

## Theological Clues from the Leading Causes of Life.

Adapted from remarks given to the Christian Medical College of Vellore, September 21, 2025.



We stand like the women gathered at the tomb expecting to hold memory and honor the dead. Instead, we are totally disoriented by good news. "Why are you here among the dead? The one you seek is alive."



Faith-based hospitals stand like the women at the tomb expecting to hold memory and honor the past. Instead, we—like the women—are totally disoriented by good news: "Why are you here among the dead? The one you seek is alive."

And inconvenient Ezekiel. I was serving as a hospital executive in 2007 when pastor Larry Pray phoned. "Gary, grab the Bible on your desk and turn to Ezekiel 47! I asked my

secretary to go find one, then quickly read about the trickle of living water escaping the temple, running down the street, growing into a torrent downstream over his head. "Man do you not see it?" "See what?" I asked with the man in the water. "That you are being carried by a torrent of life, surrounded by even more life on the banks." That is what we build strategy on-- .....that torrent.

I don't know of anyone as thoughtful as the Christian Medical College of Vellore about your clinical beds and medical school. You actually do follow John Wesley: "Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as ever you can." And you are famous for impeccable science to attract paying patients so you can cost shift. But strategy for *justice* is more complex than mercy. Mercy is often reactive; justice demands strategy tuned to the forward dynamic—the *dunamis*—the powers in play that shape the future.



Excellence is a quality of life

Faith should move toward fear, friction and disconnection like an excellent immune system does to an invasive pathogen.

Trust, generosity and compassion; excellent.

The word "excellence" is all over the conclave documents. The word is common in academic healthcare, but often superficial, nothing like the depth in both Greek (*arete*) and Hebrew (*metzuynut*). Excellence is less about fame and more about comprehensive effectiveness to a high moral standard. In events such as this one, we always hear about Philippians 4:8 ("Finally, whatever is true, whatever is noble, whatever is

right, whatever is pure, whatever is lovely, whatever is admirable—if anything is excellent or praiseworthy—think about such things."). But we should slow down and unpack what those qualities mean strategically so that we are informed and not just inspired.

In one of my early meetings as a young executive a physician announced a new "center of excellence" for some disease or another. Wherever there is fear, friction and disconnection you

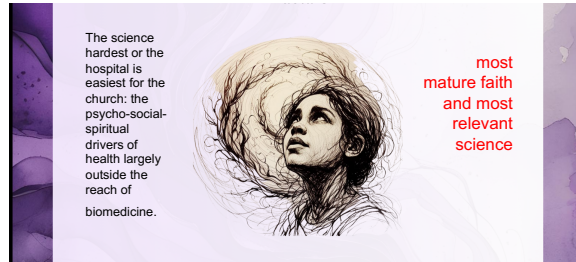
should see *excellent* faith, faith people, faith networks building the opposite. Excellent faith moves toward fear, friction and disconnection like an excellent immune system does to an invasive pathogen. It heals with Trust, generosity and compassion.

Excellence is a quality of life. One makes the choices that lead to life. Often an academic medical center focuses on the diseases, maladies and mortalities. I ask both theologians and scientists to look from the perspective of the Leading Causes of Life as a strategic balance.

Don't skip past the logo for the Conclave: *reimagining healthcare for the future*.

One thinks of artificial Intelligence, imaging, pharma, robots. That future demands a reimagined church, too, and not just for theological reasons. The science most difficult for the hospital is most relevant to the church: the psycho-social-spiritual drivers of health largely outside the reach of biomedicine. And just

as the hospital is tempted to focus on the things most popular, so too the church can focus on the easy things it is comfortable with. We will need our most mature faith and most relevant science



Medical science works best with variables that can be isolated and tested by the tools and technologies of its hundreds of separate specialties. But a strategy needs an integrative language and logic. Here the sciences and theologians feel like the man in Ezekiel drawn over his head into turbulent complexity toward the psycho-social, and most interestingly the *spiritual* dynamics.

For years I've been part of a small group of thinkers partly founded by one of your own, Dr. Anna Tharyan, called the Leading Causes of Life Initiative. Next week at Cambridge we will release a thin book with a thick title, *Taking responsibility for the life of complex human ecosystems: Deep accountability*. The Conclave is doing exactly that-- taking responsibility for the life of the complex human ecosystems in this part of the world called India. You need both science and theology to do what you wish to be deeply accountable for the gifts God has placed into your stewardship.

What theology is most relevant? Methodist Ted Jennings urged me back toward trinitarian thinking. He noted that for more than a hundred years theology has focused on defending the god-head against secularity. God simply says I Am and needs not defense. The risk is that thinking we are defending God distracts us from doing our work as partners with the living god. To do that, we need the other relevant “-ologies” so tht we can understand how the spirit moves in, through and around our human structures that include tens of thousands of staff, the many tens of thousands of patients, families and communities that God so loves. That “-ology” is pneumatology; Spirit, wind, breath, movement. The Spirit that moves Ezekiel's torrent of living water.

A hospital is not its massive buildings, which are often falsely called “anchor institutions.” They are more like a fleet of sailing ships built for the high and heavy seas, the wild current of complex life. The buildings are like sails crafted to catch the spirit of a dynamic Creator, still moving today. We need a strategy for wind; a theory of how institutions breathe. *Pulmonary theology*. In Greek, *pneuma* means both wind and breath. The buildings are lungs; tens of thousands of patients carried by the breath in and out, every day, 125 years of days. I ask with Ezekiel: can you see it?

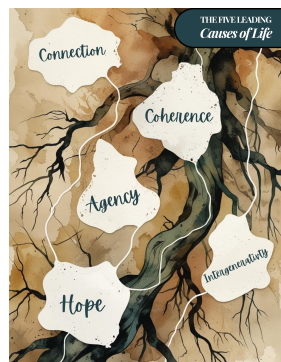
As our scientists embrace complexity, so too must the theologians. I think there is a fourth part of trinitarian logic, *ecclesiology*. This includes all of the social, political and administrative structures *through* which (not just *in* which) the Spirit moves. Not what the Board of Directors *thinks it thinks* about “theo.” I is how the institution and all its ecclesiological partners make the choices that lead to life. *Living breathing structures for the living breathing God*.

The basic competency of a medical or theological professional is to ask the right question. In the presence of suffering it is right to ask, “What I can do to help?” But suffering is not the only thing that is going on. Sometimes the right question is about life, not death.

When President Jimmy Carter left the White House he worked in close partnership with the CDC in a study called Closing the Gaps built to answer his good question: how much premature death could be prevented based on what we already know? I’m sure somebody from Vellore was present. The answer in the 1980’s was two-thirds. It is much higher now as we understand so much more about the social drivers, adverse child experiences and advances in predictive medicine. That is still focused on preventing pathological phenomenon. We still hardly know have to talk about the most basic gift of God, the adaptive complexity called life. That was the focus of a later Carter Center initiative that I led, the Interfaith Health Program that led to the Leading Causes of Life Initiative.



Let your strategy root deeply in the causes of life and grow naturally into the fullness of health



Let me very briefly sketch the five simple causes so you can sense how they might invite more expansive theology and science; science and theology.

The first cause is connection. Jesus came into our midst to connect God all of us, of every kind and circumstance. Every one. We are to live as agents of re-connection--reconciliation. Life flows through connections, from Ida’s pushcart to all the

thousands of medical professionals, linked hospitals and institutions of mercy, justice and, let us just say, life. Those connections are not fragile, tethered by mere human governance, but held by the very life of God. Connection.

The second is coherence. I do not mean the things we think we think; we believe we believe. I mean the living Word that speaks in in our gut that our small stories are part of a larger one. Every ritual, symbol, song, poem, scrap of validated data and passage of scripture that helps us see and feel that gives us life.

**coherence.**  
Not the long list of things we think we think.  
The living Word beyond all mere human words that lets us know in our gut that life makes sense, that our small stories are made whole as parts of a larger one beyond our short years.  
Every ritual, symbol, song, poem, scrap of validated data and passage of scripture that helps us see and feel that gives us life.



The third is agency; the capacity to do, choose, move, act with intention and creative imagination—toward life. This is what the conclave is for, to discern what to do next. Agency includes of all the connections, those you influence as well as those you think you control. Everything is made alive by the coherence above. *The Quakers teach us the most important agency is how you exert influence without control.* You—we— influence by generosity, grace, humility and the risks of faith that animate the agency of others who may be drawn to life.



The fourth is generativity. Sometimes I call this *blessing*—the flow of blessing that God generates among those so loved. This is never contained or held; always flowing *among* us and *through*. Parents, pastora and health professionals live to flow life beyond themselves. Capra says humans are dissipative creatures, living on what passes through. But we are more; we are *intergenerative* creatures, made to give and to thrive in the abundant

flow. No love is ever wasted, no act of mercy without fruit, no work of justice in vain.

The fifth is hope. This is not medical optimism. People would walk and crawl for miles to CMC because they think you are smarter than whatever is trying to kill them. The placebo effect will amplify your skills. Not that. I mean the hope my Methodist mother who was not anxious near death, but because she was confident her hope for all who she loved would live beyond her. All of us will die, just as she did. But not all of us will hope in such a manner and thus live less even while we do breathe.

That's the five, connection, coherence, agency, generativity and hope. They hold open space for complexity so that we can be accountable deeply—*strategically*. Of course, we all fall ill and die. We are called *homo sapiens sapiens* because we know we know that we die. The leading causes of death only adds the footnotes to the fear. But we know more. Ezekiel urges us: *look around, people, see the living flow!* Maybe it is time to change our name to *homo sapiens spiritus*.

Life is a better intellectual and strategic question. Death and morbidity are mostly the domains of entropy, friction, breaking and toxins. Things run down and fall apart, as we have known since

Newton. But entropy is not all there is, as we have known since Einstein squared the equation of  $E=MC$ ; and long before, when the women were sent from the tomb to find the Living One.

Jim Cochrane, who coordinates the Leading Causes of Life Initiative follows Kant: the *possibilities* illuminated by creative imagination are as real—maybe more so—than the *actualities and challenges*. Life moves up, not just down. We about the breaking down. We must also focus on the wonderfully made living complexity of a God that outlives death.

We have begun—only begun—to explore the implications of the five causes for interventional medicine, public health and the broad array professions engaging the bio-psycho-social-spiritual drivers. The theological implications are even *more* promising as the church—with all faiths--struggles for relevance, credibility and trust in world drifting toward nihilism and despair.

CMC has been ahead of the science and theology all along. Who would have imagined a medical school just for women? Not the academy or clergy! But CMC did. Maybe you could be the place where the leading causes of life could *strategically* balance the work you do against death.



Pulmonary theology (The Spirit) follows Jesus out the door into the neighborhoods just as medical science is struggling to include the psycho-social-spiritual drivers of health outside the clinical walls. All are invited into the hopeful mystery of how much spirit God has put into the world, and how many spirited stewards there are with which to partner.

The next 125 years will reflect the choices you make that lead toward life. Yours is not an improbable story of a battle against death, leading from pushcart to medical edifice, now precariously alive in the wilderness of 21<sup>st</sup> century capitalized medicine. The causes of life may help you see that you have plenty of science and Spirit for exactly this time.

God is in the flow of life that has carried you here. Can you see it?

May it be so.