

Peer Review File

Article information: <https://dx.doi.org/10.21037/jphe-22-9>

Reviewer A

Comment 1: Need explicit explanations of the title, use of the term "collateral good" in the background.

Reply 1: Collateral good is a term I have used to detail an unexpected positive benefit (in this case helping increase vaccination numbers) outside to the primary goal (in this case urologic surgeries).

Changes in the text: I have added some text to Line 111 and removed the term in other locations to better describe what is meant.

Comment 2: Consistency is needed when referring to "surgical mission trips" vs. "surgical trips" since mission trips tend to focus on volunteer service activities and surgical trips can be a broader term that can embrace other components like virtual lectures or educational programs.

Reply 2: Thank you for the comment.

Changes in the text: I have changed the term to visiting surgical trips through the manuscript.

Comment 3: Lines 105-7: serves as a framework for what?

Reply 3: I appreciate the comment.

Changes in the text: Additional detail has been added to Lines 105-7.

Comment 4: Line 117: September 2021? Also, can you elaborate on the partnership with Belize in detail? Was this just for urology surgical trips? or other partnerships between the institutions?

Reply 4: Correct, September 2021. The GSE/Belize partnership is focused on the provision of surgical care and involves various hospital systems throughout the country and the ministry of health.

Changes in the text: I have changed the text to September 2021. We have also revised line 117 to include detail related to this collaboration.

Comment 5: Line 118: for urology surgery?

Reply 5: To treat surgical disease

Changes in the text: We have changed Line 118 accordingly.

Comment 6: What were the COVID-19 measures for travelers in place during this time? Any self-quarantine measures? Were there measures specific to that clinic? Did they change any due to this trip?

Reply 6: All travelers/medical team members were required to be vaccinated. This is detailed in the text. No other measures, such as self-quarantine, were in place.

Changes in the text: None.

Comment 7: Line 142: can you explain more about the 7-day surgical trip and provide an overview of the schedule, budget, number of personnel involved (their respective roles)

Reply 7: An overview of these items, as well as the logistics of our surgical trips is extensive and would detract from the primary message of this work. As the president of this charity and global surgery educator at UVA, I give many lectures related to the topic of not only global surgery but the logistics of visiting surgical trips. I am happy to write more on the subject matter for a separate piece if helpful. That said, this manuscript focuses on the unexpected identification of an opportunity to help a host country. This is an important message in itself. Indeed, in my experience, opportunities beyond the primary mission are often found if collaborators are looking and include research, other non-surgical services, or educational needs. It is my hope that, through this piece, this message can reach others who participate in this work.

Changes in the text: None.

Comment 8: Line 146: fully vaccinated meaning - 2 shots? Do you know which vaccines? (mRNA?)

Reply 8: Patients have a choice of vaccines in Belize (Pfizer, JnJ, AstraZeneca). Fully vaccinated thus depends on vaccine type. We did not keep records of specific vaccine types chosen by each patient.

Changes in the text: We have added description to Line 146 to detail what is meant by the term fully vaccinated.

Comment 9: Line 147: can you provide more details as to these newly vaccinated patients? Were they turned away at first and then did they come back after getting vaccinated? Were there any policies in regards to the # of days they need to wait after their shot, etc.?

Reply 9: No patients were denied evaluation. The majority of patients were triaged during our September trip and educated regarding the vaccination requirements, giving them over 2 months to undergo vaccination if needed. Additional patients not seen in person were screened by telephone call in the months prior to the surgical trip and instructed to present for evaluation in November. That said, they were also informed of the vaccination requirements and told that, if they needed surgery, this would be a requirement. Thus, they were also given ample time to receive vaccination

if needed.

Changes in the text: We have updated the text to more clearly describe our triage and vaccine education process. We appreciate the comment as this was not clear in the original version.

Comment Line 160: who provided the COVID-testing after surgery? Were they available on-site?

Reply 10: COVID testing was not provided or mandatory after surgery consistent with most care standards internationally. Much like advanced health care surgical systems, if patients develop symptoms consistent with COVID at some point after surgery, testing is pursued through available testing centers. As described in our text, we followed up with the hospital leadership to understand whether there were signs that our trip had negatively impacted COVID numbers, either through surgical patients subsequently presenting for care and being diagnosed with COVID or general rises in COVID (as this might suggest that congregating patients for our surgical trip contributed to an acute rise). Hospital leadership confirmed that they did not see either of these signs.

Changes in the text: None.

Reviewer B

The author presents an editorial on the role and need for global surgery trips during and after the COVID-19 pandemic, illustrating this through the author's organization. The author highlights the issues pertaining to ramping up international trips in light of COVID-19 spread (both due to visiting teams and patients traveling to receive care) and the need to not take away resources (e.g., hospital beds) to respond to COVID-19 outbreaks. I thank the author for their work and have some comment to improve their manuscript:

Comment 1. Please write abbreviations in full the first time they are used: Line 103, "PPE", Line 145, "BPH", Line 156, "TURP"

Reply 1: Thank you for the comment.

Changes in the text: These changes have been made in the text (Line 103, Line 145, Line 156).

Comment 2. Lines 105-107: can the author briefly elaborate on what this "general guidance" entails?

Reply 2: Thank you for the comment.

Changes in the text: Additional detail has been added to Lines 105-7 to detail examples of this guidance.

Comment 3. Line 117: please add the year after September, for readers' understanding in the future.

Reply 3: We appreciate the suggestion.

Changes in the text: The text has been changed to note September 2021.

Comment 4. Can the author (e.g., in Paragraph Lines 114-120) briefly expand with data on the urological/urogynecological capacity in Belize?

Reply 4: Thank you.

Changes in the text: We have added data regarding urologic surgical capacity in Belize.

Comment 5. Lines 127-130 may be supported by evidence from the CovidSurg Collaborative, which illustrated higher post-operative complications in patients with COVID-19.

Reply 5: Agreed and thank you.

Changes in the text: This citation and has been added to those sentences.

Comment 6. Line 158: "An additional" instead of "An addition"

Reply 6: We appreciate identifying the error.

Changes in the text: This text change has been made to line 158.

Comment 7. Can the author comment and elaborate on patient follow-up after the trip? Was there any? Was this conducted by local staff or through virtual care?

Reply 7: We have added description to the text as detailed below.

Changes in the text: "Follow-up of all patients was performed by a local urology and gynecology physicians who were in contact with GSE team members regarding patient care. In addition, formal case records are shared across both the hospital and healthcare ministry to allow for detailed records of patient history, surgical details, and follow-up within the Belizean medical record system. One patient undergoing open vesicovaginal fistula repair required drainage and antibiotics in the treatment of a surgical site abscess. No other major complications were observed to date."

Comment 8. In addition to the public health measures, can the author discuss challenges that were encountered, either by the organization/visiting team or local stakeholders, that were unique to the current times and not observed prior to the pandemic?

Reply 8: I appreciate the reviewer's comment. In this article we detail some of the challenges, mainly the public health measures. The complexity of arranging a visiting surgical trip is vast in general and these organizational challenges grew enormously in the COVID era. Some of these are also detailed in the text, including arranging for separate visits (September) to travel through the country and meet with healthcare

leadership, the need to hold a triage clinic separate from the surgical trip, the need for patient appointments, etc. Many, many others exist that are not detailed. These include the complexity and barriers to shipping extensive surgical equipment not seen prior to COVID. Or, details such as arranging for safe food supply for team members. There are many more and to address these challenges would dramatically increase manuscript length and I think detract from the manuscript.

Changes in the text: None.

Reviewer C

Comment 1: I was wondering, did the GSE surgical team have ethical approval for the surgical procedures?

Reply 1: I am unclear what is meant by “ethical” approval. GSE has a longstanding relationship with Belize and our trips are approved, sponsored, and supported in an official capacity by numerous members of the Belizean ministry of health, hospital healthcare officials, local physicians, and staff. For each trip, GSE submits a formal application that is reviewed and approved by the Belizean government. This process continues through the post-operative period to ensure that patients have long-term and comprehensive follow-up care with local providers in conjunction with oversight virtually from GSE teams. We have followed this process for over ten years and are committed to supporting the local healthcare infrastructure based on their needs and goals.

Changes in the text: None

Comment 2: The structure is more or less similar to current surgical care in advanced countries. Was there a difference observed?

Reply 2: We agree that there are similarities although observed some differences (in comparison with current surgical care in the US). In many ways, the protections were greater than those observed at that time in the US. Accordingly, although standards vary across hospital systems, many local US standards most commonly required a negative COVID test within 3-7 days prior to surgery. The Belizean standards outlined required a negative PCR within 7 days of surgery *and* patients were also tested with rapid testing in the ED upon arrival the day of surgery. Further, although vaccination is highly recommended in the US generally, it is not required for surgery (even low acuity cases). Further, surgical care is generally not combined with mass efforts to improve vaccination rates. In contrast, this opportunity for free surgical care was utilized to support government efforts to improve vaccination and resources were available for patients to achieve vaccination. We hope this helps describe the positive differences that we observed.

Changes in the text: None.