Each year, the annual report is framed by the mission of MMC: Proclaim, Provide, Prepare, Partner. And each year the annual report features our philosophy of ministry. These two things do not change. The stories and the statistics are new, but who we are remains the same.

In the book *Mission Drift*, Peter Greer and Chris Horst coin the term “Mission True.” Through telling real stories of Christian organizations that have lost their initial purpose, as well as those which have fought to maintain it, the authors outline the results: “Mission True organizations understand that remaining true means they must think about Mission Drift in their boards, leaders, staffs, donors, metrics, programs, organizational culture, language, and their commitment to working with the church.” (Greer & Horst, 2014, Chapter 4)

The authors go on to explain more common denominators of Mission True Organizations. They consistently make difficult decisions, saying no to donations and ideas that could compromise the mission. And they have a succession plan in place, intentionally raising up new leaders on multiple levels.

For MMC, 2018 was a year of Mission True focus. Throughout the year, the leadership team began breaking this down into bite-sized pieces and action points by evaluating vision, people, processes, and measurables. People are the most important aspect of our ministry, so we prayerfully considered our staff in order to be confident we have the right people in the right positions and with proper accountability.

The leadership team sought to answer key questions: Where do we want to be in 10 years? What obstacles do we face? What will it take to get there? How do we maintain our focus on the Gospel? Through this framework every department has been implementing improvements. More Cambodian leaders have been raised into higher levels of leadership with assistant leaders under them.

The core focus of MMC is inspired by Luke 9:2: “Jesus sent out His disciples to proclaim the kingdom of God and to heal the sick.” We ask you to join us in prayer, that the Lord of the harvest would send us young Cambodian disciples who will use their medical skills to grow the Kingdom of God.

On behalf of the leadership and staff of MMC, thank you for walking with us as we together stay Mission True!

TIMOTHY S. BENADUM, MD
While Mission True aptly describes the philosophy of our mission, MMC has adopted the term “Project Traction” to describe the logistical operations. Most of us in Cambodia get around on some sort of motorbike. The mud during our rainy season and the fine dust of our dry season make getting traction on the road difficult, if not impossible at times. How can we keep the mud and dust from flying? How can we move forward with a strong focus on the Gospel? Here is what some of our leaders had to say:

“The project has effectively organized our departments, clarifying responsibilities for everyone. Without this clarity, leaders and others can easily burnout. It is taking us to the next level.”
Sovatdy Sanh, Hospital Administrator

“Clear expectations makes for better communication and therefore better relationships and happier staff who feel good about their work. This means longevity of staff who hold the heart of the mission.”
Phearin Sorn, Clinical Director

“The Traction Project has greatly helped our leadership team meetings. We are more focused and effectively leading towards a clear vision.”
Dr. Sok Run Seng, Attending Physician

“My undergraduate degree was in Business Management. This project has been more practical and tangible than all I learned in those years. Above all, it is helping us stay true to our own vision and mission.”
Dr. Alan Norman, Medical Director

“Without clear strategy, we will have no clear goal. Then how can we find a way forward without getting off track? Project Traction is improving our aim!”
Samrach Kroich, Outreach Director
MMC is a facilitative development ministry, rooted in biblical truth. As discussed in Tom Steffen's *The Facilitator Era*, MMC works to be a facilitative ministry that focuses on investing in the national staff to carry out the ministry. We also aim for a mission of development that grows the capacity of staff and patients over the long run, as opposed to temporary emergency interventions, as discussed in Bryant Myers' *Walking With the Poor*.

**BIBLICAL FOCUS**
At MMC we recognize that true heart change only happens through the transforming power of Jesus Christ and the Holy Spirit in the lives of believers. This is why evangelism and discipleship are our main priority. We believe that all people are made in the image of God, and are meant to have a relationship with their Creator. As His Word is written for all people, the Bible transcends and transforms cultures, bringing freedom and peace in this life and for eternity.

**PRAYER**
We also recognize that Satan is active and uses a false belief system to trap people in their poverty. However, we know that God has overcome Satan, that He works through His people, and that prayer is “powerful and effective” (James 5:16). We rely on prayer to drive the ministry and ask our partners to do the same.

**LONG-TERM**
Quality development requires long-term investment. Long-term missionary workers who have learned the Khmer language are actively discipling national workers who are growing the Church, not only through evangelism and teaching at MMC, but in their own church bodies.

**DISCIPLESHIP AND TRAINING**
In 2018 we were able to increase the time spent at MMC on spiritual discipleship and leadership training. Every day of the week, small group Bible studies and one-on-one discipleship meetings are happening in every corner of our space. Each international missionary is also qualified to mentor national workers in their area of expertise, such as women’s health, pediatrics, and finance. This focus on discipleship and leadership training is vital to our work at MMC as we deliberately move towards a Cambodian-led ministry. In 2018, two new missionary couples arrived to study Khmer language in preparation for training and discipleship of our growing national staff.

**REFERRING PARTNER SYSTEM**
The referring partner system is a key strategy in growing the Cambodian church. Every patient is sent by a local Cambodian church or Christian organization which has a clear agreement with MMC that they will remain active in the spiritual lives of the patients. These partners work closely with MMC to build the church in Cambodia through evangelism, discipleship, and church involvement.

**MISSION-DRIVEN**
Our partners trust the leadership of MMC (and the boards to which the leadership is accountable) to make ministry decisions which direct the use of the funds.
MMC does not stand alone. We are part of a vast network of Gospel-focused workers in every province. Cambodian church leaders and missionaries from around the world have locked arms with us. And some of these partners have been trained and launched through MMC.

“Once we brought one young Kravet man to MMC who at that time looked as if he was dead. After he was treated, he was so much better. He also came to believe in Jesus and wanted to serve God and to study the Bible with us. After he studied he was able to plant many churches in the villages.”
- NATIONAL REFERRING PARTNER

“I had spent money and made offerings with no benefit. I was still sick. At that time, I think God was speaking to me. So when I went to MMC, I made a decision to believe God then. Jesus is not the God of only a certain people, He is the God of all people.”
- PATIENT

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- NATIONAL REFERRING PARTNER

“We are so grateful to have a hospital where they understand the complex medical issues of previously trafficked women. They are amazed when they are treated with respect. One girl was very resistant to the Good News, until she came to MMC. Because they valued her, she listened as they shared, and she became a new creation in Christ.”
- REFERRING PARTNER

“You can’t imagine how much I appreciate you all. I would do anything to get you to come and start a clinic up here, where virtually none of the 100,000 minority peoples have fair and dignified access to care.”
- REFERRING PARTNER

“I spent money and made offerings with no benefit. I was still sick. At that time, I think God was speaking to me. So when I went to MMC, I made a decision to believe God then. Jesus is not the God of only a certain people, He is the God of all people.”
- PATIENT

“God gave me the gift to study medicine, and I want to help my fellow Cambodians who do not yet know God—to treat their illnesses, and to share the good news with them also. I have patients that tell me coming to MMC is like coming to heaven, like they died and went there!”
- MMC DOCTOR IN TRAINING

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- REFERRING PARTNER

“When I recovered my health, I wanted to share with others about the God who was now Lord of my life, who gave my life back to me, and encourage them to have faith in God as well. God shows us all that is true and does not hide things in the dark.”
- PATIENT
Reflecting a 33% increase from the previous year, 384 patients professed faith in Jesus Christ at MMC in 2018. Each person meets one-on-one with a member of our Spiritual Impact Team of eight people, discussing the realities of following Jesus. Persecution is to be expected, so the Spiritual Impact Team is tasked with connecting the new believers into a Christian community which is critical for their spiritual growth. These workers also strategically reach out to the communities surrounding MMC to plant churches and to raise up house church leaders. In 2018, three new house churches were planted for a total of 15 active house churches that MMC has directly planted.

Once a month we send a multi-skilled team out for community health outreach events. Due to a number of factors such as the prevalence of domestic violence, trauma from the genocide, and the hardships of poverty, emotional disorders are common among our patient population and because of this our Christian counseling program continues to grow. We have two counselors (one male and one female) who care for 50 patients a month. The counselors also join the Spiritual Impact Team on village outreach and leadership training. Our head counselor is currently pursuing a Master of Clinical Psychology and Counseling, and he has been a guest teacher at a Christian counseling course for 35 students.

JESUS IS MY ONLY GOD

Manee had struggled with emotional problems and severe physical illness since 1986. She sought healing through the local witch doctor as well as through many hospitals. Noticing her afflictions, a neighbor who was part of a small group Bible study reached out to her and referred her to MMC. With appropriate care, Manee began to improve and she gave her life to Jesus. She enjoyed learning about God and studying the Bible with her neighbors, and was recently baptized.

One day while traveling with her relatives, they stopped at a shrine to make offerings to spirits and Manee refused to participate. This decision was controversial because her family thought she would cause problems for all of them and never have peace in her own life. Ironically in that moment, Manee felt more peace and joy than ever before, saying “I believe in Jesus now and I am no longer making offerings to other spirits.” Now when people give her food that has been offered to idols, she chooses not to eat it so they will understand that Jesus is her only God, though she knows sacrificed food can’t hurt her spiritually. She prays every day for her family.

PROCLAIM

384 people received Christ at MMC

3 new churches planted by the MMC team

391 Christian counseling sessions

1500 professions of faith since 2011

15 house churches still receiving training from the team

477 people served through MMC community health outreach events

50 house church plants impacted by MMC ministry
Our reputation for quality compassionate care at MMC means our waiting room is constantly full. In an effort to focus more on primary care, we made the difficult decision to discontinue our dental department, which is reflected in the statistic for our total number of outpatient visits. In 2018 MMC had an increase of 1,243 medical visits. We continued to see a steady increase in eye care visits, with 1,848 patients seen and over 300 eyeglass fittings. Over 1,500 women were screened for cervical cancer, and 169 of them received treatment. And we added more referring partners who specialize in reaching out to marginalized women.

**PROV**

**IDE**

Boraa and Sina spent thousands of dollars—everything they had—seeking healing for a disease that ate away at her skin and kept her in constant pain. Some of their money was spent on medicine, but mostly it went to the village healer who called on evil spirits for power. During the sessions with the village healer, Sina was often possessed by and further tormented by the evil spirits. One weekend, a young woman named Dr. Mai from a nearby village was introduced to Sina. After seeing Sina’s skin and asking questions, Dr. Mai invited Sina and her husband to come to MMC and also to visit her hometown church (an MMC Referring Partner) about 10 kilometers away. They gladly accepted both invitations.

Over the next few weeks, the couple visited the church and MMC several times where they heard the good news and stories of Jesus. Mai, a third year medical doctor at MMC, along with her colleagues, was able to diagnose the disease and access proper treatment. As her skin condition improved, the church members continued to pray. Still fearful of evil spirits, Sina continued to wear red amulet strings on her wrists for protection until the day that both she and her husband understood that Jesus has power over all the spiritual realm, and that he is good all the time. They cut off the strings and asked Christ to dwell in their hearts.
We took on four new resident doctors in 2018, raising the number of doctors in training to eight. The Women’s Health Fellowship graduated their first fellow, who has now been launched to partner with her church in Kampot Province, bringing the good news to patients through compassionate care and sharing the Gospel. And one more of our primary care resident graduates began the Women’s Health Fellowship. Medical training and spiritual discipleship continue to be a high priority. As leadership was a strong focus for development this year, several teams of leaders were further developed and leaders were promoted to higher levels of responsibility in every division.

Although MMC resident doctor Dr. Vivat was perplexed by the case and struggling to find a diagnosis, Sopheak was full of peace and joy. He exclaimed, “Nevermind! I have God.” He took Dr. Vivat’s hand and placed it on top of his head, smiled, and said “Now just pray for me.” Shocked by the counter-cultural gesture of placing his hand on an older man’s head, Vivat was moved by Sopheak’s faith.

For the first time ever, Vivat took a patient chart home from work. He prayed for answers and finally, believing it could be an autoimmune disease, he called Sopheak in for more blood work. With a confirmed diagnosis and proper treatment, his physical condition improved radically. Sopheak and Vivat agree that God had a message for each of them. Sopheak learned that true healing and peace are found in Christ, and he is sharing the Gospel message with others all over his province. And Vivat learned in a deeper way that Jesus is the great healer and that prayer is effective.

PREPARE

75 national staff
60 hours of leadership training
435 hours of spiritual discipleship by missionaries
7 weekly Bible studies
5 more graduates from the postgraduate Nurse Training Program
8 Christian Cambodian doctors in the Primary Care Residency
1 graduate of the Women’s Health Fellowship
110 hours of English instruction for staff
230 hours of house church leadership training by national staff

A DOCTOR’S FAITH IS DEEPPENED

Sopheak was suffering with weakness in his legs and arms, and eventually he could not work his farm. Through a neighbor, he was referred to MMC by a local church (and referring partner). Both the church and the staff of MMC had shared the Good News of eternal healing, which he contemplated throughout several more visits to MMC. On the fourth visit, he gave himself fully to Jesus.

He prayed for answers and finally, believing it could be an autoimmune disease, he called Sopheak in for more blood work. With a confirmed diagnosis and proper treatment, his physical condition improved radically. Sopheak and Vivat agree that God had a message for each of them. Sopheak learned that true healing and peace are found in Christ, and he is sharing the Gospel message with others all over his province. And Vivat learned in a deeper way that Jesus is the great healer and that prayer is effective.
As we strive to position MMC for future sustainable impact, we have been deliberate about strengthening our partner network. In 2018, new partnerships were forged with several international Christian medical organizations who provided resources for training and consultation services.

As national church leaders from local churches refer the sick to MMC, the demonstration of love and compassion is compelling as they reach out to their own people. The spiritual fruit borne through MMC is driven by the Holy Spirit as people all over the world pray. While MMC faces intense spiritual opposition, prayers are being lifted up in consistent prayer meetings in six locations worldwide. As we have expanded operations and training, U.S. churches sent us two new missionary couples who are currently preparing for ministry through full-time Khmer language study.

THE NEED IS GREAT

We often receive letters from our Referring Partners. Several of them are working with a number of tribal groups in Ratanakiri province, representing over 100,000 people. A lack of amenities such as medical research and care is a huge issue for these people. Together with these partners, we proclaim the good news in both word and deed, often leading people to the source of ultimate healing.

Following is a letter written by a referring partner:

“As you know, there is a group of around 6 tribal villages that have a high number of possible hereditary motor and sensory neuropathy cases. They start with footfall, chronic intestinal issues, and always lead to premature death, usually around age 30 to 50.

I’ve been involved with a few dozen cases myself over the past 10 years, and they can all be traced to these few villages. All of them died prematurely.

I am sending a young man to MMC this week. His mother died of the same kind of neuropathy at age 44, and now he in his 30s has footfall and the same intestinal issues. I told him that no one has been able to find a cure for this sickness (even in America), that it isn’t spread by contact, but rather is hereditary, and that the fate of his mother is likely his fate. He’s a new believer, so I was surprised at his faith when he said that he knows this might be the final outcome, but that his hope is in eternal life in Christ. Wow.”

Local Partnerships

- 98 Cambodian church partners
- 2 Cambodian NGOs
- 31 mission organizations

International Partnerships

- 42 individual partners
- 9 churches in 4 countries and 5 U.S. states
- 1 Christian Medical Organization (Hong Kong)
- 80 hours of prayer at 6 regular prayer meetings worldwide

Partners in Education and Training

- 4 International Christian Medical Organizations
- 6 international mission organizations allocating 14 missionary trainers
FINANCIAL REPORT

REVENUE

<table>
<thead>
<tr>
<th>Revenue Source</th>
<th>Amount</th>
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<tbody>
<tr>
<td>General Donations</td>
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<tr>
<td>Referring Partners</td>
<td>$100,266.00</td>
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<tr>
<td>Patient Fees</td>
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<td>Other Income (incl. rental)</td>
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<td><strong>Total General Revenue</strong></td>
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<tr>
<td>Grants &amp; Donations for Spec Funds</td>
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<tr>
<td><strong>Total Revenue</strong></td>
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EXPENSES

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<tr>
<th>Expense Category</th>
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<tbody>
<tr>
<td>Wages &amp; Benefits</td>
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<tr>
<td>Pharmacy Costs</td>
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<td>Medical &amp; Surgical Supplies</td>
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<td>Administration &amp; Security</td>
<td>$2,270.00</td>
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<tr>
<td>Utilities (electric, water, etc.)</td>
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<td>Communications</td>
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<td>Staff Education &amp; Development</td>
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<td>Holistic Care - Community Health</td>
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<td><strong>Total Expenses for Patient Care</strong></td>
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<td>Eye Care Fund</td>
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<td>SIT Team Special Project Fund</td>
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<td>Women Health Fund</td>
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<td>Water Filers</td>
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<td><strong>Total Special Fund Expenses</strong></td>
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<td><strong>Total Expenses for 2018</strong></td>
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<tr>
<td><strong>Excess of expenses over revenues</strong></td>
<td><strong>$3,804.00</strong></td>
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GENERAL REVENUE

- Other Income (incl. rental): 2.5%
- General Donations: 23.9%
- Referring Partners: 14.8%
- Patient Fees: 58.8%
- Wages & Benefits: 42.9%
- Pharmacy Costs: 29.3%
- Communications: 0.2%
- Utilities (electric, water, etc.): 5.4%
- Administration & Security: 7.7%
- Holistic Care - Community Health: 1.9%
- Staff Education & Development: 2.5%
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