

Interview: Mr. Nicolas Lawson

Field Director, Doctors without Borders

Introduction

The process of developing leaders of character is important in a variety of contexts to many different kinds of organizations and disciplines. This interview with Mr. Nicolas Lawson, Director of The Field Human Resource Department for Doctors without Borders, underscores a cross disciplinary need to understand the development of leaders of character. While the differences between Doctors without Borders and the Profession of Arms are significant, both have a need for their leaders in theater to make decisions in unpredictable and often volatile circumstances that are rarely simple and solutions are often not clear cut. Both expect leaders to act under substantial pressure, and absent clear cut answers that produce a desired result. In this interview the similarities and differences are identified and we believe we can learn from both.

JCLI INTERVIEWER: Can you start by telling us about MSF?

MR. LAWSON: We are Doctors Without Borders/Médecins Sans Frontières (MSF). Doctors Without Borders is an English translation of Médecins Sans Frontières, which is French. The organization was started 40 years ago in 1971 by a group of doctors and journalists in France, and over that period of time, we have branched out to have offices in a number of different countries. And each of those countries makes a translation of the name, but always retains Médecins Sans Frontières. In the U.S., we are Doctors Without Borders, in Spain we're known as Medicos Sin Fronteras; and in Sweden we're known as Lakare Utan Granser.

JCLI Interviewer: Interesting: What are the values that your organization have determined are important and want to communicate to all of the employees and everybody who ever hears about Doctors Without Borders?



Nicholas Lawson is director of the field human resources department of Doctors Without Borders/Médecins Sans Frontières (MSF)—USA, based in New York City. He began working with MSF in 1997 as a logistical and administrative expert in a project in southern Sudan, at a time when the region was embroiled in civil war. Since then he has held 11 other positions within the organization, which have taken him to humanitarian hotspots in Afghanistan, Burundi, East Timor and Malawi. During his years in the field, he rose through the MSF ranks from logistician to field coordinator, logistical coordinator, and on to head of mission. Nick's extensive field experience prepared him for the role of recruitment officer for the field human resources department at the Sydney headquarters of MSF—Australia, where he worked from 2001 – 2004. Prior to joining MSF, Nick worked in the finance, construction, education, and hospitality industries, both in Australia and internationally. He studied

MR. LAWSON: Independence, neutrality, impartiality, and ethical behavior are the principles that govern our organization's policy and practice. The people who work with MSF do so because they want to be there and they want to be of service. Beyond that we look for people who are motivated, who are self-striving, who are confident, who have initiative and who are professional. We look for people with a high ambiguity tolerance. We look for people with flexibility. We look for people who feel a sense of obligation to service or feel that they have a responsibility to serve. We look for people who can be in solidarity with populations who are vulnerable.

JCLI INTERVIEWER: How difficult is it for your organization or leaders to make decisions in hostile and complicated circumstances?

MR. LAWSON: Well, yes, I must admit it can be a challenging situation. For us, it comes back to the independent nature of our organization and the impartial nature of the assistance that we give. I'm not sure whether we find our two organizations at cross purposes in that regard. We, as an organization, are there to provide assistance to a population that does not have access to medical assistance because of a conflict or because of a lack of medical facilities in their own country. And that's our only reason to go in. The service that I speak of is that we strive to produce the best quality medical treatment that we can to a particular population. It doesn't matter if that's in Sudan or Pakistan or Laos. We are clear that just because we may be operating in an under developed context, there is no diminishment of the quality of service that we are providing.

JCLI INTERVIEWER: Your organization also sends people to countries that may not be in conflict but have other kinds of crises, correct?

MR. LAWSON: Yes. For example, the situation with HIV around the world is something that we characterize as an emergency. There are millions of people who are living with HIV and who do not have access to very important medications, known as antiretroviral drugs. These drugs keep the HIV virus in a state that is manageable and allows people to lead very productive lives. So we feel our responsibility is to encourage the provision of medical treatment to that population as swiftly as possible. In most circumstances that is what we are trying to contribute to. We set up medical facilities to try and ensure that as many people as possible have access to medicine and quality medical treatment. We can't do everything ourselves, but what we can do is provide examples or projects that show how possible it is to offer access to medicine, so that others can follow our particular lead. We don't have the resources to solve all the world's problems, but if we pioneer new techniques and innovative medical practice, then we are able to develop new possibilities for others to follow. In a lot of circumstances we respond to natural disasters. Consequently we had a huge response to the Haiti earthquake in 2010, and later on in that same year, we responded to a massive cholera outbreak that infected more than 446,000 people and killed thousands. MSF teams treated more than 1/3 of those cholera cases within the country.

JCLI INTERVIEWER: What are the funding sources of your organization? Are you mostly private donations?

MR. LAWSON: Private donations are our main source of funding but we occasionally take funding from other sources. Certainly, within the United States, we are funded solely by private donations. We don't take money from corporations that are involved in alcohol, tobacco or extraction industries. Most of our money comes from individuals who feel that we are an organization worth supporting, who understand the charter and see what we do and feel that it is a worthwhile organization. We do take some institutional funding. There are a couple of European governments who donate. We do take money from countries such as Sweden and Canada, but these funds are not really a significant proportion of our budget. And from the U.S. side of things, we take no governmental funding for any projects or programs.

JCLI INTERVIEWER: You mentioned your core principles/values were independence, neutrality, impartiality, and ethics. How does the organization ensure that those values are being promoted or implemented by your leaders in the field?

MR. LAWSON: We educate people. We have a series of trainings where those principles are reinforced again and again. It starts when people first join the organization there is a three-day introduction period. Moreover, we use people from the medical profession. The medical profession has in itself an independent code of ethics and we operate according to this concept. The medical code of ethics basically directs that if you have a wounded or injured patient in front of you, your responsibility is to treat that human being. That is regardless of other ideologies or agendas, be that political or religious. As a medical professional, you have a re-

sponsibility - you have taken an oath. When you are confronted by a person who is wounded, injured or sick, you need to take care of them. That's what you've agreed to do in your profession and the medical profession takes that very, very seriously; and we, as an organization see ourselves as an extension of that. So not only do we train people, but many members have that responsibility as part of their professional code of ethics. And for those of us who are not medical professionals, we understand and have taken time to be trained in that code of ethics.

JCLI INTERVIEWER: I would imagine that you have people from different backgrounds all around the world. How do you define what an ideal leader is?

MR. LAWSON: Leaders come in all different shapes and forms. There are those who are particularly supportive, there are those who manage well, there are those who are visionary, there are those who are inspirational. Ideally, you'd like to have all of that in one person, but that's a rare thing to find. Working for the organization now for a while, I realize humans are pretty similar the world over, their ideas, the way they interact with each other, the way they inspire, the way they support, are all similar in many ways. It has a lot do with effective communication. We have leaders from all over the world; American, Indian (from India), Congolese, Australian, and Dutch, just to name a few. Leaders are people who are intelligent, who go beyond the work that they have been given to do. Our leaders in the field often come up with innovative responses to some of the complex situations our organization is often involved in. We also need

people who can manage others well, who can bring the best out in people, who can lead by example, who can make decisions and not be afraid to make decisions. As I said before we need our leaders to have a high ambiguity tolerance. To be able to move forward when all in front of you is blurry and not very clear.

JCLI INTERVIEWER: Does the concept of duty play a role within your organization and in your organizational efforts?

MR. LAWSON: I think it plays a significant role. Many of our people feel a sense of duty to help their fellow human beings and as a result that is why they often join our organization. We are not compelling anybody to do this work - people join the organization of their own free volition. And, generally it stems from looking at circumstances in the world and feeling that there is an injustice. People feel a sense of duty to respond to this perceived injustice, and they believe they have skills to be able to change what might be a very negative situation into a positive situation by the application of their own skills. People find a drive within themselves to provide that support and that drive can easily be understood as a duty.

JCLI INTERVIEWER: How might the concept of duty be relevant to your organization?

MR. LAWSON: In the military there is often someone or something who is telling you what that duty is and how it has to be done. The question left is who compels that duty. And for us, there is no one compelling this sense of duty apart from the individuals themselves. I would also offer that this sense of duty is no less obligatory than

the military because this one invites people to often put their life in harm's way.

JCLI INTERVIEWER: So would you say duty is an internal feeling?

MR. LAWSON: Everyone always has an option. Everyone has the option to look away, to turn away, to walk away. The people that we look for, that work for us and who are successful with us are the ones who in and of themselves, do not turn away. They compel themselves to keep going when it's very, very difficult, when it's very hard and it's very complex. They recognize that the goal that they are trying to achieve is the improvement of a very negative situation for another human being. So they are driven by a very internal solidarity with humanity. A duty if you will.

JCLI INTERVIEWER: How does the organization respond to the fact that ambiguity looks different in different cultural backgrounds? How does the organization account for the different cultural definitions with people within your organization, in terms of leadership?

MR. LAWSON: We try very hard not to have different interpretations of leadership. I think the ambiguous situations that people are confronted with are due to a lack of information or due to a crisis that unfolds and you are really not sure quite how to deal with it. I don't think it's cultural as much as I think it's experiential. Often an important question that must be asked is: "What is the context of the crisis that you are confronting?" There might be some people who just have more experience in a particular situation and so there is perhaps less ambiguity for them but that is not a

cultural. We are constantly balancing many things; we are balancing the need of a population, and frequently the need of a vulnerable population. We are balancing the primary principles of the organization, the independence of the organization, the neutrality of the organization and the ethics. All of those things are influential on how you make a decision going forward. If you are confronted with a conflict situation, how do you access that civilian population which doesn't have a voice for itself? You may have two sides of a conflict, but in the middle, between those two sides of a conflict, there are groups of people, huge groups of people, who really have nothing to do with either side of the conflict. But because those engaged in the conflict are trying to win the support of that middle group of mutual population, it influences their access to health care enormously. So what we try to do is go in and make sure that we provide adequate medical services. The ambiguity is not trying to negotiate the conflicts. The ambiguity really is about the fact that it doesn't matter whether you are working in Angola, Congo, Australia or in the U.S. We have a goal that we are trying to achieve and that is the provision of emergency medical care. So there is not a cultural consideration there; it's really a medical consideration.

JCLI INTERVIEWER: Let's explore the idea of high ambiguity tolerance in crisis situations. I know most people believe that those pressure situations don't create character in us, they bring out the character that's already there. How would you respond to that notion about character?

MR. LAWSON: On my first assignment with MSF, I remember writing back to my folks and I

remember thinking "Wow, I have somehow discovered in myself that under the most extraordinary circumstances I don't crack up." And that was a very powerful lesson to learn about myself. And I see that happen again and again. People who do have the confidence, sense of duty, or the sense of responsibility to step through the door of MSF and commit, learn pretty quickly. It takes a high ambiguity tolerance to commit to the organization because people apply and they have no idea where we are going to send them. While they are aware of the potential difficulties they are also making a leap of faith and putting trust in the organization. We have to respond to that trust as deeply as we can to ensure that they are feeling secure in what they are doing. But when they get to the field in sometimes hostile circumstances they go back to their training as a medical practitioner, as a non-medical support person, and they start to work and they realize they can do it - it's an extraordinarily enriching experience for people to understand that about themselves. It's critical and happens to almost all our staff. There is great reward in service to others, and there are some fascinating personal insights that you gain purely by saying, "I'm going to do it," and then actually providing that lifesaving care in an independent, impartial and ethical manner. That's a very rich experience.

JCLI INTERVIEWER: Given your organization's intentional desire to remain independent and neutral, the fact of the matter is we are people and we are emotional and our hearts often in play when we witness the atrocities that other humans experience. Do you have specific training modules, educational components that help people and in-

dividuals separate their emotions from the mission of the organization?

MR. LAWSON: We have many modules which address what the organization is all about. I think there is not one which specifically teaches people how to separate their emotions. We need people to be outraged by what they see. We need people to be horrified. We need people to encounter those experiences and have those emotions because they are the visceral drivers of why people join us. We need people to be passionate in what they are doing. We need people to be offended by the circumstances that exist in the world so that they themselves feel the need to respond and do something. So we don't want to separate that. We want to make sure that at the same time their passion, their anger, their horror, their outrage is channeled and refined and doesn't prevent them from doing the work that needs to get done. They need to channel all that energy and put it to the service of their particular skills and to make those skills as good as they can be, in the circumstances that they find themselves in. We are also at pains to ensure that we take care of our staff as well as we can, providing psycho-social counseling for all returning staff.

JCLI INTERVIEWER: What role does the concept of diversity play in your organization?

MR. LAWSON: We are completely diverse. If you are talking about the different types of nationalities that we have working for us, we have 70 or 80 different nationalities that are working for MSF at any one time. Diversity is the key, really, to who we are. There is potentially the possibility that people can see us as a very European organization but our

staff is drawn from all over the world. We work all over the world, and the only thing that is driving us or even should be driving us is the medical imperative and the medical action for populations of individuals who are vulnerable and who do not have access to that medical service.

JCLI INTERVIEWER: In the time you have been with MSF, what lessons have you learned?

MR. LAWSON: I've been working for MSF for 15 years now and I think about my work for the organization on a daily basis, "Why am I doing it?" And I think after 15 years you should always ask yourself those questions. Potentially one could wonder: "Well, should I be doing something else?" There are numerous situations that require the assistance of one human to another, and I find that to be something that I am privileged enough and lucky enough to be able to do. I do genuinely believe that the concept of giving is a very rewarding way of living one's life, and so I look to continue in that regard. But with MSF we fall back to the charter. I think those concepts work as well for me today as they did on my first mission. I understand what our charter is all about and as result it not only guides my professional behavior it relates to my personal life as well. As I said before, the principles of the organization are independence, neutrality, impartiality, ethical, and engagement. Frankly, I find that to be an excellent way of living your own individual life as well. I would argue that adhering to these principles can lead one to have a pretty satisfactory existence.



Conclusion/Future Considerations

This interview with Mr. Lawson is yet another example of the complex and important task to develop leaders of character. When lives hang in the balance, there are few skills more important. As we widen the lens to include more voices in the discourse about character and leadership development and its application to the Profession of Arms, we enhance our ability to develop the

leaders necessary to respond to a dynamic, multi-faceted, and non-linear context. It is important to continue to explore conversations like this with a variety of partners in effort to continually increase our knowledge base about this central question: *How do we develop leaders of character with the skill sets necessary to respond to the forceful challenges of today and the capricious encounters of the future?*