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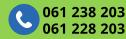


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## Clearing the Smoke: The Rising Tide of Lung Cancer in Namibia

In a country celebrated for its vast, open landscapes and pristine air, a silent killer is claiming breath after breath in hospital wards from Katutura to Swakopmund. Lung cancer, once perceived as a disease of the elderly smoker, is increasingly becoming a critical public health concern in Namibia, fueled by a dangerous new wave of nicotine consumption among the youth.



Medical experts and the Cancer Association of Namibia (CAN) are sounding the alarm: the haze of tobacco smoke—and now the sweet-scented clouds of "vapes" and "hubbly bubbly"—is masking a deadly reality.

#### The "Cool" Killer: Vapes and Hubblies

For years, the anti-smoking message was clear: cigarettes kill. However, a new enemy has emerged, particularly in urban centers like Windhoek and Walvis Bay. Electronic cigarettes (vapes) and water pipes (hookah or hubbly) have exploded in popularity, often marketed as "safer" alternatives.

This misconception is dangerous. Dr. Ester Muinjangue, Deputy Minister of Health and Social Services, has previously emphasized the urgency of amending the Tobacco Act to regulate these products. The reality is that many vape liquids contain high concentrations of nicotine and ultrafine particles that can lodge deep in the lungs, causing inflammation and scarring that may lead to cancer.

The trend has become so concerning that the Namibia National Students Organisation (NANSO) launched the #LosDieChoef campaign, targeting the alarming rise of vaping in schools. The myth that water pipes filter out toxins is false; a single session of hookah can deliver as much tar and carbon monoxide as a whole pack of cigarettes.

#### Silent Whispers: Early Signs

Lung cancer is often called a "silent killer" because symptoms rarely appear until the disease has advanced. However, "listening" to your body can save your life. The



# HEALTHY pink in color normal size no inflammation dome shaped diaphragm

#### **SMOKER**

gray or black
hyperinflated
patches of inflammation
diaphragm muscle loss

Cancer Association of Namibia urges the public to look out for these warning signs:

- A Persistent Cough: A cough that lasts more than three weeks or changes in character (e.g., becomes more painful).
- Blood: Coughing up rustcolored sputum or blood, even in small amounts.
- Breathlessness: Unexplained shortness of breath during routine activities.
- Chest Pain: A dull ache in the chest, shoulder, or back that worsens with deep breathing.
- Unexplained Weight Loss: Dropping weight without changing diet or exercise habits.

#### The Road to Diagnosis and Treatment

For many Namibians, the journey begins at a local clinic with a

persistent cough often mistaken for TB. When tuberculosis is ruled out, the search for cancer begins.

Diagnostics: In Namibia, diagnosis typically involves a Chest X-ray followed by a CT scan to locate tumors. A biopsy (taking a small tissue sample) is the definitive way to confirm cancer. While private facilities like the Namibia Oncology Centre offer advanced imaging like PET scans, public patients often face wait times for scans at central facilities.

## Treatment options in Namibia are robust but demanding. They include:

- Surgery: To remove the tumor (best for early stages).
  - Chemotherapy & Radiation: Available at the AB May Cancer Care Centre at Windhoek Central Hospital and private oncology units. These therapies kill cancer cells but come with significant side effects.
- Immunotherapy: A newer,



expensive treatment available mostly in the private sector that boosts the body's immune system to fight cancer.

#### **Prevention: The Only Sure Cure**

While treatment technology advances, prevention remains the most effective tool. The link is undeniable: Tobacco use causes the vast majority of lung cancers.

The message from Namibian health officials is stark:

- 1. Quit Smoking: It is never too late. The lungs begin to repair themselves hours after the last cigarette.
- Avoid Second-Hand Smoke: Non-smokers living with smokers have a 20-30% higher risk of developing lung cancer.
- 3. Ditch the Vape: Young people must resist the marketing hype. Inhaling chemical vapor is not "clean" fun; it is a biological hazard.

As Namibia moves toward stricter tobacco control laws, the power ultimately lies with the individual. Every breath is a gift—don't let it go up in smoke.









# WOULD YOU BE ABLE TO RECOGNISE & REACT TO STROKE?





#### Health Series - Calendar: A I I 4 0 Weeks of Pregnancy - week 40

Your baby is now usually ready for life outside the womb. Now it's a waiting game. Here's what helps when you're bored.

#### Weeks 40 of Pregnancy Baby's Development

Your little one has completed an impressive developmental marathon over the past 40 weeks. Now they've reached their goal and are usually ready for life outside. At birth, babies are on average 48 to 54 centimeters long and weigh between 2.8 and 4.2 kg.

Regardless of gender, your baby's breasts are now slightly visible, and their ribcage is rounded out. In boys, the testicles have usually descended completely into the scrotum. In girls born at term, the outer labia protrude beyond the inner labia. The baby's fingernails extend beyond the fingertips.

To find and nurse, the baby now has not only a sucking reflex but also a rooting reflex: If you touch their cheek, they will turn their head in the direction of the touch. Furthermore, their sense of smell is now remarkably well-developed: "The newborn can find the mother's breast by smell," says Dr. Mirja Pagenkemper, who researches prenatal imprinting at the University Medical Center Hamburg-Eppendorf, explains, "As studies have shown, a





#### weeks



## 40th Week Pregnancy

baby can even move from its mother's belly to her breast using crawling movements."

Have you already chosen a name for your little one? If not, you still have a grace period: You must register the first and last names with the registry office within one month of the birth. However, you must register your baby with the registry office within the first seven working days after birth – most people therefore take care of both at the same appointment. "In many hospitals, parents receive the forms to fill out in the first few days after the birth," says Pagenkemper.

#### The mother's health

You are now in your 40th week of pregnancy – the baby could arrive any day now! However, if your little one isn't showing any signs of leaving its cozy nest, your doctor, midwife, or

hospital staff will usually examine you about every other day after your estimated due date. Labor is induced if the pregnant woman or the baby experiences a problem, or if the estimated due date has significantly passed.

By the way: Only about four out of every hundred babies are born on their due date. Most arrive between ten days before and after their estimated due date.

#### Tip: Fill the waiting time with formalities

Are you feeling quite bored while you wait for the baby? Is your apartment spotless, are you getting tired of even your favorite music, and do you know every walking route like the back of your hand?

Of course, your thoughts are mainly



focused on the upcoming birth. But try thinking about the time afterward and perhaps sign up for a postpartum recovery course.

The first few weeks at home with your baby will be exciting – everything is new and different. You and your little

one need time and peace to get to know each other and recover from the exertions of childbirth. Therefore, start thinking now about who can support you in the first few days and take care of those tedious household chores. Ask your grandparents, siblings, or best friend for help.

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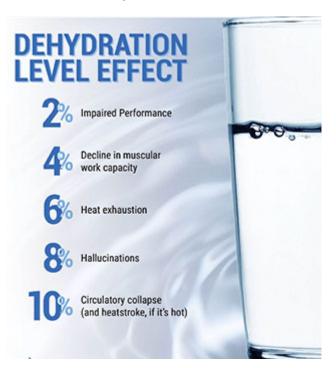




#### Health & Safety -Rethinking Hydration: Why Dehydration Poses a Serious Risks

Chronic dehydration is a widespread but often overlooked safety hazard in workplaces, affecting cognitive performance, increasing accident risk, and threatening both worker health and productivity.

Health, Safety & Environmental (HSE) specialists are becoming more concerned about the threat of excessive heat in the workplace, and rightfully so. Severe heat-related events like heatstroke, which are appropriately considered medical emergencies, are regularly reported in the news as they call attention to one of the most fear-inducing dangers related to dehydration



Catastrophic accidents are a major focus of workplace safety, but chronic dehydration is a subtle and pervasive threat in the background as well. The well-being of employees and the operational integrity of a business or public service are both at risk from the physiological deterioration that can accompany dehydration - something that is frequently ignored in day-to-day working conditions. For example, for a police officer or a firefighter, a decline in cognitive and physical function due to dehydration can lead to on-the-job mistakes that can be life-threatening. Imagine the impact of a dehydration-related mistake when responding to an emergency scene. In essence, high-heat workers are "occupational athletes," and their performance hinges on the same physiological principles as any professional athlete on the field. Occupational athletes deserve the same precise, science-backed approach that professional athletes receive.

It is important to recognise that although many businesses and organisations provide water on the worksite, water is not the optimal beverage because of its inherent limitations as a rehydrator. In brief, water is a great thirst quencher but a less-than-ideal rehydrator. That is because water turns off thirst and turns on the kidneys, so we drink less and urinate more than we would with a carbohydrate-electrolyte beverage. For those working in hot conditions, such as construction sites, kitchens, manufacturing floors, or first-



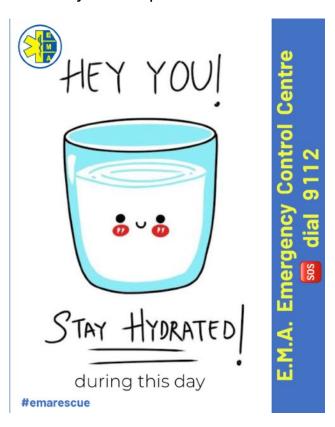
responder settings, staying well hydrated supports their safety and on-the-job performance.

#### The Pervasive Reality of Dehydration

A recent poll from Pocari Sweat's State of Sweat Index showed that 83% of high-heat workers experience at least one symptom of dehydration daily, and 46% say it negatively impacts their comfort and performance on a weekly basis. This data highlights a significant discrepancy between perceived hydration and heat-mitigation strategies, such as providing water and shade or an escape from the sun, and the actual prevalence of dehydration symptoms. It's not enough to simply offer a cooler of water and a shady spot to protect workers from risks - proactivity is required in protecting high-heat workers from the dangers of dehydration on the job.

There isn't a single piece of hydration advice that benefits all occupational athletes. A proactive hydration approach must consider the fact that each person's sweating response and sweat composition differ greatly from one another. In addition to being inefficient, a one-size-fits-all hydration strategy (e.g., drink 8 ounces every 20 minutes) may provide a false sense of security for those workers with high sweat loss. Employers of high-heat workers should address this disparity by

implementing individualised, datadriven hydration policies.



#### The High Cost of Unchecked Dehydration

Dehydration has considerably more negative effects than just physical discomfort; it also directly jeopardises safety and productivity. The biggest dehydration related risk to workplace safety is the impact it can have on cognition, rather than the well-known physiological consequences, such as cramping, headaches, lightheadedness, and muscle aches. Research indicates that reductions in cognitive performance increase with the degree of dehydration, with impairments becoming noticeable once fluid loss exceeds 2% of body weight. The resulting decline in performance is comparable to the cognitive impairment seen after



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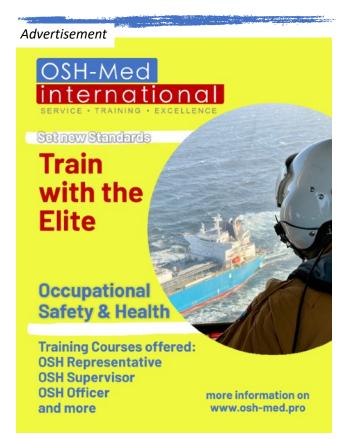


alcohol consumption, highlighting that even modest dehydration can pose risks similar to those of intoxication.

Dehydration-induced cognitive deterioration, like diminished information processing and mental exhaustion, directly increases the likelihood of accidents and expensive or harmful errors. According to the same high-heat worker survey, tiredness brought on by dehydration forced 33% of respondents to have to cease work due to dehydrationinduced fatigue, and 24% witnessed colleagues do the same. These nonoptimal hydration decisions might have disastrous consequences in addition to decreased production and enjoyment on the job. The Occupational Safety and Health Administration (OSHA) and Centres for Disease Control and Prevention (CDC) case studies are grim reminders of this reality, showing how workers have collapsed and perished from heat stroke despite having water readily available. These examples are glaring reminders that a reactive strategy, waiting for an employee to cramp, ask for a drink, or get sick, is insufficient to avoid potentially catastrophic heat illness.

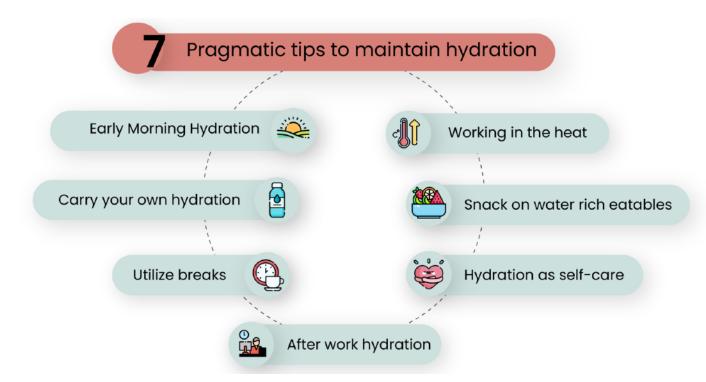
#### **Redefining Hydration Strategies**

Providing water on the worksite has been the standard hydration method. Water is obviously necessary—and is far better than drinking nothing at all—but plain water is frequently insufficient for workers who perform intensive, technical labor for prolonged periods of time. One important thing to keep in mind is









that adequate hydration involves more than simply the amount of fluids consumed; it also involves the body's capacity to rapidly absorb and retain those fluids. Carbohydrates and electrolytes are essential in this situation. Adding these nutrients to a fluid replacement solution promotes the absorption and retention of electrolytes and water. The idea that workers don't need caloric drinks is immediately addressed by this scientific premise: a worker can actually stay hydrated longer by consuming a small amount of carbs, which stimulate rapid fluid absorption and provide energy to muscles and brain, reducing mistakes and fatigue. A combination of water, electrolyte beverages, and drinks consumed with meals can be an effective approach to reducing the risks of dehydration.

OSHA currently recommends that employers provide electrolyte-containing beverages for jobs lasting

two hours or more, because water alone cannot replenish the electrolytes lost through heavy perspiration. This recommendation emphasizes that in order for a hydration program to be successful, it must include more than just water. Survey results support this, showing that just 35% of businesses presently offer electrolyte beverages, despite 68% of employees saying that drinking them improves their physical well-being when compared to drinking merely water1. Providing only water should no longer be the standard for workers in high-heat, high-pressure situations. There is a reason professional athletes consume electrolytes and carbohydrates leading up to, during, and following training and competition - doing so makes a tangible difference in performance and recovery outcomes.



#### **Educating for a Proactive Future**

A fundamental change in mindset is the most important step in changing workplace hydration - those who work in physically demanding jobs are "occupational athletes." For eight hours or more a day, frequently in difficult situations, workers subject their bodies and minds to prolonged stress, like an ultramarathoner or Ironman athlete. From the organisational perspective, risk exposure can be decreased, employee relations can be improved, and productivity and satisfaction can increase significantly because of this minor investment in employee health and safety.



To establish this new safety culture, employers and organisations should adopt a proactive hydration program with three essential elements:

Making time for hydration: A shift to regular, scheduled hydration breaks is helpful. Thirst is a warning sign that dehydration is already present. In hot weather, OSHA advises consuming at least one cup (eight ounces) of water every 15 to 20 minutes, which is similar to the hydration regimens often employed in professional sports. Keep in mind that some workers will require less, while others will need more, based on their individual sweat rates.

Scientific approach to hydration: Workers, like athletes, can benefit from knowing how much sweat they typically lose during a workday, as that is the most important insight into how much fluid they should consume. Periodically weighing before and after a hot workday provides instant feedback on the effectiveness of that day's hydration plan. Weight loss of more than a few pounds indicates dehydration sufficient to increase the risk of heat illness and impair job performance. Weight gain indicates that too much fluid has been consumed, suggesting the need to reduce consumption in the future. There are now wearable devices that provide real-time feedback of sweat and electrolyte losses, prompting the wearer to drink enough to avoid dehydration.

Hydration training and education: There should be a strong instructional component regarding hydration. While 87% of workers are aware of basic dehydration symptoms like dizziness, many are unaware of other significant indicators like low blood pressure (20%) or constipation (22%). A thorough training program can enable employees to identify these warning signs early and take precautionary measures.



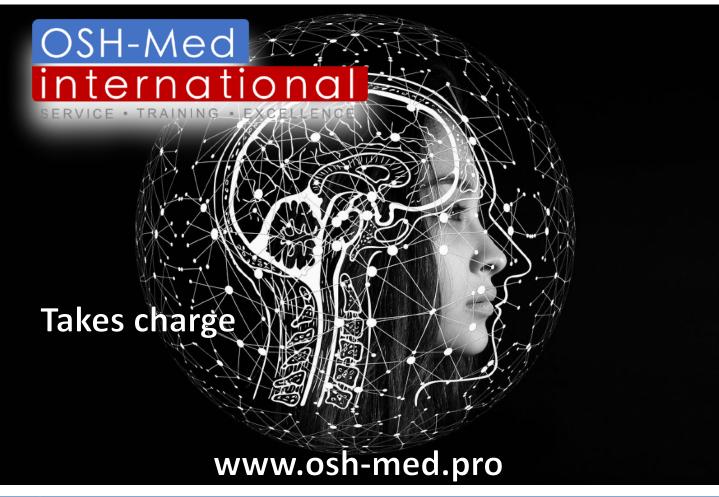
Chronic dehydration in high-heat environments is a widespread issue that poses a quantifiable risk to worker health and business performance. A reactive, water-only approach is no longer a practical safety measure.

The time has come for a new standard in workplace hydration, one that treats workers as occupational athletes, requiring the same scientific care and attention afforded to professional athletes. Employers can fulfil a basic duty to their employees' health and safety by using proactive, science-based, and customised solutions to ensure that dehydration

does not pose a risk to worker health, safety, and productivity.



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NAD 960,250.00

up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	27	16	3	1	10	12	25
February	29	8	1	0	5	6	27
March	43	25	1	2	12	12	47
April	50	14	2	4	18	13	39
May	41	25	2	1	9	13	47
June	24	18	5	2	8	13	28
July	45	32	2	3	17	25	40
August	42	21	3	0	5	16	45
September	53	21	2	2	12	17	49
October	51	27	0	0	11	22	45
November	36	14	0	1	9	7	35
December							
al per annum Total	441 699	221	21	16	116 699	156	427
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