

“DO YOU KNOW WHAT YOU NEED?”

“Snyder Haiti News Letter”

Often times when we are working on a project on the mission field another missionary or maybe a visitor will ask, “Do you know what you need?” Of course that is a frequent comment in almost any situation when several people are working together no matter the place or situation. In our family, it has become a matter of course when asked this to say, or to at least think, “YES, IN FACT WE DO KNOW WHAT WE NEED AND ONE OF THOSE THINGS IS FEWER PEOPLE TELLING US WHAT WE NEED AND MORE PEOPLE HELPING US GET THOSE THINGS DONE.” As I write this letter, I have decided for this one occasion to make explicitly known, for those interested, what personal and ministry needs we have as we prepare to return to Haiti. Another title for this letter could have been, “it takes a village to raise a mission hospital.” Dee Ann and I are realizing that we need a team in place in order to accomplish what needs to be done. This thought first starts with a trip to Africa!

Dee Ann and I have just returned from a month in Africa. We returned to Kibogora Hospital in Rwanda where we were from 1993-94 until the war started. This was our first time back. Following this, we visited Malawi and Mozambique where Dee Ann’s brother and sister-in-law are church planters. During the visit to Rwanda, we first worked at Kibogora hospital. The country is doing well however the health needs are as great as ever. I saw, among other things, patients with malaria, diabetes, hepatitis, congestive heart failure, cirrhosis of the liver, meningitis, hypertension, vitamin deficiencies, malnutrition, Tuberculosis, AIDS, typhoid and also the usual assortment of less severe illnesses such as complaints of chronic headaches, backaches and anxiety. We also were there when a 6.3 Richter scale earthquake occurred 30 miles from the mission station and we received a number of trauma patients from the area. While at Kibogora, we also observed that there was a lack of supplies and trained staff to meet the needs of the sick. Once leaving Kibogora, we traveled to Malawi and Mozambique. There we saw people suffering from all of the same illnesses and particularly in Mozambique, where they are still recovering from the effects of an 18 year civil war that ended in the mid 1990’s, a lack of staffed clinics or hospitals.

As any of you know who have traveled to a country or continent like Africa, many questions arise as you survey the situation in which people live. Looking at the circumstances of the people as we worked and traveled, one could not help but wonder “who is helping these people with health care?” THIS IS A QUESTION I AM GOING TO ALSO ASK YOU TO CONSIDER.

Warning: This is a long letter and I am going to bring up issues surrounding poverty, wealth, the role of the church in today’s world and God’s call on our lives! If this is going to irritate you, sedate you, if you are just not interested or if your quiver is already full, it is okay to stop reading now!

Did you know that the Free Methodist Mission organization in the mid 1950-60s had at least 7 hospitals and more clinics operating in separate countries staffed by an average

of 20-30 doctors and nurses with an equal number of support mission staff assisting the medical work? With each successive decade this number has declined until we now have “2.5” functioning hospitals, a clinic in Mexico and 1 full time physician and 3 active nurses on the field? The mission support staff have diminished as well. This decline in general has been universal among all mission agencies and is partially explained by the lack of growth in evangelical church membership (support base) in the U.S. over the last 30 years and because of instability in many of the countries where we had established medical centers which resulted in hospital closings. Another significant factor is a general lack of ongoing commitment to fund and staff hospitals. In retrospect, I believe that the hope and intent when mission hospitals were first established was that the Nationals would shortly assume responsibility for the medical institutions. This has not happened for one primary reason, “almost none of the countries where we built hospitals have developed the economic basis to maintain a health care center.” The reasons for this are legion but most agree that the “sins of colonialism,” political instability and existing political and social structures of these 3rd world countries have not allowed for economic growth and independence and no one I know sees these situations changing soon. Because of this we now have developed terms like “sustainability and appropriate technology.” I am coming to believe that in some cases, and particularly with health care, this may not be the best response as this often simply means “poor care for the poor.” As Christians, I think we can at least strive for better and I think there is “a middle of the road” response that is better than what these terms define.

I have looked at the general decline in support for healthcare as part of mission outreach. I have looked at the problems of the poor countries, now I want to briefly look at us! We, along with Europe, are termed the Western societies. According to a book I recently read, “African Friends and Money Matters” by David Maranz, the difference between economic prosperity of the average individual living in a Western society and a 3rd-4th world society is 60/1 and this is growing wider every year. In more practical terms, if we Americans would live on 1/60th of our income, remove an equivalent amount of “stuff” from our houses and have tax based government services correspondingly cut back on, we would have a good idea of what it would be like to live in the kind of poverty we saw in Africa. I AM NOT ADVOCATING THIS ! REMEMBER, I SAID THE ANSWER IS A MIDDLE OF THE ROAD RESPONSE !

So what are the ministry needs we have as we look at returning to Haiti? That was the question I started out with in this letter. And is there an answer to the problems of the extremely poor? I would summarize this letter with the following statement:

We are not going to necessarily solve the problems of the poor and this is frustrating to us as Americans because we like to evaluate, solve and control issues. “Jesus may have known something” when he stated, “the poor you will always have with you.” (Mk14:6) The poor in countries like Haiti and Rwanda are best thought of as the “dying poor.” That is because they are dying for lack of basic health care. For the most part, they live degraded lives. We in the West have the means to continue to involve ourselves with their problems and it is biblical to do so. Having said that however, mission medical institutions are becoming an extinct entity and need continued support to remain open.

CONCLUSION: as Dee Ann and I look to return to Haiti in August of this year, we are very concerned. Although I have been talking about Africa and our trip there, Haiti has all of the same issues. Presently what we see in Haiti is a hospital that in 1996 had 3 missionary doctors, 2 nurses and 5 support personnel now with no missionary medical personnel and only 4 individuals, Gregg and Gail Ennis and Jack and Jeanne Munos, trying to maintain the hospital, Bible School, Child Care, teams, development, mission maintenance and administration.

“DO WE KNOW WHAT WE NEED? ACTUALLY, YES WE DO.”

“ WE NEED A TEAM TO JOIN US AS WE TRY TO MEET THE NEEDS IN HAITI”

SNYDERS

1. We need to get to Haiti in order to be part of the solution? For those called to give we need financial support. We were asked to wait until Jan 2008 prior to making our needs known so presently are not even close to having adequate funding.
2. For those called to pray, we need prayer supporters as we return to the often spiritually depressing world of overt Voodoo and animism.
3. For those with organizational skills, we need someone to assist with getting prayer and news letters out? We are good at writing but weak at sending them.
4. For someone with computer-graphic skills, we need someone to assist us with a “blog” and with putting together simple, informative and fun video-DVD updates.
5. For those with “financial skills”, we need individuals to assist with both personal and mission fund raising. Individuals who could take the information we have and place it in the hands of those with the ability and desire to give.

HAITI

1. We are going to need individuals, who have been to Haiti, to lead teams to Haiti to complete special projects.
2. We need individuals who can continue to assist with purchasing, shipping and ordering medications and supplies in the U.S. that cannot be found in Haiti.
3. We need people willing to come to Haiti for short term medical and work projects. Future projects include painting buildings, cabinet making, plumbing repair, general maintenance, finishing the wall at the Dessalines nursing apartment, repairing and refurbishing the mission house at the beach that was looted. Future medical teams needed are surgeons or gastroenterologists who can teach endoscopy, anesthesiologists for teaching and work teams, generalists and nurses for work teams and training.
4. We need short term and long term mission personnel!
5. We would welcome retirees with time and interest to assist in all areas

Thank you for the time spent reading this and for your support.

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