



Marissa Mika. *Africanizing Oncology: Creativity, Crisis, and Cancer in Uganda.* Athens: Ohio University Press, 2021. 248 pp. \$80.00, cloth, ISBN 978-0-8214-2465-0.

Reviewed by Carol Summers (University of Richmond)

Published on H-Sci-Med-Tech (June, 2022)

Commissioned by Penelope K. Hardy (University of Wisconsin-La Crosse)

This history of Uganda's Cancer Institute is a semi-success story of institution building, scientific engagement, local leadership, and political and social resilience. Marissa Mika has also, however, written an epilogue that makes clear that this performance of resilience cannot obscure the reality of a bustling medical institution full of people who are "not ok" and "have passed" before the researcher's return visit (pp. 163, 168).

The Cancer Institute began with Burkitt's lymphoma, identified as a distinctive local tumor in the 1950s after doctors recognized a pattern of jaw swelling in children as malignant. Pathologists had earlier registered liver cancers, Kaposi's sarcoma, malignant melanomas, and on safaris had noted tumor distributions that differed from those an oncologist might encounter in post-World War II Britain. With slides of distinctive tumors and new global grant money, entrepreneurial scientists proceeded to travel around Uganda seeking cancer patients, describing Uganda as "rich" in "cancer patient material" (p. 41). Once recruited, patients became material for experimentation with new cytotoxic chemotherapy regimens. Children with Burkitt's lymphoma were at the center of these efforts. Lacking large drug supplies, cancer protocols in Uganda used lower dosages of

chemo than were deployed against leukemias in the global North. The Ugandan children were less poisoned. Significant numbers of children's tumors went into remission, and Ugandan researchers tracked these results even as children and families left to return home and Uganda's economy collapsed in the 1970s. Mika describes Uganda's early Cancer Institute as a research-oriented cancer hospital for the region that contributed to global knowledge.

Mika's clear narrative thus begins with a conventional story of medics seeking scientific progress and institution building in an unpromising context. Expatriate and Ugandan researchers did science together and from the 1950s into the 1960s developed an institute around medical experimentation that energized oncology wards with staff, patients, and families; provided meals and lessons as well as chemo; and saw, engaged, and followed up with patients, therapeutic communities, and global scientific networks.

During the later 1960s and 1970s, in the crucible of independence, Mulago hospital and general public health initiatives struggled. But in this specialized institute, staff were remarkably successful, engaging patients' families rather than presuming a more British model of an authoritat-

ive research doctor controlling a compliant individual patient. Unlike earlier narratives of research in Uganda, Mika delineates African scientists' authority and identities as researchers. Even as President Milton Obote crushed the Kingdom of Buganda, sectarian tensions between Catholic and Protestant factions poisoned the country's politics, and regional disparities stayed bitter in the country as a whole, the institute's mostly Baganda and Catholic staff, alongside patients and families from across the nation, remained "strikingly heterogeneous but also unified" and focused on cancers (p. 49).

The institute's research did not simply happen in pathology labs or through procedures that included painful spinal taps and infusions of cytotoxic drugs that led to profuse vomiting: it was the product of socially sensitive support for families during treatment, and of follow-up that tracked patients and their families for years after treatment ended. The social expertise of researcher Aloysius Kisuule, whom Mika describes as knowing approximately twenty languages, facilitated innovative demographic and epidemiological tracking as he recruited chiefs and parents of patients with politeness and respect.

Mika's study also celebrates the administrative skills, scientific collaborations, and political deftness of Doctor Charles Olweny, the institute's head under President Idi Amin, who brought prominence through running randomized controlled trials of chemotherapy treatments, staying in Uganda during the Amin years to negotiate with government ministers and maintain research even as the country's polity and economy collapsed. The institute's collaborations continued with the National Institutes of Health in the United States, as well as other research centers and pharmaceutical companies, to bring in and test chemotherapy regimens, despite power cuts, soap shortages, and transit difficulties. Coping, the institute became a success story for President Amin.

The last chapters of the book, emphasizing the 1980s onward, tell a less positive story as the institute fell under the authority of the overstretched Mulago hospital and lost special access to electricity and chemotherapeutic drugs, and the institute's most dramatic new resource—a radiotherapy machine—provided treatments that burned but failed against advanced cervical and breast cancers that brought women to seek healing. The performance of medical modernity remained important to a dedicated staff who served and serviced an ineffectual machine. That medical modernity, however, became illusory as resources shifted elsewhere. Mika points toward what this felt like inside the institute, exploring staff's portrayals of chemotherapy with labels from weapons made familiar by the Tanzanian invasion of 1978-79. She hints at the complicated intersectionality of cancer and HIV as patients died. And she notes that treatment protocols by the end of the twentieth century were no longer innovative and cutting edge, but frozen in patterns developed in the 1960s and 1970s—at best. By 2012, pathologists no longer agreed on diagnoses and patients and doctors scrambled in contexts of austerity for adapted treatments that were, at best, palliative. The institute's techno-political prestige was increasingly out of reach.

Mika's study is an institutional exploration, drawing principally on the Cancer Institute's archives, oral histories, and publications by its staff to offer a narrative of staff striving, performance, and record keeping. Less successful is any patient-centered discussion of healing. Little discussion of the science is included here, either. And despite a fascinating chapter on the failures of the institution's radiation source, more challenging questions of the ethics, politics, or even ecology of science and research in a Ugandan context remain underexplored. Africanization here refers to the scientists and patients, but emphasizing international connections for experimental treatment leaves aside any discussion of local carcinogens and public health. With an epilogue that points to-

ward the inadequacy of ambitious scientific research for patients and their carers, Mika has beautifully and respectfully written the institute's narrative of research and African oncology but

left open the question of what the institute's devoted performance accomplished.

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Citation: Carol Summers. Review of Mika, Marissa. *Africanizing Oncology: Creativity, Crisis, and Cancer in Uganda*. H-Sci-Med-Tech, H-Net Reviews. June, 2022.

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