

# D R Health Care Experiences

## Can the Caribbean traveler afford to self-insure?

The Clinica de Hospitales de Caracas looked on the inside like the Atlanta Hyatt Regency or the Manhattan Marriott. I stood lost inside a many storied, enormous, air conditioned atrium whose balconies dripped greenery like Nebuchadrezzar's hanging gardens. Uh-oh. This didn't look like the cheapest deal in the Caribbean.

I had called and faxed to clinics from Miami to Caracas looking for the cheapest MRI to get a picture of my head bones. The doctor who removed a tumor from my jaw in Puerto Rico said I'd best look at the rest of my head. It just might look like Swiss cheese, he said. I pushed on into the luxurious lobby with a sinking feeling in my wallet.

With MRI machines relatively new at that time, they cost a bunch to use. Miami wanted \$4000, and that came before the referring physician, the lab, the radiologist and the hosting hospital all took their cuts. A dear friend in Margarita, Venezuela, himself dying from cranial cancer, gave me the phone number of his Japanese surgeon in Caracas. Eduardo's doctor was off operating on patients in Houston when I called him, but his secretary gave me the number to the lab with the MRI. Five minutes later the lab's administrator told me he had an opening at 10:30 Monday night if I wanted it. I flew off to Caracas on Sunday, leaving the boat in Margarita.

Tuesday afternoon I settled up with the clinic's cashier in the 3rd sub-basement, deep under the Babylonian gardens. The machine, to which I had taken a second turn when I didn't see any holes in me on the first pictures, cost only \$99 US. The radiologist, whom I hired when the second picture looked as good as the first, concurred I had no holes in my head beyond the ones my wife tells me about. His part of the bill came to \$25. The clinic put their burden at \$8, probably to water the plants. And just like in the US, a mysterious 55 cents appeared from the dispensary for "sedative". Not having had any sedatives, I declined the 55 cents, and the cashier gladly punched up a new bill from the computer. I paid \$132, and tucking my MRI films under my arm — my paid-for property after all — I flew back to Margarita and the boat.

\$132. *And they made a good profit!* Think if I had flown to Miami instead. Think what it could have cost had I the usual prejudices against availability or quality of health care in the developing world. Not only the cost to my purse, but to my peace of mind and the flow of my life, if I had to put the boat in a marina, disrupt my business and my plans for what? one to three months? I would have flown off to Miami only to begin bouncing like a pinball between doctors' waiting rooms, labs and clinics while my MRI films floated between their out-baskets and in-baskets and never really belong to me. After all, if patients got to keep their lab results, they might even check up on their doctors.

## Where to go

Should you med-evac to the United States? If you have the bucks, the time and the strong inclination, yes, by all means. God forbid you fly to the butcher shops of the US Virgin Islands!. Do whatever makes you comfortable. I met a lady who flew her cat over the Mona Passage to avoid undo trauma to pussy on the boat crossing. But after a lifetime of medical experiences worldwide, I feel most comfortable outside the U.S.

Every country has its ration of incompetence and fraud, even the U.S., though they greatly cover theirs up. But no country has 100%. If one believes a competent doctor or lab lives somewhere around, and a genuine drug within expiration date occurs on some shelf within reach, one has an excellent chance of finding both.

Having lived and worked abroad in many venues for most of my long life, I can testify that they practice good medicine just about anywhere — *if you look for it.*

In Indonesia a leading American epidemiologist issued me a written prescription to never, under any circumstances, seek counsel of an American physician for the fevers from which he saved me. They would kill me, he said. Not maliciously. Just from ignorance of what can go on in the world of parasites outside U.S. borders. Recent press reports show some uncertainty may exist within U.S. borders as well.

## Tooth Tales

I lived in Paris for many years. My dentist, Jonathan, disliked Americans in general, but he loved their dentistry. He thought medical practice around the world had a sorry state when compared with dental practice. He said that dentistry, rooted in *barber-ism* to put it historically, evolved commercially. Conversely, he said, medical practice got bound up in mysticism by the priesthood of the surgeons, and further immobilized by regulations of guilds and governments. Jonathan maintained the United States, that champion of raw knuckled capitalism, gave dental entrepreneurs and their equipment manufacturers several generations of unbridled development not enjoyed by the medicos, that a free market for dentistry created standardized dental practice and equipment worldwide before governments and guilds had a chance to stop it.

I have first hand experience that he spoke the truth. Dentistry worldwide, I've found, looks and feels American.

In the Bahamas I lost an old three surface amalgam filling from a wisdom tooth. I repaired it with Marine-Tex, a procedure not recommended by the establishment, nor Marine-Tex, I'm sure. However, it lasted several months.

I remembered the tooth more than 3 months later in Puerto Plata while provisioning to sail back to Georgetown to pick up a charter.

As I walked into Dr. Aponte's dental office a fighting rooster stumped arrogantly past me. Aponte first asked why in the world I would want to replace such a beautiful, well-fitting white filling. He loved the new epoxies, he just couldn't use them because his profession had not approved them. For the same spooky reason I had him replace it with a three sided clump of lead and mercury, not at all sure I did the right thing.

After the procedure Aponte charged me \$5 and invited me across the road to share a rum with him at his expense. That took place in 1984, not really so long ago. His prices have held about the same ratio against stateside prices since then. Getting on in years, he doesn't do the rum these days.

Cruising buddies returning from the Rio Dulce told friends of the wonderful treatment they got in Guatemala City from a competent dentist who made high quality gold and enamel crowns and bridges. As it happened, one lady friend faced quite a dental bill for work not yet started in Ft. Lauderdale. She believed my friends' tales, and having an adventurous soul to begin with, she flew to Guatemala City and had the repairs done. With her money saved from not having the job done in Fort Lauderdale, she not only paid for the travel and touring, but she paid for the dental work itself. Back in the U.S., with profits from the native crafts she brought back with her, she gained the teeth and the tour for free.

## Public Clinics

Public health facilities exist everywhere in the world just to stem contagion. Use them.

Once I allowed myself to get so run down that I picked up cholera in Puerto Rico. (Note: readers bound for Puerto Rico may relax. You shall find cholera endemic in the Gulf States of the USA -- and you haven't caught it there, have you? {Ref: p92, 1989 Edition 15 Merck Manual}) The local clinic in Salinas rapidly rehydrated me, counseled me and sent me on my way at no charge.

Once I sailed into Luperón, in the Dominican Republic, from Haiti with a strong dose of paratyphoid which I couldn't shake off by myself. That tiny fishing village, with only 500 or so souls at that time, had a public clinic where one paid what one could — just like my widowed mom paid only what she could afford to have my broken arm fixed in 1940s America. In the Luperón clinic the doctor on duty told me which intravenous antibiotic to get at the pharmacy, which I did, along with a dozen syringes.

Syringes! In today's United States they don't allow supposedly free American citizens to buy syringes.

Three times a day, for four days, I reported to the clinic's tiny emergency room where the nurses used up my syringes with my antibiotic that they kept for me in their fridge.

Hanging out so much in the clinic's emergency room I got to see how they did things. I watched them handle an old farmer who had whacked himself in the leg with a machete while harvesting sugar. I sat with a needle dangling from my arm while a large rural family filled the small emergency room with caterwauling as their grandmom, placed right next to me, passed on of a stroke.

I would have thought the ER nurse incapable of more caring than she gave to me when I came in alone. When grandmom and her descendants descended on us, the nurse doubled her solicitousness, embarrassing me with her attention under the circumstances. At the end of the four days of antibiotic treatment, I embarrassed her by asking how much I owed. It seemed the clinic's emergency room staff didn't know how to take payments. They had organized to prevent the spread of disease, not to make money. I contributed to the cash box they kept for incidentals.

One should never abuse public health clinics, especially in poor countries. They exist primarily, however to address just the kind of health problems most cruisers fear in foreign places: contagious diseases. The government wants it free, of course. That way it gets used early. You must not fear to use it either.

## Medical Laboratories

I frequently need certain blood tests to monitor a serious condition left over from Indonesia. Constant monitoring permits me to manage the disorder with diet, and it therefore has fortunately lain dormant for many years. Accustomed to Swedish social medicine, where costs for the tests got buried in the state's budget, I didn't how much I should have to pay in the U.S. While stopping over in Florida to change boats and top up the old cruising kitty, I found out what regulation and insurance of the medical industry really cost in both money and time. In Florida they charged me \$120 and I had to wait 7 to 10 days for the results. In Sweden, not knowing what it cost in money, I only had to wait 2 days. How about islands in the Caribbean, I wondered

I sailed for the Caribbean, and in Puerto Plata I found a lab in the back of an old Victorian house. Forewarned of a long morning waiting line of expectant mothers, I showed up at the lab at eight o'clock in the morning. The technician had a three day beard growth, smelled of rum and beer, and dangled a two inch cigar ash over his test tubes. The critical test, however, got done on American machines made in Japan. All tests came out correctly, and everything cost only \$26, which I paid in advance.

Rolling down my sleeve, I asked when I would get the results. Two o'clock, he said. Today? Of course! At two o'clock I returned for the results. The technician had gone off to his post-siesta bar. The results stood on the living room table in an envelope marked Bruce Lee (a name I often give because all Latinos know it, and can pronounce and spell it). The test results came from the printer of the same computerized blood test machine used both in Sweden and in Florida.

Cost? \$26. Time? Six hours. Versus \$120 and one week in the U.S. And he made a *profit*.

In the United States one can not get a specific blood test without a doctor's prescription, which means paying for a doctor visit. For a traveler, that means a first time doctor visit which costs more. The medical lab will not release the test, paid for by the patient, except through a doctor. If it requires a specialist to interpret, then the doctor must cut a reference to the specialist.

What happened to the American Wright-Patman and Sherman antitrust statutes which prohibit tie-in sales?

In most countries, however, one can consult medical laboratories and purchase drugs without referral from a physician. People in developing countries don't have the resources nor the arrogance to self treat and self prescribe. You shouldn't either. Knowing this, however, a traveler can get prescriptions refilled and monitoring tests done without the expense of a new doctor in every port.

A few years ago in Puerto Plata I paid \$21 for an EKG and a 45 minutes consultation with a cardiologist. In Santo Domingo a Swiss chiropractor saw me for an hour for just \$14. Full body dermatologist exam, \$28. A 24-hour Holter heart monitor with computer evaluation and cardiologist consultation: \$42. Shoulder X-ray: \$15. Orthopedist exam AND horse-size shot of cortisone: \$26.

Yes, I've got a medical mess for a body. But the ratio of costs, DR to the US, remain the same today. I had a chance to update these statistics while traveling on the US waterways,

I'd had my blood tests done in Santiago, DR, before leaving for the US. They costs altogether \$44 and took four hours. In Baltimore it cost \$347 and took 2 days with lots of bitching to get them to hurry up.

But a better story developed. It actually took *eight months* to get my blood tests done in the US. First I heard, "Self-insured? No, we're only set up to take insurance cards, not cash or credit cards." Often I heard, "Doctor's not taking any new patients until November", as I passed from town to town. I got denied at all labs for a lack of a

prescription issued by a doctor in their state, a cheesy piece of paper to authorize a lab to perform an “invasive procedure” that I could do myself — if I could legally possess a syringe, and if I had a blood analysis machine.

The condition I’d dreaded for 25 years occurred during my American cruise on which state bureaucracy denied me access to these simple and common medical tests. Furthermore, I could not continue back to the Caribbean before initiating therapy for which I had to lay over in Miami for three months. Now, thanks to the American bureaucracy I must continue the therapy for life. But thank God that will come *outside* my home country where the politicians tell us “we have the world’s best health system”.

## Why so cheap?

The underdeveloped middle class in developing countries does not have disposable income to oversubscribe to medical services. Nor did Americans of my mother’s day. No slack exists between the suppliers of medical services and the people who need them. In the so-called developed countries a medical-government-legal-insurance complex has arisen to play in the slack that exists there. What an investor would call “playing in the arbitrage”. In rich countries, super developed middle classes provide good opportunity for human gain by institutional power seekers. And in the case of lawyers, of course, it becomes *inhuman* gain.

A poor country can’t find the slack in which to play such games. Just getting the medicines onto the shelves gives sufficient opportunity for profit. Bureaucratic barriers seldom get thrown between the purchaser and the medicine on the shelf, between the examiner and the examinee, between the testing labs and the testee.

What small middle class a developing country has may be close to revolution — government dare not dink with their antibiotics. Nor their beer nor rum nor tobacco, for that matter. Without slack in the system, insurance and malpractice lawyers don’t even occur to anyone. But even in the DR an ominous growth in medical insurance has begun.

## Finding Your Medicine

If you can buy your own prescription drugs without add-on services and charges, how do you go about it in a funky place with a funny language?

You stand in front of the flyspecked *farmácia* counter with your prescription, or your old pill box, in hand. People mill about furiously thrusting forth wrinkled scraps of dirty wrapping paper with writing on them. Money gets unwadded, counted and exchanged for pills wrapped in clean shelf paper. No one has time for you, and you can’t think of what to ask for if they did.

Ask for the pharmaceutical handbook (*diccionário farmaceutical*). This fat tome has all the manufacturers, all the patented drug names and all the generics. You can find cross references to licensed manufacturers around the world and to the names they use for the drug. You shall soon discover as well that many drugs can be had beyond those available in the U.S.

Stugeron (say “ace-too-HAIR-own”), for example, an effective and no side-affects motion sickness cure of British origin from the Janssen Company, has decades ago completely replaced the U.S. market brands in those markets which don’t depend solely on U.S. supply. I reckon it a must-have emergency stores item for when the skipper goes down.

Anyway, don’t they all use knockoff imitations of American drugs? Definitely not. Most of the “American” prescription drugs come one way or another from Swiss enterprises functioning in the U.S. or abroad. The production of these interlocked megaliths goes roughly 80% to developing or socialist countries at 5 cents on the dollar, and the remaining 20% to the US or similar markets at 95 cents. In that way, American taxpayers subsidize socialized medicines in countries like Canada. The brouhaha about pirate drugs that occasionally rocks the press originates with the pharmaceutical giants who don’t want to see their 5-cent shipments smuggled back into the 95-cent US market for someone else to profit on.

Does drug piracy exist? Sure. Everywhere. Even in the United States. Therefore, always buy unopened boxes, and inspect all the stampings and informational inserts meticulously.

For instance, buy products made at local Hoffman La Roche factories, rather than the Hoffman la Roche product next to it on the shelf which got put together in the US.

## An Open Mind

Xenophobic travelers see only what they want to see. With all the medical services in the world at your beck and call, you won't use them if you don't trust them. Blind trust may earn you an unnecessary appendectomy, badly fitted bridgework or worse. But a modicum of research and references can lead to knowledge and to spectacularly successful outcomes.

Your trust that foreign medical establishments can indeed work for you may first have to begin with distrust in the models you have been raised with. Make your own first experience with foreign medicine an epiphany. Take the case of my own epiphany with Stugeron.

Even before Stugeron became popular for *mal de mer*, it had long been available to help post operative elderly patients get early on their feet with good balance, or to assist recovery from inner ear infection or surgery. My children grew up on boats in Europe in the 1970s using this drug completely free of side-effects.

In the 1980s, when we realized we couldn't get Stugeron in American territory, we traded scandalous quantities of rum to European cruisers for just a few tablets. A wealth of data exists on Stugeron. Why can't Americans buy it after decades of European usage? Lack of testing? Backlog among the bureau-rats at the FDA? **For 35 years?** I don't care as long as I can buy it where I go. But I wouldn't have believed in the existence nor the efficacy of Stugeron if I couldn't call up a mild mistrust in the American establishment in the first place. Only then do the scales fall from your eyes.

Thirty seven years living abroad have left me with a mind more than open, yet always healthily suspicious, toward foreign health care. That attitude has saved me tens of thousands of dollars and extended my life as well. To enjoy your DR travel more, or indeed to even dare embark upon it, consider self-insuring by using local health care.

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Mr. Van Sant is author of

*Tricks of the Trades*, a how-to book on escaping to the islands of the trades,

*Gentleman's Guide to Passages South*, sailing directions for passages from Florida to South America,

*A Cruising and Watersports Guide to the Spanish Virgins*, and

*Margarita Cat*, sketches of the cruising life.

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