



# UNLOCKING THE FUTURE OF GLOBAL HEALTHCARE MISSIONS: A Long-term Vision for Healthcare Missions Development

*And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people. —Matthew 9:35*

To preach and heal is the evangelistic model that Jesus laid out before us. It is the model of today's global healthcare missions. Often the intent of healthcare missions is misunderstood as a works or mercy ministry. However, as Jesus demonstrated, it is an ideal format to share the love, compassion and Good News that our Lord has sacrificed Himself, so every individual on this earth may live eternally.

As we look across the landscape of global healthcare missions, we see communities where hospitals and clinics--some planted over one hundred years ago--are alive with churches, schools and Christ-centered institutions that rose up from the hospital and its outreach.

Global healthcare missions strategy is changing. The pace of that change is increasing as emerging technology along with global politics and policies reshapes the global community through how we see ourselves and how we connect with others around the world. To understand where we are and where we want to go with healthcare missions, we first need to understand where we have been.

## The PAST



**Peter Parker,  
physician &  
missionary**

The American Board of Commissioners for Foreign Missions<sup>1</sup> sent Dr. Peter Parker<sup>2</sup> to China in 1834 as the first Protestant medical missionary.

Western medicine provided a means by which Parker could gain access to parts of Chinese society that were otherwise closed off to missionaries. More American doctors followed suit and, in 1838, they founded the world's

first society for medical missions: the Medical Missionary Society of China<sup>3</sup>. In 1841 Parker visited Edinburgh, Scotland, and appealed to several of the city's leading doctors. His presentation resulted in the establishment of the Edinburgh Medical Missionary Society<sup>4</sup> which was the first medical mission society in Europe.

By 1901, China was the most popular destination for medical missionaries. The 150 foreign physicians operated 128 hospitals and 245 dispensaries, treating 1.7 million patients. By 1923 China had half of the world's missionary hospital beds and half the world's missionary doctors. Of the 500 hospitals in China in 1931, 235 were run by Protestant missions and 10 by Catholic missions. By 1970, 88% of all missionaries, including healthcare missionaries, went out from the Global North, which includes the United States. By 2021, that percentage dropped to just 53%, with only 227,000 of the total 430,000 missionaries coming from the Global North<sup>5</sup>. This data reveals a significant decline in Western missionaries that has accelerated over the past 25 years. In general terms, medical missions represents 10% of the total missionary force from the West.

Mission sending agencies and non-profits involved in global missions have observed two major disruptions to missionary sending in the US since 2000. The first was the financial crisis of 2008. Financial giving in support of global missionaries saw a steep decline among churchgoers, with many churches and individuals halting or reducing financial support of global missionaries. As a result, large numbers of US missionaries came off the field and never went back. As the economy recovered, a percentage of the funds to support global missions was shifted to local

missions. These funds supported both individuals and programs in the US, often in the locations surrounding the local church.

In 2020 the COVID pandemic impacted global missions again. A considerable number of missionaries returned home and a number of them are not going back to the field. As of this writing it is not clear what long term impact the pandemic will have on the sending and supporting of global missionaries, including medical workers.

A third disruption has been building for the past several years.

If you have traveled internationally, you have experienced going through border control as you arrive in a foreign country. You walk up, hand your passport to the agent at the checkpoint, and in the past, he or she looked you over, stamped your passport, and handed it back. Now, when you walk up to the agent and hand over your passport, he slides it into a scanner, capturing your information into a database. He likely takes your picture and may even scan your retina.

Database technology, now available to most nations around the world, allows governments to build profiles of a typical "type" of visitor. Using the scanned data along with entry and exit behaviors, they build profiles of a businessperson, a tourist, a missionary, etc. Countries who want to limit Western influence can then ask the database to pull a list of every person who fits the profile of a Western missionary and then revoke their visas. It is happening right now in countries resistant to Western influence. I call it: The Great Visa Revoke.

## The PRESENT

It appears that history is repeating itself in the current global missions climate. In the early to mid 1800s, the Western missionary boom began. It was led by medical professionals such as Dr. Peter Parker. Those missionaries then went out into parts of the world where others were not welcome. This brings us back to the present day, where the Holy Spirit is moving, and healthcare is leading the way.

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<sup>1</sup>American Board of Commissioners for Foreign Missions - Wikipedia; <sup>2</sup>Peter Parker (physician) - Wikipedia; <sup>3</sup>Medical Missionary Society of China - Wikipedia; <sup>4</sup>EMMS International - Wikipedia; <sup>5</sup>Zurlo, G. A., Johnson, T. M., & Crossing, P. F. (2021). *World Christianity and Mission 2021: Questions about the Future*. *International Bulletin of Mission Research*, 45(1), 15-25. <https://doi.org/10.1177/2396939320966220>; <sup>6</sup>Health workforce (who.int)

There are two primary areas where visas are not currently being revoked on Western missionaries. One is business-as-mission, and the other is healthcare missions. Government leaders want jobs and healthcare for their people, even if the opportunity is coming from a Christian missionary. As it was in the 1800's, today's access is the key to the most closed locations in the world. Western healthcare professionals are welcome where others are not.

Their access is great; their effectiveness is even greater.

Imagine a church planter or evangelist trying to gain access to closed countries that reject Western (Christian) influence among their people. On the slim chance they make it past the border, how long before that church planter gains a foothold and influence in the community? How long before they are effective in reaching others? If you have any understanding of closed countries and cultures, you know this can take years if it occurs at all.

Now, imagine a Western-trained physician looking to enter that same closed country to provide needed medical care. How long before there is a line out the door of people eager to be seen by that doctor? In our over 30 years involved in healthcare missions, we know the line starts forming on the rumor they might be coming. That is the power of access in healthcare missions. The World Health Organization of the UN says we are 7 million healthcare professionals short of meeting their minimum standards for healthcare delivery. The shortage is expected to grow in the coming decades.<sup>6</sup> The door to access is likely to stay open for years to come.

Not only are healthcare missionaries immediately welcomed into the community, but they are also in a position where they can talk about spiritual matters. They are invited to talk about it. They are EXPECTED to talk about it.

As Westerners, we separated the concepts of our physical health from our spiritual health during the Enlightenment era between 1685-1815. The rest of the world views physical and spiritual health as very closely intertwined. When someone visits a physician in a non-Western country, they do not feel they have received good care unless they are asked about their relationship with their god(s). This is an enormous opportunity for the healthcare missionary to introduce patients to The Great Physician and the love of Jesus.

<sup>6</sup>Health workforce (who.int)

Western-trained healthcare professionals have the power of access and opportunity in the most difficult places in the world. Healthcare missions are the future of global missions in the 21st century. How do we make the most of that access and opportunity?

## CHALLENGES Lead to INNOVATION

MedSend has been an innovator since its founding. It was founded on the realization that US healthcare workers were being held back from mission service because of large educational debt loads. MedSend stepped in with an innovative solution: raise the money necessary to free the healthcare missionary to serve by paying their monthly debt payments. Since that time, we have freed over 700 individuals to leave the US, to serve the poor, and bring the Good News in Christ's name to 103 nations. As of this writing, with the July 2023 launch of The Longevity Project, MedSend has four primary means of supporting global healthcare missions. Two are support models for individuals from the US. The other two are in support of nationals in Asia and Africa.

### The US Pathway

While healthcare missions and healthcare missionaries are one of the few exceptions in the growing resistance to Western influence around the world, there are some significant challenges in front of us, not the least of which is the world becoming more difficult and dangerous.

We are seeing an increasing number of healthcare missionaries come back from their service suffering burnout, moral injury, and PTSD. They responded to the call of God to walk away from lucrative professions and prestige, and took themselves and, in some cases, their families, to difficult parts of the world, and for that they will suffer from their experience long beyond their mission service. We know what they are up against. We are called to respond. MedSend is mobilizing its loyal supporters to do something about it.

As we met with young doctors, nurses, and other healthcare professionals in their preparation to head out on the mission field, we asked ourselves if MedSend is doing the absolute best it can to leverage our influence and affluence so that their experience is the best that it can be. And that answer, in the past, was no. We can do better. After several years of research and preparation, in July of 2023 we launched our plan to protect the professional, relational, and spiritual health of MedSend Grant Recipients to ensure their resilience on the field with The Longevity Project.

The Longevity Project is an innovative way of caring for missionaries designed to provide an opportunity for self-care. We give the participants a financial grant subsidized by donors, which they apply confidentially to trusted partner organizations we have identified and vetted. Through this grant we connect the missionary with the provider they need to get the services they want. The support services available range from trauma counseling to something as simple as flying in a friend or family member for support and comfort.

Since the program launched in July of 2023, we are already seeing the benefit to the missionaries. One of our Grant Recipients is flying their child, a first-year college student in the US, back to the mission field to spend Christmas with the family. Another is flying her newly widowed father to spend Christmas with her family on the mission field instead of him experiencing his first Christmas without his wife alone. These are important, meaningful, impactful solutions for these healthcare missionaries. It not only supports the welfare of the missionary family, but it also works to ensure they can continue in their service on the mission field, saving lives and introducing their patients to Jesus.

*I'm grateful to MedSend, which supported me financially while I worked for CURE by helping make payments on my student loans. Over the last six months, they have provided a tremendous amount of support through The Longevity Project, which is designed to identify, prevent, and treat moral injury and burnout which are significant contributors to American physicians leaving the field. With their support, I was able to attend two different debriefings in the last four months and received the soul care that I desperately needed.*

**-Grant Recipient and The Longevity Project participant returning from West Africa**

## Two Paths — One Vision

### US Healthcare Professionals



### Christian Nationals



#### The National Pathway

MedSend supports the movement towards national missionaries in global healthcare missions in two ways. First, through our National Scholars Program, which offers a three to five-year scholarship to Christ-following physicians in Asia and Africa to attend advanced medical training. The second is through The Launch Project, which provides a three-year salary supplement so they can serve in a missional context after graduating.

MedSend, by the end of the 2023 fiscal year, will have offered 125 scholarships to national doctors looking to receive advanced medical residency training across Africa and Asia. It has taken 10 years to reach that number, in contrast with the nearly 700 grants to US doctors we have been able to award over the past 30+ years. We want to see the number of African and Asian national doctors gaining advanced medical training and spiritual discipleship rise at a faster pace than in the past. To expand that capacity for the future, we need to prepare now.

The demand for scholarships through MedSend's National Scholars Program will always be limited by the availability of approved residency programs in African and Asian hospitals. We have four criteria we use as we consider approving a program for partnership. We look for:

- High-quality medical programs that are regionally appropriate for the area.
- Curriculum that includes spiritual development woven into the teaching.
- Curriculum that includes leadership training, teaching these individuals to see themselves as leaders.
- Connection to a US-based 501c3, so that there is transparency in finances behind the program.

A MedSend National Scholar is a doctor who will provide medicine to their people, bring the love of Christ to their patients, become the leaders and trainers of their fellow national doctors, and ultimately transform their nation's healthcare system.

As the National Scholars Program matured, it became more well-known in the healthcare missions community. Many of our US Grant Recipients leading and serving in other mission hospitals began to dream of starting a residency program. Our Grant Recipients now have the ability to create startup residency programs through the support of MedSend and our relationships with trusted partner organizations. As of this writing, we have had the opportunity to help start up five new residency programs, expanding the capacity available for awarding scholarships to national doctors.

In addition, we have the opportunity to support our National Scholars as missionaries on the field once they graduate from their residency program through The Launch Project. The Launch Project, a ministry of MedSend, subsidizes the salary for the first three years for National Scholars looking to serve in mission hospitals and clinics as missionaries cross-culturally across Asia and Africa. This will allow them time to generate revenue where

they are working and learn to raise their own support with no interruption in providing Christ-centered care in under-resourced areas.

While these vital programs are underway and MedSend works with trusted partners and hospitals to start up new residency programs, we see an even greater opportunity ahead. An opportunity to help qualified mission hospitals in Africa and Asia increase their capacity for training, and as a result, MedSend's opportunity to award more scholarships to Christ-following national doctors. The time has come to prepare for the next phase of innovation.

## Looking AHEAD

Understanding the current trends in global missions, coupled with MedSend's experience in anticipating changes in global missions operations, leads us to believe that a day is coming when Western healthcare missionaries will no longer be welcome in countries resistant to Western influence. A time is coming when we will lose access. This reality may be a decade or more into the future, but the time is now to begin intentionally planning to leave behind a well-prepared, well-cared-for, well-grounded national individual who will bring their love of Christ and their knowledge of medicine into lands where we will not be able to go. Not only that, but we must leave behind infrastructure that is modernized and will last for generations.

The next phase of MedSend's strategy to equip nationals for the future of healthcare missions in Africa and Asia will be to come alongside hospitals in those regions and help them expand their physical and administrative infrastructure to increase the number of residents they can train at any given time. We must lay the foundation now for the growth of the National Scholars Program in anticipation of the loss of access from the US healthcare professional.

MedSend spoke to the leaders of the residency programs we support as of this writing and asked what it would take to increase their capacity. We received several common answers. Firstly, those managing these programs are grateful for the capacity they have and cannot imagine administratively being able to handle any increase in numbers. They are working hard and at their limit. Secondly, the leadership of these residency programs do not have the freedom to leave the hospital setting to go out and raise the funds needed to pay for any expansions. And thirdly, the complexity of expanding the physical infrastructure of the hospital itself would overwhelm the

staff. While these responses could be viewed as obstacles to the future of healthcare missions, we realized MedSend was once again in the perfect position to innovate a creative solution.

MedSend, from its very foundation, has been partner oriented. Our founder, Dr. David Topazian, and his wife Dierdre, started with the idea for paying down educational debt to free up healthcare missionaries to go onto the mission field. They got in their car and drove across America, meeting with any mission organization that sent healthcare professionals that would meet with them. At first, they encountered a lot of rejection. Eventually, 15 organizations became the founding partners of MedSend through investing resources to help us launch. For over 30 years we have served those partner mission sending organizations, who then serve the missionaries.

MedSend functions as a “wholesale” organization as opposed to “retail.” Missionaries cannot apply for a grant directly with MedSend, they must come through their sending organization, who provides the oversight on their ministry. This is the same model we have used for the National Scholars Program since 2013 and The Longevity Project, launched this year. We provide the funding to a vetted and trusted partner organization for a grant recipient or national to access the training and support they need. We now need to replicate this model again and mobilize our partners to innovate a solution to the capacity barrier for our National Scholars Program.

## MedSend Finds a New Partner in IGHM

For the past several years MedSend has been searching for a partner organization who has the financial, human resource, and physical infrastructure expertise to help selected hospitals in Africa and Asia expand their facilities and their leadership structure to allow for residency program expansion. For the first time, we are ourselves a founding partner in the creation of a new organization. MedSend, along with 14 other organizations, has championed the creation of the Institute for Global Healthcare Missions (IGHM).

MedSend is in a unique position in the global healthcare missions community. We have relationships with nearly every entity involved, including 50 mission-sending organizations and other support organizations, as well as universities. That gives us a unique perspective to be able to call separate organizations into partnership with us to create something that has not existed. The pieces are already there, with a high degree of competency around a variety of areas, but no one has coordinated them.

MedSend is able to call them together and do what we do best, which is find funding for what they do best.

Each of IGHM’s 15 partners is an expert in one of 6 different areas: securing government support, human resources and leadership, education, logistics and supply chain, intentional spirituality, and physical infrastructure construction.

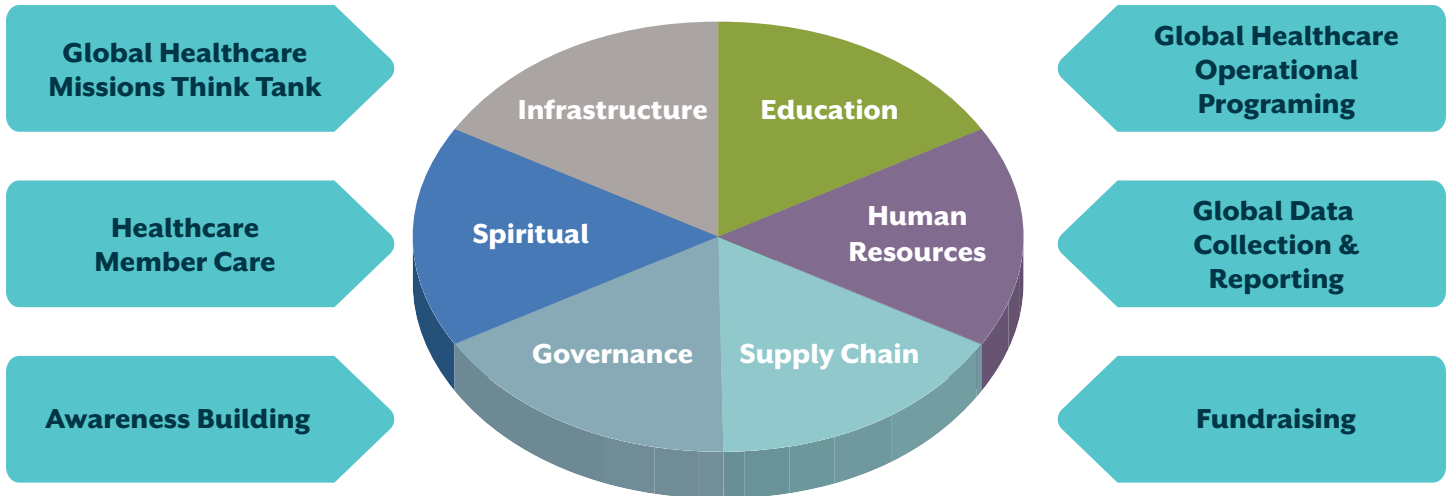
Utilizing the expertise of the partner organizations, the obstacles and barriers uncovered when MedSend spoke with our National Scholar Program partners will be overcome, eventually enabling MedSend to vastly increase the number of scholarships given to national doctors in Christ-based residency programs and ensuring the future of healthcare missions when the day comes that US doctors can no longer go. It is going to take some time, which means we must start now.

As of this writing, MedSend’s participation with IGHM is at two levels. First, we are doing what we do best by leveraging our partnerships to bring organizations together and secure funding for IGHM to launch. MedSend is seeking interested donors who have at least a 10-year horizon and are willing to be patient as IGHM builds these hospitals and programs out in a logical and sustainable fashion. Our second, and eventually only, participation will be to provide increasing numbers of scholarships to new National Scholars admitted into the expanded programs.



# INSTITUTE FOR GLOBAL HEALTHCARE MISSIONS

10 Year Global Investment Plan  
20 Locations Africa and Asia



## Paving PATHWAYS to the FUTURE

MedSend must continue to help send and support Western healthcare missionaries until we are at the point where our National Scholars can fully take over the leadership and training roles inside the hospitals. We expect this to be at least 15 years in the future. However, we have an opportunity now to plan for this new reality in a way that maximizes the impact of our resources to carry out the objective. It is right here in front of us.

MedSend's dual strategy is to free the Western missionary from educational debt and then protect that Western missionary on the field through our US Pathway with MedSend to the World and The Longevity Project. The other side of our strategy is to quickly, yet sustainably, build up the training and infrastructure around national Christ-following healthcare professionals at multiple levels through our National Pathway with The National Scholars Program, The Launch Program, and our partnership with IGHM. These initiatives are vital to ensure we have a multi-layer strategy that lifts all parts of a healthcare missions hospital, from administration to the individuals delivering care all the way to the sewer and water system, ensuring their ability to adapt to increased demands.

MedSend stands ready to unlock the future of global healthcare missions. †

[www.MedSend.org](http://www.MedSend.org)