

For Almost Five Decades, a Towering Advocate on Aging

Msgr. Charles Fahey Has Spent Decades at the Epicenter

The chairman of the board of the National Council on Aging, Msgr. Charles Fahey has spent his life working on issues that affect the elderly. A resume almost as long as he is tall — Fahey stands 6 feet 4 inches — details one position after another. Among the highlights: Appointed by President Richard Nixon, Fahey was a charter member of the Federal Council on Aging and chairman of the council under President Jimmy Carter. He's been a board member and chair of the American Society on Aging, a board member and president of the American Association of Homes and Services for the Aging and a member of the initiating

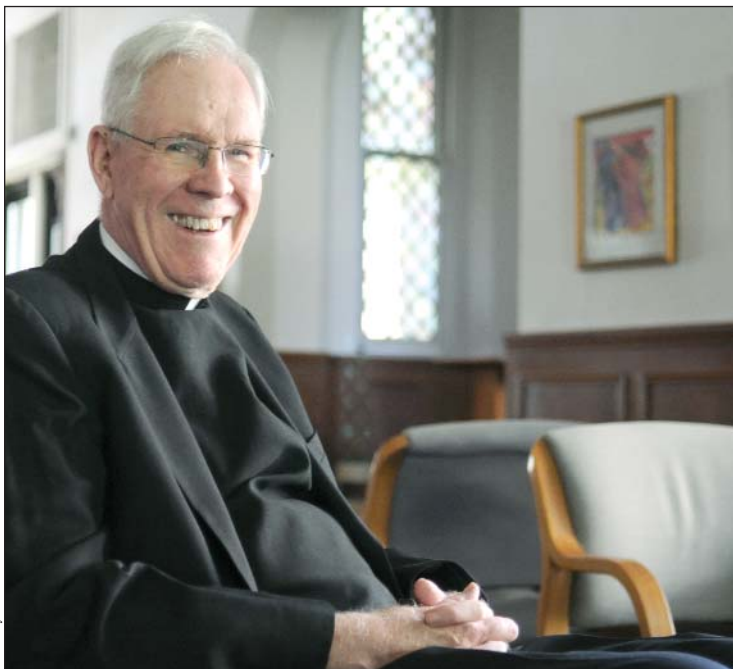
board of the American Foundation for Aging Research. For close to 50 years, Fahey has immersed himself in the many aspects of aging, becoming an unassuming expert whose knowledge of the subject is deep and broad.

Msgr. Robert Emmet Fagan, who first got to know Fahey 25 years ago when they were both heading Catholic Charities for their dioceses, describes Fahey as a man who likes problems and takes them on. "He's not a one-opinion person. He'll express his own opinion; he listens to others, and I think that's what makes him an engaging person in the enormously complex field of health care," Fagan said.

"A visionary," is how his friend and associate Jack Balinsky describes him. Balinsky, who retired in September as diocesan director of Catholic Charities in Rochester, N.Y., recounts how a colleague once said that if you want to know where society is moving in 25 years, there is no better person to talk to than Charles Fahey.

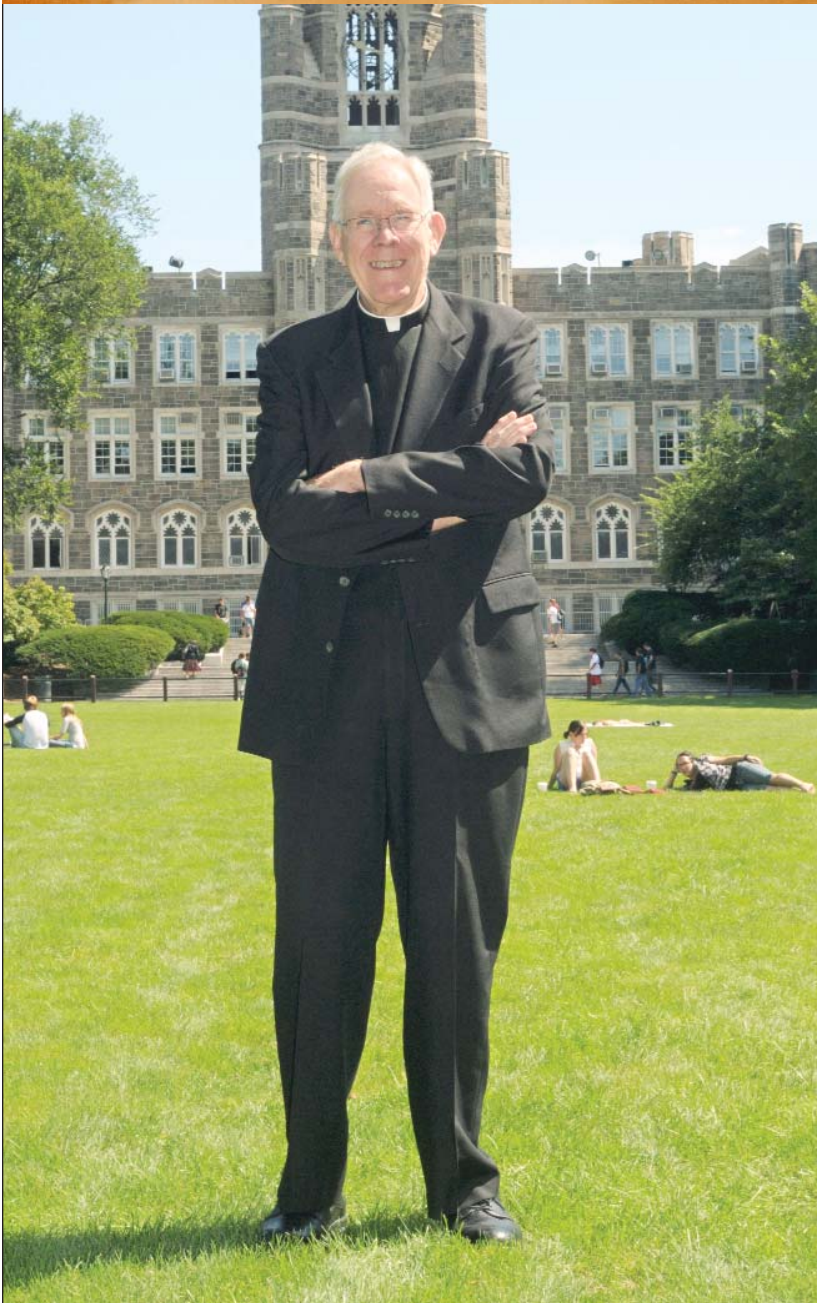
Friendly, low-key and modest, Fahey would probably shrug off claims to prescience, but he does acknowledge having a bird's eye view of the field of aging, witnessing its emergence in the early 1960s just as people were beginning to recognize the demographic revolution afoot in this country.

"I've been in a unique position. I've been in the middle of the whole thing as it has blossomed and grown. I continue to be at the epicenter of many decisions." Among the hats he wears, Fahey is a program officer with the Milbank Memorial Fund, a foundation that develops health policy, and is currently monitoring a University of Oregon study of drug efficacy so Milbank can report back to state governments what drugs they should support under Medicaid.



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Msgr. Charles Fahey



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Msgr. Charles Fahey has made Fordham University his home for 30 years.

His work on aging happened by accident, according to Fahey. He was a 27-year-old parish priest in Syracuse, N.Y., when he was assigned to work at the local Catholic Charities office. His boss, a delegate to the first White House Conference on Aging in 1961, told him aging was going to become an important issue and one he should educate himself about. Fahey went back to school at the Catholic University of America for a master's degree in social work and took an internship with the Baltimore Commission on Aging. Thus began a long career that led to his appointment to numerous local,

state and national boards, including terms as a board member of the Catholic Health Association and as a board member and president of Catholic Charities USA.

"I've been involved in the whole field of aging. I've studied it; I've built nursing homes; I've regulated them; I've been a son," he said. In January, he recovered from a hip replacement at the Fahey Rehabilitation Center in Syracuse, a facility named after him, one of five he built when he was diocesan director of Catholic Charities in Syracuse. "I don't think they treated me any differently," he reflected of the nursing staff in Syracuse. If they did, he said, it had less to do with who he was than with the fact that in their later years his mother and father had resided there.

Nursing homes had their great spurt in growth when Medicare came into being. Currently, there's a revolution under way in nursing home care, Fahey said, with state governments around the country seeking to keep people out of nursing homes both because people want to stay at home and because it's cheaper to keep them there. The nature of nursing homes is changing, he said. "Many nursing homes are now calling themselves rehabilitation centers," Fahey said, noting that those who are in nursing homes today "are people who are management problems — people who suffer from dementia, who

don't know where the bathroom is, people who don't have anybody else to care for them, people who are obese."

A diocesan priest of Syracuse, Msgr. Fahey still keeps a room in the city and often returns there to celebrate Mass. But for the last 30 years he's made his home at Fordham University in New York City, where he is the Marie Ward Doty professor of aging studies and a senior associate at Fordham's Third Age Center, which he founded in 1979.

The Third Age is one of two phrases Fahey takes responsibility for popularizing. If the first

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age is the period from birth to maturity and the second age the period of family and work, the third age is that period, now increasingly common due the decline in early mortality, that begins with retirement and ends in death.

Fahey describes the Third Age as a challenge to both individuals and society as a whole. Increasingly, he notes, people are living in four- and five-generational families, yet social and civic structures are geared to three generations and to having relatively few people in retirement. But today, there are far more of the retired, sometimes two generations, many who significantly depend on governmental transfers — Social Security and Medicare and, for the poor, Medicaid.

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“The dependency ratio is inverting in which we have relatively few workers vis-à-vis those not working — yet for whom resources must be transferred formally or informally.” The situation poses all sorts of issues in terms of love, friendship, resources, tasks and the transfer of wealth between the generations, he said. Among them, can people accumulate enough wealth in the productive years of their lives to pay for a long old age? How should the burden of supporting a greater number of frail elderly be shared? Do great-grandchildren have an obligation to support great-grandparents?

“We’ve never had this problem before,” Fahey said. “Most people other than those raised in poverty will be in four-generational families, and some in five.”

“Progressive intermittent frailty” is another Fahey phrase. Fahey coined the phrase to describe what he calls the universal random molecular degradation that occurs in people as they age, causing diminishment of their faculties and making them vulnerable to age-related disease and trauma. For some, decline may be severe and ongoing; others may enjoy a vigorous old age until the very end of life. Lifestyle, medical interventions, drugs, prosthetic devices, social supports and changes in the environment can mitigate the effects of progressive intermittent frailty, but they do not reverse its trajectory, Fahey observes.

A keen and lifelong golfer, he quips that at 76

he personifies progressive intermittent frailty. “I used to have a zero handicap. Now I’m lucky if I break a hundred,” he said.

Over the years, Fahey said, he’s seen perceptions of the aged change both for the good and for the bad. “We’ve become very non-discriminatory. At the same time, there’s a tendency to mass denial — that we’re going to get sick, that we’re going to grow old, that we’re going to die. Death was more natural in the past. There is a tendency now to think that if we eat the right things and do the right exercises, we’re going to be healthy, wealthy and wise.”

Fahey calls the mid-1960s “the high mark of societal concern” for the aged — the time when Social Security was liberalized and Supplemental Security Income came into being. “While we’ve had fixes of those along the way, now there’s a growing recognition that Social Security in its present form is unsustainable. Medicare is even more so. The disequilibrium between the taxes being taken out of people’s salaries and what’s being expended is more extreme.”

What lies ahead is unclear, but Fahey said there’s a widespread recognition that health costs cannot continue to rise at the same rapid rate as in years past, consuming ever more of the nation’s resources. At the same time, he said, there’s no doubt that provision of medical services is and will continue to be costly.

“Utilization of medical interventions is likely to increase. Unlike other fields, the costs entailed in technical innovations are generally additive rather than resulting in savings.”

Some kind of rationing or allocation of resources is inevitable, Fahey said. “There is no way we can afford as a society to provide every possible medical intervention.”

Interviewed in August when the debate about health care reform was in full cry, Fahey said three fundamental issues must be resolved: curbing the costs of health care while offering effective and efficient care to all; ensuring equitable payment for health care; and determining what and how medical coverage will be provided, especially for difficult end-of-life situations.

Undoubtedly, the pressures on the health care system will continue. What is uncertain, he added, is the will of the American people to do something about them. He termed the debate over health care reform this past summer “disconcerting,” as “it gives evidence that we have little sense of the common good, reciprocity and solidarity.”

In a homily he delivered on health care reform in late August, he maintained that ethical values

derived from the Catholic tradition can and should contribute to the national conversation on health care. For instance, he pointed out that the religious notion of the mystical body of Christ is the basis for the idea that we are obligated not only to our contemporaries in time but to those who preceded us and those who will come after us. Unfortunately, he said there are those who would distort the church's rich moral tradition about end-of-life care.

Increasingly, he said, he has come to think that the question may be not when it is moral to withhold treatment but when is it moral to offer it. At this moment in history, very few of us die naturally, he observed.

"When I question the notion of natural death, I think of all the 'unnatural' things we use to ward off, or at least postpone, death. While end-of-life discussions are within the context of what means should one use or must use to prolong life, there is an equally pressing question of when is it morally responsible to use things that preserve life, to interfere with the natural processes that are occurring. In fact, it's very hard to separate what is natural death from artificial death because of interventions that occur all throughout the life span that are designed to delay dying 'naturally.'"

Despite his familiarity with the issues of aging, Fahey said he comes to the conversations about them as a priest, not an academic. "My education as a priest and my values, my sense of social justice, my understanding of suffering, many, many things that have a religious perspective influenced my coming to be a leader in the field of aging. It's not so much being a priest as being a Christian grounded in the philosophical, theological tradition of the church."

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Fahey said his pastoral work and his experience with his own elderly parents have shaped his understanding. "It's not just an intellectual experience but an experience of the heart."

In demand as a speaker, Fahey recently posted a million miles on his frequent flier account. He has no interest in retirement, he said. "I'm a priest. I'm supposed to be a servant. I want to be a servant as long as I can be a servant."

A sense of service is what he would wish for all of the elderly — that they be civically engaged, builders of their neighborhoods, clubs and communities, concerned caretakers to one another. "Increasingly, we have to become more dependent on informal, personal supports because the public supports are likely not to keep pace with the growth in need," he said.

Retirement is an opportunity that can be squandered very easily, he added. "If you don't stay engaged, you're likely to disintegrate emotionally, spiritually, intellectually. When you get to be old, you have to continue to be creative." ■

This article was reported and written by Margot Patterson, a writer in Mission, Kan.



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Health Progress®

Reprinted from *Health Progress*, November - December 2009.
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