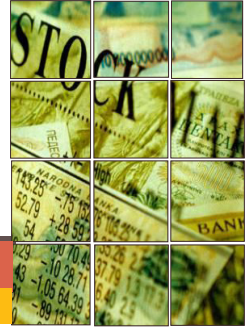


# Transitions: Health & Mobility in Asia & the Pacific



Australian Research Council  
Asia Pacific Futures  
Research Network



**MONASH** University

## ARC APFRN

### Signature Conference

24 - 26 June 2007

### Workshops

27-28 June 2007

Social Sciences & Health Research  
Caulfield Campus - Monash University  
Victoria, Australia

## Preliminary Programme

**Sunday 24 June - 9.00- 5.30 includes:**  
Registration / Breakfast / Exhibition-Poster  
Gallery; Opening Plenary; Theme 1: Ple-  
nary/Panel Discussion /Parallel Sessions;  
Performance (Wendy Woodson USA)/  
Discussion

**Monday 25 June - 9.00- 8.00 includes:**  
Theme 2: Plenary-Panel discussion /  
Parallel Sessions; Theme 3: Plenary-  
Panel discussion / Parallel Sessions;  
Performance/Discussion (Actors for  
Refugees) / Cocktail Dinner

**Tuesday 26 June - 9.00- 6.30 includes:**  
Theme 4: Plenary-Panel discussion /  
Parallel Sessions; Theme 5: Plenary-  
Panel discussion / Parallel Sessions;  
Book Launch / Poster Award / Close

## Satellite Workshops

**Wednesday 27 June - 9.00- 5.30**  
Writing for Publication

**Wednesday 27 June - 9.00- 5.30**  
Bias-Free Health Planning

**Thursday 28-Friday 29 June - 9.00- 5.30**  
Ethnographic Filmmaking

## CONFERENCE THEME

In public health, the term “transition” flags changes in the distribution of disease and changes in mortality and morbidity rates. The term is a gesture towards epidemiological transitions, health transitions and nutrition transitions – declining mortality rates from all causes, declining infant mortality rates, shifts from infectious to non-communicable disease. But we are also interested in the economic, social, political and cultural factors that produce such transitions: shifts from agricultural to industrial production, rural to urban settlements, subsistence to mono-cultivation and modern economies, population movements on a temporary and permanent basis, the remission of money within countries and throughout the region, forced population movement due to civil war, disaster and trafficking. Transitions have occurred also with respect to technology and values: the introduction of new technologies, procedures and drugs, ideals regarding body, diet and activity, the role of government in the provision of services. The theme and sub-themes are as broad or as narrow as you would like them to be: a tool to think about health, wellbeing, mobility in Asia and the Pacific.

## SUB-THEMES

- 👉 Outsourcing and offshore labour: The production of illness
- 👉 The mobility of viruses and their prevention
- 👉 Disaster and violence, flight and forced movement
- 👉 Commodification of the body, global technologies and global health
- 👉 Emergent identities, social movements and wellbeing

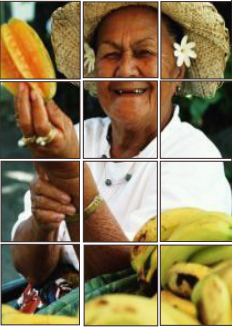
## SATELLITE WORKSHOPS

Parallel Workshops:  
Writing for Publication / Bias Free Health Planning

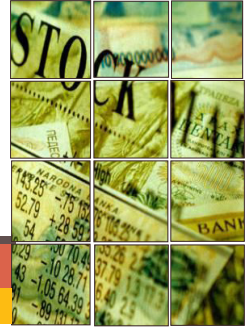
Wednesday 27 June 2007

Ethnographic Film Course

28-29 June 2007



# Transitions: Health & Mobility in Asia & the Pacific



## SUB-THEMES

### Outsourcing and offshore labour: The production of illness

In papers around this theme, we encourage you to explore the health consequences of the globalisation of goods and services. Telemarketers in India, electronic workers in Indonesia, garment workers in Bangladesh and the women in Bali sewing sequins on T-shirts and caps, all provide services and produce goods for a global market. Their living conditions, access to health services, wages and conditions of labour all directly compromise their health. But workers also travel in search of work, compromising their health and wellbeing but remitting funds in ways that potentially increase the health of their own families: building labourers from Thailand in the Emirates, domestic workers from Cambodia and Indonesia in Malaysia, factory workers in Southeast Asia from Nepal.

### The mobility of viruses and their prevention

HIV has long been recognised in terms of its disrespect for borders, its transmission enhanced through the mobility of goods, practices and people: Consider the shifting populations who inject drugs, the increased rates of infection along transnational truck/bus routes, the introduction of pharmaceuticals and the methods used for their distribution, the flow of ideas of prevention and control from multilateral and bilateral aid agencies and their staff. Emerging and re-emerging diseases - SARS, avian flu, dengue fever – also highlight the fact that viruses do not honor national borders. Responses to such outbreaks often provide vehicles for the re-emergence of cultural tensions of difference: the risk of SARS confused with being Chinese, for instance.

### Disaster and violence, flight and forced movement

War and civil disruption are major factors that impact on the health of people through regimes of terror, the collapse of institutions and infrastructure, and the spread of infectious disease, as a result of psychological as well as physical trauma and, for women, through the specifics of gender-based violence. These events are major public health and human rights problems throughout the world, including in Asia and the Pacific, resulting in flows of people in search of refuge and safety. Environmental disasters also result in the emergency and long term movement of populations. While floods, earthquakes, structural violence and rioting seem very different in their immediate experience, they open up a range of common questions about health, mobility and human rights.

### Commodification of the body, global technologies and global health

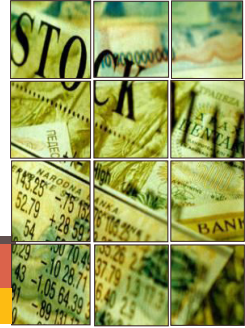
Knowledge, technologies and techniques are mobile, and through their introduction impact on people's health. This was well illustrated in work some decades ago on Nestlé and infant feeding, and more recently with regard to tobacco and pharmaceuticals. But it is also true in relation to experimental science (consider the studies undertaken on Depo-Provera trials in Thailand, Mexico and Kenya) and procedures. These include conventional procedures, when patients travel from one country to another because of the high quality or relative lower costs (e.g. heart surgery and hip replacements in Malaysia). But they also include travel for procedures where the source of goods is questionable (tissue and organ transplants in some settings), where permission for the procedure is simplified, privacy assured and cost low (cosmetic surgery and gender surgery in Bangkok), or the services are experimental ("cures" for spinal cord injury in Beijing).

### Emergent identities, social movements and wellbeing

On 3 December 2006, World Disability Day, in New Dehli, the National Association of the Deaf rallied to call for the recognition of Indian Sign Language as a scheduled language. In Kuala Lumpur, cross-disability activists demonstrated at the central bus station to sustain their campaign for the introduction of barrier-free and accessible buses. Disability identity is one of a number of emerging identities in Asia and the Pacific. People living with HIV/AIDS, people identifying in terms of sexual preference and gender identity, challenge conventional hierarchies that systematically exclude, depriving people of their health and human rights. Advocacy, often in face of considerable opposition and personal risk, is proving a powerful way to bring about change. In this section, mobility is concerned with ideas, social movements and their interconnections (including how telecommunications and computer technology support these developments).



# Transitions: Health & Mobility in Asia & the Pacific



## WORKSHOP I

Writing for Publication  
Wednesday 27 June 2007

It has been increasingly important for postgraduate students and early career researchers to gain skills in publishing their research in peer review journals. This is also the case with Australian and international postgraduate students who have an option to submit a “thesis by publication”, which incorporates published articles or those they have submitted for publication.

This workshop is aimed at postgraduate and post-doctoral social science researchers who would like to communicate their findings to an international audience.

Prior to the workshop, participants are expected to submit draft versions of their articles (a completed paper, including the abstract or a paper outline, including the main abstract and subheading abstracts) that will be corrected and returned to them with comments within four weeks. The acquisition of relevant research writing skills throughout the workshop will enable participants to refine their papers and subsequently submit them to peer review journals.

## WORKSHOP II

Using the Bias-Free Framework  
27 June 2007

Social hierarchies determine what type of knowledge is produced – or recognized – at any given point in time. Various frameworks have been created to help avoid bias problems that derive from hierarchy, of gender, age, ethnicity, class, ability etc., but these frameworks generally apply to only one hierarchy. The BIAS FREE Framework, developed by Mary Anne Burke (Global Forum for health Research, Geneva) and Margrit Eichler (U Toronto), is applicable to all hierarchies and recognizes the existence of hierarchies within hierarchies. BIAS FREE stands for Building an Integrative Analytical System for Recognizing and Eliminating InEquities in research, policies and programs. It is a statement of a goal, not of a fact. The framework is theoretically based, systematic, comprehensive, applicable to all hierarchies, and capable of including new insights as they emerge. It is process based, but does not prescribe any concrete actions. It offers a set of questions that need to be answered in any given socio-historical context, depending on the types of hierarchies in a given context. The framework offers concrete solutions how to overcome these problems. The workshop, designed for people involved in project design, monitoring and evaluation as well as research, will introduce the framework and illustrate its utility in: a) identifying various hierarchies (e.g. sexual orientation, age, caste, geographic location, etc.); b) analysing policies, programmes, service delivery and practices; c) its use in various disciplines and subject areas within health and beyond; and d) in diverse country settings.

## WORKSHOP III

Documentary and Ethnographic Filmmaking  
28-29 June 2007

Video recordings provide an exceptional way to capture qualitative data for use in the research process. Video data can also become archival footage for historical preservation and can be used to create short films, education materials and multimedia presentations. Video provides a clear, thought-provoking way for researchers and activists to get their messages out to a wide variety of communities both locally and, through posting on the internet, throughout the world. For all people interested in ethnographic and documentary filmmaking this 2-day workshop will cover:

- introduction to Visual Anthropology and the basic principles of ethnographic filmmaking
- introduction to using a digital camcorder
- scene composition, different ways to shoot a scene
- basics of lighting and audio
- story structure – storyboarding exercises
- interviewing techniques
- introduction to Final Cut Express (FCE) – basics of editing.