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Humanities in health

Colonial transitions in health

P.-H. Moury [a,b,c,*]

[a] CHU Grenoble Alpes, CS 10217, CEDEX 9, Grenoble, France
[b] Centre Hospitalier Territorial Gaston-Bourret, Service de Réanimation, Dumbea-Sur-Mer 98835, New Caledonia
[c] Global Health Institute, University of Geneva, Switzerland

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ABSTRACT

The challenges of colonial transitions in health interact with epidemiology and philosophy, which are necessary to understand the contexts of health disparities found in the French colonies of New Caledonia and the Antilles developed here.

Colonialism interact with the global health transitions, including demographic, epidemiological, and climatic transitions, through persistent colonial phenomenon in forms of neocolonialism and post-colonialism. This underscores the necessity of revaluating our relationship with nature and the boundaries of our existing perceptions, calling for an ethic grounded in distributive justice.

The narrative of epidemiology spans from the practices of colonial physicians to the tenets of modern bioethics, delving into the chlordecone scandal. We explore the contributions of figures such as Frantz Fanon, who combated racism and colonialism, and address ongoing debates regarding the incorporation of race in epidemiological research.

We underscore the essential incorporation of social inequalities in health, with a focus on intersectionality as a lens for revisiting epidemiology, alongside ecofeminism, the "One Health" approach, and art to comprehend the determinants of health.

Introduction

In this article, we have intersected the perspectives of epidemiology and health humanities to address the challenges of colonial transitions in health following the conferences of Pr Cynthia Fleury and Dr Pierre-Henri Moury at the University Simone Veil - Santé Foch Hospital, Suresnes, France (One health and Global Health conferences). The subjects of colonialism and health were of major interest to gain insights into past trends and their interference with current human epidemiology [1,2].

Colonialism remains one of the reasons for the exploitation of humanity and nature, highlighting the importance of understanding historical and cultural contexts to address health disparities. Here, we combined different approaches to tackle uncertainty using a perspective that spans from health sciences to humanities within the context of global health, taking as examples French colonies such as New Caledonia or the Antilles.

In this article, our main hypothesis is that colonial transition is one of the main processes of global health transition. Before elaborating, we will clarify the terms of health transitions and explain why we used the term "colonial." Global health transitions revolve around a ubiquitous triptych: demographic transitions with an aging global population, epidemiological transitions with non-communicable diseases replacing infectious diseases as the leading causes of death, and climatic transitions with modifications of ecosystems [3]. The word "colonial" is heavy with meaning, and we acknowledge a degree of remanence here. Coloniality as an act of subrogation of humans and nature, produces an effect that persists after independence and can be reproduced in patterns independently of the establishment of an administration, where we speak of neocolonialism and post-colonialism [4]. We want to associate this remanence with our analysis because the phenomena of essentializing humans and appropriating nature remain crucial in the genesis of pathological processes when we consider a holistic approach to health.

There remains a question about ontology as potentially defined by our relationship with others and with the world, through our representations. These ontologies differ from one population to another and in their connections with the environment. The race for resources has deepened the exposure of territories whose populations, caught at the

* Corresponding author.
E-mail address: PHMoury@chu-grenoble.fr.

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intersection of extraction and abandonment, have been rendered vulnerable by regimes that both essentialize their existence and efface their political intelligibility [5,6]. With Bruno Latour, we advocate for reinvented interactions within the "critical zone" as this thin space where multiple dimensions (air, organisms, soil, water, rock) interact to enable life [7,8]. Here, we find the necessity to rethink our relationship with nature and the limits of our current representations. We are in an era where the allocation of resources in times of scarcity must call upon an ethics of distributive justice. The lack of intensive care unit (ICU) beds in manic low- and middle-income countries (LMICs) finds itself in continuity with the clean water deficit, reflecting underlying structural inequities in public health infrastructure [9,10].

As Philippe Descola formulated for many ethnic groups such as the Kanak in New Caledonia, following the example of Leenhardt, a continuity existed between Nature and Culture, thus broadening the schemas of ontology [11,12]. It is through this perspective, accepting diversities, that we propose this journey whose epistemological limits we recognize, while remaining committed to a rigorous discourse on the condition of colonial transitions in health.

Historical approach of epidemiology and colonialism

And intersectionality

From the birth of epidemiology to Nuremberg

Colonial physicians, from the time of the triangular trade and James Cook, documented the diseases they encountered, contributing to the development of epidemiological knowledge. This process, associated with exploitation under brutal conditions, involved the observation and experimentation on vulnerable populations and sailors, who were sometimes recruited from prisons or hospitals. It involved measuring attrition aboard ships, laying the foundations for epidemiological practices. Understanding this historical context is crucial for recognizing the ethical implications of epidemiological research, as the utilitarian logic continued into the turn of the 20th century.

In the more specifically French context, this utilitarian logic extended further into cultural and aesthetic perspectives that revealed various aspects of domination. For example, we can discuss the writer, physician, and collaborationist Louis-Ferdinand Céline, was a controversial figure whose literary and medical writings reflect the intersection of hygienist theories, racial prejudice, and aesthetic experimentation. His 1932 novel, Voyage au bout de la nuit (Journey to the End of the Night), serves as vehicle of an acceptance of racial disparities and colonial stereotypes [13]. In the African section of the novel, Céline's protagonist, Bardamu, encounters African populations depicted through a lens of racialized medical discourse. The Africans are portrayed as "paludic and erotic beings," a characterization that reduces them to vectors of disease (malaria, or "paludism") and objects of exotic, primal sexuality. This depiction is not only literary but also rooted in the hygienist and eugenicist ideologies of the late 19th and early 20th centuries, which pathologized non-European populations as biologically inferior.

These ideologies were in continuity with the principles of the Algerian School, the dominant psychiatric school in Algeria in the mid-20th century. In response to this, it was with Dr. Frantz Fanon, upon his arrival in North Africa in 1953, that a systemic response was envisioned.

Parallel to the immediate aftermath of World War II, the Nuremberg laws on bioethics shaped new patient rights centered on the individual rather than ideologies. Subsequent developments, including those from Helsinki, marked a better internalization of societal and scientific principles of human rights and dignity, coinciding with the era of independence and the end of the great empires.

Frantz Fanon: decolonisation and health

The Martinican psychiatrist Frantz Fanon was a resistance fighter during World War II but encountered racism within the Liberation Army and during his medical studies. For many, he embodies the medical, philosophical, and political changes of his time.

Between Fanon's early writings and his final opus, "*The Wretched of the Earth*," and from his initial position as a psychiatrist to his resignation, lies the ambivalence that characterizes him. He was both a defender of universalism and a fighter against resentment and violence, as well as a more radical activist drawn to the hypothesis of a possible sublimation of violence through violence itself—though, as a clinician, he verified the impossibility of such a path [14]. Nevertheless, as Jean-Paul Sartre asserts in the preface to "*The Wretched of the Earth*," there exists a phantasmagoria of violence as a means to restore both the subject and the identity and unity of the colonized people. The death of the hated other functions as a catharsis for oneself, as a mechanism of cohesion and solidarity within the collective.

However, while it is possible to sublimate a targeted response aimed at destroying the enemy, all clinicians and specialists in post-traumatic stress syndrome know—based on evidence-based medicine—that a healthy subject cannot endure prolonged exposure to violence. In the long term, violence turns against its own agent, poisoning them. The first step toward a clinical and political praxis of dignity is thus the sublimation of violence. Of course, the struggle against colonialism is not a purposeless violence; as a praxis of resistance, it is resolutely on the side of life. But how far does legitimacy extend? How far does intoxication go? Here, we affirm that Fanon, in assuming the conflict in moral questions for a universalism of peace, was in line with the open morality described by Bergson.

As we mark the centenary of Fanon's birth this year in 2025, it is challenging to identify a clear legacy in medical practice. Nevertheless, it is with Fanon that we must rethink a medicine that does not essentialize the patient and must be considered in treatment and institutional schemes.

Debate on race

At the turn of the 21 st century and continuing to this day, debates persist within the medical community regarding the inclusion of race in epidemiological studies [15,16]. Many studies in the United States have integrated race as a variable, often masking the underlying social constructs of racial categorization. This approach can introduce biases that are problematic at best and, at worst, associated with adverse outcomes. It can also be problematic in many areas of medicine for personalized treatment, including obstetrics or nephrology for measuring kidney failure—a domain in which very recent research has succeeded in adapting formulas without race as a factor [17].

Concurrently, social disparities related to race have been assessed and measured in the United States, unlike in France, with the exception of New Caledonia. However, the question of social disparity remains of paramount importance. Recently, in 2024, a study conducted primarily by emergency physicians evaluated reactions to chest pain simulating a myocardial infarction in French-speaking countries based on the characteristics of healthcare professionals and the sex and race of patients [18]. In the study, healthcare professionals had different perceptions of a potentially life-threatening condition, minimizing symptoms when confronted with a woman or a Black person. The appropriation of the issue of discrimination remains significant, if not complete, in the daily practice and studies of caregivers, where the main leverage lies.

Overall, this problem is twofold and could be summarized in one word: intention. The intention to classify race can be important for assessing social determinants and health inequalities, while an intention to classify presumed biological race can introduce biased results.

Historical approach of intersectionality

The intersectional approach is a method in the humanities and social sciences that addresses health determinants through the cumulative aspects of inequalities.

Intersectional analysis was a long-known concept before its recent

formulation in the 1980s with the seminal publications by Crenshaw. Historical examples of health disparities, such as those documented by W.E.B. Du Bois in the late 19th century, highlighted the interaction between the social conditions of African Americans and their health, laying the groundwork for intersectional analysis in public health. Intersectionality recognizes that individuals often experience overlapping forms of systemic injustice. In the context of health, intersectionality highlights how multiple identities (such as race, gender, and class) interact to influence health outcomes. Even today, African American children have more than three years lower life expectancy than non-Hispanic whites. These differences between races were also independent of socioeconomic context [19]. By treating race as a genetic entity, this interpretation neglected sociological perspectives that consider race as a social construct, offering a different interpretation of these health disparities rooted in epidemiological outcomes.

Coloniality of knowledge and decolonization of science

Western medical practices and knowledge systems have historically dominated and marginalized indigenous and local health practices. This legacy manifested in several ways were described in the table I. Non-Western knowledge and practices were often rendered invisible or marginalized, leading to a loss of valuable insights and methodologies. Scientific researches were frequently conducted under dominant paradigms that fail to consider the real needs of affected populations.

Decolonizing epidemiology involves recognizing and integrating diverse epistemologies to create more inclusive and equitable health systems (see Table 1 for associated solutions [20].

Ecosystem dominance

The ecological impact of colonial practices, such as the Great Massacre of the Indigenous Peoples of the Americas, which led to a significant reduction in atmospheric CO2, has been major evidence of negative interactions [21]. The genocide caused during the early Spanish invasions resulted in the loss of agricultural lands that reverted to nature within a few decades. Consequently, the soils sequestered more CO2, leading to a global decrease in the greenhouse effect responsible for a temperature drop of 0.15 °C. Continuing in the same region of the Americas and the Caribbean Sea, colonialism was organized around monoculture and slavery, with the local population already decimated. Sugarcane and bananas were among the main resources and still are today. The banana trade was encouraged by corrupt governments and companies that favored an almost enslaved population, leading to massacres in some cases, such as the 1928 massacre by the United Fruit Company and the Colombian government, described by Gabriel García Márquez in "*One Hundred Years of Solitude*."

The evolution of policies, trade, and information has shifted domination towards pharmaceutical domination of ecosystems. The French islands of the Antilles, Martinique, and Guadeloupe, have been the scene of a phytosanitary scandal since the 1960s that still severely impacts trust among citizens themselves, the healthcare system, agriculture, and the state. Chlordécone was used long after the product was banned in 1974 in the United States, until the mid-1990s. In a seminal work, "*S'aimer la Terre*," Martinican researcher Malcolm Ferdinand described the multiple facets of the damage [22]. The work was of great importance and epistemological relevance because, through field investigations in laboratories, courts, and the different sociological and artistic layers of this multifaceted drama, it reported the systemic essence of colonial domination. Exposure to chlordécone has been associated with multiple cancers, such as those of the prostate and oesophagus, and a higher rate of cancer in women. It was not until March 2025 that the French Republic was found guilty by a court for the first time.

Table 1
Main aspect, descriptions of coloniality of knowledge and possible solutions according Ridde et al [20].

Aspect	Description
Historical legacy of colonialism	Imposed dominance of Western knowledge over indigenous knowledge
Invisibility or marginalization	Non-Western knowledge often overlooked or marginalized
Research conducted under dominant paradigms	Research often fails to address real needs of affected populations
Imposition of international protocols and standards without local context	Protocols and standards often misaligned with local socio-cultural contexts
Language barriers	English as the dominant language in scientific publications creates barriers
Lack of academic and institutional recognition	Researchers from the Global South often lack recognition
Economic and political dependence	Dependence on Northern countries influences research priorities
SOLUTIONS	
Promotion of participatory and collaborative research	Encouraging research that involves local communities
Rebalancing power dynamics	Encouraging integrity and ethical standard improvement in grant attribution and authorship
Recognizing plurality of epistemologies	Recognizing and integrating diverse forms of knowledge
Valuing endogenous knowledge in health	Incorporating local knowledge into policies for cultural relevance
Valuing endogenous knowledge in environmental policies	Incorporating local knowledge into policies for cultural relevance
Recognition of the colonization process	
Act against injustice	

Ecosystem dominance in New Caledonia

The ecosystem dominance of Western Europe's influence in New Caledonia began shortly after the discovery and establishment of trade routes for timber and later for its mineral resources. The archipelago's nickel resources represent 10% of the world's reserves, thus playing a key role in the country's development in the second half of the 19th and 20th centuries. Until the end of the "indigénat regime" – ie indigenous regime - in 1946, the Kanak population was mainly confined to reserves and did not have access to citizenship. Although the subject is complex, the indigenous population likely fell to less than 50% after the first contacts [23].

In 2020, the country was still experiencing civil protest movements due to conflicts over mining properties. The conflict remains deeply rooted in the divergences between the land conceptions of the Kanak inhabitants, European settlers, and capitalist approaches. Beyond the political consequences, the impact on the landscape and humans has been measurable. In urine samples, 13% of children exceeded the reference value for nickel, and 90% exceeded it for chromium in a sampled population that visited a clinic for other reasons [24].

Health disparities in New Caledonia

Intersectionality in New Caledonia

Intersectionality in New Caledonia remains a sensitive subject. However, the consideration of socio-racial inequalities has been a fundamental pillar in the development of the Nouméa Accord, allowing for the integration of ethnic statistics during censuses. This has generated a wide range of data concerning socio-economic status based on geographical and ethnic belonging. Such an approach remains particularly unusual in the French context; nevertheless, assessing whether this has been used appropriately, both qualitatively and quantitatively, is beyond the scope of this discussion. Indeed, our aim was to highlight potential tools for addressing health determinants.

Health disparities

Data on economic, educational, and health disparities among Kanak, European, and other populations primarily from Southeast Asia and Pacific Islands such as Wallis and Futuna are available online on the New Caledonia government websites (New Caledonia Institute of Statistics and Economic Studies). Our recent article highlighted that these disparities do not merely reflect different lifestyles but are rooted in systemic issues [3].

For example, most of the communal districts in the Eastern and Northern regions showed a higher incidence of leptospirosis, knowing that these areas are primarily inhabited by Kanak populations (New Caledonia Health Department).

This same Kanak population faces specific problems related to psychiatric disorders, drug use (New Caledonia Health Data), and violence [25]. Epidemiological approaches have also been used to study the determinants of school behavior, body perception, and the relationship to self-esteem. Social inequalities in health originate from these main and essential factors, as body satisfaction, school dropout, and procrastination are negatively associated with Oceanian origin [26–28].

Overall, it is essential to emphasize the importance of the ethnic data provided by New Caledonia. The French Republic banned ethnic statistics after World War II, particularly due to the use of ethnic records to identify the Jewish population. The guiding principle of this agreement is to pursue rebalancing between communities and to promote the accession of Kanaks to responsibilities in all sectors of activity. This requires the establishment of indicators to measure this objective. Here, despite the achievements and underlying principles of equity, success has not been fully achieved. However, the fact remains that intersectionality, without being explicitly named, has been accepted among the main causal factors and methodological levers for addressing health inequality issues.

We represented on the Fig. 1 a visual abstract of the epidemiological transition in New Caledonia.

Public health policy in New Caledonia during the Covid-19 pandemic

In this section, we add an acute contextual layer to the issue of intersectionality. We aim to highlight the specific aspects of autonomous status for health policy within a former colonial empire.

During the Covid-19 pandemic, due to its autonomous status and the geographical advantage of being an island, the Government of New Caledonia adopted an elimination strategy [29]. This strategy was maintained during a challenging period marked by several political crises: a mining crisis, a second referendum on independence in 2020, and a shift in the presidency of the government from non-independence to pro-independence leadership.

Contextualizing the crisis at the local level was of paramount importance as it allowed for agile strategies for top-down decisions. This was particularly evident when New Caledonia faced a multifaceted crisis combining a tsunami, a hurricane, and the introduction of Covid-19 within a zero-Covid travel bubble involving Wallis and Futuna [30]. Later, with approximately 30% of the eligible population already vaccinated, local institutions unanimously voted in early September 2021 for mandatory (non-coercive) vaccination for all adults, thereby implementing a rigorous strategy and sending a strong signal. However, the Delta variant was introduced at the same time, ending the zero-Covid strategy [31]. Despite the dramatic outcome, with an increase in the death rate to 1 per 1,000 inhabitants in one wave, health institutions adapted healthcare services by converting hotels into "hospitals" (for symptomatic patients without risk factors and for patients with increasing risks and low oxygenation levels), increasing the vaccination rate to 80% of the eligible population, and conducting mass testing. It is an understatement to emphasize the flexibility and innovation required in public health care during crises. While resources from the French Republic were utilized, it was the territory's autonomy that allowed for their adapted and contextualized use in time of emergency, but the perception of the timing is not ubiquitous. Moreover, top-down

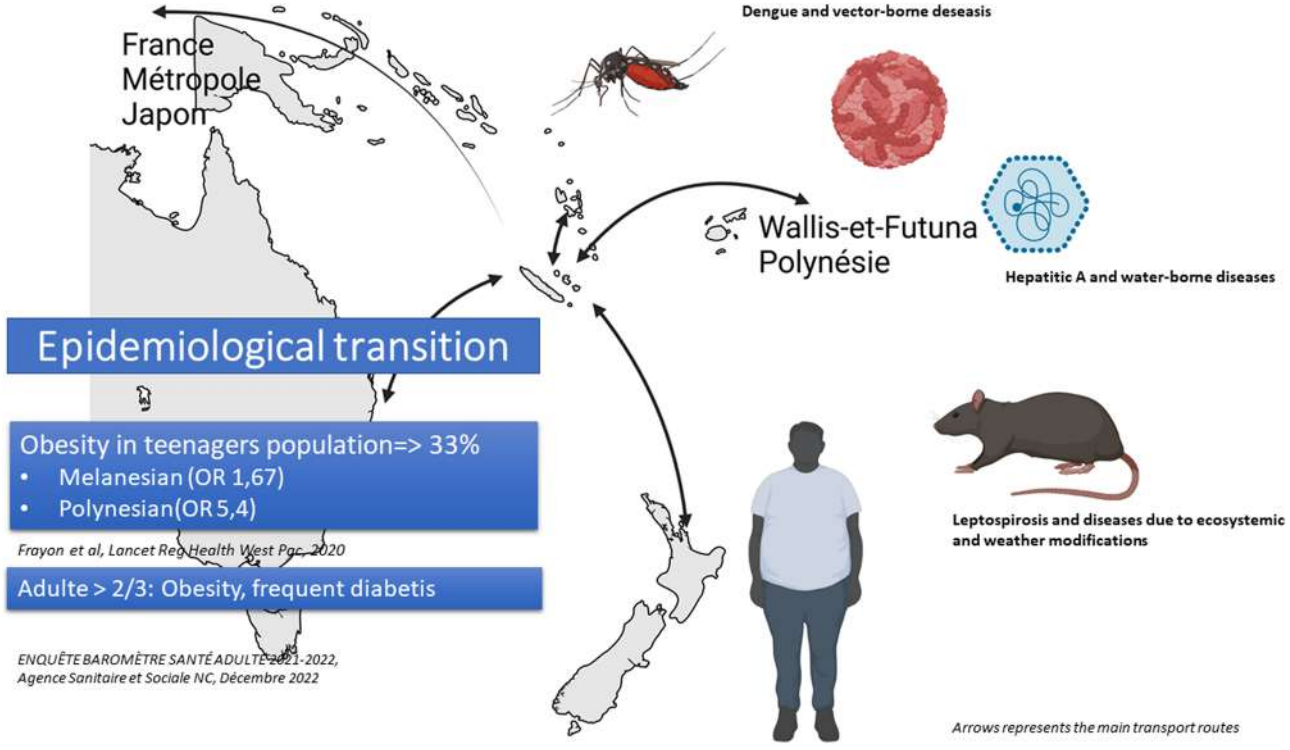

Fig. 1. Visual abstract of epidemiological transition in New Caledonia.
Some of the main infectious diseases with significant burden are represented along main data of noncommunicable diseases and the transport routes. Created with biorender.com.

decision add their drawbacks including consequences on vaccine hesitancy, which consequently exacerbated civil and political tensions in line with the reluctance to biopower policies according to Michel Foucault's' work [32,33].

Political aspect related to Covid-19 pandemic timeline

While the first referendum for independence took place before the pandemic in 2018, the second occurred during the zero-Covid-19 period, with 86% participation and a victory for "no" to independence by 53% against 47%.

The third referendum, as stipulated by the Nouméa Accord, took place after the introduction of the Delta variant in December 2021. This consultation was requested by pro-independence parties following the lockdown in April 2021. However, the consultation was boycotted by the pro-independence side due to a year of Kanak mourning, resulting in 96.5% voting "no" to independence.

In alignment with various authors, health stability is indeed a prerequisite for the effective functioning of democracy. However, the question remains: how can we establish benchmarks for this stability? As Cicero said, "Salus populi suprema lex," or "The welfare of the people is the supreme law" (De Legibus, III, 3, 8). To explore options, we turned to the humanities.

Humanities in health

Vaccination and ethical considerations

We have all explored the ethical and epistemic considerations surrounding vaccination during the Covid-19 pandemic, including dialogues with anti-vaccine individuals. These encounters often appeared paradoxical, if not outright absurd, to the healthcare provider: equipped with the means to protect, yet repeatedly confronted with a competing vision of justice and liberation that challenged the very foundations of their mission. Absurd and often violent. This is perhaps even more specific to New Caledonia, where a zero-Covid-19 policy was effectively implemented until safe and effective vaccines were available during the last two referendums for independence. Furthermore, the local Parliament unanimously voted for a mandatory vaccination strategy for the population, without sanctions, with no detected cases, and simply to convey the necessity of systemic protection.

In this complex landscape of New Caledonia, our first moral option is inspired by Albert Camus' philosophy of the absurd. This framework invites us to confront a fundamental tension: the acceptance of violence, even when it emerges as a response to perceived injustice or colonial legacy, often stands in stark contradictory to the idea of justice, especially when considering the mourning of loved ones, children, or mothers. Instead, Camus transcends the fantasy of revenge or transcendent justice. He advocated for a "solar" ethics of care, one that prioritizes the tangible, everyday act of tending to the other, even amid chaos and conflict in the colonial context.

One health approach

The One Health approach emphasizes the need for an inclusive framework that considers not only social disparities and intersectionality but also integrates the health of non-human entities and the environment. Here, the "other" becomes non-human living beings and even non-living entities. By recognizing that multiple forms of oppression—such as race, class, and gender—intersect to exacerbate environmental injustices, the One Health approach aligns with intersectional perspectives [34–36]. This holistic vision seeks to address these interconnected issues by advocating for policies and practices that are inclusive, equitable, and sustainable for all forms of life.

Ecofeminism

Ecofeminism is a multidisciplinary perspective that links the exploitation and degradation of the natural world to the oppression and marginalization of women and other vulnerable groups. Ecofeminism emerged in the 1970s and 1980s, building on the work of feminist and environmental activists who recognized the interconnectedness of social and ecological issues, with pioneers such as Vandana Shiva (India), Wangari Maathai (Kenya), and Starhawk (United States). Ecofeminism asserts that the domination of women and the exploitation of nature are linked, stemming from patriarchal and capitalist systems.

Ecofeminism is deeply rooted in grassroots activism, with many ecofeminists engaged in community efforts to protect the environment and promote social justice. It advocates for a holistic approach that integrates feminist and environmental concerns, emphasizing care, sustainability, and justice. By critiquing dominant systems that prioritize profit and power at the expense of the well-being of people and the planet, it advocates for alternative models that prioritize care and sustainability, nurturing relationships with people and the environment.

Pragmatic approach

Pragmatism is a North American philosophical school developed mainly after William James at the turn of the 20th century. It criticized the reason-based approach for its construction through reduction, elimination, and suppression of dimensions deemed unimportant. To a large extent, reason has developed as a disinterested enterprise: science knows how to separate truth from its literal expression, cut off from any emotional engagement, even if, in reality, it is not disengaged. Consequently, "Truth lives on credit" [37]. Additionally, in our approaches to multiple cultures and identities, let us retain the quote from Alfred North Whitehead where the philosopher can very well be replaced by a caregiver: "Philosophy should not neglect the thousand facets of the world—the dancing fairies and Christ nailed to the cross."

Aesthetic approach

Art was introduced in this article through the "closed morality" of the writer Céline. But art can also be a place for open morality and a place to sublimate sometimes incompatible dimensions. Here, we would like to return to Malcolm Ferdinand and the Antilles to explore art in his words, where toxicity can be explored as a metaphor for colonialism: "How to appropriate the subject of toxins, forge narratives that emancipate from it? Narratives that compose an enriched horizon of other plots and meanings beyond the simple question of toxicity? This is the invitation of an art to love the Earth" [22] (author translation PHM).

Conclusion

To conclude, the history of epidemiology shows us a rapid, sometimes violent evolution that has shifted from ideological categorization to a progressive scientific inclusion of the diversities of life, encompassing social sciences. This approach is embodied in the holistic One Health approach, which mobilizes the efforts of the scientific community but must also go beyond. The future of global health is at stake in a context of changing cosmogonies and the need to reassess our dependencies, in the sense identified by Bruno Latour in the question: "Where to land?" [7,8].

As the example of New Caledonia has shown us through stories of violence still present in 2025, we wish to emphasize the importance—for individuals and societies—of finding refuge and healing in a rapidly changing world. The autonomous status of this sui generis state allowed for the implementation of a tailored health policy during the Covid-19 pandemic. Our joint article was a call for a reevaluation of health systems to include diverse epistemologies and address historical injustices, while emphasizing the necessity of a holistic approach that integrates

environmental, social, and health considerations.

Ethical declarations statements

This paper respects fully the Helsinki declaration.

Declaration of competing interest

We do not report conflict of interest in line with paper.

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References

[1] Pai M, Abimbola S. Science should save all, not just some. Science 2024;385:581.
[2] Khan MS, Naidu T, Torres I, Noor MN, Bump JB, Abimbola S. The Lancet and colonialism: past, present, and future. Lancet 2024;403:1304–8.
[3] Moury P-H, Tromhae M, Cazorla C, Série M, Flahault A, Couadau E, et al. Colonial transition as a major mediator of global health transition: lessons from the 2024 New Caledonia crisis. J Glob Health 2025;15:03004.
[4] Siméant-Germanos J, Trépied B. Administrations coloniales en transition. Genèses 2024;133:3–5.
[5] Bose A. Achille Mbembe - Necropolitics. Contemp Polit Theory 2020. https://doi.org/10.1057/S41296-020-00438-W. published online Jan 1.
[6] Necropolitics. https://www.dukeupress.edu/necropolitics (Accessed 7 November 2025).
[7] Enquête sur les modes d'existence - Bruno Latour - Éditions La Découverte. https://www.editionsladecouverte.fr/enquete_sur_les_modes_d_existence-9782707173478 (Accessed 7 November 2025).
[8] Où atterrir? - Bruno Latour - Éditions La Découverte. https://www.editionsladecouverte.fr/ou_atterrir_-9782707197009 (Accessed 25 March 2025).
[9] Water, sanitation and hygiene in health care facilities: Status in low- and middle-income countries and way forward. https://www.who.int/publications/i/item/9789241508476 (Accessed 7 November 2025).
[10] Turner HC, Hao NV, Yacoub S, Hoang VMT, Clifton DA, Thwaites GE, et al. Achieving affordable critical care in low-income and middle-income countries. BMJ Glob Health 2019;4:e101675. https://doi.org/10.1136/bmjgh-2019-001675.
[11] Leenhardt M. Do kamo - la personne et le mythe dans le monde mélanésien. Paris, France: Gallimard https://www.librairie-gallimard.com/livre/9782070279555-do-kamo-la-personne-et-le-mythe-dans-le-monde-melanesien-maurice-leenhardt/ (Accessed 6 September 2024).
[12] Descola P. Par-delà nature et culture, Gallimard. Paris: Gallimard; 2005. https://www.cairn.info/par-dela-nature-et-culture–9782070465873.htm.
[13] Céline. Voyage au bout de la nuit. Gallimard. 1952 (Accessed 14 January 2025). published online March 28. https://www.gallimard.fr/catalogue/voyage-au-bout-de-la-nuit/9782070213047.
[14] Les damnés de la terre - Frantz Fanon - Éditions La Découverte. https://www.editionsladecouverte.fr/les_damnes_de_la_terre-9782707142818 (Accessed 20 March 2025).
[15] Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight — Reconsidering the use of race correction in clinical algorithms. N Engl J Med 2020;383:874–82.
[16] Yudell M, Roberts D, DeSalle R, Tishkoff S. Taking race out of human genetics. Science 2016;351:564–5.
[17] Pottel H, Björk J, Rule AD, Ebert N, Eriksen BO, Dubourg L, et al. Cystatin C–based equation to estimate GFR without the inclusion of race and sex. N Engl J Med 2023;388:333–43.
[18] Coisy F, Olivier G, Ageron F-X, et al. Do emergency medicine health care workers rate triage level of chest pain differently based upon appearance in simulated patients? Eur J Emerg Med 2024;31:188.
[19] National Vital Statistics Reports. 2012. p. 70.
[20] Ridde V, Fillol A, Kirakoya-Samadoulougou F, Hane F. Agir pour une décolonisation de la santé mondiale en France… et ailleurs. Santé Publique 2023;35:109–13.
[21] Koch A, Brierley C, Maslin MM, Lewis SL. Earth system impacts of the European arrival and Great Dying in the Americas after 1492. Quat Sci Rev 2019;207:13–36.
[22] Ferdinand M. S'aimer la Terre. Seuil; 2024. https://www.seuil.com/ouvrage/s-aimer-la-terre-malcom-ferdinand/9782021473339.
[23] Sand C. Hécatombe océanienne. Histoire de la dépopulation du Pacifique et ses conséquences (XVIe-XXe siècle). Papeete: Au vent des îles https://auventdesiles.pf/catalogue/collections/sciences-humaines/hecatombe-oceanienne-histoire-de-la-depopulation-du-pacifique-et-ses-consequences-xvie-xxe-siecle/ (Accessed 6 September 2024).
[24] St-Jean A, Barguil Y, Dominique Y, Le Bot B, Ayotte P, Cordier S. Nickel and associated metals in New Caledonia: exposure levels and their determinants. Environ Int 2018;118:106–15.
[25] Goodfellow B, Calandreau F, Roelandt J-L. Psychiatric epidemiology in New Caledonia. Int J Ment Health 2010;39:68–81.
[26] Frayon S, Swami V, Wattelez G, Todd J, Galy O. Associations between weight status, body satisfaction, ethnic identity and self-esteem in Oceanian adolescents. Pediatr Obes 2021;16:e12824.
[27] Frayon S, Wattelez G, Paufique E, Nedjar-Guerre A, Serra-Mallol C, Galy O. Overweight in the pluri-ethnic adolescent population of New Caledonia: dietary patterns, sleep duration and screen time. Lancet Reg Health West Pac 2020;2:100025.
[28] Frayon S, Swami V, Wattelez G, Nedjar-Guerre A, Galy O. An examination of procrastination in a multi-ethnic population of adolescents from New Caledonia. BMC Psychol 2023;11:1.
[29] Kerbaj J, Cazorla C, De Greslan T, Serie M, Gourinat A-C, Marot B. Covid-19: The New Caledonia experience. Clin Infect Dis 2020;71:2279–81.
[30] Moury P-H, Gourinat A-C, Riou O, Laumond S, Dupont-rouzeyrol M, Cazorla C, et al. Successful COVID-19 elimination after an alpha variant outbreak in a "safe travel zone". Travel Med Infect Dis 2021;44:102202.
[31] Ochida N, Dupont-Rouzeyrol M, Moury P-H, et al. Evaluating the strategies to control SARS-CoV-2 Delta variant spread in New Caledonia, a Zero Covid country until September 2021. IJID Reg 2023;8:64–70.
[32] Pass sanitaire et obligation vaccinale : une table ronde sociale organisée par le gouvernement à la CPS. Nouv.-Caléd. 1ère. https://la1ere.franceinfo.fr/nouvellecaledonie/pass-sanitaire-et-obligation-vaccinale-une-table-ronde-sociale-organisee-par-le-gouvernement-a-la-cps-1136110.html (Accessed 7 November 2025).
[33] Foucault M. Surveiller et punir. Naissance de la prison. Gallimard; 2014. https://shs.cairn.info/surveiller-et-punir-naissance-de-la-prison–9782070729685.
[34] One Sustainable Health for all - Declaration. 2023. Published online Dec, https://fondation-usdt.org/wp-content/uploads/2024/05/OSH-DECLARATION-EN-BD.pdf.
[35] Winkler AS, Brux CM, Carabin H, das Neves CG, Häsler B, Zinsstag J, et al. The Lancet One Health Commission: harnessing our interconnectedness for equitable, sustainable, and Healthy socioecological systems. Lancet 2025;406:501–70.
[36] Weiszhar KL, Henley P, Vezeau N, Auerswald H. One Health for all: why gender inclusion matters. The Lancet 2025;406:424–6.
[37] James W. (1842-1910). Le pragmatisme/William James; traduit par Le Brun; avec une introduction par H. Bergson,… 1911. https://gallica.bnf.fr/ark:/12148/bpt6k81317d.