


30 Years of Impact

more than  
**684**  
grants approved

more than   
**\$22 MILLION**  
in grants offered for MedSend to  
the World grant recipients

 **172**  
educational  
loans fully paid

# The Story of What God Did:

## Turnarounds and Transitions with MedSend CEO Rick Allen

***“I wasn’t a missionary. I wasn’t a healthcare professional. And I don’t particularly like hospitals.”***

**“Lord, what am I doing here?”**

August 2023 marks the 15th anniversary of CEO Rick Allen joining the staff of MedSend. While he wasn’t officially involved for the first 16 years of MedSend’s ministry, Rick’s history with the healthcare missions funding organization goes back to its founding. He served on the Missions Board at Black Rock Church in Connecticut along with Deirdre Topazian, wife of MedSend founder, Dr. David Topazian. Project MedSend, as it was called in its earlier years, officially launched in 1992.

“I excitedly looked forward to reading their stories when the mail came and I saw that the postmark had MedSend on it,” he reminisces. “I was always anxious to read them, because the stories were always compelling.”

In 2007, Rick took a part time pastoral role at Black Rock Church leading through a difficult turnaround process. A church Black Rock had assisted and then taken over had recently suffered a painful split.

Turnarounds, Rick explains, are just as rough and

stressful as they sound. Turnarounds are necessary when an organization has suffered a steep decline or failure in resources or operation that requires a complete overhaul. “This is different from a transition, which if not done well turns into a turnaround,” he says. Rick had spent much of the last several years of his 25-year career in the software business overseeing transitions and turnarounds in the corporate world. Little did he know then, God was preparing him for what lay ahead.

### **Transitioning From Corporate to Ministry**

“I was bi-vocational in 2007. I was running a business turnaround in Manhattan, and I was pastoring at Black Rock Church in Stamford, Connecticut. The turnaround was successful, we accomplished the objective. And I was praying to the Lord that I might be able to go into full time ministry in Connecticut, and not have to commute into New York City,” Rick shares.

At the same time, Rick’s eldest daughter was home from college and nabbed a two-week engagement filing papers for Project MedSend. After dropping her off for work one day, Rick’s wife, Linda, happened to go inside and strike up a conversation with the office manager, Diane Bowerman. Rick says it went something like this:

Linda: How are things going here at Project MedSend?

Diane: Well, we could use some help with management. We’re in a major transition.

Turns out, Linda knew the perfect person to help. She went home and asked Rick if he would consider helping Project MedSend.

“I called Diane, and she told me what they needed,” Rick says. He knew a couple of people on the board and met with them as well. “I felt that I might be able to contribute. I went through an interview process with the then CEO and it was decided that I would come on board as COO, Chief Operations Officer.” Rick expected that he would function as a consultant for a short period of time to help MedSend through a leadership transition and get back on its feet.

### ***“When I started at MedSend, we were a small organization.”***

Rick, who has a lively and self-effacing sense of humor, shares a story about those early days that still makes him laugh.

“When I started at MedSend, we were a small organization. Up until that point it had run out of the basement of Dr. Topazian’s house,” he begins. Before transitioning out, Dr. Topazian had found an inexpensive office space, in keeping with the ethos of MedSend as good stewards of the resources they have available. “That wise and judicious use of our resources is still core to our mission,” Rick shares.

“So, Dr. Topazian found office space that was very inexpensive,” he continues. “It was small. We had one full time person [Diane, the office manager], and two part time people. There was only room for three desks. So, I show up one day, and there’s no room for me,” he says with a chuckle. Those who know and have worked with Rick over these past 15 years will not be surprised to hear what he does next.

“I walked into the storage closet,” he laughs. “And I’m thinking if I’m able to clear the stuff out of the storage closet, I might be able to put a desk there. So that’s what I did. I started at MedSend in a storage closet.”

30 days into his new role at MedSend, Rick admits he was having some misgivings. “At that point, Dr. Topazian had left, and I turned to the Lord and asked, ‘What am I doing here? I must have misread what you intended.’ Because

at the time, I wasn’t a missionary. I wasn’t a healthcare professional. And I don’t particularly like hospitals. So, when I added this all up, I was questioning what the Lord could possibly have me doing here,” he says.

15 days later, in the middle of September 2008, Rick had his answer: The stock market crash of 2008 and the economic upheaval that followed.

### **MedSend Faces a Financial Crisis**

Rick knew his business experience helping organizations navigate transitions and turnarounds put him in the perfect position to steer the MedSend board in the right direction when the recession hit in September of 2008. But first, he had to take a good hard look at where things stood and have an honest discussion with the board.

“I went to meet with the MedSend board for the first time and I told them they need to pray and fast, because God might be done with the ministry of MedSend,” he reveals. Randy Carey, former Senior Vice President of

Development, remembers that meeting well. “Thank God Rick was wrong!” Randy quips, thinking back to that tough conversation. Rick heartily agrees.

Rick told the board that they had three significant headwinds working against them. First, the much beloved founder [Dr. Topazian], who had raised every penny of money for the organization and was well associated with it, had left;

he was no longer affiliated. Second, a significant amount of money had been invested in the stock market for long term purposes, and half of it was lost. 50% of the reserve that Dr. Topazian had built up was gone. Third, greater numbers of healthcare professionals were coming to MedSend with higher levels of student debt. “I basically told them, if God doesn’t show up, this ministry might be over,” he says. MedSend’s transition had entered turnaround territory.

The board listened to what Rick had to say, went away to pray and fast together, and returned with a united response. They felt sure that God was not done with MedSend and no steps should be taken to either merge or close the organization.

***“If God doesn’t show up, this ministry might be over.”***



**Rick (far right) with Randy (back center) during his early years with Medsend.**

“I told them that I would do the best I could for them. I would help out. But they needed to pray because God needed to show up for MedSend to have any future. And God did show up. God showed up in a mighty way,” Rick says, emotional at looking back. “I sit here 15 years later, almost to the day, sharing with you the story of what God did. You can see God’s hand on this ministry from its founding. It was an amazing movement of God that put me here with my business background in order to protect MedSend into the future. And here I sit 15 years later, with a real sense that God’s hand continues to be on this ministry, and of a powerful future ahead.”

### **Rick Meets Tom and Libby Little**

When Rick first entered the picture with MedSend, he says he came in with his head down. He was juggling two part-time positions: pastoring at Black Rock and running MedSend. He was busy taking stock of MedSend’s financial position and assessing the probability of turning it around. Naturally, he hadn’t really had a chance to do any traveling or meet the grant recipients. He was just beginning to become familiar with their names when he got a call from a grant recipient and his wife who would be passing by Connecticut on their way up to Boston for a conference. A lunch meeting was planned, and Rick was very excited to meet his first MedSend grant recipients, Tom and Libby Little.



**Optometrist and MedSend grant recipient Dr. Tom Little in Afghanistan.**

“It was meant to be a reasonably short lunch, but I was so engaged, just pelting them with questions one after the next, that it wound up being a two-and-a-half-hour lunch. And they had an amazing story,” he recalled.

Tom was unusual for a MedSend grant recipient. The typical candidate tended to be on the younger side, someone who had just finished their education. Tom and Libby were already on the mission field in Afghanistan when Tom came back home for some advanced training. MedSend was paying off that new educational debt.

“They told the story of their time in Afghanistan when they first arrived,” Rick shares. “When the Russians invaded, they were there. When the civil war broke out after the Russians

***“When they left, I was so grateful that God had allowed me to meet, as my very first missionary, this incredible couple with this wonderful story.”***

left, they were there. When the Taliban took over and then when the Americans invaded, they were there. They told stories of being protected by the Afghan people who they love so dearly. They had raised their family there and been protected by them.”

***“For the first time I mixed MedSend and my ministry at the church.”***

They told Rick stories of sitting in bunkers with other families and their own children. In order to distract the children, they would play games about who could guess how many bombs were going to land that day. Their word deeply affected Rick. “It was a harrowing time for them, and yet they stayed fully committed to the people of Afghanistan,” he says.

But things had changed. Libby could no longer safely go outside because a new generation of radical Afghans had come into the city where they lived. Essentially it was the Taliban and the beginning of ISIS. Libby, who as an American woman couldn’t leave their apartment without fear for her life, continued to have Afghan women coming up the back steps and doing weekly Bible studies. Both she and Tom continued to minister to the people of Afghanistan.

“I was enthralled by their story,” Rick admits. “When they left, I was so grateful that God had allowed me to meet, as my very first missionary, this incredible couple with this wonderful story.”

Inspired by the faith and obedience of Tom and Libby, Rick was honored a few months later when Libby emailed and asked for prayer over Tom’s new endeavor. He would be taking a group of eight healthcare professionals over the nearby mountains and down into the valley to provide healthcare in a remote area.

“For the first time I mixed MedSend and my ministry at the church. I tended not to do that,” Rick admits. “I went before the church, and I asked them to pray. I told the story of how Tom and his team were at that very moment heading over the hill, and how difficult it likely was and how rough that terrain was.”

During that week, Libby sent emails almost every day, informing Rick just how difficult it was. The mules couldn't move up the hill once they got to a certain point because of the ice, so the missionaries took the packs off the mules and went up and over the mountain with everything on their backs. The next Sunday, Rick told the congregation how Tom and his team were in the valley, they were serving the people, they were sharing God's love through healthcare with the people of this valley.

The following week, Rick got an email from Libby asking for renewed prayers. Tom had been contacting her daily via satellite phone, keeping her informed and sharing the updates that she would then pass on to their prayer partners via email. She hadn't heard from Tom that day and she was worried.

"The next email from Libby started with the words "They are all dead," Rick says emotionally. He remembers being beside himself. In shock, he read on as Libby described how the entire group of healthcare missionaries were ambushed and martyred on their way back over the mountain. The only reason she had any answers about what occurred was because the Afghan guide leading the team on the route began quoting the Quran as the attackers executed them one by one. They recognized his words and let him live.

Anguished, Rick went before his congregation and told them that the people they'd been praying for over the past two weeks were gone. Martyred. "I didn't know how to handle it," he confesses with tears in his eyes. "I went before God, and I was angry. I was frustrated. I asked why. Why would You make this be the very first MedSend grant recipient I get in touch with, I get to meet, I get to hear their story? And they're gone. With tears in my eyes, I'm going before God. And through that process, God spoke and told me three things. He said to move faster, to think bigger. And He told me 'I'm changing the ground rules'."

### **New Direction**

As Rick reflects back on that time and the message he heard from God, he can see that all of those things have happened in significant measure as MedSend moved forward. "It's been an incredible journey. Those three things have motivated a lot of my behavior over the last 15 years. Because God was so clear with it," he marvels. "At this point, MedSend has increased by 400%. We are significantly bigger. The resources going into global healthcare missions, both from MedSend as well as others, are significantly increasing. There is a real recognition today that healthcare gives access to places in the

world where other forms of Christian witness do not work. Healthcare professionals can get there," he shares.

According to Rick, the sending agencies recognize that the Holy Spirit is calling on young people to respond. Healthcare ministry expansion is occurring at a rate not seen for 70-80 years. "We need to respond to it," Rick states. "We need to move faster, and we have been at MedSend. One of the blessings of our board is their willingness to respond to the Holy Spirit's direction out of confidence and not fear." That obedience to the Holy Spirit's leading out of confidence and not fear is a hallmark of Rick's leadership at MedSend. It's an attribute he sees with MedSend donors as well.

God showed up," he says. "The ministry went into a turnaround model and our donors stayed with us." While recounting his first years with MedSend on staff, it's clear that Rick has a deep admiration for the faithful attitude of MedSend's donors. In fact, it was their commitment to the ministry of healthcare, more than any action he took, that allowed God to turn it all around.

### ***"Were the donors giving to the man or to the ministry?"***

"One of the first things I did was look at what happened when Dr. Topazian left the MedSend ministry," Rick explains. "What I was looking for was, were the donors giving to the man or to the ministry? Much to Dr. Topazian's credit, they were giving to the ministry." Dr. Topazian was much beloved, but the donors recognized the hand of God in the ministry of MedSend. Donations had only dropped 10% when Dr. Topazian left the organization, and when Rick saw that the core donors were staying, he realized they would protect the future of the organization and began to plan ways for MedSend to grow and build.

"Tremendous individuals came around me," Rick shares, naming development officer Randy Carey, who still volunteers with MedSend to this day. "Donor development started under the leadership of Shelly Wermes. Alexis Casey created communication tools to



**President Obama hugs Libby Little after presenting the 2010 Presidential Medal of Freedom posthumously to her husband, Dr. Tom Little, on Feb. 15, 2011. (Official White House Photo by Pete Souza)**

support the new team, and we started marching along. You could interpret God's hand in it. We felt momentum behind us. And as commanded, we started moving faster and thinking bigger."

## The Global Listening Tour Leads to a New Program

***"This isn't about building capacity. This is about investing in individuals who want to deliver compassionate care to their own people in the name of Jesus."***

In the beginning, MedSend had been what CEO Rick Allen affectionately calls a "one trick pony. We added a very important piece in the global healthcare missions community. But we only addressed the needs of American individuals with American education and American debt, willing to serve overseas and at home. It was very specific and narrow. Strategic, but reasonably small," he describes.

Obedient to God's directive to move faster, think bigger, and be on the lookout for changes on the ground, Rick decided to embark on a global listening tour. He met with some of MedSend's missionaries on the field, with hospital leaders, with the CEOs and executive directors of the large sending agencies and asked questions. "My main question was 'How is the Holy Spirit working in global health care missions today?'" he explains. "The common golden thread that went through it all was that the global south was on fire for Christ. And it was changing the mission field. More people were coming to Christ than ever before in human history."

The ground rules were changing fast, just like God had said. There was a large movement among everyone Rick spoke with to train the local doctors and health professionals in advanced, quality, holistic, compassionate delivery of healthcare. He returned from his listening tour and reported to the board that it appeared God had turned MedSend around and it was time to consider expanding the ministry.

***"How is the Holy Spirit working in global health care missions today?"***

Rick and the board then began a three-year journey of investigating the best path for MedSend to take. "Our board is very discerning and cautious, as they should be," he says. "I continued to present options which we refined over a period of time. And then ultimately, we tried a pilot with two trusted partner organizations. That pilot is now known as the MedSend National Scholars Program."

### MedSend Launches National Scholars

MedSend partnered with PAACs, the Pan African Association of Christian Surgeons, and In His Image, who both have international residency programs. PAACs trains surgeons and In His Image trains family practice doctors. "We asked them to come alongside us to help us learn how to support national residents in these programs while promising to come alongside them financially. And that has been enormously successful," Rick says.



**Dr. Alliance Niyukuri, the first MedSend National Scholar**

MedSend was looking for three things in a partner organization. The first was a high-quality medical education. Rick knew it was unreasonable to expect the training to be up to Western standards. The reality of resources on the ground just couldn't support that. Even so, it needed to be high quality for the region where they were conducting the training.

The second was that it included intentional spiritual development built into the curriculum. "We believe that this is about lifting up individuals who see healthcare as a means of sharing the love of Jesus Christ with their people. This is not about building capacity, although in the regions where these residencies are, they're desperate for healthcare professionals. The ratio of health care professionals to individual patients is off the charts. It's far, far less than in the West. Capacity is needed," Rick points out. "But this isn't about building capacity. This is about investing in individuals who want to deliver compassionate care to their own people in the name of Jesus."

The third component is optional, Rick explains, but important to the goals of the National Scholars program: intentional leadership development. "We believe that if our partners select the right individuals, they will be the leaders

of local hospitals, their communities, and ultimately influence national healthcare direction in their countries. Right now, we're about 10 years into this program and I can report that all of that is being fulfilled in greater numbers than we hoped for."

***"We believe that this is about lifting up individuals who see healthcare as a means of sharing the love of Jesus Christ with their people."***

At the individual level, Rick and the board hoped to see three outcomes within the nationals themselves. One was that these individuals would deliver healthcare to their people—a high quality of healthcare—and they would stay in areas of high need. "We didn't want them to come to the west, essentially. We hoped they would stay in their country or at least on the continent where they were trained. The scholarship program is offered in both Africa and Asia," he explains.

The second outcome Rick and the board wanted to see was that the graduates would participate in the residency programs where they were trained and become the trainers themselves. Replication was key. Thirdly, the hope was that they might work with the national government to transform the national healthcare systems of their home countries.

"God has delivered on all three of those hopes," Rick reports. "We have about 35% of the graduates now in leadership roles in various hospitals and organizations. Another 30% are in training roles in their programs. The remainder are delivering healthcare to their people as quality surgeons and family medicine practitioners. God is so good. We felt this calling, the board responded to it, and God showed up. The stories of these National Scholars are amazing."



**National Scholar  
Dr. Boaz Niyinyumva**

**Dr. Boaz Niyinyumva, MedSend National Scholar**

In the 1990s, a young boy named Boaz was living in Rwanda during the genocide. One day his father grabbed him, his mother, his brother, and two sisters, and they set out for Burundi to escape the violence. While they were in

Burundi, the violent massacre of the Tutsi people at the hands of the Hutu majority spilled over the border. Boaz's father declared that if he was going to die, he wanted to die in his own country, so he packed up his family to return to their native Rwanda. Along the way, they were ambushed. Boaz's father and his brother were killed. His mother and sisters were spared. Desperate to protect her children, Boaz's mother had dressed him for the journey as a female to fool anyone who might cross their path. Her act spared his life.

When what was left of Boaz's family crossed the border into Rwanda, they wound up in a refugee camp, slowly building back their lives. Boaz was eventually recognized as an intelligent young man, which led to various people offering to finance his early education. He managed to make it through medical school and began practicing medicine. He then decided to apply for a residency program to receive advanced training.

***"God is so good. We felt this calling, the board responded to it, and God showed up. The stories of these National Scholars are amazing."***

"This is where MedSend intersects," Rick explains. "We awarded him a scholarship for a four-year program in Kenya, and he graduated with an advanced degree in family medicine." After practicing family medicine for several years in Kenya, Boaz returned to the country of Burundi. He met with the Minister of Health to convince him that Burundi should recognize and license family practice medicine. The Minister of Health agreed.

"This is enormous in the history of medicine in Burundi," Rick declares excitedly. "The importance of family practice doctors, being able to truly know their patient and administer medical care to them across a wide range of ailments and direct them to specialists is an enormous advancement in the care of individuals," he shares. The impact of the National Scholars program that Rick and the MedSend board had envisioned 10 years before had arrived.

### Update in Burundi! – MedSend

“God has been blessing and directing,” Rick says. Continuing to move faster and think bigger, the board just recently voted to expand the National Scholars program. “We are now up to having offered 120 scholarships across about 18 hospitals and five partner organizations. God showed up from a very challenging start in 2008. Right up through the current day, God’s presence has been felt.”



**Dr. Boaz Niyinyumva announces the government’s agreement to license family medicine practitioners to the people of Burundi**

Back when Rick and the MedSend staff launched the National Scholars program, he noticed that two dueling realizations were weighing heavy on his heart. On the one hand, there was the movement towards a much broader range of individuals involved in the delivery of global healthcare missions. MedSend had already launched the National Scholars program to join God in this new opportunity.

“But I was also very concerned about the condition of those from the West who were serving and returning home. They were in bad spiritual, relational, and in some cases, professional condition,” Rick reveals. God had told him to think bigger, move faster, and that He was changing the ground rules. Rick clearly saw that part of those changing ground rules were that the world was becoming more difficult and dangerous, particularly for the Western healthcare professional.

### Addressing the Crisis of Sustainability

***“I would hear their stories, and I couldn’t help but ask myself, am I doing the very best that I can with MedSend’s relationships and resources to take care of this person, to set them up to have the best possible experience? I’m afraid that answer was no.”***

Global healthcare missions, carried out in clinics and hospitals in low-resource countries, are almost exclusively dependent upon well-trained individuals coming from the West and working without a salary. They do this by raising money back home and existing on that support, sometimes raising money for the hospital or clinic itself.

“There’s a high degree of dependency built into the global missions healthcare system to sustain itself, currently, with the Western missionary. One of the long-term strategies that we’re implementing here at MedSend is a new program to protect the Western missionary,” CEO Rick Allen explains.

### The Reality of Healthcare Missions

“Delivering medicine, even in the best of cases like in the United States, is very difficult. Trying to do that under the constraints of a low-resource environment, working with multicultural teams where many are far less trained, and with the stress of the outcomes, which often include death at a rate you would never expect—,” Rick stops, shaking his head. “I had a doctor tell me that during malaria season, they would lose more patients in a day than he had lost in a five-year residency program in the US,” he says. And it would go on day after day.



**Dr. Martha Carlough, the first MedSend grant recipient.**

These realities are wearing on the healthcare missionaries. Rick would hear the stories and feel concerned that these young doctors and practitioners—MedSend grant recipients—were not always prepared to face what lay ahead.

***“Can I really stand and represent God as a healer?”***

“I would ask them before they went, what are you most confident in as you set out as a healthcare missionary?” Rick says. He reports that almost all of them would say it was their education. They felt well-prepared to deliver

healthcare. “And indeed, they should,” Rick agrees. “Because if you graduate from medical school, as a doctor, or a dentist, whatever your profession is—you are the best trained and prepared person in all of human history,” he points out. He’s right. With today’s technology and the revelation that God has given us of the human body, we understand how to address our physical needs better than ever before in history.

Then Rick would ask them what they were concerned about. “Most often they would say living up to the mantle of missionary. Can I really stand and represent God as a healer? In the name of Jesus? Am I strong enough to be able to share my faith on a regular basis? Will I have the answers? I always respected that answer,” he shares.

Over the years, Rick witnessed grant recipients—confident in their medical skills at the start—get to the field and realize that 50% or more of what they learned in school is useless. “They don’t have the equipment, they don’t have the medicines, and they don’t have the trained professionals around them to be able to implement medicine in the manner in which they were trained,” he explains. Suddenly, they start seeing diseases and patterns they’ve never seen before. They start to doubt themselves.

Next you layer on the medical outcomes in poor, sometimes dangerous low-resource communities. They have women and children dying in their arms, some suffering from unimaginable mistreatment. They see men coming in from battle in tribal warfare. All of them people suffering from wounds and illnesses they know they could treat if they were home in the US. But here, on the mission field, they don’t have the resources.

The final piece is the stress healthcare missions place on families. Roughly 50% of MedSend grant recipients are women, and a large majority of all recipients are married, often with multiple children. “They get the call from mom or dad back home, or from their spouse on the field with them, saying ‘you have to come home, we’re not doing well’ or ‘the kids aren’t doing well’. And they think, I can’t come home right now, or this person will die. If we take a vacation, more people will die. There’s this level of feeling responsible to represent the Lord in the hospital. And they feel accountable to this,” Rick shares, clearly burdened.

What happens to many, Rick says, is that their professional, spiritual, and relational lives start to fall apart. In his interviews with grant recipients as they came off the field, he saw the toll with his own eyes. He recognized that something needed to be done.

### **MedSend creates The Summit**

“Around 2012 Dave Stevens of Christian Medical & Dental Associations called a meeting with representatives of several large missions’ organizations, and we went around the room and asked what percent of their missionaries are in healthcare. Generally, they answered around 10-12%,” Rick says. Being a businessperson by training, Rick at once realized that it’s very difficult to marshal resources and create transformational change for only 10% of an organization. This gave him an idea.

***“God again spoke to me and said, ‘don’t push them away, bring them together.’”***

At the time, MedSend had 75 mission sending organizations as partners. Each organization had paid a one-time fee that gave them the right to send an application on behalf of a healthcare professional to the MedSend board for consideration to receive an educational grant. Those 75 organizations didn’t necessarily all know or have connections with each other. Rick realized MedSend had been built by God into a strategic resource that had connections to every one of them.

In those days MedSend was a very small organization, staff-wise. There was no way for the tiny staff to tackle functioning as the liaison between 75 organizations. At first, Rick wrestled with the idea that he needed to whittle down their partners to a more manageable 10-12, but God had a better plan.



“God again spoke to me and said, ‘don’t push them away, bring them together,’” Rick reveals. Following God’s direction, MedSend collaborated with the Christian Medical & Dental Associations [CMDA] and organized a first-of-its-kind yearly conference named The Global Healthcare Missions Leadership Conference, otherwise known as The Summit.

“We really wanted those that saw healthcare as a strategic initiative within their organization,” Rick explains. “People showed up with grateful hearts, because they didn’t know one another. All of us were toiling in the same sandbox, but we didn’t know each other. We had no insight into

what other organizations were doing or what they were experiencing, or what their healthcare professionals were experiencing. And for the first time, we created an opportunity for the leadership of healthcare missions to come together to talk about common struggles. To talk about ideas that others could share.”

This September 2023 will be the 9th annual Summit, with about 100 individuals from 60+ mission sending organizations and other interested parties coming together to talk about new opportunities. Over the years, Rick says the results have been outstanding.

“God made it clear that we were one of the unique organizations in global health care missions that had enough relationships to bring us all together. All so that we could think bigger, we could move faster, and clearly see how the ground rules were changing,” Rick states. “All Glory to God. He built this thing in such a way that the founders didn’t originally see it, I didn’t see it. Then all of a sudden, there it was—the power of all of us together, moving forward, looking for common opportunity.”

***“There it was—the power of all of us together, moving forward, looking for common opportunity.”***

#### **MedSend Launches The Longevity Project**

Once collaboration among the agencies and organizations was established, Rick knew it was time to find solutions to what he was seeing in the missionaries coming off the field. There was universal recognition of the depth of the problem. “They saw the same level of what I thought was burnout but would come to find out was more PTSD. These were individuals that needed intense and intentional therapy. And it just, it broke my heart,” he confesses.

Rick would sit across the desk from these young doctors and healthcare workers and see his four daughters in their faces. He would listen to their stories of going to intensely difficult and dangerous parts of the world to bring the love of Jesus through healthcare and end up searching his own soul.

“I would hear their stories, and I couldn’t help but ask myself, am I doing the very best that I can with MedSend’s relationships and our resources to take care of that person,

to set them up to have the best possible experience? Knowing what I know? And I’m afraid the answer for several years was no, I wasn’t. We could do better,” he admits.

Leveraging MedSend’s relationships across all sending agencies for healthcare missions, Rick and the board created The Longevity Project. After a few years of testing and interruptions from Covid, the program officially launched in July 2023

***“These needs are intense. What they face is very difficult.”***

“Some of these agencies are very large and have a lot of resources. None of them are really in a position to focus on the specific needs of healthcare missionaries who only represent 10% of their organization,” Rick says. “These needs are intense. What they face is very difficult.”

The Longevity Project is a new way of coming alongside healthcare missionaries and their sending agencies. MedSend awards a financial grant that a healthcare missionary can use to get the support they need, covering a large range of services. The missionary can set up counseling through vetted organizations, staffed with healthcare missions trauma trained counselors, online or in person. And that’s just the beginning, Rick explains. There are 10 different types of support that the missionary can customize to their needs, or their family’s needs. The most utilized feature of The Longevity Project to date is the MedRefresh retreat.

“If you’re worn out, your family needs you, or you need to spend more quality time with the Lord, you can use your grant for MedRefresh,” Rick shares. “We keep hearing the



missionaries say ‘I’m leaving the MedRefresh revived in a way that I could not have dreamed possible when I made the decision to participate,’ he says, encouraged at the response so far.

If you’re a MedSend donor, Rick has something he wants you to know.

“These healthcare professionals serving in the name of Christ want to commend you for your intentionality in supporting them,” he begins. “They are doing miraculous things in very, very difficult circumstances. And I can assure you, they only have one agenda: to be the hands and feet of Jesus Christ in a hurting and broken world. That is it. They take themselves and their families into difficult and dangerous places in this world and their mental and spiritual health suffers because of it. You are helping us to support them, to come alongside them.”

MedSend is excited about this new ministry, and Rick sees God’s hand on it. “We’re trusting the Lord is going to guide us. We’re in a pilot, the same way that we rolled out the National Scholars program. We’re looking for God to guide us, we’re taking it slowly, we’re not overextending our reach,” he assures. “I do believe that this will be a transformative part of the ministry of MedSend. It’s going to allow us to move faster, we will think bigger, and things will change.”

### Looking to the Future

“MedSend is about the missionaries and the missionaries are about God,” MedSend CEO Rick Allen explains. He sees MedSend as a simple cog in the machine of serving the

***“When you fight God in the middle of transformation, as long as it’s God-ordained, you’re going to lose.”***

God who calls and empowers the missionaries. It’s God who leads MedSend, he says. Believing that truth is how he is able to lead the staff with faith and not fear.

“God is in control if you are willing to surrender your own agenda, your own professional life,” Rick continues, his pastor side peeking through. “If you’re willing to step into what God has for you versus what you think should be, you get brought into the future without fear. I don’t fear,” he says with conviction. Those who work with Rick have seen this in his leadership, and the tone it sets among the staff creates an oasis in what could be a high stress, high anxiety operation.

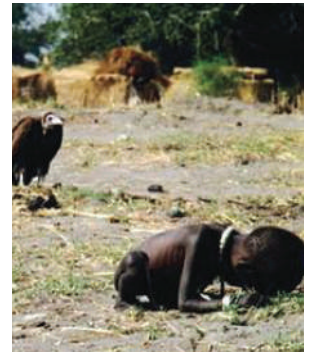
“It has been an enormously exciting 15 years; God has transformed this ministry. It has been protected by its donors. It’s been protected by its board, and it’s loved by the staff. We are in a strong position to take MedSend forward into the next generation. I want to make sure that I hand over a healthy organization that is chasing after the Holy Spirit when the time comes,” Rick shares.

### Leading from Faith and not Fear

Not leading from fear isn’t the same as never having concerns, Rick explains. Without some level of concern there’s no motivation to change. He readily admits to being aware of his own shortcomings and is constantly evaluating his ability to execute on what God has revealed. “It’s not God’s inability that concerns me, I have total confidence that God will make things happen. He knows where I need to go, and He’ll take me there. I just follow His lead,” he says.

The key to this, Rick explains, is asking yourself if you believe the Holy Spirit is still working in the world today. “If you do, that’s what you respond to. What is He doing today? And how do you support the people that He’s calling to do it? I’m not trying to protect the past,” he says. “I’m trying to figure out what’s in the future from what God is showing me.” Trying to protect the past is the fastest route to leading from fear, he warns.

“When you fight God in the middle of transformation, as long as it’s God-ordained, you’re going to lose. You can fight God, but it’s a wasted effort. He’ll use those that are willing to surrender themselves. And He will make things happen,” Rick assures, acutely aware that the world is changing at an accelerating pace and showing no signs of slowing down.



**Rick’s first picture he shared with MedSend**

***“The Holy Spirit is still the Holy Spirit.***

***He’s still going to call people to Him.”***

“Young people are going to be at the leading edge of this change and we need to support them. Their world is going to be very different. But the Holy Spirit is still the Holy Spirit. He’s still going to call people to Him. They are going to fall in love with Jesus. And they’re going to make themselves

available,” Rick continues. As he sees it, it’s his job—and MedSend’s job—to figure out how to use the wisdom and discernment they’ve earned in a way that supports the future of today’s young people.

### **The Possibilities Ahead**

“You’d think I’d get tired after 15 years, but I’m energized,” Rick declares. “I see new possibilities and I see the fulfillment of possibilities past. The National Scholars Program, I’m seeing that fulfillment is already well underway. And now we have the ability to make healthcare mission sustainable because of The Longevity Project.”

That machine Rick referenced earlier, the ministry of healthcare missions, exists in precarious balance. The economic model of the past where the entire system depends on the Western missionary is undergoing God-ordained transformation, he says. “If the spin happens too

***“Healthcare missions is going through a transitional phase, where the role of the Western missionary is in decline and the role of the local healthcare missionary is in ascent.”***

fast, where you can’t replace the missionaries as quickly as they’re burning out, this thing will fall apart,” he predicts. What he knows for sure is that God is not done revealing Himself through healthcare missions.

“Healthcare missions is going through a transitional phase, where the role of the Western missionary is in decline and the role of the local healthcare missionary is in ascent,” Rick points out. “But we’re between these two points right now. We haven’t left the dependency on the West. And we haven’t gotten to the point where there are enough well-trained, well-prepared Christ following healthcare professionals in the Global South to take over for us. So,



**Randy Carey leads a tour for MedSend donors at our Anniversary Celebration in Washington, DC**

we’re in the middle,” he says. The middle can be a very uncomfortable place to be, but Rick and the board are prepared to stay the course.

MedSend has a long-term strategy to be a catalyst to help this transition occur. God has put MedSend in a place over the past 15 years to make that possible, Rick believes. As he looks back, he can see that everything he and the board have been working to build under God’s direction has been very intentional for the future of healthcare missions. Now is not the time, he says, to stop moving faster, thinking bigger and watching for changes on the ground.

“God was teaching me about burnout and showing me how He was raising up national doctors who need to be trained. Back then I didn’t see how both things fit together to help us through the transition ahead,” Rick admits. “Going back to the idea of turnarounds and transitions—this is what we’re in the middle of. This time it’s not about MedSend, it’s about something that God is doing on a much larger scale with healthcare missions as a whole. This movement from the West to the Global South is happening, and we’re just a cog in His strategy. We’re a faithful cog.” †

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**Rick, the Medsend staff and the board want to thank our faithful donors for the enormous amount of personal and financial support MedSend has received over the past 15 years. Rick has one final message for those that have joined him on his journey with healthcare missions: “God bless you and those that you love.”**