

Few better ways to enjoy a Sunday

Dear Family & Friends,

In spite of the number of years we've served here, it's hard to stop marveling at the rich diversity of our health care ministry team here at Galmi Hospital. It also is hard to stop marveling at how such a remote a place as this could be the crossroads of the world that it is. In caring for the hundreds of patients who come daily for help, we currently have the privilege of working with gifted people from Niger, Nigeria, Switzerland, Greece, Cameroon, Canada, Benin, Togo, France, Taiwan, Australia, Congo, Burundi, the UK, the US, and last month we added a lovely family from Brazil: Emerson and his lovely wife and daughters. Emerson is a radiology technician.



Last Sunday neither one of us had duties that required us to be in the hospital. After praying about where we should worship that morning, we felt led to fellowship with one of the small house churches in the region. We were excited that Emerson and his family accepted our invitation to travel with us. The four of them and the three of us (Christopher, Nancy, and Joel) hopped in the Land Cruiser and drove along bumpy paths through fields of maturing millet and sorghum, thankful for the 4 wheel drive feature during this muddy rainy season.



When we arrived at the home of the pastor, we exchanged greetings with him and his wife and three of his children. Two other men arrived shortly afterwards. One was the father of a 6 year old boy who had been brought to Galmi Hospital with a femur fracture after a motorcycle hit him. He had been discharged after a month-long stay with his leg in traction so that the bone would heal properly. Now the boy was running around and his father, who had heard about Jesus at Galmi, was coming to the local pastor to learn more about Him. We sang some hymns in the Hausa language and had a time of prayer together



which included asking God for an adequate harvest. Then the pastor taught us from Psalm 16, emphasizing how we have received a rich inheritance from the Lord by virtue of belonging to Him.

After the worship, the pastor and his wife invited us all to stay for a delicious lunch of rice and beans with sautéed onions.

During the meal, we asked the pastor if he would accompany us to a neighboring village that we had never been to before. The village was the home of another recent patient: Zeinabou was brought to Galmi Hospital dying of post-partum cardiomyopathy which is a deterioration in cardiac function around the time of childbirth. Through the combination of prayer, medications, and supplemental oxygen, we were able to stabilize her and send her back home breathing easier. We wondered if her health had continued to improve since we last saw her.

We got back in the Land Cruiser, this time more cozy with the extra passengers of the pastor, his wife, and two of his children. We drove through more sandy and muddy fields of millet and sorghum. Entering the village, we were escorted to the home of the chief who welcomed us and ordered mats to be brought out for us to sit in an adjacent shady area. When all the key people had assembled themselves, we introduced ourselves and told of the motive for our visit: that we wanted to see how Zeinabou was doing who had recently been to our hospital. They all nodded their heads in recognition as we described her. Her mother was among those present in the crowd. She gave the good news that Zeinabou was doing well.

Then somebody jumped on a motorcycle to get her and bring her back to us. She arrived a few minutes later on the back of the motorcycle, carrying her baby. She smiled as she recognized us. She was no longer breathing fast and the swelling in her legs was gone. She still looked a bit anemic, so we gave her a packet of iron supplements to help in her recovery. Then we said to the crowd of onlookers that our mission at Galmi Hospital is to treat the whole person, not just the body. We invited anyone who wanted to learn more about Jesus to make the 3 kilometer walk to the pastor's house.



Then we were asked if we would look at someone else with a different kind of breathing problem. They brought before us a 5 year old boy who was playing 5 days earlier with a toy balloon attached to a 3 centimeter-long plastic straw. He had sucked on the toy at the same moment that the balloon became detached from the straw and the straw went down his windpipe. We could hear his noisy, labored breathing. They had already been to the government hospital 3 hours east of us and were told that they didn't have the equipment to remove it. The boy was sent home without any caution given to the parents that this object, if left in the airway, would soon result in a fatal obstructive pneumonia.



Christopher put his ear to Nafiou's chest and could hear the prolonged inspiratory phase that is typical of an aspirated foreign body.

An x-ray had been done at the government hospital which was handed to us. Emerson and Christopher sat across from the chief, under his shelter made of millet stalks, holding this x-ray up to the sunlight and noting the signs of airway edema in the likely region of the radiographically-invisible plastic straw.

We said that there was room in the Land Cruiser for Nafiou and his mother. His mother ran inside the house and within minutes was packed and ready for the return trip with us.

During the trip back to Galmi, we learned that Nafiou's mother was the same person as Zeinabou's mother! She had already been to Galmi to take care of her 25 year old child and was now going back to Galmi to care for her 5 year old child.

Arriving back at the hospital, we introduced Nafiou and his mother to Dr. Enoch, one of our surgical residents from Congo. Dr. Enoch got him registered and asked Emerson to take a new x-ray of his chest to assess for changes from the previous study. Since the edema in Nafiou's airway hadn't yet built up to a critical level, it would be better to wait until the next morning to attempt the

extraction with a full, well-rested surgical team.

That evening, at our team worship service, everybody prayed for Nafiou.

Dr. Joe Starke is our director of surgical training. He made Nafiou his priority case for the morning. He discussed the strategy with one of our best anesthetists and with the surgical assistant as they prepared the rigid bronchoscope and intubation equipment. Issiakou, the anesthetist, put Nafiou to sleep and began to manually ventilate him.

Outside of the OR, team members were again praying.



The windpipe of a 5 year old doesn't have a lot of room inside. In our context, the surgeon has to choose between moving oxygen and carbon dioxide through that narrow passage or getting a bronchoscope into the passage to find the foreign object. Either the patient is breathing or the surgeon is working, but not both at the same time. So this was the dance of Dr. Starke and his

team: ventilate Nafiou, then stop ventilating, visualize the vocal cords, advance the rigid bronchoscope down his windpipe slowly and gently so as not to damage the windpipe or vocal cords; focus the camera; suck out secretions that are obscuring the view; try to find the plastic straw; glance at the cardiac monitor showing the oxygen level in Nafiou's blood getting lower and lower; then pull out before the job is done so that the heart doesn't slow down any further; give Nafiou the oxygen that his body is dying for and allow him to expel the carbon dioxide that is poisoning him; give him a few minutes of recovery time until his heart rate and oxygen level are back to normal; then deprive him of ventilation once again to slowly and gently re-advance the bronchoscope and refocus and try to find the straw. Watching Dr. Starke do that with his team was more intense than any football or baseball or rugby match ever played. That was the cycle. Patiently, over and over again. At one point he was able to grasp the end of the straw with the tiny tweezers that fit down the narrow hole of the bronchoscope. He pulled it out only to show a small fragment of the straw. It had been in the boy's windpipe for so long that it was starting to disintegrate. Not very encouraging. Joe said, "This is one of the procedures that general surgeons least look forward to." Understandably. So little room to work. So little time to get the job done. So many vital structures that could be damaged in the process. So much pressure. And so the cycle continued. Ventilate Nafiou. Re-advance the bronchoscope. Try to grasp the straw until the boy is almost dead. Then pull back out and revive him. Then go back down and almost kill him again.



A short while later, Nafiou's mother was presented with her son and with the plastic toy to show off both of them to those back in her village.

Along with those two trophies, she is also taking back the words that Jesus spoke in reference to Lazarus: "This sickness will not end in death but for the glory of God."

We are hopeful that the Lord will choose to use this plastic toy for His glory in this village where there is not yet a single believer and that this new connection with a pastor 3 kilometers away will be the start of a great awakening in that part of Niger.

During about the 20th attempt, the combination of prayers, preparation, patience, and perseverance yielded clear visualization followed by a firm grasp of the straw and a shout of victory as the deadly toy was completely retrieved and Nafiou was revived one last time before being allowed to wake up.



Your grateful ambassadors,

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Thank you for sharing our desire to bring healing and the Gospel of Jesus to the needy people of Niger.

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