



Il Superiore Generale
Superior General

LETTER OF THE SUPERIOR GENERAL

Liturgical Memorial of St. Camillus

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401 years after his death

To our elderly and sick religious brothers
Growing old with dignity and elegance: an ethical imperative and a personal choice!

Wisdom is appropriate to the aged (Sir 25:5a)

*My son, take care of your father when he grows old;
Give him no cause for worry as long as he lives.
Be sympathetic even if his mind fails him,
Do not look down on him just because you are strong and healthy.
The Lord will not forget the kindness shown to your father (Sir 3:12-14a)*

During the course of my fraternal visits to various areas of Camillian geography in the world during this first year of service of mine to the religious brothers of our beloved Order, taking seriously the invitation of our pastor, Pope Francis, to move out of ourselves (*personal exodus*) to meet our brothers and sisters, above all those who survive in the existential outskirts of life, I have had the opportunity of meeting very many elderly and sick religious of our Order.

I came across the cries of many which touched my heart, cries at times of people in difficulty and/or at times that were silent, expressed with tears in their eyes, with sad and beseeching eyes: 'do not forget about us, come back to see us again'; 'take care of our Order with affection, please!' I was reminded of some religious brothers of ours whom a Superior General of the Order (1977-1989), Fr. Calisto Vendrame – who was my spiritual director and teacher for various years during my period of formation in San Paolo, Brazil, remembered when writing a very fine 'Letter to the Elderly'. This message was inscribed in the hearts of an entire generation of young and adult Camillians at that time, many of whom are elderly today. I imagine that it also had an important effect in strengthening the self-esteem of elderly Camillians who today are probably in the house of the Father.

We remember with nostalgia this beloved religious brother of ours when re-reading this text which was published in our CCI (Centre of Camillian Information) bulletin in the column dedicated to 'The Word of the Superior General'. The prophetic vision of his message is of surprising contemporary relevance, and this in terms of Christian ethical values, belonging to historical, sociological and socio-political times that were so different from today...and a little more than thirty-three years have passed (cf. *CIC*, n. 147, year XII, 20 April 1982, pp. 157-158). Our human condition is such that when we are elderly or sick we are touched in a deeper way in our frailty and vulnerability, to the point of becoming 'high-sensitivity radar'.

In the special year that the Catholic Church has dedicated to consecrated life we are invited to 'look to the past with gratitude, to live the present with passion, and to serve with Samaritan compassion and embrace the future with hope'. This letter, in reality, emerged as an analysis from an ethical-pastoral point of view of the reality of overall human ageing (NB: the first point can even be ignored by those who are not interested in a scientific-academic knowledge of the context and the reality of the problem under examination) and requires a little time, patience and dedication for a thoughtful reading. In drawing up this message to my elderly and sick religious brothers I express my gratitude to those who have constructed this heroic Camillian history, which has lasted for more than four centuries, for the many exhortations that they have offered me.

Differently from Asian culture where elderly people are still seen as being culturally relevant and socially respected as the memory and the embodied wisdom of the community (cf. in Japan the day dedicated to the elderly is celebrated as a national holiday), in our western culture the elderly are not seen in such terms. The emphasis is increasingly placed on their disabilities and limitations, on the costs and expenditure that are needed for their care at the level of health-care policies, and on the deterioration of the system of pensions. Increasingly less emphasis is placed on their rich life histories, on the experience and human wisdom of which they are the custodians. At the basis of this reductive vision of the human person, who is defined solely for what he or she 'produces and not for what he or she is', a great question is located: ageing constitutes a stage in life that is characterised by an existential crisis that has three dimensions: an identity crisis (with self-loss); a crisis of autonomy (with an increasing dependence on others); and a crisis of belonging (an uprooting from his or her environment and a move towards an old people's home). We need to retrieve, through a resilient approach, the meaning of this *crisis* that deeply afflicts *elderly people*, above all in our society, which is by now defined as a *throwaway civilisation* and one with programmed expiry dates! How Pope Francis insists: "There was much progress in medicine and in social assistance, but was also spread out a throwaway culture, as a consequence of the anthropological crises that has no more the human being at its centre, but the consumerism and the economic interests (cf. **Apostolic Exhortation Evangelii Gaudium, 52-53**). Among the victims of this throwaway culture, I would like to remember in particular the elderly, (...), the elderly that are the memory and the wisdom of the humankind. Their long life is not always saw as a gift from God, but sometimes as a heavy burden to carry, mainly when the health is deeply weak. This mentality does not any kind of good to society, and it is our duty to develop some "vaccine" against this way of consider the elderly, or people with disabilities, as if their lives would be lives not worthy of being lived. This is a sin, is a grave social sin (...). We need to learn a different vision about life and the human person!" (Pope Francis, **Torino 21/06/2015. Meeting with the sick and people with disability at the Cottolengo's Church**)

Until not so long ago, the scientific literature only mentioned *old age*. Today the scientific literature on ageing detects three categories of elderly people: a) young elderly people between the ages of 65 and 75; b) elderly people in the true sense of the term between the ages of 75 and 85; v) very elderly people, those who are over the age of 85, who in the near future, according to researchers in this field, will increasingly grow in numbers! At the time of St. Camillus people spoke a great deal about *the poor and the sick*, whereas the category of *elderly people* was almost never mentioned in his writings! Certainly there were elderly people during that epoch. Today, however, together with the poor and the sick we also have the great task of looking after the elderly who need special care and concern, above all if they have chronic degenerative diseases such as Alzheimer's and Parkinson's. The ageing of the population is a very recent phenomenon in human history. In developed countries the number of paediatric hospitals has decreased in a significant way

and in many cases they have even disappeared, but in the other direction nursing homes and/or old people's homes have multiplied, becoming a real form of remunerative business within the panorama of the world of health and health care.

Today we are living to the full the glamour epoch of 'post-everything' in many aspects of human life. We live in a society that is called 'post-modern', reference is made to 'post-industrial', 'post-Christian' and even 'post-death' and 'post-human' civilisation! Yes! 'Post-humanism' is an ideological movement which in proclaiming the banishing of death from the life of man – which is seen together with ageing as an *illness* to which a remedy must be found and not as a dimension of our existence – offers us the 'gift of immortality' on earth. In addition to sophisticated pseudo-scientific techniques, promises for the near future, we are almost able to stop the biological clock of human ageing and then, indeed, we could live eternal youth (*bio-gerontology*).

Humanity has still not managed to uphold and apply the fundamental rights of man which were proclaimed by the United Nations in 1948 at the end of the Second World War (1939-1945) and which guarantee the possibility of living with dignity (freedom of thought and of conscience, education, health, housing, work, etc.). And now we are already involved in this anthropological vision according to which a human being is something that has to be gone beyond and superseded. Naturally enough, we have before us an ideology which, just as it has tried to deny our finitude, is now also trying to deny our human condition. Age cannot be seen as a pathological process or worse as a tragic destiny upon which we cannot intervene except through passive acceptance!

We have to discover how it is possible to grow old with grace, wisdom, serenity and aesthetic elegance. This is the horizon of the analysis that I offer in this message, whose contents in large measure are organised into three parts: 1) some ethical reflections on statistical data about the reality of human ageing in the contemporary world and the challenges that are posed in terms of public policies and health care; 2) the challenge to become protagonists in the art of living with dignity and to be joyful about the 'Sunday of our lives'; 3) some suggestions to young people and elderly people remembering with gratitude Fr. Calisto for the legacy of tenderness which he left in the hearts of many religious brothers of ours.

1. Human Longevity and the Ageing of the Population: a Rapid Global Check up!

1.1. We are living longer today: increasing the number of centenarians!

Often when praying with the Psalmist we proclaim that 'Seventy years is all we have, eighty years if we are strong; yet all they bring us is trouble and sorrow; life is soon over, and we are gone' (Ps 90:10). Today we live much longer, we already coexist with a significant number of people who are more than a hundred years old. In the year 2011 there were 316,600 centenarians in the world according to the World Health Organisations (WHO). The second part of the verse of this psalm points out the challenge: to add more life to our years than years to our lives. Indeed, the final stage of life is always more characterised by the presence of terrible chronic-degenerative diseases, amongst which – principally – Alzheimer's disease (dementia) and Parkinson's disease.

The fact that the world's population is ageing at a very high rate is no longer news for anyone. Advances in the field of public health, improvements in standards of living, the advance of medicine, of geriatrics and of gerontology, amongst other factors, have contributed in a significant way to giving increasing quality, dignity and health to elderly people. However, it is very sad to observe that many people – above all the most vulnerable and neediest – are excluded from this

achievement, even though they live in a globalised and interconnected world which is increasingly globalising injustice and indifference more than solidarity. To reach old age is still the privilege of a few, above all in the poor countries of the world.

From a simple look at history we realise that human life was very short more than two thousand years ago at the beginning of the Christian era. According to the demographic data, in that epoch human beings on average lived for 25-28 years. Jesus was crucified at the age of only 33 and he could already be seen as an *old man*, given that he had lived longer than the average lifespan of people of that time, even though for us today he would still be very young! Wars, epidemics, natural disasters and the lack of prevention in relation to endemic diseases and parasites were the primary causes of a short existence. In 1900, nineteen centuries later, the average life expectancy of human beings on the earth had grown to about 43-46 years. This means that in the twentieth century life expectancy was double. In this history of the development of human life, in less than a century, taking as reference point the beginning of the twenty-first century, and looking at the twentieth century, despite all the atrocities, the natural disasters, the epidemics, for example Spanish influenza decimated a third of the population of Europe in 1917 and wars that cost millions of human lives, life expectancy in human beings increased on average by 20 years, reaching 60-65 as a global average. This means that in less than a century we added another twenty years of life! Clearly the development of knowledge about public health, the prevention of illnesses, the discovery and the use of antibiotics, and improved living conditions were the key factors in this revolution which brought about an increase in human longevity.

The World Health Organisation in its report ‘Global Health Statistics – 2014’ offered some data on this global panorama where in recent decades human life expectancy has improved notably. A baby born in 2012 had an average life expectancy of 72.7 years, if a girl, and 68.1 years, if a boy. This means that this child has six years more of global life expectancy compared to children born in the year 1990. The greatest advances have been achieved in low-income countries where average life expectancy increased by nine years between 1990 and 2012, and more specifically 51.2-60.2 years for men and 54.0-63.1 years for women. An important factor that helped to increase life expectancy in low-income countries was the reduction in infant mortality and the treatment of infectious diseases in adults. The six countries that recorded the greatest advances in the growth of life expectancy in their populations were: Liberia (19.7 years), Ethiopia, the Maldives, Cambodia, Timor East and Rwanda.

The ten countries with highest life expectancy at birth for man and women born in the year 2012 are: (for men) Iceland, 81.2; Switzerland, 80.7; Australia, 80.5; Israel, 80.2; Singapore, 80.2; New Zealand, 80.2; Italy, 80.2; Japan, 80.0; Sweden, 80.0, and Luxembourg 79.7; (for women) Japan, 87.0; Spain, 85.1; Switzerland, 85.1; Singapore, 85.1; Italy, 85.0; France, 84.9; Australia 84.6; Korea, 84.6; Luxembourg. 84.1; Portugal, 84.0.

As one can see, life expectancy of men is about 80 years in nine countries. The highest levels are in Australia, Iceland and Switzerland. For women, life expectancy is the same as, or higher than, 84 years in ten countries. The greatest life expectancy for women is in Japan, with 87 years, followed by Spain, Switzerland and Singapore. At the other end of the scale, there are nine countries, all in sub-Saharan Africa, where the average life expectancy for both men and women is less than 55 years.

There is no doubt that people live longer but the length of this period of life depends upon the context in which we are born. A child born in the year 2012 in a high-income rich country has a life expectancy of 75.8 years, that is to say more than fifteen years more than a child born in a low-

income poor country, that is to say 60.2 years. For girls, the difference is even greater: 18.9 more years in high-income countries (82.0 years) than in low-income countries (63.1 years).

Looking into the future, we hope that many more lives will certainly be saved by avoiding so-called *premature deaths*. We need a drastic move away from a culture with a segregationist and isolationist vision of elderly people, which causes *social death* before *physical death*, towards renewed inter-generational solidarity. In many countries near old people's homes places are beginning to be built for children to have moments of encounter between those who are beginning the journey of life and those who are almost saying goodbye to life. Lessons can be learnt on both sides.

1.2. Ageing in the twenty-first century: an achievement that should be celebrated and also a great challenge

The increase in longevity which ends with the ageing process is without doubt a triumph for the progress of human knowledge and one of the great successes of mankind. People live longer because of improvements in nutrition and hygiene, and advances in medicine, in health care, in instruction and in economic prosperity. Throughout the world the UN is trying to encourage, through its organisations that deal with the question of population and human ageing, a change in attitudes, of policies and social practices so as to assure that elderly people are not seen simply as passive recipients of pension plans but, rather, as active participants in the process of development, whose rights should be upheld.

There are some statistics on these demographic changes that are underway which provide an exciting panorama of the phenomenon of the ageing of the population at a global level. At the present time life expectancy at birth is 80 years in thirty-three countries. Five years ago this was true of only nineteen countries. At the present time only Japan has a population, over 30% of which is over the age of sixty. By the year 2050 it is estimated that sixty-four countries will have populations 30% of which will be made up of elderly people. The ageing of the population is taking place in all the regions of the world, in countries with different levels of development. Of the present fifteen countries which have more than ten million elderly people, seven are developing countries. Life expectancy at birth has increased all over the world. During the period 2010-2015, life expectancy at birth in developed countries increased to 78 years and in developing regions it rose to 68 years. In 2045-2050 every new born child will be able to live until the age of 83 in developed countries and the age of 74 in developing countries.

In 1950 there were 205 million people over the age of 60 in the world. By the year 2050 it is estimated that 10.5% of the population of Africa will be over the age of 60 compared to 24.5% in Asia, 24% in Oceania, 25% in Latin America and the Caribbean, 27% in North America and 34% in Europe. Every second, two people celebrate their sixtieth birthday in the world: an annual total of 58 million people. In the year 2012, 810 million people were aged over 60 and they constituted 11.5% of the world's population. The forecast is that this number will reach a thousand million in less than ten years and more than double by 2050, that is to say 22% of the world's population. The number of centenarians in the year 2011 was about 316,600; at a global level this will rise to 3.2 million by the year 2050. At this moment in history, for the first time in history there will be more elderly people than children under the age of fifteen. In the year 2000 there were more people over the age of sixty than children under the age of five.

Women at an international level are older. Today, for every 100 women over the age of sixty, throughout the world, there are only 84 men. And for every hundred women over the age of eighty,

there are only 61 men. These differences have important implications for the policies and planning of public programmes of health care and social security. The oldest part of the population is not a heterogeneous group to which general rules apply. It is important to recognise that this part of the population has many different characteristics, as is true of any other age group, as regards age, sex, ethnicity, instruction, income and health.

As regards income and health, at a global level only a third of countries (corresponding to 28% of the world's population) have plans for overall social protection which cover all the sectors of social insurance. Globally, 47% of elderly men and 23% of elderly women take part in the labour force. Thirty years ago aged economies, where the consumption of elderly people was greater than the consumption of young people, did not exist. Throughout the world, over 46% of people over the age of 60 have disabilities. More than 250 million elderly people have a moderate disability at this stage of their lives and this is the area where the most pressing needs for their lives exist: the availability of, and access to, health care and specialised assistance, in particular in the field of rehabilitation.

The report of the Population Fund of the United Nations, 'Ageing in the Twenty-first Century: Celebration and Challenges' (2012), offers the results of an interesting opinion poll carried out with 1,300 elderly people. It shows that we still have a great deal to do to offer dignified care to elderly people and to ensure the dignity of living in freedom with recognised respect. 43% replied that they feared physical violence; 49% believed that they were treated with respect; 61% used a mobile phone; 53% said that it was very difficult to pay for basic services; 44% described their current state of health as good; and 34% said that it was difficult or very difficult to have access to health care when this was needed.

In conclusion, one should emphasise again the need to respect the elderly, to offer the guarantee of an income, the opportunity of flexible work, and the elimination of forms of discrimination, violence and forms of abuse. They expressed the wish to continue to be active and respected members of society. In many cases it is elderly people who offer help and care to children and grandchildren, who do household work and who at times also offer support through financial contributions to their families using the modest resources of their pensions.

1.3. Alzheimer's: the disease that challenges science and our solidarity

This disease is associated with the ageing process and until a short time ago was called *sclerosis* or *senility*. When elderly people manifested memory problems or confused states they were defined in a pejorative sense as 'sclerotic'. Today we know that memory loss is a very serious question and unconnected with the will of people, but it can be a sign of a very grave illness – Alzheimer's disease. This disease afflicts about 35.6 million people in the world with the worrying forecast that it will double every twenty years, reaching 65.7 million in the year 2030, according to the calculations of the World Health Organisation. Its official name is connected with the German medical doctor *Alois Alzheimer* who discovered the disease in 1906.

There is no cure for Alzheimer's disease but it can and must be treated. It afflicts above all else the elderly. This is a sad and devastating disease that is responsible for 70% of cases of dementia. This disease manifests itself as a form of dementia with the loss of cognitive functions (memory, orientation, attention and language), caused by the death of brain cells. When it is diagnosed in time, it is possible to slow down its advance and to have greater control over its symptoms, thereby assuring a better quality of life for the person involved and his or her family. We still do not know

the direct cause of Alzheimer's but we well know the risk factors that favour its development: hypertension, diabetes, smoking and a lack of physical exercise.

Today many films portray the drama of people who are the victims of this disease. Such is the case of the film *Still Alice* (USA, 2014). In this film, the leading character, a teacher of linguistics, reveals all the dramatic character of this disease. 'The whole of my life I have accumulated memories...and they have become my most precious possessions, but all of that has been taken away. As you may imagine, this is worse than hell'. There is no absence of numerous testimonies of the heroic dedication of family relatives in providing help and care to these patients. Maria Soledad C. Ortiz, an assistant and member of the Alzheimer's Association of Costa Rica, has spoken about the drama that she has experienced and the care that she has provided to her mother who has Alzheimer's disease.

'My mother was my best friend and confidante until one day, nine years ago, I began to lose her. My family and I as well thought that she was depressed, but after a medical examination and the various tests the unforgiving news arrived: Alzheimer's!

I felt the world collapse around me. I could not accept that my dear mother was no longer herself, that this illness would consume her and that the day would arrive when she would not recognise her own daughter.

I knew that all I could do was to give her my love, understanding and support. I showed this at every moment, taking care of her in the bath tub, giving her meals, changing her clothes, going for a walk, in every hug, smile and kiss. Life gave me the opportunity to give back a little of the love and devotion that she had given me when I was small.

It is very difficult and sad when you realise that this disease advances and you feel alone. Many friends and relatives do not know how to help, how to behave and simply go away, abandoning the person involved. But the real friends remain and some members of the family share responsibility in providing care with love and devotion.

Personally I have to divide myself between being a daughter, a mother and an assistant. It was not easy for me to reach the necessary equilibrium but with the help of God I have been able to manage things, but, to be honest, tiredness overwhelms me in a moment, but people never tire of loving'.

In the middle of a terrible and dramatic process of loss, we must remember that we never lose our dignity! Words are difficult: silence and embracing with solidarity our vulnerability and that of our neighbour, taking care of other people, is better! This is the example of a family drama, which today is increasingly frequent, which requires the attention of health-care systems in training professionals who unite the necessary technical-scientific skills with human and ethical competence, but which also train of assistants for the family home.

Pope Francis talks about a *spiritual Alzheimer's disease* which involves forgetting about the history of salvation, about the personal history of the Lord. One is dealing here with a steady decline in the spiritual faculties which provokes grave disabilities in people. This takes place in those who have lost their memory of the encounter with the Lord, those who have become dependent on their own passions, imagination and manias, and build around themselves walls, becoming thereby the slaves of idols that have been sculptured with their own hands. Free us from this illness, Lord!

It is certainly the case that every season of human life has something to offer to society. We need to renew a new culture of care and respect for elderly people through education and the implementation of public, social and health-care policies that will create a new sensitivity towards appreciating the historical memory, the experience and the wisdom of the generation of elderly people which can be handed down to today's young people, who are the elderly people of tomorrow, so that they will grow old with grace and dignity in the future.

2. Living the 'Sunday of Life' with Zeal and Dignity!

The time of life experienced as *Κρόνος* is very well documented today by the scientific knowledge of geriatrics and gerontology. But the pathway of obscurity and shadows which the *Κρόνος* brings about is documented above all: changes and a drastic loss of energy, of strength, of ability, of lucidity, of will and of awareness of our finitude. To accept the time of life as a *Καιρός*, as a journey of life, while one lives in *Κρόνος*, is an option for a dignified and healthy old age.

Elderly people cannot live in a passive way in line with the style of *Κρόνος* which sees future aging as an unforgiving destiny, with the reduction of strength, energy and lucidity and with the growth of dependence on others. An elderly person needs to expand himself to herself in a creative way. He or she is going through a stage of life of existential wisdom and can still contribute in an active way to the life of the community and society. Ageing with dignity and elegance means living a choice, a challenge, an objective and a real mission that begins with ourselves, before proclaiming it to other people.

I would like to quote *Dom Aloisio Lorscheider* (a Franciscan religious), a Brazilian Cardinal who a few days before his death (23 December 2007), which took place at the age of eighty-three, gave a paper on 'Ageing with Wisdom' to his elderly Franciscan religious brothers in the same religious house to which he retired in silence during the last years of his life. He shared his personal experience and spoke about old age as the 'Sunday of life'. This was a fine image, one used by a shepherd who knows his sheep and recognises that on Sunday, being, socialising and celebrating or playing, acquire priority over work, over doing, over the things and the stress of our normal days!

We should meditate on the message of this 'wise and respectable old man' who tells us about his personal experience as an elderly person.

1. *Be careful not to lose our identity.* We are dignified people and we continue to be such even when we grow old. Ageing is not a misfortune of destiny: we can choose how to grow old without forgoing our capacities and our gifts of being and acting. The ideal is for death, at the moment of leaving this world (dying), to find us still fully alive and not living only awaiting death, ceding passively to boredom and pessimism. We have to *enjoy* every moment, taking all the juice out of life.

2. *A time of contemplation.* Old age can also be a time of contemplation and enchantment. We register many events, situations and meetings throughout our lives, including rather sad events, inside us. We should contemplate in a special way reality and the truth of our faith. If we do this, time will seem short because there are many things that have to be explored in a contemplative way inside us.

3. *A time of silence.* Old age is also a time of silence. St. Teresa d'Avila always laid emphasis on composure and above all on *interior silence*. When we were younger, because of our ages, we were more troubled and noisy. A little more advanced in years and we become calmer and more

reflective. We prefer more silent places, far from the infernal noise of the city, of the traffic and of the factories. Listening to music can be an important advance.

4. *A time of despoliation and detachment.* We gradually despoil ourselves of many vanities, superficialities, rancour, complaints and sufferings. This is the time of our personal *Kenosis*, of forgiveness and of the capacity to live in peace. With the passing of the years, we run the risk of becoming like blocks of granite: hard, impermeable and immutable. We believe that we have nothing to learn from the young and we close ourselves up within ourselves. How are our ideas, our tastes, and friendly people? We have to transform this block of granite into a block of crystal.

5. *A time of prayer.* Prayer is the special mission of elderly people. There is more time available. If we do not pray, our old age loses its meaning. Old age is a special moment when the spiritual dimension should be cultivated more intensely. And it is a good idea to become rejuvenated in our prayer. Prayer rejuvenates the heart. St. Paul reminds us that ‘even though our physical being is gradually decaying, yet our spiritual being is renewed day after day’ (2 Cor 4:16).

Prayer is also an instrument by which to move out of loneliness, which is the greatest threat of our epoch. It links us up again with other people and with God, strengthening our sense of belonging. It is a mysterious force but one that works!

6. *A time of dominion over ourselves.* How do we behave? Like impatient and selfish elderly people, murmurers, or as elderly people with tolerant and detached hearts? We need to create within ourselves a new look with greater serenity as regards the lives that we have lived. This means controlling our irritations so as to cultivate joy at being still alive and being able to contribute something meaningful to life.

7. *A time to cultivate and bear witness to gratitude.* Only those who cultivate humility and embrace their own human conditions of vulnerability are able to give thanks! The arrogant and the self-sufficient, convinced that they are enough for themselves, do not feel the need for God. We are grateful to God for the very many wonderful opportunities for growth that we have had throughout our lives. More than a *lament*, we are challenged to cultivate an attitude involving the *appreciation of life!* We are invited to express our gratitude to God for the very many people who have supported us during our whole lives.

In my pastoral life and experience with sick people and the elderly my attention has always been struck by how much people communicate to us, above all before a serious surgical operation, for example if there is a real danger of dying: ‘Father, if I have to bear pain or depend on others then I would prefer to die, may God take me’. We find amongst us many situations of elderly people who suffer, disgusted by their growing dependence on other people for medical care and they feel useless. What do they have to do to reacquire self-esteem, the joy of living, even in these conditions of the greatest human vulnerability? To live is to live with others, helping each other with solidarity in our needs. We must pay attention because our society acts against this outlook of values and defines depending on others as something that is *ugly* and even *unworthy*. This is said not to be a life worthy of being lived: it is better to die! And when we have to address some important difficulty in our lives, or a process of degenerative illness, there are no longer values that give sense and meaning to life in these conditions. In this situation, euthanasia is seen as being very positive and even as a clear option by which to exit from this existential situation. We must learn to embrace our condition of vulnerability by accepting care! Just as we are helped at the moment of our births...so we need help when we grow old and when the moment comes to leave this world. Remember what St. Camillus did and taught here!

Without any doubt it is a great challenge to prepare oneself to say farewell to this wonderful world created by God. Remember the short hymn that we say every evening at the end of the day – *Nunc dimittis* – known as the ‘Song of Simeon’ (Lk 2:29-32). This is the song of the night of life, spoken by the old Simeon who is already near to death and it reminds us of what we pray in *Hail Mary*: ‘the hour of our death’. Pray the canticle of *Nunc dimittis*, it places us in front of the art, the old style, of preparing our departure from this world when our time comes!

The greatness of Simeon lies in his humility, in the simplicity of his eyes which see the salvation of a frail child, in the tenderness of the embrace of his father but also of his mother in welcoming that baby that has just been born, in his readiness to create space for others, and always ready to place himself to one side, to diminish himself so that others may grow, as the prophet John the Baptist did. He has to grow; I, instead, must diminish (Jn 3:30).

There is no trace of that envy that is typical of elderly people towards those who will come after them; no suspicion, no jealousy, but only gratitude and serene joy. Whatever the case, Simeon was growing old in a healthy and serene way.

Simeon sees the salvation of God in that child because he is welcomed in faith. He believes that Scripture is a message of God for him: he believes in the promise of God. Here we have effective listening, listening that generates a strong faith and which can transform us into human beings who live the autumn of life as people who are more open, who are sunny, sweet, tender and hospitable.

3. Living with our elderly and sick religious brothers and the need to prepare oneself to grow old with serenity!

We are humans, not angels, and it was specifically in this frail and vulnerable human condition that one day, at a certain point in our lives, that we were touched by divine grace in a mysterious way. We have been chosen, instructed and sent into the world as men and women Camillians to be and proclaim *good news* (the Gospel). The challenges abound in this mission. According to Pope Francis, consecrated life has before it three great challenges which have to be faced up to with courage: ‘numerical decline, ageing and a fall in vocations’ (Pope Francis in his message to the Order of Minor Friars, 26 May 2015). Today we are faced with the challenge of re-establishing ties of intergenerational solidarity against an ideology that segregates, isolates and easily discards elderly people.

Our esteemed Fr. Calisto Vendrame – a former Superior General – in a text addressed thirty years ago to his elderly religious brothers, already warned us that ‘there is no need to separate our elderly. Their presence in our communities, when their experience is combined with wisdom, is a true blessing. To know how to listen and engage in dialogue in order to discover and meet the real needs of the elderly of which they are often fully aware’. Another important point ‘is to help the elderly to live their lives in all their dimensions, not taking their place’ (cf. CIC, n. 147, year XII, 20 April, 1982, pp. 155-158). In other words, to help is to respect the role of the elderly, their autonomy, even if reduced, without being paternalistic or adopting attitudes where they are treated as children.

‘Some elderly people become unpleasant unnecessarily in good faith (‘although it is not always ‘good faith’) because they feel obliged in conscience to see, correct and perhaps to censor and at times also to denounce. I would like if this were possible to spare them these sufferings, like the community, dispensing them from this obligation. When we are elderly, if we do not have the responsibility of being a Superior (who is the father of a community), we will all be more loved if

we know how to behave like ‘grandfathers’ rather than like ‘fathers’. The Book of Sirach advised this more than two thousand years ago: ‘But you should know what you are talking about and not disturb the music’ (Sir 32:3).

Father Calisto warned us: ‘It seems to me to be important for us as religious to know how to grow old with wisdom and serenity, to prepare ourselves in time to overcome the barrier of age without traumas. In knowing how to resist the two temptations of those who grow old: that of not accepting reality and not leaving tasks which we cannot perform adequately to other people, and the opposite one of losing confidence in our own strengths, even if reduced, and abandoning everything. The secret lies in knowing how to leave some activities and engage in others that are more congruous to our own strengths, without ever losing interest in life’.

‘If I could give advice to my younger religious brothers I would say: be full of understanding and love towards our elderly religious who with great sacrifice opened up the roads down which we now travel with tranquillity. They sacrificed themselves so that we could have what they could never have had. They need our gratitude and our affection. Open your eyes to see what they need, given that a ‘beloved elderly person is a winter full of flowers’.

‘To my older and sick brothers I say: we need your wisdom, example, prayer and warmth. Your presence in the community is precious not only because it gives us the joy of serving, like Christ himself, and anyway repaying what you have done for us, but also it enables us to recognise that without you the community would feel rather like an orphan and could also forget some dimensions of a reality that we should take into consideration so that our lives are more real’.

‘We also know that we can have ‘nights of the spirit’ because God is not easy for anybody, even though He is love or more precisely specifically because He is ‘Love’. Seeing you address in a serene way the ageing process, seeing you live not only memories but also dreams and projects, we also feel more serene and encouraged, travelling as we do down the same roads: we can look to the future with hope’.

Here the pathway we should follow is pointed to: the construction of a horizon of hope. To our elderly and sick let us express our care, respect and gratitude. Our young men and adults – the elderly of tomorrow – have before them a mission and an existential choice and nobody can take their place in this responsibility. Thus we ask ourselves the following question: how are we ageing? Are we taking care of *the elderly man* who is silently growing inside us? What kind of elderly people will we be in the future and how are we managing our interior world? Some live only through memories, they proclaim and pray the ‘psalms of life’s lamentations’: are some still capable of dreams, projects and gratitude?

May St. Camillus our Father Founder and inspirer protect us, and may the wise Simeon and the grandparents of Jesus, Anne and Joachim inspire us about how to address the moments of suffering of life, with gospel serenity so as to grow old with wisdom and elegance!

14 July 2015

401 years after the death of St. Camillus



Fr. Leocir Pessini, MI
Superior General of the Camillians

Superiore Generale
Superior General