

St. Eustatius, April 3, 2022.

Dear chairman and members of the...

...Commission on Kingdom Relations and of the Commission on Public Health, Welfare and Sport,

In previous letters to the Kingdom Relations Commission (including in an information letter in connection with the introductory visit of the new State Secretary and more recently in a letter dated March 20) I have already expressed my concerns about the care function on the island. In general, it is better to stay out of the clutches of healthcare because there is a good chance that it will not benefit you.

And where up until now the cases have been imaginative and well known (on the island) but a bit further away from yourself, it is now suddenly very close! What happened...

About three months ago, a fellow teacher comes to work at our school. She is young (about thirty), married and has two young children. They are from Suriname; the mother and the two children have a Dutch passport. The husband does not, he has a Surinamese passport. This implies that entering St. Eustatius is fraught with obstacles. In particular, the admission of the man must first be approved by the IND and with some difficulty (comforted by the employer of the colleague: the board and the management of the school) it is achieved that the man can wait for the decision of the IND on the island. How long will that take? Well, my own experience with the IND - mainly based on what students of our school experience before being allowed to become Dutch (in order to study in the Netherlands as a Dutchman) - is that those mills turn very, very slowly and processes that on paper could be completed in a few weeks, just take months or years.

Then the family turns out to test positive (first with the self-test, then with the PCR test) for COVID19. This can happen. The general expectation is that a week of home quarantine will eliminate the problem. In the case of the man in this family, it turns out to be more serious. He should actually be hospitalized and eventually (!) he is. But not after the ambulance had visited the family three times and because of doubts about whether or not he was insured he was initially not taken away. On that occasion, however, he was administered oxygen.

Knowing the quality of our hospital you would expect that this man, now a patient, would be transferred to a 'real' hospital as soon as possible. Not on our island. The man is able to breathe on his own again, the doctor reports that the patient is now stabilized. That evening, however, things get serious and the wife goes to great lengths to get a doctor to her husband. Observations by the wife such as "he doesn't even recognize me anymore" are to no avail. It is the chairman of the school

board who manages to get an ambulance to pick up the man and take him in. A doctor was no longer in the picture. He would have been too busy....

*Note: The doctor in question is actually already retired and internally sidelined by the hospital, but at the same time the only doctor of the hospital's permanent 'crew' with a BIG registration, so for form's sake he seems to have been retained in his position. This is as I thought(d) it was; following this 'statement' I received the comment that this doctor, as well as the other doctors of the hospital have a so-called BES-registration: a 'lesser' status than the BIG-registration. Something with second class patients in this part of the Netherlands perhaps....*

The realization dawns that the man might be better off in a 'real' hospital (on St. Maarten). That things get moving is mainly thanks to forces that are not meant for this (the board of the school and a resolute and vigorous nurse). The links that exist in the medical mill for this (ZVK, doctor) are less concerned with the patient but more with the administration: de-registered in Suriname, awaiting admission to the island, so no Statia ID card, which also counts as proof of insurance: would costs be made here that might not be reimbursed? ZVK is primarily an organization that watches the pennies: doing nothing means no costs, so "why on earth fly an uninsured patient over?". As a non-medically trained individual, I know no better than that the priority in cases like this is always to provide medical assistance to the patient. Don't doctors take an oath of Hippocrates? But then again, the officials at the ZVK are not physicians either, of course, and are not even otherwise medically educated.

That delaying process of distracting from the main issue continued at the airport. The nurse and the patient waited for about half an hour (!) in the ready helicopter until the pilot was found to fly the aircraft over to St. Maarten. It appears that once again the pilot only received a 'go' after clarity (?) was obtained on the compensation to be received. In short, the machinery appears to have been busier with the question "will we get reimbursed for this?" than with acting and life-saving.

*Observation: Why that helicopter did not fly directly to the hospital on St. Maarten is beyond me. Always - apparently - first they have to land on the airport after which an ambulance will drive through the (usually busy) traffic to the hospital. The reason I have heard for this has to do with the landing fees to be collected: of course these cannot be missed.... And where money and life-saving action battle for precedence - apparently - the money wins....*

In order not to unnecessarily prolong a long story (if only it were a story: it's all the real, daily reality on the island): eventually the helicopter leaves St. Eustatius for St. Maarten and on the way the man appears to have died, after which the body is brought back to St. Eustatius.

How this case develops further is still unknown (I am writing this letter Sunday, April 3, the death took place the day before yesterday). That the care on the island of St. Eustatius is a 'point of concern' seems to be well enough known in The Hague. Several reports have been made about this and will

undoubtedly have reached the Ministry. But there too, people seem to be busier keeping politicians out of the wind and other trivial nonsense than with the work that really matters.

I have already called the health care system on the island a cattle shed, but up until now everyone has been circling the drain. Near misses due to wrong and irresponsible decisions take place almost daily. Of course, I have not done any (statistically based) research on this but the number of negative reports about the hospital far exceed the number of positive reports.

***May this particularly sad case contribute to a 'real' improvement? Not one in which only a rapporteur comes along to make a report, but one that effectively screens and reorganizes the entire organization of healthcare - including that of the ZVK - in this part of the Netherlands (namely the Caribbean Netherlands, not even an independent country in the Kingdom!) where not only hospital staff but also local professionals in the periphery of this case and the hospital, will have their input?*** I emphasize this point because listening to people from the island is, to date, not a highly developed trait among incoming European Dutch.

Kind regards,

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See: <http://stata.nu/nl/> (especially under 'Developments/Letters')

Cc: *National Ombudsman*  
*Inspectorate for Health Care and Youth*