Dear Chairman and members of the Committee on Public Health, Welfare and Sport,

It is my estimation that you do not get mail every day from this remote corner of the Kingdom: the Caribbean island of St. Eustatius. The "rebellious" village where the government commissioner is now putting things in order in local government. Associations in my head are forcing themselves upon me: the apostate province of Taiwan, with the mother country of China as its covering blanket, but also the Gallic village where Asterix and Obelix are making the lives of the Roman rulers more and more difficult.

A few days ago there was a so-called 'townhall meeting' here on the island in which the ZVK (the Health Insurance Office) gave an explanation of the legislation in force. The organizers of this townhall meeting probably had a quiet session in mind with some enlightening powerpoint sheets here and there, but soon the lid went off the (high pressure) pan and the emotions flew around.

Admittedly, much of the emotion had the character of "take my case now..." but if you try to keep a sharp eye on the forest through the trees, it can be deduced quite clearly:

1. ...the coverage offered may seem sufficient, but what exactly is ensured up to what level is neither clear nor easy to find on - for example - a digital policy schedule on a website.
2. ...the organisation of the 'ZVK' with regard to making appointments, arranging transport and accommodation causes extraordinary annoyance. Many proverbial cabinets and walls, agreements that are not sealed off with all parties and are given timely feedback, etc.
3. ...the client/patient/resident of the Dutch Caribbean is absolutely not central, but the care provider. There is optimisation according to care provider: as few institutions as possible are accommodated as much as possible. In principle, deviations from this principle will not be permitted or charged to the requesting customer.

If I take these experiences to heart and then take note of the findings and recommendations of the Netherlands Court of Audit (see Results of the accountability study 2018, Ministry of Public Health), Welfare and Sport (XVI), dated 15 May and 4 June 2019, paragraph 4.5.1), then I wholeheartedly agree with the Court of Audit that the continued existence of the 'ZVK' without strict control from (or even integration into) the departmental planning and control cycles is in fact a no-go issue.

I will supplement this with some personal experiences and findings.

1. Dutch Caribbean students who continue their studies in the European Netherlands after finishing secondary school are placed with a special insurance (OOM, NNAM) through the intermediary of ZVK. In principle, these students first have to pay their own visit to a (dental) doctor and can then submit this declaration to OOM. If these, generally less wealthy ("special", not to say "second-rate") Dutch students have to make ends meet on their study financing, this two-stage procedure is by no means ideal.
2. Before I moved here (this is referred to as emigration from the European Netherlands to 'abroad'), I had health insurance with one of the large companies, as is customary in the European Netherlands. Once he lived here he was terminated (not by me but automatically by the company). From that moment on I was covered by the 'ZVK'. So far no problem, at least not as far as the scope of the cover is concerned. However, if I want to "emigrate" back to the Netherlands in a few years' time, I will have to wait and see if I can go to "my" health insurance company without extra costs for the same additional insurances that I enjoyed at the time, before I can "emigrate" to it in 2014. That doesn't feel like "fair".
3. For the whole of the Netherlands, approximately 75 billion euros is spent on the policy area of Health, Welfare and Sport for the benefit of approximately 17 million inhabitants (approximately 4400 euros pp). For about 25 thousand inhabitants of the Dutch Caribbean about 130 million euro is spent on VWS (about 5200 euro pp). From this point of view, it seems that in the Dutch Caribbean almost 20 percent more is spent on VWS per inhabitant

than in the Netherlands as a whole. Moreover, the accountant is unable to establish the regularity of about half of the 130 million euro.

4. I am unfamiliar with the field of health care, but when I look at the website of the BIG-register, it turns out that a doctor trained in Colombia cannot work in the Netherlands as a matter of course. Nevertheless, ZVK has agreed care contracts with Colombian care providers for the benefit of Dutch Caribbean citizens. It seems much more obvious to me when care contracts for the residents of the Dutch Caribbean are concluded within the Kingdom of the Netherlands instead of with care suppliers in Colombia. An additional advantage is that flights between the windward and the leeward islands would also be easier to maintain at break-even point, which would be an important positive development for the inter-island connectivity. Competition between Winair and EZ-air in this context could also result in a healthier price level for the flights.
5. Finally, there is the question of "what should be central: the care provider or the resident/patient". It seems to me that the occupant/patient should, of course, be the main focus here. From that point of view, it is a good development that the doctor/specialist is increasingly visiting the small islands instead of having to travel to a hospital on another island for collections of residents. It is even more beautiful when a doctor/specialist decides to live on one of the small islands. On St. Eustatius such a situation occurs and because the care has developed around the care centres (in this case around the hospital on St. Maarten) the doctor/specialist involved is opposed because he does not "fit" in the "concept" which means that according to the 'ZVK-bobos' the care is only at a cost. Rational thinking and sensible (effective and efficient) decision-making are often defeated by non-rational decision-making in which the authority easily lets its ear hang out to its "own" club (the reference to friends, family and favors is a fairly general one, but of course it is not often pronounced out loud).

I would like to see it being led there that within the field of public health policy, not only is the existing situation being cultivated and maintained, but that alternative business operations are also being scrutinised transparently (and can therefore be followed by everyone). Listening carefully to the local (Statian) population can be very useful in this respect, as can following the good recommendations of the General Court of Auditors.

Kind regards,

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