GLOBAL HEALTHCARE IMPACT

Bringing Hope to the Underserved Around the World Through Healthcare Missions

Rick Allen

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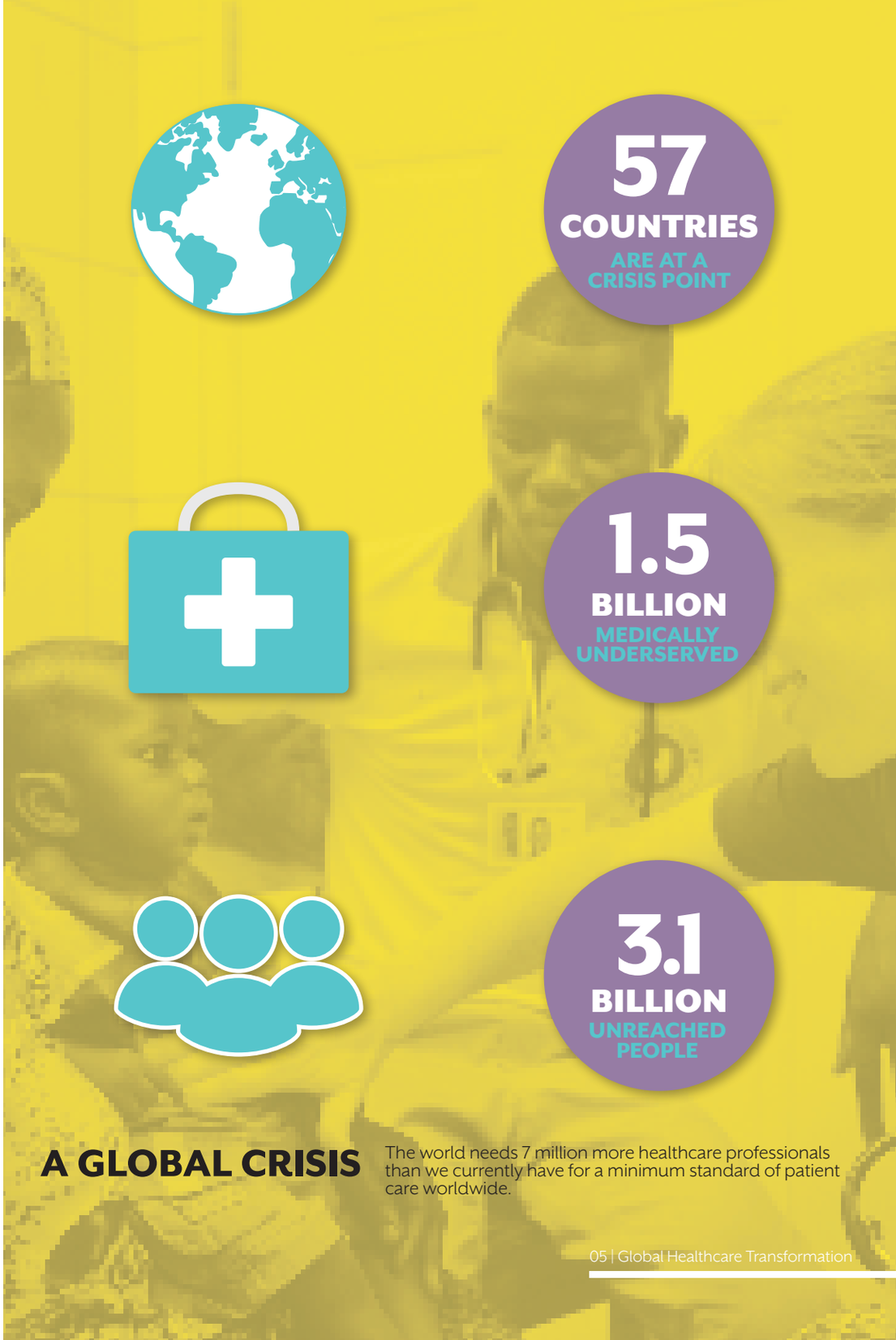
INTRODUCTION

The situation is dire on a global scale. According to the World Health Organization, the world needs seven million more healthcare professionals to meet for a minimum standard of patient care worldwide. 57 countries are at a crisis point, with fewer than 2.3 nurses, doctors and midwives for every 1,000 people – too few to deliver even the most basic level of care. And the gap between number of patients and number of healthcare professionals is poised only to grow.

While countries closed to the Gospel are becoming increasingly difficult to get into for most missionaries, countries around the world are in desperate need of medical professionals. This presents a special opportunity to send Christ following healthcare workers to even the most hard-to-infiltrate places. Medical professionals are truly the best kept secret to taking the Gospel to all people.

In the pages that follow, we will unpack the history of healthcare missions, the current global healthcare crisis, and the opportunity to bring hope to the nations and the Gospel to unreached people around the world through healthcare missions.



A GLOBAL CRISIS

The world needs 7 million more healthcare professionals than we currently have for a minimum standard of patient care worldwide.

WHAT IS GLOBAL HEALTHCARE TRANSFORMATION?

The world is seven million healthcare professionals short. This means that any trained medical professional is welcome in almost any country in the world outside of the west. Trained medical professionals are a very limited resource. This presents an incredible opportunity to go to the medically underserved, those in closed countries, and unreached people groups.

Medicine is one of the only professions that gives missionaries an open door to reach the unreachable. Global healthcare transformation occurs when Christ-following medical professionals create relationships and provide compassionate care in Christ's name that then gives them the opportunity to share Jesus with a hurting world.

There are three groups of people who are the intended beneficiaries of Global Healthcare Transformation: the medically underserved, those in closed countries, and unreached people.

Medically underserved: The World Health Organization states that 1.5 billion people in the world are medically underserved (people who live in parts of the world where the supply of medical professionals is critically low). According to the World Bank, in many countries in Africa there is just one surgeon for every 250,000 people. The need is dire.

Closed countries: These are countries that do not allow missionaries in and are often very closed to most professionals. The Voice of the Martyrs indicates that 3.3 Billion currently live in countries that are "Closed" to any form of Christian witness. These countries are even becoming less receptive to English-speakers in general.

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Unreached people: According to the Joshua Project, 3.1 billion people in the world remain in a category of "unreached" with the good news of the Gospel. These people live in regions where there is no translation of the Bible and there is no one sharing the Good News. For example, China is an 'open' country but there are many rural areas that are difficult to access, where no Christian witness has ever set foot.

It is believed that about one billion people live in regions of the world that include all three criteria. The unique position of healthcare missions is that where these areas overlap, medicine can serve as the key to unlock access.

HISTORY OF HEALTHCARE MISSIONS

1834: Physician Peter Parker gains access to China

1841s: Edinburgh Medical Missionary Society forms

1900s - 1950s: Infrastructure Building

In 1834 Peter Parker, an American physician, became the first full-time medical missionary to China. Parker was one of very few foreigners to get invited inland. Foreigners were not allowed to mingle with Chinese people. In 1835 he opened a hospital in Canton. More than 2,000 Chinese patients were treated in the first year alone.

Parker then went to the University of Edinburgh and shared how missionaries could get into China: through healthcare. This started a movement. Edinburgh became a hotbed of modern global healthcare missions. Groups like Sudan Inland Mission (today's Serving in Mission) sprang up to use healthcare professionals to access previously unreached areas. In 1841, a group of doctors formed the Edinburgh Medical Missionary Society to send medical aid into the world. The modern medical missions movement was born. Evangelism grew. Moving into the twentieth century healthcare continued to play a role in missions, but it changed. Healthcare professionals were no longer the chief missionaries; they supported teams of individuals. Healthcare missionaries got access into countries and then other missionaries followed behind.

From 1900 to the early 1960s, medical missions experienced a time of infrastructure building. It was a period of incredible growth where, in one individual's lifetime, he or she could hack into a jungle, build a hut that would become a clinic, that would then grow into a hospital, and eventually into a teaching institution. In one generation, a teaching hospital could emerge where nothing had been before. Mission hospitals and clinics sprang up throughout the world. According to Christian Medical and Dental Associations (CMDA), 60 percent of developing nations' healthcare was delivered by Catholic and protestant missionaries.

Missionaries earned the right to speak into people's lives through healthcare.

The challenge began in the mid 1960s to early 1970s when the modern evangelical movement of today began. Donors who were responsible for funding these initiatives began asking for specific numbers. They wanted to know how many people were "getting saved." Donors wanted to see more hard data for faith conversions. Medical missions began being viewed as a "mercy ministry" not an "evangelistic ministry." Funding dried up.

Throughout the 1980s until the mid 2000s, with no financial backing by donors, the medical missions infrastructure collapsed and organizations began to operate in "maintenance mode." Mission-sending organizations could no longer support running hospitals, supplying staff, maintaining expensive equipment and drugs. Hospitals were closed, sold, or nationalized.

Around 2005, a change began to occur. Young people emerging from medical school had an increased interest in serving abroad. They were engaged globally. Community health evangelism came into the spotlight. In 2010, the World Health Organization set global standards. The Gates Foundation and other organizations began to make great strides to influence health outcomes. At the same time, the world became more closed to western missionaries. It became more difficult and more dangerous.

Now mission-sending organizations are reporting that half of the world's nations will not issue a missionary visa. The top four professional visas that have been issued are education, sports, business, and healthcare.

AN INFLECTION POINT

Healthcare missions is poised for growth, but faces unique challenges

THE CURRENT CLIMATE

Healthcare missions today is poised for growth and faces a unique set of challenges. The themes that we are seeing in the current climate include the following:

There are more healthcare workers ready to go, but they are weighed down by educational debt. At MedSend, we have seen five years of record growth in grant requests from healthcare professionals willing to go but burdened with educational debt. This is why MedSend believes it is critical to support these medical professionals by eliminating this burden. Healthcare education in the U.S. is expensive and many students finance it by borrowing heavily. This creates a problem for many prospective healthcare missionaries who must work to pay off their educational loans before going to the mission field. In doing this, they are delayed in responding to God's call, and many put down roots in the U.S. and do not make it to the field at all. An orthopedic surgeon's starting salary in the United States is $550,000 according to Medscape.com. A medical missionary is walking away from that stability and the ability to pay off their student loans. MedSend is committed to paying the student loan payments for medical missionaries who serve on the field longterm for the duration of their service.

There is greater risk for medical professionals around the world. According to the Safeguarding Health in Conflict Coalition, in 2017, there were at least 701 attacks on hospitals, health workers, patients, and ambulances in 23 countries around the world. More than 101 healthcare workers and 293 patients and others are reported to have died as a result of these attacks.

THE CRITICAL NEED

The greatest needs today in medical missions are vision and unity. There are dozens of medical missionary sending organizations that we see beginning to come together to be more strategic. We need a common vision and rallying point around what the Holy Spirit is doing in healthcare missions. Being strategic comes from analyzing how and where the Holy Spirit is moving and organizing ourselves and our very precious resources accordingly.

When a surgeon walks away from a career and a lifetime of comfort in the United States to work on the mission field, we need to be tactical and intentional with that resource. It's time to rethink the opportunity of medical missions for the modern world. Today, medical missions is functioning too much on what has worked in the past. There needs to be more teams sent out to locations that best suit their expertise as well as the needs of the area, We need to be using the data we have to make more prudent decisions. The world is changing. The Holy Spirit is using healthcare as an access model in the twenty-first century. It's time to rally around a common vision and move forward strategically in unity.

With over 55 mission sending organizations working as our partners, we view ourselves as a hub for sending organizations. This is why we created the Global Healthcare Missions Leadership Summit. At the annual Summit, our partners send a representative with authority and responsibility in the organization to connect with leaders from other sending organizations. Together we plan and work strategically to grow healthcare missions.

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THE FUTURE

As we look to the future of healthcare missions we have to consider the sustainability of our approach. We are deploying individuals into an increasingly hostile, difficult, and dangerous world. These medical personnel are a precious and finite resource. How are we caring for them holistically? How are we preparing them for what they will face? And, how are we caring for them when they are on the field?

It takes some missionaries years to acclimate to the field. And the job of medical practitioners anywhere is stressful—much less in a foreign country where personnel are tasked with saving lives with little to no resources. They are constantly faced with life and death decisions and grave circumstances. In nations thousands of miles from home, there are language barriers and cultural differences that make their lives even more isolated. All of these stressors can lead to burnout and depression. The suicide rate among healthcare professionals is among the highest of any profession. As we move into the future of healthcare missions, we must prioritize supporting our healthcare missionaries. We need to equip them with better preparation and encourage them when they are on the field.

It is also the duty of sending organizations to help build bridges across generational gaps. Recent medical school graduates and those who graduated thirty, forty, or fifty years ago have different perspectives on how to bring the love of Christ to a hurting world. In high stress situations, these differences can be magnified. Those on the mission field see God do incredible, miraculous work but also see the brokenness of man firsthand. Part of caring for our medical missionaries in the future is helping them connect across the generations to strengthen teams on the field.

In addition, it's critical to raise up leaders and trained medical professionals in the local communities that desperately need more healthcare professionals. This is why we have created MedSend Nationals, a program that sponsors the advanced medical training of Christian national physicians in Africa, Asia and the Middle East. We also partner with "International Associates" – organizations with established incountry Christ-centered medical residency programs that provide professional training, spiritual development and leadership preparation for those who have already graduated from medical school. The International Associates recruit, train and oversee men and women who possess the requisite intellectual ability, along with a deep and abiding faith in Jesus Christ and desire to share it. Additional traits include the moral character and spiritual commitment to serve in areas of great need in their own countries.

CONCLUSION

Healthcare missions is at an inflection point. Every day it is more difficult to get into countries with the Gospel. And yet at the same time, countries are becoming more desperate for medical personnel and more Christian young people are heeding the call to go. God is moving through healthcare missions in an ever-increasing way. The world needs the ministry of healthcare missions and the hope of Jesus now more than ever. The need is critical, but the opportunity that lies before us is incredible.

ABOUT THE AUTHOR

Rick Allen serves as President and CEO at MedSend. Since joining MedSend ten years ago, Rick has traveled the world interviewing hundreds of healthcare missionaries and sending agencies. He has seen the work of healthcare missions in multiple settings, including mission hospitals and remote settings, where there is little to no infrastructure. With a degree in finance and marketing from Temple University, he spent 25 years prior to MedSend as a corporate executive. He was instrumental in the rapid growth and turn-around of several high-tech businesses. In addition, Rick served as Campus Pastor of a multi-site church in Stamford, Connecticut.

ABOUT MEDSEND

MedSend has been making it possible for Christ-following healthcare professionals to serve around the world for over 25 years. Since being founded in 1992, MedSend has empowered more than 650 healthcare professionals serving in some of the most underserved and neglected locations around the world. They often serve in areas of deep physical and spiritual need. As healthcare providers they are welcomed where others are not.

MedSend grant recipients staff and run mission hospitals and rural clinics, which often involves training and mentoring Christian nationals into professional roles serving their own people. Through extensive involvement in community health education programs and in conjunction with Ministers of Health, many are working to transform entire communities and national healthcare systems.

As a Christ-centered ministry, MedSend relies totally on God to move the hearts of His people to provide financial resources. All of our funding comes from people like you. Through your financial support, you make it possible to bring the good news of Jesus to the world through healthcare missions.