

Rev Charity Ngaruiya, PhD, BCC  
Chaplaincy Monthly Update- March 2024

It's hard to believe that this is my third month serving as a chaplain at LA General, as days seem to be moving so fast. This month, I would like to highlight my encounters with vulnerable patients as they make up almost a third of my daily visits. While reflecting on these patients, a colleague asked me why I am drawn to those who are vulnerable because of a project I am working on. Her question got me thinking back to 2004, the year I started serving God on a full-time capacity. I was doing my pastoral internship at Nairobi Chapel back in Kenya, and part of my time was spent in social justice ministries such as a half-way house for ex-prisoners known as Philemon, which was started by an ex-prisoner, Kelvin Mwikya.



*The late Kelvin Mwikya, founder of Philemon's Ministries with other ex-convicts (bottom row in a striped shirt)*

***Most vulnerable patients I encounter are those experiencing homelessness and suffering from chronic illnesses. Some of them also have mental health issues and are dealing with substance abuse and alcohol***

***addiction. These patients are part of the 36% of the chronically homeless, which can be exacerbated by different forms of disability.***

An example is a recent visit with a patient who at first thought I was the social worker and had come to assess his needs for shelter since he was expecting someone. The patient, Jim (pseudonym), told me his story as we chatted. After years of homelessness, he had several health challenges, which made him realize he could no longer live on the streets. Jim was in his mid 70s and was thinking death was near since he had heart failure and had been told "nothing could be done except take medication." As I explored his social connections, Jim shared that he has an estranged sister in New York who may also be dealing with health issues. Jim also pondered his relationship with God due to his health. He revealed that despite his upbringing as a Christian, he hadn't been to church in a while. He began to tear up as he talked about his past bad habits, such as drinking, smoking, and doing drugs, which I helped him see were giving him remorse and distress since he was wondering whether he had made himself sick. Jim asked me if I could help him as a chaplain by praying for forgiveness and that he would find a shelter to go to. Jim had misplaced all his documents while homeless, so he was concerned about getting benefits or money. As Jim requested, I prayed for him, and I was amazed by how moved he was by his faith while feeling bad about his lifestyle. He reached out to hold my hand while I prayed, which made me sense that Jim probably needed some human connection, which was rare since living on the streets is all about survival and it was challenging to build relationships.

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*Some of the vulnerable patients I encounter are migrant families who sometimes end up at LA General due to financial issues such as a lack of health insurance or trauma. One of my challenging visits was a referral to support a family whose child was very sick in the ED. The mom was crying in the family room when I entered. We sat and she told me what happened when she was ready. The baby was sleeping with the husband after feeding, as they took turns taking care of her. The mother was unsure about some details, but the social worker afterwards told me they thought the baby suffocated while sleeping with the husband, and when they found the baby, she was unconscious and not breathing. The mom was devastated when I arrived after learning the baby was critically ill and may not survive. I remembered seeing the baby intubated and being prepared*



*Celebrating a Social Worker Colleague!*

for the pediatric intensive care unit while rounding. As we sat, the mom continued to weep while saying she was “ready to do anything,” including “give up my life for my daughter,” to avoid losing her. The mom said they were not religious, but she “believes in love,” and it was all she wanted to give her child. Later she informed me her husband and close friend were outside the ED as I tried to find out if I should call anyone for her. The mom was so angry and through tears said she “couldn't look at him or talk to him.” I visited with the family numerous times that day and later met the husband in the waiting room, who was in shock and crying. “I just want to spend time with my daughter” he said in between tears. Based on previous encounters, I knew the baby was declining despite the medical team's efforts during a follow-up visit in the pediatric critical unit. I supported the family and met the mother's close friend. She was sad as she revealed that the family had just moved to the US from Canada and was staying with her. The friend sensed the tension between both parents and was divided between supporting them. Unfortunately, the baby passed away an hour after my final visit, and it was hard for me to even fathom the devastating grief of the parents, who, in one day, lost the only child they knew!

*Addendum: The loss of the baby brought up during our bioethics meeting this month. The issue was raised because of the futility of care, as staff members wrestled with continuing medical interventions that kept the baby alive but damaged the body and only prolonged the inevitable. After working with children's families dealing with trauma for several years, I observed that they are never ready to discontinue treatment in such circumstances, and the doctor has to make the decision.*

*Another vulnerable group that I encounter during my visits are the mental health patients. As part of my learning ways to provide spiritual care to these patients, I requested to cover the behavioral health unit alongside another chaplain. However, some of these patients also receive treatment in other units depending on what health issues they are dealing with. One morning, while rounding on my units, I received a referral to visit with a mental health patient who was requesting a Bible.*

Patient T, a Christian patient from Eastern Europe, shared her life story with me, revealing that she grew up in a communist country and moved to the US in her twenties. She experienced voices in her head telling her she had been molested, which she believed were real people. She knew she different mental illnesses and had turned to alcohol and drugs for cognitive issues. Patient T also admitted to suicidal thoughts and showed me where she had cut her wrists. She felt ready for long-term treatment and noted that she is a Christian with strong faith in God. She wrestled with God's forgiveness for her past misdeeds, including getting married twice and then divorcing. Our conversation focused on the guilt and remorse she was experiencing and I encouraged her to use her gift of drawing as a coping mechanism. Patient T shared a drawing of her close friend Anna, who she said was doing much better than her, despite their past hangouts and drinking together.

While reflecting on encounters with these vulnerable patients, the image that came to mind was the Homeless Jesus, a sculpture created by [Timothy Schmalz](#), which is a visual representation of **Matthew 25:40**: *"Truly, I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me."*



*A Drawing of Anna by Patient "T"*

**Prayer items:**

- Please continue to pray for the ministries that support patients and families at LA General such as AIN or [Talking Angels](#).
- Pray for our vulnerable patients and families dealing with health issues. Pray for guidance in discerning the best ways to support these patients.'
- Pray as I continue to build relationships with the staff and interdisciplinary teams and for continued provision for the chaplaincy ministry at LA General.

**Donation Requests:** adult diapers of any size that can be given to some of our vulnerable patients. They can be dropped off at [St. Camillus](#) (1911 Zonal Ave, Los Angeles, CA 90033).