



Donna Binkley
donnabinkley@yahoo.com

Deborah George
georges2@findlay.edu

Donna Binkley, RN, Deborah George, PT, PhD., MS, University of Findlay, Findlay, OH 45840, USA

A LIFETIME OF SERVICE

A Lifetime of Service

How does one become a missionary, not just for a single short-term experience, but for a lifetime of dedication? This is a question that I contemplated after meeting an extraordinary woman, Donna Binkley, while on a weeklong trip to Pierre Payen, Haiti. During the pandemic, I was able to interview Donna to discover what it takes to be a missionary, starting in 1991. As a registered nurse, she worked side by side with her husband, Dr. Victor Binkley for six years in Haiti designing, building and staffing a new modern hospital and surgery facility. However, if all of her time in Haiti was compressed together it would amount to more than 15 years total. And to this day, she continues to travel, several times a year to further support the Churches of God's mission. Such dedication warrants further exploration of her missionary life in Haiti through an interview.

This interview took place on a Thursday morning over a zoom session; as the pandemic prevented a face-to-face encounter. Prior to the meeting, 14 questions were constructed and reviewed by an individual, who has had missionary experience. All questions were

shared with the Donna ahead of time; no changes were made.

Project Help and its Mission

The first question, which intended to give a background to the mission itself, was: *Tell me about Project Help Haiti and its mission.* Donna quickly replied, "I always love to talk about Haiti; it's something I'm passionate about. Project Help is a mission, run by Churches of God, General Conference, in Findlay, Ohio". She explained, "It started back in 1967 by a Pastor James Wallace, who was already a missionary with another mission in Haiti. But he felt inspired to start something for our conference, our denomination. And he ended up at Borel, Haiti in the middle of the country; the farming valley." The original focus of the mission was in four different areas: 1. Church expansion; 2. School development; 3. Vocational; and 4. Medical work. They started with churches and schools, along with agricultural work in the valley. Other vocations included sewing, mechanical repair, carpentry and other domestic types.

She further explained, "The medical work was just a couple of miles from Albert Schweitzer hospital, a well-known good hospital. We thought it would be a good place to start, but was placed on the back burner. The medical work eventually started in the seventies. Today we have 36 churches and 25 schools, mostly elementary, and one nursing/physical therapy higher education. The vocational work is not going quite so well, as it originally had because we don't have the staff. However, the churches, schools, and medical facilities are all going well." See Figure 1 of Donna Binkley.



Figure 1: Donna Binkley in Haiti



Passion for Service

Next, I asked, *when you were younger, how did you develop a passion for missionary work?* Donna shared, “I really did not develop my passion when I was young. I started to develop my passion for this work when I was in high school. And it was mostly initiated because of my brother, who was going to be a missionary in Bangladesh, back in 1974. However, he could not go due to the revolution for gaining independence from Pakistan. Even though he could not go, it inspired me to think about missionary work. Five years later, my conference was sending a youth-oriented team to Haiti and so I applied to be part of the team. There were 8 of us who went to Haiti and I absolutely loved it; felt like God was pulling me there. I remember thinking that someday I will return to Haiti.”

Donna further explained, “And then 8 months later, during my last year of nursing school, I heard about the need for a nurse at Pierre Payen and I applied for that position. However, there were months of struggle that involved many discussions and prayer with a pastor and his wife; mainly because I’m more of a homebody type person. I was so afraid that I would get down there and then have to come home. Finally, on September 23, 1980 I went

to live in Haiti; September 23, 2020 was my fortieth year anniversary of going to Haiti! I initially signed on for a full year, then stayed a second year. I came back for a short time and then went back to Haiti, staying a total of three and a half years, I met Vic during that time and got married on May 25, 1985.

After marriage we went to Haiti a couple times a year until we went there fulltime in 1991 to start doing surgery, staying 6 years and eventually building the 22-bed hospital with better surgery facility. In 1997 we started going “half” time—a month in the US, a month in Haiti, which we did until Vic’s death in 2010. That was to allow the Haitians to take over more responsibilities in the medical work and in the mission as Vic was also director of the mission.

Victor Binkley Hospital and Its Roots

Donna also explained that it was different for her husband Victor, stating that he “believed his life calling was to be a medical missionary at the age of 12”.¹ I therefore requested, *tell me more about your husband’s initial (1977) work on developing a medical clinic in Pierre Payen, Haiti.* She reported that, “In high school and college, he took classes to be a medical missionary. Then in the seventies, the conference was considering another clinic in Pierre Payen and he was very involved with starting up this clinic. He had to meet with governmental representatives like the Minister of Health to provide plans for the facilities. There were five American doctors who were also wanting to help with this project, but had other missionary projects. So their solution was to work with each other covering when needing to go to other missionary sites. These doctors would work two to three weeks at a time. Eventually the staff grew, including other physicians, a Haitian physician, and another American nurse. Since it was the first facility of its kind in the area, there were hundreds of



patients arriving for treatment. See Figures 2 to 4 for pictures of the clinic and hospital in Pierre Payen.

Figures 2: Waiting room



Figure 3: Obstetrics room



Figure 4: Surgical procedure



Currently there's two doctors in the clinic to see patients daily, but there are also specialists (e.g. obstetrics/ gynecologist, pediatrics, orthopedics etc.), who come several days per week at the hospital. Fortunately, the number of patients is more reasonable today because there are other facilities within the area. Today the hospital has about 22 beds. Typical patient diagnoses are similar to America along with Malaria, Typhoid, Tuberculosis, and intestinal

parasites, with the maternity ward being quite popular. It used to be that everyone had their babies delivered in their homes with a midwife, but today they are encouraged to come to the hospital." On June 3, 2012 the community had a rededication ceremony for the Pierre Payen, Haiti medical facility, renaming it the Victor Binkley Hospital.² Two of OSAPO's staff leaders, who were mentored by Dr. Binkley, Dr. Jean-Gardy Marius and Dr. Sterman Touissant had agreed to continue this medical ministry.² See Figure 5 for the Rededication ceremony.

Figure 5: Donna Binkley at the Rededication ceremony



Practical Side of Missionary Work

I wondered, *how did Vic get the needed monies to design, build and staff a new modern hospital and surgery facility in Haiti.* She replied, "He was pretty good at raising money; he knew people from over the years and also in the conference. His parents were both preachers in the conference. He contacted people and God provided.

I also asked Donna to think back to her preparations for missionary life and to explain *whether she had any recommendations for practical purposes.* She explained, "A big part of it was to get the right clothes and supplies for



the environment and fitting everything in a couple of suitcases for a whole year. When I first went down to live, they gave me some shots, such as typhoid and hepatitis. We also brought malaria pills, mainly because one time, Vic had gotten pretty sick from it.” One can also check out the recommendations from the Centers for Disease Control and Prevention.³

An Invaluable Conduit between Cultures

Next, I inquired, *how often and for what purpose do you continue to go to Haiti*. Donna replied, “This year is different because of the pandemic. I had been going three times/year to assist Jean Weaver with the physical therapy school. It started out that I was the “cultural expert” for Jean and the incoming new faculty because I know the language and the ways of the people and know a lot of people there. Some Haitians know a little English, but most speak Creole and some French. Now, it’s not so necessary that I go for Jean because it’s been four years and she is familiar with Haiti. I don’t do much, but it’s fun to go back and reconnect with the people. I also try to keep up with the house and assist with solving problems in the compound, such as plumbing issues; as well as the compound vehicles.” This author most certainly can vouch for the fact that a “cultural expert” is most needed for the success of the missionary experience.

Donna most certainly does more than provide practical, administrative services. This author noted daily meetings between Donna and multiple community individuals and inquired *what do you think happens during these meetings*. She modestly replied, “Well they are all my friends...it’s like coming back to the states and wanting to see your friends and family, who you have not seen for a while. Haitians are a little different than Americans. We have friendships for social reasons, but the

Haitians have more of a survival need. So, if I can help them out financially, they will make an effort to come see me; it’s a dual purpose, both socially and financially.” I further inquired *do you think it keeps their trust with the spirit of the mission itself with the community?* From the authors experience, these daily meetings seem exhausting, yet crucial as it allows trust to grow between the community and new outsiders from the conference. Besides instilling a sense of community trust, Donna also protects the community by educating new missionaries. She most definitely is an invaluable conduit between two vastly different cultures!

Daily Life

To give a perspective on the daily life, I asked *how she handled daily needs, as well as the daily life of the typical Haitian*. Donna explained, “Our life on the compound is different from the Haitians life. It actually is a debate in missionary work, whether you go in and really live the life of the community or live separately, as our missionaries do. We at the compound have many comforts that the Haitians don’t have, such as a stove, sink with running water, refrigerator, and indoor toilet. At the compound, we get our food at the market, but usually send someone to get it for us.” See Figure 6 for a picture of the Compound.

Figure 6: The Compound in Pierre Payen





Typically, we buy a variety of fruits (e.g., banana, mango, pineapple, plantain); vegetables (e.g., potato, garlic, carrot, avocado); and bread fruit. In addition, we also can go to a convenience store to get other items, such as rice, dry beans, bread. We also bring certain items such as canned meat and dry beverage packets.” The compound house has a stove, but “most Haitians cook over a charcoal or wood fire, outside. Most live outside and only sleep inside of their small houses. The compound has running water for an indoor toilet & shower. Haitians usually bathe in the stream or carry water into the home for a sponge bath. Some areas have water pump stations to access water in a bucket. With toileting, they may have an outhouse or not. The compound has access to a washer & dryer, but most Haitians wash their clothing by hand. Evening at the hospital, all the linens are washed by hand and air dried. See Figure 7.

Figure 7: Haitian clothes drying on the beach



The compound houses use beds and some Haitians may also have beds or mattresses. If not they would just use a floor mat, woven out of grass, to sleep. Temperatures typically run eighties to nineties, but in the winter it’s in the sixties at night. Of course, in the mountains it is cooler. And so, dress is more for warmer weather. Not many have enough money for cars and so they typically travel by motorcycles, scooter, bicycles, little buses, or pick-up trucks, called *Tap Tap*. See Figure 8.

The smaller buses are used locally and the larger ones for greater distances. There used to be more bicycles, but less now due to the traffic.”

Figure 8: *Tap Tap* – Common way to travel



With such a challenging daily life, one needs a way to relax. Therefore, I asked Donna, what she does for recreation. She reported, “Because we are not far from the ocean, we like to go swimming; it’s only a 5 to 10-minute walk. We also like to take long walks, looking for shells or ocean glass. See Figures 9 & 10. I had a piano that I enjoyed playing. I also would read or play games.”

Figures 9 & 10: A day on the beach





Do you have *any special experiences in Haiti that you would like to share*, was my next question? Donna indicated that she wanted to relay her answer to a question that a past, volunteer physical therapist educator asked her. “This particular volunteer asked if I was ever afraid in Haiti. And I told her not really... but maybe sometimes when they talk about kidnappings at the airport. But around Pierre Payne, I don’t believe I have ever been afraid. I feel that the community is very protective of us. I do remember one time with Jean, we went to do therapy with one of our pastor’s mother, who had a stroke. After this therapy session, there was all this yelling up the street. The pastor pulled us back inside until things quieted down and he walked us back to the compound, away from the commotion. They community has always been very protective of us. Even the chaplain Watson always comes over to see if we need anything. Before the pandemic, we were going to come down in the winter and were advised to hold off due to the political situation within Haiti. At that time, there were a lot of protests and road blocks. However, I have always been struck by the fact that they really care for us and want to protect us.”

Benefits and Drawbacks

My concluding questions were concerning *the benefits and drawbacks of missionary work* in Haiti. Donna easily exclaimed, “Definitely the people and being a part of God’s plan. You meet so many people and develop so many friendships both with the Haitians and other missionaries, who come to Haiti. So many work teams come from all over the world. Maybe that’s one of the biggest benefits is the friendships that last over time --- like with you, Debbie.” See Figures 11 & 12 for community pictures. Earlier, Donna gave two examples of the value of her friendships, stating, “when Vic died, I don’t know how many phone calls I

received from Haitian friends; mostly those who live in this country, but so many that I could not keep track. The amount of support was amazing! When we were not well in Haiti, the women’s group would come to my home and have prayer meetings. It was very touching the amount of support both from the Haitian community, as well as my conference.” She also reported that seeing the hospital and are mission go well is very satisfying!

Figure 11: A day at the market



Figure 12: Schoolyard fun with the children



Then we explored some of the drawbacks with missionary life. Earlier Donna indicated that the politics were a drawback, stating, “Basically, the Haitians are unhappy with their President and want him to step down. There was some corruption with discounted fuel from Venezuela. But this has currently died down, probably due to the COVID pandemic and the hurricanes. It seems like they are never happy with the President because things don’t change



and they think a new President would improve things. So, it makes travel to and from Haiti difficult, as well as traveling in the country.” She went on to say. “There have been times when things have not turned out as you intended them to turn out. It’s hurtful when someone you have trusted turns out to be different from what you thought; I guess it’s that way anywhere. Certainly, being away from family is a big drawback, especially during holidays or important events like funerals. Hopefully soon, we will get this pandemic under control, so that we can continue our missionary work over in Haiti.” See Figure 13.

Figure 13: A beautiful sunset in Haiti



Conclusion

To become a missionary, one would need to learn about the culture and needs of the community, go through training for one’s own sustenance in a third world country, take care of ones’ vaccinations/ medical care, pack ones’ belongings in an efficient manner, and most importantly seek out support for this venture. However, it certainly takes an extraordinary person, like Donna Binkley to dedicate her life to missionary work in Haiti. Her reflection on her own abilities and needs; choice to venture into the unknown; ability to persist with accomplishment of her goals; and most certainly her reliance on God and her community are with make Donna Binkley extraordinary.

References

1. Dignity Memorial, Dr. Victor William Binkley.
<https://www.legacy.com/obituaries/fortwayne/obituary.aspx?n=victor-william-binkley&pid=139741980> Accessed on 12/9/20.
2. Churches of God, General Conference. 6/4/12 Communicating Cross-Cultural Ministries news from the Churches of God.
<https://ccmupdate.blogspot.com/2012/06/haiti-hospital-renamed-and-rededicated.html> Accessed on 12/29/20.
3. Centers for Disease Control and Prevention. 12/2/20 Key Information for Travelers to Haiti
<https://wwwnc.cdc.gov/travel/notices/covid-4/coronavirus-haiti> Accessed on 12/29/20.