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I've joined this denomination twice. The first time I was 15 when my Evangelical United Brethren congregation became the "united" part of Methodist and then again forty years later.

I accidentally left the fold during seminary when my wife and I were drawn to a wonderful social action congregation that was much closer to Wesley's social principles than its Baptist identity would suggest. After a three decade hiatus I came back to United Methodist Church fellowship by joining Methodist Healthcare in Memphis, Tenn., one of many hundreds of extraordinarily vital United Methodist Church institutions scattered around the world. I would not notice the denomination had lost members ever single year since I had joined the first time, except for the fact it is hardly all the church leaders seem to want to talk about.

I've found the constant hand-wringing about missing members curious since I have been most amazed at the scale, scope, and tenacity of the United Methodist Church institutional presence around the world. A teenager would not find large institutions interesting, but as a grown up, I've come to appreciate their capacity to generate new life. Methodist LeBonheur Healthcare—just one among many institutions—has 10,000 employees that are a powerful engine of compassion and one of the largest employers in the region. So the first time I attended an annual conference and heard the question, "Are we yet alive," I thought it a silly question. Yes. But what are we doing with the extraordinary life that we yet have? And how might we get more life?

The question about life is the ever revolutionary heart of our work in Memphis, a city known for death—that of Dr. King in 1968 and nearly the whole city in 1878 by yellow fever. Much of the imagination of the hospital is captured by disease, injury, and dying—it is what we constantly fight, so it is what we constantly think about. We fear losing and hardly notice that fear makes us blind, dumb and uncreative whether we fear losing church members or body parts. We literally dwell in fear.

As an academic medical center, we know it is important to think systematically about what matters most to our patients. So we are learning to think about what causes life—the life of those who come as patients, their families, those who care for them, our physicians, their congregations and the larger communities. Even asking about the life of all those brings us alive and begins to tune us to what God has already done to seed all of the systems with vitality and possibility. We focus our attention on how our patients (and all the rest) are *connected*, on what gives *coherence*, on how we assert our *agency* of choice, of how we are suspended in a web of *blessing* and what gives *hope*. Those five simple words shape a language of life that allows us to talk about what matters most. In a medical environment we've learned that the language of life helps us look for what we might overlook. It lets us notice what is present, not just what is missing.

This language of life turns out to be useful exactly where we didn't expect it: hospice, funerals, with patients in pain and in consultation with clergy under stress. "Happy talk"

gives way quickly there and it should. But life does just fine—even at the end; as you would expect.

There is plenty of life in the church. But you have to ask the right question to see it. We are deeply connected to thousand of communities through many thousands of rooted institutions. Wesleyan logic is coherent and relevant (and it sings well). We have a stunning array of choices before us that could channel our agency. We are deeply aware of the blessings we have received from a pantheon of ancestors and we can see how our children's children could be blessed by our faithfulness. And our hope is tangible, real, grounded in experience. I have little patience for singing “Are we yet alive?” But I can hardly resist bursting into a chorus of “How can I keep from singing?”