[audio only] Winter School 202... (inter)disciplinary approaches

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SPEAKERS

Langa Mlotshwa, Becky Walker, Speaker 1, Lorena Nunez, Soorej Jose Puthoopparambil, Wellington Mvundura, Speaker 2, Jo Vearey, Tiffah Zauya, Anuj Kapilashrami

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Jo Vearey 00:00

Hmm. So welcome back. We've got a few people still coming back, but I think we should begin. Thanks for a great morning. I don't mind running late when it's because of great inputs. So thanks again. I think everybody had a chance to introduce themselves, apart from Lorena, who many of you know, but I will ask Lorena in a moment to introduce herself. And what we're going to do is we're going to have a bit of a panel discussion, but your job is to all get involved. Basically, we're saying, and you've heard from people with different disciplinary interests and backgrounds already, in terms of inputs, but also who's in the room, who's online and who these kind of weird people are that work in this field called migration and health research. So what we're going to do with our colleagues is I've set them what I think is an unenviable task, so it's nice that I don't have to do it is to blame their position and try and convince you why their approach to thinking about migration and health research is the best, and I want you to be thinking about the importance of the disciplines, or not thinking about the importance of interdisciplinary work and training, or saying that's Not needed thinking about intersectoral engagement, is it just the academics that we need in the room, and I want you to be able to really have a think, listen carefully to what they're saying, and think about your own thoughts and position on that. Depending on time, we'll either then go into some smaller groups to continue the debate and come back, or we'll finish the debate here together and finish a bit earlier. Those of us who've been on a 10 day marathon of wonderful meetings, but a long marathon, I think might need a little bit of an earlier finish today. So that's what I'm hoping for. But yeah, so get engaged colleagues online like always, please. You know, contribute. There'll be time for you coming into the discussion. But also note thoughts in the comment boxes and everybody on that Google Doc and keeping the so I'm just going to hand the middle group will be sharing the mobile mic here. Lorena, you can share with Langa. I'm delighted to introduce Lorena Nunez, who is our head of school. Many of you know Lorena, some of you maybe don't um and Lorena is a an old friend of ACMs. Was formerly at a CMS departed from us, sadly, into sociology, although anthropologist and now is head of school, so also a what's the word, forced into the world of interdisciplinary, cross disciplinary confusions. So it's wonderful to have you here. Lorena, thank

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L   **Lorena Nunez** 02:57

you so much. Is this okay? Okay? Thank you so much. And thank you for this invitation, Jo, and to see people that I know from the past, from the current work that you're doing. And I, I

to see people that I know from the past, from the current work that you're doing. And I, I actually, I wish we could have this in in in English. It's in Spanish, and is a, it's a book that I'm taking now to try and convey this to you today in very brief ideas about critical thinking on health from the south. Is a group of Latin American critical thinkers, critical epidemiologists, and propose that we need to, we need to develop a critical epidemiology and a critical thinking on health by challenging the basis, the foundation of epidemiology and how, Why is it important that we we challenge that he they proposed, actually epistemic rupture with that way of thinking, the modern functionalist epidemiology on which many of the health international programs are funded at, supported, promote, you know, and there is a whole full set of concepts that allude to the need to think from the social sciences and question the parameters of a classic functionalist, modern epidemiology that doesn't consider a series of categories that I'm going to refer to. And the first thing that they raised, not only this, but just mentioning, they don't speak about social determinants of health, but they speak about the social determination of health. So. Which is actually an ongoing process that has a history, that has economic relations, that have political social relations, that when you translate that into social variables that are not connected that individual variable and the contextualize the then you make this approach of the social realm functionalists, and does not give a proper account of the processes that are producing disease, yeah. And so let me just read this definition, because I just translated from here. And to give you more precise sense of what the social determination of of health refers to, is the social This is a social, cultural determination of health. This is a basic category of the Latin American critical epidemiology, which allows us to understand health, disease and care, not only at the biological individual level, but as a process, oopsie, as a process, a social, culturally determined and just to complete the material conditions of existence and the social interaction that take place In the social groups are making human life and collective ways of living and the process in which the social territory promote or impact health and ultimately determine the profiles of health and disease in human communities. This poses a challenge for epidemiology to study theoretically and methodological perspectives that come from the social sciences, this knowledge and methods have been excluded from the traditional positivist training in practical terms have reduced the explanation of the health disease process to isolated social determinants, which have been incorporated in the tradition traditional health discourse as risks factors. So these social determinants have been sort of reduced to risk factors without the explanatory power that they have this restrictive perspective, finally end up proposing policies and interventions focusing on isolated individuals affected by risk damage. So they proposed to rethink and transform access of analysis that involved bringing interdisciplinarity and the social sciences perspective, these are classic categories of the functionalist epidemiology that consider the individual health, or the individual measurements of health of any sort they propose to transform, to move this to way of living that is much more explanatory than individual health. They they talk about place, right? You you define a place where you measure something but a critical epidemiology proposes a social territory as a unit of analysis, instead of time, which is also a parameter of the functionalist epidemic epidemiology. Say that from this year to this year, we measure this they propose to think about processes instead of a natural history, history of disease. They propose a social history of the health disease process, instead of risk factors, they propose protective processes or this or destructive processes. So this transition of theoretical and epistemic approaches imply, as well, a shift in methodological approaches, so in terms of observational scales, in in terms of temporal scales, in terms of units of analysis, and each one of these involve methodologies that come from The Social Sciences and require require interdisciplinarity, for example, if we if we have moved from place to social territory, then we need to elaborate the social cartography of the territory, to understand the territory, not as a formal division that is planned centrally, but it's defined by the community that inhabits that if we think about observational scale scales, or temporal scales, rather, what is the temporal

scales? If you think about that in terms of the social construction approach. Says processual construction. Then you need to, then you need to think about people's memories of events. Yeah, and that requires, obviously a different category. Then you involve ethnography of processes that account for what has happened in real time, in real life, in communities. If you think about unit of analysis, maybe then you combine quantitative and qualitative methods. But then you engage with communities. In communities assemblies, you use group interviews, group discussions, participant observation, to understand from inside what is the phenomenon that you've been studied because you are moving away of these detached categories of the classic epidemiology that thinks about sex, age, Race, without without history, so the social is not fixed is it is ongoing, and you need to give an account of the processes that are producing sickness, disease and health through this rethinking of your categories that definitely create a space For the social sciences and the different methods and interdisciplinarity of studying health, that's what I wanted to say.

Jo Vearey 11:33

Thank you, Lorena, as always setting us with some important challenges, and for those of us who sometimes forget our sometimes disciplinary backgrounds, a real reminder of complexities. And I particularly enjoyed the determination of health language, because I think some of us really struggle with this idea of determinants one by one, and we talk about them, you know, the cumulative effect and things like that. So really, really helpful. And talking to us about various things, from critical epidemiology all the way through to, you know, ethnographies and ethnographies of process. So lots of food for thought. Thought there. Thanks, Lorena. Who would like to go next? Or will I just pick on some Suresh is smiling, so

12:18

he just throws it in the back. Yeah, exactly,

Jo Vearey 12:26

could you turn that point that one should be up. Thanks over to

Soorej Jose Puthoopparambil 12:33

Sarai, no, now we have met. Hi. I don't know, um, I think I'll try to answer or respond or comment one on their determination process, but also the question you gave to sell that my approach is the best approach compared to everyone else you know. I'll try to do both, having an open mind, I'm done it just immediately. So when you're taking on the determination process, I was thinking more about the salutogenesis, what we see in public health, because usually public health or no medicine, have seen health as pathogenesis, meaning try to find the origins of pathogens or disease, whereas salutogenesis is a is done by Aaron Andrew Thomas. He's a sociologist. America is American, Israeli. He talks of saluto Genesis, meaning the origin of health. And there, he does not see health as an endpoint, while it's a continue. Yes, typical how we depict health is like, you know, it's a river flowing with a waterfall at the end of it, and then people are born on the banks of it, and the aim of the life is to reach the other side. We

never eat. We die before that. But depending on where you are born, for me, that's where determinants comes into play, the color of your skin, your parents, education, status, the money and everything that determines where along the river bank Are you born? Are you born close to the waterfall, the currents are higher risk that you might not achieve your food potential, in different sense, sooner, compared to the ones who are born earlier. So the life is a process of trying to swim across the bank. And of course, the ones born the higher level, it's easier for them, for me, that's the determination process, because it also determines on what, how we understand the terminology, because determines, as you said, these are individual factors, but then how the Interact is not necessarily always discussed, right? For example, sex and gender. I think when I was a student in master's program, I think this was easiest explanation we got was that sex is actually what you do in the sense, but gender is actually how the society sees what you do. So it's a process that's actually that's how it linked to the determination process, but it's interested how people are seeing in a different way. And. Yeah, and when it comes to interdisciplinary, I don't know how much of interdisciplinary I do, but rather maybe more intersectoral, because we also sometimes use the term transdisciplinary. I mean, you know, with English and letter that a lot of words flying around, half of us know what actually we talk about. But at least the way I make the sense is that, because if you want to do anything in in public health, or any field for that matter. I think it's not enough with just with academics. And I think this referring to the discussion you had or person on activism versus academics. And so what I see is that I need to work with the various stakeholders involved in it. And then when many of you in your earlier stage of your research, you also need to see, like, what is the end goal, and how is that I'm going to achieve? Fine. My end goal is to reduce child mortality. Yeah, then maybe I should just talk to the ones who are giving vaccines, or just to the mothers. But as Anuj was showing before, there are a lot of commercial determinants, right? You know, who gets access to what is the baby formula available? Should it be available? Because in South Africa there's a lot of discussion during HIV, you know, is that actually promoting, or, you know, reducing the health outcome, because do they have access to proper water to make? So that kind of discussion. So when I work with trans history, I try to see like sort of a stakeholder mapping in the beginning, and try to work with the stakeholders who I don't want to work with, because usually, probably that's where of the challenge comes into play. The reason is that when I engage in such approach from day one in the end, the results are not mine. It's our results. I can give an example. One of the most contested area to work in migration is immigration detention. And nobody wants to talk about it, and people don't get access to it. I got access to it because I start as a volunteer working for an NGO, visiting them on a regular basis for two years or three years, and the agency somehow trusted me is fine. You can come and do your research with an academic hat onto it, right? So I engage them in from day one, and I remember there was a final workshop where I said that this is my results or my recommendations. What do you think is feasible in this one? So we had two days workshop with Migration Agency officials from four different EU countries in then it became our recommendations, meaning I didn't have to do anything more with it. It was ours. They implemented it. But this was not an easy process. I often say that my PhD was maybe 50% pure research as how we define it, but Academy the rest was talking around in the sense that engaging with the individuals, the end users, unfortunately, not migrants, because they locked and they don't have much power, at least with the staff gaining the trust and said, okay, there is actually a common goal to make the situation better. So that engagement actually helps quite a lot. And I think this is something many students, when they try. We all want to make it, make world a better place. But as Anish was saying, You need to understand the cause of the cause of the cause. Fine, we need and create world peace and end hunger. How do we do it? When I have access with students about difficulty in accessing healthcare for actually, if I take Bangladesh or Turkey, the solution is that sign the Refugee Convention, but that's not going to get access to this particular individual. Is it the language barrier? Is it the financial barrier, or is

the racial discrimination that prevents access? So we need to think in that level, but also at the same time, fully aware that it's quite easy to get depressed in the way we work, because we want to see change, and it doesn't come quick. It's also important to see happiness in the little things that we do. And that's where sort of, my sort of discussion on the activism comes into play. I don't know who I am, if I'm an activist or if I'm a researcher, or if I'm academic, and it depends on what we put meanings to those words in the sense right I have. I think a purple jacket doesn't mean I'm a purple jacket guy. Just when that today, I thought this was a nice thing to do. The same way I see myself as a salesperson rather than anything else, because I am selling my ideas. I'm selling my approach. So sometimes I might comprehend on certain things, but I know that this is a minister. He would like to say something good he has done, and then I can pick up on the less good things, and I get invited certain meetings because I'm not an activist. In some other case, I get invited because I am pushing it. So I tend to choose my depending on what I want to work with. That's just I was bit unclear on that part. This is at least how I do what I do. And I would say I do some teaching and do some research. I'm in a privileged position where I can choose what I can research, but lot of the other things I do is actually engaging with various stakeholders, be who be ministries, and it's a long process to be invited to especially to those closed door meetings to get my voice just add those two or three words you. Who, for example, never discuss again. Sorry to using a debate of detention. This was detention the beginning, but I got the chance to develop the first who, European Regional report. I wrote half a page on detention because I knew it was important. And this was 2080 and then after that, because who wrote it? Ah, people say, Okay, this might be important. It was always important. But because it came a who document, and then in two years time, because there was interest from others, maybe we could write, do an evidence review. We did that part, and then it was the time to produce the first Global Report on who, on migration, health, that half a page become two full pages in a global report that from two years led that, okay, maybe we could write a technical guidance on how to address immigration detention health concerns. Therefore, example, there is two ways of thinking, right? Immediate detention that's locking people. Why should I work with it? Because there is nothing good coming out of it. Why should I try to support governments to address health concern detention, to make it more humane? You cannot, because I often say that a cage is a cage, even if it is made out of gold. So my compromise was that fine. This is the way I need to start, because governments still detain people, whether I like it or not, let me have an entry point. What I did was that half of the document was on detention health, the other half was on how to push alternatives to detention. So that's where I come. That's why I call myself a sales person. Maybe it's of less value, I don't know, but that's at least how I do my research. If that's what we call research, I stop here. I

Jo Vearey 21:43

Thanks. Thanks, Saroj, very much. And I think interesting reflections in particular about what it means to get behind those closed doors. How closed Are they really, and what does it mean to be in there when Anuj and I were laughing a bit about some of this, you know, not in a it's a joke, but in a kind of how to navigate some of those spaces and the roles we're given, particularly when you were talking about the importance of almost like role switching, right? What hat to wear? When is it a purple jacket day or not? But if you're wearing the purple jacket, what can you do? So thank you very much for sharing that I think Wellington sat in the middle. Let's hand over to Wellington and please remind us of your disciplinary or otherwise training and where you've come from into this world of migration and health, which I don't think you necessarily expected to end up in.

Wellington Mvundura 22:36

Okay. Thank you very much. So I'm coming from a multi disciplinary approach. I have been in sociology. I've also looked at Political Studies and then migration and displacement. So I've had the privilege to have to integrate the methods, the theories as well as the evidence from these multiple fields, so I will especially relate To my PhD experience. So departing from your point Lorena, where you are talking of social determinants of health, to determining social health, I view the social determinants of health from a sociological perspective and strictly within that discipline as the shortfall is to compartmentalize knowledge in maybe monolithic categories. For instance, when I was looking at a specific group of migrant workers within the plantation setup, because I was focusing on their everyday forms of resistance to various forms of power that are witnessed within a capitalist labor process, within the plantation farming. So instead maybe of looking at binaries, maybe in terms of class, like these working class wage earners, and this is management. So my interdisciplinary approach allowed me to look into that third space, the space in between, where we don't have binaries, like we're saying we're female or male farm workers, for instance, or looking at processes like the social movements, where farm workers are resisting in a matter that in a manner that is confrontational. We have looked, for instance, at the issue of social movements. Then we are looking at whether, if there are no social movements taking place, what is happening in between, in the place in between? Oh, that transitional space, the space usually hidden, that is the backstage, where people play out hidden practices, for instance, of resistance, and not the normal demonstrations that take place. So my sociological background gave me a lens, a critical lens, to understand processes that human practice theory is not static, but it's transition. It's transitional. It's mouth layered. It's far beyond what we see as as binaries. So that critical perspective, if you are taking an interdisciplinary approach, you situate processes, you situate identities of people you are studying. You situate the theories within a broader context. When you say, we are not trying to depoliticize knowledge, but we are putting it in its context, where we consider the the people we are researching is agentive actors, people who have agents who You exchange knowledge with it's not a one way process. So that interdisciplinary approach was really, really important in shaping that is the macro, bringing the macro and micro dynamics of social processes and knowledge into a space in between where maybe you can say we are looking at a meso approach to things where in as much as we are appreciating that social determinants, for instance, in the field of health and migration, like various social states, stations, like gender, sexuality, nationality, citizenship, in as much As they shape the circumstances of people on the move in terms of their health conditions, we are also saying we have people in micro processes that are happening, which meets with the macro processes to have a meso level analysis, which is More realistic in this instance. So the interdisciplinary approach helped me in that regard. Thank you.

Jo Vearey 27:29

Thank you, Wellington and and I should remind you about that language of like miso, right? And thinking about that as a important space, and the whole kind of in between and in between. There's languages that I quite like about those hidden through your approaches trying to make sense of those often hidden areas of exchange and engagement and speech, and how sociology for you has assisted you, in sort of sense, making around those spaces. So thank you. I'm going to hand next to Anuj, who was smiling at me too,

Anuj Kapilashrami 28:07

because I've had the most space at all. So maybe Sure, or just

Jo Vearey 28:14

if you want to give a little snap, yeah, that's absolutely fine. So we'll go to Langa first stop these over to you, Langa. Thank you.

Langa Mlotshwa 28:24

So my name is Langa, and I guess I come from a public health background, which I find very interesting, coming into the space and just thinking about what migration and health means, and thinking about interdisciplinary frameworks, I think, for starters, I think we can agree all of us in this room, because we come from different backgrounds, and we're all interested in migration, that should say something. And also the fact that while we come from different backgrounds and perspectives, the ideas on migration and health that we bring on the table are different, which makes it interesting, having worked a lot with people in The context of biomedicine and epidemiology and sort of thinking about the way they think about disease, you know, makes me think, okay, they think about disease as this condition that needs A certain a biological condition that needs to be fixed. But while this is important, I also think that it doesn't complete the picture, right? So I think, you know, traditionally thinking about biomedicine and epidemiology, um, gives. Certain picture, but does not give a complete picture of what migration and health would talk would speak to. I think Lorena also spoke about, you know, Epidemiology, instead of thinking about how we could improve these definitions. Right, in speaking of issues around migration and health. But I also think he spoke that he comes from the context of sociology. When we bring in sociology, we're being whatever social sciences in the room. We bring in law, we bring in economics. Still, that doesn't complete the picture, right? We bring in political science, individually or alone, that doesn't complete the the the picture of what we we would want to talk about when we talk about migration and health, but when we bring all these issues or all these disciplines together, it begins to bring sort of the different pieces of the puzzle together, and it begins to answer certain questions that each discipline alone would not be able to to answer. Now it makes me think about, you know, really thinking about what a true ambition of an interdisciplinary framework would then recognize, I wrote down some of what I think it would look like, right? I think that, first of all, it would recognize that health is a social, political and economic construct not just a biological condition. When we begin to answer that and unpack that, it allows each discipline to bring in that piece of the puzzle that forms the whole puzzle. It also speaks about migration, and I think Anuj spoke about that earlier in her in her presentation, that migration is not just the movement of people, but it is shaped by different histories of colonial, colonialization, inequalities, the environment, crisis, wars and other different factors. Right? It also speaks to issues around policies and institutions and what does this look like across borders. It influences who moves. I think she also touched around that so who's moving and why are they moving right who stays in a particular context and who thrives in that particular context? I think somebody also spoke about that in their earlier presentation. How you know healthy migrants are moving and when they get to a particular place, how is their health? Does it improve or does it deteriorate? And this policy and institutions that actually determine who moves, who stays and who thrives really speaks to that. I think that's all I have to add today. Thank you.

Jo Vearey 33:21

Thanks, Langa, I love Jo. So that's all I've got to add, as though somehow sort of incidental input. Thank you very much. And I think I you know, this reminder of the ways in which different people, people, disciplines, etc, may conceptualize the idea of health, right? And in a way we haven't really spoken to that. We've assumed that we, all, you know, understand health in the same way. I know that many in the room do, but as somebody who started off as a biology undergrad and became a genetics honors student who was then going to study parasitology, I definitely was trained to understand health in a different way, right? And coming into things in different spaces and through different journeys, we do start understanding things differently, and it's a question of, whose job is it to co opt whom? And that's what I want us to be thinking of. So thanks. Lenga, over to Anuj, and then we'll come to Becky.

34:20

Can people hear me? Thank you.

Anuj Kapilashrami 34:24

I think, first of all, I'm sorry, Jo, what you were really wanting was a fight, but I think we have more in agreement than in disagreement, right? She really wanted us to debate, but I think we are saying very similar things, and I just want to, without trying to repeat myself from what and what I've already said, just a couple of thoughts here. Firstly, I mean, I've had a very multidisciplinary background, and that has led to interdisciplinary thinking in. In my work, again, like Jo mentioned biology, botany honors, then sociology and a public health degree. So it is a mix of several different disciplines, if we can call each of these a separate discipline. I think the problem is not with sticking with one's discipline. I think it is the disciplinary hegemony that we struggle with in areas like public health, right? I completely agree with Suraj, what you were saying, that the idea of health and medicine was very much to go to the origin, so it was very much to think about the causes of causes. And thank you for raising this, the determinants versus determination, the intersectionality infographic. It was too cluttered for that, but that really that talk also talks a lot about the idea of moving beyond just looking at risk factors and determinants, to really talk about processes through which these disadvantages and oppressions get played out into on our bodies and on our relations in the society. So I think the problem has been with disciplinary hegemony, where we see in public health, for example, a lot of emphasis on epidemiology, which is a lot of which is restricting to either biological factors, or when looking at social factors, only describing the risks and how those are distributed equally, I would say that each discipline is advancing in most beautiful ways and evolving and strengthening its own approaches. So I while I talked about the four kinds of different trainings that I've had, but I also work with anthropological methods, predominantly with ethnography, participatory action research, set in feminist critical discourse analysis, do a political economy analysis when of the issues that we study. So I feel each of these disciplines offer a lot. So even in epidemiology, I think there is, and I've written this in a medical sociology textbook recently on which the chapter on intersectionality, which talks about how intersectionality itself is being informed by so many different developments, and is at a point where we also see social epidemiology contributing quite immensely To the ways in which we capture the determination like the mediation and pathway analysis that can be

undertaken to explore what cause, what are the causes of causes of what phenomenons that we are interested in and seeing? So I think that my one of the main points I wanted to make was the disciplinary hegemony, and how do we counter that? Right? And I it is. It doesn't mean that you have to be well versed in all disciplines and have had the training, but I think these interdisciplinary dialogs and ensuring that we draw on I mean, and this is, this goes back to my PhD, which was actually in public, private partnerships, and the discourse and the practice of PPP is in global health, and it forced me to look at economic theories of transaction cost economics, which I was, I mean, I was really detesting and worried about engaging myself in so and then looking at institutional analysis for a from a political science framing, and looking at political economic analysis. So I think analysis. So I think each discipline has a has its own strength, which we must draw on to gage that full picture and how we do it. And I come back to the point. And thank you, Lauren for picking starting with this from a global, Southern perspective. And that's the points that you raise exactly what I've been writing about in this book. But the point I also want to make is engaging communities and engaging people. I think, regardless of which discipline we choose to go with, hearing the voices of those who are affected. And I think by now we've we have evolved as a species to embrace the colonial methodologies, to not be extractive in the kind of development research that used to happen in 7080s so it is really about our practices of what we are giving back and what we are giving back, whether we work engaging facility providers, service providers, or planners or communities who are extremely who are disadvantaged or at the margins. Or communities at large, is going beyond just the critical thinking, the critical consciousness, and that comes also from interrogating our own role as researchers, as our own positions of power, of privilege as well as oppression, and ensuring that the team we are engaging in is also aware of these distinctive privileges. I think Suraj gave some wonderful examples, I mean, to come to my mind in terms of one with the hat of being in who committees and gender advisory panel for the last six years, and CO chairing it for the last two years, again, how we've used these policy spaces, not potentially, as an activist, and you're right in the multiple hats we wear, and the kind of roles we play in advocating that syndemic, intersectional and justice oriented approaches In all the work that we were advising on, and we are in at a stage where the future strategy for sexual reproductive health all incorporates intersectionality and syndemic lens and lens of precarity as well. The second thing that comes to my mind is in our environments, as in higher education, and that's been the other sort of area that as an activist, it's difficult to continue doing research and not change the structures and institutions within which we are doing research. So that is where the sort of activist approach would be to also start thinking of how we reform these processes this emerged from the advanced higher education, also in the context of the Black Lives Matter movement, that there was a whole tide or slight momentum in looking at aspects of racism, aspects of sexism, in sorry, aspects of Racism in higher education, and that is when we utilize the opportunity. And I introduced this intersectionality framing, developed a framework with students there, and also a tool. And we were talking about it in the break around the Power Privilege tool and the Power Privilege walk, which some of you who have done the modules have gone through where we begin to start interrogating in classroom how the power is distributed in classroom, and what does it mean for education in these environments, who gains and who has access to education, but not looking at it from a cross sectional perspective, right? Not looking at here and now, but looking at the cumulative disadvantage or privilege that you come to the class with, so going back to family circumstance, going back to family education, going back to the context with which where you are representing. So I think I just to add to the discussion. Is the point about how we change our environments and ensure that both individuals or research communities, stakeholders who we are engaging with are not just thinking about the problem critically, but also reflecting on the power which impacts on to what extent the problem solutions will be responsive to communities that are most at risk and most vulnerable. Thank you.

Jo Vearey 43:36

Thanks, sanuj, and thanks in particular, I think, for reminding us that the ways that different forms of sort of academic lives and practice, and the ways in which we approach our work influence the ways in which we do, don't, can, won't, be part of different movements. And I think the language of visibility in those movements is something important to reflect on is, you know, in some ways, are we all? You know, we can all be involved in advocacy through the work we're doing, but we might not be visible, right? And kind of what that means, and the ways in which some of us can shape shift is different to the ways others can, and it's something I know I battle with in where I'm seen as being visible and where I'm not seen as being visible, even if I'm supporting that process, right? And I think that's an important reflection. So thank you very much. Aneesh, Becky, so

Becky Walker 44:42

nice. Press. So the fortunate thing about going last is that all of the very smart, articulate things have already been put together in ways that I don't think I would have been able to do so and for. Unfortunately, it's also a very difficult space to be in when it's everything that's been said has kind of brought up so many thoughts and questions in my mind, and I'm not entirely sure how I put them together, so I'm just going to start talking and hope that they actually there's some sense in there somewhere, because I think so. I come from a background in a discipline that I spend most I've spent most time sort of, kind of saying what it isn't rather than what it is, because nobody really knows what an anthropologist does, or, yeah, even me, and that's in many ways, that's opened a lot of opportunities, because anthropology kind of creeps into all other areas, all other disciplines. There's it can be reshaped in in many different ways, and you can basically be in any in any discipline, and claim to be an anthropologist. So in some ways, there's a lot of doors open in that from the training. But I think what also gets lost there in kind of this vague idea of anthropology is that it also comes from a very strong methodological training and very specific ways of learning how to be in a research space and learning how to engage with other people, and the really hard work that actually involves. And we were we were having sore and I were having a very interesting discussion over lunch around activism and the Academy. And one of the things that stuck with me was we had this discussion about diplomacy within the academy and how how you find ways of engaging and trying to make change or force change, while also keeping relationships going and keeping those ties with other people. And it's something I'm not very good at, because I feel like my passion for research in particular is fueled by an anger, and I don't think I could do the work if I didn't have that kind of anger around injustice and wanting to see difference. But it's also really hard to have that in an academic space and and I feel like I'm often fighting like, where do I position myself? How do I position myself? And I guess in many ways, I've been in a very privileged position, because I'm able to move in different spaces and engage with different people, and I don't always have to deal with the stuff that really annoys me. And I can write about what I like to write about, but it's, it's really hard work and it's exhausting, but it's really important. And I was thinking, some of the best academics I know are the ones we don't know about, because they're not looking for visibility. And I think, you know, if we're if we're really honest, we're all there's no way to not be extractive in our work, because that's really what it's about, whether it's, you know, co writing with other people, but we're always taking other people's knowledge experiences, turning it into something for our own benefit, whether That's publishing, whether that's, you know, for some climbing the ladder in in their careers, or if or if it's to share with

students, you're still taking something. So I think part of that is just acknowledging that and putting it on the table, but also recognizing that some of the people who are doing the really deep academic work are the people that are are hidden from us, and they're hidden because they don't want visibility. And they're getting on quietly, changing the spaces they're working in, fighting for change and and doing it in a way that I don't think you always can do as an academic. And I hope that you're all still with me, because I kind of all over the place. But I think one of the things that struck me this morning, when we were first together talking about migration and health, I couldn't get it out of my mind, and I don't know where it came from, but it was this thing about the politics of visibility and care and how that's often erased through migration governance. And you know, Anusha was talking about structural violence and and this kind of the violence of neglect. And I think, you know, one of the starkest expressions of injustices is that migrants are seen as subjects, or is seen as bodies. And I think the image that I kept having this morning was, you know, what makes an impact on us is when we is thinking about dead, dead migrants, which sounds terrible, but if you think about the stories or the the discussions that seem to sway us, it's, I mean, it's that. Image of the little boy that was washed up in, yeah, on the Turkish coast, like, you know, and it and that, the image was powerful in itself. But it was, it was the fact that, you know, this was a life that was gone. So we talk about migration in crisis. We talk about migration when it triggers, you know, a kind of compassionate response. But then what about all the other stuff that comes before that, and the lives that carry on and the people that are trying to kind of keep moving forward? Yeah, so it's kind of, I don't think I can tie this up in any way, but it's about this kind of the moral work that's within what you do as well. And sort of a last thought is, you know, I came to South Africa and started initially working with the Center for Indian studies when I was trying to tie together my work in Sri Lanka with work in South Africa. And then Jo pulled me into ACMs and, and my first collaborative work that I was doing with Jo was with migrant sex workers and, and I remember, sort of working within the space of migrant sex workers and working on the, sort of the fight for decriminalization for sex work, sort of, you know, trying to find out where, how you build this evidence base, how you can use, sort of, yeah, kind of academically informed approach to try, you know, to try and really show the importance of understanding the impact on health, and putting the health lens around sex work, and then realizing, you know, in some a lot of these spaces where sex work is debated, or decrim is debated, none of that's relevant, because it's such an emotive, moralized topic that that kind of cuts over all of it. And I remember going to being in a parliamentary space in Cape Town where, you know, all these different inputs were being given around decriminalization, and as soon as somebody brought out a victim of trafficking, it the the debate was gone. That was it, because it ended any of the hard work, or whatever, all the sex workers who are speaking about their own lives, and, you know, arguing that it's nothing about us without us were erased immediately by this very, more, you know, by this kind of victimization. And it was, and that was, you know, and I think that's still why we don't have decrim. And it's, it's very much, rests on this issue of trafficking, which is the, again, takes us back to that kind of visible element of migration and the violence of migration that people focus on, and then the stuff that gets ignored. And that's not to say there isn't a space for kind of building an evidence base. And even now, you know, we're trying to put together a case to show methodologically that the arguments around keeping sex work criminalized don't make sense, because the arguments that are put forward aren't based on sound methodological studies. They're based on conflation of trafficking and sex work. They're based on assuming, you know, all migrant women have been coerced across borders. So there is an argument to be made there, but it's really hard work to kind of put that argument forward when you have these very powerful arguments that are based on the kind of people's moralized ideas about those subjects. And I have a feeling there's a lot of very confusing things I've just said,

but it's what I've all my little bits of writing on paper here that I've just kind of spouted at you. So I hope there's some relevance to that and some some coherence. And if there isn't, then sorry about that.

Jo Vearey 53:58

Well, it was definitely coherent. And if it wasn't, that's because it's your own interdisciplinary approach that we all need to learn from. So thank you everyone. Before we open it up, based on what we've heard, does anybody want to kick us off up here on any thoughts? I mean, I do. I do sadly. I mean, I like agreeing with Anuj, but I do sadly agree with you that there wasn't enough of a fight, which, in a way, I think also goes to show how something I've been thinking about a lot lately is kind of our own communities within the world of research and the world we're involved in. And actually, whilst we might all come from different backgrounds or approaches, ultimately we work with people and engage with people whose politics align with our own in some way, right? So I guess in a way, I shouldn't be surprised that we I should have thought to have invited some of my less friendly colleagues, perhaps, you know, or those who perceive the world of health research as something incredibly different, and that's something. I'm not sure about others in interdisciplinary spaces that I find I have to fight quite hard for people to see that health is this political challenge and that it's not only about sort of, how do we improve child health and vaccinations, right? And it's, it's interesting as people come into this space. But does anyone want to

Tiffah Zauya 55:21

reflect?

Wellington Mvundura 55:28

Okay. Thank you very much. Having listened to the deliberations by the panel on inter disciplinary approaches, I have major question or a bond of contention that arises from the deliberations yes emerge as in as much as we have agreed, To a certain extent that interdisciplinary approaches results in innovation, innovative ideas, innovative approaches, innovative forms of knowledge. The key question now is, within what context are we exercising this inter disciplinary, for instance, the philosophy the global world order, which is Neo liberalism. I think anode you talked about coloniality. We have various forms of coloniality, coloniality of being, coloniality of power, different matrixes of power, in terms of economics, in terms of who one is, for instance, even in the cultural field. So when we exercise this interdisciplinarity, from which position are we taking? And you talked of hegemony, aren't we speaking from a position of hegemony in as much as we are integrating the social sciences, the natural sciences, the biological sciences, or whatever discipline, what's the underlying philosophy of those approaches? Does that knowledge produced? Does that evidence produced within the larger philosophical world order, whether it's social economic philosophy, it's a cultural philosophy, to whose voices are we speaking to using that interdisciplinary approach? Thank you. So that's for the panel and maybe the floor.

Anuj Kapilashrami 57:55

I may have not understood the question well, right? But so do correct me, but I do want to come at the hegemony part. I think when you're moving across disciplines, you are moving across discipline with the understanding that one particular approach or disciplinary approach cannot be superior. And that is when you're saying breaking the hegemony of one discipline. Now public health is also a whole thing of practice. Right within public health, they've also been multiple disciplines informing it, and the hegemony I was referring to was more about how much of public health planning practice, etc, is driven by movement of this very sort of neoliberal movement, but also this evidence based understanding of policies and and within and constrained by A very clear hierarchy of what knowledge and what evidence is right. So if you say that the best ways to understand knowledge or understand effectiveness is randomized control trials, and best ways to understand the burden of ill health, or vulnerabilities in ill health, the risks and determinants. Is epidemiology the most more sort of functionalist epidemiology that is mainstream epidemiology in public health, then I think that's a matter of hegemony, and that is coming from a point where we are treating all other ways of understanding and knowing the epistemes as inferior. And when we start breaking that hegemony, then we go to different methods, approaches, tools and voices, right? And that is the point. Point around the hegemony. It could be from multiple lenses. I mean, and I completely agree with you that we are operating in extremely neoliberal context and construct, and that also impacts on how research and academies are evolving, right? So while we are all in favor of interdisciplinarity. We know the premium, or lack of premium placed on working across departments, right in our own institutions, because where is the money flowing? Who is benefiting from writing a paper? So there is on, and now you see, and it's just such a confusing and complex space, especially, I mean, with the new changes coming to the Research Excellence Framework, where suddenly we are hearing academics who had never engaged users now talking about user involvement because they there. There is the ref frameworks has identified one criteria is of engaging communities so suddenly, because in because people want to demonstrate impact of research in that manner, they are beginning to do that we, from our sort of disciplinary gaze, have our activist perspective, have always been engaging communities in the kinds of research we've done. Right? It has not been without the communities, or even when you're looking at doing evaluations of services utilizing tools that go beyond just surveying or you know, auditing checklists, etc. We're also looking at, for example, one most recent evaluation of early years interventions that I was doing. We did participatory action work and Photovoice with midwives and health visitors for them to review their own practices and identify barriers in achieving the desired goals from the program perspective, and what emerged was a fascinating insight into commercial determinants and determination of health from midwives and health visitors themselves, but the often, I mean, And many journals continue to not be able to publish visuals as visual evidence, right or do not see legislative theater and forum theater as part of a method that could engage communities or other stakeholders in documenting experiences, evaluating evidence. So it is, I think the struggle is those kinds of methodological tools, the ways in which the hierarchy of evidence, the ways of knowing that are prioritized over all others that we need to fight. So, yeah, not really countering what you say, but just expanding on those ideas.

S Soorej Jose Puthoopparambil 1:03:08
If I could just add

Jo Vearey 1:03:11

quickly, there was a note from online saying, voices are fading. Can you hear us? Okay at the moment. Pascall, I see you'd noted that.

1:03:22

Oh yes, thank you.

Jo Vearey 1:03:24

I can hear clearly now. Thank you very much. Okay, thanks.

Soorej Jose Puthoopparambil 1:03:28

It's, it's late in the day, so I understand the voice of fading. No, I just want to echo what anit said, but also the basic principle of being humble, that we could be wrong, and there are multiple truths. And I think, I think there is also the sort of the meanings we attach to certain words. For example, when we talk about public health all of a sudden, I think I said before, it's doctors and nurses, but to be honest, public health is nothing about biology of medicine. It's actually, I forgot who said it, it's a definition of public health. It's actually using technology and medicine in the context of politics. That's public health. Take the example of COVID vaccine. You know, it works, works well, but some people got access. Some people didn't get access. Some people got different kinds of vaccine. It has nothing to the vaccine or the technologies, the politics that comes into play. But there is also true that xy series, like I gave the example, I think during the break, you know, the truth was that the Earth is a flat piece of structure, until somebody else proved it was not same way when it comes to the hegemony or the value we attach to certain methodology in global health and public health, we often think quant is the king numbers, one is one. What is there to discuss quality? Just text, and it's like what somebody thinks and what somebody else thinks about, what that person thinks, right? And then. But we seldom, because we assume that because we are talking one or two or three as a number is constant, it's the ultimate truth. But we. Forget that it's a researcher who chooses which questions to ask, Which sampling strategy to use, because there are, there are different questionnaires that measure quality of life, started from who to others, all sort of tend to speak of the same thing, but in a different way, and even the way we choose the analysis, which confounders we choose, we don't tend to discuss. So I come from a medical faculty. When you do quality research, it's okay, but it's not necessarily valuable. Also, the journals that publish quantitative, qualitative article have less impact factor, which meaning less money for me if I publish there. So in then we are trying to driven over there. But on the other hand, I think I don't know if it's actually the research question that choose the method, or we know a method and I choose the research question that chooses fits that. So I think we all have to sort of understand what is that I want to address? The bigger questions are always said, but what in that I want to address? How can it best possible way? Often now, throwing out the word mixed methods might be a way. Sometimes it's not. You don't have to do mixed method because that is popular. That's where I get the money. I understand we all need to pay the bill, but somewhere also we need to see, like, what can I do in the same thing with interdisciplinary and intersectionality as well? It makes sense in most of the context, but in some cases, maybe it's okay to approach on that one as part of a larger project, but combine and say that. I'm humbling to say that this is my research. This is the result, but it only says this much. And I

think when I read lot of these articles, especially the conclusion sections, that's one thing I always do. Read the research question, read the conclusion. It always goes beyond what is the ask there and say, you know, this is the promised land. Just go and do it. But I think we have to humble in saying that this is what we did, and this is the little thing we know. So I think it's connected hegemony, but also being humbling. Like, you know, we could be wrong, but we only present in one picture. Comes from my understanding that we as human beings, we all are biased. Doesn't matter medicine or quant, stop here.

Jo Vearey 1:07:05

Thank you. Um Lorena, were you reaching? Yeah.

Lorena Nunez 1:07:09

I think that the kind of questions that we formulate are either confirming a Germany or challenging it. So research questions are not neutral, and there is then something that we can do to this, yeah, dismantle these apparently well intended structures of working for the well being of people, when we formulate the questions that disclose the structures, the power structures that produce suffering, that produce sickness, and distrust and distrust that you know, I think this, this, this methodic distrust to formulate until, until you formulate the question that unveils the power structures. For me, that's a strategy to break away from hegemony. And I just can't recall now, since you all were in Messina, my last trip to Messina A while ago, there was a whole research concern about gender based violence with women that will cross the Border through informal entrances and therefore they will seek support in shelters. So the questions were formulated at the shelters, what is the care that you receive? Is this enough? What else is needed? How many women come here? How many might not come to the shelter, and I felt we were interrogating the problem at the bale end of the course, and we were not addressing the root causes, the mechanism, the patriarchy, that was built producing forcing People to migrate in such desperate conditions, not only patriarchy, capitalism, etc, etc. And we were then trying to assess the impact of the shelters without asking, and I'm not blaming us. I'm just saying, as we were doing that, I was asking myself, are we then looking at the very end of the persons that we want to really protect. What are the other questions that we are not formulating? So that's that's what I think we should be doing.

Jo Vearey 1:09:58

Thanks, everyone. I'm going to open it up. Um, I'm trying to watch, like, multiple screens here, where I've got different people. Um, but is there anybody online or in the room who'd like to comment? Um, particularly thinking about colleagues who are currently perhaps training or about to be training, or feel the work they're involved in comes from a more kind of singular space. You know, is there such a thing as a single discipline anymore? What do you feel about the ways in which people have been sharing their experiences of how we need to be thinking about research in the field of migration and health? Any thoughts, any challenges thinking about your own work, your own practice, those of you who are more field based, some of you are more academic, institutionally based. Yeah, any thoughts?

Speaker 1 1:10:58

and Good afternoon colleagues. Susan Dooley, here, I've been, yes, I've been very fascinated by the presentations that the speakers, you know, different speakers have come through. I come from communities that have been so mute, um, with regards to the services they receive from the government, be it migrants or just general communities. And my thought throughout this discussion has been, how do we then translate the research that we are seeing into action so that we can impact people's lives and people's experiences in the now, because it looks like the political structures that are in place in society are not able to effect the change that people need. I just spoke to one of my friends recently that the issue of NHI should be, perhaps be spearheaded by by communities themselves, whereas now the issue of Nhi, I'm just making an example, is being spearheaded by government and by academia, through writing, but communities themselves don't really understand, and then they're not informed about this. How do we then translate all of the knowledge that we have been talking about here to then agitate communities to, you know, to take a front row seat and spearhead these, these, these, these, these discussions. And I think that if we can translate the knowledge that we have here, and we are witness to to communities, perhaps we can start seeing some change through activism and mobilization, as one of our speakers has been, have been saying, um, so. So for me, those are some of the thoughts that have been in my head. Thank you.

Jo Vearey 1:13:05

Thanks very much. Sizwe and I think you know, the issue of kind of communities and peoples that we work with and the language of working with are working on, the language of working for working with can also get quite complicated. So thanks for sharing that. I think most people are familiar with the acronym Nhi, but that's talking about national health insurance in South Africa and its development as part of universal health coverage. Any other reflections in the room? Brilliant. So we'll go with Tifa and then Tola.

Tiffah Zauya 1:13:40

Thank you very much. Um, hey, mine is always from a perspective of trying to understand deeper some of the terms which are used by the academics, but small rather, not an attack to the multi disciplines, but we are sometimes at the receiving end of the data accumulated and usually it's more like a bias towards the service providers, that they are always at fault. And I'll give one example of saying the attitude of the nurses. But does any of the research ever look at the attitudes of those who should be receiving the services and what has changed over the past, we've been embarrassed in multiple times whereby somebody requests a referral letter to access ARVs, the clinic, for example, they'll tell us, I was chased away. You go there and the service provider said, No, we requested for a passport and a transfer letter. And we did provide them ARVs for three months, and we told them when you come back for the next batch, make sure you have a passport and a transfer letter. So these are for control methods, because we also have people who take advantage of the data that you receive, and they seem vulnerable, and they know we're advocating. For them in a way, and once they see my face at the

healthcare facility, they'll say, Okay, fine, we'll give you for a month more because you came with this person. But they also collected yesterday elsewhere. So some is for consumption, some is for reselling. So has any of the data accumulated in all these multiple disciplines? Also look at the attitude, the behavior and the loopholes where we can be taken advantage of by the same people we're advocating for, because it's actually happening as we speak. Thank you.

S Speaker 2 1:15:35

Okay, I'm from the journalism background, and I remember when I first joined ACMs during the orientation program, and we asked why you joined ACMs, I felt so lost, because everyone was saying, like, very nice, clever things. And there I was just trying to, you know, wiggle my way around. I didn't really know what I wanted to do. So, in essence, from journalism and now migration and health, I don't know how I got here, and all I remember was that, you know, along the line, I decided, okay, I'm a migrant. Here I am. Let me do something on postpartum depression, because I experienced it here, and Langa and Jo, they were my supervisors during honors, and that was how I started. And then as I progressed as a newscaster, NEWS REPORTER, a storyteller. I knew, Okay, I want to tell stories, but now, how do I fit it into the academic space and write like an academic and my amazing supervisor, Doctor Becky, you know, she patiently held my hand, and I don't know, somehow I'm still finding my way, But even within this discipline, somehow I'm still trying to blend in my journalism, you know, narratively into, you know, migration and health. So, yeah, trying to make it work.

Jo Vearey 1:17:19

Thank you Tola, and thanks for sharing. And I think both you and Tifa, in a way, are just reminding us of the messiness, right? That there is no simple, straightforward way. We've got to listen to different perspectives. We've got to bring those together. And it's not an easy, easy task. Is there anyone else online that I might have missed? I don't see any hands, but if there is, please go ahead, otherwise, any more feedback in the room?

Jo Vearey 1:17:51

Okay, so what I'm going to do very quickly, and then we'll draw to a close, and there's obviously tea to have as we end, we're going to bring the debates, which clearly aren't as debated as I as I anticipated, but with us over the next few days, and really thinking about, what is it we need to know and how and in what way in order to try and do the work that we're really wanting to be doing, and what I've tried to do And is capture some of the ways in which colleagues have shared their thoughts and sort of tried to sort of put it into some of the things that I've I've heard. Because I think one of the things that a sort of interdisciplinary space allows us to do is really get lost, right? Like we can get lost and get a bit confused and then together find ways to try and unpack it. I know that when I was working in certain other spaces, I'd sometimes find that if I hadn't understood it in the way it was first sort of shared, then this sort of meant that I'd totally gotten it wrong. And I think that the opportunity to engage in an interdisciplinary spaces means you it's not about less rigor. It's not about being less ambitious. It's not about being less skilled, but it's about questioning and engaging and doing perhaps in ways that feel more unfamiliar based on what we might have been trained in as as as undergrads or as post grad students. Sorry, I just need to open this somehow.

Jo Vearey 1:19:36

It's showing on my end.

1:19:41

It's taking some time.

Jo Vearey 1:19:46

I think it's just the wrong screen. Do I need to put it on a different screen? I don't know. But one of the things, and it's been mentioned by a few people, a group of us, or part of the gems project, who. We've had a sort of 10 day period of engaging, which has been a very what's that word infrequent, and I'd say quite unusual, opportunity to really spend time engaging and thinking about our work together. And one of the things we did was have the chance to go up to Messina. And those of you who know me know my obsessions with baobabs, and I feel, thanks, that's perfect, yeah. And I feel that in a way when we think about kind of these interdisciplinary or these multidisciplinary, or these different ways of thinking together, we all kind of come in at the ends, right as these little, often quite dry, brittle, leftover, no fruit on us, I'm being honest, right? And then, and then, over time, we sort of come together, and we find our little communities of practice, right? And then, ideally, we become these big, exciting baobabs that you can kind of clamber around in and explore. And I think there is something about that that I feel about the work I'm involved in, where you can feel like, out on a limb, right? And then you have other moments where you're like, Oh, this is really amazing. And sometimes it rains and you get fruit, but not all the time. But I do think there's something about the ways that people have spoken. I think everyone here about their kind of journeys into where we're at, whether you've stayed through a disciplinary track, whether you've moved back in between, and I think Wellington, in a way, kind of, you've sort of buffered around that space, right? And it kind of gives you a very different perspective learning and being trained in one thing doesn't mean that 20 odd years later, you don't find yourself doing something completely different, and perhaps working in a context that you swore you'd never work in. I was never going to do a PhD. I was never going to work at a university. You know, it's the evil ivory towers, and accidentally, here I am. But I think that some of the kinds of comments and thoughts that people have brought up, what are the kinds of issues that I think all of us in different ways, and many of you, I do know some not as well as others, but I think this underpins much of our work and our practice, right? All the kinds of things around politics, positioning, power, questioning, whose power, whose voice? You know, where geopolitics plays. Do we say? Global South, Global North? Global majority, world, minority world, who drew the map which way round and why? But how do we, you know, interrupt and disrupt that when I try and use a map that's a different kind of map, it causes too much confusion, right? So how much time do I have in my 10 Minute input to explain why I've used a map that people believe is the wrong map, or I've switched my What do you do? Like on an image, but I've made a mistake, where you're deliberately trying to provocate something, but actually it gets misinterpreted, because the people in the room already are assuming you don't know how to use PowerPoint, right? And I think those are some of the realities, right? Where we're trying to engage, I think questions around, I mean, I'm really enjoying the language around determination of health, because I think it brings both, you know what Anuj was talking about earlier, with lorena's

points, with suraj's river. But actually, what everyone's been saying this continuous process, because health is about an accrual, right? It's a cumulative space, and that's why, I think the kind of synergy when we're talking about migration and health experiences of movement also accumulative. Our health status reflects that cumulative process. And how do we think about those in the ways that our own practice is cumulative, right? The things we make mistakes with we move forward from but they're always there, and a mistake isn't a bad thing. It's going to just keep pushing you to rethink how you approach certain issues. And we all learn as we go. I like the idea of being a chameleon, and I have to say, Sure does have some very impressive suits, and always has a very good what you call it, pot, pocket sweat. Um, we do have his children to thank for that. They are quite stylish kids, I believe. But you know, I think it is about this chameleon identity, right? For me, it depends whether I remember to wear earrings and what earrings I wear normally is as far as I go in managing to reflect being in different spaces. But I have learned over time what Becky was talking about, where can we show our anger and frustration? Where is that productive versus where is it that you can be the quiet friend of the people you find challenging in order to be having a seat at that table? And what is it your other colleagues can do to voice that anger? That doesn't mean that one of you cares more or cares less. It means that collectively, you're creating that Praxis to bring those things together. And for me, that's incredibly important. And those of you who know, particularly the South African space, where issues around activism and advocacy have a very important political history and. Easy it is to be seen as being very quiet. You know, you're not engaged enough, you're not there, you're not visible. But actually, the work you're doing is supporting that process. And I think that positioning can sometimes be quite challenging to sort of navigate. So our multiple hats jumping across spaces, who and how and what do we measure and why? Who's doing the measuring? Who decides that measuring something is important and really thinking about whose job it is anyway? So we might agree collectively, something's important to understand, but who it is that takes that issue forward is going to determine the ways in which we build an understanding around it, and how do we interrogate and challenge that and create provocations around that? We move within and between these sectoral spaces. And I think that's where, you know, Anuj has really brought home and reminded us of the importance of linking across different forms of activist space that manifest in very different ways. And I think that important reminder about being part of different movements, whether globally or locally, and how your work in those different spaces influences and filters and engages. But at the end of the day, what is our job and role in that is always the bigger question. But I think, as you've heard from colleagues here, there are ways to kind of get messy and still come through it somehow. And that's where, for me, the issue of, like, the emotional labor, right? You know, Becky was talking about, when you're angry and that drives you, it's justice driven. But there's also a point where that anger and frustration is exhausting, right? So are you the right person to be in those spaces, who's there to support you in your community when you're feeling that, whether it's because you're in the field, as it were, doing work in certain ways, that's causing you your own distress, whether it's because, after many years, you're frustrated that the status quo hasn't changed. You know, what have we been doing? What's the point? And how do we find that support to help us keep keep going? And that's where I think quiet research, or slow research, and the lovely movement that is quiet and slow around this idea. But things take time, and some people are more skilled in having that patience to be doing the slow work where, after 10 years, a relationship with a government entity or with a challenging funder shifts and changes the way that you understand and engage, but it's been built up slowly, quietly in The background. But that doesn't mean that you're not also doing the activist work, because someone has to do that slow, quiet work. And I think it's important in our work, particularly when we're talking about that kind of public health space where things are quite energized often and quite fast moving, is we still need to be doing that slower work, and that slower work is as important because it's actually what often facilitates the faster responsive

work. I think that that links to, you know, Becky was talking about sort of research as extractive, right? And I think that there's no denying that research is this complicated thing that is extractive, but it also isn't extractive, right? There's, it's got this kind of double edged. It can be, it can be seen in multiple ways, depending on the who, how, what, where, when, with whom, and for what purpose. And what does it mean to be extractive and take away versus being inclusive and engaged, and what does it mean to understand that we might be curators or curating knowledge, processing knowledge with and who and what, which isn't the same as just taking and running, but if it's for our benefit and our careers, which all of us in the room who have or are studying, cannot deny that's part of the role we play. I'm not suggesting that that's always wrong, but we do need to understand it in that way. What's the purpose of doing this work? How do we feed it back? How do we make sure that our own interests are linking to what's needed? And that's where those bigger questions that in particular, Anuj has been pushing us to think about come in Becky, you know, is that I think those provocations around the language of extractive is are so important because we too often think there are ways to resolve that quickly and easily, and We need to think about where that that sits.

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I um,

Jo Vearey 1:29:43

so the idea of that not needing to be detrimental. How do we work with it? How do we acknowledge it? There are many things that we will say is wrong or bad in life, but sometimes it's about acknowledging it and engaging with it, rather than pretending we've solved it. And I think that's where, sometimes, where we do see you. Exciting fights between the disciplines and the interdisciplinary spaces. Is where I often think people in the in the interdisciplinary space, and I think I can speak for some of my public health colleagues, maybe, is that I feel like kind of you become a jack of all trades and a Master of None right, which in itself is an incredibly important training. I see myself as somebody who has to act as the interlocutor right I often think in public health, we're almost trained more to be the bringing the right people together into the same room, the kind of who needs to be around the table, and using our skills to help navigate that whilst we might not necessarily be the expert anthropologist or the expert sociologist whose job it is to help us better understand things, draw on their work to our work, and vice versa. So I think that's something that is often a fight where I have some colleagues who would refer to public health as this, you know, non discipline. And in a way, I don't disagree. I don't disagree. I think it's about a space and a practice that brings people together, and I think colleagues have spoken to that really well. And I think we shouldn't forget the ways in which we're all influenced through this cumulative process. And it's our journeys and our lives, the people in them, the people we meet who change our ideas, change our way of thinking, there is much to blame or thank for the directions we end up going, and it can feel lonely and frustrating, but suddenly it does click at certain moments, and I think that that role in What it means for continuing and moving forward is incredibly important to think about, and I think that's where everyone in this room, you we are a resource for each other in helping navigate some of those spaces. So yeah, I'm going to stop there, but I just want to say a huge thanks to a stellar panel and for all your contributions since this morning.