

St. Eustatius, May 15, 2022.

Dear Chairman and Members of the Kingdom Relations Committee of the House of Representatives and the Senate,

As the fifth of his twelve works, Heracles cleanses the stable of Augias and does so in one day by having two rivers flow through the stable that has not been cleaned for thirty years. Now that's thorough work! A cleansing that is unparalleled! The comparison I made earlier with this stable to be cleaned concerned the institute that is responsible for the health care of the residents on St. Eustatius. This is not only the hospital, but also the Health Care Office (ZVK) which recently merged - together with the centers for youth and family - into a newly appointed organization, but which for the sake of recognizability I will just refer to as the Health Care Office. All this under the responsibility of the Ministry of Health, Welfare and Sport.

The comparison with the twelve works of Heracles was not chosen at random. Not only did the manure have to be cleaned up but, as in the other works, it appears that invisible forces - such as Herakles' evil mother - and many-headed monsters had to be fought. When I look at the health care system and at those who give shape to this responsibility, I mainly see officials who protect each other and reports that may or may not disappear into a proverbial drawer or are simply ignored. And when something has to be given shape, common sense does not prevail but time is bought with yet another investigation. And if it were now about a game of goose chase, but no: in the past few weeks two people have already died in which individual and managerial incompetence have at least played a role. An investigation has been promised but as yet I hear very little about it (of course that is not necessary, but if that is a general feeling on the island, then chances are that also this investigation will not be taken up with a certain urgency).

Admittedly, a seminar was recently organized in which all the insiders involved studied each other's navel once again, and despite all the good intentions, I do not immediately see a new organization emerging from this. An improvement plan here, a complaints reporting center there, and that will be about it. Last week this or that spin doctor drafted yet another nice letter (attached). And yes, not a single approach in the medical infrastructure but a real change manager will be appointed. To give substance to a new vision and mission for healthcare on St. Eustatius. What this new vision and mission entails remains unclear other than that it is translated into a number of executable action items. It is like throwing candy to the animals in a petting zoo. Oh yes, for a moment I thought that the website mentioned at the bottom of the letter ([www.sinteustatiushealthcarefoundation.org](http://www.sinteustatiushealthcarefoundation.org)) would bring me further but this website simply does not exist. The website [www.sehcf.org](http://www.sehcf.org) does exist but it appears to have stopped posting news years ago. I see there that a small article is included from October 7, 2016 titled "Improved Emergency Medical Care on Statia". With the knowledge of today (almost six years later...) I would think: what a goof.

And this is now about the hospital. From the other parties I hear nothing, except for the organization of the said seminar (the ZVK, which - I think - is part of the organization of the Ministry of Public Health, Welfare and Sport, has brought together the various partners on the Caribbean islands within the Kingdom to brainstorm to something beautiful, I think...).

And nothing has come of the promised independent investigation into the two recent deaths, in my opinion. Perhaps it's just a quick search for independent investigators....

If I may attempt to make a start on "how it might be done better" I cannot help but start from a somewhat broader starting point. Whereas in every policy area everyone keeps starting from the uniqueness of the Caribbean Netherlands (after all, three "special" Dutch municipalities), I would like to advocate starting from the common Dutch philosophy and, where necessary, recognizing exceptions, but only when circumstances in the Caribbean Netherlands differ substantially from those in the European Netherlands (according to the Constitution when it comes to public entities, in Article 132a, paragraph 4).

Let me give you a small example of this "thinking around". About three years ago a student from here - St. Eustatius - went to study in the European Netherlands. This student followed the advised method and arranged a health insurance through the ZVK, who in turn placed this insurance with a company that specialized in expats. Why that company came into the picture is still a mystery to me because it concerns a Caribbean Dutchman who is going to study in the European Netherlands. The term expat is not at all relevant in this case. The then State Secretary spoke of a privileged situation for the Caribbean Dutch student. Until this student received a letter from the CAK that she was punishable because uninsured in the sense of this or that law. So potentially punishable because you follow the instructions of the Rijksdienst Caribisch Nederland (RCN)! That does not seem privileged at all. By the way, the solution was simple. Take out a Dutch health insurance and apply for care allowance. In short, do nothing special but try to think and organize generically. The aforementioned route via ZVK has been silently removed from the website of the RCN.

If the Dutch Caribbean can now also provide themselves with a basic healthcare insurance that is common in the European Netherlands, then we are already a long way on the right path. Perhaps he or she would also like to have supplementary insurance as is possible in the European Netherlands. Should you think "that is not possible at all because [...]", then you should ask yourself whether the obstacle you have found cannot be solved along the same lines. You may come across the fact that banks and insurance companies are not allowed to enter the Dutch Caribbean market. Why not? Or something like "yes, but there they have the US dollar" and again I say "why actually, can't that be or become a euro?". I think you understand me.

Then back to the hospital (or, with your permission: GP). Why a mission and vision for a public facility? That efficiency thinking of the 1980s and 1990s is now a thing of the past. Public facilities simply have to function as well as possible. Period. In the Netherlands, that boom is also a bit of a thing of the past,

isn't it? Schools that compete with each other on things like special things and excursions abroad, while the basics (language, maths and their continuation in secondary school) are not or not well organised. Why have a vision and mission for a hospital or home health agency? The resident simply counts on being helped in case of medical imperfections by doctors who can pass the Dutch test! And if they must be referred to a 'real' hospital, why not to one in the same Caribbean Netherlands, such as Bonaire (same rules, laws, regulations and protocols).

By the way, isn't that referral to Colombia a bit strange anyway? Dutch Caribbean people are effortlessly (and routinely) referred to Colombia while the same Colombian doctor is most likely not allowed to establish himself as a doctor in the European Netherlands. Surely this seems like double standards? This is one of the reasons that I firmly believe that the Caribbean Dutchman is a second-class Dutchman. The Dutch government excludes rather than includes the Caribbean Dutchman. It seems to me that it is negative discrimination rather than the Caribbean Dutchman feeling privileged.

A final word about the organization of care on the island. What I have described above all concerns a different organization of the system as a whole, a vision for the longer term. Rebuilding from the ground up (with the Netherlands as "model"). In the short term it would already help if the same training and registration standards were required of doctors as in the European Netherlands. A second point of interest in the short term concerns the referrals, when a doctor considers a referral to a hospital elsewhere necessary it can not be that at the ZVK this referral is questioned with an accountant mentality. The third short-term aspect seems to me to be the necessity of setting up a patient registration system on which also the pharmacist can log in. Finally, the appointment of a change manager without knowledge and experience of the design of the healthcare organization in the European Netherlands seems to me a not very effective approach.

Well, at least I feel that I have given you food for thought. The somewhat broader question concerning the treatment of the Caribbean Netherlands should, as far as I am concerned, be answered with "no different than the treatment of the European Netherlands". Unless the circumstances in the Caribbean Netherlands are essentially different from those in the European Netherlands. And that seems to me to be less often the case than it currently is with many laws and regulations.

I wish you much wisdom and decisiveness.

With kind regards,

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*Cc: Chair and members of the Committee VWS, National Ombudsman*  
*Appendix: Press release from the SEHCF board (May 12, 2022)*