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The Populist Radical Right and Health

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https://doi.org/10.1007/978-3-030-70709-5_4

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Populist Radical Right Influence on Health Policy in the Netherlands: The Case of the Party for Freedom (PVV)

Chiara Rinaldi and Marleen Bekker

Introduction

Research on the political determinants of health, "how different power constellations, institutions, processes, interests, and ideological positions affect health within different political systems and cultures and at different levels of governance" (Kickbusch 2015, p.1), has increasingly focused on the health impact of populist radical right (PRR) parties in office (Falkenbach and Greer 2018; Rinaldi and Bekker 2020). While PRR parties share a common ideology based on populism, nativism, and authoritarianism, both the health policies they propose and their influence in the implementation of these policies vary considerably, partly due to the characteristics of the national political system in which they act (Rinaldi and Bekker 2020). In this chapter, we will take a closer look at the Party for Freedom (Partij voor de Vrijheid, PVV), the only Dutch PRR party that has participated in a national coalition government in the past 40 years (2010–2012). We will analyse the influence of the PVV on Dutch health policy, with a particular focus on elderly care, curative care, and public health policy. The analysis will first look at the influence of the PVV on health policy between 2010 and 2012 when it supported the Dutch coalition government through a so-called Tolerance Agreement. We will then expand to the influence of the PVV in opposition. We will end with a brief discussion of the PRR response to the COVID-19 pandemic, looking at the standpoints and actions of the PVV and the newer PRR party Forum for Democracy (FvD).

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M. Falkenbach, S. L. Greer (eds.), *The Populist Radical Right and Health*,
https://doi.org/10.1007/978-3-030-70709-5_4

History of the PVV

The PVV was founded in February 2006 by Geert Wilders after he had left the liberal-conservative People's Party for Freedom and Democracy (VVD). During his early days in politics, Wilders was a conservative-liberal inspired by the former leader of the VVD, Frits Bolkestein. This position slightly changed at the beginning of the 2000s when he could best be described as an 'American-style' neoconservative, critical of the Netherlands' progressive political culture and its consensual consultation economy (Vossen 2011). Wilders was also critical of the Dutch welfare state and favoured a smaller government with a free market economy. On the cultural front, Wilders is conservative, but particularly radical in his rejection of Islam, which he sees as a threat to Dutch society. Only after having founded the PVV, Wilders made a shift towards a more populist position, starting with a more hostile position towards Muslims and immigrants in general, and stronger Euroscepticism (Vossen 2011). He also changed his stance on the welfare state, which shifted from hard neoliberalism to a more interventionist position. Scholars were initially somewhat hesitant to categorise the PVV as a populist radical right (PRR) party due to its distinct ideology that was described as "right-wing half hearted-liberal nationalists and populists" p.181 (Lucardie 2009) or as being a liberal-democratic, anti-Muslim mainstream party lacking the traditional PRR ethnic nationalism (Mudde 2010). However, the PVV is now considered one of the leading examples of PRR politics in Europe. Indeed, after being omitted from Cas Mudde's classification of PRR parties in 2007 (Mudde 2007), the PVV was later included as the main PRR party in the Netherlands between 1980 and 2014 (Mudde 2016).

Taking a closer look at the PVV's standpoints today, the three main characteristics of the PRR ideology – populism, nativism, and authoritarianism – can clearly be distinguished. An important aspect to note here is that the PVV is not a democratic party, as Wilders has always been its only member. The party's standpoints are therefore a reflection of Wilders' personal positions, which are mostly, but not wholly characteristic of other PRR parties' views. Starting with populism, Wilders is a strong opponent of the liberal political elite (especially 'in Brussels', i.e. the European Union), which he argues is not concerned with the will of the people (PVV 2012b, 2017b). Wilders has, for example, accused mainstream parties of clientelism (PVV 2015), a characteristic that is sometimes attributed to PRR parties but it is not very relevant to the PVV itself. Secondly, nativism is central to the PVV's most important standpoint: the 'de-Islamisation' of the Netherlands, described in its latest manifesto as the protection of Dutch culture and values against mass immigration, asylum seekers, terror, violence, and insecurity (PVV 2017a). In line with this, the PVV also aims to protect the welfare state from immigrants, who are deemed to be less deserving of support than the Dutch (PVV 2012b). On the authoritarian front, the PVV calls for greater investment in defence and the police force to protect the Dutch borders from 'outsiders' (PVV 2017a). While Wilders is a protector of traditional Dutch values, he partly diverges from the conservative

cultural values that are often associated with PRR parties. Wilders is, for example, pro-LGBTQ+ rights, abortion, and euthanasia (Vossen 2011).

The 2010 general elections, in which the PVV received 15.5% of the total vote share and 24 seats in the House of Representatives, were the first big success for the party. This was mostly at the expense of the largest mainstream parties VVD, Labour Party (PvdA), and Christian Democratic Appeal (CDA) (Vossen 2011). After initial refusal by the CDA to collaborate with Wilders, the PVV supported the centre-right VVD-CDA minority government Rutte I through a so-called Tolerance Agreement, an exceptional arrangement in Dutch coalition politics. Through this arrangement, the parties agreed on several issues regarding immigration, national security, elderly care, and finances, but the PVV did not formally take part in the coalition (Rijksoverheid 2010a). Nevertheless, the Rutte I cabinet fell in April 2012 after the PVV refused to support €14,4bn worth of austerity measures in the wake of the 2008 financial crisis (Parlement.com n.d.). The main point of disagreement was the proposed increase in retirement age, which the PVV deemed 'unacceptable' – most likely in the light of a 2010 poll which revealed that 86% of the PVV electorate were against this reform (Afonso 2015). This triggered a snap election in September 2012. The PVV lost nine of its 24 seats as voters blamed Wilders for having political power interests prevail over the public interest (Bunnik 2012).

In the increasingly fragmented Dutch multiparty system with 14 parties currently holding seats in Parliament, the PVV has been a fierce opposition party since 2012. As of 2020, the party holds 13.1% of the seats in the House of Representatives and 6,5% in the Senate. However, the PVV has recently lost supporters to the newer PRR party Forum for Democracy (FvD), founded in 2016 by Thierry Baudet. In the 2019 provincial elections, the FvD emerged as the biggest party with 86 seats (out of 570), while the PVV won 40 seats – a loss of 26 seats compared to the previous provincial elections (Kiesraad 2019b). The 2019 European Parliament elections were similarly a defeat for the PVV, which saw its vote share decrease to a mere 3.53%, while the FvD received 10.96% of the votes (Kiesraad 2019a). The FvD now holds two seats in the House of Representatives and nine in the Senate (it lost three seats due to conflicts within the party). A study into the motivations for voting FvD revealed that a large majority (79%) did so to vote against the existing coalition government and especially its 'moderate' standpoints on climate change mitigation and immigration (NOS 2019). About a quarter of FvD voters in 2017 previously supported the PVV (Ipsos 2018), which has sparked speculations about whether the FvD will become the new PVV (Boersema 2019; Kleinpaste 2019; Margulies n.d.).

The PVV and FvD have several similar standpoints. Like the PVV, direct democracy through referenda is one of the most central agenda points for the FvD. The FvD also opposes increasing multiculturalism, which it believes will lead to a loss in Dutch norms and values. Even more so, Baudet has said that the Netherlands is currently threatened by 'an existential crisis' caused by mass immigration and the loss of our sovereignty to the 'undemocratic' European Union (FvD 2017). On socioeconomic issues, the FvD takes a more neoliberal position than the PVV, however, with a strong exclusionary focus towards immigrants (a position that is also known as liberal chauvinism). When it comes to the healthcare system in particular,

the FvD recognises that the 'marketisation' has gone too far and has led to worse and more expensive health care (FvD n.d.). However, the FvD is far less ambitious than the PVV on the topic of elderly care (FvD n.d.).

While the PVV and FvD share similarities, their leaders differ in significant ways. FvD leader Thierry Baudet has a law degree and wrote a PhD thesis on 'The significance of borders: why representative government and the rule of law require nation states' (later translated into the more populist title 'Attack on the nation state') before he set up the FvD. Baudet has attracted votes from a more white-collar, mostly male, conservative electorate. Indeed, the FvD sees itself as an alternative to the liberalist right (i.e. VVD). Wilders, a 'professional politician' with an unclear educational record and a very brief work history outside politics, has a predominantly working class support base (NOS 2019). The FvD has also attracted more support from older voters; 31% of its electorate is 65 years and older, compared to only 14% for the PVV (NOS 2019).

Since November 2020, the FvD is facing significant internal turmoil after Baudet refused to distance the party from its official youth division (JFvD) after a series of anti-Semitic and homophobic messages had emerged. Several prominent members on the party's list have resigned and it is unclear whether Baudet will remain as leader of the FvD. It is now uncertain how electoral support for FvD or PVV will develop in the run-up to the March 2021 general elections. We will now continue the analysis of PVV influence on healthcare policies.

The Influence of the PVV on Dutch Health Policy

In this section we will describe and analyse party and government documents, policy proposals, and voting behaviours to shed light on the PVV's influence on elderly care, curative care, and public health (Table 1). The analysis will primarily focus on the time period 2010–2012, when the PVV supported the coalition government through a Tolerance Agreement. However, given the PVV's prominent role in advocating for elderly care as an opposition party, the time period of this analysis was extended to also include the PVV's influence after it ended its support for the VVD-CDA coalition. We will end with a brief reflection on the PRR's reaction to the policies implemented in response to the COVID-19 pandemic throughout 2020.

Health and health care are not the main focus of the PVV's (or FvD's) political actions and achievements in the past decade, as observed through the limited amount of health-related policy proposals in favour of immigration and law and order proposals. As for their political agenda, however, health care is clearly featured in the PVV electoral manifestos. This includes calls for better elderly care and against the further privatisation, 'managerialism' and 'Islamification' of the Dutch healthcare system (PVV 2010a). The key points of the electoral agenda that helped the PVV win a position in government in 2010 included: a halt to the increase of excess out-of-pocket contributions for health care, an increased mandate for primary health care, improved rights for older adults and disabled people in care homes, no further

Table 1 PVV's healthcare policy proposals

PRR policy	Implemented	Coalition partners	Outcome/ comments	Classification
'Agema monies' to be spent on the training of healthcare workers and 12.000 additional jobs in long-term elderly care	Yes, through the Tolerance Agreement in 2010	VVD, CDA	The PVV believed that the money was not spent as intended. The budget was dismantled by the new government in 2012	Welfare chauvinism (i.e. favouring the 'common' healthcare worker)
Keeping walking aids in the basic health insurance package	The proposal was accepted in November 2010	VVD, CDA		
Restriction of eligibility for free health care for asylum seekers	No	VVD, CDA	The proposal was not supported by the coalition	Welfare chauvinism
Radical reform to improve the quality of elderly care/ care homes	The proposal was unanimously accepted in December 2016. The plan was implemented in 2017	None, PVV in opposition	The proposal led to a reversal of 2017 austerity measures and, among others, a €2.1bn yearly budget for care homes starting in 2021	Welfare chauvinism
Increasing pay for healthcare workers (in response to COVID-19 pandemic)	No	None, PVV in opposition	The proposal was rejected by a small majority after coalition MPs had left without voting	Welfare chauvinism (i.e. favouring the 'common' healthcare worker)
Creating a structural national reserve of healthcare workers and hospital beds in intensive care units (in response to COVID-19 pandemic)	Yes	None, PVV in opposition	The proposal was unanimously approved in the House of Representatives	

marketisation in health care, and no ‘favouring’ of foreigners and asylum seekers in health care. Together these standpoints represent a rather left-of-centre and welfare chauvinistic position on health care. Welfare chauvinism refers to the expansion of welfare provisions for the native population while at the same time restricting eligibility or access for ‘undeserving’ foreigners (Ennser-Jedenastik 2016, 2018). The strong focus on older adults, a population group that is praised and respected for their previous contributions to society, can be considered welfare chauvinistic and authoritarian as this group is deemed more deserving of generous welfare support than other groups (predominantly non-native ‘foreigners’). The PVV also argued for decreasing the autonomy of large provider and insurance companies in the Dutch healthcare system, and the amount of managers in healthcare institutions (PVV 2010a). This highlights the populist disapproval of the elite in favour of the ‘common’ healthcare worker (e.g. nurses and general practitioners [GPs]) (Otjes et al., 2018).

A stark contrast emerges when comparing these welfare chauvinistic standpoints with the PVV-supported health policy that was implemented during 2010–2012. In light of the financial crisis, the centre-right coalition and VVD Minister Edith Schippers prioritised reducing costs and increasing ‘efficiency’ in the 2011 budget policy for the Ministry of Health, Wellbeing and Sport, thus favouring a more market-based approach (Rijksoverheid 2010b). Much of the health policy that was implemented in this period appears to have taken a conservative and sometimes liberal chauvinistic direction instead of the welfare chauvinistic one championed by the PVV. What these positions have in common is that they both aim to exclude ‘outsiders’ from receiving welfare benefits. However, where where welfare chauvinism expands services to the native population, liberal chauvinism cuts welfare spending for the entire population, with a particular focus on minorities, immigrants, and migrants (Falkenbach and Greer 2018).

Elderly Care

In 2010–2012, elderly care was one of the four areas of compromise in the VVD-PVV-CDA Tolerance Agreement and clearly shared commonalities with the PVV winning agenda on the issue. Through this agreement, €1bn was allocated to the improvement of the quality of elderly care and care personnel, as the government considered itself responsible to care for those who have built up the country (Rijksoverheid 2010a). A part of this budget was reserved for the training of healthcare personnel and the creation of 12.000 additional jobs in long-term care. These ‘Agema monies’ were a significant achievement by Fleur Agema, the PVV MP responsible for public health and health care (Table 1).

While the elderly care provisions in the Tolerance Agreement have been criticised for being unspecific and less ambitious than they appear, the PVV seems to have had a highly influential role in the prioritisation of elderly care by the Rutte I Cabinet (Schols, 2011). The Tolerance Agreement set out measures to prioritise

community care and allow for collaboration between care professionals to mitigate problems of home care in a competition-based healthcare system while also increasing the effectiveness and affordability of care. Another key measure is the emphasis on smaller care institutions for greater efficiency, higher client satisfaction, and better care (e.g. by giving the Healthcare Inspectorate a mandate to enforce a split-up of care institutions for quality safeguard) (Rijksoverheid 2010a). Finally, the agreement also includes an expansion of patient rights under the Healthcare Institutions Principles Act (e.g. the right to daily showers and time outside) and increased accountability and sanctions for care home boards of directors (Rijksoverheid 2010a). This seems to stem from the PVV's authoritarian tendencies, for example, comparing the rights of people in nursing homes to those of prisoners who, according to Wilders, 'unjustly' receive better treatment.

The PVV, under the leadership of MP Fleur Agema, took ownership of the issue of elderly care though their proposals to the House of Representatives between 2010 and 2012. These include the accepted proposal to keep walking aids in the basic health insurance package (Tweede Kamer der Staten-Generaal 2010c). Interestingly, the PVV was much less generous when it comes to youth care – it advocated for more efficient youth care (PVV 2010a) and voted against proposals to retain the legal right to youth care (Tweede Kamer der Staten-Generaal 2010d) and to counteract rising waiting lists (Tweede Kamer der Staten-Generaal 2010a).

A noteworthy point is that the PVV did not follow the VVD and CDA in its voting on issues regarding elderly care, but instead voted in accordance with left-wing parties, such as the green party GroenLinks (GL) and the Socialist Party (SP). It thus seems that once 'in office' (albeit under a Tolerance Agreement), the PVV prioritised its electoral promises on elderly care rather than adopting 'office-seeking' behaviour and compromising with its coalition partners. The PVV's special favouring of older adults (aged 65 and above), which form a large share of the electorate and are especially likely to consistently vote (CBS 2017), was therefore likely for electoral reasons. However, despite older adults being a key target for the PVV, this population group does not show great support for the party. At the 2012 general elections, only 7% of those aged 65–75 years and 4% of those aged 75 years and older voted for the PVV (CBS 2019). Instead, older adults preferred traditional parties such as the VVD and CDA, or 50PLUS, which was founded in 2009 to represent the interests of older voters. This is consistent with earlier findings that younger voters are more likely to support radical and extreme right parties, possibly because they feel personally threatened by competition on the labour market from immigrants (Arzheimer 2009).

Curative Care

As opposed to elderly care investments, the curative healthcare policies implemented by the VVD-CDA coalition between 2010 and 2012 are marked by austerity. In accepting those conditions, the PVV diverted from its initial promise to make

health care more affordable and less profit-driven (PVV 2010a). The maximum excess out-of-pocket contribution for insured health care, which was increased from €170 to €210 with PVV support, is the most notable example. In 2011, the PVV followed the VVD and CDA in voting against amendments to roll back the increase of these out-of-pocket contributions (Tweede Kamer der Staten-Generaal 2011a) or to remove them altogether (Tweede Kamer der Staten-Generaal 2011n). In addition, PVV, VVD, and CDA also voted against exempting GP visits and mental health care from out-of-pocket contributions (Tweede Kamer der Staten-Generaal, 2011m) and against a 'social maximum' that would make care more accessible for chronically ill people with low incomes (Tweede Kamer der Staten-Generaal, 2011h).

Despite its agenda standpoints against austerity measures, the PVV acted in support of overall budget cuts in health care. Surprisingly, the PVV supported budget cuts to, among others, patient, disability, and elderly organisations (Rijksoverheid 2010b). The PVV also voted in support of the further privatisation and market orientation of the Dutch healthcare system, for example, by supporting experimentation with paid priority care (SOS doctors) (Tweede Kamer der Staten-Generaal 2010b).

A unique contribution of the PVV in healthcare policy is its nativist ideology, which is in line with the general tougher stance on immigration that was set out in the Tolerance Agreement. While exclusionary policies were rejected by most opposition parties in the House of Representatives, VVD-CDA support (or 'tolerance') was enough to reach a majority in favour of such policies. For example, the VVD-PVV-CDA majority blocked proposals to allow healthcare practitioners to legally continue providing care to illegal immigrants (Tweede Kamer der Staten-Generaal 2011d) and to introduce a more in-depth analysis of whether asylum seekers in need of care would be able to access appropriate care services in their country of origin in order to facilitate and possibly re-evaluate their return (Tweede Kamer der Staten-Generaal 2011i, j, k). The PVV policy proposal to limit the healthcare services available for asylum seekers to acute care only and to stop the reimbursement of asylum seekers' healthcare payments (Tweede Kamer der Staten-Generaal 2011g) was too radical for the coalition and not supported by any party. This is a clear example of welfare chauvinism, arguing that in the current system of solidarity, 'Henk and Ingrid' (the Dutch 'John and Jane Doe') pay for 'Ali and Fatima' (the 'foreigners') (PVV 2010a). The coalition was not withheld by a more indirect form of welfare chauvinism (or liberal chauvinism) and decided to stop compensation for interpretation and translation services in health care from 2012 (Rijksoverheid 2010b). This policy was targeted at the entire population but disproportionally affects non-native patients by posing additional barriers to seeking and receiving the care they need.

While the PVV took a 'vote-seeking' position on elderly care, thus prioritising the interests of its electorate based on the 2010 manifesto, this cannot be said for health care in general. The PVV largely diverted from its welfare chauvinistic promises to invest in health care and reverse further 'managerialism' and privatisation of the healthcare system. The PVV also took a more passive role when it comes to submitting policy proposals about health care and tended to vote in concordance

with the VVD-CDA coalition, as suggested by its supporting role for the minority government. This evidence indicates that the PVV employed a more 'office-seeking' strategy to maintain its role in the Rutte I Cabinet. However, the PVV did not consistently vote the same as the VVD and CDA due to its nativist position that was only to a certain extent accommodated by its coalition partners.

Who Are 'Henk and Ingrid'?

The term 'Henk and Ingrid' was popularised by Wilders in 2010 when he positioned himself as the politician who stands up for the average Dutchman and -woman. Throughout the years, Henk and Ingrid have gained considerable attention from the media, all trying to answer the same question: Who are 'Henk and Ingrid'? This has led to descriptions of these archetypal Dutch citizens as people who are homeowners, have young children, and earn an average income. According to Wilders himself, Henk and Ingrid might have voted for the Labour Party in the past but now vote PVV (n.a. 2010). Henk and Ingrid are furthermore 'threatened' by the political elite and mass immigration (PVV 2010b). Henk and Ingrid have become the subject of mockery from comedians, and various 'searches' for the real people Wilders' stereotype was based on have led to excessive phone calls to couples with the same name (Wanders 2010).

Public Health

The PVV does not have clear standpoints on public health but takes a libertarian approach that emphasises personal responsibility, with exceptions for a minimalamount of issues that require government intervention, such as infectious disease prevention and screening and vaccination programmes (PVV 2011). This seems to follow the PVV's populist, anti-elitist agenda that opposes (perceived) paternalistic public health policies and 'government propaganda' (PVV 2010a). However, the PVV does not use anti-vaccination rhetoric, a standpoint that is often associated with PRR parties and voters (Kennedy 2019). In this sense, public health is the health area with most alignment between the VVD-CDA government and the PVV. In a statement on the PVV website (PVV 2011), Wilders was indeed very supportive of the four-year preventative health plan set by health minister Schippers in 2011, which focused on encouraging healthy individual lifestyle choices with the participation of the private sector, civil society organisations, schools, and health providers (Tweede Kamer der Staten-Generaal 2011b). The PVV also supported a €18 m budget cut for lifestyle interventions between 2011 and 2014 and the removal of smoking cessation programmes from the basic health insurance package (Rijksoverheid 2010b; Tweede Kamer der Staten-Generaal 2011f). It even proposed – without success – to replace insured smoking cessation aid with walking aids, arguing that while smoking is a personal choice, walking problems are not (Tweede Kamer der Staten-Generaal 2012a). A few years prior, the PVV published

a statement against a smoking ban in the hospitality sector that only allowed smoking in designated smoking areas, as it would harm small businesses (PVV 2008). After backlash, businesses smaller than 70m^2 without employees were exempted from this ban in 2010 with PVV support (a full smoking ban in the hospitality sector has since been implemented) (Tweede Kamer der Staten-Generaal 2010e, 2011e). During its time in office under the Tolerance Agreement, the PVV thus exerted influence on the public health agenda to some extent, but this has also been observed after the government coalition fell and the PVV returned to their opposition benches.

The PVV in Opposition

After the resignation of Rutte I over a disagreement about the 2013 National Budget plan, the PVV strongly opposed the new health policy that was negotiated by VVD, CDA, and several other parties before the snap election in September 2012. One of the greatest concerns, which it shared with radical left-wing party SP, were increases in excess out-of-pocket contributions. After having supported increased out-of-pocket contributions in 2011 and 2012, the PVV now proposed to roll back a further increase in 2013 arguing that it would not result in much financial benefit. This proposal was rejected in the House of Representatives (Tweede Kamer der Staten-Generaal 2012b), and tactics by both PVV and SP to delay its implementation failed (NOS 2012). The PVV also proposed to block the expansion of extramural elderly care plans, which they believed would lead to the eventual abolishment of nursing homes. This proposal was rejected (Tweede Kamer der Staten-Generaal 2011c).

After the inception of the new VVD-PvdA coalition (Rutte II) in September 2012, PVV MP Agema took a critical stance towards the new budget plan of the Ministry for Public Health, Welfare and Sport. Agema accused the Ministry of completely dismantling elderly care with their proposed budget cuts of €6.8bn (PVV 2012a). She also contested the governments' deviant use of the budget that was originally reserved for additional training and care personnel in the 2010 Tolerance Agreement (the 'Agema monies'). A call to ensure that this budget would be spent as intended did not reach a majority (Tweede Kamer der Staten-Generaal 2013a), as well as a call to retain this budget in the context of the government's budget cuts (Tweede Kamer der Staten-Generaal 2013c). New PVV proposals to reintroduce extra funds for training and care personnel were again rejected in 2015 (Tweede Kamer der Staten-Generaal 2015a), like their renewed efforts to roll back the extramuralisation of elderly care and safeguard the institution of care homes between 2012 and 2017 (Tweede Kamer der Staten-Generaal 2012c, 2013b, d, 2014, b, 2017).

Then, in 2016, the PVV was finally successful in its strides for better elderly care. Their proposal to implement improvements in elderly care was unanimously accepted in the House of Representatives (Tweede Kamer der Staten-Generaal 2016) – thus recentring the focus on elderly care that was lost after the Rutte I cabinet. The government presented a plan, including a commitment to a €2.1bn yearly budget for care homes from 2021 (Ministry of Public Health 2017). Other measures

were, among others, the reversal of the planned €500m cuts on long-term care in 2017, a yearly €200m investment in training for care personnel and daytime activities for elderly, and the establishment of improved patient-oriented quality standards for care homes and care personnel (Rijn 2017). The PVV managed to receive full Parliamentary support for an unprecedented mandated elderly care budget because of two recent public contestations exposing how nursing homes were operating below moral and quality standards. The first one was a (initially anonymous) protest letter by the father of the then-State Secretary of Public Health Martin van Rijn about the quality of care provided to the State Secretary's mother in a nursing home (Landeweer 2014). This letter was followed by a manifesto presented by public opinion columnist Hugo Borst (and Carin Gaemers) based on personal experiences with the quality of care to his mother earlier that year. This manifesto contained several recommendations to improve and 'depoliticise' long-term elderly care (Borst and Gaemers n.d.) and was the direct trigger for the successful elderly care proposal by the PVV and the subsequent reform.

The Dutch PRR and the COVID-19 Pandemic

The PRR response to the COVID-19 pandemic in the Netherlands was in conflict with the response of the VVD- and CDA-led government (Rutte III). Initially, the PVV and the FvD were more radical in their proposed measures. Both parties called for a lockdown weeks before it was eventually implemented nationally on March 23, 2020. Wilders was the first to criticise the governments' approach to the crisis in early February In mid-March both the PVV and FvD refused to support the milder measures that were introduced by the government, including the decision to ban gatherings of more than 100 people and encourage people to work from home, but to keep schools open. Wilders accused the Minister of Healthcare of not taking enough measures compared to other countries, questioning whether there was enough healthcare capacity (and PPE) and why Dutch borders remained open (Tweede Kamer der Staten-Generaal 2020c). Indeed, the PVV made several proposals to control the inflow of people from abroad, including a proposal to ban flights from 'risk areas', which was only supported by the PVV, FvD, and radical left Dutch Socialist Party (SP). Baudet similarly criticised the initial herd immunity strategy the government seemed to be taking and called for a stricter lockdown (FvD 2020). While the FvD, unlike the PVV, eventually supported the governments' 'intelligent lockdown', it also called for increased border controls to curb risks from abroad.

During the early days of the crisis in the Netherlands, support for the VVD and trust in the Prime Minister Mark Rutte increased. On the other hand, the PVV and FvD lost support for advocating for stricter lockdown rules (Kester 2020). It is possibly for this reason that both Baudet and Wilders changed their position on the lockdown during the following months, now stating that it was too strict and would cost too many jobs in the hospitality sector (Yannis and Giorgos 2020). Wilders

criticised the '1.5 [meter] society' which is considered the new normal and made proposals to abolish 1.5 m distancing rules outside immediately. This proposal was only supported by the party itself and the FvD (Tweede Kamer der Staten-Generaal 2020a). Similarly, when new 'partial lockdown' measures were announced and implemented in October, both the PVV and FvD made proposals to keep hospitality open and to avoid mandatory mask-wearing mandates. The FvD was the only party to support the contested 'herd immunity' strategy whereby older and more vulnerable people are shielded while restrictions are lifted for the rest of the population (Tweede Kamer der Staten-Generaal 2020d). This is surprising given Baudet's initial criticism of natural herd immunity in the context of COVID-19 (FvD 2020).

Despite a change in standpoint by Wilders and Baudet, they have not openly opposed science and experts. For example, Wilders has said that he believes in 'experts' and the National Institute for Public Health and the Environment (RIVM), but decisive political action is also needed. This in itself contrasts with the standpoints taken by populist leaders in other countries, such as the United States and Brazil, which consistently dismissed scientific expertise during the pandemic (Yannis and Giorgos 2020). While Wilders is firmly against making COVID-19 vaccines mandatory, he has not engaged with the anti-vaccination (or 'anti-vax') movement and the conspiracy theories that have emerged in response to the pandemic. However, Baudet has allegedly made statements in private that suggest he believes in conspiracy theories regarding the emergence of COVID-19 (NOS 2020).

Throughout the pandemic, the PVV showed support for healthcare workers (especially nurses). For example, Wilders proposed to increase pay in the healthcare sector, which was rejected by a small majority after several coalition MPs had left before voting (Tweede Kamer der Staten-Generaal 2020b). This was met with anger by Wilders himself, who found it unfair that healthcare 'heroes' earned less than 'runaway' MPs (populism) and that the government was willing to spend millions of euros for corona-related relief in other EU countries while not having enough money to increase salaries for healthcare workers (nativism) (PVV 2020). Later in the year, Wilders made several successful proposals to the House of Representatives, including those to investigate the creation of a national reserve of healthcare workers and to maintain a structural reserve of intensive care beds for future emergencies (Tweede Kamer der Staten-Generaal 2020e, 2020f). While the PVV and FvD had similar standpoints on the coronavirus measures, including the treatment of healthcare workers, Wilders was much more contentious and critical of the government than Baudet. This has been suggested to be linked to the leaders' prospects for office, which are smaller for the PVV than the FvD given its more ostracised position in Dutch politics (Yannis and Giorgos 2020). Wilders' approach seems to have been successful, as after an initial drop, the PVV's approval rating has risen again. In the summer months of 2020, the PVV was polling as second largest party at the national level, after the VVD (Heck 2020a). The FvD only saw a small increase in support during the same time period, despite its successes in the 2019 provincial and European election. While the PVV kept its position as second largest party, support for the FvD has dropped again in October 2020 (Heck 2020b).

Conclusion

While the PVV did not make health or health care its central issue when 'in government' (through a Tolerance Agreement), the evidence in this analysis indicates that the PVV had a positive influence on the improvement of long-term elderly care. Indeed, elderly care was to a certain extent exempt from the severe austerity measures that were introduced by the VVD-CDA coalition Rutte I (Rijksoverheid 2010b). While the new government quickly dismantled some elderly care measures that were introduced with the Tolerance Agreement in 2012, the PVV's continuous efforts eventually led to significant investments in elderly care and care homes from 2017 (Tweede Kamer der Staten-Generaal 2016). However, due to the State Secretary's personal involvement and the public awareness that was created around this topic, it remains the question whether some of these changes would have happened anyway without PVV initiative. In this sense, the proposal that led to the renewed elderly care budget was an easy win for the PVV.

It also becomes clear that the PVV broke its electoral promise to make health care more affordable and less 'elitist' and market-driven, instead favouring a more libertarian approach that was championed by the VVD in particular. Rather than a change in ideology, this appears to have been an opportunistic decision given the trade-off the PVV faced between securing and retaining a place in office and representing the interests of its voters (Afonso 2015; Rinaldi and Bekker 2020). As evidenced by the Tolerance Agreement, the PVV decided to prioritise the issues of law and order, immigration, and elderly care in its negotiations with the VVD and CDA (Rijksoverheid 2010a) while sacrificing the health-related issues that were present in its electoral manifesto. This suggests that the PVV engaged in office-seeking behaviour rather than vote-seeking behaviour when it comes to health during its time 'in government', in order to achieve its main (mostly immigration-related) agenda points. It is therefore unlikely that the PVV had much influence on the curative care policy that was implemented between 2010 and 2012, which seems to be more in line with the retrenchment ambitions of the VDA-CDA government.

At the same time, the VVD and CDA were willing to accept exclusionary and authoritarian measures to gain a majority in government and pursue their own agenda. This provides evidence for accommodation to PRR standpoints by Dutch mainstream parties, which is believed to be a consequence of electoral threat by PRR parties and/or need for PRR support in government (Rinaldi and Bekker 2020). While the PVV's nativist agenda was more successful in leading to immigration policy reforms, their electoral manifestos and their health policy proposals suggest a welfare chauvinistic position that favours the native population (mostly older adults) over immigrants and asylum seekers in access to healthcare provisions. However, in combination with retrenchment in health spending during the 2010–2012 period, the position taken by the government resembles more what is called liberal chauvinism. Early evidence suggests that welfare chauvinism in health care is indeed more common in countries with a tax-based healthcare system compared to the Dutch system based on private insurance, which is believed to be less

susceptible to public scapegoating (Ennser-Jedenastik 2018; Rinaldi and Bekker 2020). Nevertheless, there is evidence that in countries with insurance-based healthcare systems, PRR parties use a form of exclusion based on financial contribution (Ennser-Jedenastik 2018). This is what the PVV has done by attacking asylum seekers' access to health care, a group that does not contribute through premiums. The PVV also directed its attention towards long-term elderly care rather than the healthcare system in general, as this is a publicly financed sector and thus politically more opportunistic.

The decline in support for the PVV in favour of the FvD in the 2019 provincial and European elections might mean that the FvD will become the most prominent-PRR voice in the Netherlands – although the 2021 general elections could take a very different turn because of the multiple impacts of the coronavirus policies and regulations and the ways in which PVV and FvD position themselves towards these policies. Besides, the FvD is facing significant internal challenges, which could result in a change in leadership and direction in the next elections. The most recent polls at the time of writing show that the pandemic might have positive consequences for Wilders in the 2021 general elections. Given the electoral loss that was faced by the PVV after its withdrawal from the Rutte I cabinet in 2012, it seems unlikely that Wilders would use the same office-seeking, liberal chauvinistic strategy if his party were to be elected in government. This can, for example, be seen through his advocacy for increased government spending on salaries for healthcare workers during the COVID-19 pandemic. However, this depends on whether Wilders has learned from his mistakes in diverting from his political agenda on health.

Summary Box

1. The PVV diverted from its welfare chauvinistic political agenda after lending its support to the centre-right government coalition.
2. While the PVV pursued its voters' preferences on the issue of elderly care and exclusion of 'foreigners' (vote-seeking behaviour), it chose to compromise with its coalition partners on health policy (office-seeking behaviour).
3. Influence was exerted in different ways: through the Tolerance Agreement (which contained accommodation on both ends) and through policy proposals (seizing momentum caused by public contestation to gather political support).
4. As of 2019, the PVV is in competition with the newer PRR party FvD which has similar standpoints on immigration and European integration but takes a more liberal chauvinistic position towards the welfare state and is less ambitious on the topic of elderly care.

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