

Dear chairman and members of the Commission for Health, Welfare and Sport,

First of all, I note that I have actually never heard anything more regarding the health insurance organized through ZVK for students of the Dutch Caribbean. On July 7, 2020, I responded to a notification from State Secretary Blokhuis in this regard (in response to my observation of December 7, 2019). However, neither directly nor indirectly through the Public Health, Welfare and Sport Committee of the Lower House, have I heard anything anymore. In my opinion, nothing has changed on the Central Government side and the care provision of Caribbean Dutch students in the European Netherlands, as far as it is arranged through the intervention of ZVK, has not improved at all.

On my side I can report that the student in question has now been deregistered with ZVK for the student insurance that is organized through their intervention. Instead, this student is now insured with an insurance company operating in the European Netherlands. I have no assurance that the premium that is no longer owed for the ZVK-NNAM-OOM insurance is also not actually declared (anymore) by ZVK to the Ministry of Health. Although I have my concerns about the (in)proper spending of public money I have no insight into this; I only express my concern: "*did the reimbursement by the Ministry of Health to ZVK for the student in question stop?*". It seems conceivable to me that the insurance will have been discontinued while the termination of the corresponding declaration to the parent ministry might just have been 'forgotten'.

Moving on to St. Eustatius as it currently stands (in the Public Health field). We are currently in the 'waiting period' between the first and second Moderna injection. As you are no doubt aware, just under seven hundred residents of St. Eustatius have signed up for this offered vaccination opportunity. And that is not very many compared to the three times higher number of residents over the age of 18. While I don't want to hold anyone accountable for that, I do note that the education for the residents of St. Eustatius started very late. After all, in the fall of 2020, all the details relevant to the information were known and yet the information did not get off the ground until around the turn of the month of January/February 2021. In particular, the informative information given by two teachers from the Medical School on Saba was very good.

The composition of the inhabitants of St. Eustatius (very different from those of Saba!) is such that the susceptibility to the many 'conspiracy theories' is at least considerable (after all, there is virtually no independent news supply; much news comes to the inhabitants via Facebook). It seems to me therefore an error of judgement on the part of the authorities not to have invested earlier heavily in good, complete and honest information.

At the start of the corona pandemic, at least when it also 'hit' St. Eustatius, there was already concern about the adequacy of the care facilities on the island in both material and personnel terms. For that reason, the deployment of HMS Karel Doorman in the Caribbean region was urged at the time (a request that was honored, by the way). And even now, the level of professionalism is still questionable.

The 2019 inspection report on "our" hospital was by no means rosy and it states, among other things, that the inspection expects an improvement plan within six weeks that offers the prospect of taking the appropriate measures within six months. Of course, that period is long behind us and in the meantime there is the COVID19 pandemic that demands all our attention, but what about the structural improvements is unknown to us. It is for this reason that I would like to include the IGJ in the address of this letter. After all, on the island it is not easy to get clarity on the extent of the adjustments that should lead to an increased confidence of the population in medical care (nor on the progress realization of this improvement plan). And from a critical attitude towards the management of the island as well as the management of the healthcare organisation, the provision of information does not automatically improve, experience has shown.

*Note: A Chief Medical Officer has been appointed (without medical background) and from VWS a Health Care Coordinator (also without medical background) has been appointed. Those who are responsible for the appointment of these officials seem to have difficulty in forming a correct image of the complexity that is connected to the "transformation" of the medical care on a small island like St. Eustatius. In a too short period of time they are expected to do a lot of things and it seems that almost nothing comes of it. When, I cry from the heart, will someone stand up in The Hague who truly cares for the people of St. Eustatius, so that in consultation with the people carrying out the work on the island, the right things can be done in a time frame that is sufficiently allotted? In a few months you change as good as nothing on this island. Moreover - and this also applies in a more general sense - the appointment of more officials from the European Netherlands is not automatically an improvement or solution.*

Then there is the global effort not to have patients travel to the hospital (on St. Maarten) but to have specialists from the hospital come to St. Eustatius. This would be more efficient. This global idea seems to me a logical step in the right direction. Having said that, I do find it strange that a local gynecologist (BIG registered! <sup>1</sup>) living and practicing on St. Eustatius has been thrown out of the ZVK

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<sup>1</sup> That of that registration cannot be said as a matter of course of the various doctors in the hospital. Only one of them is registered, and although his age warrants it, he is still not retired - probably for this reason.

connection for unclear reasons (after having functioned in it to full satisfaction) because a contract exists with the hospital on St. Maarten and not with individual medical specialists outside the connection of the hospital on St. Maarten. One would think that a specialist who travels back and forth is more expensive than one who lives and works on the island itself.

*Note: To elaborate on the case of the gynecologist on Statia, the following. When the corona battle demands it and any doctor is welcome to join the team, the gynecologist is found. Then peace resumes and this doctor is "discarded" and is further kept out of the work. It seems as if it is considered more important that Winair operates medical flights than that (pregnant) people can peacefully use the services of the gynecologist on their "own" island. Is this still being done in all fairness and with a human touch? I cannot find it as yet....*

In the context of the alleged and present supposed equality between the European and Caribbean Netherlands - in the domain of Public Health - another question comes to mind. There are studies that are stimulated in the European Netherlands where it concerns 'preventive medicine'; I am now thinking for example of cervical as well as breast cancer research and research into prostate cancer. I am sure I am not being exhaustive here, but on the island these periodic examinations are unknown. Surely this should not be the case if all Dutch people are treated equally?

Then, finally, there is a local discussion about having your own, island-wide kidney dialysis capacity. It is a development unanimously desired in local politics that has been introduced as a motion to the government commissioner. Instead of strongly supporting this motion and acting accordingly, "independent" advice is sought whereby this development is put on the long(er) track. Incidentally, I seem to recall that a previous study had just shown that such a facility would most certainly be cost effective.

Specifically, I ask you little more than to take the problems regarding Public Health on St. Eustatius seriously for once and to provide an adequate improvement plan that will bring serious improvement. That European Dutch citizens are needed for this: so be it. But prepare for the changes and also involve the local health care providers. It seems so obvious, but until now this empathy has been hard to find (and this also applies to the domains outside of Public Health).

And if the (complete) rethinking of how things should actually be done in the working area of VWS and ZVK, should take shape, then let go of the existing situation! Bonaire is constitutionally closer to us than St. Maarten and Colombia is also just 'far away' from St. Eustatius. My request is to keep these points in mind! And not only in the back of your mind: let them play a role in the considerations!

Now is the time for campaigning, so a positive profile is given priority over doing *normal work that the individual islander notices*. Still, I express the hope that this somewhat critically tinted letter will contribute to a sense of urgency for public health on St. Eustatius; in other words: *may I now expect a correct substantive response?*

Kind regards,

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*Note: I would almost forget to mention it but the with much fanfare brought in hospitainer (offered by the Ministry of VWS), initially referred to as intensive care facility, later weakened to medium care facility or even further devalued, is in practice a kind of storage room from which the last remnants of vaccinations are now offered. I estimate that the Ministry of Health hopes that no one will bring it up again....*

Cc: *Inspectorate for Health Care and Youth (IGJ)  
Chairman and members of the Kingdom Relations Committee*