



Journey of the Heart

Author Maggi Ann Grace recounts her
experience as a medical tourist in India

by Dave Korzon

It's not long into my conversation with Maggi Ann Grace that she tells me her book *State of the Heart: A Medical Tourist's True Story of Lifesaving Surgery in India* started out as one kind of book but quickly turned into another. *State of the Heart* chronicles Grace's trip to India with her partner, Howard Staab, for affordable heart surgery that the uninsured Staab desperately needed. But what was intended to be a book that would answer questions for fellow medical travelers instead became, in the writing of it, a personal journey inward. *State of the Heart* does address the issues surrounding the cost of medical insurance and the trend of U.S. citizens seeking medical care by shopping for cheap alternatives around the globe, but above all else, this book is Grace's personal story, told candidly and filled with honest emotion.

Grace, 54, who is also a teacher and business consultant, is spiritually attuned and soft spoken. At first, I expected our conversations to revolve around facts, figures, and the political aspects surrounding the complicated issue of medical tourism. And while Grace and I do touch on the practical issues, our conversation never strays far from the personal. Her story is one of love, devotion, and the courage and tenacity to make things happen under the most adverse of conditions. It's a life-changing story that all started on a Sunday afternoon in September 2003, the day Grace met Howard Staab, a contractor in his fifties.

Grace and Staab began an intense and passionate relationship—they were “giddy with adoration for each other,” as Grace describes it—but a year later, the unexpected happened. During a routine physical, Staab's doctor discovered what

would eventually be diagnosed as a “flailing mitral valve with severe mitral regurgitation.” Simply put, Staab's heart was not pumping blood correctly. Left untreated, this condition would be life-threatening. As if this news wasn't enough, Staab had no medical insurance, and the cost of his procedure would total roughly \$200,000 for a self-pay patient. Grace and Staab began looking for alternatives.

Their first stop was to meet with the chief financial officer of Durham Regional Hospital in Durham, North Carolina. They proposed to pay the hospital the same amount as what an insurance company representing an insured patient would pay for Staab's surgery. They also agreed to pay a substantial portion of the bill up front. Durham Regional's CFO turned them down flat.

Grace immediately started searching for another alternative and found a doctor in Texas who would do the procedure for a fraction of the cost (\$40,000), but Staab became suspicious of any surgeon who handled more than 650 heart patients a year, as this one did. Advice poured in about their situation from all over the country from within the medical community. Bargain with local hospitals, they were told. Insurance companies, after all, pick up only a percentage of hospital charges. Why should the self-pay patient have to pay more? It sounded logical, but after the door slammed shut at Durham Regional, Grace and Staab didn't see much reason to pursue this strategy again.

Enter Grace's son, Bryan Maxwell, a medical student at Stanford University. Maxwell had traveled in India the summer after his first year of med school, and he knew firsthand that there were private medical facilities in India that rivaled

any U.S. hospital for quality medical care. He contacted one of his professors at Stanford, Dr. Sakti Srivastava, and asked for advice about his mother's situation. Dr. Srivastava advised Grace and Staab to seek care at Escorts Heart Institute and Research Center in New Delhi. In *State of the Heart*, Grace includes Srivastava's actual reply:



“To answer your question, if I had a family member in the U.S. who was in a similar position, I would not hesitate to recom-

mend them to come to India for treatment. Indeed, my family and I have a fair share of our health care and treatment here in India. Dr. Naresh Trehan, the founder of Escorts, is of the highest caliber, trained in New York City.”

Grace sent an e-mail to Escorts and waited for what seemed like an eternity for a reply. Then, one night, alone in her kitchen at one a.m., Grace picked up her ringing telephone and heard, “Maggi? This is Dr. Trehan at Escorts.” Once the personal connection was made—an important factor for Grace and Staab—the couple knew that Escorts Heart Institute was the right choice. Dr. Trehan assured Grace that Staab's surgery would be done for no more than \$10,000, including all hospital, surgical, and follow-up care costs.

Of course, this solution presented its own set of challenges. Grace and Staab had only been together for a year and they were trying to take things slow, giving themselves a chance to nurture their relationship. Things were about to change dramatically. Escorts presented an opportunity for Staab to receive first-class health care from a world-renowned surgeon. But it was also a trip that would require an incredible amount of stamina, quick and effective absorption of cultural differences, teamwork, and communication. And when the couple found out that Staab was to be the first American to have this kind of procedure done at Escorts, they soon realized that the world would be watching. CNN cameras and microphones and interviews with magazines and newspapers from around the world would become the norm during their monthlong stay—three weeks at Escorts followed by a week in a New Delhi hotel for Staab's continued recuperation.

Upon arrival in India, Grace presented herself to the staff at Escorts as Staab's advocate. She lived in Staab's hospital room and worked on building relationships with his nurses (who in India are referred to as “Sisters”), doctors, and of course with Staab's surgeon, Dr. Trehan. There were frustrating cultural barriers to surmount, which ranged from how to order food to the Indian style of medical consultation. While *State of the*

Heart is full of praise for the way Grace and Staab were treated during their stay at Escorts, the book doesn't gloss over the less positive interactions, most notably with a condescending doctor who refused to listen as Grace tried to communicate with him about Staab's treatment. The book also depicts how Grace dealt with her mid-trip intestinal illness (known as Delhi Belly), and it includes poetry that she wrote for Staab during long periods of waiting and uncertainty.

The more dramatic moments covered in *State of the Heart* include Staab needing a second operation, a decision Grace is forced to make under tremendous pressure. Then there is the complication of the small postoperative strokes Staab has, which compromised his vision and coordination for a short but frightening period during his ultimately successful recovery. Yet for all the medical and cultural intrigue, the story that ultimately dominates *State of the Heart* is somewhat unexpected: Grace's deteriorating relationship with Staab, who becomes uncommunicative, belligerent, and rebellious as the trip progresses. Ironically, as Grace becomes more attuned to the environment of Escorts and New Delhi, as she bonds with the Sisters and experiences incidents of tremendous kindness, and as her consultations with Dr. Trehan become more meaningful, it's her relationship with Staab that begins to erode. As of the writing of this article, Grace and Staab are no longer in their relationship.

State of the Heart is a story about medical tourism, health care, and international travel. But it's also about the meaning of caretaking, and seeing something through to the end. “At first I felt like I had to write about my experience as some kind of comprehensive handbook,” Grace tells me when I visit her at her home in Carrboro, North Carolina, “so that people seeking this kind of alternative medical care would know what to expect. I had no idea it was going to turn out to be a memoir.”

Grace calls her story a pilgrimage, and as with some explorations, the place she ends up is not only unexpected, but even more enriching than she imagined.

DAVE KORZON: Maggi, very early in *State of the Heart*, you describe a meeting with the CFO at Durham Regional Hospital. You presented a compelling case—

MAGGI ANN GRACE: We were begging [*laughs*].

KORZON: But you weren't begging. You had done your homework, you were prepared, and you made a case—to pay

them what any insurance company would pay. How hopeful were you that they would listen to this, that your financial offer would work?

GRACE: I wasn't hopeful it was going to work; I was *sure*. I thought, who in their right mind would turn away someone who can pay what any insured patient would pay, or more accurately, what the insurance company would pay for the surgery for any insured patient? Who would say, no, we won't take that. "We're not set up to compromise in that way" was how they put it.

I went to them to find out what they needed up front and what they'd need along the way in terms of money. Because it wasn't going to be billed to insurance. And I thought they would accept it, and they didn't. I was floored. And *rattled*, perhaps that's a good word. Because I looked this guy [Durham Regional's chief financial officer] in the eye and I said, "Surely we're not the first self-pay patients with a staggering medical condition with a staggering bill attached to it." He said, "No, you're not. But you're the first one to come and talk to me about it." I said, "Well, what did those other patients do?" He said, "They wait until it's bad enough to come in the ambulance to the emergency room. Then we have to take them." This scenario didn't seem worth it to me.

KORZON: What was it like in that room at Durham Regional with the CFO?

GRACE: Someone asked me once, "Did you see any remorse on his face?" I said, "I am really reaching here, because I would really love to tell you I did." But he was just like, his hands were tied and he had a boss telling him what to do, but he really felt bad for us. But you know what? I did not see one ounce of remorse on his face. I saw him squirming a little at the thought of having to reject our offer. But I didn't see anything that remotely resembled remorse. I have to qualify that with the fact that I don't know this man, so he may not show remorse the way I'm used to seeing it. But I did not identify anything like compassion or remorse.

You know, we had a friend in Chicago find a surgeon who said he would do Howard's surgery for free, but that would still have left us with the hospital bill. This is why I have no beef with doctors. I have no beef with our medical professionals. They can be as compassionate as the day is long and they can be as skilled as the day is long, but they're in a system that will not allow them to do anything but the job in front of them. They don't have the ability to go the extra mile. The system is such that they're confined by it.

So in this meeting, the CFO had the financial consultant telling us the prices. Then they had the Medicaid social worker who was ready to sign Howard up for Medicaid, even though we knew he wouldn't qualify. They had a team there to take care of these questions, but we didn't fall into any of their hands. We didn't qualify for any of their answers. So we had to make a new answer.

KORZON: Which turned out to be India.

GRACE: I think on a spiritual level and on a gut level we were both fascinated with the idea of India and what we had learned through research. On a spiritual level we knew that India was our first choice.

KORZON: So here you are with your partner, accompanying him to India for life-saving heart surgery. It all must have seemed surreal. When did the scope of the journey actually hit you?

GRACE: Actually, a little before we got to India. I remember on the flight I looked up at this monitor that I'd never seen before—I hadn't flown enough internationally to have seen this monitor—but they have a little red plane on a world map, like follow the bouncing ball. It was over Kabul. I just went, "Oh my God, Howard, look, we're over this place I've seen on CNN about the war." It was just astonishing to me.

I guess it hit me in India the first time we got in traffic. Traffic there is like you've never known traffic before. And seeing cows next to us. I mean, that image of seeing animals in the street was one I will never, ever forget. I thought, we've come to a place where I don't even know the rules. There were no lanes there, the traffic has no lanes, and the cows have the right of way. Now, that will mess up your mind sooner than anything, to see cows flocking in front of your car on the freeway.

KORZON: And here you are looking for rules and order while dealing with an acute medical situation at the same time. It must have created a lot of anxiety for you both.

GRACE: I think it amped up our anxiety, and I didn't know how I was ever going to sleep. I was just pumped with expectation and knowing I couldn't take my eyes off anything. I thought I was going to miss the signals of how to take care of Howard, the signals for rules, the signals for the information that I needed to navigate all this. I mean, it was like you don't sit down at a video game and not know how you move the joystick. You've got to know the rules. And if you land in London, you quickly realize people are driving on the left side, and even though you don't know how to do that automatically, you know you have to learn it if you're going to drive there. But in India, I didn't even know what I needed to learn.

When I realized that there were stoves on the streets and that people were eating on the side of the freeway, it was like all bets were off. I just had to watch. Then when we got to Escorts, we were stepping over people sleeping on the floor waiting for people they knew who were patients. Those were signs to me of danger and of compromised situations, but it was perfectly normal for there. I just had to learn what was OK, what wasn't, what was a threat to us, what wasn't. Seeing security guards at every elevator was different, but it was on the conservative, we're-being-taken-care-of side. Rather than the there's-no-order-here side. There were all these extremes.

Here [in the U.S.] you drive and you get in a lane, and there are lights on the sides of the street, and there are trees along the sides of the street. I mention this in the book—there are *edges*. For example, Howard has a driveway at his house. You know what side to stay on. You know not to go on the grass. It's the edges. But there are no edges in India. There are no boundaries. That's metaphoric as well as literal.

End of excerpt