Interview with Dr. George Dyer
Associate Professor, Harvard Medical University
Director, Harvard Combined Orthopaedic Residency Program

1. **How much of your professional time do you dedicate to global orthopaedic work and how has it changed over your career? This includes research, education, and clinical work.**
   Honest answer, probably 10 to 15 percent, that is it. There is never a week, though, that does not have some international piece to it. And then there are a couple of weeks a year devoted entirely to it, and a couple of days a month which are substantially devoted. I would have to calculate it out. But, overall, 10 to 15 percent.

2. **And has it changed?**
   Well, it really started from zero, ten years ago, when I was part of that first group of surgeons who went to Haiti after the earthquake. And then it really just completely changed my practice and changed my perspective. It was the fulfillment really of a 20-year journey to get to do this. It was why I became a doctor in the first place -- because I was interested in trauma and in disasters, but I was not ready to add anything, really, to a disaster until I had been in practice for some years.

3. **And then when you first started, did that percentage change?**
   Yes, for a while, it was higher than it is now. I was traveling to Haiti twice a year or more, spending a lot of my time on this work-- probably 20%. There was a brief time that I was not yet a residency program director, and I was doing this really very intensively. It was the only thing that I did for a while beyond my clinical practice in Boston.

4. **How often do you travel then to Haiti and how long do you visit each time?**
   Once or twice a year for about a week each time.

5. **How did you, logistically, work this into your clinical practice?**
   I'm very grateful to my partners and to my support staff, my assistant, the staff of the residency office who make it possible for me to just disappear for a week at a time for my international work. More than a week at a time is not sustainable for me. The very first time it was two weeks and that was kind of more special. It was an emergency. But on a sustainable basis, I can do a week.

6. **How have you managed to financially support your global activities, either through private or departmental or institutional?**
   I have been generously supported by grants from the Academy, the Foundation for Orthopaedic Trauma, and from small grants from patients. I am not explicitly

supported by my hospital, so when I leave, it is a personal investment that I make for the privilege of doing something meaningful to me.

7. **What advice do you have for trainees who are seeking out positions where they can continue global orthopaedic work, and what should they look for in a position?**
I think they should realize that this work will not be well understood automatically. Why it is valuable and interesting is very obvious to anybody who is interested in this, but it is much less obvious to others. And so it is important to find a place where mentorship is available at every level—from peer support to high-level support. Although my department has never paid for me to go, my chair has never been anything but super supportive of all my international work. I think the best answer is find a place that wants you at least partly *because* you're interested in global work. And there are places like that.

8. **What do you think are the most important emerging opportunities or challenges that are specifically related to your global work?**
To me, there is only one important thing, which is to build capacity in the places where we work. And that is really my solitary focus. Although I sometimes bring my trainees along, they are never the focus of my work. They have to understand that that is the deal. You are welcome to come with me, but I am not there to teach you or for you to practice surgery on people overseas. That is not why we are going. I am there to train patient surgeons as I train you here, both colleagues and advisors, both attendings and residents. And my dream is that one day Haiti will have an earthquake and we will call and say we are on the way, and they are going to say, "no thanks, we got it." That's my dream. Really what I want to watch is the standards rise: for surgery, for surgical care, for surgical research. For all of it to improve in under-resourced places.

9. **How can we make the biggest impact? With a limited amount of time, what issues do you think are the most pressing and high impact?**
I think the most powerful interventions have occurred as parallel efforts that have included nursing, biomedical engineering, sterile processing, and equipment management. Surgeons sometimes feel like we stand at the top of a pyramid, but we must remember that we are dependent on all those other things. If you do not have a clean, safe place to do surgery, with equipment that works, lights that stay on, and nurses to take care of the patients before and after surgery, it does not matter how good of a surgeon you are. I think that it is a mistake to focus only on other surgeons. So I have spent a lot of time trying to build collaborations at those other levels that are actually more fundamental.