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LETTER TO THE EDITOR

Acute emergencies among youths in the National Youth Service Corps Orientation Camp: a case for optimization of oxygen services and emergency care at the camp clinic

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Dear Editor,

The National Youth Service Corps (NYSC) is a mandatory 1-year service program for all Nigerians under the age of 30 who have completed full-time undergraduate studies. One of its key components is the orientation course, a 3-week training held at designated camps across all states and the Federal Capital Territory (FCT), Abuja [1]. While the camp serves as a platform for youth development and national integration, it also presents health challenges, with campers exposed to various illnesses and injuries [2], some of which may require prompt medical intervention.

Hypoxemia, low blood oxygen level, is a life-threatening condition that may result in death if not promptly managed [3, 4]. At the orientation camp, corps members engage in strenuous activities such as paramilitary drills, endurance treks, and sports, often under extreme weather conditions. These activities not only predispose them but can also precipitate various medical emergencies such as acute exacerbation of bronchial asthma, head injury, syncopal attacks, and hypertensive crisis. All these conditions may be associated with hypoxemia, which requires medical oxygen. Without adequate emergency services, preparedness, and oxygen services, healthcare personnel can do little in the camp, which leads to moral distress among healthcare workers [5].

Though NYSC has mandated medical screening for all prospective corps members, the intensive and strenuous activities at the orientation camp can precipitate medical emergencies in apparently healthy individuals. Past reports of corps members' deaths during the orientation camp [6, 7] underscore the need for oxygen service optimization, particularly those in remote settings where external supports may be delayed during acute emergencies. All 36 camps must have adequate medical oxygen equipment, basic emergency medications, and consumables.

While corps members are covered under the National Health Insurance [8], the cost of oxygen therapy is not included in the scheme as of April 2025. Considering the high cost of oxygen therapy to patients [9], this service must be optimized in all camp clinics. Implementation of the national strategic document on medical oxygen in Nigeria [10] should be extended to the NYSC clinics. A safe, reliable, and effective oxygen system is needed in all the camp clinics. This includes adequate pulse oximeters, oxygen concentrators (±flow splitters), backup oxygen cylinders (either as bedside access or through a manifold system), trained and motivated staff, and effective supply chains. Biomedical technicians should also be deployed to camp clinics alongside other medical personnel. In addition to informing planning and resource allocation, there is a need for empirical research to assess oxygen needs, access gaps, and camp clinic readiness to provide optimal oxygen services.

In conclusion, optimizing oxygen services in all the NYSC orientation camps is essential and requires attention from all stakeholders. The high incidence of acute medical emergencies in these settings highlights the necessity for readily accessible oxygen therapy.

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