“I spoke only English, so I wrote letters to medical schools in India, Australia, New Zealand, Pakistan, and South Africa,” says Lawrence, who is now president of the US section of Doctors Without Borders (also known as Médecins Sans Frontières or MSF) and a staff pediatric surgeon at Maimonides Medical Center in Brooklyn, NY. He also now speaks some French.

Months passed. Then a letter arrived from a pediatrician at the University of Witswaterand in Johannesburg, South Africa, welcoming Lawrence to do a rotation there. Soon Lawrence was on his way to South Africa, and, for six weeks, he worked alongside fourth-year medical students on the clinical services in Witswaterand. He returned for several weeks during his own fourth year and assisted an obstetrical resident with dozens of cesarean deliveries.

“I had caught the international health bug,” says Lawrence. That bug has taken him around the world on eight different surgical missions with MSF, to the Central African Republic, Haiti, Ivory Coast, and even Syria during the ongoing civil war.

Approximately half of MSF missions are undertaken in regions affected by armed conflict. MSF’s steadfast commitment to political neutrality often provides a level of security for its staff, even when stationed in war zones. However, that’s not always certain.

“One of our biggest concerns currently at MSF is the lack of respect for medical facilities in the places where we work,” says Lawrence. Whenever possible, MSF works with local governments to secure permission to enter regions and provide services. But occasionally when permission is denied, the organization may decide that the humanitarian need is so great that it will enter the region regardless. That was the situation with the Syrian mission on which Lawrence served in 2013. Lawrence and his colleagues entered Syria in an unmarked van and completed their journey safely thanks to the advanced planning of MSF personnel and the finesse of their driver, who guided them through numerous rebel-held checkpoints.

The personal risk inherent in MSF missions is “nothing compared to what millions of people have to deal with on a daily basis,” says Lawrence.

His experiences with MSF have also shaped his perspective of US health care, with its abundance of high-tech equipment and tests. The physical exam and taking a detailed history of each patient are still the most important tools in medicine, he argues.

“There’s a tremendous amount you can do with very limited resources,” he has learned. He says few organizations are as efficient and effective with the resources they do have as MSF.

Lawrence’s interest in working with the medically underserved goes back to his Dartmouth days. As an undergrad, Lawrence worked with Native Americans at a job corps center in Montana, taught English in a prison in Rutland, VT, and served as an assistant counselor in a methadone maintenance clinic in New Jersey. In medical school, he did a primary care rotation on the Navajo Reservation in Tuba City, AZ. He went back for another rotation there in his fourth year, and after a family medicine internship in Rockford, IL, he returned to the Tuba City Indian Health Service Hospital for four years, where he served as a general medical officer.

“Early on, I realized I was doing a lot of taking—receiving an amazing education—and not a lot of giving,” recalls Lawrence. “So I thought, at some point in life, I’d like to even that score.”

One could argue that he already has—in spades.