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To Whom it may concern:

Reviewer 1 #02739495#
Thank you for review.

Reviewer 2 # 03537553#
Thank you very much for your review comments.

The following corrections have been made at the request of the editors of WJO:

- The running title made 6 words or less "Orthopaedics in Humanitarian and Disaster Relief"
- The ORCID numbers for all authors have been included in the manuscript (Nathan Lanham, M.D. 0000-0003-3641-9367; Kyle ...; Marc ... etc)
- The Author contribution section was completed as follows: Nathan Lanham, M.D. and Kyle Bockelman D.O. provided much of the content and commentary in the manuscript; Fernando Lopez Jr., C.R.N.A; Mark Serra, D.D.S.; and Brad Scanlin, D.O. all participated in the care of the patients in the manuscript as well as contributed specific commentary and content to include photos within the manuscript.
- The Conflict of Interest statement has been completed and uploaded
- There is one designated corresponding author listed as requested:
kyle.j.bockelman.mil@mail.mil, work phone: 319-512-9119, alternate phone: 319-512-9119.
- The Abstract has been re-written and is now a least 259 words: On September 20, 2017 Hurricane Maria, a category 4 hurricane, made landfall on the eastern coast of Puerto Rico. This was preceded by Hurricane Irma, a category 5 hurricane, which passed just off the coast 13 days prior. The destruction from both Hurricane Irma and Maria precipitated a coordinated federal response which included the Federal Emergency Management Agency (FEMA) and the U.S. military. The U.S. Army dispatched the 14th Combat Support Hospital (CSH) to Humacao, a city on the eastern side of the island where Maria made landfall. The mission of the 14th CSH was to provide medical humanitarian aid and conduct disaster relief operations in support of the government of Puerto Rico and FEMA. During the 14th CSH deployment to Puerto Rico, 1157 patients were evaluated and treated. Fifty-seven operative cases were performed to include 23 orthopaedic cases. The mean age of the orthopaedic patients treated was 45.7 years (range 13-76 years). The most common operation was irrigation and debridement of open contaminated and/or infected wounds. Patients presented a mean 10.8 days from their initial injury (range 1-40 days). Fractures and infections were the most common diagnoses with the greatest delay in treatment from the initial date of injury. The deployment of the 14th CSH to Puerto Rico was

unique in its use of air transport, language and local customs encountered, as well as deployment to a location outside the continental United States. These factors coupled with the need for rapid deployment of the 14th CSH provided valuable experience which will undoubtedly enable future success in similar endeavors.

- The 100 words or less Core Tip was included as instructed: Health care providers embarking on humanitarian and disaster relief efforts should consider the following factors: What specific diagnoses or injuries can your team safely manage considering the knowledge, technical ability, equipment, and facilitates your team possesses? What was the health of the patient population pre-disaster and their access to quality health care? What can be done to help mitigate language and cultural barriers which make effective communication with patients difficult? What local providers and resources can be engaged to ensure continued care for patients after relief efforts have concluded?
- The Core Tip audio was recorded as a mp3 file and uploaded as instructed
- The References was reviewed and no repeat references were noted
- The PMID numbers as well as DOI were added to the references as instructed where applicable and accessible (see References)
- All abbreviates were explained in the figure/table legends (see Table 1)
- Superscript numbers were used instead of special characters in the manuscript as instructed (see Table 1)
- The file names were changed to reflect the appropriate figure and panel
- All abbreviations were removed from the figure/table as instructed: CSH was changed to Combat Support Hospital, EMT was changed to Emergency Medical Treatment, ICU was changed to Intensive Care Unit, ICW was changed to Intermediate Care Ward

Thank you again for your feedback and consideration of our manuscript.

Sincerely,

Kyle Bockelman