



## First World Medical Practices as Tools for Dominance: A Study of le Carre's *The Constant Gardener* and & Shah's *The Body Hunters: Testing New Drugs on the Poorest Patients*

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### ABSTRACT

This paper examines how the introduction of novel medical practices in third-world countries is complicit with the pharmaceutical politics of the First World, as projects of medical welfare have been used by the First World to generate capital by establishing pharmaceutical companies in the Third World. This study draws on Deepika Bahri's concept of 'postcolonial biology' and Frantz Fanon's critique of the nexus of capitalism, colonialism and the ruthless medical practices carried out by the First World in the Third World. This paper presents an analysis of John le Carre's *The Constant Gardener* and Sonia Shah's *The Body Hunters: Testing New Drugs on the Poorest Patients* to uncover the patterns through which Western pharmaceutical companies dehumanise native Africans by testing lethal vaccines on them without their consent. Through the analysis of these texts, we propose that the First World is guilty of 'biological neo-colonialism' as these countries experiment lethal drugs on the people of the Third World, which cause permanent deformities in these individuals. At the same time, the bureaucrats and governments of these third-world countries do not hesitate to assist such ventures, and they lure the needy by offering them medication at low cost that have direct horrible health consequences. Such medical practices create suspicion among the natives regarding Western medicine, and when they reject using it, they are labelled as backward people.

**Keywords:** Biological colonisation, biological neo-colonialism, exploitative capitalism, pharmaceutical politics, Third World exploitation.

## Introduction

This paper examines how the introduction of novel medical practices in the former colonies is complicit with the pharmaceutical politics of the First World<sup>1</sup>. Under the guise of development and welfare, the medical trends introduced by the First World have been for their own benefits, as they generated capital by establishing pharmaceutical companies. This was initiated during colonisation and is still practiced in the neo-colonial era. This study intends to show how neo-colonialism is connected to pharmaceutical trials carried out in the Third World and investigates how under the guise of 'welfare work', unethical medical testing projects are carried out on the people of the developing countries which generate profit for the medical industries of the first- world countries. Deepika Bahri refers to 'postcolonial biology', that is an intersection of power, capital, and supremacist thinking. According to her, it is expressed through body-minded cognition, categorization, and manipulation of human life. This concept of 'postcolonial biology' can be connected to the medical practices of the First World where corrupt governments of the third-world countries join hands with the pharmaceutical companies of the First World for their material benefits. The introduction of Western medical practices to the formerly colonised lands have proved to be oppressive because they carried out ruthless medical practices on the people and used the narrative that they are experimenting for the benefit of humanity. Such kind of medical practices in the colonies created doubt among the natives, something which Frantz Fanon also draws attention to in his *A Dying Colonialism*. Fanon talks about the ruthlessness of the practices of Western medical science during the Algerian war that created ambivalence about the validity of Western medicine in the colonised land. Such medical practices oppressed the local population because they involved experimentation on local Algerians without their consent. This becomes a tool of neo-colonial or indirect political control of the former colonies through an objectification of the formerly colonised subjects who are treated as objects to be used and exploited by the Western pharmaceutical industries. The rejection of these harmful medical practices by colonised natives led to their further getting labeled as primitive and backward people who are antithetical to modernity. Drawing on Deepika Bahri's concept of postcolonial biology and Frantz Fanon's insights in his seminal *A Dying Colonialism*, this project aims to present an analysis of John le Carre's *The Constant Gardener* and Sonia Shah's *The Body Hunters: Testing New Drugs on the*

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<sup>1</sup>In the context of this article, we refer to the developed countries as the First World countries, like America and UK, that exploit the third-world countries (underdeveloped and developing) like Algeria, Kenya and India, that were formerly colonized. According to the textual evidence provided in the current study, the First World pharmaceutical companies are involved in pharmaceutical colonisation of the Third World.

*World's Poorest Patients* in which Western pharmaceutical companies are shown as dehumanising the native Africans by testing lethal vaccines on them without their consent. We have taken texts from both fiction as well as investigative journalism because fictional writings are embedded in the real world, and they reflect the attitudes of the society similar to the way in which investigative journalism brings forth the facts about a society. With the aid of both fictional and factual texts we intend to analyse the unjust and dehumanising medical practices of Western pharmaceutical companies in the developing countries of the world.

Being members of a developing country, that is, Pakistan, we have often heard the doubts of people regarding the medicines introduced by the West, and the main reason behind such doubts is the dehumanising medical practices of the Western pharmaceutical companies like Pfizer, Eli Lilly, and GlaxoSmithKline. Although such practices are not documented or witnessed in our country, many studies show that people from our neighboring country India and from many other developing countries are the victims of these unethical clinical trials conducted by the medical companies located in the First World. Even in the recent Covid-19 outbreak, African governments have faced hostility and scepticism by the people regarding the covid vaccine. According to Lynsey Chutel and Max Fisher, this distrust is due to “[t]he legacy of Western exploitation and medical abuses during and after colonialism”. They also report that same is the case in India where health workers are facing violent resistance against the covid vaccine. This distrust may be due to the history of medical abuses and exploitation during the colonial and neo-colonial era that has left these people wary of Western medical authorities. Similarly, if we talk about the testing of covid vaccines, people of third-world countries were seen as potential subjects of vaccine experimentation. Karen Flint referred to an incident “[i]n April 2020 on national French television, [where] two doctors bandied the idea of conducting clinical trials in Africa to determine whether the BCG/tuberculosis vaccine, administered widely in the Global South but not the North, might provide some protection against COVID-19” (127). This event reflects the history of the medical neo-colonisation in Africa where the people of these countries were treated as disposable by the Western authorities. Therefore, through this study, we intend to fill the gap in the current postcolonial scholarship regarding pharmaceutical hegemony and exploitation by exploring the ways in which under the pretense of helping the unprivileged people from the third-world countries, the colonial modes of exploitation continue to operate in today’s post-colonial world, and how the medical projects of the West are subjecting them to what can be termed as ‘biological neo-colonialism’.

This process of biological neo-colonialism involves subjecting people of the underdeveloped countries to inhumane medical and pharmaceuticals trials conducted by the companies located in the First World. One example of this biological neo-colonisation can be pharmaceutical colonisation which involves unethical testing of drugs on the world's poorest people without their consent. It could be referred to as a mode of hegemonic power in the field of medicine, and in the neo-colonial era, this mode of colonisation is prevalent in third-world countries.

### **Medical Experimentation During Colonial Times**

Studies show that during the era of colonisation, clinical testing of medicines on the colonised subjects played an important role in sustaining the control of the colonisers. In "Introduction: Disease, Medicine, and Empire", David Arnold asserts, "medicine was a part of the ideology ... of empire [and] the imperial powers were beginning [in the late 1800s] to use medicine as a way of establishing a wider imperial hegemony than could be derived from conquest alone" (16). Sonia Shah, in her attempt to unveil the darker side of the world's most remunerative industry, that is, the pharmaceutical industry notes "without quinine neither the British nor the French would have been able to colonize malarial Africa" (163) as these colonies provided them with the ingredients for medicines as well as human bodies for drug trials. Similarly, Uzma Aslam Khan's recent novel, *A Miraculous True History of Nomi Ali*, provides its readers with the details of cruel pharmaceutical trials of quinine carried out by the British colonisers in India that resulted in deaths and physical deformities among the natives. Through the story of one of the main characters Aye, whose father is a victim of medical trials, the author unravels the details of ruthless experimentation of a new medicine carried out on Indians during the era of British colonisation. The text mentions the following:

The colony's administration had called the new drug cinchona alkaloid and, finding it advantageous in the fight against malaria, began to include in their experiments even the children and grandchildren of convicts ... This group was given increasingly higher doses of the drug that was also called quinine. First came the chills, accompanied by vomiting. Soon after, the urine turned black. Others in the group suffered identical symptoms and died. Aye's father alone survived, though doctors could not understand how. Nor could they call it a recovery. (144)

These medical experiments destroyed the lives of those families whose members were included in these trials. Most of the participants died as a result of these experiments and those who survived became abnormal. As the readers are told

that before these experiments Aye's father "had been able to distinguish between rain and shine, between soiled clothes and fresh. He had laughed and loved" (294), but after these experiments he became a mad person who had no sense of personal hygiene and did not express his happy or sad emotions. This example shows how these native people were reduced to the status of 'guinea pigs' by the colonizers who cruelly conducted experiments on the natives.

Arnold while discussing the colonial rule and its use of medical knowledge as a hegemonic power, states that it was a coercive process for the colonised people as it undermined their right over their own bodies. In his book *Colonizing the Body: State Medicine and Epistemic Disease in the Nineteenth Century* he argues:

Colonialism used or attempted to use the body as a site for the construction of its own authority, legitimacy, and control. In part, therefore, the history of colonial medicine, and of the epidemic diseases with which it was so closely entwined, serves to illustrate the more general nature of colonial power and knowledge and to illuminate its hegemonic as well as its coercive processes. (8)

This shows that for the European colonisers, these colonies served as 'testing laboratories' where they tested the effectiveness of newly produced medicines. By using native bodies as sites of experimentation, the colonisers tended to have a firm hold over the colonised subjects and their medical practices were intended to displace local medical practices. By deploying such practices, the colonisers produced a body of knowledge that undermined the local modes of treatment such as, "Ayurveda, Yunani, and Siddha" (Shah 8). According to Arnold, Western medicine did not become popular right after the Britishers introduced it in India because the people did not feel the need to use it in the first place. Therefore, Western medicine was used only by a very small population, and mainly by the army. Similarly, while discussing European colonisation, Roy MacLeod argues that "European medicine, and its handmaiden, public health, served as 'tools of empire'... to conquer, occupy or settle ... medicine served as an instrument of empire as well as an imperializing cultural force in itself" (qtd. in Brown 309). This makes it clear that the medical practices and experiments introduced by the colonisers assisted in upholding their control over the native populations. According to Arnold, disease and medicine in the nineteenth century became the central discourse and in the colonies with the outbreak of pandemics it was important for "materialistic as well as scientific" reasons (27). During the colonial era, "[d]isease, especially epidemic disease, was too potent a factor in the viability and profitability of the empire for the Company and its servants to ignore" (27). With pandemic outbreaks, the natives in the subcontinent were

forced to purchase medicines that they otherwise avoided since they had relied on local or traditional cures. For instance, the outbreak of cholera and malaria in India proved to be destructive as there was no local treatment for these diseases available at that time and the natives had to rely on the medicines provided by the British colonisers. In this manner, medical practices introduced in the colonies helped the colonial masters in generating capital and earning profit. Indeed, this is related to Bahri's notion of 'postcolonial biology' where the interests of power, capital and supremacist thinking coexist which results in the repression of the postcolonial subjects.

Fanon in "Medicine and Colonialism" discusses how during the French occupation of Algeria, the colonisers conducted experiments on native people. He states:

The Algerian's refusal to be hospitalized is always more or less related to that lingering doubt as to the colonial doctor's essential humanity. It needs to be said that in certain hospital services, experimentation on living patients is practiced to an extent that cannot be considered negligible ... [as] the doctor is an integral part of colonization, of domination, of exploitation ... and it is not surprising to discover that the medical professionals in Algeria served as commanders of the colonial projects ... the doctor sometimes reveals himself as the most sanguinary of colonizers. His identity as a doctor no longer matters. Just as he was a doctor in addition to being a property owner, so he becomes the torturer who happens to be a doctor. (124-135)

This shows that being involved in the drug trials and other humiliating practices against the native Algerians, the French doctors played an important role in upholding colonial rule in the French colonies. Fanon remarks that the West's claim of "science depoliticized, science in the service of man, is often non-existent in the colonies" (140), as in the colonies science was used as a tool to subjugate the natives. This disrupts the West's claim of serving humanity through its medical practices.

### **Medical Experimentation in the Neo-Colonial Era**

The cold-blooded experimentation with drugs was not only a characteristic of the colonial times, rather in the neo-colonial era, too, the first-world countries are guilty of practising medical experimentation on the people of the third-world countries. According to *The Atlantic*, in 2008, the Center for Research on Multinational Corporations published a report that revealed the unethical medical practices carried out in third-world countries such as Uganda where women had severe side effects during the drug testing of Nevirapine. This experiment was conducted between 1997 to 2003, and about 14 women died during the trials,

while their death remained unreported, and the experimentation was allowed to continue. Le Carre's novel, *The Constant Gardener* shows how multinational pharmaceutical companies from the First World are involved in the cruel business of experimenting with drugs on the African people. The story revolves around social activists, Tessa and Arnold, who are killed while unraveling the cruel experimentation of drugs on the people of Nairobi, Kenya. Tessa is the wife of a British diplomat, Justin Quayle, posted in Nairobi, and her friend Arnold Bluhm is a local doctor working as aid worker. Both of them were murdered while trying to uncover illegal drug trials carried out by the British pharmaceutical giant ThreeBees. While trying to uncover the reason behind his wife's murder, Justin realizes that the British High Commission, the Kenyan government, and ThreeBees have been allies in carrying out illegal drug trials in order to make profits. The novel is based on true events that occurred in Nigeria which involved the nexus of pharmaceutical companies and bureaucracy in carrying out experiments on natives. Through the novel, Le Carre shows how globalisation paves the way for the profits of big medical companies by exploiting the citizens of the world's poorest countries. Tanya Lyons in the article "Globalisation, Failed States and Pharmaceutical Colonialism in Africa", argues that "the marriage between global corporations and weak states, especially across Africa, creates a form of 'pharmaceutical colonialism', that is enabled by the processes of globalisation that impact upon the many vulnerable nations that have once endured colonisation and now must survive a 'new-colonialism'" (1). In the novel, a similar collaboration can be seen between members of the British High Commission in Nairobi and British pharmaceutical companies, ThreeBees, and KVH (Karel Vita Hudson) in the testing a profitable drug 'Dypraxa' on the Kenyan people in order to earn money. Lyon argues that through these experiments, the pharmaceutical companies are exercising a form of colonisation in Africa (8) in which the poor Africans are being exploited as 'subjects' to be tested, and this makes Africa, what Le Carre terms as, 'the pharmaceutical dustbin of the world' (131).

The business of pharmaceutical trials mostly kills the 'subjects' on which the newly manufactured drugs are tested. In the novel, Wanza, a fifteen-year-old pregnant girl, is one of the victims of the testing of the new drug 'Dypraxa' manufactured by ThreeBees pharmaceutical for curing TB (tuberculosis). Wanza and other villagers are treated as guinea pigs by the British pharmaceutical company for testing the effectiveness of newly manufactured 'Dypraxa'. It results in not only death, but the testing of the drug also causes "blurred vision" (200) among the participants. The African natives on whom these tests are conducted

are not even given the right to protest against this inhumane treatment because when they try to complain “they are threatened. They are told that their children will receive no more medicines from America and their men will go to prison” (200). The case histories of thirty-seven patients showed that after testing of the medicine, they suffered symptoms like “sleepiness, blindness, bleeding and liver collapse” (250), which ultimately leads to their death. This example shows that the British pharmaceutical industry treats people from the developing countries as laboratory animals who can be used in checking the effectiveness of their newly produced drugs. In this manner, such experimentation leads to the objectification of natives because they are treated as objects of trials that are later discarded easily. Tanya Lyon narrates a similar account of testing of a new medicine on the people of Nigeria. According to her:

In 1996 there was an outbreak of meningitis in Kano state Nigeria, that affected thousands of children and Pfizer [an American pharmaceutical company] took advantage of this opportunity to test a new oral antibiotic called Trovan (Trovaflaxacin). The drug was tested on children without parents' informed consent, patients were unaware of the experiment, and the trial was not approved in advance by an ethical review committee. Out of 190 children that were enrolled in the trial, five receiving trovaflaxacin and six receiving the existing treatment ceftriaxone [the injectable Rocephin] died. Others suffered brain damage and paralysis. (1)

This account shows how the process of using humans as ‘guinea pigs’ is carried out ruthlessly by the medical companies of the first-world countries. The outbreak of epidemics in the third- world countries is viewed as an advantageous opportunity by these pharmaceutical companies who not only overlook the medical ethics of getting consent from the patients, but also do not feel apologetic over the death and the physical damage caused to their experimental subjects. This pharmaceutical mafia operates globally, and it is only concerned with making profits without regard for people’s health and well-being.

In the neo-colonial era, the first-world countries, instead of formally colonising the underdeveloped countries, impose their indirect control over these countries. In this regard, the bodies of the natives from these underdeveloped nations become a site for exploitation and control. These activities of experimenting on the natives of these poor countries and treating them as test dummies becomes a part of biological neo-colonialism as it involves indirect control over native bodies and also involves colonisation of their bodies without their consent. The neo-colonial time is full of such instances, where human beings are treated as lab rats, and Shah through her book launches a critique of such practices of the pharmaceutical companies located in the First World which



dehumanises the lives of the poor third world countries. Shah shows how this hunt for bodies lead the drug makers to India where after the 1970s:

Hundreds of thousands of impoverished Indian women received an unapproved drug, some of them unknowingly, that was distributed by American population control advocates. The drug, quinacrine, burns the fallopian tubes, forming scars that sterilize the patient permanently. In the mid-1980s doctors herded village women into a trial of an injectable contraceptive that had been withdrawn from the market for its association with tumors in rats over a decade previously. (43)

Not only this, but the facts from the history of medical science show how the history of modern gynecology has a dark story underlying it. In the mid-twentieth century, in America, J. Marion Sims, who later came to be known as the ‘father of modern gynecology’ carried out ruthless experiments on black female slaves. Sara Spettel and M. Donald White in their article “The Portrayal of J. Marion Sims’ Controversial Surgical Legacy”, talk about the painful experimentation conducted by Sims as they say: “Fourteen women with fistulas underwent thirty re-operations, none with the benefit of anesthesia, which had been recently discovered. These operations clearly violated modern principles of ethical medical practice and how to portray his legacy 150 years later is still a matter of controversy” (2424). This shows that in the neo-colonial time, medical experiments were performed ruthlessly on the slaves without any concern for human rights. The painful experiments performed on these women are the examples of extreme brutality and inhumanity. This example from history can be seen as an instance of biological neo-colonialism as it involves the use and exploitation of native bodies in a similar manner in which their lands and resources were utilised during the colonial times. In the neo-colonial era, the bodies of these poor and vulnerable subjects from impoverished countries of the world serve as a site of exploration for the first-world countries where they can launch their fresh products and test the effectiveness of their new surgical techniques so that after successful results these methods and drugs could be used in the First World. Talking about the experimentation on African people, Sam Okoth Opondo states, “these indispensable, yet expendable people provide organs that make it possible for more affluent members of society to live longer lives” (125). In this way, these medical practices “create the conditions of possibility for some people to live and others to die” (125). This creates a life/death binary where certain bodies are marked as worthy of living while the others are treated as disposable.

## Participants' Consent in Drug Trials

In the discussion of pharmaceutical trials, one important issue is that of 'informed consent' of the participants. It has been noted by many researchers that most of the time, the consent of the patients is not obtained by researchers. Activists from *Stree Shakti Sanghatana*, a Hyderabad-based women's group, claimed that during the drug testing carried out in the 1970s in India, the women "had no idea they were participating in a trial and if the women had been informed, no one would have volunteered" (qtd. in Shah 55). Similarly, Shah notes that during 2001 in India "a Johns Hopkins researcher was caught testing an experimental cancer drug, which had not been proven safe in animals, on over a dozen patients sick with cancer in the state of Kerala. In the field of medical research in the third world countries the researchers do not bother about securing consent of the research subjects, instead in this area an attitude of "don't ask, don't tell" prevails" (Shah 54). The reason for such a casual approach to these affluent companies' research projects is that, in the Third World, people do not have any idea that they are being used as test subjects. Moreover, they are also unaware of the fatal consequences they could experience after being experimental subjects. Thus, the medical companies take advantage of their lack of awareness and knowledge about the advancements in the medical field and these people become the prey of trial runs of the pharmaceutical giants of the First World. While articulating similar concerns, Donald Warwick in his article "Contraceptives in the Third World" states:

How should subjects be protected? In the least developed countries (LDCs) these problems are compounded by the oppressive life circumstances of the poor participant, the attitudes of medical researchers, and the lack of effective monitoring procedures. In many LDCs, the government is faced with such overwhelming crises of survival and such pressing priorities on other fronts that such amenities as the supervision of medical research are given little attention". (10)

Under such circumstances in the developing countries or LDCs, most of the time pharmaceutical experiments are conducted without informed consent of the patients, which is in fact a violation of human rights and medical ethics. Furthermore, normally, women are the test subjects of neo-colonial medical enterprises because due to repeated pregnancies and other complications related to reproductive health they have to go for advanced medical treatment in the hospitals. The western discourse of helping women who are the victims of physical and sexual abuse in these impoverished countries also helps in launching the medical projects of the Western countries. However, under the disguise of such welfare projects, the women of these countries are manipulated

and then further dehumanised by carrying out unethical trials on their bodies, that include the destruction of their fallopian tubes and permanent damage to their reproductive system. The discourse of women as victims of violence in the third-world countries cannot be rejected entirely as in some areas women are subjected to physical and sexual violence by men, however, the status of women under such manipulation and exploitation by the pharmaceutical companies as well as in their household has pushed them further to the periphery. In today's neo-colonial era, too, they face biological neo-colonialism by these exploitative giants, as after being sexually and physically exploited by the men they are further oppressed by these neo-colonial forces where their rights are exploited by the tyrannical forces. Thus, the ways in which women were doubly marginalised by both colonisation and patriarchy in the colonial times, in a similar manner, they are the victims of patriarchal and neo-colonial forces in the post-colonial era.

### **Pharmaceutical Colonisation**

Pharmaceutical colonisation is one sub-category of biological neo-colonisation. It involves testing drugs on people of the Third World without their consent. It could be referred to as a mode of hegemonic power in the field of medicine, and in the postcolonial era, this mode of colonisation is prevalent in third world countries. In Le Carre's text, we can locate instances of how biological neo-colonialism operates in a third-world country Kenya. In the text, Tessa and Bulhalm strive to unveil the medical controversy that has an imperial agenda behind it, and while unveiling how local people are subjected to ruthless experimentation, they also become the victims of such pharmaceutical politics of the First World. In *The Constant Gardener*, the author states, "Tessa and Bluhm had been murdered for knowing too much about the evil dealings of one of the world's most prestigious pharmaceutical companies, which so far had contrived to remain anonymous" (259). In fact, they are aware that there is an international conspiracy, where ThreeBees, the British High Commission, and the Kenyan government are involved. This shows the extent to which first-world countries draw material benefits from third-world countries by subjecting the natives of these countries to ruthless clinical trials. The text also shows that even when the companies like ThreeBees are caught red-handed while being involved in unethical medical trials, they are left unpunished due to the monopoly of local governments and international pharmaceutical companies. Therefore, in a postcolonial state, the case of exploitation is not different from that of a colonised state. In some of the third-world countries, the government and big organizations join hands to rule

over the people who are at the bottom of the social hierarchy and the main aim behind this is to gain material benefits. Lyons gives an understanding of how the capitalist medical companies manipulate the governments of the poor countries. In this way, in a very cheap cost they can get the pool of human resources. As he says, "If the pharmaceutical company was colonizing the country (or its people) then they would be able to control or manipulate local governments for the purpose of their exploitative resource extraction" (15). This process of exploitation involves the union of local governments and multinational medical corporations for the extraction of material benefits through these clinical testing projects in the underdeveloped countries. Instead of providing good quality effective medicines to these people as they claim, they supply low quality medicines to these poor people, and in this way, they gather a pool of human subjects on whom they can try out their new drugs. Hence, if we compare both the governments of colonial and neo-colonial times, we can witness that the prime concern of both is to get profit through their projects. In Le Carre's text, the corruption of the Kenyan government and the British medical company shows the real picture of the monopoly of First World Pharmaceuticals and Third World governments. In "A Future beyond HIV/AIDS? Health as a Political Commodity in Botswana", Astrid Bochow presents a similar case about the neo-colonial times in Botswana as he observes:

[A]t the beginning of the twenty-first century, some governments have turned into entrepreneurs and into multi-layered exchange relations with parties representing global flows of capital, knowledge and ethics. Hereby, governments trade off the very product they are supposed to uphold according to their political mandate: the indivisible conditions of health, freedom and security. (44)

This shows that in third-world countries, corrupt governments play a vital role in carrying out cruel clinical trials on their people as they allow the big pharmaceutical companies to work there and carry out their large-scale experimentation. This reveals that knowledge in the medical field does not serve the interests of humanity as a whole, but becomes complicit with the global capital flow where the big pharmaceutical countries set in third-world countries can sell their trial medicines. This, in turn, also serves the purpose of testing the results as well as getting the results ready in a minimum time without any delay. Shehata, et al., in their research "Current Review of Medical Research in Developing Countries: A Case Study from Egypt", assert that the absence of governmental regulations and ethical policies regarding medical research in the developing countries enables the pharma-companies of the developed countries to easily launch their

testing projects in these countries and earn profit in less time. Shah also refers to this clever strategy of the pharmaceutical companies in her book. Earlier in the US there was a controlled clinical trial that allowed experimentation on U.S prisoners and later it was ethically denounced. Later, the drug companies made contracts with doctors as they knew how to “conduct scientifically sound trials, and enough perceived independence to lend weight and credence to the findings” (Shah 11). Such medical trials were time consuming for the medical companies as they were over-promised about the results and less profitable. Therefore, the impatient pharmaceutical companies started to conduct the trials overseas. “By 2006, GlaxoSmithKline, Wyeth, and other drug giants predicted, half or more of their trials would be conducted overseas. Fleeing the empty test clinics of the West, drugmakers who have set up shop abroad wallow in an embarrassment of riches. The sick are abundant, and costs are low” (Shah 10). These trials were conducted in India and Africa where the big firms such as Pfizer said that it was not only cheap for them, but they have billions of subjects to test on. Hence, in the developing countries the big pharmaceutical companies started to establish themselves because they were aware that it would bring them remarkable progress not only in the medical trials, but it will also be cheap for them. Macklin points out that financially it is cheaper to carry out research in developing countries as they can offer lower costs for all of the ancillary goods and services necessary to set up and support the research, including labor costs for technical and scientific personnel (qtd. in Shehata et al. 48). In short, the establishment of pharmaceutical industries in the Third World is not a philanthropic effort for disease eradication, rather it is a neo-colonialist tactic to exercise control in the field of medicine as well as to reap business benefits.

The exploitation of human life at the hands of neo-colonial forces as is evident in the above-mentioned texts can be related to Bhari’s notion of ‘postcolonial biology’ which examines the hegemonic modes of oppression in various ways such as “through the body-minded cognition, categorization, and manipulation of human life from early modern colonialisms to their newest season in globalization” (8). It shows that in the formerly colonised third-world countries, postcolonial biology takes a consistent shape where the hegemonic powers in the form of capitalism remain omnipresent. The instances mentioned above can be seen as an example to analyse how even in the postcolonial era the people from underdeveloped countries are victims of biological neo-colonisation where their bodies function as sites of exploitation for the developed countries. Similar to the ways in which their lands and resources were utilised by the

colonial masters in the colonial times, their bodies are used by the First World pharmaceutical companies to extract benefits and increase their profitability in the neo-colonial era.

The drug trials carried out in the developing countries are one of the main sources of profit earned by Western pharmaceutical companies. In the novel, through testing of Dypraxa on Africans the pharmaceutical company earned “one quarter of the estimated 1500 million research and development costs of KVH’S innovative anti-TB wonder drug DYPRAXA in exchange for all-Africa sale and distribution rights and an unnamed piece of the drug’s worldwide profits” (122). By presenting Dypraxa as a wonder medicine which “converts six or eight months of laborious treatment into a twelve-hit swallow” (129), the distributors fooled the authorities in order to earn profit. Tessa’s friend Arnold notes that the corruption of medical companies also involves “buying up scientists and medics to plug their product... donating fifty million dollars to a major U.S. teaching hospital, plus salaries and expenses for three top clinicians and six research assistants” (129). Another important finding by Arnold and Tessa regarding medicine sent to Africa shows:

Several of the medicines that Arnold examined turned out to be long past their expiry date. We were also able to confirm a common phenomenon experienced in other parts of Africa, namely that the indications and contra-indications on some packets had been rewritten for the Third World market in order to broaden the use of the medicine far beyond its licensed application in developed countries, e.g., a painkiller used in Europe or U.S. for the relief of extreme cancer cases was being offered as a cure for period pain and minor joint aches. Contra-indications were not given. We also established that even when the African doctors diagnosed correctly, they routinely prescribed the wrong treatment due to lack of adequate instructions. (132)

The main reason behind the hasty testing of Dypraxa is to earn more profit from the market. The text shows that in their aim to launch their new product before their competitor medical company, ThreeBees failed in acknowledging the side effects of their new drug which resulted in numerous casualties. Tessa’s husband, Justin, discovers that the trials were designed “only to get the drug onto the market as soon as possible, certain side effects were deliberately excluded. If side effects were identified, the trial was immediately rewritten so that they did not reappear” (200). This shows that the company deliberately concealed the side-effects of the drug and treated African as ‘lab rats’ in order to gain profit at a faster rate. So, under the guise of providing medicine to the poor countries, the western pharmaceutical companies aim to earn more profit and money. The only

motive behind testing Dypraxa on Africans is to test its effectiveness so that it can be sold in the Western markets. As Justin is told, “tuberculosis is megabucks, any day now the richest nations will be facing a tubercular pandemic, and Dypraxa will become the multibillion-dollar earner that all good shareholders dream of” (149). This shows that the main reason for testing drugs on poor countries is that after successful trials these drugs can be launched in the richer countries of the world to earn millions of dollars.

The exploitative nature of the pharma-politics of the First World can be seen where after manufacturing more effective drugs, the old drugs are sent to the third world countries to get other benefits. As Le Carre’s novel shows, “A couple of years back the same pharma sent Africa hair restorers, smoking cures and cures for obesity, and collected a multimillion-dollar tax break for their philanthropy. Those bastards got no feeling for anything but the fat god Profit, and that’s the truth” (250). In this manner, these companies, under the guise of ‘philanthropic projects’, seek attention from third world countries. The poor countries see the benefits of life-saving drugs against illness and poverty as well as it relieves them of economic pressure to provide costly medications for their citizens. This gives the chance to the western pharmaceuticals to launch their trials and test laboratories in the underdeveloped countries. Thereby, pharmaceutical colonialism is exercised in the poor countries of the world where under the pretense of serving humanity, the bodies of natives are abused by medical giants of the West to gain profits. Shehata et al., note that when the United States’ National Bioethics Advisory Commission (US-NBAC) asked a pharmaceutical researcher why the industry seeks to conduct studies in developing countries, the answer was that the pharmaceutical industry is not a charitable business. It is a profitable Wall Street hard-core business [48]. This shows that there is no need to formally colonise these countries as the Western companies can extract their profits by manufacturing new drugs and testing them on native Africans. As these poor countries serve as a source of valuable research data for the drug companies of the First World, so it gives rise to neo-colonial exploitation in these countries.

One of the factors which forces these third-world countries to use Western allopathic medicines and become victims of ruthless experimentation is the poor economic condition of these countries. The main reason that enables the Western medical corporations to exercise pharmaceutical colonisation in the African countries is the lack of research and medical development in these countries. Despite having a large number of patients of diseases like HIV and TB, these countries are unable to invest in medical research and this makes them

dependent on the drugs provided by Western countries. This gives a chance to the medical corporations located in the West to 'colonise' Africa and other less developed countries. In these countries where many people are living below the poverty line, the concept of medical research seems like a dream. The poor people belonging to these regions are victims of 'biological neo-colonialism' as their bodies and resources are exploited through the globalisation process. Consequently, the research organisations of the First World conduct clinical trials in the developing countries and treat the people of the world's most impoverished countries as their laboratory 'subjects'. Tamba E. M'bayo also notes that another factor which makes the African people victims of biological neo-colonialism is the failure of these countries in upgrading their health facilities due to the poor conditions of their economy (107).

The corruption of local governments in the developing countries also plays an important part in subjecting their people to the cold-blooded medical experiments. In Le Carre's novel, the involvement of the Kenyan government in the trials carried out by KVH pharmaceutical company shows how corrupt governments from the third world countries aid the process of pharmaceutical colonisation for their monetary benefits. Shah also notes, "The South African Medical and Dental Council had retained most of their senior staff from the years of apartheid. The council hadn't investigated reports of medical negligence, fraud, or human rights violations committed by doctors under apartheid" (40). These instances show that due to the involvement of local governments in these medical trials, the violations of human rights by the Western medical companies are overlooked. This monopoly of local governments and international medical corporations prevent other pharmaceutical companies from entering the market as Shah observes, "Many of these companies wanted to stay away in the sense that if the product works, then they are under tremendous pressure to give their drug away" (41). Hence, in order to improve the medical conditions in third world countries, the monopoly of the governments and medical companies needs to be broken. Furthermore, autonomous international bodies like the WHO must ensure the implementation of medical ethics by remaining free from bureaucratic and political influences. Moreover, special attention must be paid to the matters regarding ethical consideration in drug trials conducted in third world countries. Proper protection of the health rights of the subjects involved in the clinical research must also be ensured.

Studies show that the business of medical experimentation not only ignores the ethical codes of medical practice, but it also misleads the subjects involved in



these trials. While remarking about these medical practices Warwick in his article states, “this elegant testing network is simply perpetuating the old practice of using the poor as guinea pigs under the umbrella of the respected WHO” (10). Hence, under the pretense of welfare work, the business of illegal medical trials is carried out in different developing countries of the world. There is no impartial monitoring system offered by the big medical organisations that could detect and take action against corrupt and unethical medical practices. The research ethics committees and regulatory bodies located in the Western countries are also indifferent to the misery of the patients as Shah notes, “Whatever happens to the patients, they don’t care too much ... Ethics reviewers are ‘more concerned about the money...they have no control at all’... The people in charge of the committees ‘have no idea about this. They just know [ethics] is a word’” (50). It is also important to consider that about one-fourth of clinical trials conducted in the developing countries are not monitored by an ethical review committee. These trials involve people from the world’s poorest countries, who because of their poverty have no choice but to rely on these experiments in a hope to recover. Le Carre’s novel shows that due to their poor economic conditions, the natives Kenyans are dependent on British-based pharmaceutical companies like KVH and ThreeBees for the treatment of epidemics like AIDS, TB and other viral infections. This dependence of Kenyan people on Western medicines unknowingly makes them subjects of clinical trials conducted by these companies.

The subjects of these experiments have no idea about what happens to them in the process of drug testing and most researchers are of the view that the subjects must be deceived because “if all potential adverse effects are listed in the informed consent, the patient will be scared away” (Shah 55). In this way, the business of medical research, in the name of saving lives by improving health conditions, carries out pharmaceutical colonization which leads to the exploitation of basic human rights. Furthermore, the purpose behind this medical research is not to enhance or save the lives of the third-world people, rather it is aimed at gathering clinical data through such research. Under the disguise of social service, the industry of medical research aims at collecting valuable information about the effects of newly manufactured drugs. Another negative effect of these trials is that they create mistrust among the people regarding Western medicines and as a result people stop taking these drugs. This ambivalence regarding drugs made in the West leads to the rejection of these harmful medical practices by natives and as a result, it further labels them as primitive and benighted people. In this way, the people from the third world countries become the target of the

politics of the Western countries in one way or the other. Their acceptance of the Western medical practices subjects them to physical exploitation at the hands of Western pharmaceuticals and their resistance against such unethical practices exploits them psychologically through their labelling as backward people who are antithetical to modernity.

## **Conclusion**

It can be said that pharmaceutical trials serve as a tool for the West to biologically neo-colonise the third-world countries. The analysis of Shah's and Le Carre's texts shows how introduction of medicines in third-world countries is linked to the pharmaceutical politics of the First World. Both of the works unveil the real face of the pharmaceutical mafia. These texts reveal how these colonialist pharmaceutical companies disguise their projects as 'welfare work', but their purpose is only to exploit the people belonging to developing countries for money, profit and experimentation. This practice of pharmaceutical experiments is not only a characteristic of colonial times, but in the postcolonial era, too, such practices are blatantly carried out and take the form of neo-colonialism. The textual evidence discussed in this study shows how colonial and imperial forces subjected the natives of third-world countries to merciless testing of harmful drugs which resulted in numerous casualties. Shah's text records how this biological neo-colonisation in Africa, Algeria, India and many other developing countries left devastating effects. As documented by Le Carre, in most of the cases the people from third-world countries are not informed about the fact that they are the subjects of a medical experiment. This practice is unlawful, a violation of human rights and is against the moral and ethical obligations of medical research. Furthermore, both the texts show how in most of the underdeveloped countries, the governments join hands with the profiting enterprises, where they not only sell low-quality medicines at cheap rates, but in the process they also fulfil their agenda of availing the human subjects for testing new medicines. In these underdeveloped countries the poor people have no choice except to present themselves as test subjects. The poor economic conditions of these underdeveloped countries further worsen the situation as the people of these countries have no access to advanced healthcare units and they are dependent on the West for provision of medical products. They sacrifice their rights as human beings in order to get cheap or free of cost treatment, but they remain unaware of the fact that this treatment could be lethal or could leave permanent medical complications that can never be cured. Due to the detrimental effects of experimentations, people from the third world

see these medicines with suspicious eyes and they are hesitant to use Western medicines. For such suspicions they are labeled as ‘backward’ and ‘primitive’ which further objectifies them.

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