

The Chaplaincy Report

LA County General Medical Center

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Greetings,

Thank you all for the privilege of serving at the General Medical Center (GMC) as a chaplain appointed by the Consortium for Chaplaincy at GMC. I began my ministry on September 2, 2025, and it has been a fascinating and meaningful journey over the past two months. As I write this report, a thematic phrase comes to mind: *embarking on a journey of witnessing a community of compassion and healing*. I want to chronologically highlight what I've witnessed and how I've found myself in the place of healing - and now, deep grief - within this unique journey.

Witnessing Ashes

As part of my orientation during the first two weeks, I visited LA County Crematorium Cemetery. All unclaimed bodies eventually come to this place to be cremated and securely stored until claimed by family. Those that remained unclaimed for three full years are buried together following a ritual. I saw hundreds of ash boxes labeled with names and the dates of death. The ashes of infants and children were kept separately in tiny envelopes. Though forgotten by their families, the cemetery officer - who has worked there for over forty years - handled all the ashes with respect and prayer. It was comforting to learn that the GMC chaplain team leads a special service for the Unclaimed Dead before their burial at the end of the year.

Meeting Patients on the Lowest Ground

One of the most impactful aspects of my current ministry is serving a community that cares for the most underserved populations – those who are homeless, incarcerated, or mentally ill - in one of the most diverse regions in the world. I've visited patients in the jail unit, where incarcerated individuals receive medical care. Symbolically and literally, this unit is located on the lowest floor of the eight-story inpatient building. The entrance itself is intimidating: cold metal bars separate two worlds. These patients are not only stricken by illness but also confined by physical restraints such as chains and handcuffs on their wrists and necks - especially during transfers between units, all while living in a world of thicker, colder walls.

One female sheriff, grateful and eager for my visit, introduced me to several patients as I arrived with a Bible in response to a patient's request. I remember a young Spanish-speaking father of two children, including one unborn. Tearfully, he shared his sorrow over losing the chance to meet his newborn child in person, due to a deportation plan set to take effect after his medical clearance. Each case varies, but it has been humbling and heartbreaking to witness how some incarcerated might have been released if they had access to the same resources as others.

Serving a Community of Embodied Love

Working with the Angel Interfaith Network (AIN) has been a privilege, especially as a new member of its leadership board. Through donations from local churches and individual supporters, AIN continues to meet urgent needs - from infant car seats to housing payments. The AIN office is currently undergoing a major transition as part of LA County's reconfiguration plans. The massive old hospital building will be converted into housing for the homeless and mentally ill, and all chaplaincy and AIN items must be removed from the old chaplain office before April 2026.

As a new board member, I'm still learning about AIN's rich and heartwarming history. I recently recorded a short fundraising video for the Alternative Christmas Market at Claremont Presbyterian Church (December) and will also serve in person at the AIN booth during the fall festival at Shepherd of the Valley Presbyterian Church on November 23, 2025. AIN also accepts online donations at angelinterfaith.net.

Journeying with a Community in Deep Grief

I'm witnessing a profound journey of grief within the community that has become a new home for my chaplaincy. The sudden passing of Fr. Chris, director of Spiritual Care Services at GMC and pastor of St. Camillus Catholic Church, in early October has left a deep sorrow in the hearts of many across and beyond the hospital. Sadly, I only had one month to get know him in person.

I joined the team at GMC following a period of rest and reflection after experiencing severe burnout. Earlier this year, I had to supervise two chaplain teams across a hospital system due to the sudden death of a colleague. The weight of responsibilities became overwhelming, even during nights and days off. Though I poured myself into the ministry with love and passion, my body needed care that had long been delayed. As I struggled with emotional regulation and spiritual dryness, I made the bold decision to pause - without a plan.

During my first one-on-one meeting with Fr. Chris as myself a new and only interfaith staff chaplain at GMC, he shared that he had also dreamed of a day free from administrative burdens and expectations. I saw him carrying all of it with unquenchable passion and a desire to bring life-affirming change, yet under the constant strain of his duties.

Losing Fr. Chris has felt like losing the world for many in the communities of GMC and St. Camillus. Since his passing, at least two annual October events have been canceled: Spiritual Care Week celebration and the AIN annual feast. Among the most uncertain matters following Fr. Chris's passing are the future of the Department of Spiritual Care Services at GMC and the CPE program at St. Camillus. These two areas are not typically tied to the traditional Catholic church system and will likely undergo significant changes in the coming months. Only God knows whether the new pastor at St. Camillus will carry the same vision and capacity as Fr. Chris, who successfully recruited a diverse group of interfaith clergy and lay chaplain volunteers funded by organizations outside the LA County system. According to the church council, LA

Archdiocese will appoint a new pastor for St. Camillus Catholic Church in July 2026. AIN will continue its mission as long as donors continue to join and support its life-giving causes.

Walking with Strangers Where They Are

My duties include working with the CPE students who fulfill their clinical hours at GMC while taking classes at St. Camillus. I encourage the students who shadow my patient visits as part of their training to feel free to interact with any patient if they feel comfortable. One of the patients I visited while a CPE student was shadowing me was a middle-aged man whose face and body were covered with tattoos. He had been admitted with a critical infection in his right arm and required antibiotics. The medical record indicated that the infection was caused by IV drug use. During the visit, the patient expressed anger and sadness over his estranged relationships with his family - especially his mother, who had been hostile toward him when he was imprisoned as a teenager.

Out of anger toward his mother, who was likely a devout follower of a traditional religion, the patient left her faith and instead followed those who had shown him kindness, ultimately adopting their deity, the Angel of Death. As soon as the patient named his belief system, the student chaplain beside me jumped in to confirm the name of the deity and appeared uncomfortable with the fact that chaplains could not “fix” or convert the patient. After the visit, the student shared his concerns about the patient's religious practice, which he viewed as unhealthy and in need of correction. I invited him to look beneath the surface of what had been said – to see the pain of rejection, abandonment, and being forgotten by his mother for over thirty years. I emphasized what a chaplain can offer, even without fixing: a sense of community, acceptance, and support. Chaplains can lift up the person in prayer to God, whose Spirit reaches out to those in need the Light of Life. The student seemed intrigued by this deeper perspective. A week or two later, the student chaplain told me he had visited the patient again. He was grateful that the patient recognized him and shared that he had finally reached a point of forgiveness and reconciliation with his mother.

Helping and recognizing student chaplains’ growth in their ability to meet patients where they are is one of my ongoing joys and gratitude in chaplain ministry. To those who feel anxious about not knowing enough or not being confident in chaplaincy, I encourage them not to worry too much about others’ approval when their actions come from an authentic desire to serve others in alignment with divine love. I assure them that offering a sincere heart of listening and support is often the most meaningful gift in interfaith ministry.

Being Present to Palliative Care Team

Interacting and collaborating with medical professionals and social workers are crucial components of palliative care teamwork. My previous training and experience in palliative care have been instrumental in this new ministry setting. I attend daily palliative care team rounds at GMC and the monthly interdisciplinary journal club at the USC Keck Medical School. Every Friday, the palliative care team remembers those who passed away during the week. As the

chaplain, I offer a moment of silence and reflection for the renewal of souls – both individually and collectively.

One day, a palliative physician stopped me and requested that I visit a Spanish-speaking male patient in his 30s who had been on a ventilator and was in urgent need of a lung transplant. Unfortunately, there was little hope he would be approved by a transplant facility due to multiple factors, including the patient's financial hardship. If no facility accepted him, he would inevitably be extubated in the near future, as his lungs had been critically damaged. The doctor, saddened by the situation, wanted the patient to receive spiritual support during this tragic time.

When I entered the patient's ICU room, he was sitting up in bed while connected to the ventilator. Unlike most ventilated patients, he was fully awake, alert, and oriented. What surprised me most was seeing him *walking* slowly in the hallway with a physical therapist rolling the ventilator equipment beside him. It was an incredibly slow pace, but the best effort a human body could make under such difficult circumstances. During our visits, he used his phone to type messages, and at times his wife read them aloud for me. I visited him a few more times, gradually building rapport with both him and his wife. He wanted to *live*. I never heard his physical voice, but his gaze was piercing – conveying his hope to live more powerfully than words ever could.

What began as a simple connection during our first visit, when he requested a prayer of healing, grew into something like a friendship. I learned more about his situation: he had two young children, and seeing their photos on his phone was heartbreaking. His lungs had been severely damaged due to prolonged exposure to toxic chemicals in a hazardous work environment. He lacked the resources to hire a strong attorney and repeatedly asked for divine intervention. During those days, the palliative care team was deeply saddened and anxious about the possibility of having to remove his ventilator themselves if no facility accepted him.

One late afternoon, as I was walking to the employee parking structure, I ran into his wife. She smiled and hugged me in tears of joy, saying that he had just been accepted by a prominent medical facility and would be transferred within a day or two. I shouted and jumped in the air with joy and gratitude for the divine intervention.

Restoring the Joy and Gratitude for Life and Ministry

I am deeply grateful for the privilege of serving patients, families, and staff at GMC, working alongside chaplain interns and staff chaplains, and walking my own inner pilgrimage through this new ministry position. This first chaplaincy report has covered several areas; future reports will be more focused and concise. Hope this extended report hasn't worn you out. Thank you all, once again, for your continued support and prayers.

In Christ,
Stephanie