

# Outside<sup>®</sup>

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## Hero Complex

**A brash new company is revolutionizing crisis response by sending ex-military to rescue adventurers. So why all the enemies?**

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by *DEVON O'NEIL*

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Global Rescue CEO Dan Richards Photo by Michael Lewis

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GLOBAL RESCUE fashions itself as a new kind of crisis-response firm: a high-end security blanket with medevac capabilities. While the company occasionally pulls clients out of disaster areas, war zones, and scenes of political turmoil—earlier this year, the team evacuated more than 200 people from Egypt—it works primarily as a medical fixer, quickly arranging for injured travelers to get the care they need. Because of its ability to send medics to, say, the Himalayas, Global Rescue has become the service of choice for many adventurers. Its diverse client list includes travel outfitter Geographic Expeditions, the U.S. Ski Team, surfers Jordy Smith and Mick Fanning, and mountaineer Ed Viesturs.

“If you’re out there in the boonies and you need to get rescued, you never know what it’s going to cost,” says Viesturs. “I don’t know of any other company that does what they do.”

The American Alpine Club (AAC) provides Global Rescue medevac coverage to all of its 8,000 members. That came in handy last March for alpinist Steve House when he fell 80 feet off the north face of Mount Temple, in Banff National Park, fracturing his pelvis, spine, and several ribs. After a team from Parks Canada extracted House, Global Rescue sent a paramedic to stay with him at a Calgary hospital, then flew him home to Oregon in a private jet. Global Rescue also recovers bodies—most recently, the remains of American climber Joe Puryear, who died last October on Tibet’s 24,170-foot Labuche Kang.

A basic Global Rescue membership with medevac costs \$329 per year. Individual security coverage, which includes evacuations from war zones, runs \$655. But the company makes most of its money from private firms and government agencies that pay annual retainers, then fork over hefty one-time fees to rescue employees when disaster strikes. Red Bull, the U.S. State Department, and NASA are among the clients. Though it might seem surprising that the State Department would hire a private company to safeguard its employees, doing so may prevent a broken bone from becoming a diplomatic incident.

“We don’t fit any of the categories that people apply to us,” says Richards, a muscular 215-pound graduate of Middlebury College and Dartmouth’s Tuck Business School. “We’re certainly not in the insurance business. We’re not a security firm—we don’t guard static locations. We are in the rescue business. We respond to crises. At the end of the day, we represent the red button these people push.”

UNTIL RECENTLY, travelers had few red-button options. Travel insurance has been around in some form since the 1860s, but most plans cover only the basics: lost luggage or the cost of your trip if you get injured before leaving.

Global Rescue entered the fray in 2004, positioning itself as agile and able to quickly go where other companies wouldn’t. (Its motto is “Anytime, anywhere.”) Back then, Richards was a 31-year-old hotshot at the Wall Street private-equity firm Thomas Weisel Capital Partners. Starting in 2003, he spent nine months researching the travel-assistance industry as a possible investment. He met with all the major players—ISOS, On Call International, MedjetAssist, Medex—and gained intimate access to the mechanics of their businesses.

Instead of investing, Richards saw an opening: the companies, he decided, were big and impersonal and often operated like insurance carriers, making clients plead the severity of a case before responding. So in fall 2004, he left his job and launched Global Rescue with the help of his father, Stu, a wealthy entrepreneur who now serves as senior vice president.

Richards hired rescue-industry pros, including former SEALs and Air Force paramedics, and established relationships with private jet companies all over the world. (Global Rescue doesn’t own any aircraft but says it has access to 3,000 planes.) Richards also negotiated an exclusive partnership with Johns Hopkins

Department of Emergency Medicine, which handles traumatic injuries and provides medical care for the Secret Service.

Jim Scheulen, chief administrative officer for the Department of Emergency Medicine at Johns Hopkins, says he agreed to the relationship in part because he was impressed by Global Rescue’s nimble operating style. “I thought each call was going to matter more to them because they were smaller,” he told me. “And a lot of their competitors will only take you to a hospital in whatever country you’re in instead of home to the U.S.”

The next step was to build a network of hundreds of contractors in foreign countries: former Special Forces operatives in Lebanon, bush pilots throughout Africa, maritime captains in Greece. Such fixers are what make the crisis-response industry tick, arranging everything from reliable taxis to armed extraction. But while other firms rely exclusively on foreign contractors, Global Rescue usually deploys its own staff to lead difficult operations.

DURING THE THREE DAYS I spent at Global Rescue’s offices, I saw the company handle six serious cases. The most intense began with a phone call at noon on the second day. Al Read, a cofounder of Geographic Expeditions and the former president of Exum Mountain Guides, of Jackson, Wyoming, was in Bosnia and Herzegovina scouting the country’s adventure-travel potential for a USAID subsidiary called Fostering Interventions for Rapid Market Accelerations, or FIRMA. One morning, Read woke up in his Sarajevo hotel room with a piercing headache and e-mailed his colleagues to say he would be late to the FIRMA office.

Seven hours later, a colleague found Read unconscious in his room. A CAT scan revealed that his brain was bleeding and swollen—he’d suffered several subdural hematomas, the result of a fall in the shower ten days earlier. Someone at FIRMA called Read’s wife, who alerted Sano, the Geographic Expeditions president. Sano called Global Rescue.

The company’s two main orders of business were to assemble enough brain-injury experts to read the scans and decide whether it was safe for Read to fly home and, in the event that it wasn’t, to vet hospitals and neurosurgeons in Sarajevo.

They called a Johns Hopkins neurosurgeon and Eric Johnson, a Driggs, Idaho-based Global Rescue adviser and past president of the Wilderness Medical Society. Meanwhile, Richards tapped away at his computer, while being updated on him every hour or two.

A records check showed that Global Rescue had already categorized the Sarajevo hospital as a trusted facility with a highly respected neurosurgeon, Nermina Iblizovic. At 6 P.M. in Boston—midnight in Sarajevo—Dr. Iblizovic called to say that Read’s condition was worsening. “He’s going to die in five hours unless we operate,” she told A.J. Kahn, a Global Rescue paramedic.

Global Rescue’s doctors advised Read’s wife to OK the surgery, they then sent another Global Rescue paramedic on an overnight flight to Sarajevo to attend to Read.

Back in Boston, two other medics spent most of the night on the phone with the doctors in Bosnia, relaying information to Read’s family. The surgery was successful—Dr. Iblizovic drilled three tiny holes in Read’s skull to release the blood—but when I arrived the next morning, I didn’t know if Read would be alive or dead. I glanced over at Kahn. He flashed a wide grin.

“He’s eating chocolate pudding,” he said.