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// February 2021

Guest Perspective: The Global Impact of COVID-19 on Humanitarian Efforts

By Dino Scanio, MPH, CO, LO

Christian was 2 years old when The FOOT Foundation met him 6 years ago. Born without legs in rural Guatemala, our humanitarian team fitted him with his first artificial limbs. We have seen him several times since, upgrading his bilateral above knee prostheses as he grows.

But not in 2020. The COVID-19 pandemic made international travel to Guatemala impossible for 2020. As of this moment, we are hoping to get back there by the end of 2021, assuming the vaccination rollout is successful here in the United States.

But while we may return, there won't be a return to "normal," things won't be like they used to be. Patients won't be able to gather freely outside the clinic wall or sit together in groups in the waiting space. Christian and his friends won't be able to run among the patients and family members waiting around. They won't be able to freely touch every surface as they fly by, as kids usually do. His mother won't be able to bring us food as a thank you and hug us at will.



Christian and FOOT Foundation team members Bryan Sinnott, CPO, LPO, and Dino Scanio, MPH, CO, LO, in 2015.

I am certain that life in Guatemala as we knew it, as The FOOT Foundation knew it, has forever changed. For one thing, Guatemala is no stranger to health emergencies. As such, the entire country is intermittently on total lockdown to prevent contagion spread

during the pandemic. Only Christian and his mother will be able to leave their home and come to the clinic at the designated time. There will only be a few chairs outside the clinic, socially distanced, of course. And no one will be permitted to “just hang out” because that’s not safe in a pandemic. There will be no homemade meals and there certainly will be no hugs.

When next we see Christian, the experience will look much different for all of us.

Since the first case of COVID-19 was diagnosed in the United States in January 2020, we have watched this historic pandemic unfold dynamically before our very eyes. The American way of life has dramatically changed, and some experts say, changed forever. The FOOT Foundation (Florida O&P Outreach Team) has provided humanitarian care for over 13 years with its global clinical operations and has improved the lives of more than 1,000 children and adults who need orthotics and prosthetics (O&P) services. But all processes and procedures will have to change in response to this virus. And it’s not just us. All types of humanitarian organizations will need to adapt, improvise, and overcome the obstacles placed before them by COVID-19.

Unquestionably, humanitarian organizations and those they serve, will be impacted for years to come. Reductions in financial contributions will lead to a reduction in clinics and the number of patients seen. In terms of supplies, the financial decline will require significant restructuring and cost-containment measures, including analyzing purchased versus donated supplies and finding more opportunities for facilities to repurpose – rather than discard – items that could be used in humanitarian clinics abroad. The FOOT Foundation as well as countless other humanitarian organizations are known for the repurposing of supplies and the utilization of more cost-effective materials that achieve the same clinical outcomes as expensive materials. Everyone will have to look at creative and sustainable ways to provide O&P care in developing countries.

In terms of procedures, COVID-19 has caused typical clinical operations to be approached differently here at home and will require changes so that humanitarian aid can be perpetuated in less modernized surroundings. No matter what healthcare services are provided or where they are provided, there will need to be a series of



Christian and FOOT Foundation team members Bryan Sinnott, CPO, LPO, and Dino Scanio, MPH, CO, LO, in 2017.

mitigating steps to provide a safe and healthy environment for practitioners, volunteers, and patients. One primary protective measure – to be undertaken before

anyone can even step on a plane – will be pre-health screenings on all humanitarian staff and volunteers. While these have been typical in the past, a new layer that includes preventative COVID-19 screening – is this volunteer at high risk for potential complications from COVID-19 should they contract it abroad? – will be needed. COVID-19 vaccines may be mandatory and, depending on the answer to that pre-screening, those deemed high risk may not be allowed to participate in certain humanitarian trips. Keep in mind that as we see global spread of the virus and its mutations along with global distribution of the vaccine, information regarding how each affects children continues to evolve. At this time, there is no approved vaccine for children, which will be a factor for those working in pediatrics. But regardless of vaccine availability, today's viral reality means that mitigating steps will always be required – not just for SARS-CoV-2 mutations, but for the next viral outbreak, whatever it might be. Remolding the look of all future clinics is inevitable with use of face shields, PPE coveralls, and increased usage of antibacterial handwashing; all are permanent measures to prevent the spread of viruses that patients and volunteer staff will expect to see.

Humanitarian organizations will need to consider the geographic, demographics, and clinical layout of where to host outreach clinics. If they plan on operating in an area where there is known saturation of COVID-19 cases, the exposure and safety of the staff will be greatly magnified with future operations. Patients and families will need to be screened for COVID-related symptomology before entering the clinical area. Redesign of the clinic blueprint will be needed with perimeter markings within the clinic established and enforced. This will help maintain physical distancing during operational hours. Implementing a cleaning protocol for use after each patient visit will be vital to maintaining safe surface areas. When possible, indoor lobbies/waiting rooms should be established outdoors or at a minimum with a breezeway design. Examination of ventilation and airflow should be conducted. Opening as many windows and doors as possible and establishing ventilation fans is another mitigating step to reduce exposure. These and countless other steps will indeed change the way clinics appear, but such changes won't affect the quality of care offered.

But humanitarian organizations are not alone in facing these myriad changes...already other businesses, schools, restaurants, and healthcare providers have had to reinvent themselves to accommodate and survive this global pandemic. Many have adapted


and some have even thrived in this new socially distant environment. It's more difficult, but it's not impossible.

There will always be a need for humanitarian aid. These are just a few points to consider as we live through this pandemic. We must think outside the box to maintain the vital services that are needed both here and in developing countries. Humanity will always need organizations like The FOOT Foundation and all the healthcare heroes who improve lives, one person at a time. Supporting and learning from organizations like The FOOT Foundation will make sure that there's a humanitarian infrastructure in place to help others like Christian defy the odds!

Dino Scanio, MPH, CO, LO, is a pediatric orthotist in Tampa, Florida. He is also the Founder and Clinical Director of The FOOT Foundation; to learn more about their humanitarian efforts, visit footfoundation.org.

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