

DR 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 Nebuchadnezzar'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 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's cut, the lab, the radiologist and the hosting hospital. 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.

Tuesday afternoon I settled up with the clinic's cashier in the 3rd subbasement, 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". 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 went home to the boat.

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? -- to fly off and begin bouncing like a pinball between doctors' waiting rooms, labs and clinics while my films floated between their out-baskets and in-baskets.

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.

Every country has its ration of incompetence and fraud, but no one 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 more than half 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 US borders. Recent press reports show some uncertainty may exist within those 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 medicine 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 whereas medical practice got bound up in mysticism by the priesthood of the surgeons. The United States, that champion of raw knuckled capitalism, he said, gave dental entrepreneurs and their equipment manufacturers several generations of unbridled development. Jonathan maintained that a free market created standardized dental practice and equipment world wide before governments and guilds had a chance to stop it.

I have first hand experience that he spoke the truth. Dentistry world wide, 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, however.

Cruising buddies returning from the Rio Dulce told their friends of the wonderful treatment they got in Guatemala City from a competent dentist who himself made high quality gold and enamel crowns and bridges. As it happened, their lady friend faced quite a dental bill for work not yet launched 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 US, with profits from the native crafts she brought back with her, she gained the teeth and the tour for free.

Public Clinics

I allowed myself to get so run down once 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 yet there have you? {Ref: p92, 1989 Edition 15 Merck Manual}) The local clinic rapidly rehydrated me, counseled me and sent me on my way at no charge.

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

I returned to Luperón from Haiti once 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 the America of the 1940s. 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! Even in America they don't allow free American citizens to have 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 room with caterwauling as their grandmom, placed right next to me, passed on of a stroke

I would have thought the nurse incapable of more caring than she gave to me when I came in alone. When grandmom and the descendants descended on us, she doubled her solicitousness, embarrassing me with her attention under the circumstances. At the end of the four days of antibiotic treatment, I embarrassed them 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. The constant monitoring permitted me to manage the disorder with diet, and fortunately it lay dormant for many years. Accustomed to Swedish social medicine, where costs get buried in the budget, I couldn't believe the costs and time it took for these tests while stopping over in Florida to change boats and fill the old cruising kitty: \$120 and 7 to 10 days, versus not really knowing what it cost in Sweden, but only 2 day service from their bureaucrats.

I sailed for the Caribbean, and in Puerto Plata I found a lab in the back of an old Victorian house. I came in at 8 o'clock in the morning, being forewarned of a long morning waiting line of expectant mothers. The technician had a 3 day beard growth, smelled of rum and beer, and dangled a 2 inch cigar ash over his test tubes. The critical test, however, got done by 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 critical part of the test came from the printer of the same computerized blood test machine used both in Sweden and in Florida. Eight o'clock to two o'clock, 6 hours, \$26. 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, and more bucks. 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 a reference must be cut by the first doctor. What happened to the American Wright-Patman or Sherman antitrust statutes which prohibit tie-in sales?

In most foreign countries, however, one can consult medical laboratories and purchase drugs without referral from a physician. In developing countries the locals 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 needed prescriptions refilled and monitoring tests done without the expense of a new doctor in every port.

Some 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 to the US remain the same today. This past summer, 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 4 hours. In Baltimore it cost \$347 and took 2 days with lots of bitching for them to hurry up.

But a better story developed. It took 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", while I passed through a town with only a few days to spare. All for a lack of a local state prescription, a cheeseey piece of paper to authorize a lab to perform an "invasive procedure" that I could do myself, if I could legally posses a syringe, and if I had a blood analysis machine.

The condition I'd dreaded for 25 years occurred during my American cruise in which I had no 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. 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. Getting the medicines on the shelves gives sufficient opportunity for profiteering. 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 (dicionário 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 US Stugeron (say "ace-too-HAIR-own"), for example, an effective and side-affect-free motion sickness cure of British origin from the Janssen Company, has decades ago completely replaced the US market brands in those markets which don't depend solely on US 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 US 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 knowledgeability 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 seventies using this completely side-effect-free drug.

In the eighties, 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 will 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.

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, and *A Cruising and Watersports Guide to the Spanish Virgins*. See LuperonCruising.com.