



Medical referrals: a long journey

An investigation into citizens' experiences of medical referrals in the Caribbean Netherlands

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Date: 18 March 2026
Report number: 2026/017

Table of contents

General overview	4
Summary	6
1. Introduction	8
1.1 Introductory note	8
1.2 Background to the investigation	9
1.3 Objective and key investigation question	10
1.4 Scope and approach of the investigation	10
1.5 Reader's guide	11
2. The medical referral process in the Caribbean Netherlands	13
2.1 Applying for a medical referral	13
2.2 ZJCN's assessment of the application	14
2.3 Medical referral process	15
2.4 Rejection of a medical referral	16
2.5 Article 10.4 procedure	17
2.6 Complaints, signals and objections	17
2.7 Supervision	18
3. Bottlenecks due to the small scale and geographical location of the Caribbean Netherlands	19
3.1 Limited availability of medical staff	19
3.2 Physician changes	19
3.3 Different guidelines for healthcare provision	20
3.4 Information transfer between medical specialists	20
3.5 Medical referral logistics	20
3.6 Quality of healthcare and supervision	21
4. Problems citizens experience during medical referrals from the Caribbean Netherlands	22
4.1 Insufficient information and communication regarding medical referrals	22
4.2 Experiences with ZJCN's inflexible approach	25
4.3 Complaints	28
5. Conclusions and recommendations	30
5.1 Residents do not receive sufficient information	30
5.2 There is not enough focus on citizens' needs.	31
5.3 The complaints procedure is not working well	31
5.4 The National Ombudsman's appeal	32

General overview

Becoming ill and dependent on loved ones and medical assistance puts you in a vulnerable position. This applies to residents in the European Netherlands but certainly also to residents in the Caribbean Netherlands. They do not have the same access to comprehensive medical care as their co-citizens on the other side of the ocean. The healthcare available on the islands of Bonaire, St Eustatius and Saba is more limited. Residents with medical conditions that cannot be treated on their home island are therefore referred to another destination for that treatment. There are approximately 7,000 medical referrals per year out of a population of approximately 30,000 insured persons on the three islands combined. Those are large numbers and often involve multiple referrals per person. Unlike the European Netherlands, the Caribbean Netherlands government is directly responsible for both healthcare policy and provision, including medical referrals. This is implemented by the Care and Youth Caribbean Netherlands directorate (ZJCN). ZJCN is part of the Ministry of Health, Welfare and Sport (VWS).

For many people, medical referrals are events that have a major impact on them. They are ill or need assistance, feel uncertain and stressed, and want to receive treatment as quickly as possible. They also may need to stay in a different place for a long period, far from their home environment. Such referrals, therefore, also impact their family, work and social lives. If people feel that their referral is not arranged well, this increases their stress and sometimes leads to feelings of despair.

During interviews with citizens in the context of this investigation, it emerged that things go wrong at various points during the medical referral process. Citizens indicated that, following a referral from their doctor, it takes a long time before the medical referral actually takes place. They have no overview of their application's status or how the process will proceed. Justifications given for rejecting a referral application are sometimes not clear, people often only hear at the last moment when they have to depart, they have to wait a long time for a charter flight to take them back home and generally feel little is done to tailor the service to their individual needs. These bottlenecks were mentioned frequently in previous individual complaint reports as well as in the complaints I receive annually from people in the Caribbean Netherlands. Some citizens decline treatment due to problems they experience during the medical referral or they cover the costs themselves so they are not dependent on ZJCN.

This dependence on ZJCN is something that is felt strongly by many of the citizens we spoke to as part of this investigation. This is not surprising considering the combination of roles that ZJCN has as both a policymaker *and* provider of care on the islands. They make the rules and implement them too. The situation in the European Netherlands is different in that the Ministry of Health Welfare and Sport determines the policy and private healthcare insurers and providers provide the healthcare. This places a special responsibility on ZJCN, making it even more important that they listen to citizens who express dissatisfaction about such things as medical referrals. Easy to access and independent complaint and grievance procedures are therefore crucial in the Caribbean Netherlands' healthcare system. Important improvements still need to be implemented in this respect.

For instance, the investigation indicates that the barrier for submitting a complaint or objection is currently too high for many citizens. They are afraid that submitting a complaint will have a negative impact on their relationship with ZJCN as a gatekeeper of healthcare on the islands. Residents do not dare to speak out. It is an important task for ZJCN to improve access to the complaint and objection procedures as well as to improve the procedures themselves. Various steps are currently being taken in terms of new complaints regulations and registration system, which I will be following with interest.

Other important bottlenecks that emerged during this investigation include the insufficient information provision and communication regarding medical referrals (already mentioned in my 2017 report¹) and the inflexible attitude and approach that citizens experience from ZJCN during the medical referral process. My appeal to the Ministry of Health, Welfare and Sport is that it uses the experiences that citizens shared with me and starts implementing the recommendations.

Reinier van Zutphen

¹ National Ombudsman, [Bonaire, St Eustatius and Saba Healthcare Insurance Office Complaints Handling](#), report 2017/135, dated 5 December 2017.

Summary

Background to the investigation

The National Ombudsman has been focusing for some years on the position of the Caribbean Netherlands' citizens during medical referrals. Despite handling complaints in individual cases and various large investigations, he still receives multiple complaints per year from citizens regarding medical referrals. This prompted another large investigation into the issues citizens of Bonaire, Saba and St Eustatius are facing during the medical referral process.

Objective and key investigation question

This National Ombudsman investigation reveals the experiences of Caribbean Netherlands' citizens during medical referrals. The Care and Youth Caribbean Netherlands directorate (ZJCN) can use the results of this investigation to improve healthcare accessibility and availability by resolving the bottlenecks experienced by citizens.

This investigation focuses on the following question:

What medical referral bottlenecks do Bonaire, Saba and St Eustatius citizens experience?

Conclusions, recommendations and the National Ombudsman's appeal

The National Ombudsman concludes that citizens experience problems in three main areas during their medical referral. He sees a need but also opportunities for ZJCN to resolve the issues citizens experience in these three areas, which is why the ombudsman is making recommendations to ZJCN.

1. Citizens do not receive enough information.

- Offer citizens accessible and understandable information prior to, during and after the medical referral. Prepare citizens for the various scenarios that could occur.
- Be accessible and offer support to citizens who have questions relating to medical referral issues.
- Inform citizens and their physicians in time if a medical referral application is rejected and justify this rejection in a way that is understandable for citizens.
- Proactively point out citizens' procedural options, should a medical referral application be rejected. And make it easy for citizens to use these options.

2. Citizens' needs are not sufficiently recognised.

- Enable accessible and personal contact between citizens and ZJCN so that citizens have the space to discuss their personal situation and needs.
- Consider citizens' personal circumstances when assessing a referral application and when arranging a medical referral. For example, deviate from the 'as close to home as possible where feasible and further away where necessary' principle if circumstances demand this.

3. The complaints procedure is not working well.

- In its communication and approach ZJCN should demonstrate that it is open to citizen complaints and that it aims to learn from these. This will help alleviate their concerns about submitting complaints.
- Ensure that the complaints procedure is as simple and accessible as possible. Ensure that channels for submitting a complaint are in line with citizens' skills and needs.
- Ensure that those working at ZJCN recognise the usefulness and necessity of submitted verbal and written complaints. This could include training employees in recognising complaints and in professional complaint handling.
- Give the external complaints advisory committee a more explicit role in the complaints procedure. Formulate clear criteria for situations in which complaints should be presented to the external complaints advisory committee.

The National Ombudsman's appeal

The National Ombudsman appeals to the Minister of Long-term Care, Youth and Sport to remain committed to resolving healthcare bottlenecks in the Caribbean Netherlands in cooperation with all involved stakeholders. Because even if ZJCN implements the ombudsman's recommendations, it will be unable to respond fully to citizens' needs during the medical referral process unless a solution is found for the broader healthcare issues.

1. Introduction

1.1 Introductory note

Specialist medical care is largely unavailable on Bonaire, Saba and St Eustatius. Island residents must, therefore, travel to other locations for specialist healthcare. This is known as a *medical referral*. Approximately 7,000 medical referrals take place each year out of 30,000 insured islanders, with some individual residents also being referred several times per year.²

The Ministry of Health, Welfare and Sport (VWS) has been responsible for health and youth care on Bonaire, Saba and St Eustatius since 10 October 2010.³ A centrally-funded healthcare system has been chosen in the Caribbean Netherlands.⁴ This system was chosen for a combination of reasons: the islands' population density is low, the number of healthcare providers is limited and insurance companies do not have competitors, which makes a market-based approach impossible.

The Care and Youth Caribbean Netherlands directorate (ZJCN) of the Ministry of Health, Welfare and Sport is responsible for policy and legislation relating to health, welfare and sport. ZJCN has offices on all three islands in the Caribbean Netherlands, which are responsible for the provision of health and youth care services. They also administer health insurance on the islands. Health insurance for residents in the Caribbean Netherlands is arranged in the BES Health Insurance Decree. And the BES Healthcare Insurance Entitlements Regulation identifies the healthcare to which residents are entitled.

If the required medical care is not available on the island, the GP or medical specialist must refer the resident to a contracted hospital that does offer the required medical care. This could be a hospital on Bonaire, Aruba, St Maarten, Curaçao, in Colombia or in the European Netherlands. When referring a resident to one of these destinations, the referring physician must apply to the ZJCN office to have the resident's medical referral approved. In many cases, this will involve a referral to a healthcare provider with which ZJCN has concluded a contract.⁵ ZJCN assesses the medical referral application and, if approved, the ZJCN office makes all the arrangements relating to the medical referral. This can involve making the appointment with the medical specialist to which the resident is being referred, booking flights, arranging local transport and accommodation, providing a daily allowance⁶ and reimbursing the medical costs.

If, after consultation with their physician, a resident wishes to be referred to a healthcare provider with which ZJCN has not concluded a contract, the resident must make all the medical referral arrangements themselves. This includes booking flights and accommodation, making the appointment with the specialist, paying the costs in advance and claiming them back afterwards from ZJCN. However, the referring physician still needs to apply for ZJCN approval in order to ensure that the costs incurred by the resident can later be reimbursed in part or in full by ZJCN. A medical referral to an uncontracted healthcare provider takes place via a so-called *Article 10.4 procedure*.⁷

² [Medical Transfers in Figures | Care and Youth Caribbean Netherlands directorate \(ZJCN\)](#).

³ Constitutional reform of the Kingdom of the Netherlands took place on '10-10-10' (10 October 2010). Since then the Kingdom of the Netherlands has comprised four countries: Curaçao, Aruba, St Maarten and the Netherlands. As a country, the Netherlands has consisted of a European part and a Caribbean part since that date. The Caribbean Netherlands is formed by three special municipalities: Bonaire, St Eustatius and Saba (also known as the *BES islands*).

⁴ European Observatory on Health Systems and Policies (2024), *The Caribbean Netherlands - Health System Review* [The Caribbean Netherlands - Health system review | Rapport | Rijksoverheid.nl](#)
<https://www.rijksoverheid.nl/documenten/richtlijnen/2024/07/02/introductiedossier-bewindspersonen-ministerie-van-vws>.

⁵ Article 8 of the BES Health Insurance Decree states that, in order to guarantee healthcare for residents, ZJCN concludes contracts with healthcare providers in the Caribbean Netherlands and beyond.

⁶ Citizens requiring medical transfer receive an allowance from ZJCN for their daily needs during the medical transfer. We use the term *daily allowance* for this in this report. This allowance is arranged in Article 1.13.4(1)(a) of the BES Health Insurance Entitlements Regulation.

⁷ See Article 10(4) of the BES Health Insurance Decree.

Chapter 2 contains a more detailed description of the medical referral process.

1.2 Background to the investigation

The National Ombudsman has continued its focus on medical referral issues and the position of Caribbean Netherlands' citizens during the medical referral process for several years now. This focus has included both individual complaint handling as well as larger investigations. The National Ombudsman already published a report in 2017 regarding complaint handling at the former Bonaire Healthcare Insurance Office (the ZVK, which later merged with the Youth department to become ZJCN).⁸ This investigation did not focus exclusively on handling medical referral complaints but also on ZVK's general handling of complaints from citizens in the Caribbean Netherlands. Based on this investigation, the ombudsman's 2017 conclusions included that ZVK should focus more on recognising complaints involving verbal expressions of dissatisfaction and on registering such verbal complaints. Registration is important to really learn from the complaints filed by citizens, irrespective of how the complaint is made. The majority of complaints about ZVK at the time concerned the fact that the office did not provide citizens with enough information about the medical referral process. One of the recommendations was to warn citizens well in advance that they may only be told that they have to depart for their treatment shortly before the start of the medical referral.

The ombudsman also conducted more recent investigations, in 2021 and 2024, following individual citizens' complaints regarding ZJCN's approach to specific medical referral issues. The 2021 investigation focused on a complaint regarding ZJCN's (then still the Healthcare Insurance Office) non-reimbursement of medical costs following the medical referral of a person to an uncontracted healthcare provider.⁹ The issue ultimately concerned ZJCN not being clear enough about the reimbursement requirements for certain medical expenses under the Article 10.4 procedure. The ombudsman found that ZJCN should have better informed the citizen concerned.

In 2024, the National Ombudsman expressed his concerns regarding the Ministry of Health, Welfare and Sport's approach during a compensation issue between the ministry and a group of back pain sufferers from Bonaire.¹⁰ The back pain sufferers had suffered injury following operations carried out in Colombia. They had been transferred to Colombia for those operations with ZJCN approval. The healthcare these patients received in Colombia later proved to be of poor quality. The back pain sufferers filed a claim for compensation with the Ministry of Health, Welfare and Sport (VWS). The ombudsman found that, in settling the claim, VWS should have given patients' needs and interests a higher priority. VWS should create the conditions for an equal relationship between government and citizens in order to resolve this issue in a satisfactory way.

The National Ombudsman is still receiving multiple complaints a year from Bonaire, Saba and St Eustatius citizens regarding ZJCN's approach and the medical referral process. In the period from 1 January 2023 to 31 December 2025, inclusive, the National Ombudsman received 57 complaints relating to medical referrals. This amounts to 13 per cent of the total number of complaints (434) received in that period with respect to the Caribbean Netherlands.¹¹ The medical referral complaints received by the ombudsman are diverse and demonstrate the many aspects involved in medical referrals. Sometimes citizens do not agree with ZJCN's chosen destination for their medical referral or they have complaints about ZJCN's failure to respond to a

⁸ Also see footnote 1. [Bonaire, St Eustatius and Saba Healthcare Insurance Office Complaints Handling.](#)

⁹ National Ombudsman, [Bonaire Healthcare Insurance Office initially failed to give a citizen a fair chance](#), report 2021/047 dated 7 June 2021.

¹⁰ National Ombudsman, [Bonaire back pain sufferers still waiting for compensation](#), letter of concern dated 20 December 2024.

¹¹ The National Ombudsman is the second-line complaint handler for ZJCN. Citizens with complaints about ZJCN must first file their complaint to ZJCN for handling within the ZJCN complaint procedure. If citizens are not satisfied with how the complaint was handled, they can then present their complaint to the ombudsman. They can do this online or verbally during the regular work visits that the ombudsman's staff makes to the Caribbean Netherlands.

query, complaint or grievance. Citizens also indicate that they find it difficult to contact ZJCN if they need to discuss anything. There are also complaints concerning practical issues, such as non-payment of the daily allowance or about the accommodation that ZJCN arranged at the medical referral destination. There were also complaints about the quality of healthcare and the lack of supervision of this care. If things go wrong prior to, during or following their medical referral, this can have a huge emotional impact on citizens.

These ongoing complaints and signals from citizens prompted the ombudsman to conduct a larger investigation into the issues faced by the Caribbean Netherlands' citizens during a medical referral process.

1.3 Objective and key investigation question

All citizens are entitled to the best possible health. This entitlement to health is established in Article 12 of the International Covenant on Economic, Social and Cultural Rights. In 2000, the committee monitoring compliance with the Convention adopted a general comment on the entitlement to health, General Comment 14. This comment stated that availability, accessibility, acceptability and quality were the basic principles of the entitlement to health. It is particularly the availability and accessibility of good healthcare in the Caribbean Netherlands that is less straightforward and less easy to organise than in the European Netherlands. A medical referral system that works well is key to ensuring that healthcare is and remains available and accessible to citizens in the Caribbean Netherlands.

It was for this reason that the National Ombudsman focused on the following question in this investigation:

What medical referral bottlenecks do Bonaire, Saba and St Eustatius citizens experience?

Under the responsibility of the Ministry of Health, Welfare and Sport, ZJCN can use the results of this investigation to improve the availability and accessibility of healthcare by resolving the bottlenecks experienced by citizens.¹²

The Ministry of Health, Welfare and Sport is drafting a Health Deal for the Caribbean Netherlands. The Health Deal emerged following an earlier commitment by the government to work towards a level of provision in the Caribbean Netherlands that is equivalent to healthcare service levels in the European Netherlands.¹³ Medical referrals occur on a daily basis in healthcare in the Caribbean Netherlands and improving these referrals is a topic that will be covered in the Health Deal. During 2026, the Ministry of Health, Welfare and Sport will make concrete agreements with healthcare parties in the Caribbean Netherlands to improve healthcare provision levels.¹⁴ The conclusions and recommendations from this National Ombudsman report can help incorporate citizens' perspectives in the Health Deal and in other initiatives to ensure that healthcare in the Caribbean Netherlands is at the same level as healthcare in the European Netherlands.

1.4 Scope and approach of the investigation

This National Ombudsman investigation focuses on Bonaire, Saba and St Eustatius citizens' experiences of medical referrals for planned healthcare. For such medical referrals, ZJCN's approval for specialist

¹² The Minister of Long-term Care, Youth and Sport bears final responsibility for legislation and regulations and the medical transfer policy. The ZJCN directorate works under the responsibility of the minister.

¹³ Letter from the Secretary of State of VWS dated 29 September 2022, [Parliamentary document 36200-XVI no. 9 | Overheid.nl > Official announcements](#).

¹⁴ Letter from the VWS Secretary of State dated 11 April 2025, [Letter to the House of Representatives regarding the announced Health Deal for the Caribbean Netherlands | Parliamentary document | Rijksoverheid.nl](#). The four main Health Deal themes are prevention and healthcare, attracting sufficient qualified staff, improving medical transfers and broad cooperation across the Caribbean Netherlands.

healthcare outside a citizen's island of residence is sought in advance.¹⁵ Citizens can be referred for medical treatment to a healthcare provider with which ZJCN has concluded a contract or to an uncontracted healthcare provider. The Article 10.4 procedure is invoked in the latter case. Both types of referrals are addressed in this investigation.

The National Ombudsman conducted qualitative research. First, the ombudsman analysed complaints submitted to him regarding medical referrals in the period between 1 January 2023 and 31 December 2025, inclusive. Interviews were then conducted with citizens who had experienced one or multiple planned medical referrals or Article 10.4 procedures in the period between 2022 and 2025. The ombudsman conducted open interviews with citizens and professionals with the aim of collecting the widest possible range of information. The interviews were then analysed and, together with the received complaints, form the basis for this report's findings and conclusions.

The ombudsman interviewed a total of thirty citizens: nine Bonaire residents, nine Saba residents and twelve St Eustatius residents. Ten citizens had previously submitted a complaint to the ombudsman, while twenty had not previously submitted a complaint but responded to the appeal to participate in this investigation.¹⁶

The ombudsman also spoke to professionals directly or indirectly involved in medical referrals in the Caribbean Netherlands. Discussions were held with the following:

- GPs in Bonaire;
- medical specialists, healthcare staff and managers at St Eustatius Health Care Center, Saba Cares, Fundashon Mariadal, Curaçao Medical Center, St Maarten Medical Center, Primary Care Caribbean¹⁷ and Dutch Caribbean Hospital Alliance¹⁸ and Amsterdam UMC;
- members of ZJCN's external complaints advisory committee and the Caribbean Netherlands Care Commission;
- members of the Care and Youth Caribbean Netherlands focus groups on Saba and St Eustatius;¹⁹
- employees of the Dutch Health and Youth Care Inspectorate (*Inspectie Gezondheidszorg en Jeugd*, IGJ);
- employees of Coomeva.²⁰

The National Ombudsman also spoke with ZJCN management and staff in the European Netherlands and ZJCN staff in the Caribbean Netherlands.

1.5 Reader's guide

A medical referral involves many different people and agencies. For the purposes of the report's readability, in addition to the terms *citizen* and *resident*, the National Ombudsman also uses specific terminology to indicate a person's professional role during a medical referral, or to indicate from which perspective experiences were shared during the interviews with the ombudsman.

¹⁵ This investigation does not include the experiences of citizens who had to leave their home island for specialist medical care due to a medical emergency. Other procedures apply to such situations.

¹⁶ [📌 Appeal: - National ombudsman the Caribbean Nederland | Facebook](#).

¹⁷ Primary Care Caribbean is an independent GP organisation that is contracted by the Ministry of Health, Welfare and Sport to support GP practices on Bonaire in expanding and developing the provision of primary healthcare.

¹⁸ Dutch Caribbean Hospital Alliance is a partnership between hospitals on Aruba, Curaçao, St Maarten, Bonaire and the healthcare centres on Saba and St Eustatius.

¹⁹ Citizens that participate in the focus groups are tasked with bringing healthcare-related issues to ZJCN's attention.

²⁰ Coomeva is a commercial party that provides healthcare services in Colombia. Coomeva is the partner that receives citizens during a medical transfer and arranges local practical issues such as hospital appointments, accommodation and logistics in Colombia.

When the ombudsman describes part of the medical referral process or cites a specific example, the following terms are used in the report:

- **referring physician:** the GP or medical specialist that refers the citizen for specialist medical care outside their home island;
- **receiving physician:** the medical specialist that provides care to the citizen following a referral for specialist medical care;
- **ZJCN employee:** the medical advisor at ZJCN who assesses the application, the receptionist, the case manager or the planner who arranges the practical matters relating to a medical referral.

The following terms are used in the report when the ombudsman describes what a certain group of professionals expressed more generally during the interviews:

- **healthcare professionals:** referring physicians, receiving physicians, managers and healthcare staff (not physicians) of hospitals and other care providers, IGJ staff and members of independent committees;
- **ZJCN staff:** the ZJCN management and staff in the European Netherlands and ZJCN staff in the Caribbean Netherlands.

The report is structured as follows. In Chapter 2, the National Ombudsman describes the medical referral process, from the submission of an application up to the execution of the medical referral itself. Chapter 3 focuses on bottlenecks in the healthcare system in the Caribbean Netherlands that arise from the islands' small scale and geographical location. These points also impact medical referrals. In Chapter 4, the ombudsman describes what residents explained in interviews regarding the bottlenecks they experience in the medical referral process. If experiences apply specifically to residents of Bonaire or to residents of Saba and St Eustatius, this will be stated in the report. The National Ombudsman's conclusions and recommendations are included in Chapter 5.

2. The medical referral process in the Caribbean Netherlands

2.1 Applying for a medical referral

Citizens on all three islands, Bonaire, Saba and St Eustatius, can contact their GP if they have medical complaints. The GPs can refer citizens to specialist medical care. This care is sometimes available on the island on which the citizen lives, but not always. If the required treatment is not available on the island, the citizen is entitled to a medical referral to a healthcare provider that does offer this treatment. The situation on Bonaire differs from that on Saba and St Eustatius. This is partly because the population density on Saba and St Eustatius is lower, but is also due to their geographical location in relation to other countries and the healthcare facilities available there.

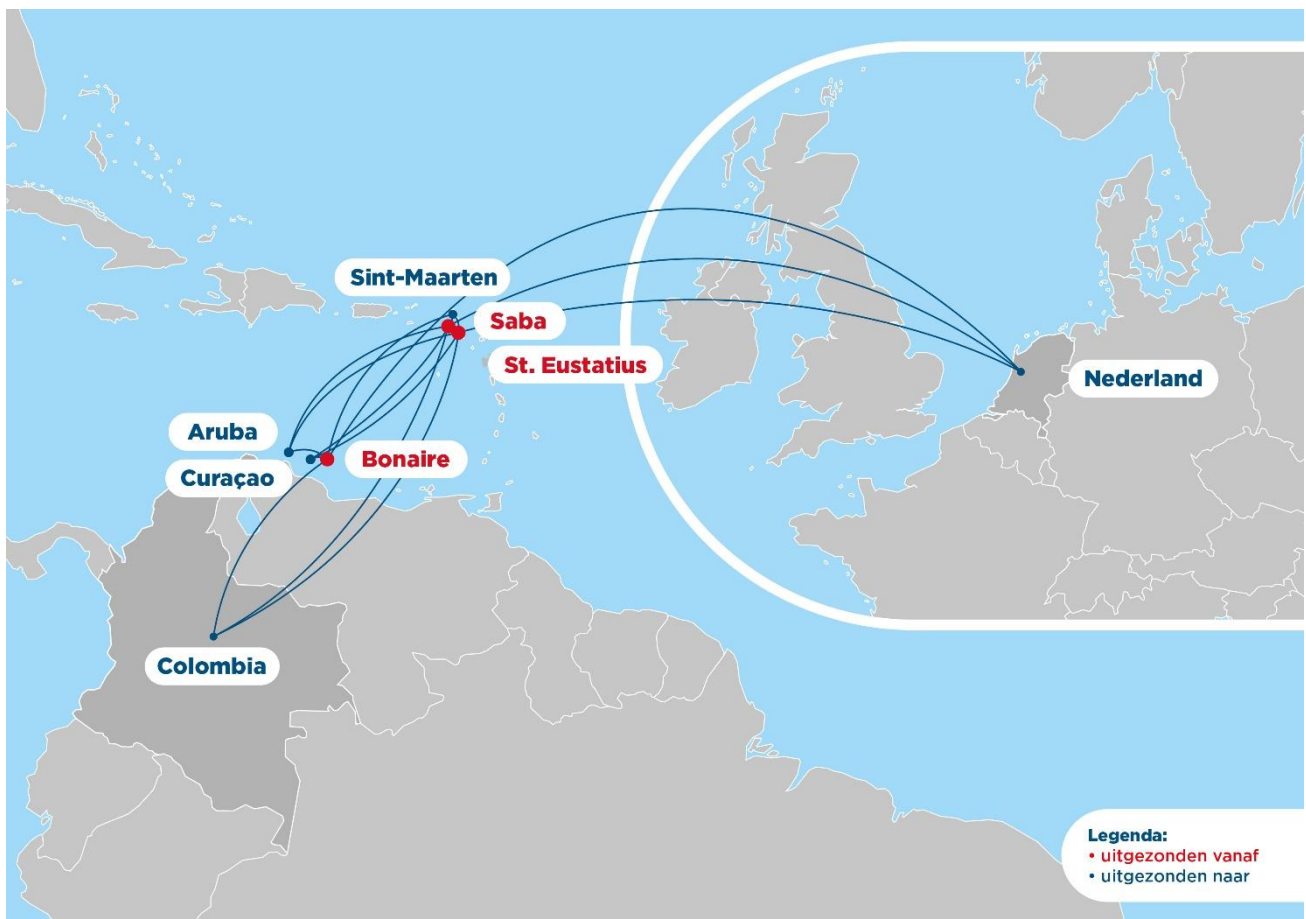


Figure 1: Countries to which patients are referred for medical treatment

Bonaire

On Bonaire, GPs can refer citizens to specialists at the local hospital. This hospital on Bonaire has a structural collaboration with Amsterdam UMC. This means that specialists from Amsterdam UMC work at the hospital temporarily, usually for three to six months. If the required medical treatment cannot be offered

on Bonaire, the specialist should submit a medical referral application to ZJCN. ZJCN's medical advisors work at the Bonaire office and they assess the legality and efficiency of the application.

Saba and St. Eustatius

Apart from the occasional visiting specialists, mainly from the hospital in St Maarten, no specialist medical care is available on Saba and St Eustatius. Saba and St Eustatius residents therefore require a medical referral more often than Bonaire residents. GPs at the Saba and St Eustatius medical centres can refer citizens from the islands directly to specialists at the St Maarten Medical Center. No approval is required from ZJCN's medical advisors for this type of medical referral.²¹ ZJCN does, however, arrange the logistics of the medical referral, including booking flights and any required accommodation on St Maarten. This sometimes concerns short medical referrals of a day, with citizens flying out in the morning and returning in the evening. If the specialist on St Maarten concludes that they are unable to offer the required medical treatment and that the citizen requires a medical referral to another location, the specialist will inform the International Patient Office (IPO) at St Maarten Medical Center. The IPO employee then submits a medical referral application to ZJCN on behalf of the specialist at St Maarten Medical Center.

Digital system

The referring physician always submits a medical referral application digitally to ZJCN. In the application, the physician indicates the treatment or test for which a citizen requires a medical referral and which hospital is best placed to offer this treatment. ZJCN has developed a referral portfolio stating which healthcare is available locally or regionally and under what circumstances a referral may be made to another destination. The referring physician also indicates in the application whether the citizen requires a companion during the medical referral. The physician can monitor the application's status via the system in which the application was submitted. Citizens cannot access this system and can only ask their physician or ZJCN regarding the status of the medical referral application.

2.2 ZJCN's assessment of the application

In the 2023 to mid-2025 period, on average 5.4 per cent of medical referral applications were rejected. A new functionality was added to the system in June 2025, enabling ZJCN medical advisors to request additional information from referring physicians. Prior to that time, the application would have been rejected if information was missing. The physician would then have to resubmit the application. This change in the system has resulted in fewer applications being rejected due to missing information. The rejection percentage for medical referrals has since fallen to 2.8 per cent.²²

ZJCN assesses an application both in terms of legality and efficiency.²³ ZJCN assesses whether the citizen is insured, is entitled to certain healthcare and whether the proposed medical treatment is appropriate.²⁴ If the person is entitled to medical referral, the 'as close to home as possible where feasible and further away where necessary' principle is applied.²⁵ ZJCN currently has agreements outside the Caribbean Netherlands

²¹ Such direct referrals have been available since 2022, except for plastic surgery and childbirth. [Letter to the House of Representatives on Developments in the Caribbean Netherlands 2023 | Parliamentary Paper | Rijksoverheid.nl](#)

²² An average 74.6 per cent of medical referral applications were approved in 2023, 2024 and the first six months of 2025, with 20 per cent being cancelled (because the resident was unable to travel, the receiving physician cancelled the appointment or the flight was cancelled due to weather conditions: the medical transfer would then often take place on another date). For the remaining six months of 2025, 88.7 per cent of the medical referral applications were approved and 8.5 per cent were cancelled. The percentage of approved medical transfers also includes medical transfers from Saba and St Eustatius to St Maarten Medical Center (SMMC) on St Maarten, although these were not approved by a ZJCN medical advisor.

²³ Based on the BES Health Insurance Decree and the BES Health Insurance Entitlements Regulation.

²⁴ Based on Article 2.2(2)(b) of the BES Health Insurance Entitlements Regulation.

²⁵ This principle is based on the Vision of public health, welfare and sport in the Caribbean Netherlands. Letter from the VWS Secretary of State dated 29 September 2022, [Finalisation of budget statements of the Ministry of Health, Welfare and Sport \(XVI\) for the year 2023 | House of Representatives](#).

with healthcare providers on Curaçao, Aruba and St Maarten, in Colombia and in the European Netherlands. These are the destinations to which a citizen can be referred.

A treatment that is not usually reimbursed can still be reimbursed in exceptional circumstances. These are cases that cannot be compared with others and where refusing treatment would cause disproportionate harm to the patient's health. A referring physician or medical advisor from ZJCN can submit an application for this. A ZJCN committee will then assess the application.

Referral from Bonaire

For Bonaire residents requiring medical referral, ZJCN works on the principle that they should be referred to Curaçao or Aruba where possible. If the required medical care is not available there, ZJCN checks the availability of that care successively on St Maarten, in Colombia and finally in the European Netherlands.²⁶ Figures from 2025 illustrate this: medical referrals for residents from Bonaire were mainly to Aruba (47.3 per cent) and Curaçao (37.6 per cent). And less often to Colombia (10.5 per cent), the European Netherlands (4.5 per cent) and St Maarten (0.1 per cent).²⁷

Referrals from Saba and St Eustatius

For Saba and St Eustatius residents, ZJCN first checks whether they can receive the required medical care on St Maarten and if the treatment is not available there, they check whether this care is available successively on Bonaire, Curaçao or Aruba, in Colombia and finally in the European Netherlands.²⁸ Medical referrals for Saba and St Eustatius residents were mainly to the nearby St Maarten in 2025 (93.0 per cent and 90.9 per cent). In a few cases they were referred to Bonaire (1.8 per cent and 2.2 per cent), Curaçao (1.1 per cent and 2.3 per cent), Aruba (2.5 per cent and 2.4 per cent), Colombia (1.4 per cent and 2.0 per cent) or the European Netherlands (0.2 per cent and 0.2 per cent).²⁹

Companions

In some situations, a citizen is entitled to a companion during a medical referral and in exceptional cases to two companions.³⁰ These are generally family members and close relatives. The referring physician requests this and ZJCN assesses both the person's entitlement to a companion and the suitability of the proposed companion.

2.3 Medical referral process

Planners

If the medical referral is to take place, a ZJCN employee, the so-called *planner*, first contacts the citizen.³¹ Planners work in the Bonaire and St Eustatius offices (they also work for Saba residents) and in the European Netherlands. Planners in the European Netherlands make appointments for all residents of the Caribbean Netherlands. These planners make an appointment with a specialist at the hospital at which the citizen is to be referred. In a few exceptional situations ZJCN's planners do not arrange appointments. If a citizen's medical referral is to Colombia, the appointment with the receiving physician is made via Coomeva.³² Appointments for St Eustatius and Saba citizens who are referred to St Maarten Medical Center

²⁶ [Bonaire Referral Route | Care & Youth CN.](#)

²⁷ Cloudias 5, Care & Youth CN, reference date 19 February 2026.

²⁸ [Referral route Saba and St Eustatius | Care & Youth CN.](#)

²⁹ Cloudias 5, Care & Youth CN, reference date 19 February 2026.

³⁰ Article 1.13.3 of the BES Health Insurance Entitlements Regulation.

³¹ This concerns medical referral applications with and without assessment by a ZJCN medical advisor. As described above, medical referral applications from Saba and St Eustatius to St Maarten Medical Center (SMMC) on St Maarten do not need to be approved by a ZJCN medical advisor.

³² See the explanation in footnote 20.

are made by IPO at St Maarten Medical Center and not by ZJCN planners. In these cases, a Coomeva employee or the IPO from St Maarten Medical Center will first contact the citizen.

Case managers

Once the appointment with the specialist has been made, the planner will link the citizen to a ZJCN case manager. The case manager arranges all practical matters, such as the flights, local transport at the destination and any required accommodation for the citizen and their companion. The case manager also checks whether the citizen's details are correct, including email address, telephone number and bank account number (required in order to pay the daily allowance; see footnote 6). And if a companion accompanies the citizen, the case manager will check who that is and whether additional support is needed, for instance if the citizen uses a wheelchair. Once this has all been arranged, the citizen can collect a paper file from the local ZJCN office containing all the medical referral information. The case manager explains everything again verbally when handing over this file. This file contains information about the flights and the appointment for the medical treatment. If the citizen is not able to collect the file themselves, this information and documentation can be sent by email, following consultation with ZJCN. For medical referrals to Colombia, all practical matters for citizens are arranged by a Coomeva employee. Like ZJCN planners, the ZJCN case managers do not play a role in such medical referrals.

Charter flights

When the time comes for the medical referral to take place, the citizen and their companion, if they have one, board the plane. ZJCN operates charter flights on which only medical referral citizens travel. The flights depart on fixed days and times from Bonaire, Saba and St Eustatius. The planes make stops en route where citizens can board or disembark, depending on their medical referral destination. ZJCN sometimes also uses commercial flights from Colombia to the Caribbean Netherlands to avoid that citizens have to wait too long for a charter flight back to their home island following a medical referral in Columbia.

At the destination

At the destination, transport is arranged for the citizen and their companion, if they have one, including from and to the airport, the hospital and the accommodation. The citizen attends the appointment with the medical specialist and undergoes the required treatment and examinations. During the medical referral, the ZJCN case manager is the citizen's point of contact if they need assistance or have any questions.³³ For example, if the citizen needs to stay for longer, the case manager will ensure that the required logistics are arranged. ZJCN has a telephone number citizens can call 24/7 to discuss these kinds of practical matters. Most hospitals to which citizens are referred have an IPO. The citizen can contact the IPO if, for example, they need to make a follow-up appointment with the medical specialist.

Following the medical referral, a ZJCN employee contacts the citizen *afterwards* to determine whether the referral went well and whether follow-up appointments are needed.

ZJCN covers the costs of the required medical tests and treatments during the medical referral. ZJCN pays the costs of the flight, transport, airport tax and any accommodation costs. Citizens and any companions also receive a daily allowance for the duration of the medical referral. The awarded amount of daily allowance differs according to the medical referral destination.

2.4 Rejection of a medical referral

The physician submitting the medical referral application will hear from ZJCN if the application has been rejected. The referring physician will inform the citizen about this. The citizen can then request a decision

³³ Coomeva assumes this role for medical transfers in Colombia.

from the ZJCN office confirming the medical referral application rejection in writing. The citizen must take action themselves to obtain a formal decision.

2.5 Article 10.4 procedure

If citizens prefer treatment from healthcare providers without a contract with ZJCN, in consultation with their referring physician they can request reimbursement for that care from ZJCN. They should do this based on Article 10.4 of the BES Health Insurance Entitlements Regulation. The citizen must include a quotation from the relevant healthcare provider with this application. The citizen is responsible for making the appointment with the specialist. Only the costs of the medical treatment will be reimbursed (up to a prior agreed maximum rate). The citizen must pay the treatment costs up front and claim them back afterwards.³⁴ Flight and accommodation costs are not reimbursed and the citizen should pay for these themselves.

In 2023, 2024 and the first six months of 2025, on average 46.5 per cent of medical referral applications based on the Article 10.4 procedure were rejected. In the second half of 2025, on average 34.3 per cent of applications were rejected.³⁵ In that period, ZJCN medical advisors could use a new feature in the application system to ask the referring physicians to provide more detailed information.

2.6 Complaints, signals and objections

If citizens have complaints about ZJCN's approach, they can submit this using a complaint form on ZJCN's website.³⁶ They can also submit a complaint via the general ZJCN email address or via the reception desk at the local offices. The number of complains submitted to ZJCN in 2023 and 2024 are unknown as ZJCN did not register these centrally. ZJCN received fourteen complaints relating to medical referrals in 2025. ZJCN indicated that new complaints regulations will be available in spring 2026. They are also building a new complaints registration system.

ZJCN has also had an external complaints advisory committee (EKAC) since 2022. The committee comprises five members who have no connections with ZJCN. ZJCN states that they first try to resolve a complaint together with the citizen. If they do not manage to resolve this, the external complaints advisory committee can be asked to advise on how to handle the complaint. The ZJCN director determines which complaints are presented to the advisory committee. A citizen cannot choose to do this. When the complaints advisory committee is asked to advise on a complaint, it will hear both parties and will collect more information, where necessary. The committee will then issue a recommendation to the ZJCN director, who then determines the extent to which the advice will be adopted. The citizen will receive a letter settling the complaint. The EKAC's recommendation is attached to this letter.³⁷ If citizens are not satisfied with how ZJCN handled the complaint, they can contact the National Ombudsman. The National Ombudsman is the second-line complaint handler for complaints about ZJCN.

In 2022 and 2023, ZJCN established focus groups with citizens from St Eustatius and Saba. These focus groups are tasked with sharing signals (tips and concerns) with ZJCN. ZJCN also presents important healthcare sector developments to the focus groups in order to include the group's advice at an early

³⁴ See also BES Health Insurance Entitlements Regulation article 2.2 [wetten.nl - Regulation - BES Health Insurance Entitlements Regulation - BWBR0029442](https://wetten.nl/Regulation-BES-Health-Insurance-Entitlements-Regulation-BWBR0029442).

³⁵ In 2023, 2024 and the first six months of 2025, on average 47.5 per cent of Article 10.4 procedure applications were approved and 5.9 per cent were cancelled. In the remainder of 2025, 64.2 per cent of Article 10.4 procedure applications were approved and 1.5 per cent were cancelled.

³⁶ [Submitting a complaint | Care & Youth CN](#).

³⁷ [Complaints Advisory Committee established for Care and Youth Caribbean Netherlands \(ZJCN\) | National Office for the Caribbean Netherlands](#).

stage.³⁸ ZJCN stated during the research that the Bonaire focus group had not met for some time and that they were considering how to re-establish this group.

If a citizen does not agree with a ZJCN decision on a medical referral application, they can submit an objection.³⁹ The citizen receives a confirmation of receipt once they have submitted their objection. The ZJCN objection officer will ask the person who made the decision to respond to the objection. A hearing can be held if the citizen wants this. A decision will then be taken about the objection. An objection must be processed within a statutory time limit of four months.⁴⁰ If a citizen does not agree with ZJCN's decision on the objection, they can lodge an appeal with the courts.⁴¹

2.7 Supervision

The Health and Youth Care Inspectorate (IGJ) supervises the quality and safety of healthcare on Bonaire, St Eustatius and Saba. IGJ visits healthcare institutions in the Caribbean Netherlands several times a year and meets with employees and client councils. IGJ also has a National Healthcare Hotline where citizens can ask questions or submit complaints regarding the quality of health and youth care services.⁴²

³⁸ [Focus Group Care and Youth Caribbean Netherlands \(ZJCN\) established on St Eustatius | Rijksdienst Caribisch Nederland.](#)

³⁹ This is stipulated in Article 23 of the BES Health Insurance Decree. [wetten.nl - Regulation - BES Health Insurance Decree - BWBR0029404.](#)

⁴⁰ [Making an Objection | Care and Youth CN.](#)

⁴¹ An appeal to the Court of First Instance of Bonaire, St Eustatius and Saba and an appeal to the Common Court of Justice.

⁴² [Reporting from the Caribbean Netherlands | Health and Youth Care Inspectorate.](#)

3. Bottlenecks due to the small scale and geographical location of the Caribbean Netherlands

Interviews conducted by the National Ombudsman identified several healthcare system issues that stem from the small scale and geographical location of the Caribbean Netherlands. These are issues that cannot easily be resolved, as improvements often involve more parties than ZJCN alone. Although the ombudsman mentions these bottlenecks, they are separate from the issues citizens encounter during medical referrals. The ombudsman considers the following points too important not to mention, as they impact how citizens experience medical referrals. At the same time, these points highlight the challenges involved in organising medical referrals.

3.1 Limited availability of medical staff

Due to their small scale, specialist medical care is limited on Bonaire, Saba and St Eustatius. Only Bonaire has a hospital that employs medical specialists. A healthcare professional informed the ombudsman that it was not realistic to offer more specialist care on Saba and St Eustatius, as the demand for healthcare on these islands is not high enough to deploy medical specialists there permanently. Specialists do sometimes visit Saba and St Eustatius to treat patients there, but this does not happen often. And if they do visit, they cannot always see everyone who needs an appointment with a specialist. Urgent cases come first. This means that Saba and St Eustatius residents must almost always travel to St Maarten to visit a medical specialist. Bonaire residents also sometimes have to travel to another island or country to see a specialist, although this happens less often than for Saba and St Eustatius residents.

The Caribbean Netherlands, as well as Curaçao, Aruba and St Maarten,⁴³ has a structural shortage of healthcare staff, including medical specialists. It is difficult to attract medical specialists to the area because the healthcare demand is not high enough. This limited availability of medical specialist care means that residents of the Caribbean Netherlands do not always have the same access to and availability of healthcare as residents in the European Netherlands. They have to travel more often and have less choice in terms of both healthcare providers and medical treatment.

3.2 Physician changes

Frequent physician changes result in citizens being treated by different treating physicians. There are various reasons for this. Due to the shortage of medical specialists, temporary specialists are deployed from other places, including European Netherlands. This regularly results in a referring physician requesting a medical referral, while another physician provides the follow-up care after the medical referral. Citizens being treated for long-term conditions also regularly have to deal with new specialists due to frequent changes in physicians.

Another important reason for frequent changes in physicians is ZJCN's aim to arrange the medical referral as close to the citizen's home as possible. For example, if a citizen has undergone treatment in Colombia and ZJCN prefers the follow-up treatment or check-up to take place at a hospital closer to home, the citizen will have to see yet another specialist.

During the interviews, citizens confirmed that they found this concerning. It creates stress. They keep having to repeat their story and feel that it takes time to build a bond of trust with the new specialist.

⁴³ <https://dossierkoninkrijksrelaties.nl/2023/02/16/geen-ministersplaatsen-voor-caribische-studenten> and also Health System Review p. 77.

Sometimes tests need to be repeated or the specialist has a different opinion about the treatment than their predecessor. Citizens state that they feel that their treatment lacks continuity because of this.

'Every time they keep changing the doctors, and each time they change the doctor, you have to keep explaining your situation over and over to each new doctor. The issue with that is maybe the decision that the previous doctor would make for you concerning your situation or what you're experiencing, that doctor might not make that same decision. He might do something else that maybe can help you or may not help you.'

ZJCN states that regular physician and medical specialist changes result in not every physician being aware of ZJCN's procedures.

3.3 Different guidelines for healthcare provision

Another issue is that some destinations to which a citizen can be referred have a different healthcare system and different treatment guidelines. During interviews, citizens stated that this can result in them facing contradictory advice or differences in how medical specialists work.

Healthcare professionals also indicated in their interviews with the ombudsman that the different systems can result in confusion for citizens. For example, following a medical referral, a receiving physician in Colombia may tell the patient that they must return for a check-up every three months, while the medical specialist on St Maarten, where ZJCN sends the citizen, says that the check-up should be every six months.

Another example is a physician in Colombia wanting a child to have an X-ray examination, while this has not been common practice for such cases in the European Netherlands for many years due to radiation being harmful to children. Practices relating to prescribing medication, such as antibiotics, can also differ. Such differences in working methods and specialists' recommendations result in citizens experiencing stress, a lack of clarity and feeling less confident about their treatment.

3.4 Information transfer between medical specialists

Another point mentioned by citizens is that the transfer of information between medical specialists does not always run smoothly. A referring physician explained that it was not clear what happens with their patient during a medical referral. There is no contact about this during the referral. When the patient returns to the referring physician after the medical referral, the treatment they have received is not always clear for the physician.

It regularly occurs that citizens have to transfer medical information themselves from one physician to another, which places the responsibility for transferring this information on citizens.

'Sometimes the GP doesn't receive feedback from the specialist. As a patient, you then need to make sure your GP is informed and that important information is transferred. The hospital does sometimes call you about follow-up tests, but not always. This means that, as a patient, you need to be always on the alert.'

ZJCN stated that they do not play a role in the transfer of medical data between physicians.

3.5 Medical referral logistics

Several citizens mentioned medical referral logistics as being a frequent problematic issue. Some citizens report that the charter planes that ZJCN uses are too small and there are no facilities for people who need

to lie down or use a wheelchair. This point was mainly mentioned by citizens who have undergone a medical referral from Saba or St Eustatius.

Some citizens also indicate that the journey takes a long time, partly due to all the interim stops that the charter flights make. They find the long journey to be too tiring, particularly those who are seriously ill or heavily dependent on care.

3.6 Quality of healthcare and supervision

During the interviews, healthcare professionals raised the issue of healthcare quality at medical referral destinations. They indicated that healthcare quality is unclear at some destinations. A healthcare professional mentioned that he preferred his patients to be treated in the Netherlands in some cases, as there was more certainty about the quality of care there. But ZJCN does sometimes also reject such an application because there is a closer destination at which the treatment can take place.

With respect to monitoring healthcare quality, several healthcare professionals indicated that there is a shortage of supervisory bodies both in the Caribbean Netherlands as well as in the countries to which citizens are sent. IGJ supervises the quality and safety of healthcare in the European Netherlands and in the Caribbean Netherlands. IGJ has no authority outside of these areas.

Most medical referrals are to St Maarten, Aruba, Curaçao and Colombia. These countries each have their own inspectorates. IGJ is not authorised to monitor the quality and safety of healthcare in those countries. IGJ and the supervisory bodies on Curaçao, Aruba and St Maarten are in contact with each other. ZJCN indicates that there is no formal monitoring of healthcare outside the Caribbean Netherlands, but that it does have insight regarding healthcare quality via contracts and interviews with healthcare providers.

4. Problems citizens experience during medical referrals from the Caribbean Netherlands

In this chapter, the National Ombudsman describes the medical referral bottlenecks highlighted by citizens with respect to information provision, ZJCN's approach towards citizens and the submission of complaints.

4.1 Insufficient information and communication regarding medical referrals

Citizens explained that they do not receive good or timely information regarding medical referrals. This concerns information including:

- how soon the medical referral will take place;
- why a medical referral application was rejected and what possible next steps a citizen can take;
- various procedures and practical matters.

Citizens also reported that they only heard at the last moment that they needed to depart for their medical referral. The ombudsman discusses each of these topics in more detail below.

Long waiting times for a medical referral with no interim communication

Once a physician has confirmed that a citizen is being referred for a medical referral, many do not know if and when this medical referral will take place. Citizens say that it can take a long time before the medical referral takes place. In some cases, citizens with serious illnesses also had to wait a long time for their medical referral (one to three months). Their experiences can best be described as looking into the unknown: you know that your physician considers the medical referral necessary, but you do not know when you will be going, you only know that you are waiting for it. It is unclear why citizens have to wait so long between the appointment with their referring physician and their medical referral. During his research, the ombudsman heard various possible reasons for this.

First, the time ZJCN needs to process an application plays a role. It appears that ZJCN in Bonaire spends 15 days or more on 17 per cent of applications.⁴⁴ Waiting lists at the receiving hospitals can also play a role. A medical referral application may also become stuck somewhere between the parties involved in the process: the referring physician, the receiving hospital and ZJCN on Bonaire.

'It's just that the whole process leading up to it was extremely long, and you're not given information, and when I finally got information, it was like the communication between all the different stakeholders wasn't clear. One person is telling you one thing. Another person is telling you another. It just creates a very stressful environment, which, when you're going for such a procedure, is not exactly the way you want to go into that situation.'

Citizens indicated that they feel they are left on hold, as they receive no interim updates regarding the status of their application during the long wait for a medical referral following their appointment with the referring physician. They stated that they find it difficult that they are kept out of communications between the referring physician and ZJCN. Citizens also stated that it is not clear to them what happens once their physician has referred them for a medical treatment elsewhere; they do not know which party is taking the

⁴⁴ The following figures are known about ZJCN's processing time for medical referral applications. In 2024, it took 0-7 days for a medical advisor to approve an application for a medical transfer in 76.7 per cent of cases, 8-15 days in 6.3 per cent of cases and 15 days or more in 16.9 per cent of cases. Source: European Observatory on Health Systems and Policies (2024), *The Caribbean Netherlands - Health System Review* [The Caribbean Netherlands - Health system review | Rapport | Rijksoverheid.nl](#).

lead or who they can contact for more information. Citizens are mainly confused about the role of the physician who has submitted the referral, the IPO at the receiving hospital and ZJCN. Citizens also do not know whether they should contact the ZJCN office on Bonaire or the local offices on Saba and St Eustatius with specific questions.

Things can also go wrong due to the lack of information on the medical referral timeline and the absence of interim updates. For example, citizens told the ombudsman that they sometimes had to wait for several months for nothing. Exactly what happens differs per citizen. For example, in one case the referring physician had not actually submitted an application, while the citizen thought the physician would do this. In another case, ZJCN rejected the application and the referring physician did not inform the citizen of this. In one case, the lack of communication resulted in a citizen not hearing from his physician that the medical referral was due to take place and only learned of this from ZJCN four days in advance.

'I knew about the referral in the first instance. I didn't know that it was continually refused until I was still questioning, but why haven't I gone anywhere? Why am I still here? I think if the patient knows, like: "Listen, we did send in the referral, but it was refused", then that patient can do something else, maybe call in, or go to the complaint committee.'

In an attempt to get things moving or to obtain information about the current status, citizens try to find someone they can talk to. In doing so, they feel they are sent from pillar to post. They feel they have to be assertive to achieve anything. Citizens explain that they need to keep calling the referring physician, the receiving hospital and ZJCN. Sometimes citizens have the impression that they receive help quicker at the Bonaire ZJCN office if they communicate in Papiamentu or Dutch rather than in English. Several citizens indicated that nobody they spoke to by telephone could tell them more. After a lot of effort, some citizens did succeed in accelerating the procedure or in obtaining clarity regarding the current status.

'I've become increasingly assertive over time, because you have to. But in the beginning you're just paralysed, so you let a lot of things just happen.'

ZJCN employees explained that there are various authorisation levels and that who can see which data in the system varies per job. When citizens contact them, not all employees are able to answer all questions. GPs explain that they are also regularly asked about the status of an application, but that they sometimes do not know because they are not the referring physician and therefore cannot access the application in the ZJCN system. However, according to ZJCN, authorisations can be configured in the system. ZJCN explained that physicians working for the same healthcare provider can access all ongoing medical referral applications if the healthcare provider has requested this access from ZJCN.

Lack of justification and explanation of follow-up options if an application is rejected

Citizens state that if ZJCN rejects an application or decides that the citizen should go to a different destination than the one stated in the application, they do not always hear the reasons for this. Citizens do not receive a written decision. They often also do not receive a clear answer if they ask ZJCN or their referring physician the reason for the rejection. Usually they are not able to speak to the person at ZJCN who made the decision or can tell them more about it.

'Bonaire had rejected it. I said to him [the referring physician]: "Send it to me. Send me a cc." Then they said they don't involve patients, but at the end of the day, who is it about? It's about me and my health. They sit at their desk making decisions, but I'm the one who's ill and needs surgery.'

Citizens state that their referring physician does not always know the reason for a rejection. The referring physicians indicate that they are sometimes unable to obtain an explanation as to why an application was rejected. These physicians also state that they do not always agree with ZJCN's decisions. Some do not understand why ZJCN does not call them about such applications because, according to them, the rejection often arises from a difference in interpretation of what is stated in the application. Citizens indicate that their referring physician is not always clear about the best way to submit an application. This is sometimes due to the fact that physicians are working temporarily on the islands and are not familiar enough with ZJCN procedures.

'The file was not complete, twice. The physician couldn't tell me why. They tried again with those same documents. The third time I received a phone call that it was approved. I don't understand why. I didn't submit anything extra.'

In some cases, the bond of trust between the physician and citizen becomes strained if the referring physician is responsible for informing the citizen about a rejection. Referring physicians indicate that they find themselves in a difficult position if they have to explain that ZJCN has rejected a medical referral application and the reasons why they did this. They feel they have to defend ZJCN's policy. These physicians told us that this gives some citizens the idea that the referring doctor is the one refusing the treatment for which the medical referral is needed.

Another point mentioned by citizens is that, if their request is rejected, they receive little to no information about the options still available to them. This concerns information about the option to submit an objection, an explanation about the existence and process of the complaints procedure, information about an Article 10.4 procedure and submitting a new application with additional medical information that may actually be approved. Where this concerns the option of submitting an objection, legislation prescribes that citizens must themselves request a decision from ZJCN. ZJCN's website does not state that the citizen has to do this themselves or how they should do this.⁴⁵

Lack of information about procedures and practical matters

Some citizens are also not well informed about various information that is important for them. For instance, several citizens mentioned in the interviews with the ombudsman that they did not know about the existence of the Article 10.4 procedure and there is a lack of clarity about the link between this procedure and a second opinion. It is also not clear which healthcare is insured and, therefore, which healthcare is covered. In some cases it is not clear whether someone is insured or not. Examples mentioned by citizens concern both medical referrals as well as Article 10.4 procedures. Some citizens also mentioned that they did not have all the necessary practical information prior to their medical referral. One citizen stated that ZJCN had only told them the flight departure time and nothing else. Other passengers on board the flight had to tell them what would happen on arrival.

'I want openness and clarity. Contact me and tell me about the alternatives and about 10.4. Don't leave someone waiting for three weeks and calling in at the office three times for an answer to a normal question. I'm not asking about their finances or to view the director's medical file. I just want to know where I stand as a person.'

Hearing at the last moment that you have to leave

Many citizens indicate that they only hear from ZJCN just prior to the departure their flight for a medical referral. This applies to the outward journey and sometimes also to the return journey for medical referrals

⁴⁵ [Making an Objection | Care and Youth CN](#). Consulted 13 February 2026.

that take longer than one day. With respect to the outward journey, some citizens told us that in the week of their departure or even the day before, they received a telephone call informing them that their file and documentation, which they need in order to depart, can be collected at the local ZJCN office. Citizens indicated that this creates problems for them: they need to arrange childcare for their children at short notice or find a solution for already scheduled work appointments. This is particularly problematic for citizens who have their own business. It sometimes happens that citizens decide to cancel a medical appointment as they cannot arrange everything in such a short period of time. ZJCN informed the ombudsman that it can reschedule the appointment with the receiving physician if citizens indicate that they cannot arrange these personal matters in time. It was clear from interviews with the ombudsman that not all citizens are aware that they can ask ZJCN to reschedule appointments for this reason.

Citizens did state that they sometimes are aware in advance of when their flight will depart, despite not yet being formally informed by ZJCN. This is because they called the receiving hospital themselves to ask when their appointment is and know from experience the days on which the flights depart. Another reason is that the daily allowance from ZJCN had already been transferred to their account so they know that they will depart soon. Regarding the return journey following a medical referral lasting more than one day, one citizen stated that they are always ready for departure because 'you never know when it will be'.

4.2 Experiences with ZJCN's inflexible approach

Citizens stated that they have the feeling that ZJCN complies strictly with the rules and protocols surrounding medical referrals, which results in an inflexible approach. According to them, their interests are hardly taken into account during a medical referral. This sometimes even goes so far that decisions taken are at a citizen's disadvantage as well as being financially detrimental for ZJCN. Contacting ZJCN to discuss alternatives or exceptions proves difficult. And if there is contact, citizens sometimes experience ZJCN as not being very helpful or empathetic. These topics are covered in more detail below.

ZJCN adheres strictly to the rules

The citizens interviewed by the ombudsman experienced problems with ZJCN's strict adherence to policy and regulations. The general impression outlined in the interviews is that 'Bonaire decides' (by that they mean the ZJCN head office on Bonaire). In these citizens' experience, ZJCN never deviates from the rules, even if these rules are illogical for a certain situation. Citizens have the feeling that, for example, when assessing a medical referral application, not enough consideration is given to their individual situation or to the medical urgency. Citizens stated that they often hear from ZJCN that 'this is what it is', without further explanation. They find this extremely frustrating because ultimately ZJCN decides on whether a medical referral is approved or not. Citizens have the impression that, for ZJCN, money comes before providing care for ill citizens.

'It's a one-sided conversation, and it's just whatever Bonaire decides, that's how it goes. Even our GPs here get frustrated. Sometimes you see them really trying, and Bonaire just keeps saying it's not necessary.'

Citizens described various situations in which they think it is appropriate that more consideration is given to their personal circumstances when assessing the application. For example, ZJCN may decide that someone should attend a hospital that is closer to home, without consulting the referring physician or the citizen, while the citizen is already being treated by a medical specialist at another location. Along the same lines, there are also situations in which citizens have had bad experiences with certain hospitals or physicians and no longer want to be treated there. Being allowed to visit another hospital is difficult, they say, because that

deviates from the ‘as close to home as possible where feasible and further away where necessary’ principle adhered to by ZJCN. Healthcare professionals endorse citizens’ experience that ZJCN decides where a citizen should be treated. They understand that policies and rules are needed, but at the same time they would like to see more consideration for a patient’s specific situation and more trust in a physician’s referral. After all, physicians refer to a particular hospital based on their knowledge and experience and are frustrated by having to provide a lot of details and explanation when making an application.

‘The request was rejected because it was to the Netherlands. It can be done in Colombia, too. I then called the hospital to say that my request had been rejected. What should I do now? Let’s submit the request again. It became Colombia, because it couldn’t be done on Bonaire, Aruba or Curaçao. We were going to the Netherlands for three weeks, so I said I could just as easily have it done in the Netherlands anyway. They already have my details there.’

Some other examples were mentioned in the interviews with citizens and healthcare professionals in which ZJCN ignored the interests of the patient and adhered strictly to the rules. For example, a situation involving someone with a chronic illness, recurring symptoms or a condition that requires long-term observation. An application must be submitted for each medical referral. Also, if something happens during a medical referral that results in additional care being needed, ZJCN must first be asked to approve this. Citizens feel that, even though they are ill, they have to remain in continuous contact with ZJCN to speed up the application. Some citizens also indicated that they could not contact ZJCN during their medical referral. Medical specialists also find it difficult to understand why they first have to contact ZJCN for written approval if they need to arrange further treatment for a patient who is already being treated in a hospital in the European Netherlands. Some healthcare professionals think that the rules prevent a practical approach. Other examples of situations in which ZJCN adhered strictly to the rules concerned rejections of claims based on a full stop or comma, and not giving approval for a citizen to have a companion to accompany them during a medical referral. Citizens also do not understand why charter flights from Columbia are so infrequent, as they sometimes have wait for days in Columbia. They would prefer to fly back earlier on a commercial flight. ZJCN informed the ombudsman that commercial flights are sometimes used to avoid citizens having to wait too long for a charter flight.

‘Why couldn’t a commercial flight be considered instead of sending me down there for a month? Also, why were they trying to send me to Aruba instead of Colombia, when we had already found out that it was not necessary, or that Aruba couldn’t provide the services?’

Beyond efficiency

Citizens have the feeling that ZJCN’s decisions are mainly driven by costs. At the same time, citizens and healthcare professionals mentioned in interviews that ZJCN also takes decisions that they feel are not only disadvantageous for the citizen undergoing medical referral but also cost more. Citizens explained that they need to travel back and forth a lot because it is not possible to combine several appointments with different healthcare professions at one location. This puts great strain on the person undergoing medical treatment. There are also examples of citizens who were already abroad and needed additional tests, but were instructed by ZJCN to return to their home island. They then needed a further referral to have those tests at another hospital that was ‘closer by’. Sometimes citizens are somewhere where medical treatment can take place, and are there at their own expense, but ZJCN will not approve the treatment, indicating that the medical treatment must take place elsewhere. ZJCN then needs to pay for all the logistical costs involved.

'Financially, I don't know who does that calculation. It makes no sense. Whereas you can have this person in St Maarten for a day or two or so, and they get all their appointments done, and they come back. However, it's very strenuous, you have to go back.'

Discussing a personalised solution is difficult

In general, citizens indicated that it is extremely difficult to contact someone at ZJCN who is in the position and is prepared to make an exception to the rules or who helps find an alternative solution. This demands a lot of perseverance. Citizens told us that they need to be determined and assertive. If they call and email ZJCN a lot, they sometimes do manage to find a solution for an individual situation. However, they say that not everyone is able to stand up for themselves in this way.

'They could tell I was frustrated, but finally, when I called back, probably the third time, I said: "Look, I want to speak to a manager. I don't want to speak to a receptionist anymore. I want a solution today." You have to get firm and rude before you finally get results, and I don't think that's fair because they're just trying to do their job. Also, understand me as a concerned mom who's now been dealing with this for 70-something days, and I still can't get a solution for my child.'

Healthcare professionals also indicated that they are not always satisfied with ZJCN's inability to provide a customised solution for their patient. There are sometimes differences of opinion between the referring physicians and ZJCN's medical advisors, for example about to the hospital to which a patient should be referred. Whether the referral is approved then depends on the medical specialist's persuasiveness and the willingness of the medical advisor. Referring physicians stated that it can take a lot of time to convince ZJCN of the need to deviate from the principle of arranging treatment as close to home as possible. Time they feel is not always available when their patient is seriously ill. Some healthcare professionals feel as though they need to move heaven and earth to get the right healthcare for their patient.

Negative experiences with ZJCN's approach and attitude

During the interviews some citizens clearly had a rather negative impression of how ZJCN acts towards them and how it views them. First, they do not find ZJCN to be very helpful. In their experience, they have to find out a lot themselves and that ZJCN does not contact them with extra support or information. Instead, they have to devise their own solutions and arrange various matters themselves. Citizens with whom the ombudsman spoke also indicated that not everyone is capable of doing this. Some citizens do not think that ZJCN is very empathetic in its contact, both prior to, during and following a medical referral. Citizens stated that they lack compassion and thoughtfulness. Some citizens have the feeling that ZJCN thinks that they want a holiday at ZJCN's expense. Or that they do not have a legitimate reason for a medical referral. Some citizens also think that ZJCN employees are not understanding or patient if they do not understand or grasp something. Citizens indicated that ZJCN should have more understanding of their stressful medical situation and should be more considerate of citizens who are less capable in managing their affairs.

'The worst thing is that you don't get to talk to anyone. I made a huge fuss and my then-wife freaked out in Papiamentu. That helped, because after three quarters of an hour, someone came who could talk about the referral. That person said that my referral had been rejected and that the physician would need to apply again. I asked for the reason and indicated that they had received a recommendation. He explained that this was not his problem.'

4.3 Complaints

Citizens and healthcare professionals stated that the barriers are high if citizens want to submit a complaint. ZJCN's complaints procedure is also not easily accessible and does not operate as it should. These topics are explained in more detail below.

Afraid to submit a complaint

The most striking point from the interviews was that citizens indicate that they do not dare to submit a complaint to ZJCN. They are afraid that if they do submit a complaint, this will have negative impact on how ZJCN treats them later on. They are afraid that they will no longer be eligible for a medical referral or for having medical costs reimbursed. Or that they will no longer receive good support. In interviews citizens stated: 'Then I'll end up at the bottom of the pile.'

Citizens added that there is no anonymity because they live in a small community. This applies more on Saba and St Eustatius than on Bonaire. They indicated that these relationships can play a role in the contact they have with ZJCN or their physician. People stated that they are afraid that their name will come out somehow if they make a complaint.

'I'm going to speak for myself and at the same time for others. Statia [St Eustatius] is a small community, and we are afraid to complain because of what will happen. Maybe if I need their service, I'm not going to get it. They're going to give me a hard time. That's the mentality most of us tend to have, that we don't want to complain because in Statia, everybody knows everybody.'

Poor access to complaints procedure

Apart from being afraid to submit a complaint, citizens also experience other barriers when submitting a complaint. Citizens do not know how or where they can submit a formal complaint. They also indicate that, as not everyone can read and write, not everyone can submit a complaint. As well as reading and writing skills, submitting a formal complaint, which can also be submitted verbally, demands assertiveness and being familiar with procedures and rules. According to citizens, specific requirements are set on how the complaint should be submitted in some cases.

'I asked exactly what they need and how they want this to be submitted here at the local ZJCN. They told me that I had to submit everything on paper. I asked whether it wouldn't be easier to send a PDF by email. They said they needed a hard copy of everything.'

The majority of healthcare professionals interviewed by the ombudsman confirmed that there were concerns among citizens and that they have complaints, but that hardly any formal written or verbal complaints are submitted. Citizens do complain amongst themselves in personal conversations or on social media but do no complaint to the organisation itself. ZJCN also confirmed that it does not receive many complaints. This results in ZJCN lacking the ability to find solutions in individual cases and to learn from these. They indicated that they would like to hear more complaints if there are any. ZJCN stated that people also do not always know where they need to make their complaint. For instance, they sometimes receive complaints that actually concern a healthcare provider. ZJCN indicated that they made attempts to collect complaints on the islands, but this did not achieve anything. ZJCN indicated that submitting a complaint was not part of the island culture.

Poor functioning of the complaints procedure

Some citizens explained that they did submit a formal complaint. However, they were not satisfied with the course of the complaints procedure or the outcome. They do not have the impression that their complaint

was handled with consideration or that it led to improvements in ZJCN's services. Some citizens indicated that they received no response to their complaint. Some did receive a confirmation of receipt, but heard nothing more after this.

ZJCN indicated that complaints have been handled very differently in recent years. For example, there are no data about complaints in 2023 and 2024 because these were not registered in a central place. In 2025, the complaints were processed on paper and were later digitised. ZJCN also did not have a complaints officer for a period in 2025 during which no complaints were handled. A complaints officer who works from the European Netherlands was appointed during the course of 2025. From spring 2026, ZJCN will be using new complaints regulations and will be building a new complaints registration system. ZJCN also reported that in the coming period, it plans to focus on improving cooperation with the complaints officers of healthcare institutions in the Caribbean Netherlands and on communicating the new complaints regulations.

ZJCN also stated that their employees in the Caribbean Netherlands find it difficult and stressful to receive complaints about their approach. They do not view complaints as being an opportunity to learn and improve their work.

Finally, an external complaints advisory committee was established in November 2022 that can offer independent advice on handling complaints. Just two complaints were presented to the advisory committee over the past three years. The external complaints advisory committee indicated in an interview with the ombudsman that they could play a greater role in the complaints procedure if more complaints were presented to them for their advice.

5. Conclusions and recommendations

During this investigation, the National Ombudsman focused on the issues citizens of Bonaire, Saba and St Eustatius experience with medical referrals. Based on the experiences shared with the National Ombudsman by residents and healthcare professionals, three main issues emerged. The ombudsman sees both the need *and* opportunities for ZJCN to resolve the issues that citizens experience during medical referrals. The ombudsman describes his conclusions and recommendations below.

5.1 Residents do not receive sufficient information

The provision of information to residents about both the practical and procedural aspects of a medical referral (before, during and afterwards) needs to be improved.

Many citizens do not understand the procedure for their medical referrals: who arranges what and where they can go if they have questions. This applies both prior to, during and after the medical referral. In his report from 2017, the ombudsman already observed that citizens did not receive enough information about the medical referral process.

After being referred by a physician, citizens sometimes need to wait for a long time before the medical referral takes place. In the interim period they are not informed about the current status and live in a state of uncertainty. If they then only hear about their medical referral just prior to departure, this causes a lot of stress. The waiting and the lack of clarity can have a major impact on citizens' lives and makes the medical referral procedure extremely stressful for some citizens.

It is also not clear for many citizens which procedural options they have if ZJCN does not approve the medical referral. They are largely dependent on the physician who referred them for a medical treatment elsewhere. The referring physician must inform the citizen if ZJCN has rejected the application and inform the citizen of their procedural options. If a new application can be submitted, is it possible to submit an application on the basis of Article 10.4, or does the citizen need to make an objection?

Citizens are not always aware that they can lodge an objection against such a rejection. If they are aware, for example because a physician has informed them of this option, citizens then need to request a decision themselves from ZJCN in order to start an objection procedure. Although this practice is established in law, it weakens the information position and legal status of citizens. This places too much responsibility on citizens. Citizens who have health complaints are in a vulnerable position and some are not capable of using these procedural options.

Recommendations

The National Ombudsman makes the following recommendations to ZJCN:

- Offer citizens accessible and understandable information prior to, during and after the medical referral. Prepare citizens for the various scenarios that could occur.
- Be accessible and offer support to citizens who have questions relating to medical referral issues.
- Inform citizens and their physicians in time if a medical referral application is rejected and justify this rejection in a way that is understandable for citizens.

- Proactively point out citizens' procedural options, should a medical referral application be rejected.⁴⁶ And ensure that citizens have easy access to these options.

5.2 There is not enough focus on citizens' needs.

The National Ombudsman concludes that when assessing an application and arranging a medical referral, ZJCN does not focus enough on citizens' needs. The efficient and lawful execution of procedures often takes precedence. At the same time ZJCN also takes decisions that, according to citizens, are not only unfavourable for them, but are also financially detrimental for ZJCN. The rules always come first.

There is not enough personal contact between the ZJCN employee assessing the application and the citizen who (via the referring physician) is applying for approval for a medical referral. It is difficult for residents to contact a ZJCN employee who is in a position to and is prepared to provide individual solutions. The lack of such contact combined with a focus on efficiency and legality can stimulate a detached approach. Citizens often feel that when they express their needs and concerns, they are not taken seriously. This is undesirable. This situation also deprives ZJCN of the opportunity to take a citizen's personal circumstances into account when assessing the application and making the medical referral arrangements. If ZJCN does do this, however, they can avoid unnecessary objection procedures.

Recommendations

The National Ombudsman makes the following recommendations to ZJCN:

- Enable accessible and personal contact between citizens and ZJCN so that citizens have the space to discuss their personal situation and needs.
- Consider citizens' personal circumstances when assessing a referral application and when arranging a medical referral. For example, deviate from the 'as close to home as possible where feasible and further away where necessary' principle if circumstances demand this.

5.3 The complaints procedure is not working well

A complaint can lead to a solution in an individual case as well as sometimes resulting in improved services in general. ZJCN does not do enough to respond to complaints from citizens. This means that citizens do not receive the support they need to proceed further. ZJCN is also unable to resolve individual citizen complaints using the complaints procedure as it is currently set up and operates. As a result, it is failing to learn enough from the submitted complaints and to improve its services.

The ZJCN complaints procedure does not work well for various reasons. The fact that many residents do not dare to submit a complaint is a bad sign. They feel too dependent on ZJCN and too insecure about that relationship to take this step. They are afraid that submitting a complaint will have consequences for their current application or a future medical referral application.

Citizens do not know how or where they should submit a complaint. ZJCN is not transparent enough about the existence of its complaints procedure. Moreover, the formal submission of a complaint is not easy for everyone, as it requires the person filing the complaint to demonstrate a certain degree of administrative and other skills. Citizens who have submitted a complaint are sometimes dissatisfied about both the course of the complaints procedure as well as the eventual outcome. They do not feel that ZJCN improves its services based on the submitted complaints. In addition, citizens do not always receive a response to their complaint.

⁴⁶ Such as requesting a formal decision, appealing, asking the physician to submit a new application with additional medical information, or applying through the Article 10.4 procedure.

There is an external complaints advisory committee, but the committee's role in the complaints procedure is limited. The ZJCN director determines which complaints are presented to the committee. In practice, this rarely happens. In order to learn from complaints, the external complaints advisory committee must be involved in the complaints procedure more often.

ZJCN is introducing new complaints regulations in spring 2026. A new complaints registration system is also being built. It is crucial that complaints are registered if an organisation is to learn from them. These are good steps, but more is needed.

Recommendations

The National Ombudsman makes the following recommendations to ZJCN:

- In its communication and approach ZJCN should demonstrate that it is open to citizen complaints and that it aims to learn from these. This will help alleviate their concerns about submitting complaints.
- Ensure that the complaints procedure is as simple and accessible as possible. Ensure that channels for submitting a complaint are in line with citizens' skills and needs.
- Ensure that those working in ZJCN understand the purpose of and necessity for submitted verbal and written complaints. This could include training employees in recognising complaints and in professional complaint handling.
- Give the external complaints advisory committee a more explicit role in the complaints procedure. Formulate clear criteria for situations in which complaints should be presented to the external complaints advisory committee.

5.4 The National Ombudsman's appeal

It will take a long time to resolve the healthcare bottlenecks resulting from the small scale and geographical location of the Caribbean Netherlands. This demands broad cooperation between all parties that are involved in healthcare in the Caribbean Netherlands. The National Ombudsman would like to emphasise the importance of improving these points. Even if ZJCN implements the ombudsman's recommendations, it will be unable to respond fully to citizens' needs during the medical referral process unless there is a solution for the broader issues in healthcare.

The National Ombudsman appeals to the Minister of Long-term Care, Youth and Sport to remain committed to resolving healthcare bottlenecks in the Caribbean Netherlands in cooperation with all involved stakeholders.

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Report number: 2026/017 is a National Ombudsman publication, 18 March 2026