Securing surviving futures: Zenadh Health Science Research and Education Council

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he Zenadh Health Science Research and Education Council (the Council) will be formalised as a culturally grounded physical infrastructure and holds endorsement from the tribal Elders. Hughes, the Council's inaugural co-chair, holds the Zenadh cultural paradigm as Koike of medicine of the Wagadagam tribe of Mabuyag Island and has leadership and experience of biomedical evidence-based sciences. The Council's vision was outlined to the former Minister for Environment and the Great Barrier Reef and Minister for Science and Youth Affairs in Waiben (Kaurareg nation, 5 September 2022), and marked, at a ministerial level, the policy unification of Zenadh (Torres Strait) culture, leading Zenadh and Eurocentric sciences together. The Council aims to secure locally within the region Zenadh knowledges, intellect, skills and zageth (work) by Australia's leading scientists, who will trace cultural rite to our Lagau (Islands). It is a powerful provision for Elders to make a way to formally consolidate scientists' practice, so that cultural knowledge, tribal sciences and Eurocentric science epistemology can be maximised and beneficial, within a healthy constraint of practice that manifests enduring cultural authority of tribal governance. This is the cultural methodology of Wakanwyan (to bring in under the fold) to incorporate Eurocentric scientific practices, while steering the community away from scientific and knowledge exploitation.³

Kaiwalagal, a KalalagawYa language name for Torres Strait, was highly regarded in the 1800s for its land and water resources as a useful exploitable economic commodity to the colony of Queensland. Without free, prior and informed consent, Kaiwalagal was annexed in 1879 to Queensland by the British Parliament, and its people controlled under various legislative Acts of Parliament. The region and its people are since robbed of its pre-colonial prosperity, in spite of Islander overt and quiet resistance within the extraordinary pressure of colonial oppression. The establishment of the Council is an instrument for upholding Torres Strait Islander peoples' right to free, prior and informed consent in determining scientific enquiry, survival and resurgence of nationhood. Torres Strait Islander peoples hold their sovereign birthright from time immemorial, and consistently assert their rights as Indigenous peoples to political autonomy and self-determination. From this positioning, we celebrate this special issue of the Medical Journal of Australia, which is a collaboration with Lowitja Institute, the national community-controlled health research organisation. We pay respect to Dr Lowitja O'Donohue AC CBE DSG, who, as Chair of the Aboriginal and Torres Strait Islander Commission (ATSIC), led a delegation with Mr George Mye, an Erub Island man and ATSIC Commissioner for the Torres Strait, to the 1992 United Nations General Assembly in New York. Together they were the first Aboriginal and first Torres Strait Islander persons to address the forum,⁵ and consequent to Mr Mye's address, an official international recognition by the United Nations for the Indigenous Peoples of the Torres Strait was reciprocated (personal communication from PJM). Henceforth, Torres Strait Islander people are the direct intended beneficiary, with Aboriginal people, of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). The Australian Government responded as a late signatory in 2009 and has not substantively adopted UNDRIP, so withholds practical political support to intergenerational suffering of First Nation peoples.

In the meantime, the Torres Strait nation, through its families, have grown its young people into the high status of national leadership in science, policy, research, and medical and health care providers. It is through the culmination of enduring upholding of cultural protocol that Zenadh scientific leaders are called home to undertake cultural responsibility to the survivorship of our families, who live with advanced preventable conditions and have few local physical hardware to immediately mitigate health-encroaching threats.⁸ A practical example of consolidating cultural authority with scientific authority the Council will utilise is observed within Maluligau (the near-west island cluster of Torres Strait), where tribal Koike (headmen) of Badu invited support from Maluilgal cultural members of the health sciences community. Kikirriu dan Walmai, which in KalalagawYa means "our health is resurrected through overcoming sickness," is a foundation project to secure locally available isolated island haemodialysis to be delivered by a workforce of Zenadh nurses and related specialty teams.8 Further wrap-around health initiatives are planned, and will require periodic audit and review cycles, to reduce the incidence of end-stage complications of diabetes, recorded locally since 1960.9

The authors respect our collective identity as Zenadh people, speak to our knowing, preferencing KalalagawYa language and cultural procedures. We look to our strong futures. Although we cannot control how this message is received, we control how we choose to share it, and whom we seek as culturally honouring supporters and enablers of our survival.

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