

Interview: Writing about Personal Experiences of Humanitarianism

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Abstract

This interview hopes to build on and contribute to research on humanitarian memoirs by talking to two humanitarians who have written memoirs: Professor Tony Redmond OBE and Gareth Owen OBE. Tony Redmond's book *Frontline: Saving Lives in War, Disaster and Disease* was published in 2021 by HarperNorth and Gareth Owen's book *When the Music's Over: Intervention, Aid and Somalia* will be published in June 2022 by Repeater Books. The interview was conducted by Róisín Read.

Keywords: humanitarianism; memoir; humanitarian memoir; authenticity; personal writing

Introduction

Humanitarianism has an interesting relationship to memoir. From the foundational role Henri Dunant's *A Memory of Solferino* (1862) plays in the origin story of the modern humanitarian movement, to more recent, controversial 'warts and all' representations of the practices of humanitarianism, such as Kenneth Cain, Heidi Postlewait and Andrew Thomson's *Emergency Sex (And Other Desperate Measures): True Stories from a Warzone* (2006), the impulse to document humanitarian experiences seems strong. Despite something of a boom in the publication of humanitarian memoirs, there has been very little scholarship which focuses on them outside the history of humanitarianism. What role they play in contemporary humanitarianism is still unclear. Lisa Smirl (2012) considered what humanitarian memoir might tell us about the rites of passage of contemporary humanitarianism. Shameem Black draws on *Emergency Sex*, to argue that it reveals a racialised and sexualised cultural logic at the heart of humanitarianism which 'connects humanitarianism to the idea of an adventurist colonial romance' (Black, 2011: 54). Ina Friesen (2016)

uses memoirs to explore the ethical impulses that drive people to engage in humanitarian work and Róisín Read (2018) examines what humanitarian memoir can tell us about gender identity in humanitarianism. Emily Bauman analyses the growth in humanitarian memoir and argues it 'generates an aura of authenticity much-needed by an industry reliant on public donations and on the perception of its status as a player outside the systems of state sovereignty and global capital' (Bauman, 2019: 83). This small but growing body of research highlights the need to take seriously the stories humanitarians tell about themselves and their work. This interview hopes to build on and contribute to this research by talking to two humanitarians who have published memoirs: Professor Tony Redmond OBE and Gareth Owen OBE. Tony Redmond's book *Frontline: Saving Lives in War, Disaster and Disease* was published in 2021 by HarperNorth and Gareth Owen's book *When the Music's Over: Intervention, Aid and Somalia* will be published in June 2022 by Repeater Books. They were interviewed by Róisín Read.

Róisín Read (RR): Could you briefly introduce yourself and your book?

Tony Redmond (TR): I am Tony Redmond. I'm a medical doctor, training at Manchester Medical School and going on to be a consultant in Emergency Medicine and then Professor of Emergency Medicine and finally Professor of International Emergency Medicine. I co-founded HCRI¹ and founded an international medical NGO, UK-Med.² My book focuses on my involvement in the professional development of medical humanitarian assistance, both within the UK and internationally.

Gareth Owen (GO): My name is Gareth Owen. I am the Humanitarian Director at Save the Children UK, a post I have held for the past fifteen of my twenty years at the organisation. I trained as a civil engineer at Manchester University in the late 1980s and started out as a humanitarian aid worker with Concern Worldwide in Somalia in 1993 during the infamous Operation Restore Hope. Most people only know of it from the Hollywood movie *Black Hawk Down*, but my book offers another first-hand account of the events that led up to this notorious incident.

RR: Why did you decide to write the book? Did you have a particular objective or message in mind in writing your book? And why did you choose the format that you did?

TR: The book has been brewing for a long while. My first attempt was some years ago when the timing of a UN mission in which I was to take part was moved and clashed with another commitment I had to work in Kenya. The person who took my place was killed when the UN helicopter crashed. Their tragic death received no publicity, and as a way of dealing with how my death would have been ignored, I decided to, as it were, write my own obituary. However, I filed it away. I rarely spoke about my experiences to my family, but as my children became adults and had children of their own they wanted to know more about what I'd done and also to have some sort of record. Giving lectures about the subject honed the narrative and, going into semi-retirement, I decided to write an academic-type book on the motives and values behind humanitarianism. In preparation for this I studied for and completed a diploma in the philosophy of medicine – the dissertation for which was on this subject. I expanded this into a book proposal which I submitted to Manchester University Press. The reviews suggested that my proposal fell between the two stools of an academic exploration of these issues and a personal memoir. I was encouraged to decide which one to choose. On reflection, I felt I did not really have the depth of academic knowledge and experience required for the former, but certainly had the experiences to populate the latter. So I submitted it to a non-academic press – HarperNorth.

GO: I began writing the book almost as soon as I finished volunteering with Concern [Worldwide], in the

form of detailed notes of my experiences. After leaving Somalia, I was immediately re-assigned to the civil war in Angola and left there a very damaged soul in the summer of 1994. I was 25 years old and suffering from what today would be known as PTSD [post-traumatic stress disorder]. Back then, I was simply viewed as burnt out and in need of rest. Recovering back home in Reading, I tried to make sense of what I had been through. It was a lonely, debilitating time and I didn't have the emotional energy to write – cathartic though that might have been. Instead, my notes got hidden away in a file. It was ten years ago that I first picked up my pen at the suggestion of a coach that I write to my younger, boyish self as an experienced 'adult' with the wisdom of a longer life journey in humanitarian aid. So it was a deeply personal endeavour that carried on for years as an on-off hobby. Then my mother passed away in April 2018 after a long battle with cancer, and I took six months off to grieve. It was during this time that I determined to finish writing the story, and that resulted in almost a quarter of a million words spilling forth. I was simply aiming to capture on paper any recollections and I had no intention of sharing any of it – except perhaps with family members if ever they became curious. I suppose I was also seeking to discover if I could actually write in any way competently – something I'd always cherished as an ambition. My maternal grandfather was Professor of English Literature at Bangor University, and another relative of that generation wrote children's books that we read when very young and which I proudly remember seeing in my school library. I selfishly wanted to know if I had inherited any of their talent. The initial format was very confused – a mixture of creative narrative and academic historiography – as I sought to position my experiences in context. It was all a lengthy, unedited mess to be honest, but at least I had finally 'got it out of my system'.

RR: Did you have an imagined audience in mind while you wrote the book? Did that influence how you approached the writing?

TR: I had three audiences in mind. First, I wanted my colleagues, both academic and clinical, to accept the contents, and at times criticisms, as a true and fair reflection of the events that they either shared or have knowledge of; I didn't want anyone to think I was exaggerating. Second, I wanted the general public to understand the complexities of emergency humanitarian assistance. My third and final audience was my close family. Having submitted the manuscript, the editor asked me to do a preface about my upbringing. I wanted to reflect it fairly, but wanted my siblings to be happy with childhood events being shared. So far each of my three audiences have not complained.

GO: I had no audience in mind until I had plucked up the courage to start showing the long version to people,

starting with my partner and then my dad – a retired university professor. It really was just for him to understand what I had experienced, almost as a way of connecting us differently and more deeply after mum’s death. I’m pretty sure he was the first person to suggest I try to publish it, while sounding a suitably cautionary note about the level of disclosure – he saw the warts and all truth in my words. Others also encouraged the notion as I got the heavy, rambling tome down to 170,000 words – still far too long, but at least more manageable. Around this time, I showed it to a couple of trusted colleagues and was lucky enough to be introduced to someone who had worked in the publishing industry for a long time. They advised me brilliantly to focus on the creative side, as it was a more interesting read. By now I was warming up to the idea of attempting to publish the book; so I started to shape its editorial ‘tone’ towards a general public audience, hoping it would also be of interest to current and future practitioners, whilst remaining sufficiently critically reflective. At this point I decided it would be necessary to turn the work into novelistic autofiction,³ as I knew I couldn’t present it as entirely accurate reportage – the memory is too fallible for that. Still, I have tried to keep the fiction element to an absolute minimum and to only use artistic licence to accentuate the personalities of its main characters and to aid the story’s flow.

RR: You both describe the process of deciding to write and publish as something of an organic one, but I’d like to push a little more on this and to reflect on what your intention in writing was. Was there something you particularly wanted to say either to the public about humanitarianism or maybe to those in the sector itself? Or a reason you specifically thought your story was important to tell more widely at this moment in time? You both hint at this, but I’d be interested in your more explicit reflection on it.

TR: The medical world in general can be very critical of doctors who undertake humanitarian work. Accusations of glory seeking, virtue signalling, attention seeking, etc. come thick and fast and continue to this day. Your motives are challenged continuously and shortcomings and weaknesses in any programme of work readily highlighted. I wanted to address these head-on and point out that I am painfully aware of the difficulties in, and shortcomings of, my work and of how my motives might be questioned. But I tried to show that in spite of this, one can still try your best to do something which you consider to be of value. I wanted to show as well that any shortcomings have been addressed head-on by many in the medical humanitarian community, and enormous improvements have occurred in the last ten years or so. I also wished to show the sceptics in the UK’s National Health Service (NHS) the value this work brings back to the NHS. Even if you do not share my motives there is an

element of enlightened self-interest for us at home when we return with what we’ve learned overseas in these large-scale medical humanitarian crises.

GO: I cover some aspects of this in the preface to the book because it was really what the publisher wanted to see. I acknowledge all the criticisms of humanitarianism and I was not intending to mount a defence or rebuttal. Rather, I was seeking to offer some nuance in the hope that it would foster more critical reflection. For example, in my view the Greek Special Forces were way better humanitarians than many among the aid community in Somalia. For me, the cyber echo chambers, where people mostly gather today, don’t feel like robust sites of deep, enriching debate and where differences of view are celebrated as necessary and welcome. I think this dangerously weakens the philosophical foundations of contemporary humanitarian endeavour. In the preface I’m actually quite direct in my challenge to the sector, which could be summed up in a couple of questions: Are we really any better today at helping those in need than we were thirty years ago? Are we as bold, courageous and outspoken? Then in the epilogue I try to see past some of the criticism and stand up strongly for what I still believe in – even after three decades – which is that international humanitarian organisations still have to get up close and personal with those they seek to assist and experience their circumstances at first hand – they cannot retreat from the humanitarian frontline. It probably cuts against the grain of most current thinking to say that.

RR: Had you read much humanitarian memoir, autobiographies or fiction? What were your thoughts about how others have approached writing about their experiences before you embarked on your project? Did your thinking about other personal accounts of humanitarian experience change through the course of your own?

TR: I had read some humanitarian memoirs, but not a lot. I was very wary about tales of derring-do. One medical humanitarian memoir I read I recognised as being exaggerated, as I had been in the same events. I wanted to avoid that at all costs. I was greatly impressed with Linda Polman’s *War Games* (2010). It is not a humanitarian memoir in the same sense, as she is a journalist, but her comments on humanitarian interventions I found very powerful. The raw honesty of *Emergency Sex (And Other Desperate Measures)* (Cain, Postlewait and Thomson, 2006) was also very impressive.

As I wrote the book and got feedback from the editors I could see the pressure that some writers had been under to ‘sex things up’ and embellish the drama of certain events. I resisted. I also had a greater insight into the frank honesty of those who had bared all. As publication neared, I realised what had hitherto been private was now about to become public.

GO: I hadn't read a great deal of humanitarian memoirs, other than the most well-known ones. I had, however, read a good number of autobiographies, including some famous autofictional versions. The thing that stuck with me was the level of self-referential material that various authors had chosen to include. Being a very open and honest soul, my long drafts were full of that. My publisher, Tariq Goddard of Repeater Books, got me to remove huge amounts of it, describing my 'lacerating honesty' as a distraction. I really took that on board and sought to paint myself into the background to the extent that I ever could with a first-person narrative. Tariq was absolutely right when he said this would not hurt my story. Choosing the medium of autofiction was also my way of being respectful to others. I wanted my book to be full of love for Concern Worldwide, my beloved colleagues and the Somali people, without being sentimental. I also wanted to reserve my scorn for the poor decisions of poor leaders that led to such unnecessary violence and tragedy – as if Somalia had not seen enough of that already.

RR: You both have mentioned other writings which influenced your work, but you don't say a lot about other humanitarian memoirs. I wonder what your perception of humanitarian memoir as a genre was before you started writing? Here I'm wondering not just about the role they play in communicating the experiences of the sector to a wider audience, but also the potential role they play in generating a humanitarian nostalgia or myths about the humanitarian endeavour.

TR: I was put off humanitarian memoirs, particularly medical ones, because of my perception of their uncritical nature – the white saviour complex they promote and reinforce. I wanted to avoid these traps but at the same time not hide the bravery and essential goodness behind the work of many. In particular, I wanted to avoid the infantilisation of the recipient and bring them forward in the narrative as much as I could.

GO: I only had a limited exposure to humanitarian memoir before I began writing the book, but what I had read seemed to focus mostly on the authors themselves. I tried to avoid that as much as I could, despite a first-person narrative format. I was very wary of the risk of nostalgia and purged my book of that as best I could. At the same time, I wanted to place in the foreground the respect I had for the Somali people, as well as exposing readers to the pervasive, toxic hypermasculinity that so defined the situation and my own interactions. It was a fine line to tread. I also did not want the extraordinary level of positive human endeavour to be lost from the story. I would hope the book does justice to all that, whilst also being an entertaining read.

RR: Following on from that, many of the more prominent humanitarian memoirs, certainly historically,

have been written by men, often towards the end of their careers, and often from the Global North, which creates a particularly gendered and racialised humanitarian narrative. I would be interested in hearing your reflections on whether you think that is the case, and what the implications of it might be for the humanitarian sector?

TR: Guilty as charged. Writing a memoir at the end of your career seems the most appropriate time. I'm always amused when footballers write their autobiography in their 20s! You have to have a hinterland to draw on in order to make sense of things. However, being a man from the Global North and writing on this subject, it's a reflection of 'humanitarianism' during my lifetime. It is changing and needs to change radically. By writing a memoir on the subject, it might serve to cement some of the problems around ageing men from a rich country coming to the plight of the poor in the Global South. I've tried to avoid it, but I doubt I have completely. I can only hope that other positives in the book redress the balance.

GO: Also guilty as charged, except I don't feel like I am towards the end of my career just yet. My book reflects humanitarianism as I experienced it in Somalia thirty years ago – an environment dominated by the excessive masculinity of both the Somali elites and the international troops. Meanwhile, the relationship between the Somali and international communities was pivotal to the whole story. As such it would be impossible to avoid a gendered or racialised narrative when writing about the situation and, in my view, disingenuous to attempt that. I also tried to write the book with a strong awareness of the impact of my own race and gender, as it was another important part of the overall story. That said, if I have fallen into the trap of unhelpfully perpetuating such tropes then it is to the detriment of my writing and I will be rightly criticised for it. In terms of implications for the sector, I also think it is changing. In fact, I believe a substantive revolution is already underway which is resulting in the firm rejection of the 'pale, male and stale' humanitarian narrative.

RR: Were there particular ethical, legal or political concerns that shaped your writing? How did you deal with these elements?

TR: I had to make sure that patients could not be identified. This meant changing some of their personal characteristics and ensuring that the particular hospital could not be definitively identified. Because I was referring to work I've done for the British government, the document was reviewed by a barrister. Their only comment was that I should get the permission of a doctor in Kosovo that I quoted verbatim. He was happy to give that permission.

GO: The biggest ethical challenge I felt was the issue of what to potentially disclose and what to leave unspoken. There were several controversial things touched on in the

longer versions that I eventually chose to take out of the final edit, mainly because they were no longer relevant to the way I wanted to tell the story. But it definitely felt censorial. I was also aware that various people had been killed and that their families might read the book. I did not want to say anything that might inadvertently cause them further hurt. In a similar vein, the other ethical dilemma was whether to anonymise organisations, especially Concern Worldwide itself. But to attempt to do so felt too disingenuous and actually quite disrespectful. It is a wonderful organisation and definitely one of the heroes of the story. Also, as a practising humanitarian with a major aid agency, I was mindful not to bring the sector into disrepute, but nor did I want to gloss over any important areas of criticism. The intention was to add nuance to current understanding, as I believe many of the current important debates in aid, such as 'localisation', are too dichotomous. As I say in the preface, '[i]t is the authentic spirit of the humanitarian endeavour as interpreted through the story that matters most to me'. How well I have done that will be for others to judge, so let's see what they make of it when the book is published in June 2022.

RR: How did you approach writing about the relationships depicted in the book? Here I'm thinking about a range of relationships: with your colleagues, the individuals you encountered through the course of your work, your families and friends?

TR: I didn't want to cause unnecessary hurt or pain to people, even those who I may have felt had acted badly. I held back as much as was reasonable on any personal criticisms and only referred to factual events, allowing the reader to draw their own conclusions. One passage though drew comments from the editor that I was settling old scores. I had a discussion with them about it, as what I was describing was exactly what had happened – and I had documentary proof that it had happened. The passage stayed in.

In general, if I was to make personal remarks about colleagues, I wanted to make sure they were all complimentary. There were accounts I could have given of people I know who had at times behaved terribly in my view, but I didn't really see the value in exposing them in this way. Instead I just left that out of the narrative. My family were very upset by parts of the book, and the risks that I had taken. My brother told me he could only read it in small batches.

GO: Writing about relationships was interesting. For the most part, I just let it flow and then looked back later with an unemotional editorial eye, taking advice from my trusted readers. I tried not to shy away from anything truthful, but it's absolutely the case that I painted my relationship with the fictional versions of some real people in a certain light that the actual persons upon

whom they are based may not recognise or appreciate. I checked in with a couple of these people to see how they felt and made the odd correction as a result. Also, I deliberately accented the narrative around one or two leading characters to make them appear more repugnant or villainous at times. To these individuals it might appear like a vengeful act, but really it was to aid the storytelling. To add to the ambiguity around this, I've also used the real names of a few people, where fictionalising them didn't feel necessary or appropriate.

RR: Were their parts of your story/experience that you couldn't write about and/or chose not to include? And, without asking you to write them here, could you say anything about the choices you made about what not to include and why?

TR: Yes, there were things I didn't write about. I have kept confidences. I have written fairly graphically about Lockerbie,⁴ but having looked at the proofs I censored it myself – perhaps to the irritation of the editor – as I believed the relatives had suffered enough. It was a balance between showing the horror and reality of what had happened and not sanitising the acts of the murderer and the suffering of those left to grieve. I read newspaper accounts of what was already in the public domain and therefore could have been read by the relatives, and kept it within those parameters. I could have gone much further but chose not to.

GO: Yes. Quite a lot in fact. As the saying goes, 'you had to be there'. I could have added a lot of salacious detail, but I was not trying to write another version of *Emergency Sex* (Cain, Postlewait and Thomson, 2006). In many ways, I feel my book is a defence of a certain kind of aid work and of a certain time; it's a mild lament for what has been lost in the subsequent era of risk managed aid corporatisation. As one reader who was there at the time said to me, the times were tough, but it was easier to get the work done. Also, as another commented, we were more innocent and less self-aware. I had attempted to capture that in the writing, so I was very happy with the feedback.

RR: Did the writing help inform your views of the evolution of the humanitarian system, or change how you thought about any of its debates and controversies? It sounds like for you both it was a deeply reflective exercise. What changed for you in terms of how you thought about humanitarianism or your own role within it?

TR: When I put all my work end to end, as it were, I was surprised by how long I have been doing this and how many humanitarian emergencies I've responded to. I was also taken aback, I guess, by the repeated toll it has taken on my physical and mental health. It has also made me reflect, with some anguish I have to say, on what might have been the selfishness on my part of leaving my wife and family for prolonged periods of time, and the

worry they endured. On the positive side, I felt proud of the achievements of those of us who came together to establish the Emergency Medical Teams Initiative at the WHO [World Health Organization], and take particular pride in being elected its first chair and guiding a somewhat disparate group of fiercely independent humanitarians to the establishment of core standards and the publication of the 'Blue Book'.⁵ When looking back at my early work I can clearly recall how I wanted medical humanitarian work to be part of 'normal' medical practice. The environment may be abnormal but I have always held the strong view that medical practice should be the same wherever it is carried out. I do get a sense of satisfaction in seeing my involvement over the years in bringing this ambition towards some sort of fruition. 'Normal' medical practice involves research, which I have been proud to see develop in the HCRI and a professional 'home' which in the UK is a Royal College. I have been involved in the establishment of the Faculty of Remote Rural and Humanitarian Healthcare at the Royal College of Surgeons of Edinburgh and the development of a core curriculum and validation. And, of course, to look back on how UK-Med started and where it is now does give me a sense of satisfaction.

GO: If I'm really honest, writing the book has probably reinforced some of my views about humanitarian intervention and radically altered others. In researching the story, I was horrified to discover the full extent of the violence committed against the civilian population in Mogadishu by foreign militaries under the auspices of the United Nations. No wonder the Somalis rose up to kick out all the interlopers. However, alongside all the Western conceit, there was also something extraordinary about the willingness of the international community to attend to the suffering of distant others in such a massive way. That it all went so horribly wrong is a tragic failure of leadership with obvious parallels today, but I'm unwavering in my view that we can never turn our back on suffering in the world. To do so is to betray all of humanity. So I remain utterly committed to the notion of international solidarity and the idea that states forego the right to absolute sovereignty if they commit egregious abuses against their citizenry.

RR: You both mention being keen to tell an honest and more 'raw' truth about humanitarian work than perhaps you have had space for in your academic or professional writings, but also the challenges of critiquing a sector you obviously both feel very invested in. You both highlight the difficulties and challenges of balancing protecting your personal experiences and privacy with your desire to share a public narrative about humanitarian work. Given the debates that have arisen in recent years about the behaviour of aid workers,

especially #AidToo and campaigns to decolonise the sector, perhaps the sector needs to pay more attention to the private narratives of humanitarians, especially those personal narratives that individuals might be hesitant to share. Perhaps these could tell us quite a lot about the challenges that the sector more publicly grapples with.

TR: I agree. However, the personal regard for those who you have worked with does place restraints on how far you will go with criticisms when inevitably they will land on an individual. When I started writing I was determined to have no filter. My plan was to give an unexpurgated version to the editor and then go through it with them. However, as soon as I began formulating my thoughts on events I found a sometimes surprising sympathy for those whom I had previously felt criticism. Looking back on things, and seeing everything in the round, I could see that whatever they may have been like as individuals, they were prepared to step forward and put themselves at risk to deliver humanitarian aid. There is a limit to this of course and it is clear that some people dreadfully abuse their position, but in the events that I described and have experienced, I was not witness to anything that was extreme and certainly not criminal. This might mean that I didn't look for it or wilfully didn't see it, but I do not believe that to be the case. One of the advantages, if you like, of deploying from and with those working in the NHS, is that they have already been subjected to a number of screening processes and who are working in an environment where their actions are closely scrutinised.⁶ This doesn't eliminate risk but can certainly reduce it. We also rotate NHS staff for relatively short periods, which facilitates the maintenance of NHS professional standards when working in a very different environment. This feeds into my desire to 'normalise' humanitarian medical work and have its practitioners within an independent professional home, irrespective of the agency they are working in.

If humanitarians were guaranteed anonymity then more exposure of bad practice might be achieved. However, this is ultimately difficult to achieve and raises ethical issues if clearly criminal acts are exposed.

GO: I think this question is enormously important, but also very difficult, and attempting to tackle that challenge on a personal level was part of the inspiration for publishing this book. The hesitancy to share private recollections in the public domain is very understandable. However, more attention paid to the private historical narratives of humanitarians may indeed be beneficial in helping the sector to critically reflect on its past as a way of underscoring its vital ethical foundations. As I say at the end of the preface, '[r]ecovering and activating the past compels humanitarians and others to address the colonial legacies, racial hierarchies and corporate complicities that are manifest in today's aid

industry'. I would want everyone who feels deeply invested in the humanitarian sector to play a role in that.

Notes

- 1 The Humanitarian and Conflict Response Institute is the leading global centre for the study of humanitarianism and conflict response, global health, international disaster management and peacebuilding, based at the University of Manchester.
- 2 UK-Med is a charity which facilitates the release of medical personnel from the NHS to respond to emergencies around the world. It does this by maintaining a register of qualified medics ready to respond at short notice.
- 3 'Autofiction' is best understood here as fictionalised autobiography – the book, and its main characters, is substantively based on true events and real people, but the text is written as a fiction novel to allow for a degree of artistic licence.
- 4 TR writes about his experience as one of the emergency medical responders to the bombing of Pan Am Flight 103 on 21 December 1988 while over the Scottish town of Lockerbie.
- 5 *Classification and Minimum Standards for Emergency Medical Teams* (2021, electronic version) (Geneva: World Health Organization).
- 6 All NHS employees who come into contact with patients must satisfactorily complete the disclosure and barring

service (DBS) check to exclude previous criminal convictions. They are also subject to annual appraisal and regular revalidation to ensure their skills and behaviour are satisfactory.

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