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July 2024 Monthly Chaplaincy Update @ LA General MC

July has been what I would consider an “ordinary month,” like our normal time in the yearly liturgical calendar. There were fewer events going on at the hospital, but for some reason it seemed as hectic as other months of the year. One of the key events we had at St. Camillus was the CPE day, where we looked at the topic ***“The Epidemic of Loneliness and Isolation.”*** Paul Brogan, a Los Angeles-based marriage and family therapist and professor at Mount St. Mary's University, facilitated the event. We had CPE residents, interns and chaplains from different hospital systems around Los Angeles, including Providence, Long Beach Memorial, the Veteran Hospital, and USC Arcadia Hospital. It was a pleasure for me to see some of the chaplain residents and the CPE educator from Providence again. They were the last group that I trained on how to cover the nightshift during the weekends. In July, I also completed the ***Essentials of Palliative Care Chaplaincy Certificate***, which is a program run by the Shirley Hanes Institute at California State University in San Marcos. It was only eight weeks, but it felt more like running a marathon since there was a lot to do each week. My plan is to continue using what we learned from the course to serve patients and families, during encounters with palliative care patients. As usual, I have continued to visit with patients and families, which is always the highlight of my day, and I will share about a few of those visits below:

“Desiring to Work as a Medical Assistant”

One of my challenging visits was with a 46-year-old ED patient. I was rounding one morning when I saw a staff nurse bring this patient in on a wheelchair and explain that she needed immediate attention since she was not doing well. I was

present as the MDs started to examine her and assess what was going on. Later, I met the daughter, who had been offered a seat outside the room, and started to offer support. The daughter seemed clearly distraught, sad, and tearful, and after introducing myself as the chaplain, I allowed her to take time to settle. It was then that the patient’s heart stopped, and the ED team all took over trying to resuscitate her. As the MDs briefed the daughter about the situation and attempted to gather a history of her mother's illness, I remained by her side. The daughter then revealed that her mother had recently undergone cancer surgery and was discharged from a nearby hospital. She noted that her mom was doing much better when she came back home, but this week things seemed different, and she would be in and out of sleep, very weak and tired. The daughter noted that the mom was struggling to eat and could not keep anything down. Their plan for the day was to come and have her mom's incisions removed after her surgery, which, according to the daughter, took about nine hours because they needed to remove several organs.



CPE Day @ St Camillus- July 17th, 2024

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While supporting the daughter, the patient's heart stopped several times, and it was interesting to see that at LA General, they now have machines that can do CPR instead of having the staff take turns to do it. As I explored the faith preference of the patient and family, the daughter shared that they are Catholic, but she was not sure about any particular sacraments her mother needed. I decided to just call the priest, who would explore with the family what would be the appropriate sacrament. We normally have two or three priests on any given day, but that morning, since it was before nine, it was challenging for me to try and find someone. I was eventually able to get through to St. Camillus, and they informed me that a priest was on the way. I continued to offer support to the daughter, who was sad and alone and still having a challenging time with the mom's condition. The MDs kept reminding her that her mom's condition was critical. As we normally meet for reflection at 9 a.m., I felt torn about leaving the daughter alone and decided to inform our leader that I would be late as I was still supporting the family.



CPE Day Sessions @ St. Camillus

After our reflection time, I returned and continued to provide support to the daughter who was waiting alone and escorted her to the intensive care unit. She talked about her mom, who moved to the US from Mexico when she was fifteen, and that the family lives in Bakersfield, where they are involved in grape picking. She noted how, in the summer, they must go to the fields as early as six so that they can stop at around midday when the sun is very hot. I continued to offer support to the family when the rest of them arrived, including the patients' parents, husband, and son. I liaised with the doctors, who were able to provide an update to the family with an interpreter present, as they only spoke Spanish. Unfortunately, the patient's heart stopped again after the family visited the BS, and they were in shock as they witnessed how sick she was. The family then had another family meeting where they ultimately decided to let her pass on peacefully, and I was present as the priest offered the final prayers in the Catholic tradition. It was interesting because, even though I had other visits, my whole shift was focused on this one patient and the family, and it was like a never-ending battle. It reminded me of my days at Providence, where there were opportunities sometimes to focus on one patient and the family a whole night as the patient was very sick, and things kept changing every single minute.

Looking back, I am grateful for the time I spent with the patient's daughter, learning about her family and desire to work in the medical field as a medical assistant. She had gone to college for it, but she had not worked since her mother became ill. She also mentioned that her younger siblings were all under the age of fifteen, which means that this daughter will now be responsible for their care, as her father and older brother must continue working in the farms to support the family.

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“Hoping Things Will Be Okay”

Another sad visit this month was with a patient in the emergency department while I was doing my morning rounds. When I arrived, she was still awake, though she appeared tired and worn out. She recounted a long night and, as usual, mentioned that she had to wait for about ten hours in the ED lobby before being assigned a room in the resuscitation area. As I observed, the patient appeared sad. When I inquired about her health status, she revealed that she had recently received a diagnosis of ovarian cancer. She was still in distress, and noted it was hard to believe she had cancer in her thirties. The patient described how, since her diagnosis, she had hoped things would be okay and only realized that things were not okay when she started experiencing other issues. A few days before the ED visit, she started having pain, which was making it difficult for her to do anything. The patient then went ahead to note that she is a single mother of two children who are thirteen and eight, and her only hope was that she could see them grow up and be able to take care of themselves.

As I delved deeper into her concerns, the patient revealed that her primary job is housecleaning, a task she has been doing for a considerable amount of time. She had been so busy the past few years working hard to put food on the table that it was difficult for her to do anything else, including taking care of her own health. Her primary concern was the cost of her cancer treatment, which led her to seek treatment at LA County Hospital due to lack of health insurance and uncertainty about how she would pay for it. The patient also shared that she received good support from family—her mom and sisters—and a close friend who had her house repaired and was currently living with them. Towards the end of the visit, I asked the patient about her faith preference, and she said she was a

Christian and attended church as often as she could near her house. She also noted that she would take her children with her because she wanted them to grow up with a knowledge of God, and it was the best gift she could give them. I offered a prayer before I left and noticed that the patient was tearful during the prayer, and I informed her about our chaplain services and availability for additional support.

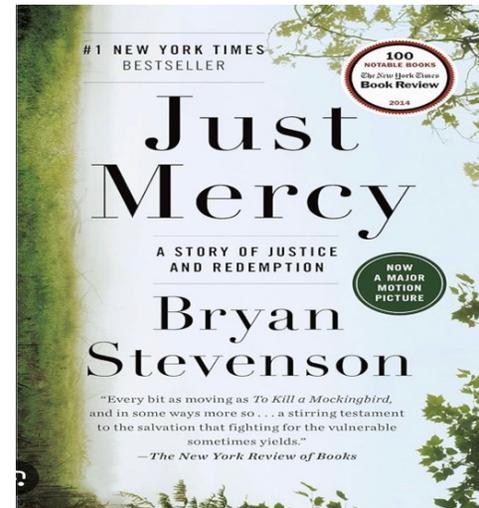


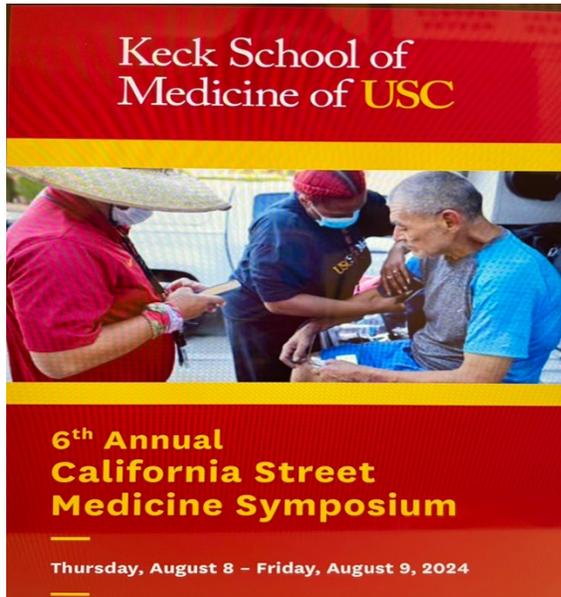
Image of the book- Just Mercy!

“See the Nurse before Entering”

One of my interesting visits was with a patient, whom I will refer to as Peter (pseudonym). I was rounding in one of my units, and when I approached his door, I noticed there was a sign requesting that any visitors check in with the nurse in case of any questions and “no men.” Assuming it would be okay for me to visit, I knocked on the door, and when I opened it, I introduced myself to Peter, who was awake and sitting on the

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bed. He welcomed my visit and went ahead to introduce himself. As I looked around the room, I noticed that he had a wheelchair near the window and several personal items scattered around. A staff member was also present, preparing to help Peter shave, but later, I realized that he wanted to bathe instead. I went ahead to ask Peter what was going on, and he shared that he was dealing with several health issues. He had come in because of chest pain and seizures, but he had other issues going on, including diabetes and a history of strokes. Peter also went ahead to share that he had a stroke a few years ago that left him totally bed-bound and that he could no longer take care of himself. He was fully dependent on others to care for him, which was very challenging for him.



Upcoming California Street Medicine Symposium @USC

As I was exploring if he had any support from family or friends, Peter noted that he had just been released from prison after being incarcerated for thirty years. He had two sisters in prison and family members living in Section 8, but they were unable to accommodate him due to his high care needs. Peter proceeded to reveal that during his incarceration, he pursued studies to become a paralegal. As a result, he successfully defended himself and managed to secure his release from prison, having been imprisoned for a crime he did not commit. As Peter was sharing his story, I couldn't help but think about Bryan Stevenson, a lawyer who works in Alabama and has focused most of his practice on defending innocent prisoners who have no lawyers to defend them. I shared the story with Peter, who said he had not heard about the lawyer, his book, or the movie. Since the staff were ready to give Peter his bath, I offered to try and get him a book so that he could read. I also offered to keep him in prayer, and as I was walking out, the staff member present asked me to go ahead and say a prayer for Peter, as he requested.

I visited again with Peter a few days later to deliver the book, *Just Mercy*, and as soon as I entered the room, I noticed he was not a "happy camper." He shared about the frustrations of trying to find a rehab facility that can accept him, and that even though the staff was working on it, he was also trying to do something on his own. Peter explained that because he needed total care, most facilities, just like his family, were reluctant to take him in, which was very difficult for him. He went ahead to note that being cooped up in the room was making him feel like he was back in prison again, and the only difference was that the room was much larger. During my visit, the social worker also stopped by to update him on the places they were looking at. It was very interesting for me since I stayed present for support, to learn that Peter had no identification documents,

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including an ID, passport, or birth certificate, and it made me realize that the system was set up in a way that robbed those who were incarcerated of their dignity as human beings—to the system, the person was a number on a file based on whatever wrong or crime they had committed! Since I had other patients to visit, I excused myself and promised Peter that I would follow up again so that we could spend time in prayer.

My support for Peter is ongoing, and during my last visit, he shared with me that he was now developing pressure sores and having challenges with his eyesight, in addition to everything else going on. As usual, we ended the visit in prayer!

Prayer Items:

- Continue to pray for our patients and families at LA General as they receive treatment and for those who are critical and dealing with chronic or terminal illnesses.
- Continue to pray for the staff who work at the hospital as they care for the patients and families and deal with their own lives.
- Pray for patients who are incarcerated and released such as Peter as they try to rebuild their lives and find facilities that can take them in when they are dealing with health issues.
- Pray for our presentation at USC Street Medicine Workshop which is taking place this month of August.
- Pray for me as I continue to build relationships with staff at LA General, for continued renewal of strength as I serve the

patients and families daily and attend to other responsibilities and work on my bioethics fellowship readings for the fall.

- Pray for Kenya (my home country) as the recover from protests regarding several issues including the heavy tax burden being imposed by the current government.



Staff Retreat Day in May @ Forest Lawn Memorial Park!

Donations: On behalf of AIN (Angel Interfaith Network) and the Volunteer Dept at LA General, I would like to say, **“Thank You,”** for all the donations of quilts, hygiene kits and other items!

Donations in Kind: Quilts, Hygiene Kits, Adult Diapers and other items can be dropped off at **St. Camillus Center for Pastoral Care- 1911 Zonal Ave, Los Angeles, CA- 90033.**