

St. Eustatius, 28 April 2022.

Dear Chairman and members of the Committees Kingdom Relations and Public Health, Welfare and Sport,

For the second time within a month, St. Eustatius has been rocked by the death of a young person. This time it is a young woman, Solandy Sanchez, 27 years old and mother of a two year old child.

It is part of life that people get sick and die, old and young, sometimes even very young. And of course it can happen that medical knowledge falls short to do something. And even it happens that mistakes are made, causing people to die. I understand all this, but the case takes on a different face when negligent action comes into the picture.

I'm thinking of unnecessary bureaucracy, medical decisions made by non-medically trained personnel, poor communication with the ZJCN ¹ (*for the record, I don't actually know of any examples of communication with the ZJCN that were flawless...*), unacceptable delays in test results, etc. Finally, although this is of course not a cause of negligence as such, I note that none of the Statian doctors connected to the general practitioners post (that's all the hospital is) are BIG-registered (which for the layman should be a kind of mark of quality that this doctor regularly undergoes further training).

With a kind of pride, the government commissioner mentioned the installation of a commission of inquiry to investigate the hospital's part in the death of Mr. Regilio Pinas. Not that this committee has been installed yet but it is busy working on it (you can be busy).

What I am so afraid of now is the following:

- Because complaining is not so part of the Statian culture (because there is a good chance that the complainant will in turn be intimidated or otherwise thwarted) there will be few complaints available that should be investigated. In fact, it is my understanding that until recently, complaint registration was not done at all in and by the hospital. The outcome of the investigation will then easily be "incidental case, can happen, tough luck". If that is the outcome, then the protest march will have been for nothing and no lessons will be learned from the death of Mr. Pinas.
- The recent death of Ms. Solvandy Sanchez could be seen as an isolated case. A case that is not related to anything. While from the family there are signals that are disturbingly different. She seems to have been walking around for a long time with complaints that were not taken seriously by our Statian doctors: something with diet or a painkiller, it will pass, you are young, so strong maybe a COVID19-like symptom. Eventually - but somewhat belatedly in my humble opinion - she was awaiting an appointment in St. Maarten. It ended up being a doctor temporarily working here, from the European Netherlands, who suspected an autoimmune disease and wanted to see that investigated. But nothing happens yet. The lady in question is apparently financially able to arrange a second opinion at her own expense with a doctor in the Dominican Republic. Again, an autoimmune disease is suspected. But the story goes no further. A few days after this observation, she dies in the Dominican Republic.

¹ ZJCN stands for Zorg voor Jeugd en Gezin Caribisch Nederland. This is the new name of ZVK (Care Insurance Office). The name ZVK is more familiar on the island.

- With a bit of bad luck - I'm afraid - this case too will be dismissed as incidental and possibly even without complaints in the registration system. Let this letter be a help then: a kind of wake up call. Or does this not give anyone in the European Netherlands a bad feeling? A feeling that things are not quite right here...

It seems to me that it is not my place to draw far-reaching conclusions here, but I would like to argue for a separate investigation that goes deeper than just this one or that other case. An investigation in which experts from the responsible European Dutch authorities are also involved. At the moment the government commissioner really does set up a commission, but I suspect that the involvement of those who are responsible (in the European Netherlands) is not guaranteed. The government commissioner does not seem at all interested in a real improvement but in 'exonerating' the Station hospital and the Station doctors. Besides, for the time being I do not have a different impression from the European Dutch Central Government: "solve it locally". This letter, I hope, could contribute to the involvement of the European Netherlands.

A question that comes to mind is the following. Why is the hospital, although reluctantly, engaged in some sort of improvement effort and I don't hear from the ZJCN any sound that has anything to do with self-reflection? Is it because the ZJCN is close to the Ministry of Health? And is there the idea that the Ministry of Health will of course not have made dirty hands? I hope that the Inspectorate of Health and Youth will put a stop to this.

The investigation should not just focus on the single case, but on the whole system. Who is responsible for what? Who makes what decisions and based on what data? Why is the healthcare system not set up according to European Dutch principles (I am now thinking of the adage "comply or explain"). What about the cooperation between the various parties, such as the hospital (Queen Beatrix Medical Center [QBMC]), GGD and ZJCN. And how does it work when physicians are in both the GGD and QBMC organizations? Finally, what has actually been done with the various research reports that no doubt ended up in this or that ministerial desk drawer in recent years? Earlier I spoke of an Augias stable, and I don't really know of any superlatives for this. To date, comparisons of this kind have proved insufficient to really wake anyone up in The Hague. I can hope that the National Ombudsman will take over.

Well, I would like to hear from you.

Kind regards,

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cc: *National Ombudsman*
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