tangle of messages and conference calls between Seoul and Canada and within Canada.



Closeup shows veteran has ridges on bridge of nose thought to have resulted from many days of oxygen therapy treatment. For some reason he did not travel from the hospital to the airport with oxygen. He is wearing one of the new hats that the MPVA gives out to veterans as a souvenir of their revisit. Air Canada shipped a supply of oxygen for his use en route to his home – with a stiff price tag attached! The Air Canada medical desk was very efficient, prompt and always courteous in making arrangements for this veteran, but they must abide by their own policies and procedures and sometimes costs for rebooking and special equipment or services must be passed on to the passenger.

The United Kingdom's travel agency could not fill its allocation quota and so unused spaces were reassigned to other nations.

One went to Canada very close to departure time. A veteran from Canada's Atlantic Provinces somehow got on the plane with no overseas medical insurance.

From experience, we know that many veterans take that risk and for various reasons, they make it over to Korea without medical coverage.

So this Canadian veteran showed up a little under the weather when the plane arrived at the Incheon International Airport on April 20. On April 23, just three days into the revisit, the veteran was so sick that he was admitted to a Seoul hospital.

It turned out that he was suffering from a bad case of pneumonia and was kept in the hospital on antibiotics and oxygen therapy. Luckily he did not have viral pneumonia, for which no antibiotics are available.

When the other veterans were ready for the flight back to Canada on April 25, the sick veteran left the hospital and traveled with them to the airport. The MPVA's international director, Yongjin Jeon, went with them. He paid special attention to the one who had been in the hospital.

Director Jeon was taken aback at the airport when he learned that the Canadian Embassy had advised Air Canada that the veteran was sick, and that the airline would not let him board without a doctor's report and certificate that he was fit to travel.

The airline's position is understandable, in that the veteran faced a 10 hour flight to Vancouver, then four hours to Toronto, then another three hours to his home location.

However, Mr. Jeon thought the veteran had secured clearance. The other fellows left and Mr. Jeon got the veteran back to the hospital.

Back in his office Mr. Jeon began an ordeal of dealing with the Air Canada medical desk. There was a lengthy form for the attending physician to fill out, and once it was submitted, the Korean doctor had a telephone conference with the Air Canada doctor. Both concluded that the veteran would not be fit to travel until May 1, so he would have to be hospitalized for a few more days.

He did not have insurance, and so the bill was adding up at greater than \$1,000 Canadian daily. Also, because of the seriousness of his condition, both doctors agreed that the veteran would need canister oxygen, delivered at a certain rate per minute, throughout the flights.

Because of languages involved, the MPVA's advisor in Canada was asked to contact the Air Canada medical desk to confirm and coordinate things.

That was done, more than once, and the conversations were long and technical.

The medical desk worked out how many hours of oxygen the veteran would require. It would be shipped from Canada to Incheon in canisters.

If you think canistered oxygen comes cheap, you are wrong. The bill was a little more than \$1,600 and it had to be paid by credit card before the oxygen could be shipped.

There was another problem. Because the veteran was ticketed with a low cost wholesale fare, he would be able to depart Seoul only when a seat of the same cost became available – which, at the time, was another full week away. The type of ticket he held could not be upgraded to a higher fare, which might have enabled him to get a seat sooner.

Getting this worked out involved middle of the night calls to director Jeon. The Canadian advisor recommended contacting Mr. Steve Yu, the president of the Sebang Travel Agency in Toronto, whose team had booked the veterans' flights, and ask if there was some way that he could coordinate things with the Air Canada medical desk.

Mr. Yu took care of things. A seat did open up on an Air Canada flight on May 1 and Steve Yu paid for the oxygen up front, trusting that the veteran would take care of the bill when he arrived in Canada.

Okay, Steve Yu stood very tall and came through and helped this veteran as well as the MPVA revisit team clear the problems.

Then the unexpected happened.

The advisor in Canada received another call from the medical desk. The oxygen supplier had not got the canisters shipped as requested. They were scurrying around, but the soonest they could get them there would be May 2 – so the veteran would have to spend another day in the hospital, with the bill still climbing.

Mr. Jeon protested to Air Canada on behalf of the veteran and asked them to consider picking up one day of his hospital expenses in that it was there problem that required him to spend another day in the hospital.

Mr. Jeon explained in his message to the Air Canada medical desk – *and maybe many veterans do not know this* – that in Korea when someone is hospitalized, they must have a caregiver to stay with them around the clock. Koreans, of course, can draw on the aid of family members. Foreigners, like the veteran, must hire professional caregivers, and in his case, one who spoke English.

Mr. Jeon also went to work on the veteran's behalf, trying to get the hospital to reduce its charges as much as possible, thus lowering the bill the veteran was liable for. We do not have that information, but nine nights in the hospital would result in a bill close to, or exceeding, \$10,000 – plus the \$1,600 for the oxygen from Air Canada.

The Canadian Embassy, to our knowledge, provided no monetary support for the veteran. We believe the MPVA was accepting liability for all or some of the medical costs.

How this finally was concluded we do not know.

When Mr. Jeon picked up the veteran to take him to the airport, the veteran once again traveled without oxygen.

However, the canisters were waiting for him on the plane, with a doctor's order to use them.

Mr. Jeon knows that the veteran arrived safely at his final destination in Canada. He does not know if he used the oxygen as medically required.

We hope that Steve Yu at Sebang Travel in Toronto was quickly reimbursed for his magnanimous gesture in helping the veteran financially.

Peter Seiresen, who is the national president designate of KVA Canada and has handled the revisit program for Canadian veterans for the past two years as national vice president, has much praise for Steve Yu and his Sebang agency.

Steve has come to the fore on other occasions, and in good spirit has assisted some of the veterans with disabilities in getting upgraded without cost to them, to a

higher ticket class, so that they would have more room and a more comfortable flight to and from Korea.

The message in all of this is clear, and it has been published before.

A few years ago another Canadian veteran went drinking with a group of young serving soldiers the night before his plane was scheduled to depart for Canada. He fell and broke his hip. He was on blood thinners and so could not undergo any surgical procedure for at least a week. He also had been intoxicated when he fell.

The MPVA advisor from Canada happened to be in Korea at the time. He yelled and argued with the chief of the Canadian Embassy's consular section to secure a caregiver for the veteran. The Embassy finally agreed to pay for one.

The MPVA advisor visited the veteran every day until he himself, had to return to Canada.

When he called that veteran's family many days later he learned that he had been medivacuated on a special plane and was scheduled for surgery in his home city. However, he underwent heart failure while prepping for surgery.

He later had the surgery.

It is thought that somehow, in this instance, Veterans Affairs Canada stepped in and helped, although details are not known.

It is worth noting that even Canadian veterans who are covered medically under the Veterans Independence Program, cannot receive medical coverage from VAC when they are outside the country. The coverage is provided only in Canada.

Canadian Veterans who suffer a malady connected with a disability pensioned condition when they are out of the country, must pay for treatment out of pocket, and then ask VAC's international desk in Ottawa to investigate and determine if they will be reimbursed.

One year before that broken hip incident, another Canadian veteran had fallen in the revolving doorway at the hotel where they were lodged. He also broke his hip. He had medical coverage – although he had lost his certificate and it made for a couple of frantic days.

In his case the insurer fully paid for his surgery and medical stay in Korea. The insurer also flew over his daughter and paid for her air fare and hotel bill.

He was flown back to his home on a special medievac plane.

The moral in all of this is obvious. It may be costly, the veteran may have certain exclusions in his medical coverage, but he surely should never leave Canada bound for Korea without it!

In fact, it is a matter of MPVA policy, that every veteran who signs up for the revisit, certifies that he has medical insurance.

In the case of the Commonwealth nations, it would be a good idea if their Embassy offices that coordinate these revisits develop a mechanism to ensure that every veteran is adequately insured.

They also should have a special protocol in place in the event a veteran becomes ill or injured and needs assistance. This should not be left up to the MPVA, which in this most recent case, virtually bent over backwards to assist the sick veteran.

One thinks that much of what the MPVA did for the veteran could have, and probably should have been handled by the Canadian Embassy – although the MPVA certainly went to bat for the veteran and Director Jeon spent a couple of sleepless nights ensuring that he was well treated and got back to Canada as expediently and safely as possible.

It is noted, of course, that injuries and illness occur not just among Canadian veterans, but among veterans from all of the 21 nations who have the privilege of visiting Korea as welcome guests of an appreciative Korean Government.

So the moral in these accounts should be noted by veterans from all nations.